

The Problem with Insurance Follow-Up: It's All Manual

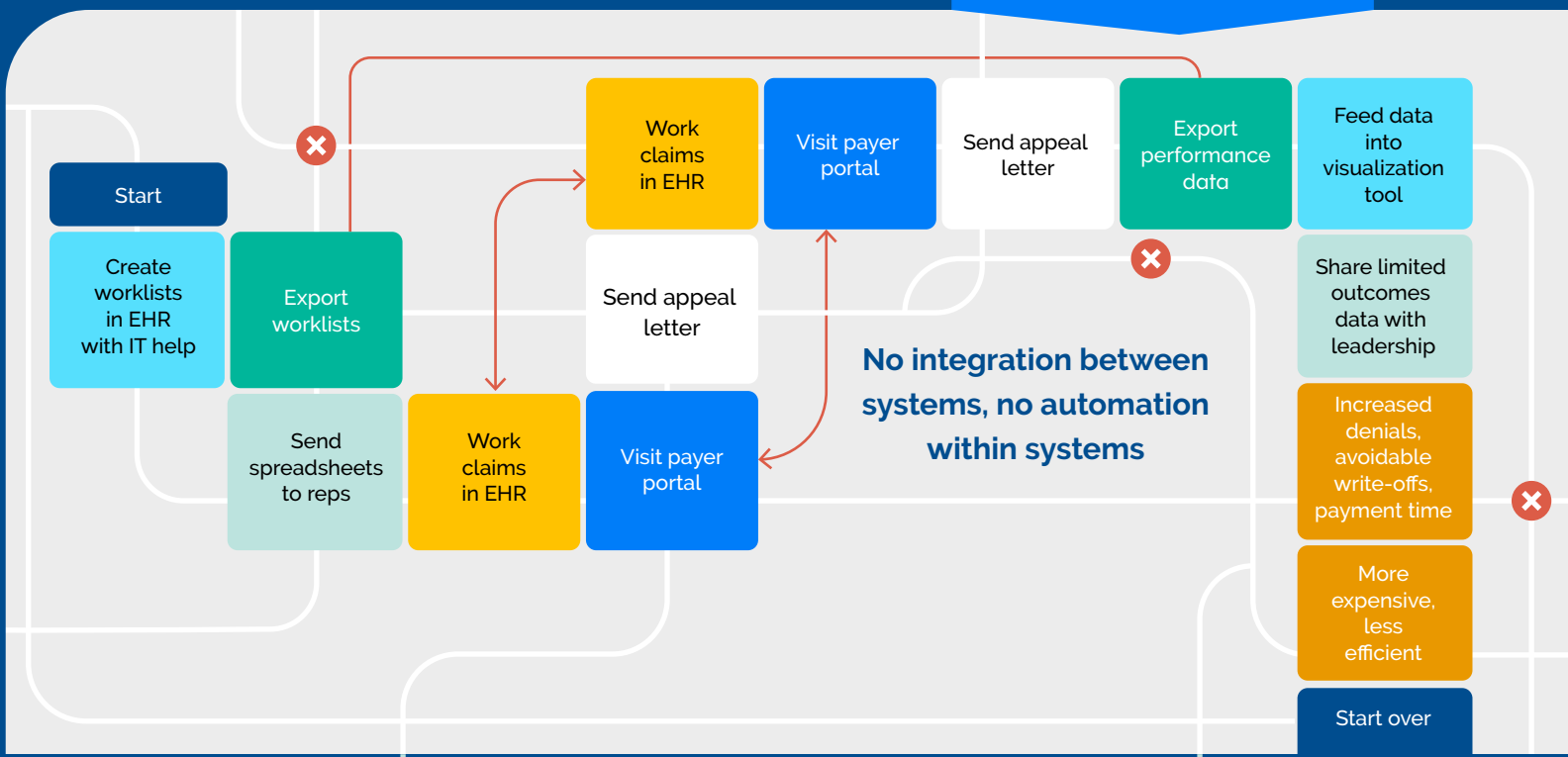
On paper, A/R follow-up should be straightforward. In reality, it's a patchwork of spreadsheets, portals, and phone calls that leaves leaders guessing and reps scrambling.



Today's A/R Workflow (Current State)

Instead of a clean process, A/R follow-up looks like a maze. Leaders build worklists, push spreadsheets, and manually assign claims. Reps chase information across EHRs, payer portals, and phone calls — just to check a single claim's status.

Every step is manual. Nothing connects. Progress crawls.



Leader Tasks

- ✓ Work with IT to set up worklists
- ✓ Send daily spreadsheets to reps
- ✓ Manually assign claims

Rep Tasks

- ✓ Find claims in EHR
- ✓ Call payers
- ✓ Visit payer portals
- ✓ Follow up internally with coding/medical necessity

Chaos = Challenges

- Health systems have thousands of outstanding claims
- Work lists are autogenerated with no prioritization
- A/R reps independently make all decisions about which claims to work and how to work
- Each claim requires collecting information from disparate sources and involves different adjudication processes
- There is no quality control or enforcement mechanisms inside a rep's workflow
- Impossible to effectively measure performance or outcomes at any level of the process



Auxo Brings Order to the Chaos

Manual work. Unclear priorities. Disconnected systems. No wonder A/R teams feel stuck. Auxo flips the script with one connected, automated workflow. Leaders finally get real-time visibility. Reps finally know what to work on next. Order replaces chaos.



When leaders have visibility and reps have focus, A/R moves faster. Revenue flows sooner. Teams work with less stress.

That's the power of Auxo.

