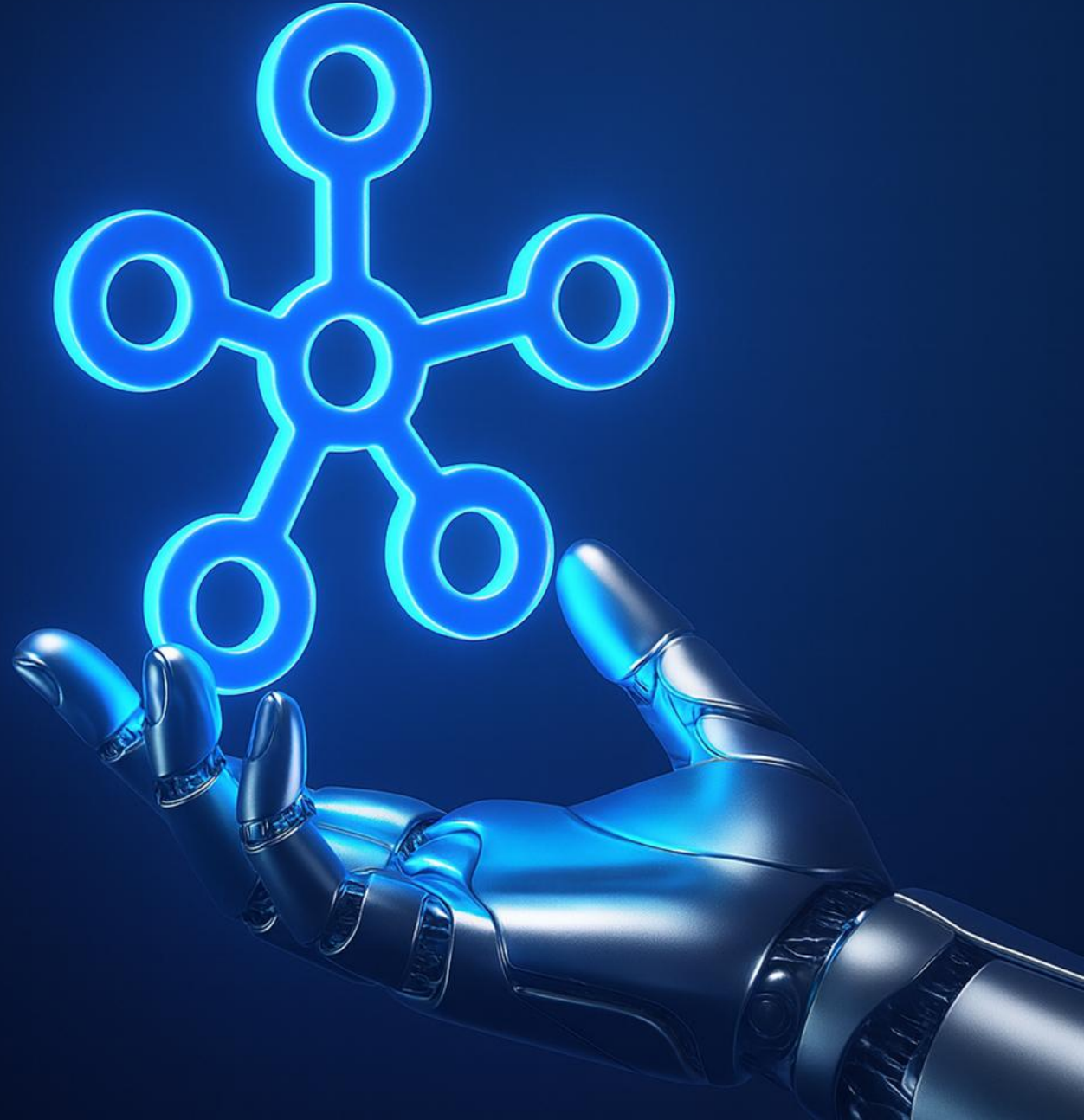


Genzeon


Build. Better. Solutions




Introducing Genzeon – Who we are and what we do

Specialized healthcare-focused technology company with proven product experience, delivering AI and automation first client engagements, powered by our partnerships


Provider Specific Domain Solutions




Patient Engagement Solution



Revenue Cycle Management




HIPAA Privacy & Compliance




Quality Rating Solutions


Payor Specific Domain Solutions



Utilization Management & Prior Authorization




Complex Claim and Medical Review




Medicare Star Rating & HEDIS Measures


Specialized Healthcare focused Services




AI & Automation



Data & Cloud



Privacy & Compliance



Digital Engineering

Strategic Partnerships



Microsoft

5 Solution Designations



AGENTIC AUTOMATION

Gold



databricks

Technology Partner

Differentiated Talent

Healthcare Experience

>80% Genzeonites

Domain SMEs

50+ Genzeonites

AI & Automation Talent

>45% Genzeonites

Certifications









Building Healthcare Brand

Select Industry Associations













Our Health Intelligence Platform - HIP One

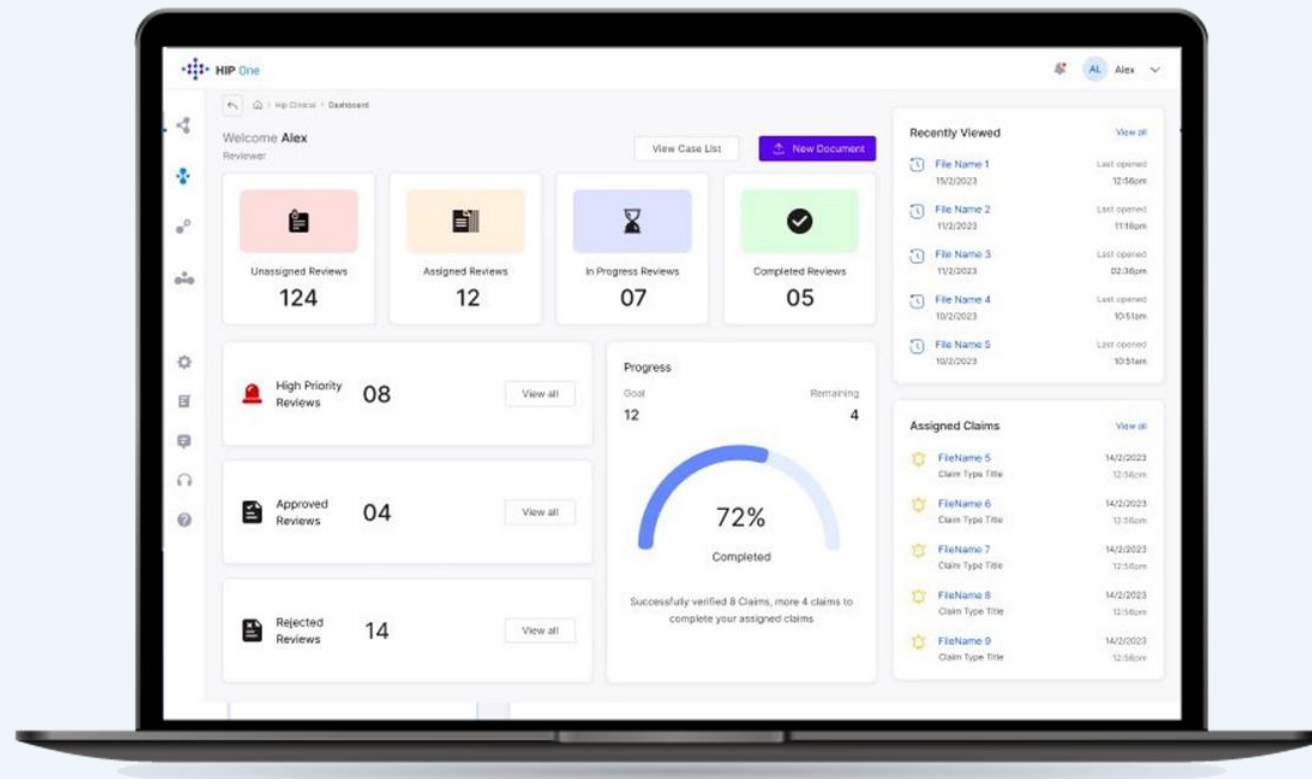


Our Mission

Improve access, affordability, and administrative efficiency across the healthcare ecosystem through applied technology

Platform Capabilities

- ✓ Data ingestion and digitization
- ✓ Interoperability
- ✓ Conversational AI
- ✓ Workflow and routing automation
- ✓ Secure and private
- ✓ Clinically-trained LLM and SLM models



Ready to help



Harsh Singh
GM, Healthcare

Harsh.Singh@Genzeon.com

“A trusted partner
streamlining prior
authorization to accelerate
care delivery.”



Extreme Client Focus

- Designed around real clinical workflows to reduce burden, accelerate decisions, and improve outcomes.



Deep Domain Expertise

- Clinically specialized intelligence grounded in guidelines to reduce denials and speed approvals.



Differentiated Assists

- Automated, evidence-driven assists that guide submissions, reduce denials, and speed approvals.



Matured But Nimble

- Proven, enterprise-ready platform that adapts quickly as policies and care evolve.



Culture

- A clinical-first, outcomes-driven culture focused on speed, accuracy, and trust.

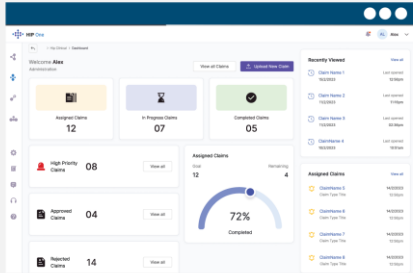
CMS has published a [WISeR Provider and Supplier Operational Guide](#) to provide a practical overview of the prior authorization submission and determination process for Medicare-enrolled providers and suppliers

WISeR Select Item/Service	NCD/ LCD Basis	CPT/HCPCS Codes
Arthroscopic Lavage / Debridement for Osteoarthritic Knee	NCD 150.9	29877
Induced Lesions of Nerve Tracts	NCD 160.1	64605, 64610
Vagus Nerve Stimulation (VNS)	NCD 160.18	64568
Phrenic Nerve Stimulators	NCD 160.19	33276, 33277
Electrical Nerve Stimulators	NCD 160.7	63655
Incontinence Control Devices	NCD 230.10	53440, 53445, 53451, 53452, 57288
Sacral Nerve Stimulation (SNS) for Urinary Incontinence	NCD 230.18	64561, 64581
Diagnosis & Treatment of Impotence	NCD 230.4	54400, 54401, 54405
Percutaneous Vertebral Augmentation (Vertebroplasty/Kyphoplasty) for VCF	L35130	22510–22515
Epidural Steroid Injections for Pain Management	L36920	62321, 62323, 64479, 64480, 64483, 64484
Cervical Spine Arthrodesis / Fusion	L39793	22554, 22585
Hypoglossal Nerve Stimulation (HGNS) for OSA	L38385	64582
Bioengineered Skin Substitutes / CTPs for Lower-Extremity Chronic Wounds	L35041	15271–15278, C5271–C5278

Direct Submission Channels for Genzeon

All Channels Available on 1/5/2026 for submission

Portal (Preferred)



- Account creation required first
- Admin creates organizational account
- Other users need to be approved by Admin
- Provides secure online submission

REGISTRATION
OPEN
from 1/1/2026

 URL: <https://portal.hip.one>

FAX

- Need completed Part A or Part B Cover sheet
- Cover sheet available at portal.hip.one

 (484) 200-2155 (active on 1/5/2026)

Mail

- Need the completed appropriate Part A or Part B Cover sheet for all prior authorization submission


 Genzeon Corp., 256 Egelview Blvd, Suite 509, Exton, PA 19341

Sample Coversheets

Separate Coversheets for Part A and Part B

- A completed coversheet must accompany all prior authorization requests
- Ensure the correct Part A or Part B coversheet is used
- Type-in all required fields
- Ensure contact information, necessary IDs, and codes are entered accurately

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JURISDICTION L, NEW JERSEY 


**Prior Authorization Request for Wasteful and Inappropriate Service Reduction (WiSeR) Model
Medicare Part A Fax/Mail Cover Sheet**

Complete all fields; attach supporting medical documentation, and fax or mail to the address provided at the bottom of the page.
Complete one (1) Medicare Fax/Mail Cover sheet for each prior authorization request for which documentation is being submitted.
Fields with a red asterisk (*) are required. Incomplete or illegible handwritten requests will be returned.

Required Information			
Request Type*	SELECT ONE	Submission Type*	SELECT ONE
Place of Service*	SELECT ONE	Previous UTN	Required if you selected Resubmission
Procedure Code(s)*		Date of Service	Type of Bill* 13
Procedure Code(s)*		Modifier	Unit(s) of Service*
Procedure Code(s)*		Modifier	Unit(s) of Service*
Procedure Code(s)*		Modifier	Unit(s) of Service*
Diagnosis Codes:			
Facility/Provider Information			
Facility Name*		Facility NPI*	Facility CCN*
Address Line 1*		Address Line 2	
Facility City*	Facility State*	NJ	Facility Zip*
Beneficiary Information			
Last Name*		First Name*	
Medicare ID*		Date of Birth*	
Ordering/Referring Physician Information			
Physician Name*		Physician NPI*	PTAN*
Physician Address*		City, State, Zip*	NJ
Requester Information			
Requester Name*		Email*	
Requester Fax*		Phone*	Extension


This Fax, or Mail is intended solely for the addressed recipient and contains privileged, confidential information protected by law. Any unauthorized review, disclosure, copying, or distribution is strictly prohibited. If you received this in error, please call 1 (484) 713-9291


 Fax to: 1 (484) 200-2155
 Website: <https://portal.hip.one>
 Mail to: Genzeon Corp., 256 Eagleview Blvd., Suite 509, Exton, PA 19341



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JURISDICTION L, NEW JERSEY 


**Prior Authorization Request for Wasteful and Inappropriate Service Reduction (WiSeR) Model
Medicare Part B Fax/Mail Cover Sheet**

Complete all fields; attach supporting medical documentation, and fax or mail to the address provided at the bottom of the page.
Complete one (1) Medicare Fax/Mail Cover sheet for each prior authorization request for which documentation is being submitted.
Fields with a red asterisk (*) are required. Incomplete or illegible handwritten requests will be returned.

Required Information			
Request Type*	SELECT ONE	Submission Type*	SELECT ONE
Place of Service*	SELECT ONE	Previous UTN	Required if you selected Resubmission
Procedure Code(s)*		Date of Service	Unit(s) of Service*
Procedure Code(s)*		Modifier	Unit(s) of Service*
Procedure Code(s)*		Modifier	Unit(s) of Service*
Procedure Code(s)*		Modifier	Unit(s) of Service*
Diagnosis Codes:			
Facility/Rendering Provider (ASC/Physician) Information			
Name*		NPI*	PTAN*
Address Line 1*		Address Line 2	
City*	State*	NJ	Zip*
Beneficiary Information			
Last Name*		First Name*	
Medicare ID*		Date of Birth*	
Ordering/Referring Physician Information			
Physician Name*		Physician NPI*	PTAN*
Physician Address*		City, State, Zip*	NJ
Requester Information			
Requester Name*		Email*	
Requester Fax*		Phone*	Extension

This Fax, or mail is intended solely for the addressed recipient and contains privileged, confidential information protected by law. Any unauthorized review, disclosure, copying, or distribution is strictly prohibited. If you received this in error, Please call 1 (484) 7139291

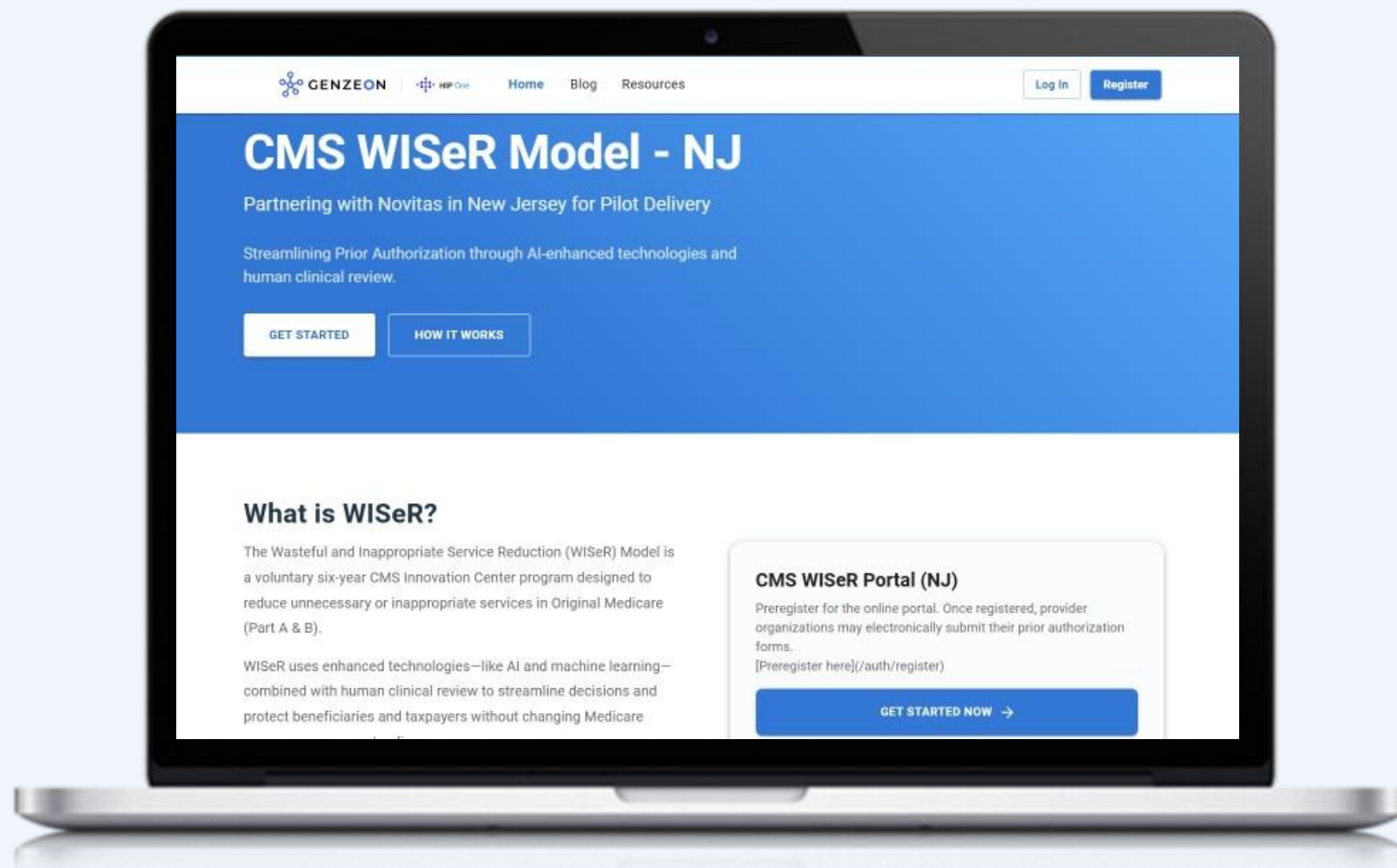

 Fax to: 1 (484) 200-2155
 Website: <https://portal.hip.one>
 Mail to: Genzeon Corp., 256 Eagleview Blvd., Suite 509, Exton, PA 19341



