

Healthcare has a waste waste waste waste problem

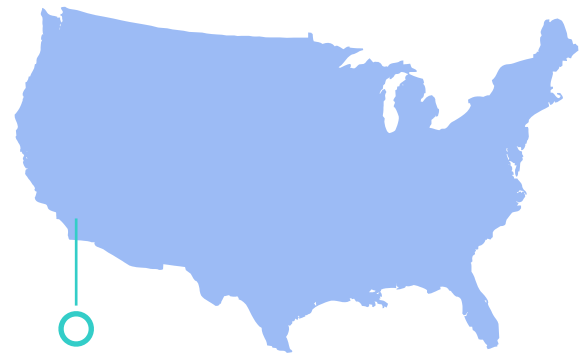
Prior authorization is a \$31B challenge for the healthcare industry, accounting for more than 30% of all preventable write-offs for hospitals and providers. PA transactions continue to drain cash flow, even though efforts have been made to curb it.

Hospitals and clinics commit a tremendous amount of time, staff, and resources to an inefficient approval process. Physicians spend nearly an hour per day on prior authorizations, while staff members spend an additional 19 hours per week dealing with payer approvals. That's why prior authorizations are the number one cause of provider burnout.

Currently, the prior authorization process requires hours of manual reviews, creates additional paperwork, and strains workflow efficiency. Furthermore, human errors and fragmented steps in the process lead to revenue loss and resource strain.

All of this inefficiency adds up for both providers and payers. Providers spend nearly \$11 per transaction to conduct a prior auth manually and nearly \$4 using a web portal.

In a world where only 13% of prior authorizations are processed electronically, it's a lot of waste.



Data and stats regarding prior auth

- 85% of authorization-related denials are preventable
- Prior auths cost \$11 per transaction to providers and \$3.50 to payers
- Providers spend 870 million hours and \$31 billion on prior auths each year
- Only 13% of prior authorizations are processed electronically
- 90% of care delays can be traced back to prior authorization issues

What if we changed this?

Up to **17 minutes** per transaction would be saved

Moving from web portals to fully electronic transactions could cut turnaround time by up to **80%** — and reduce physicians burden by **\$2 per transaction**

Write-offs for hospitals and providers would be reduced by **over 40%**

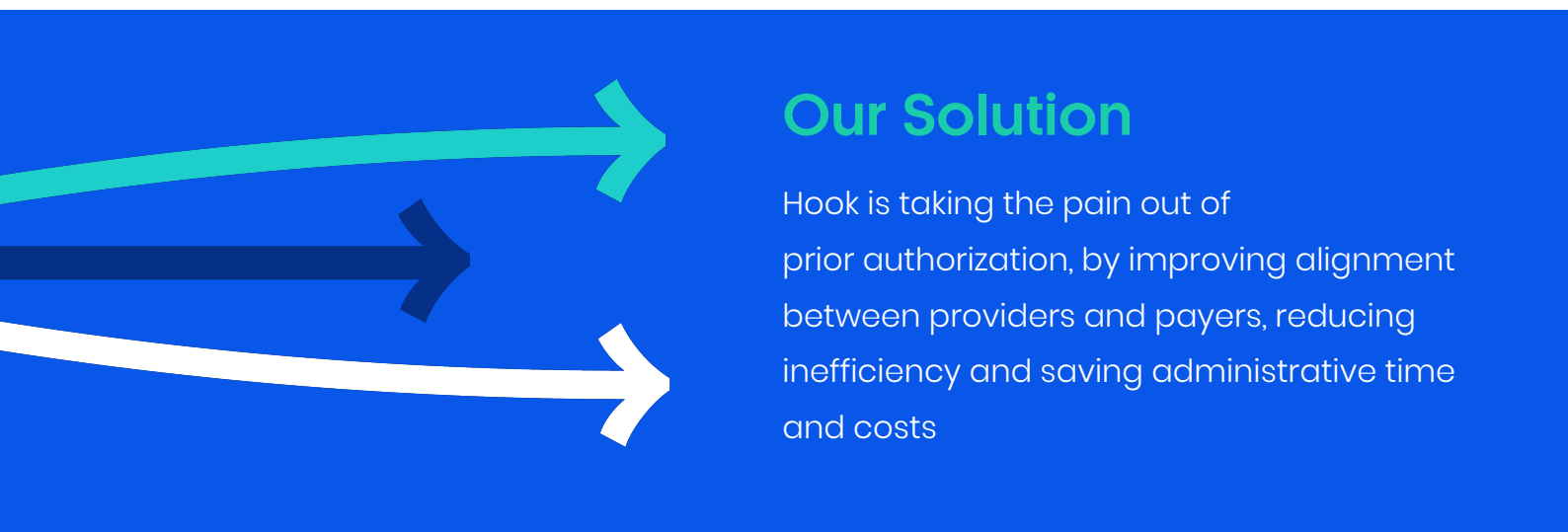
How Hook can help

We envision a healthcare system that's liberated from waste, where access to data and a collaborative approach between payers and providers leads to high-quality care.