Privileged and Confidential. Clear Form Print Form

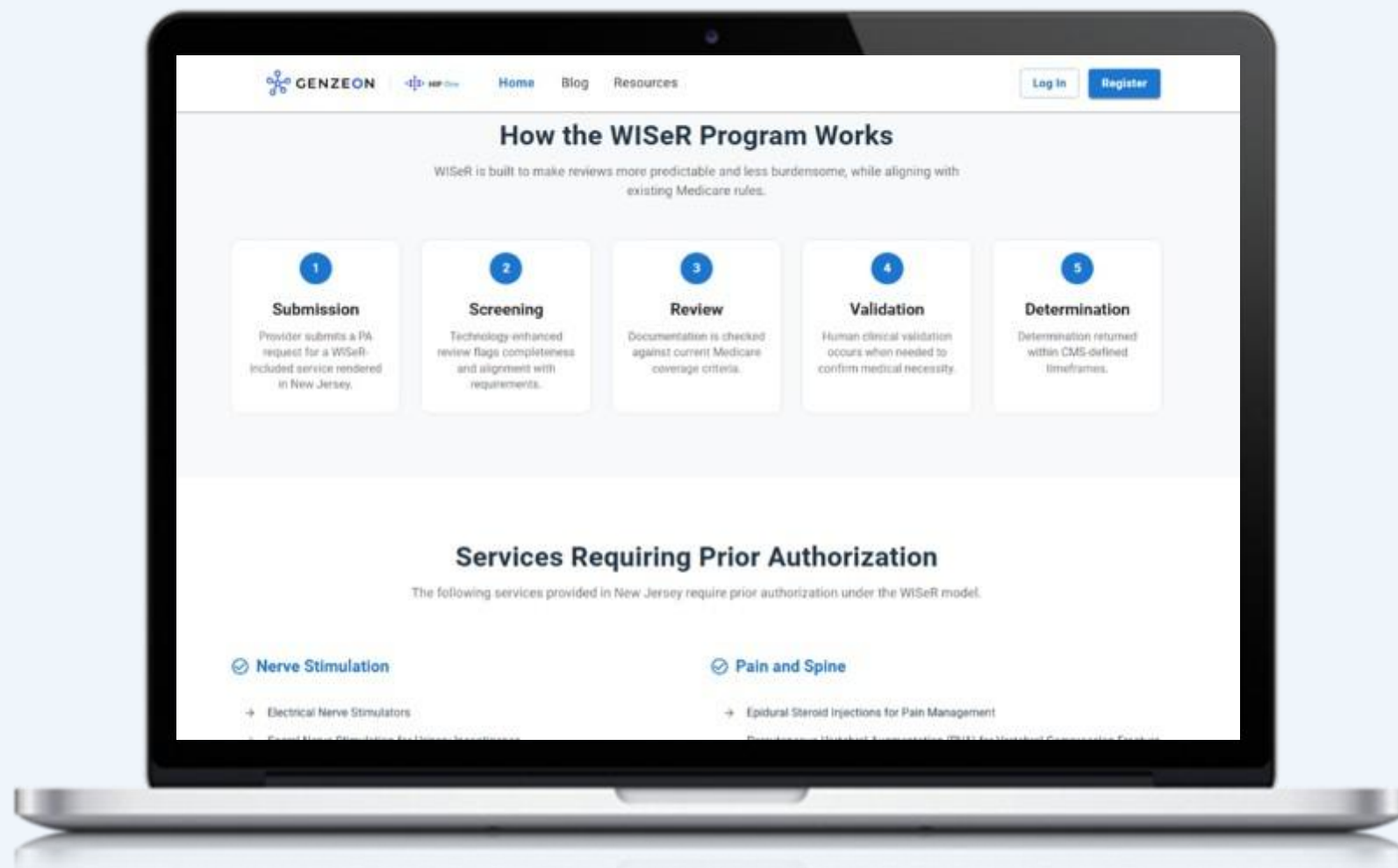
HIP One Portal –About WISeR Model

- The Portal provides information about the WISeR Model program



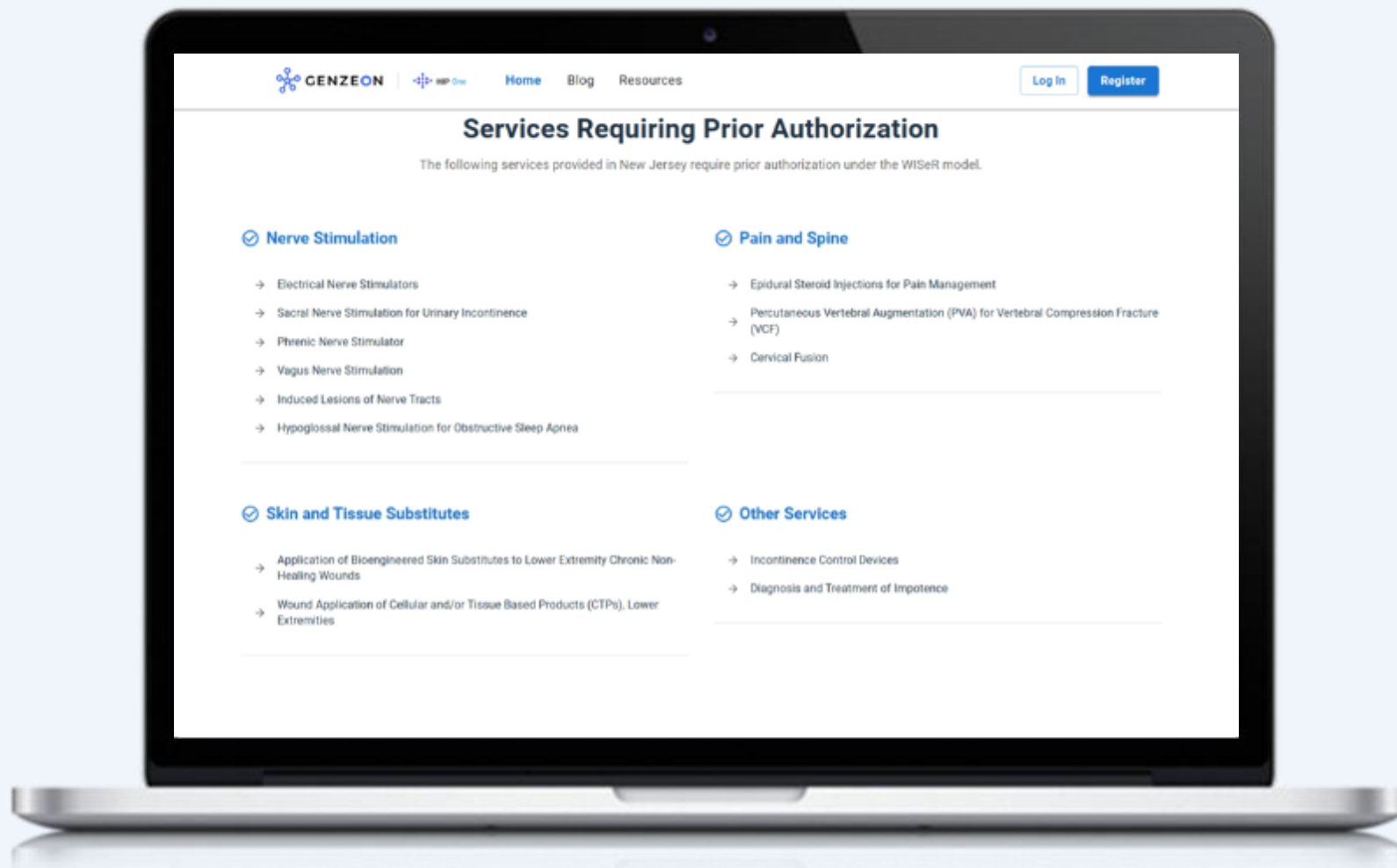
HIP One Portal – Home

- The Portal has a section that explains how the Program works



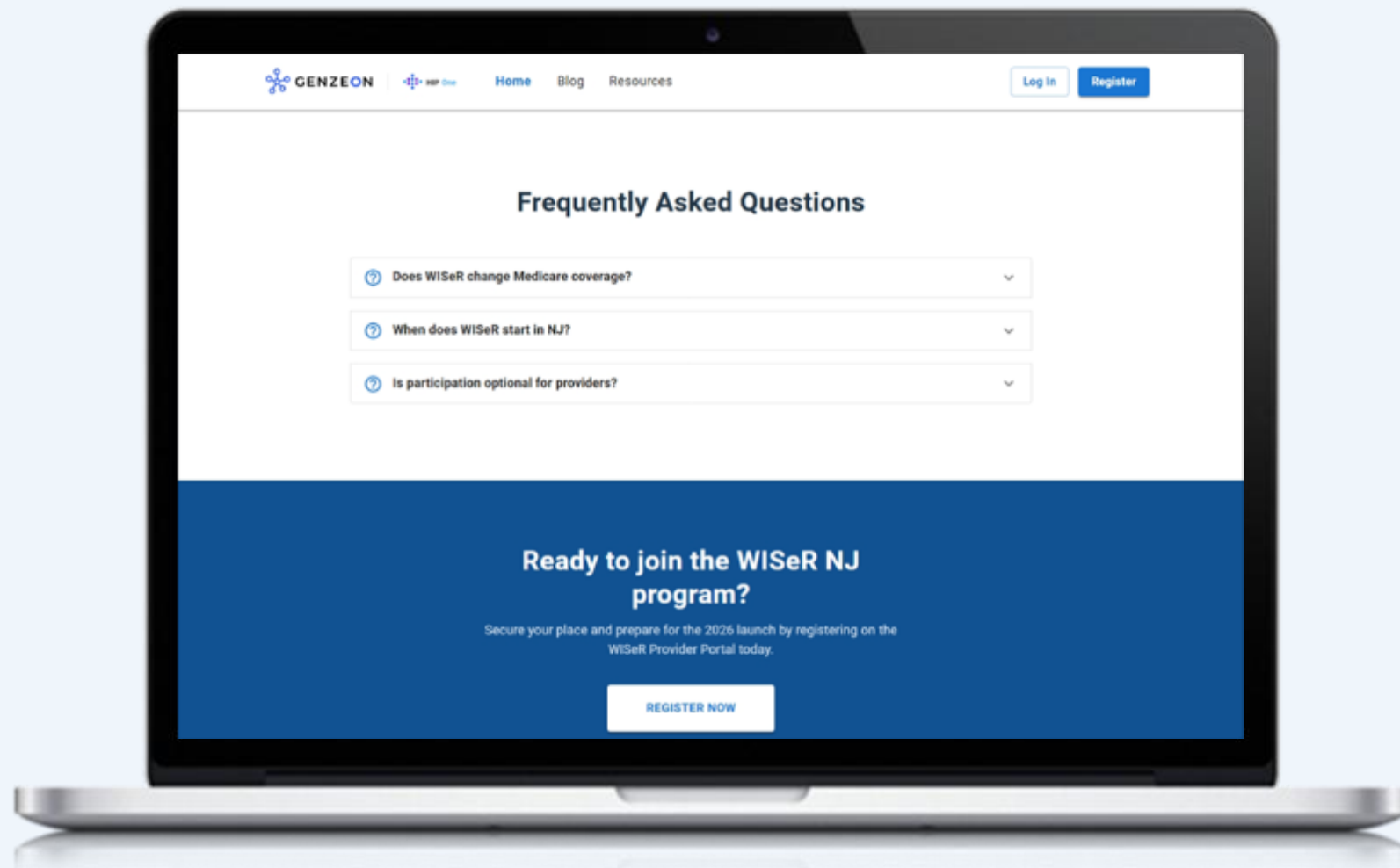
HIP One Portal Home

- It also lists out the various services that are currently in scope for the WISeR Model Prior Authorization process



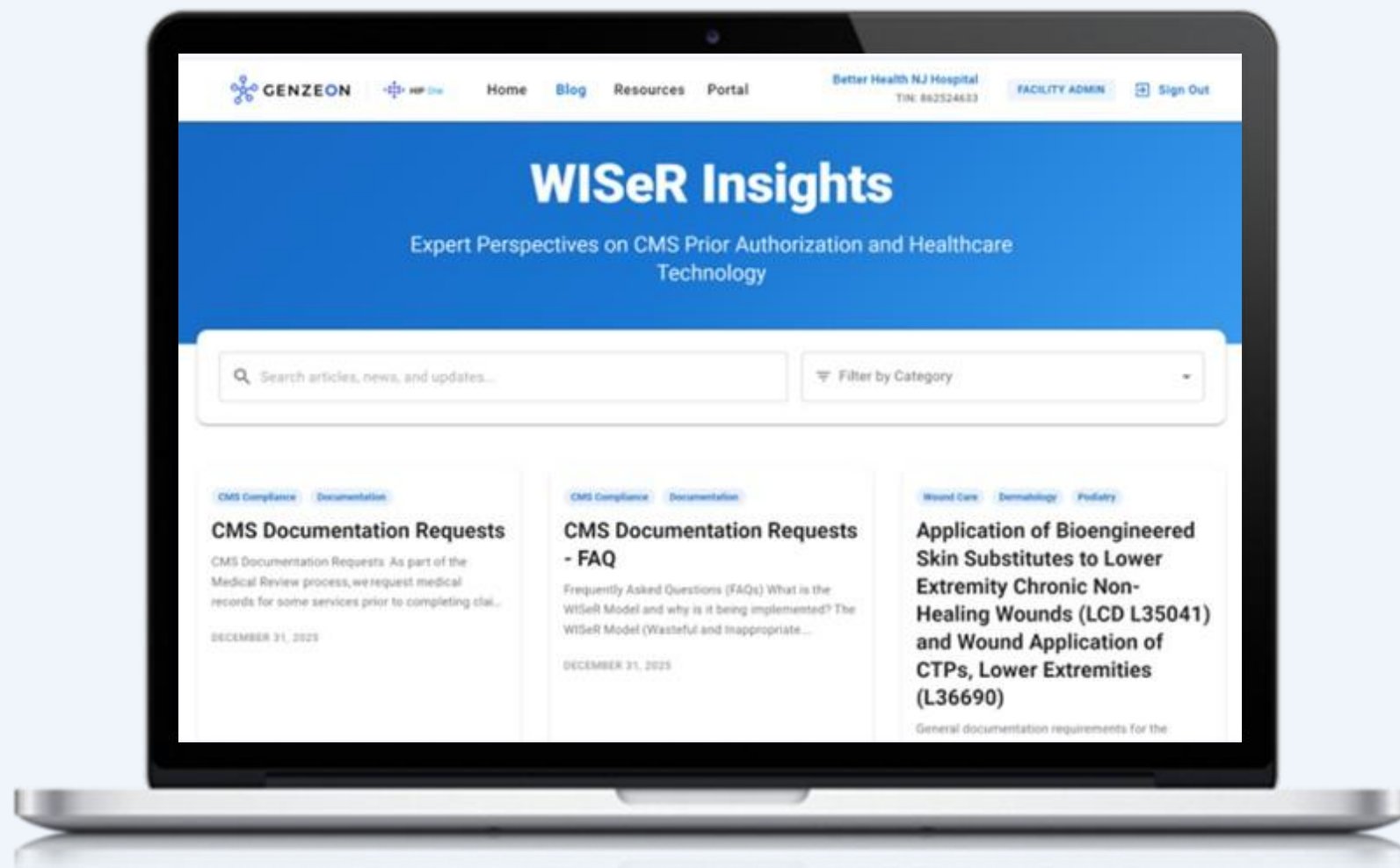
HIP One Portal - Home

- There is a section for FAQs and links to register for the portal



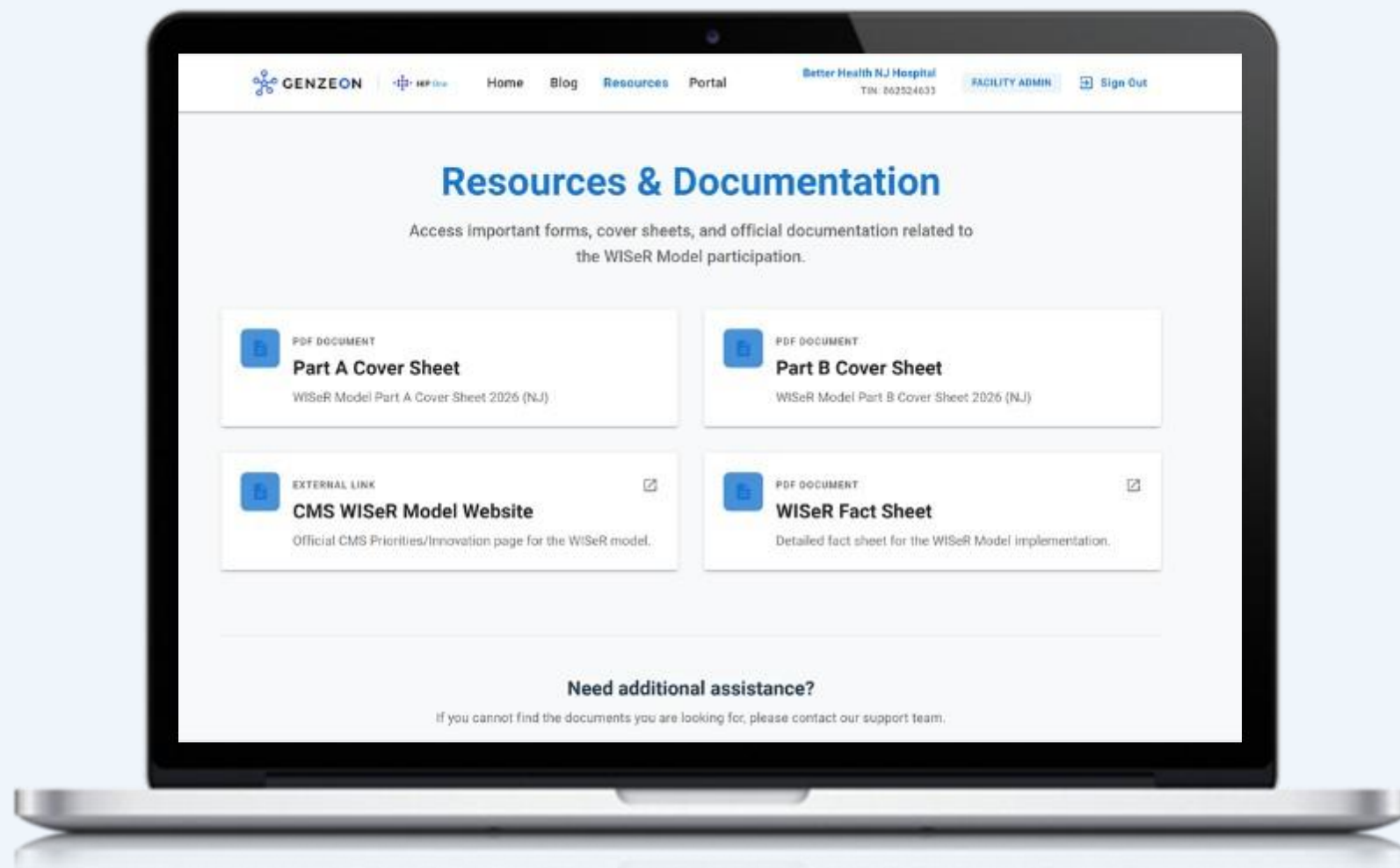
HIP One Portal

- The Blog section has various articles and details about what documentation is required to be submitted along with the prior authorization for each service



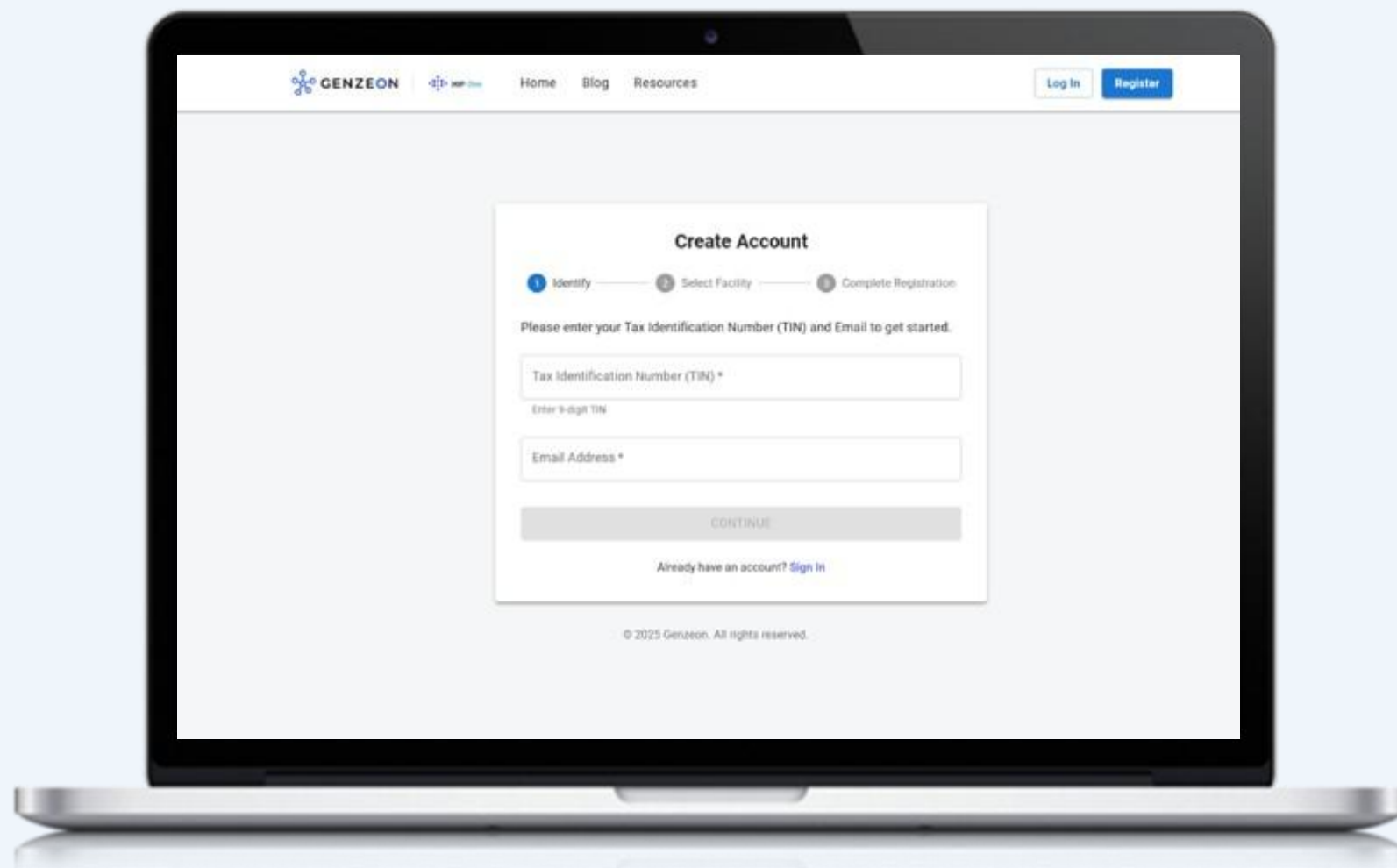
HIP One Portal - Resources

- The Resources section has coversheet PDF templates for Part A and Part B fax/mail cover sheets that can be downloaded to be used with prior authorizations submitted by fax or mail.
- There is a link to the CMS WISeR Model website and all the resources hosted by CMS.
- The WISeR fact sheet is also provided on this section



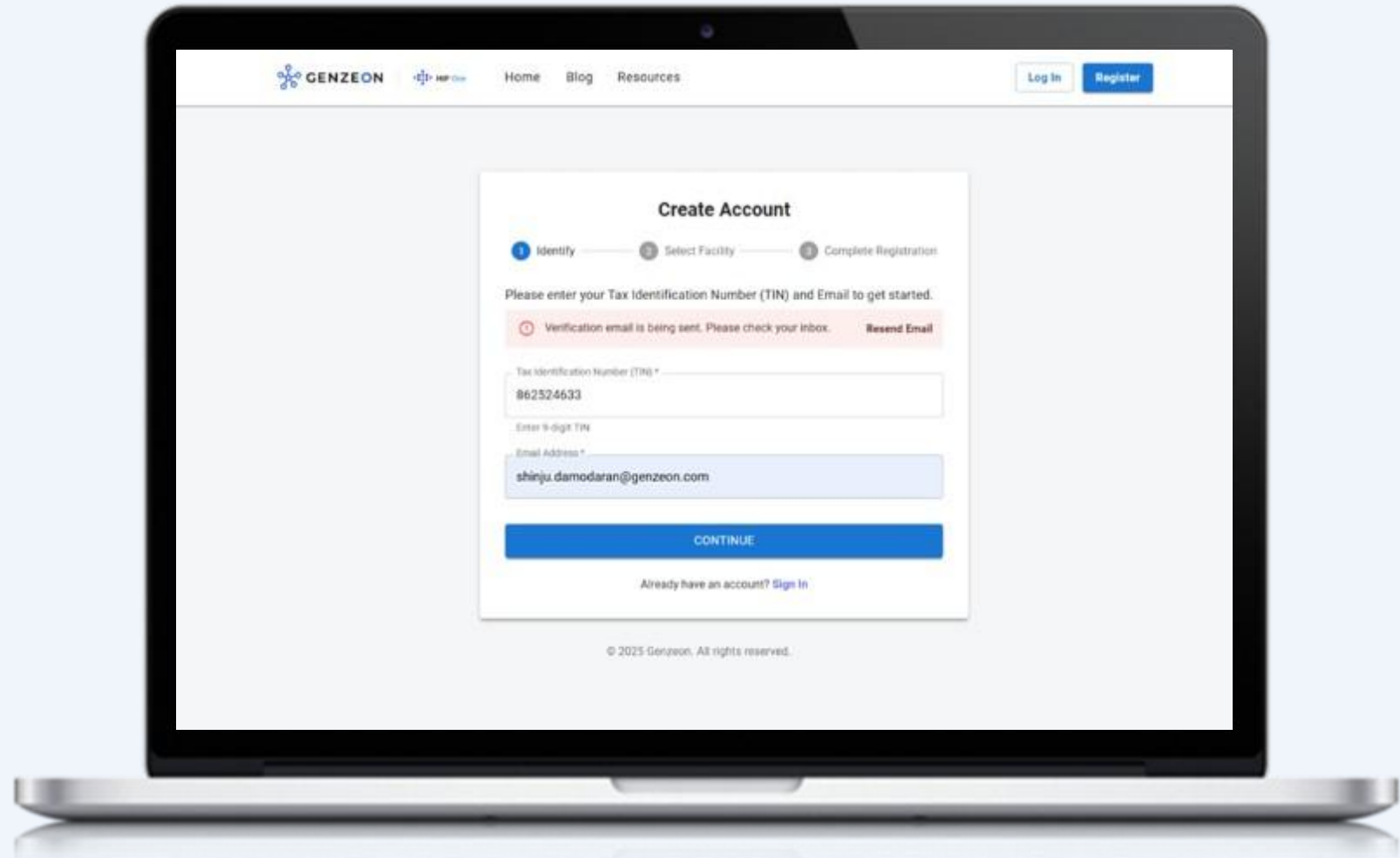
How to create your account

- The portal is the preferred channel for prior authorization and medical document submission to Genzeon
- An admin must create an account first for the organization
- Individual users can select the organization and create their own login credentials
- All the users within an organization will have the ability to submit or resubmit prior authorization requests
- Ability to submit medical documentation in response to an ADR for WISer claims



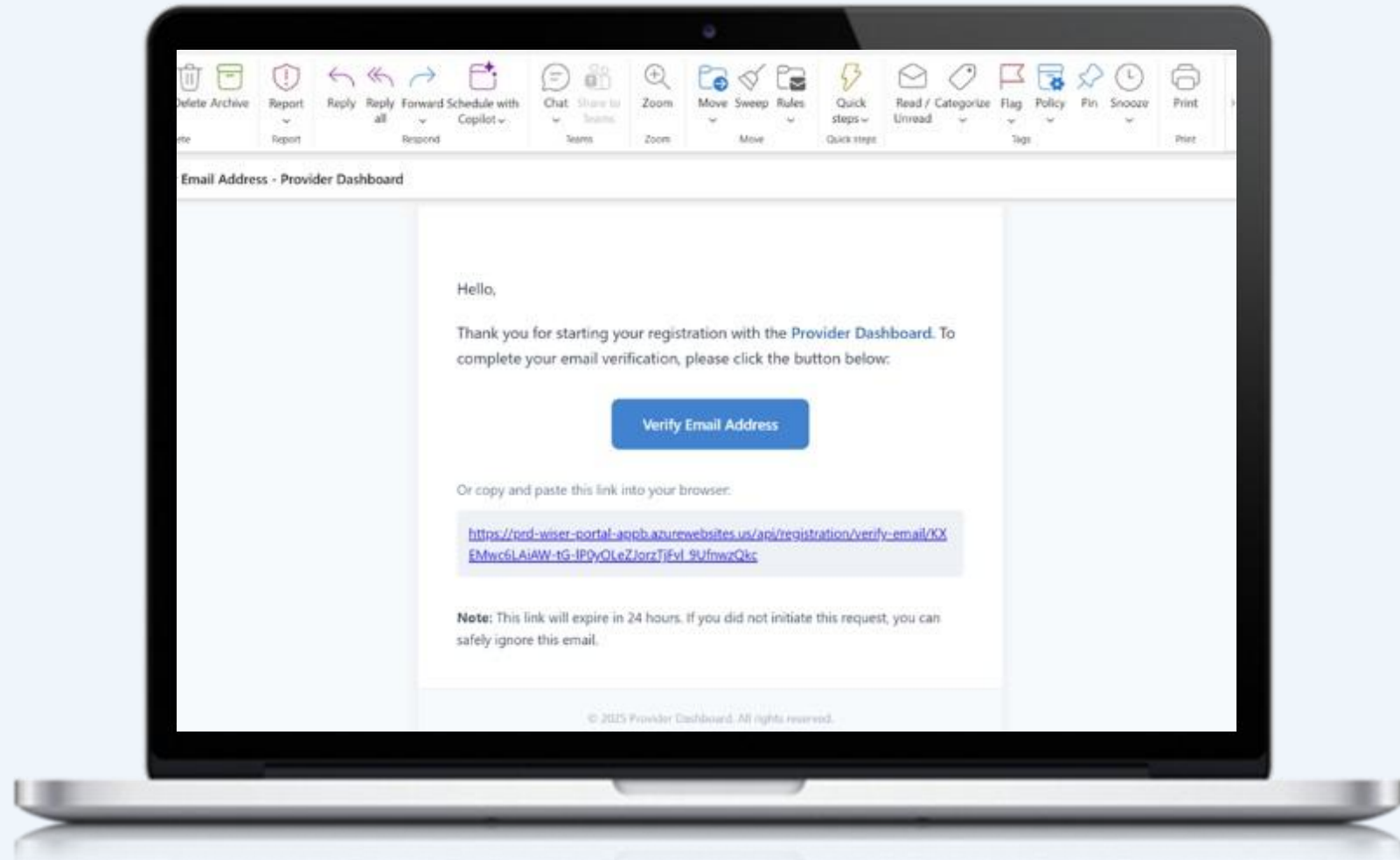
Lookup the Practice or Facility using the TIN

- Lookup the practice or facility using the TIN.
- If the Administrator has already created the account for the practice or facility, it will show up.
- If not, the administrator can use this screen to create the account for the practice or facility
- New users can only create their account after the administrator creates the account for the practice or facility



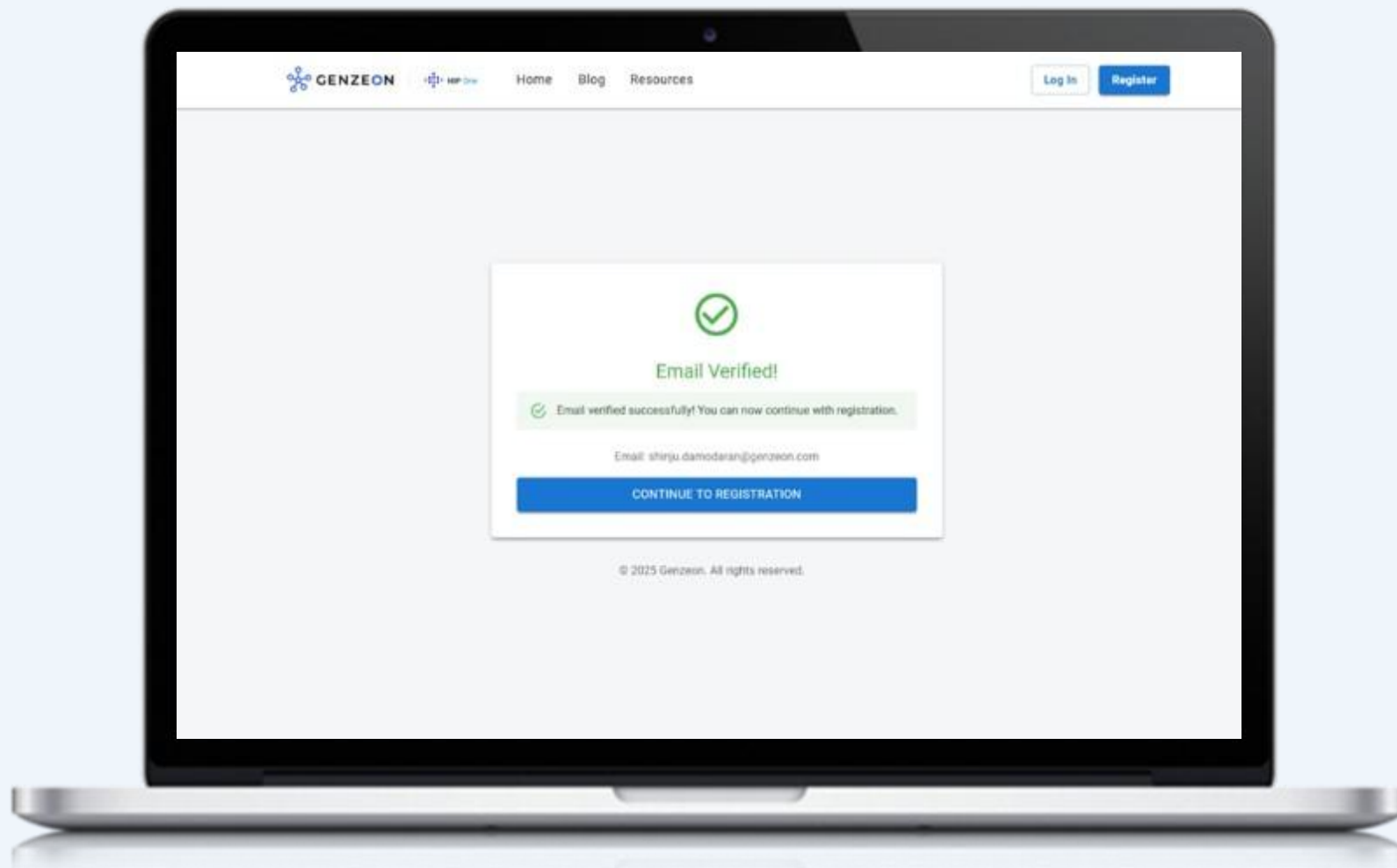
Email verification

- After entering the TIN and the work email, you will receive an email with a link to verify your email address



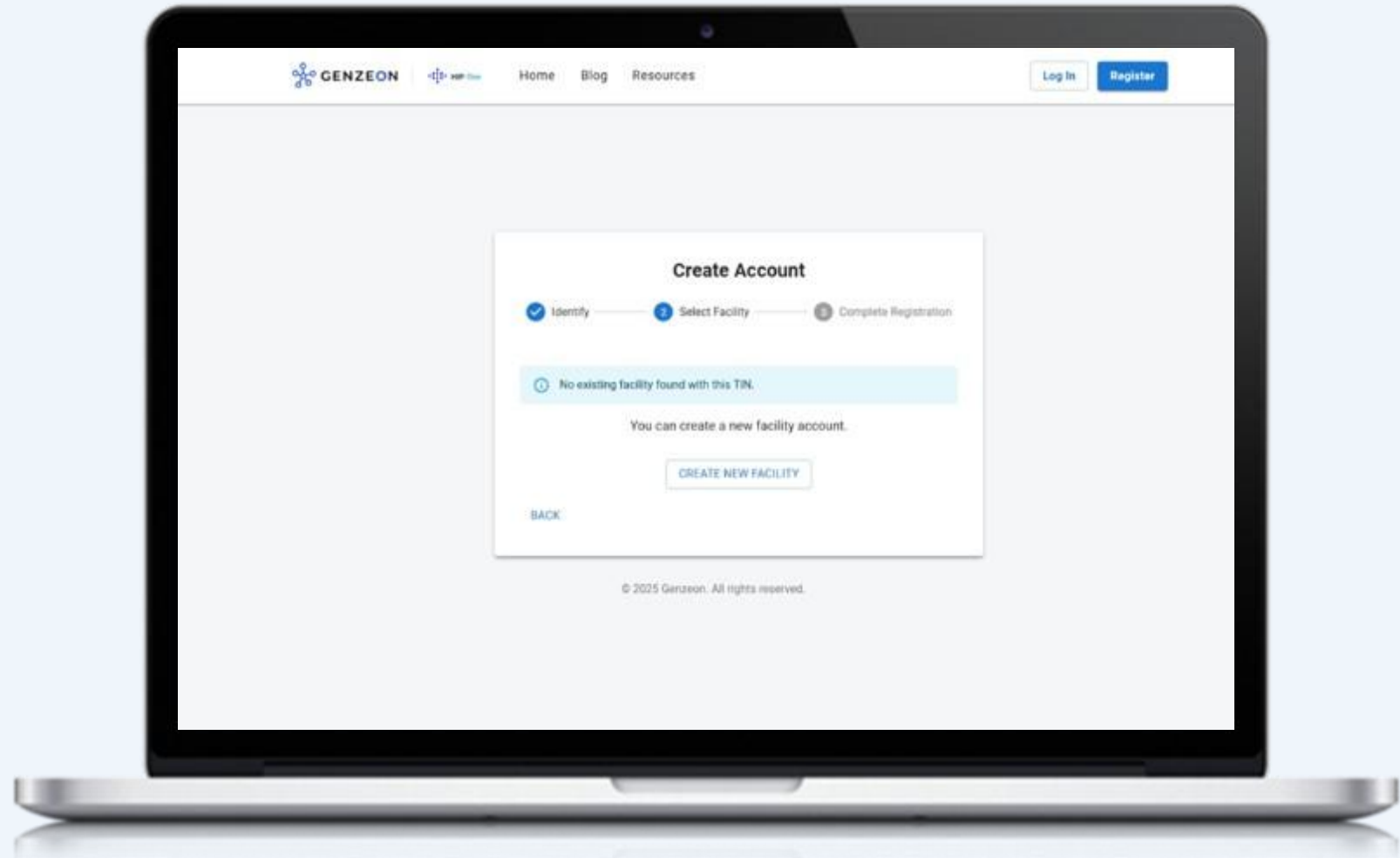
Email verification

- After verifying your email by clicking on the link, you are invited to register your account.



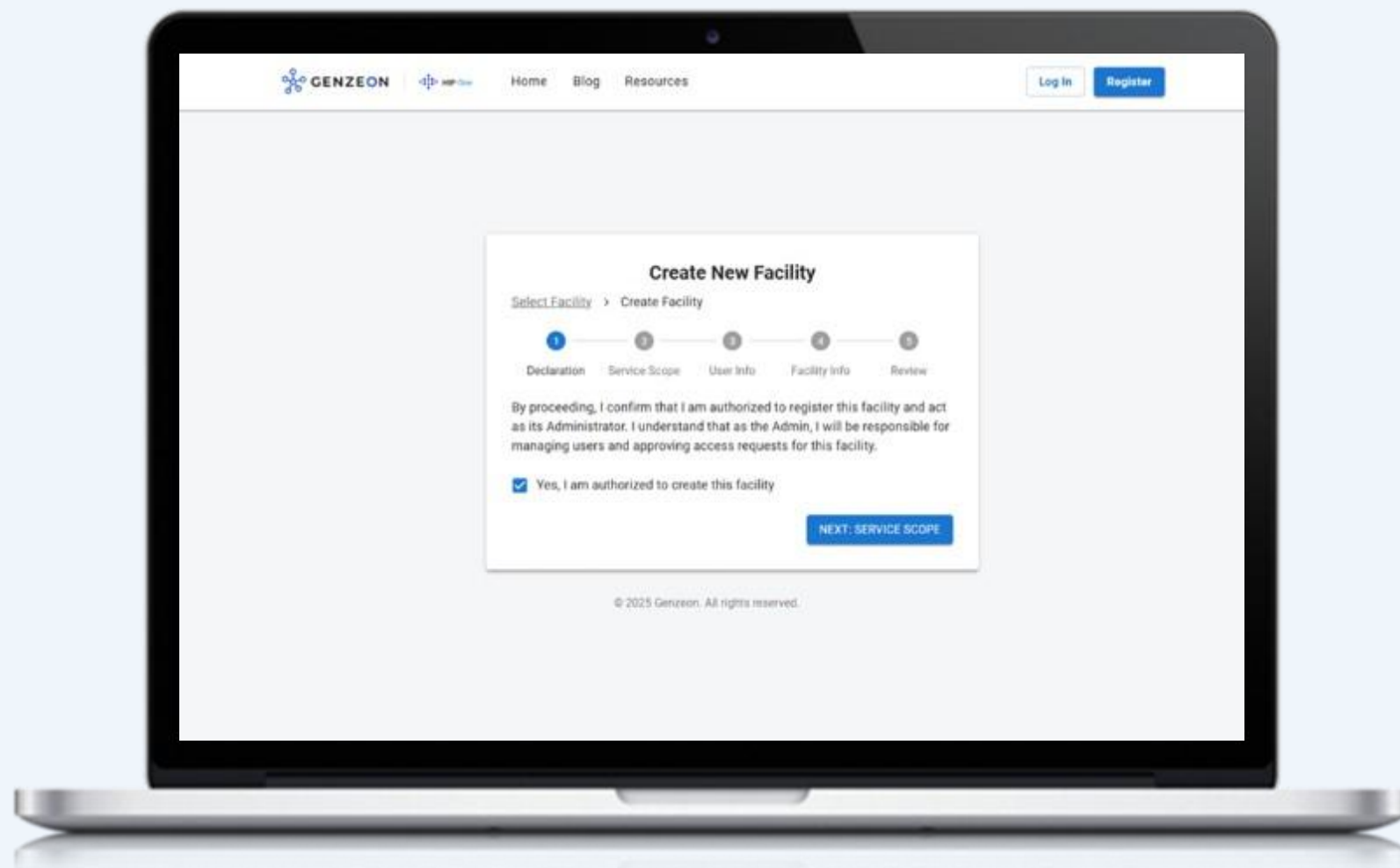
Create Facility

- If the administrator of the facility has not already registered the facility, this screen will be displayed, inviting the administrator of the facility to create the facility



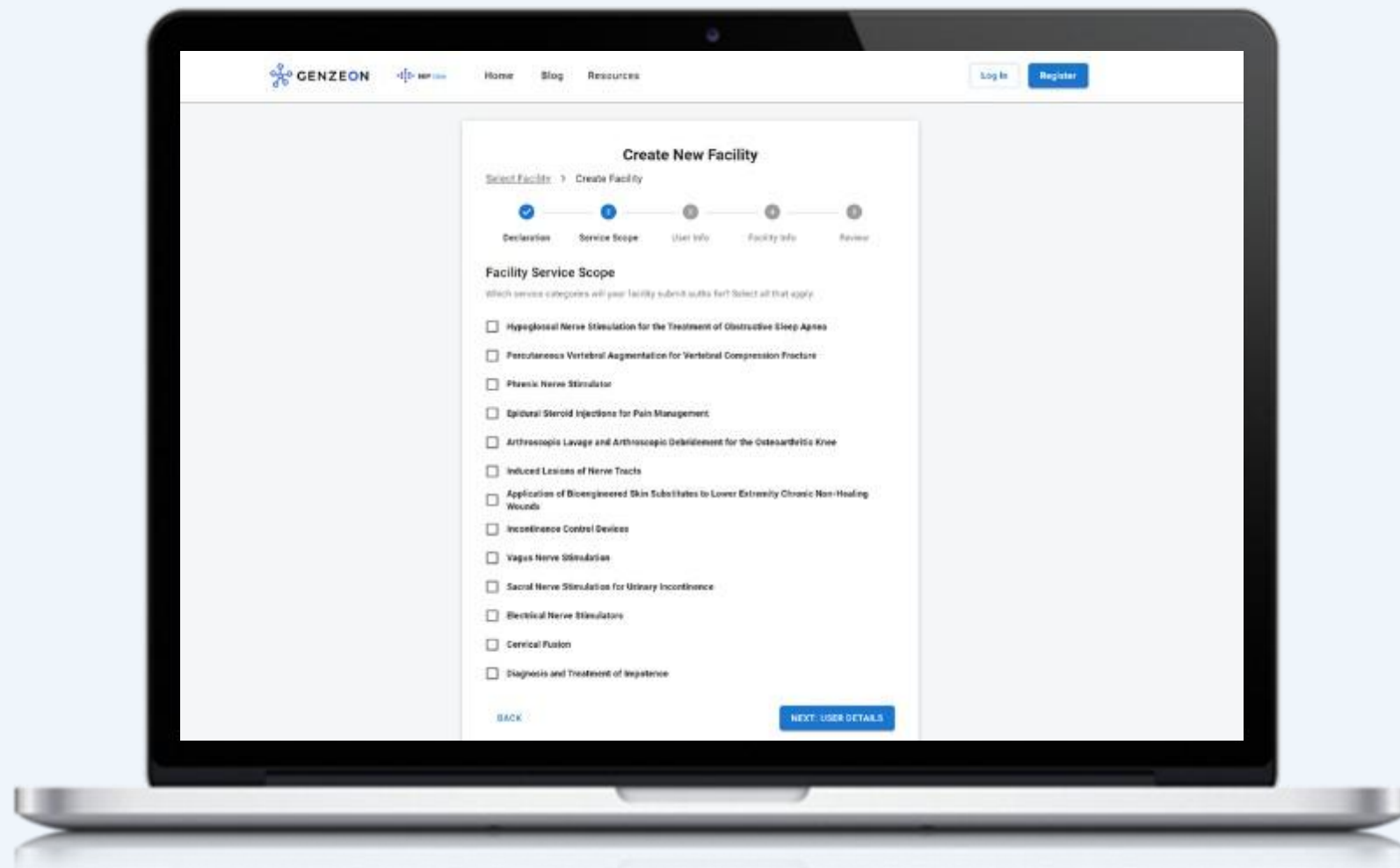
Create New Facility

- The administrator of a facility can certify that they are authorized to register for the facility as the admin and will be responsible for managing the users and approving new users to this facility.



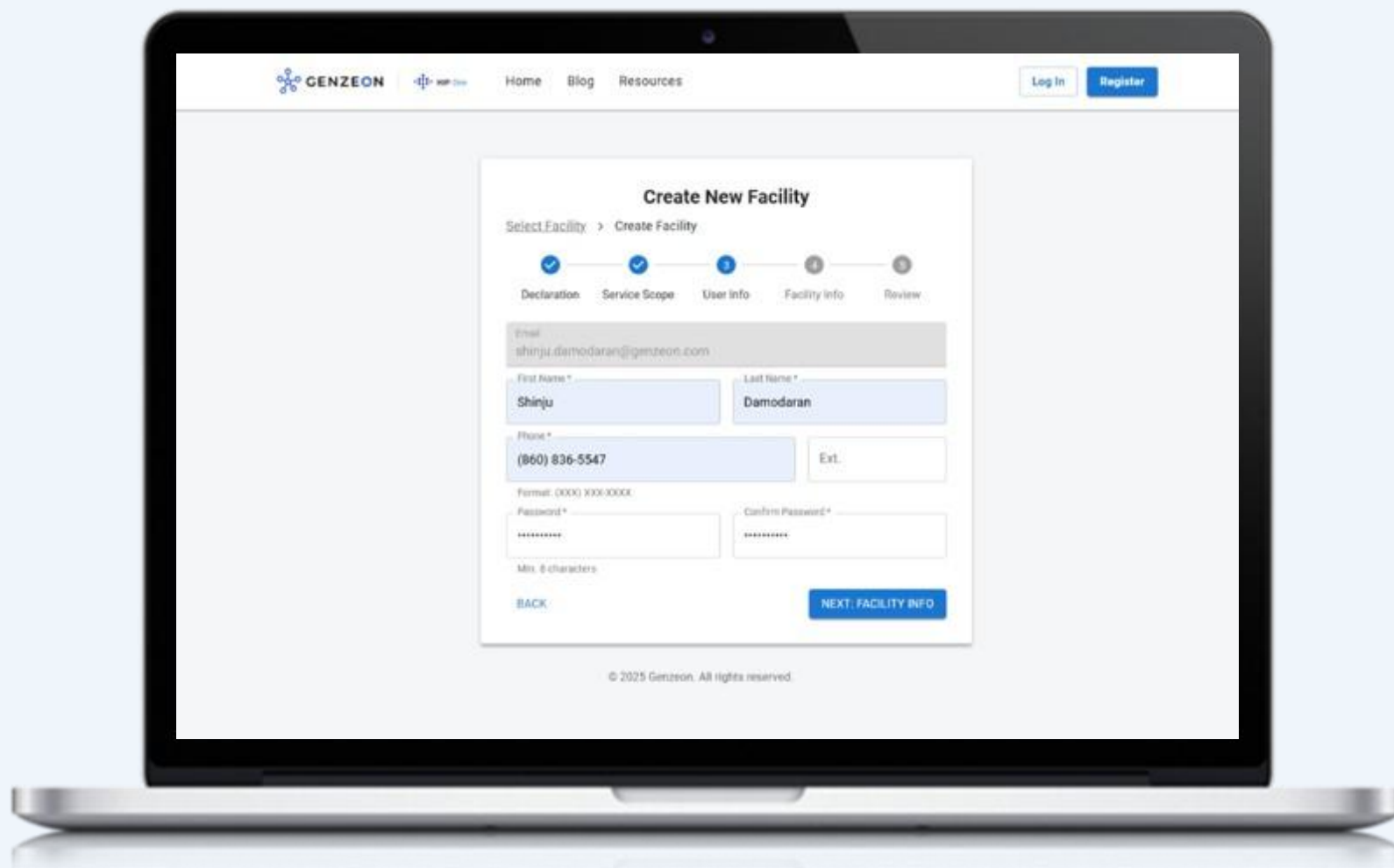
Enter the details for the facility or practice

- The administrator creates the facility or practice account with all the necessary details
- Choose the services that the facility usually performs. If not sure, choose everything.