Hook streamlines prior authorizations, eliminating the need for outdated paperwork, manual review processes, and workflow inefficiency. A process that takes days or weeks for manual reviews now happens in seconds.

Hook connects directly into the EMR to automate the entire end-to-end process, while maintaining a standards-based approach. This means more cost savings and fewer errors for both payers and providers.

Hook into the future of prior authorization



Our Solution

Hook is taking the pain out of prior authorization, by improving alignment between providers and payers, reducing inefficiency and saving administrative time and costs

Our Team



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Our Mission

To create a more efficient healthcare system and eliminate waste by streamlining prior authorization and utilization management

Re-Engineering the Prior Authorization Process

HOOK is the first prior authorization solution specifically designed to follow the **DaVinci** implementation guide, using CDS Hooks, FHIR, SMART on FHIR and CQL. It integrates seamlessly into existing workflows to automate the prior authorization process end-to-end. **HOOK** can save up to 17 minutes per transaction, while eliminating the need for payer portals, back and forth phone calls, and faxing forms, ultimately generating valuable time savings and eradicating redundant paperwork.

Key Features

Automated Prior Auth Check

Using CDS hooks, **HOOK**'s CQL engine retrieves and processes prior authorization rules, immediately determining if prior authorization is required.

EHR Connectivity & Pre-Populated Questionnaires

HOOK initiates prior authorizations from the EMR – right in the workflow of placing an order – and pre-populates the SMART on FHIR form by pulling patient data directly from the EMR using FHIR questionnaires, CQL and the structure data capture implementation guide – saving doctors time and reducing paperwork errors.

Real-Time Approval

Using the CQL engine, **HOOK** automates the approval process by cross-checking medical necessity rules and requirements from payers on the **HOOK** platform. It all happens in seconds, dramatically reducing care delays, denials, turnaround times, revenue leakage and write-offs.

The screenshot displays the HOOK SMART App interface within a Provider Portal. The patient profile for William Bachler (Male, 46 yrs, DOB: Feb 25, 1975, MRN:) is visible at the top. The left sidebar contains navigation options: All Apps, * Hook SMART App, Clinical Notes, Document Viewing, Flowsheet, and Diagnostic and Problems. The main content area is titled 'HOOK' and shows the 'Spinal Surgery Prior Authorization Form' (STEP 3/8). A note states: 'Fields marked with dashed blue have been prepopulated by Hook.' The form includes the following sections:

- Procedure Information**
 - Proposed Procedure Description (Include Levels/Sides): Optional
- Diagnosis**
 - M54.5 - Low back pain (prepopulated with dashed blue border)
- Primary procedure code**
 - 63030 - LOW BACK DISK SURGERY (prepopulated with dashed blue border)
- Additional Procedure Codes**
 - Optional
- Scheduled or Anticipated Date of Service**
 - Required
- Prior Spine Surgery?**
 - ☐ Yes
 - ☒ No
- Will the surgery include hardware/implantables?**
 - ☐ Yes
 - ☐ No

How Hook Works

STEP 01

Prior Auth automated check

HOOK automatically checks with payers if prior auth is needed, eliminating manual portal checks and phone calls. Whenever a doctor places an order in the EMR, **HOOK**'s engine instantly retrieves and processes prior authorization rules from payors and automatically determines if prior authorization is required. If so, a notification card appears in the EMR, using CDS hooks.

STEP 02

Prior Auth automatically initiated and pre-populated

When prior authorization is required, the CDS card directs the doctor to the SMART on FHIR prior authorization form. **HOOK** retrieves rules and requirements from payers to identify the appropriate clinical documentation, and the questionnaire is automatically pre-populated with patient information – pulled directly from EMR data – saving time for doctors and without requiring them to fill out any paperwork.

STEP 03

Prior Auth form review

While in the app, doctors can modify answers, see conflicts across EMRs, and select the correct data. Providers can also access the patient information they need through **HOOK**'s comprehensive clinical dashboard, which provides real-time, longitudinal patient records across 3,000 hospitals in the U.S. The Clinical Dashboard seamlessly integrates data from all major EMR systems through FHIR and HL7, as well as proprietary APIs.

STEP 04

Prior Auth submission and real-time approval

When submitting the request, **HOOK**'s CQL engine saves valuable time by automating the approval process. **HOOK**'s engine retrieves medical necessity rules from payers, automating the approval process, so that providers no longer have to wait days – or weeks – for manual reviews.