User creation screen after the facility or practice account is created

- The user's contact details are entered
- User Password is created. The user's email will be the login ID



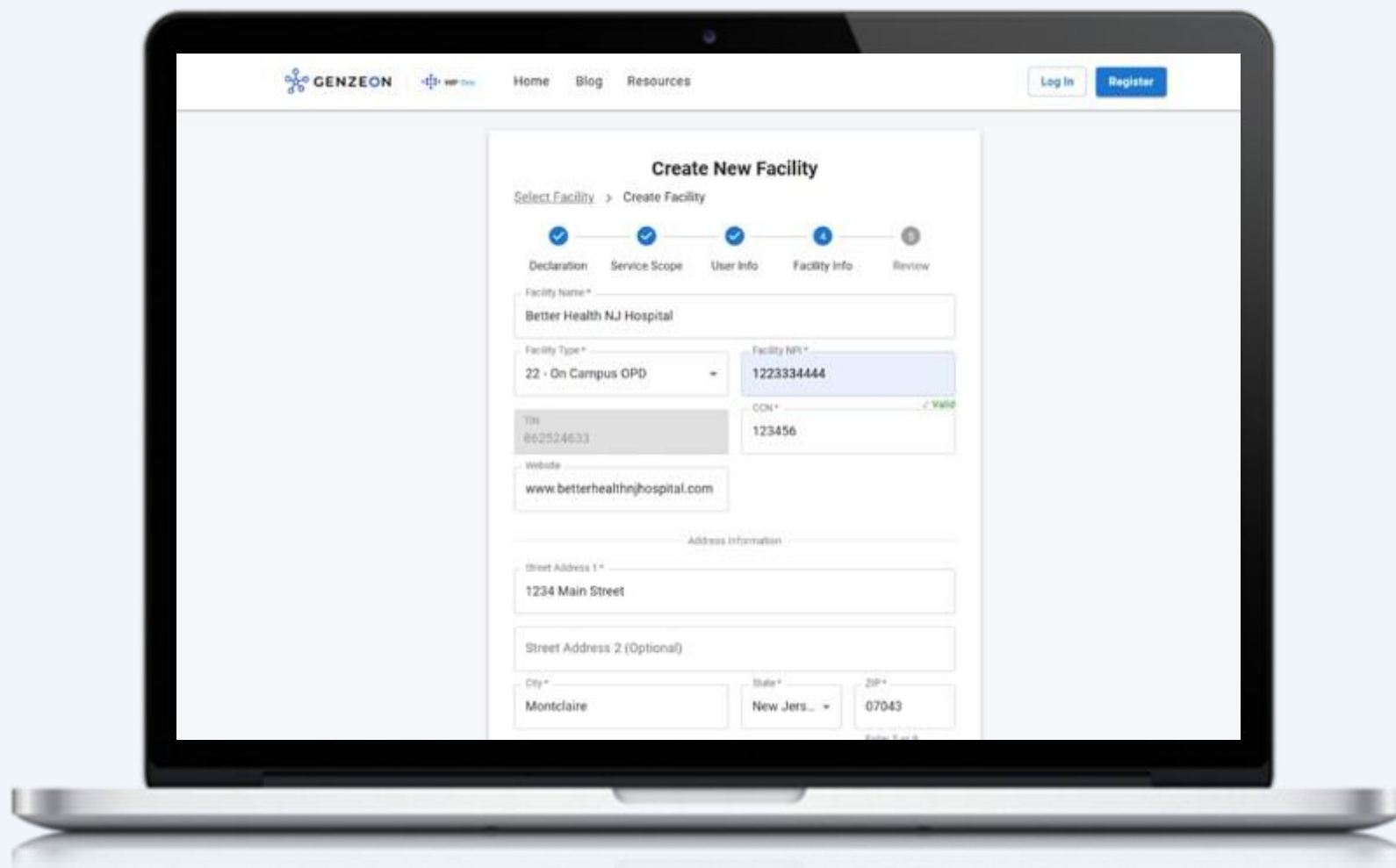
The screenshot shows a laptop displaying the GENZEON website. The page is titled "Create New Facility" and is part of a multi-step process. The steps are: Declaration, Service Scope, User Info (current step), Facility Info, and Review. The "User Info" step is highlighted with a blue circle and a checkmark. The form fields are as follows:

- Email: shinju.damodaran@genzeon.com
- First Name *: Shinju
- Last Name *: Damodaran
- Phone *: (860) 836-5547
- Ext.:
- Password *: [masked]
- Confirm Password *: [masked]
- Min. 8 characters

At the bottom of the form, there are two buttons: "BACK" and "NEXT: FACILITY INFO". The footer of the page reads "© 2025 Genzeon. All rights reserved."

Enter the details for the facility or practice

- The administrator creates the facility or practice account with all the necessary details
- Submit the details for verification and approval by Genzeon



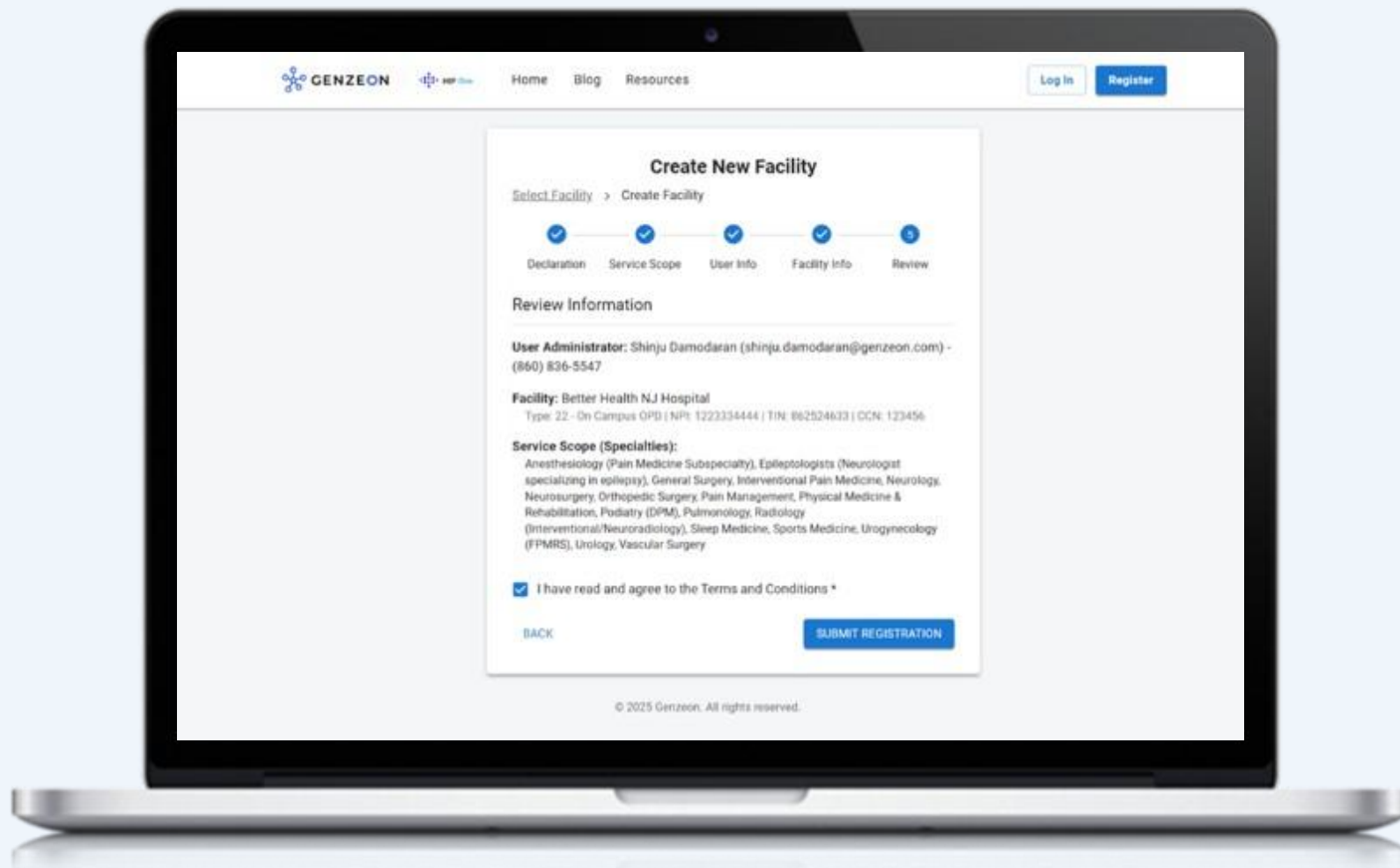
The screenshot shows the 'Create New Facility' form on the GENZEON website. The form is titled 'Create New Facility' and includes a progress bar with five steps: Declaration, Service Scope, User Info, Facility Info (current step), and Review. The form fields are as follows:

- Facility Name ***: Better Health NJ Hospital
- Facility Type ***: 22 - On Campus OPD
- Facility NPI ***: 1223334444
- TIN**: 862524633
- CON ***: 123456 (Valid)
- Website**: www.betterhealthnjhospital.com
- Address Information**:
 - Street Address 1 ***: 1234 Main Street
 - Street Address 2 (Optional)**
 - City ***: Montclair
 - State ***: New Jersey
 - ZIP ***: 07043

The form is displayed on a laptop screen, and the GENZEON logo is visible in the top right corner of the browser window.

Review the information

- Review all the information entered about the
- Read and agree to the terms and conditions and submit the registration



The screenshot shows a laptop displaying the GENZEON website's 'Create New Facility' registration page. The page has a header with the GENZEON logo, a 'HSP' logo, and navigation links for 'Home', 'Blog', and 'Resources'. There are 'Log In' and 'Register' buttons in the top right corner. The main content area is titled 'Create New Facility' and includes a progress bar with five steps: Declaration, Service Scope, User Info, Facility Info, and Review. The 'Review' step is currently active. Below the progress bar, the 'Review Information' section displays the following details:

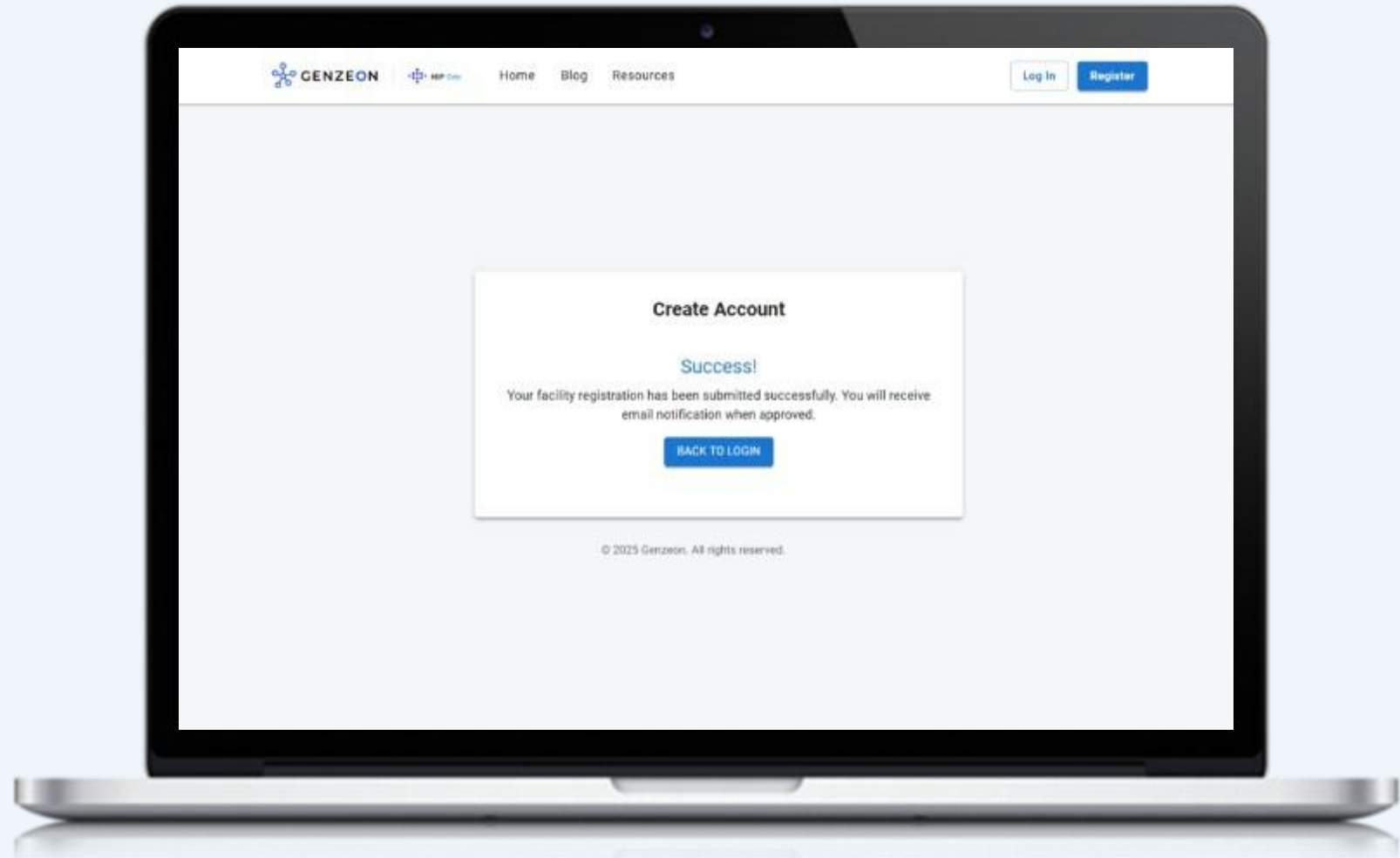
- User Administrator:** Shinju Damodaran (shinju.damodaran@genzeon.com) - (860) 836-5547
- Facility:** Better Health NJ Hospital
Type: 22 - On Campus OPD | NPI: 1223334444 | TIN: 862524633 | CCN: 123456
- Service Scope (Specialties):**
Anesthesiology (Pain Medicine Subspecialty), Epileptologists (Neurologist specializing in epilepsy), General Surgery, Interventional Pain Medicine, Neurology, Neurosurgery, Orthopedic Surgery, Pain Management, Physical Medicine & Rehabilitation, Podiatry (DPM), Pulmonology, Radiology (Interventional/Neuroradiology), Sleep Medicine, Sports Medicine, Urogynecology (FPMRS), Urology, Vascular Surgery

At the bottom of the form, there is a checkbox labeled 'I have read and agree to the Terms and Conditions *' which is checked. Below this are two buttons: 'BACK' and 'SUBMIT REGISTRATION'.

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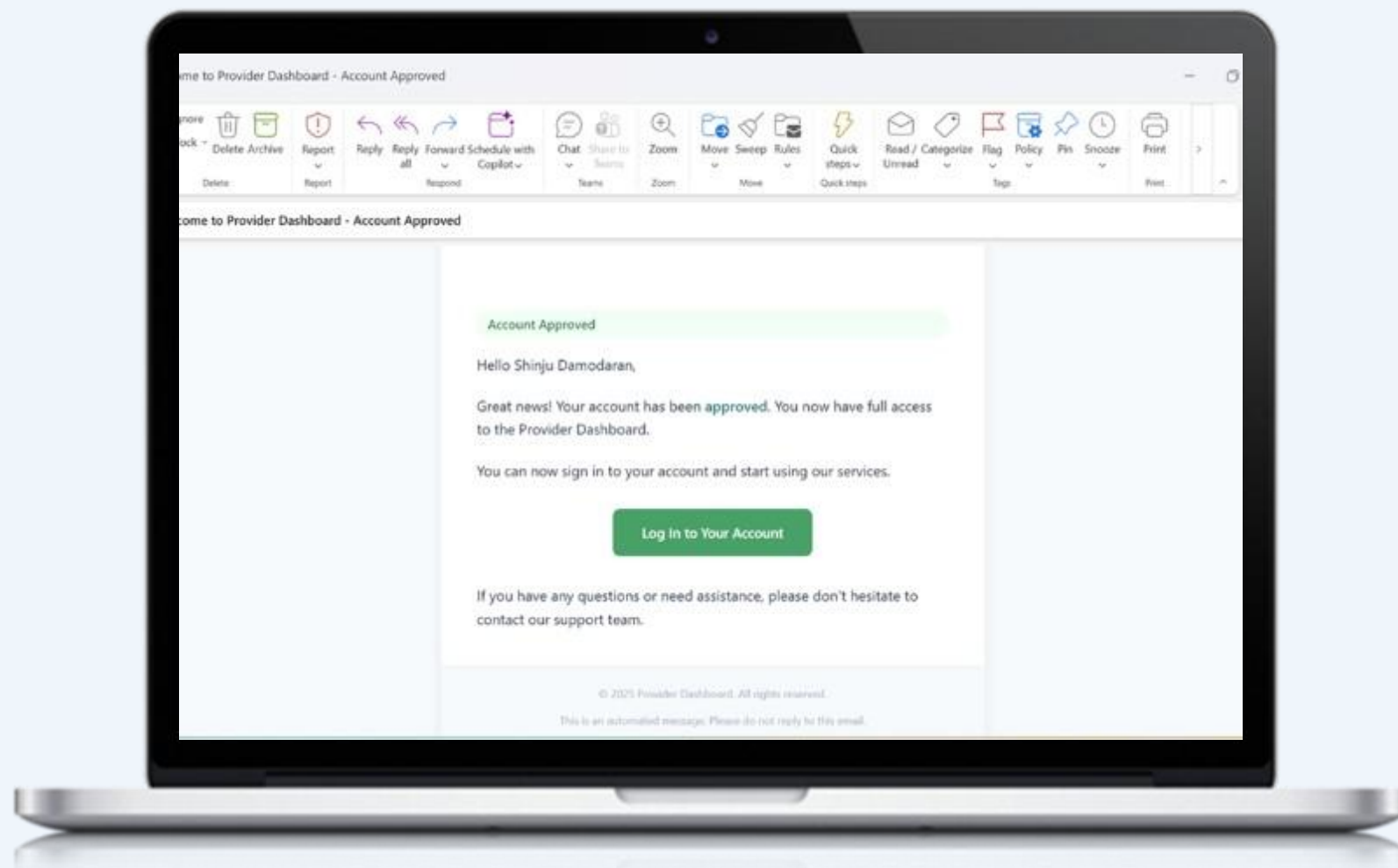
Submit the account creation application for review and approval

- After all the necessary facility or practice information is entered, the admin submits the request for review and approval to create the account for the organization
- Other users in the organization will be able to create their own login credentials after the organization account is created by the admin
- The admin will have the ability to manage the users in the organization



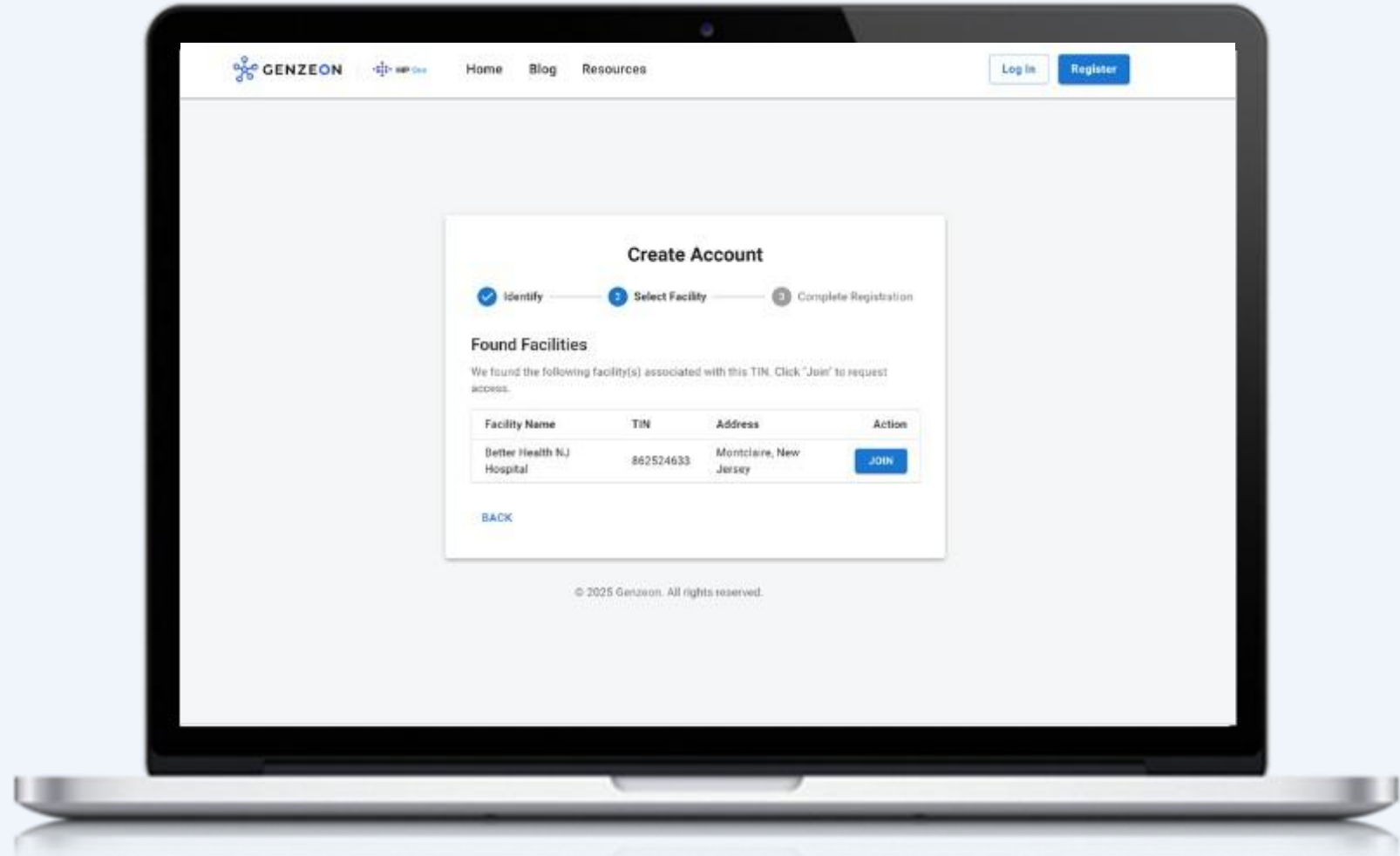
Email notifying of the account creation

- After review by Genzeon, you will receive an email notifying you that the account has been approved.
- Clicking on the link in the email will take you to the Log in page of the HIP One portal.



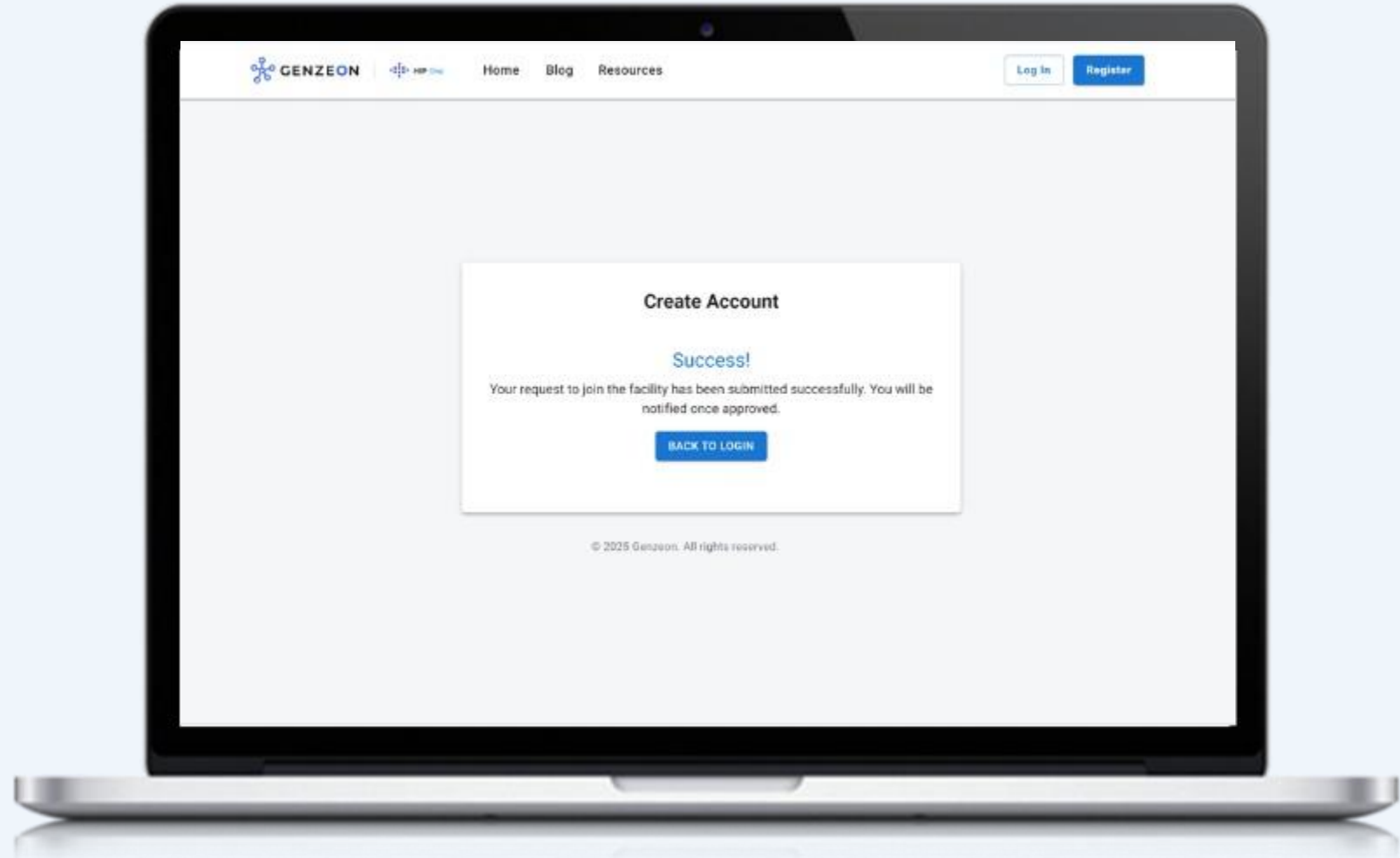
Facility User Creating a User ID after Facility Creation by Administrator

- Once the admin has created the facility, others in the organization can create their user ID by attaching their credentials to the facility
- When the new user enters the TIN and their email, if the facility is already created successfully, they will see their facility listed
- The new user will be able to join the existing facility and create their own password.



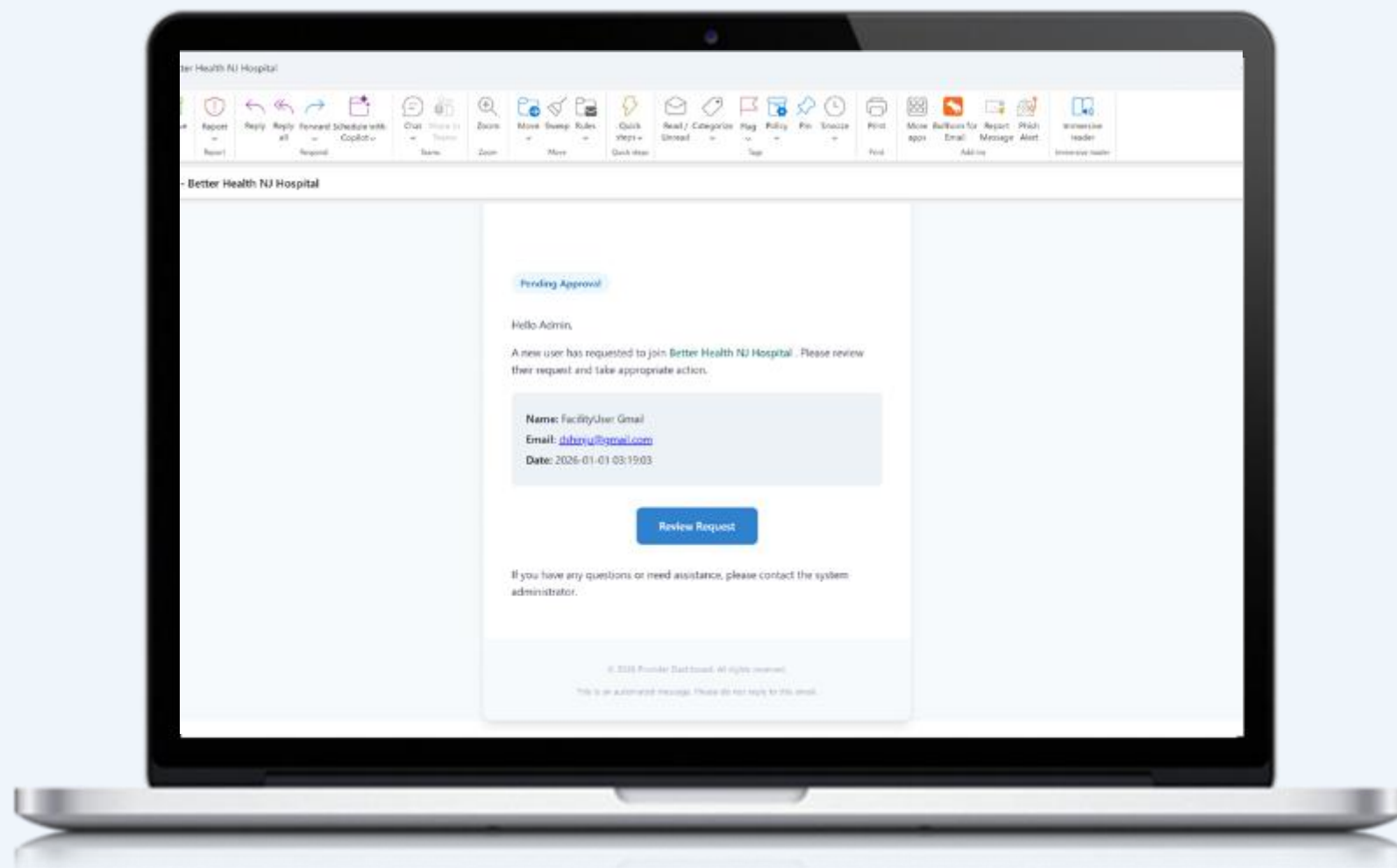
Facility User Creating a User ID after Facility Creation by Administrator

- Once the facility user creates their User ID and password, they get a message that they will be notified by email when their administrator approves their request.



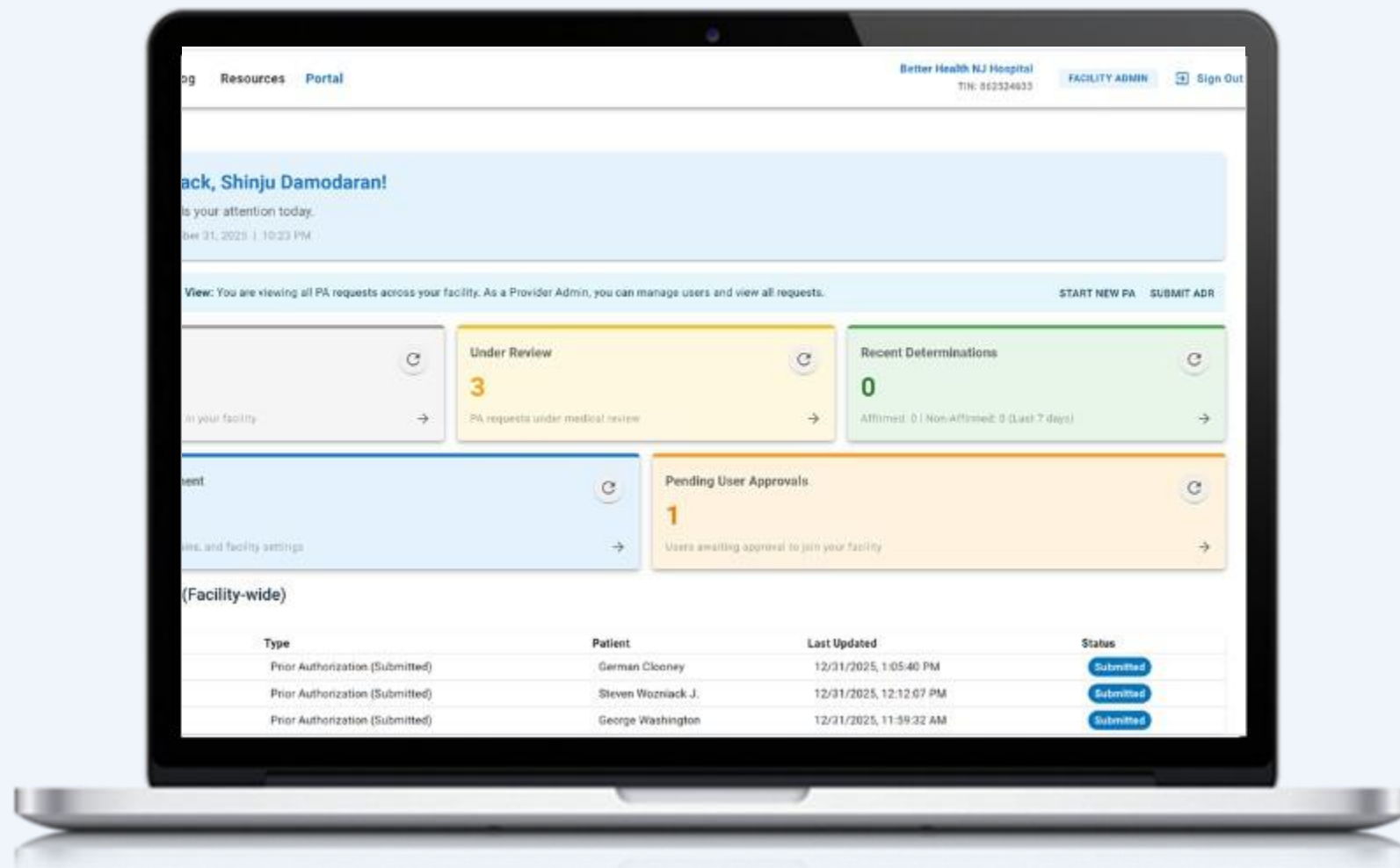
Facility User is alerted by an email about pending user approval request

- After the user creates their facility user account request, the administrator gets notified by email to review the request.
- The link in the email takes the admin to the portal, where the admin can review and either accept or reject the request.



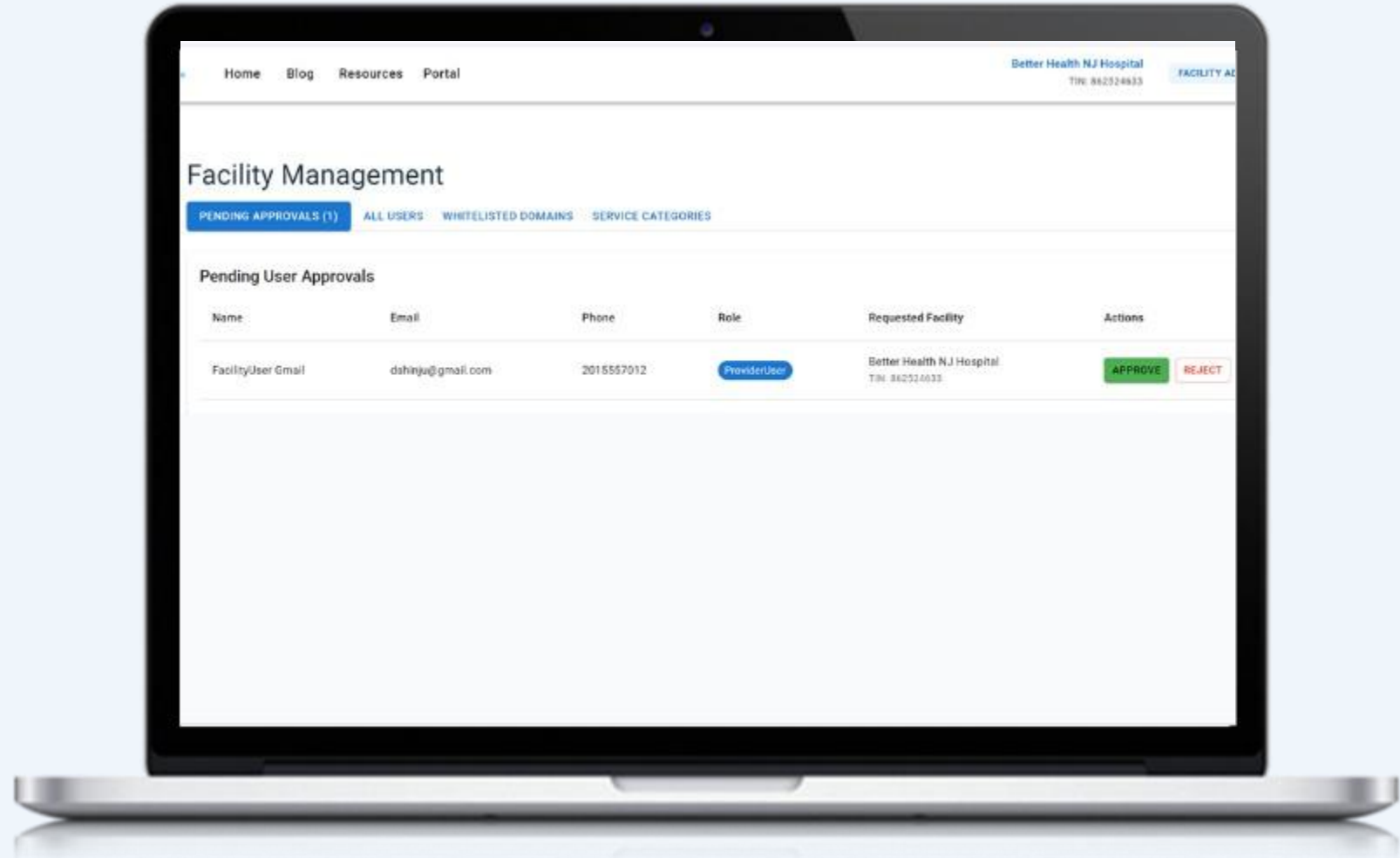
Facility Admin gets the user request for approval

- The Facility Admin will get all the new user requests in their facility
- They can review the request and process the pending approvals



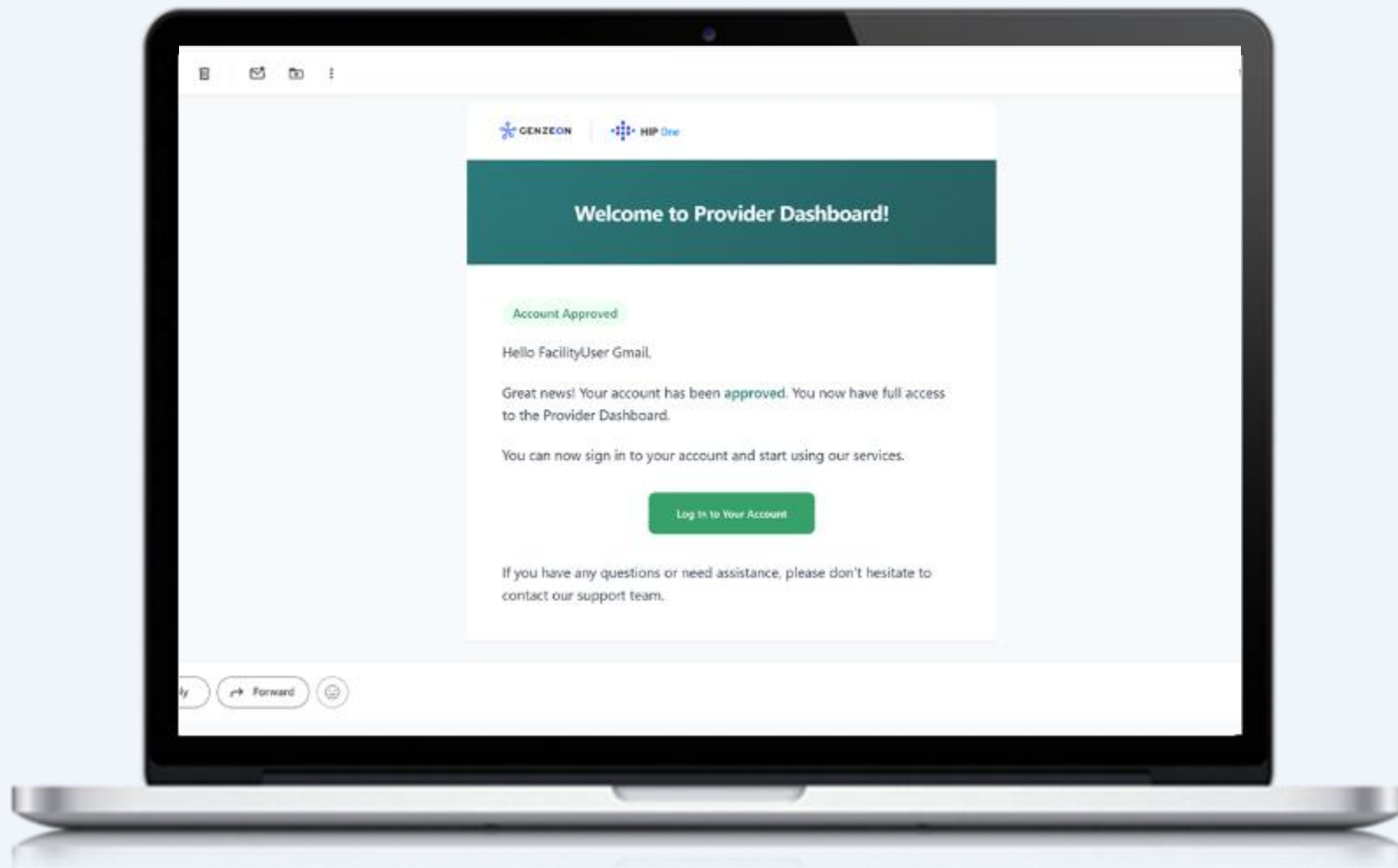
Facility Admin gets the user request for approval

- The Facility Admin will get all the new user requests in their facility
- They can review the request and process the pending approvals
- The facility admin reviews the new facility user request and can approve or reject the request



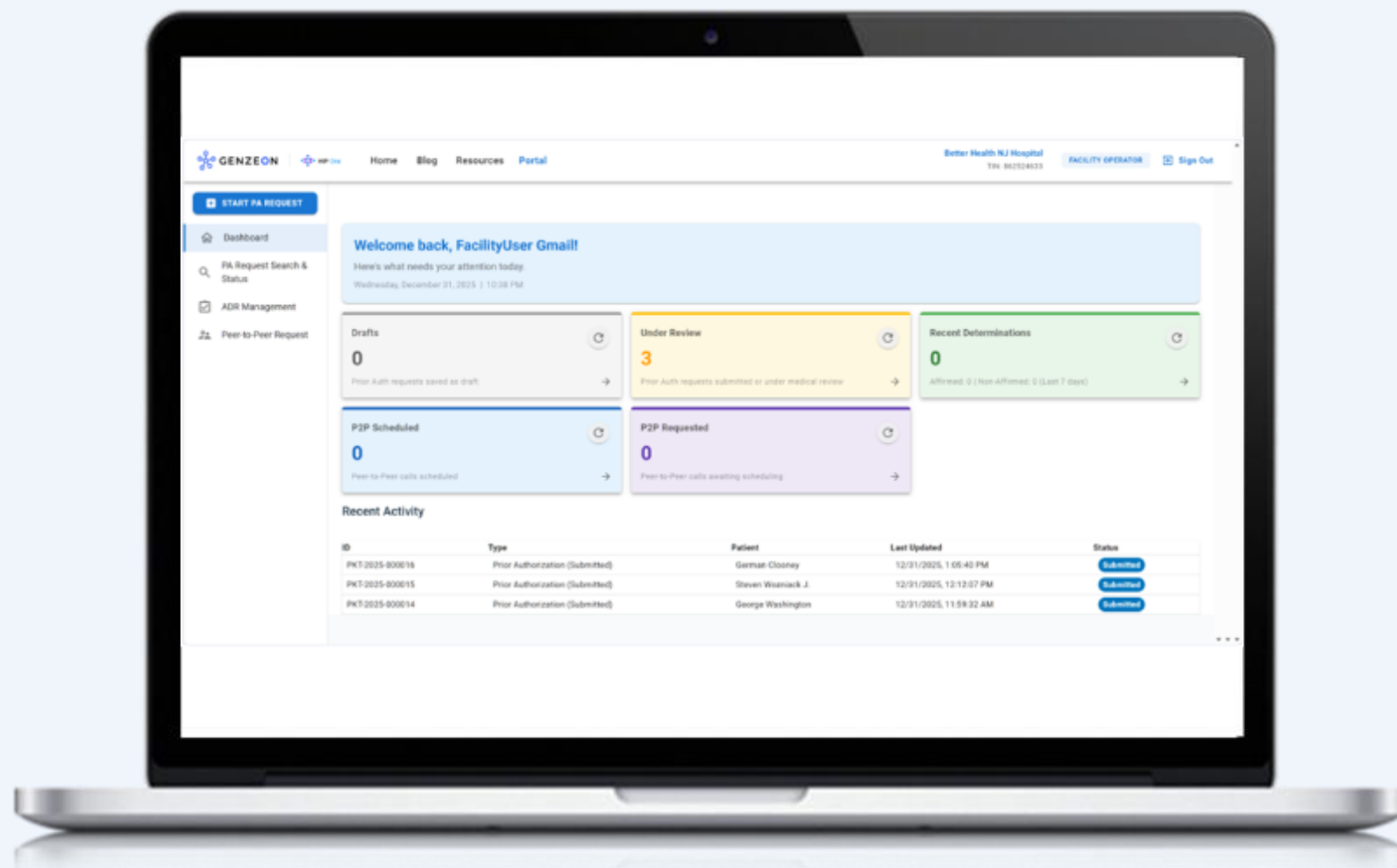
User is notified by email

- After the Facility Admin approves the request from the facility user, they get notified by email, and they can sign in using their credentials.
- The facility user will have access to all the prior authorization requests and ADR uploads created by any other user in the facility.
- The facility user will also have the ability to create a prior authorization request for any of the beneficiaries or respond to ADR letters.
- The facility user will not be able to manage or approve other user requests or manage the list of services the facility has selected.



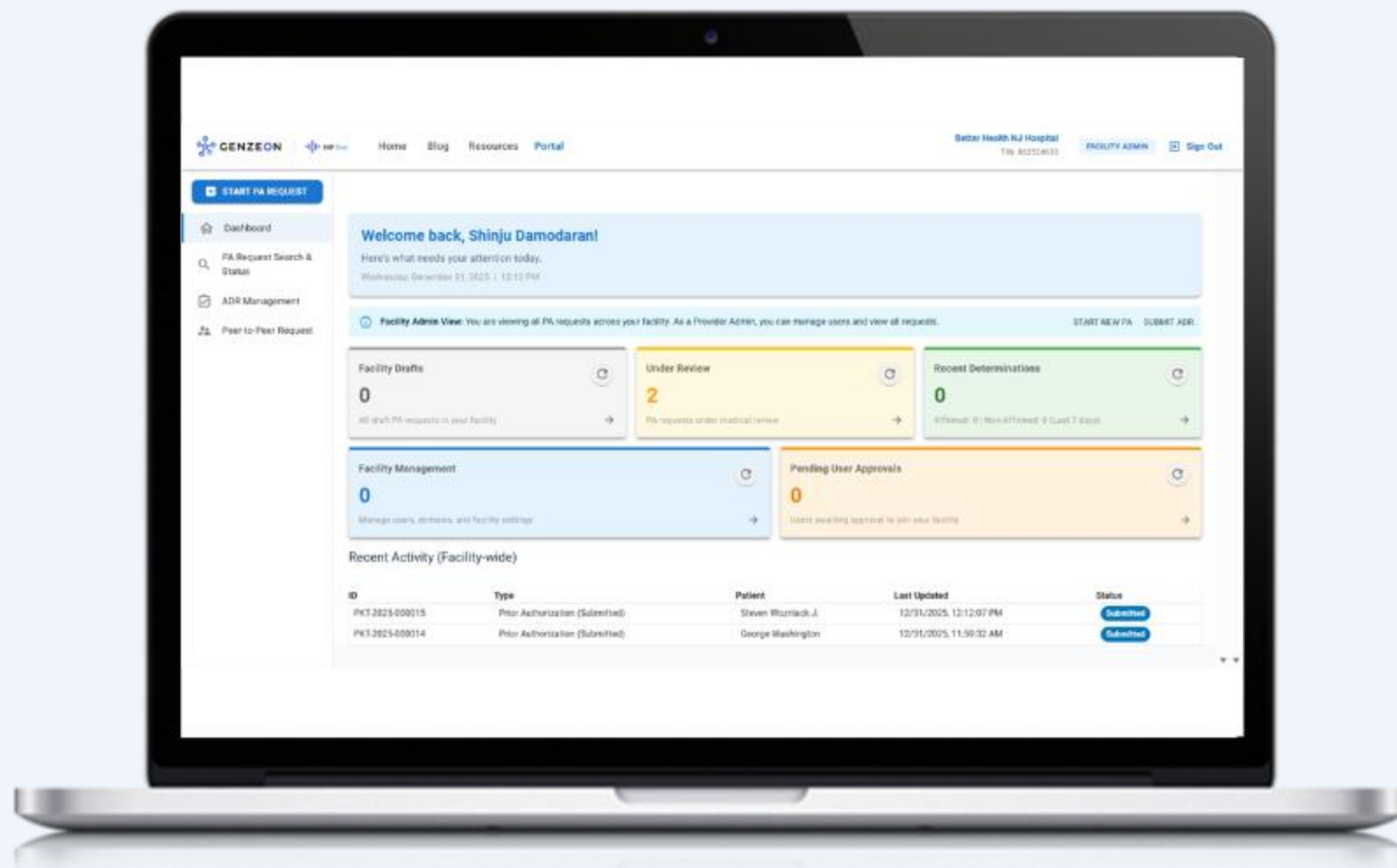
Facility User Dashboard View

- The Dashboard View for the facility user is different from that of the Facility admin



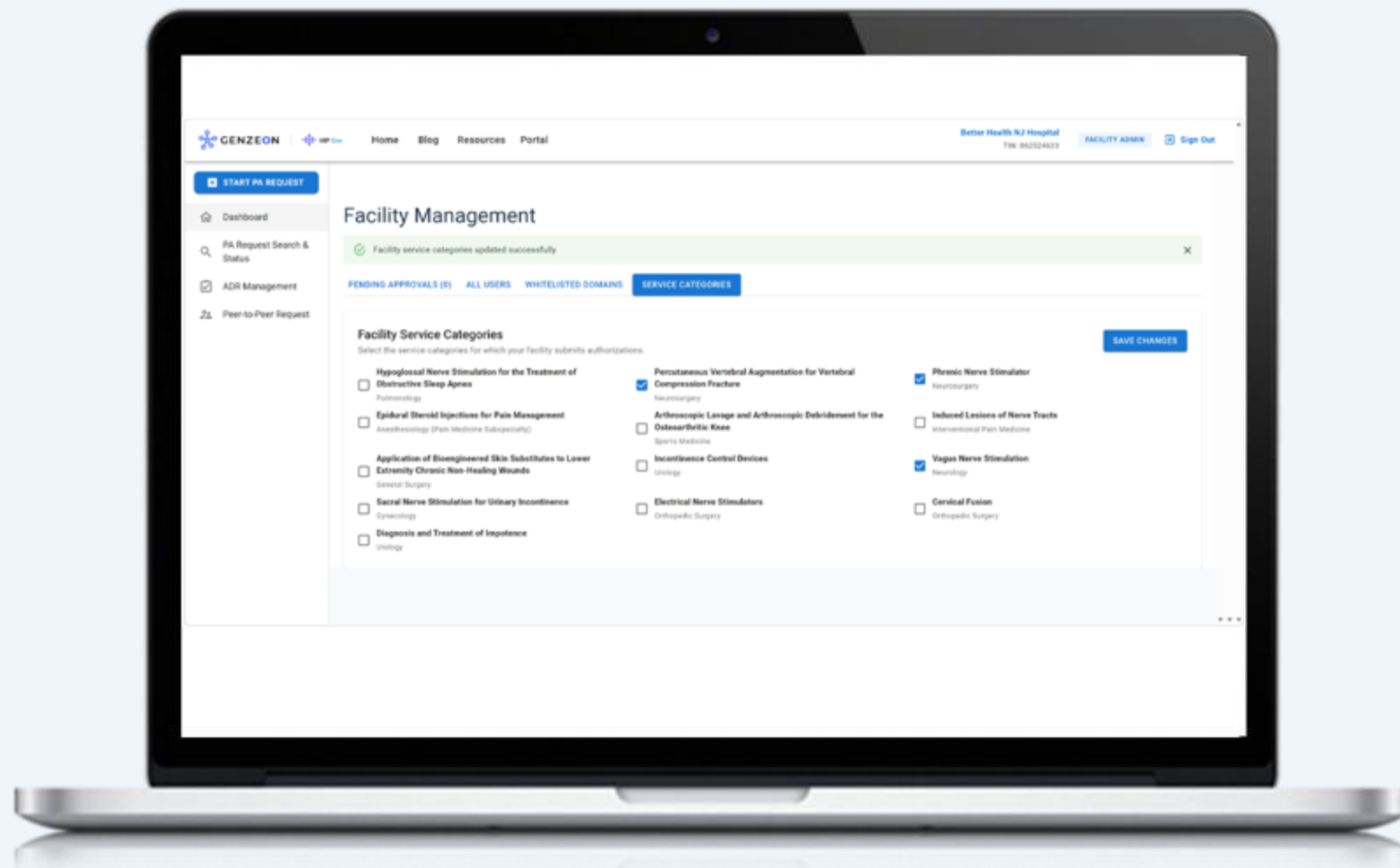
Genzeon Portal Facility Admin Dashboard View

- The Dashboard View allows the user to
 - Initiate a new prior authorization request
 - Resubmit a non-affirmed prior authorization request
 - Upload the ADR letter and documents for medical review
 - Submit a request for a peer-to-peer call
 - Status of all the requests that are submitted or in the draft stage.
 - Details of the recent medical review decisions are also mentioned
 - The list of all the recent PA requests from the facility is listed



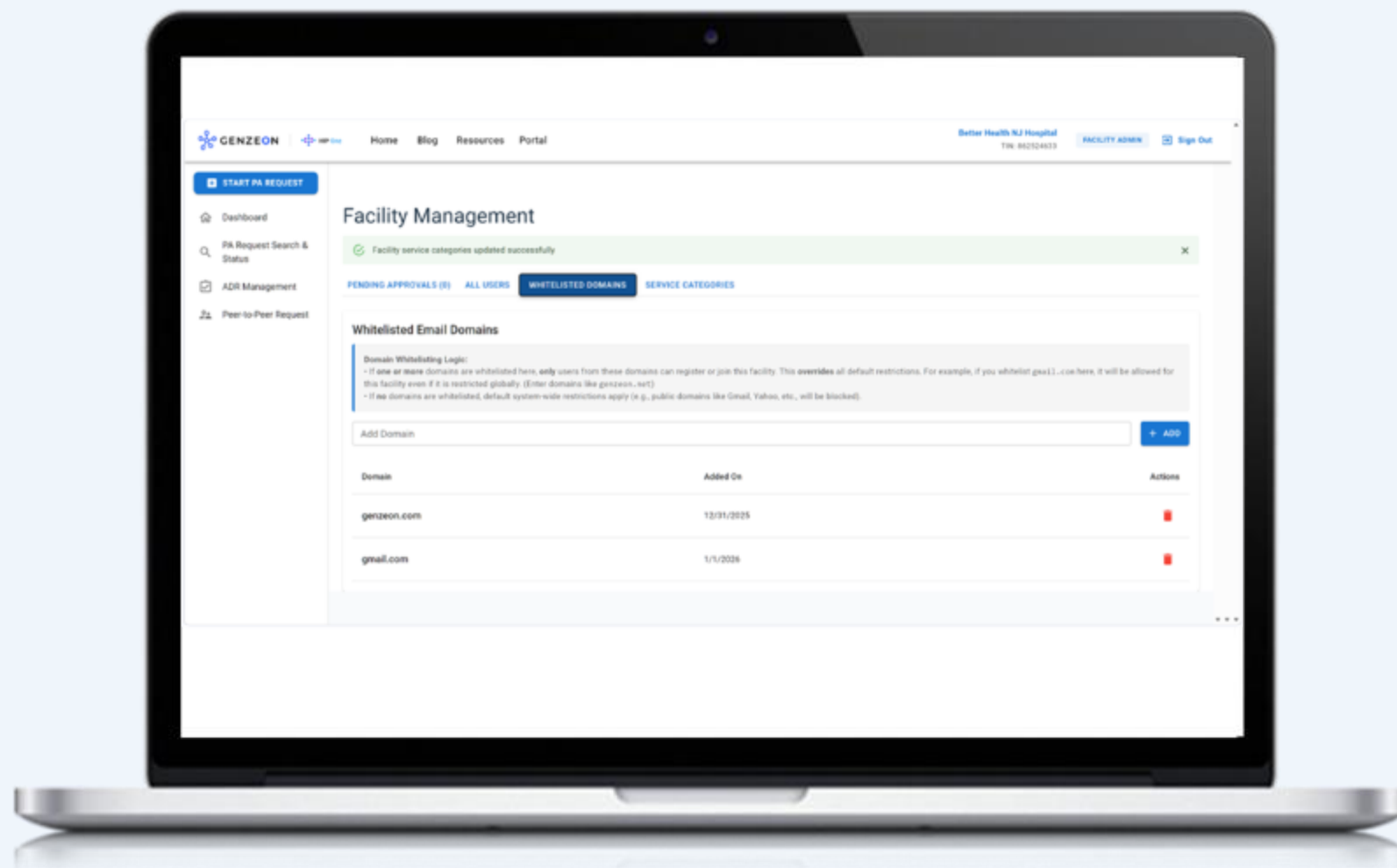
Facility Admin Service Category selection

- The Facility Admin can select the various services usually serviced by the facility.
- If a facility performs only 3 of the WISer services, then only those three can be selected
- That way, the users do not have too many choices to make on the prior authorization creation screen. They will see only the 3 services pre-selected by the admin.



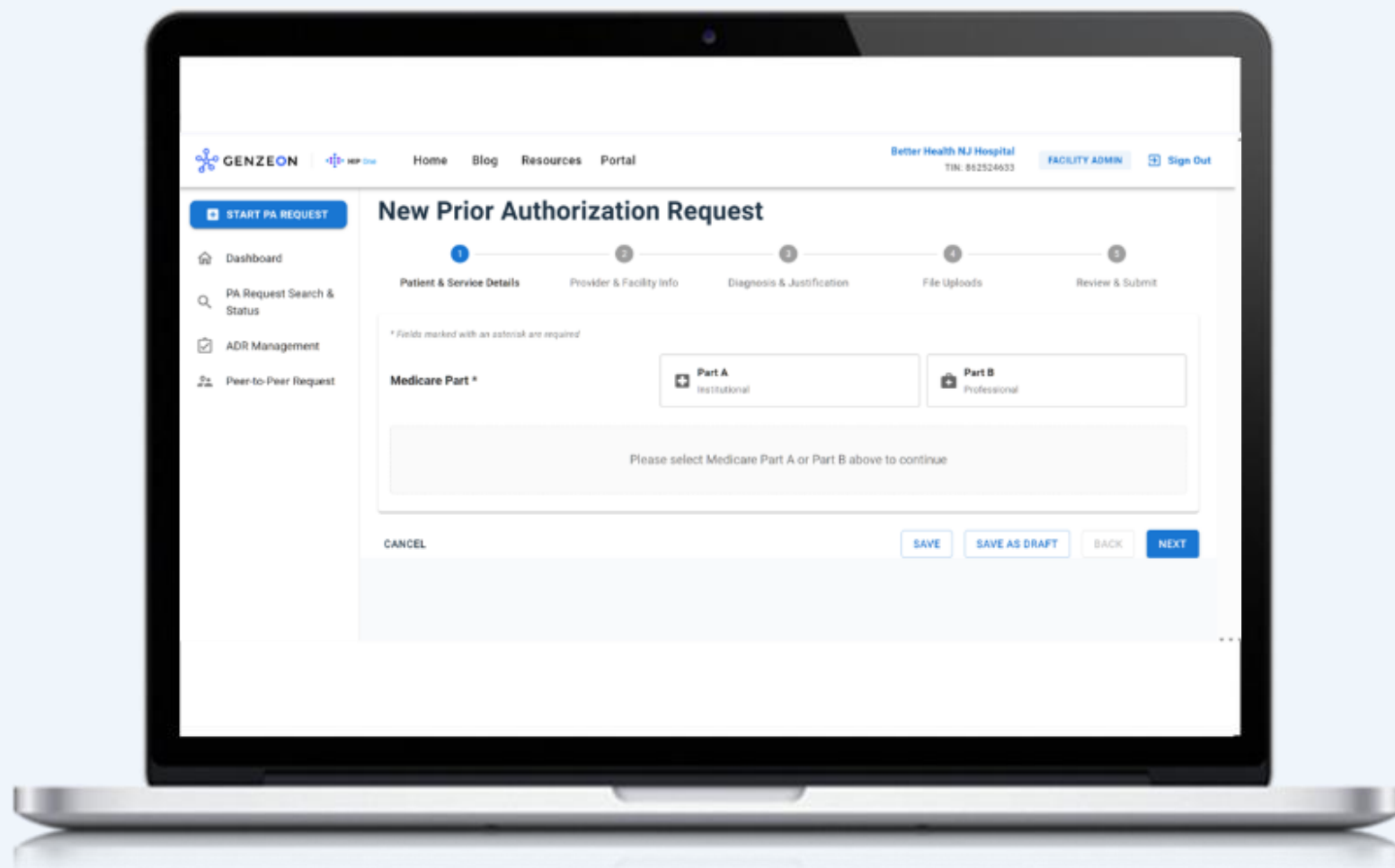
Whitelisting of Domains

- The facility admin's email domain will automatically be added to the facility
- If the facility users use more than one domain, the additional domains have to be whitelisted by the admin, or the users with emails in different domains will not be able to join the facility.



New Prior Authorization Request Creation

- Select either Part A or Part B to proceed.



The screenshot shows the GENZEON web application interface for creating a new prior authorization request. The page is titled "New Prior Authorization Request" and features a progress bar with five steps: 1. Patient & Service Details, 2. Provider & Facility Info, 3. Diagnosis & Justification, 4. File Uploads, and 5. Review & Submit. The first step is currently active.

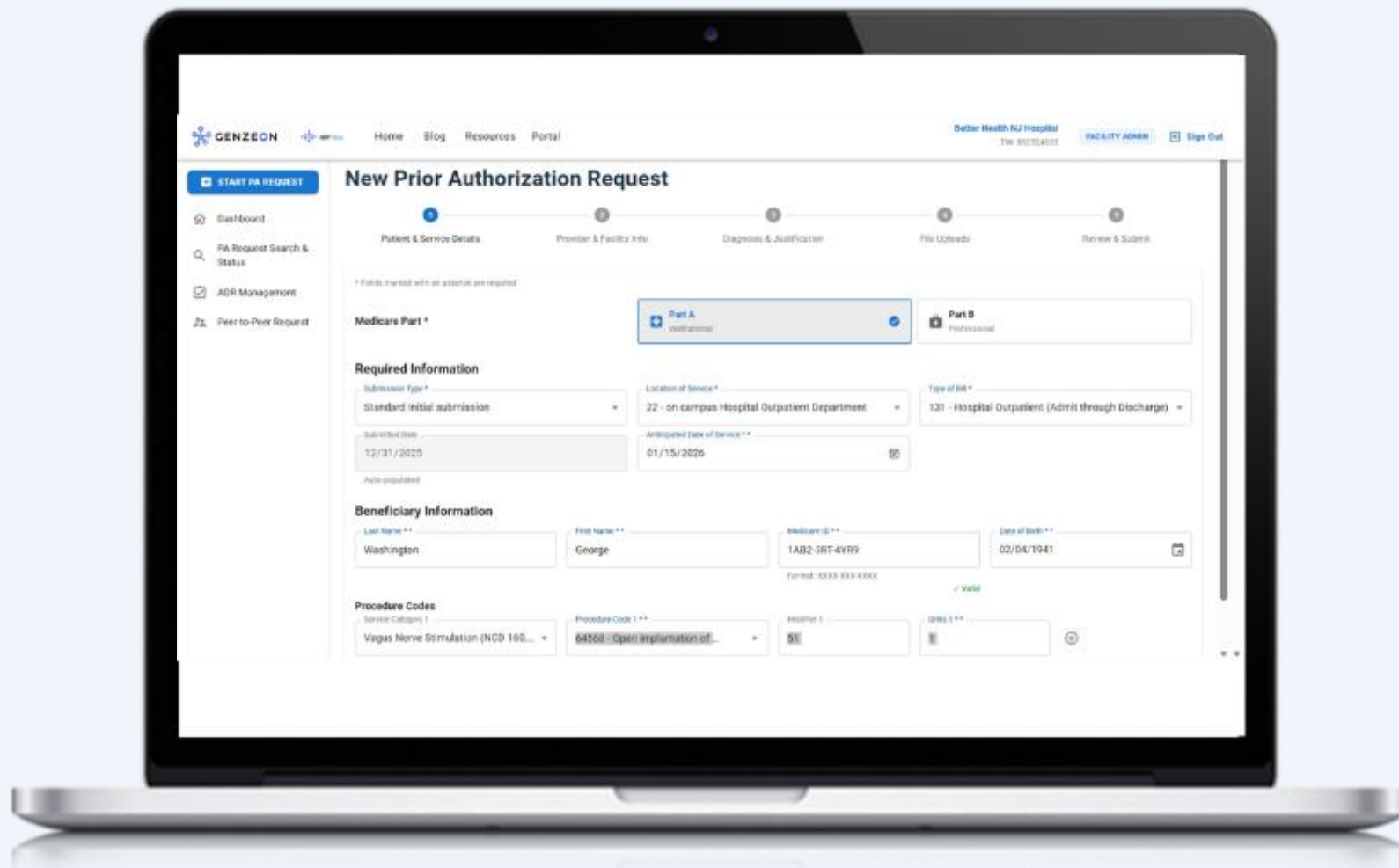
On the left side, there is a sidebar menu with the following options: "START PA REQUEST" (highlighted), "Dashboard", "PA Request Search & Status", "ADR Management", and "Peer-to-Peer Request".

The main content area displays the "Medicare Part *" selection screen. It includes a note: "* Fields marked with an asterisk are required". Below this, there are two radio button options: "Part A Institutional" and "Part B Professional". A message below the options states: "Please select Medicare Part A or Part B above to continue".

At the bottom of the form, there are four buttons: "CANCEL", "SAVE", "SAVE AS DRAFT", and "NEXT".

Part A Submission

- Enter the Request type, Location of service, and anticipated date of service
- Only type of bill 13 is allowed for Part A prior authorization requests.
- Enter the beneficiary information, such as last and first names, date of birth, and MBI.
- Enter the procedure code, modifiers if any, and units of service. If additional lines are needed, clicking on the + will add procedure code lines.

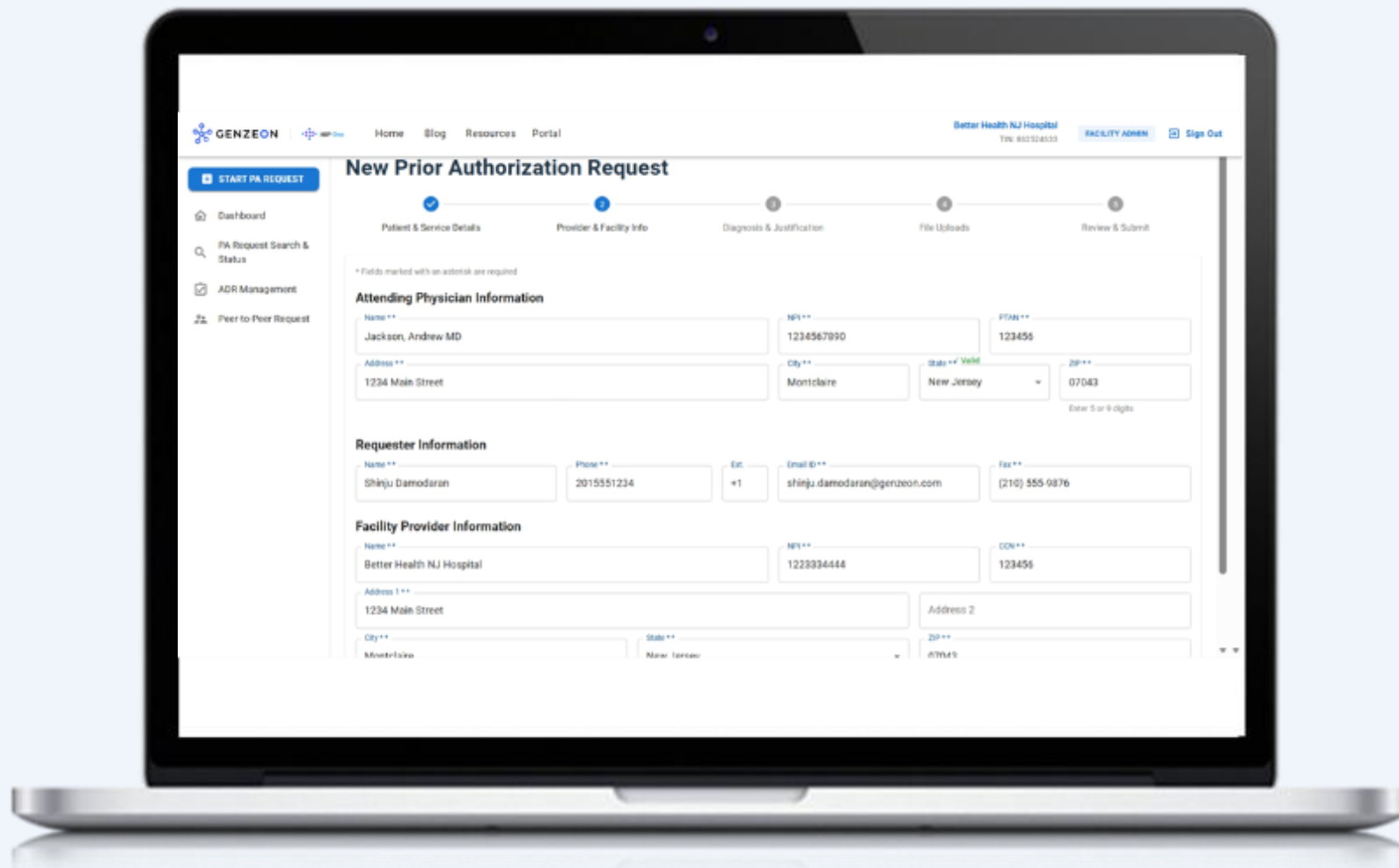


The screenshot displays the 'New Prior Authorization Request' form on the GENZEON portal. The form is structured into several sections:

- Navigation:** Includes a sidebar with 'START PA REQUEST', 'Dashboard', 'PA Request Search & Status', 'ADR Management', and 'Peer-to-Peer Request'. The top navigation bar shows 'Home', 'Blog', 'Resources', 'Portal', and user options like 'Better Health NJ Hospital', 'TOW_H01204101', 'FACILITY ADMIN', and 'Sign Out'.
- Progress Bar:** A five-step process bar at the top of the form area: 1. Patient & Service Details (active), 2. Provider & Facility Info, 3. Diagnosis & Justification, 4. File Uploads, and 5. Review & Submit.
- Medicare Part *:** Two radio button options: 'Part A Institutional' (selected) and 'Part B Professional'.
- Required Information:**
 - Submission Type *:** Dropdown menu with 'Standard Initial submission' selected.
 - Location of Service *:** Dropdown menu with '22 - on campus Hospital Outpatient Department' selected.
 - Type of Bill *:** Dropdown menu with '131 - Hospital Outpatient (Admit through Discharge)' selected.
 - Submitted Date:** Text field with '12/31/2025' and a note '(Auto-populated)'.
 - Anticipated Date of Service **:** Text field with '01/15/2026' and a calendar icon.
- Beneficiary Information:**
 - Last Name **:** Text field with 'Washington'.
 - First Name **:** Text field with 'George'.
 - Medicare ID **:** Text field with '1AB2-3RT-4YR9' and a note 'Format: XXXX-XXXX-XXXX'.
 - Date of Birth **:** Text field with '02/04/1941' and a calendar icon.
- Procedure Codes:**
 - Service Category 1:** Dropdown menu with 'Vagus Nerve Stimulation (NCD 190...)' selected.
 - Procedure Code 1 **:** Text field with '64568 - Open Implantation of...' selected.
 - Modifier 1:** Text field with '51'.
 - Units 1 **:** Text field with '1'.

Part A Submission

- Enter the attending physician's details, such as NPI, PTAN, and address
- The requester's information will be pre-populated from the registration information. These can be modified if needed.
- Facility information, such as NPI, CCN, and address, will be prepopulated from the registration information.



The screenshot displays the 'New Prior Authorization Request' form on the GENZEON portal. The form is titled 'New Prior Authorization Request' and includes a progress bar with five steps: 1. Patient & Service Details, 2. Provider & Facility Info, 3. Diagnosis & Justification, 4. File Uploads, and 5. Review & Submit. The current step is 'Provider & Facility Info'.

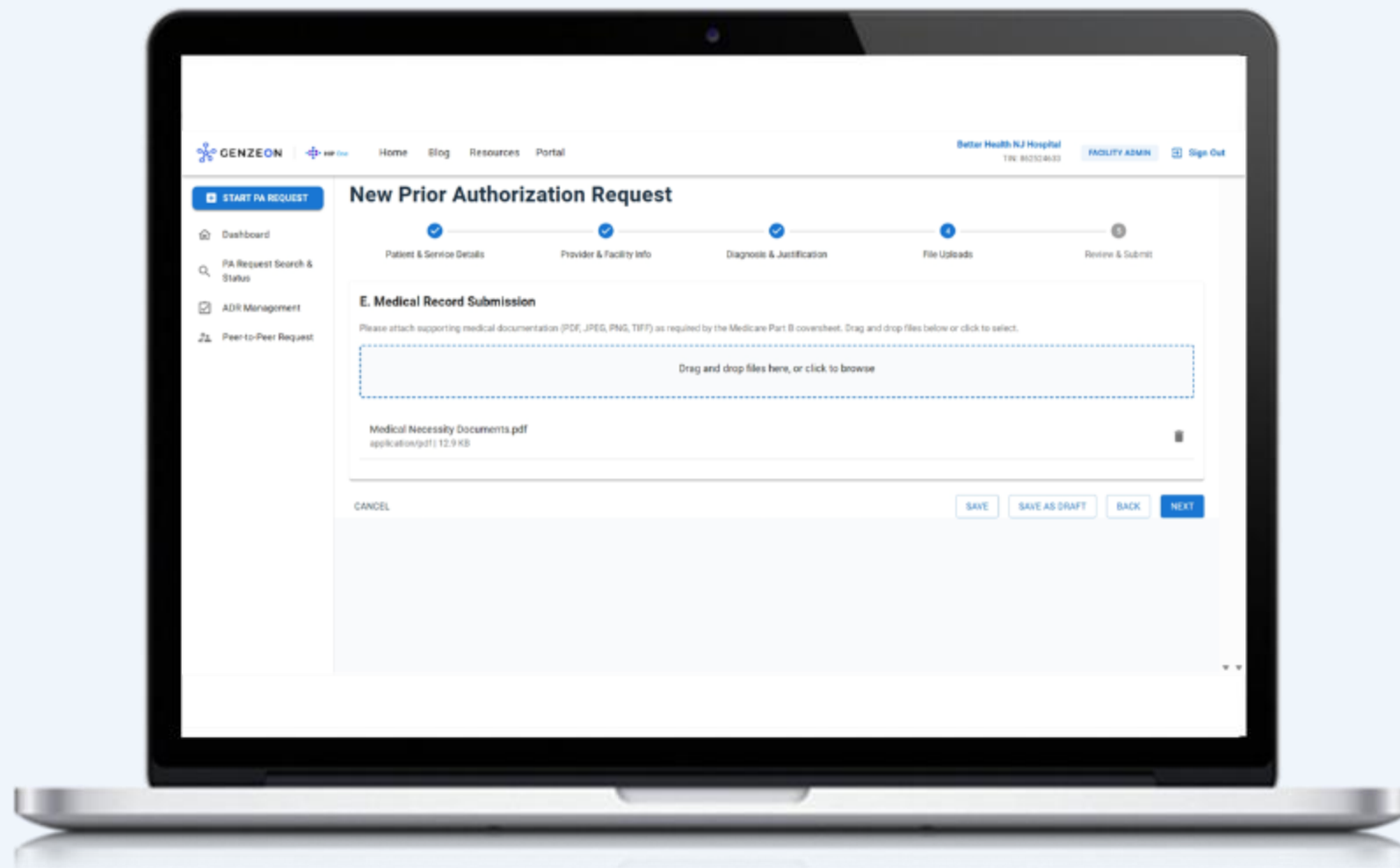
The form is divided into three main sections:

- Attending Physician Information:**
 - Name: Jackson, Andrew MD
 - NPI: 1234567890
 - PTAN: 123456
 - Address: 1234 Main Street
 - City: Montclair
 - State: New Jersey
 - Zip: 07043
- Requester Information:**
 - Name: Shinju Damodaran
 - Phone: 2015551234
 - Ext: *1
 - Email: shinju.damodaran@genzeon.com
 - Fax: (210) 555-9876
- Facility Provider Information:**
 - Name: Better Health NJ Hospital
 - NPI: 1223334444
 - CCN: 123456
 - Address 1: 1234 Main Street
 - Address 2:
 - City: Montclair
 - State: New Jersey
 - Zip: 07043

The form includes a note: '* Fields marked with an asterisk are required'. The 'State' dropdown is currently set to 'New Jersey' and is marked as 'Valid'.

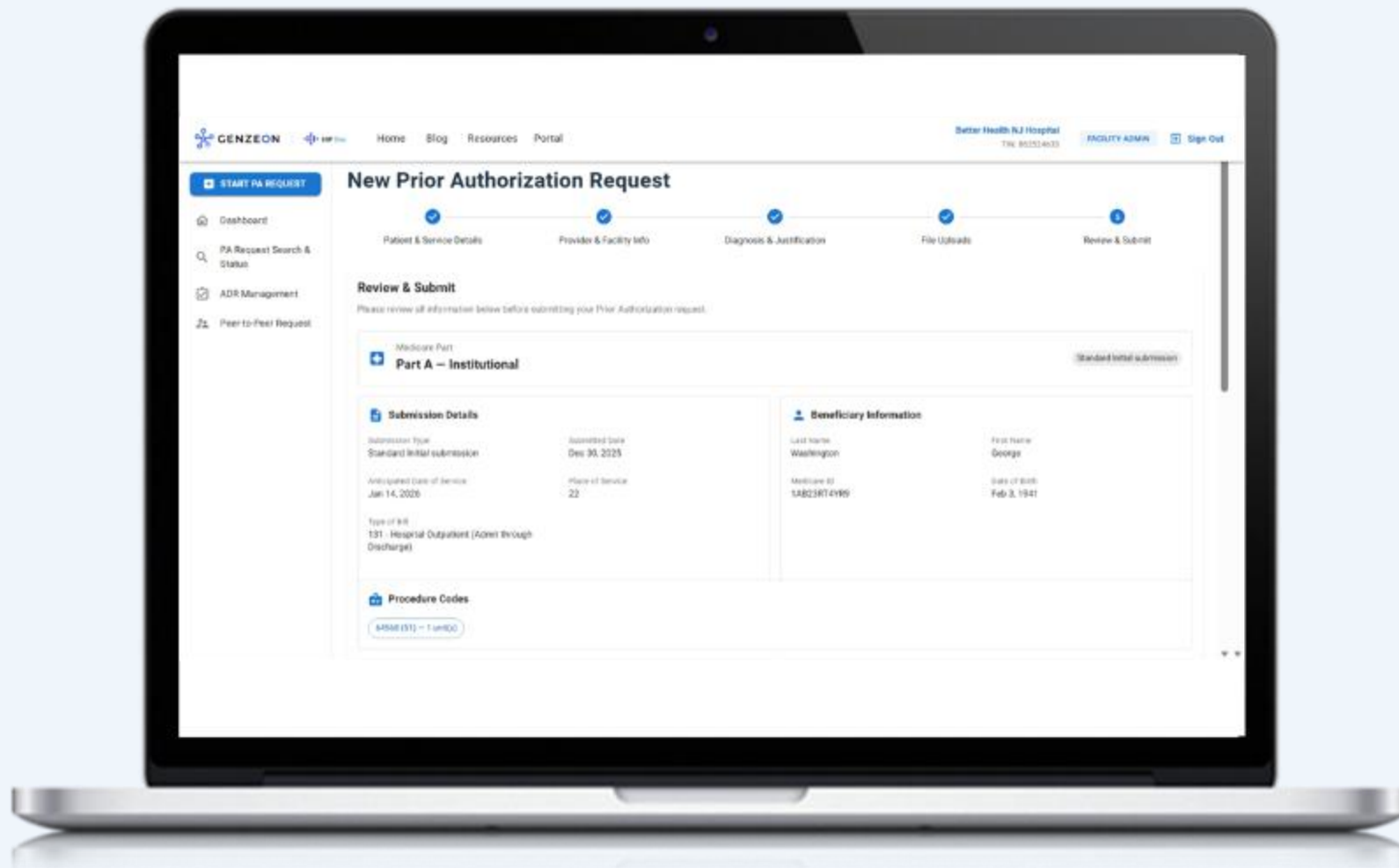
Part A Submission

- After uploading all the documents and verifying from the checklist on the portal blog to ensure completeness and accuracy, click next to review the prior authorization request before submitting.
- Wrongly uploaded documents can be deleted by clicking on the delete icon against each document.



Review the PA Request

- Review the Prior authorization request before submitting



The screenshot shows the GENZEON web application interface for a "New Prior Authorization Request". The top navigation bar includes the GENZEON logo, a user profile icon, and links for Home, Blog, Resources, and Portal. On the right, it displays "Seton Health NJ Hospital", the phone number "TEL: 800.551.4033", a "FACILITY ADMIN" button, and a "Sign Out" link.

A left sidebar contains a "START PA REQUEST" button and a list of menu items: Dashboard, PA Request Search & Status, ADR Management, and Peer-to-Peer Request.

The main content area is titled "New Prior Authorization Request" and features a progress bar with five steps: Patient & Service Details, Provider & Facility Info, Diagnosis & Justification, File Uploads, and Review & Submit. The "Review & Submit" step is currently active.

Below the progress bar, a message states: "Please review all information below before submitting your Prior Authorization request." The form is divided into several sections:

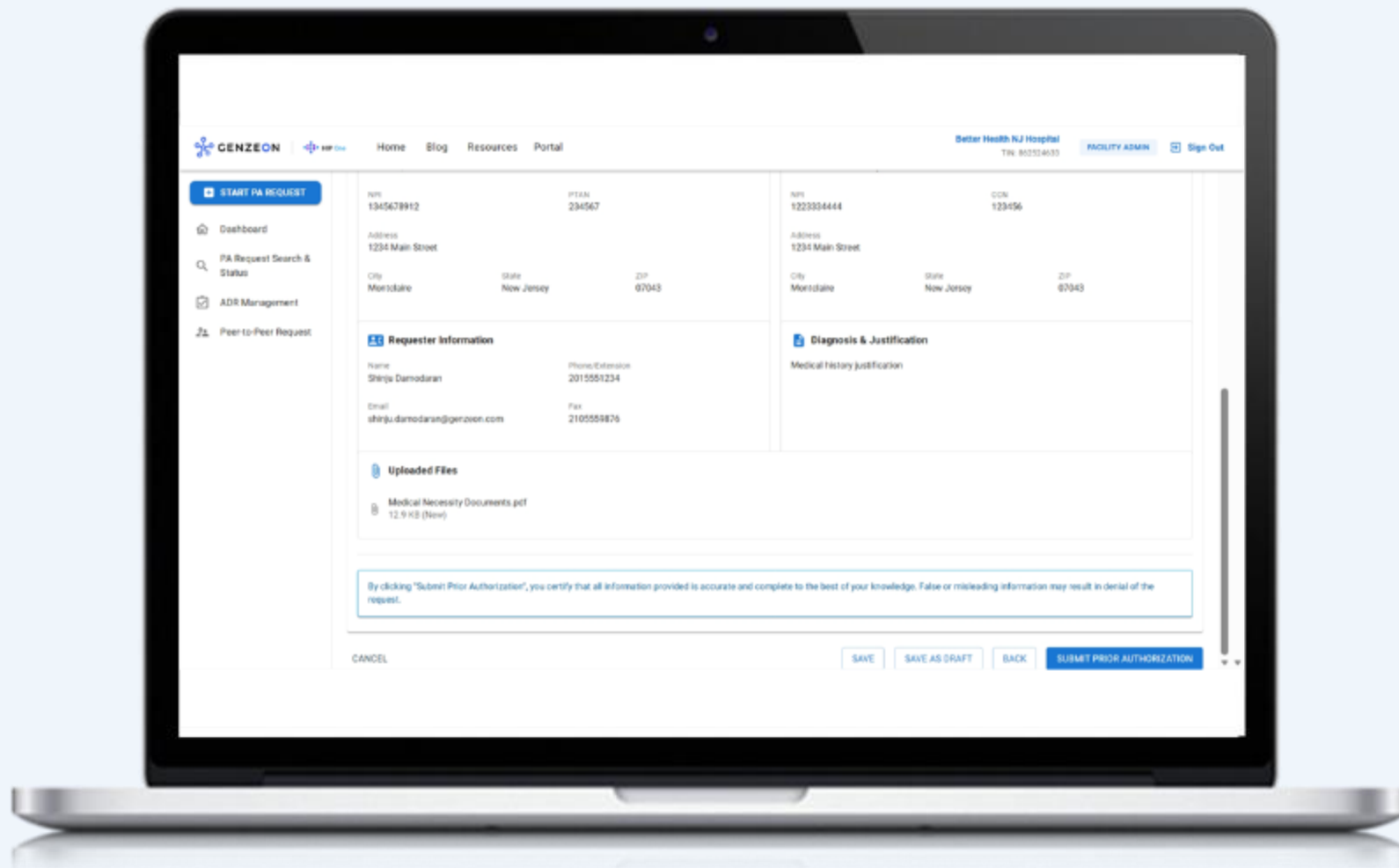
- Medicare Part:** A dropdown menu is set to "Part A – Institutional", with a "Standard Initial Submission" button to its right.
- Submission Details:** A table containing the following information:

Submission Type	Submitted Date
Standard Initial Submission	Dec 30, 2025
Anticipated Date of Service	Place of Service
Jan 14, 2026	22
Type of Bill	
131 - Hospital Outpatient (Admit through Discharge)	
- Beneficiary Information:** A table containing the following information:

Last Name	First Name
Washington	George
Medicare ID	Date of Birth
1AB23RT4Y89	Feb 3, 1941
- Procedure Codes:** A field containing the code "64568 (31) - 1 unit".

Review the PA Request

- After reviewing is complete, click the submit prior authorization button.



The screenshot displays the GENZEON web application interface for reviewing a Prior Authorization (PA) request. The top navigation bar includes the GENZEON logo, a 'My Profile' link, and links for Home, Blog, Resources, and Portal. The user is logged in as 'Setzer Health NJ Hospital' with the role 'FACILITY ADMIN' and a 'Sign Out' button.

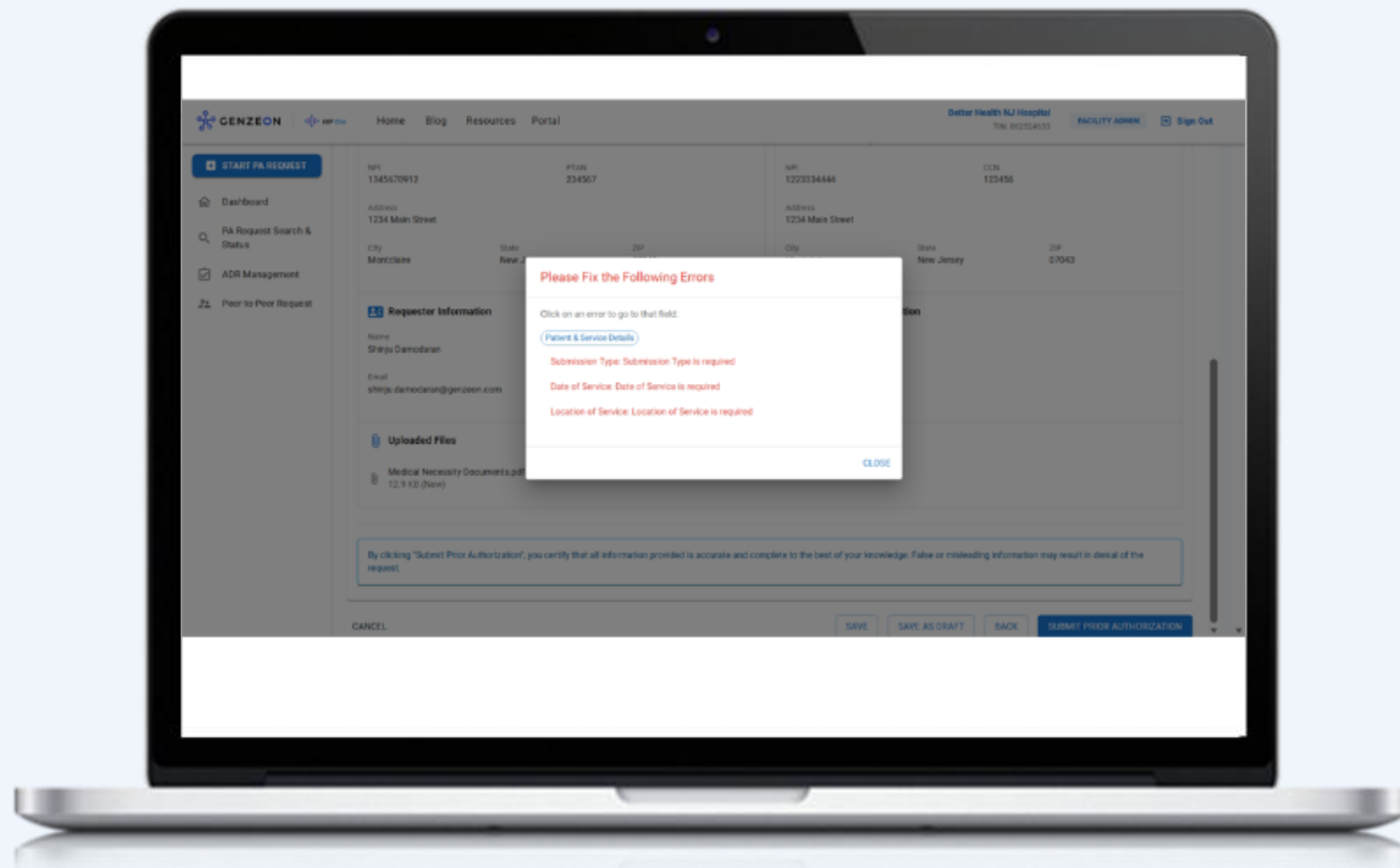
The left sidebar contains a 'START PA REQUEST' button and a list of navigation items: Dashboard, PA Request Search & Status, ADR Management, and Peer-to-Peer Request.

The main content area shows a form for reviewing a PA request. It includes fields for NPI, PTAN, Address, City, State, and ZIP. Below these are sections for 'Requester Information' (Name, Phone/Extension, Email, Fax) and 'Diagnosis & Justification' (Medical history justification). An 'Uploaded Files' section shows a file named 'Medical Necessity Documents.pdf' (12.9 KB). A disclaimer box states: 'By clicking "Submit Prior Authorization", you certify that all information provided is accurate and complete to the best of your knowledge. False or misleading information may result in denial of the request.'

At the bottom of the form, there are buttons for 'CANCEL', 'SAVE', 'SAVE AS DRAFT', 'BACK', and 'SUBMIT PRIOR AUTHORIZATION'.

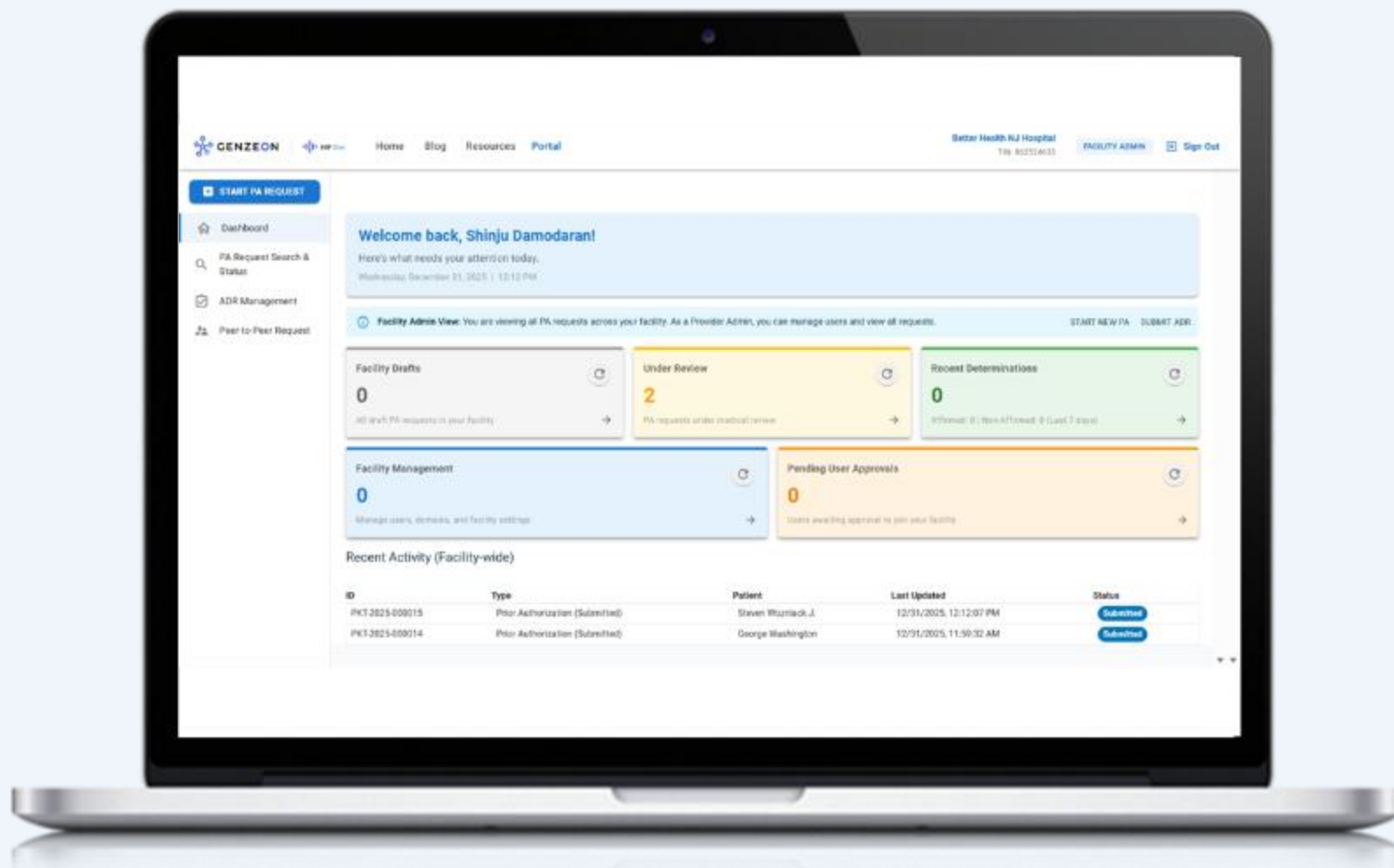
Errors in the prior authorization screens

- If there are errors or if the required fields are not updated, an error message will pop up requesting the user to go back and correct the errors.



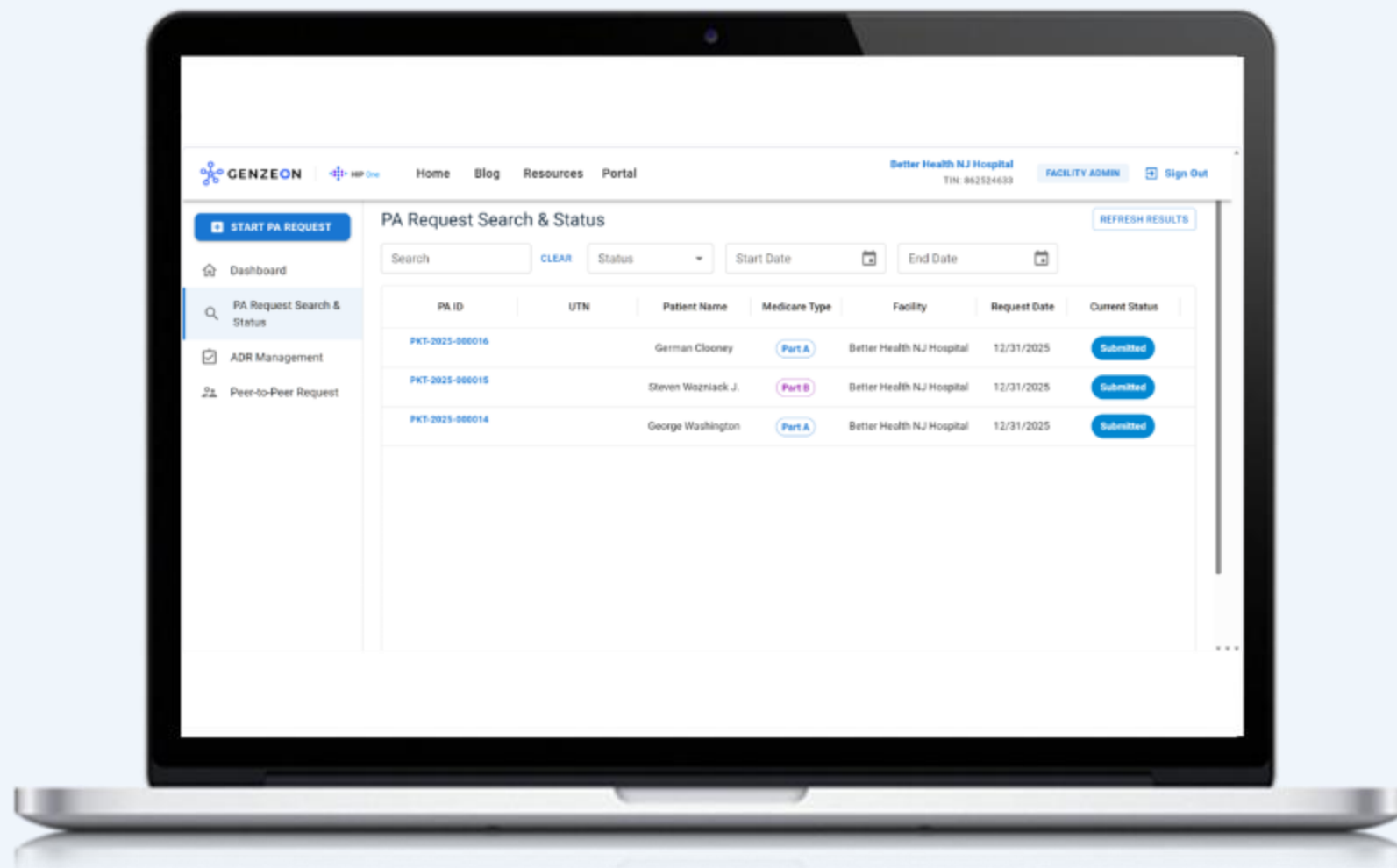
Submitted Prior Authorizations

- Once a Prior Authorization is submitted, it cannot be modified. Please review for accuracy and completeness before submission
- After submission, the prior authorization will be added to the facility's submitted PA request queue.



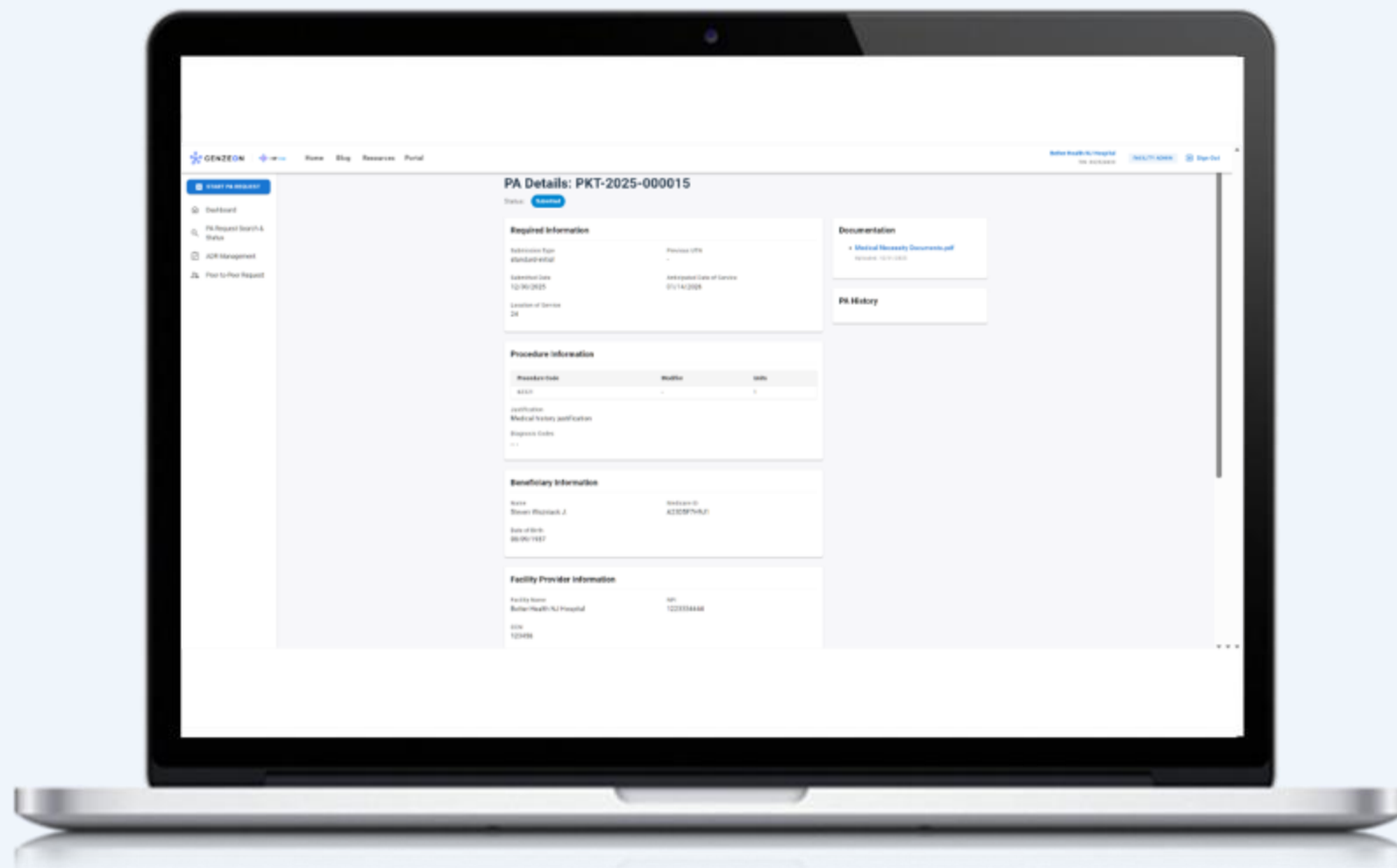
PA Request Search & Status

- The PA Request Search and Status screen allows the user to filter the list of prior authorizations based on dates, statuses, or search using the PA ID.
- After submission, the prior authorization will be added to the facility's submitted PA request queue.



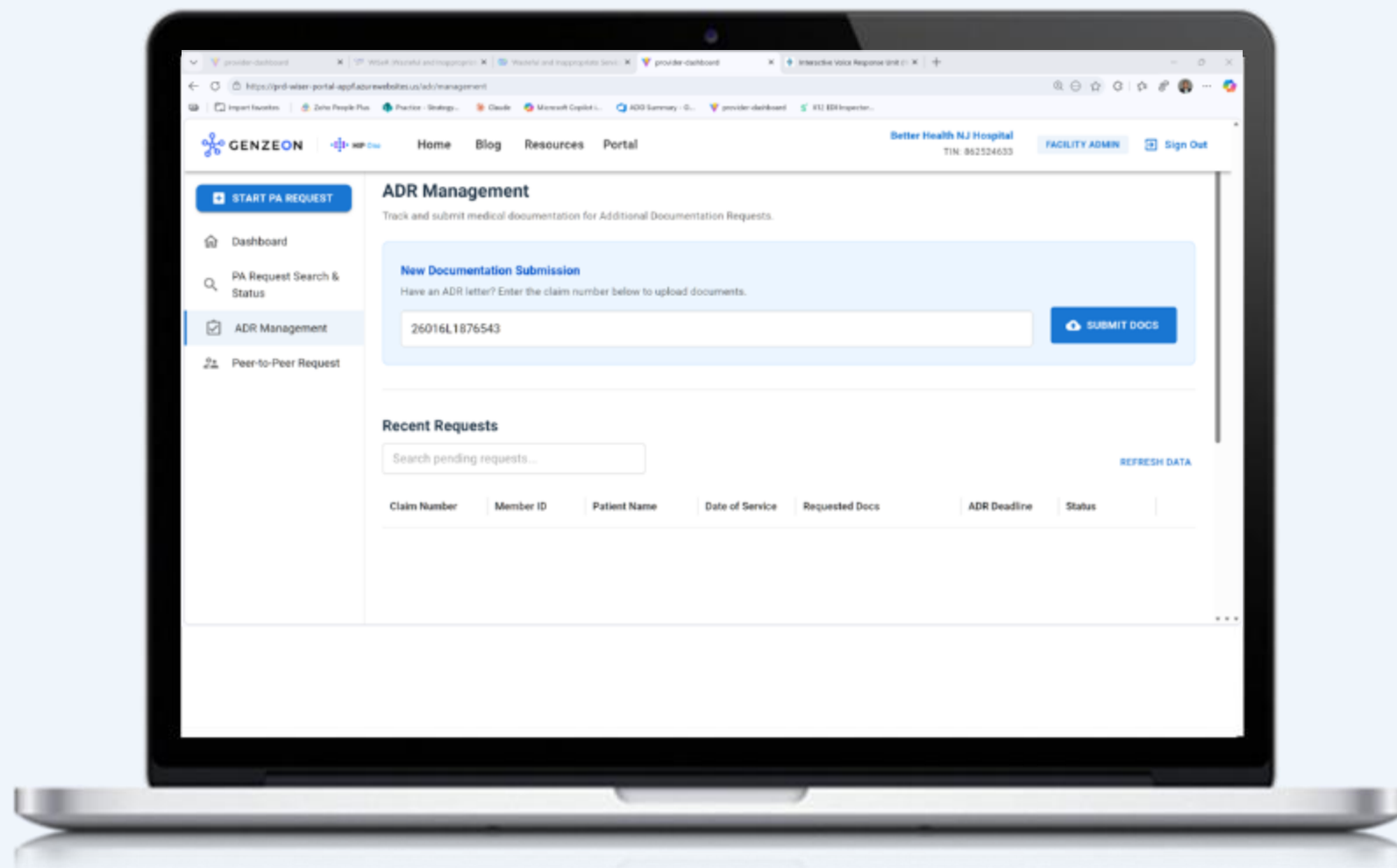
PA Request Search & Status - Details

- Selecting one of the Prior Authorization request, the details can be reviewed and attached documentation can be viewed.



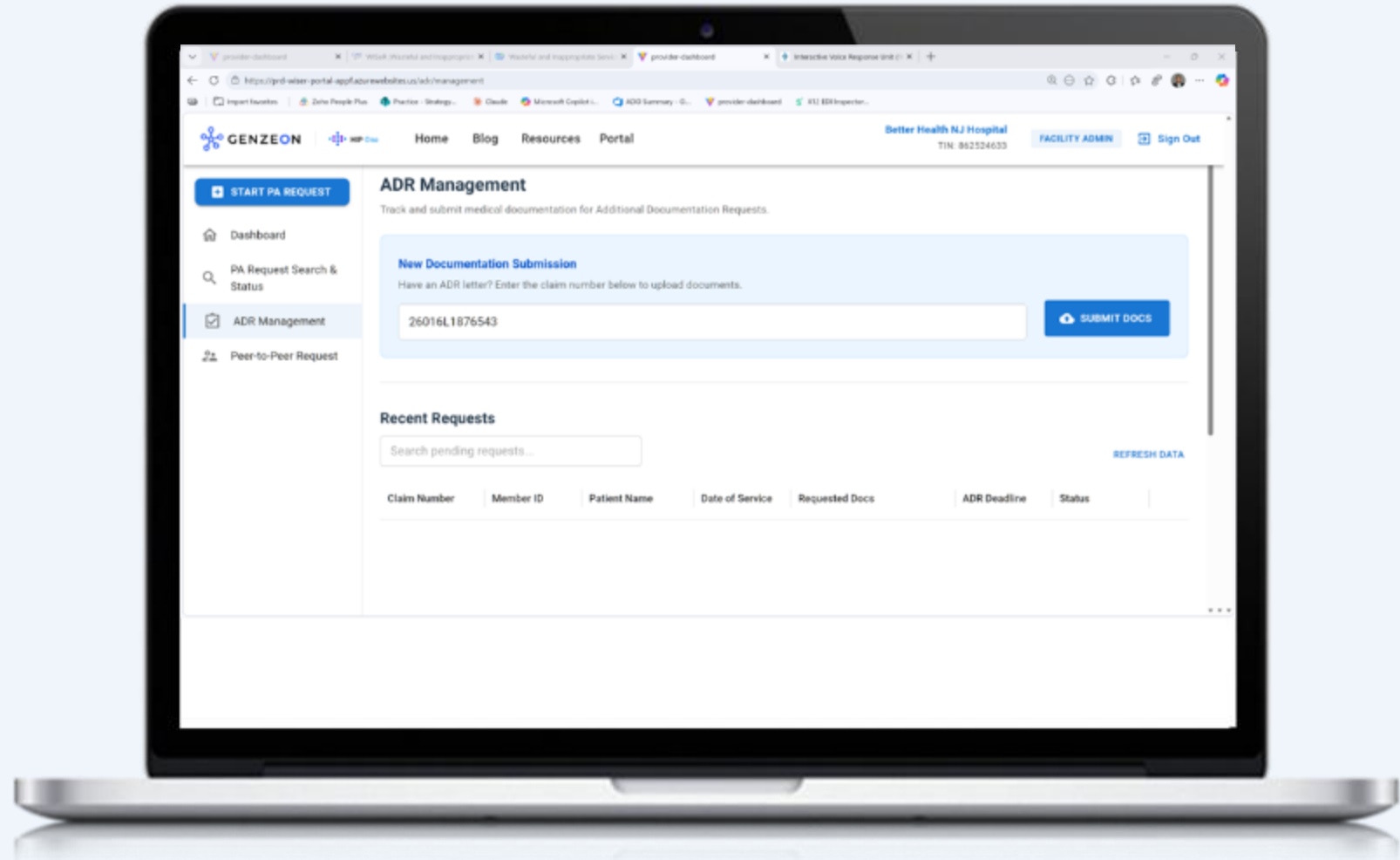
ADR Management

- The ADR Management screen allows the submission of an ADR response.
- All the submitted ADR responses will be listed here.
- A Claim number has to be entered on the screen for submitting the documentation required for the medical review of the claim.



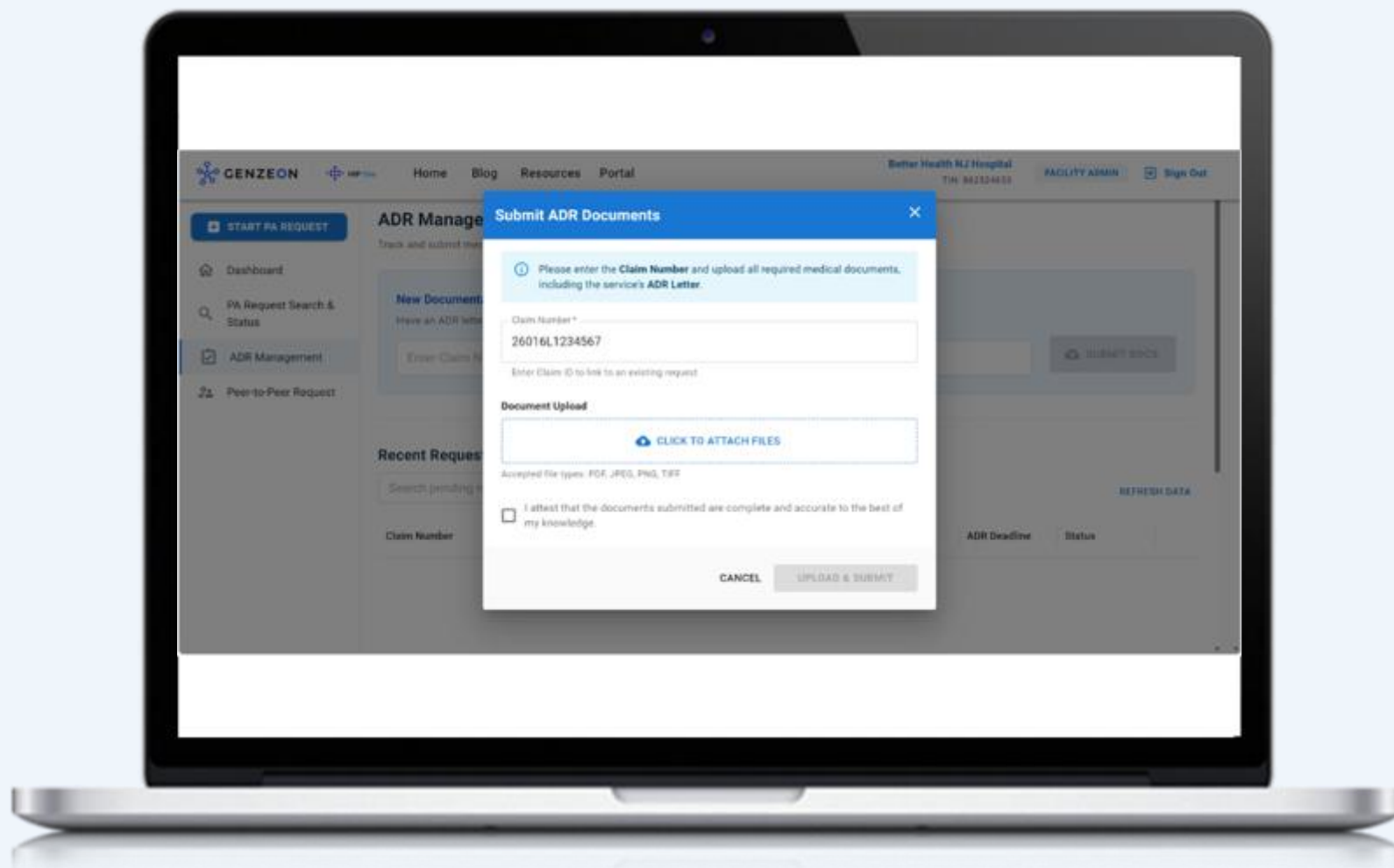
ADR Management

- The ADR Management screen allows the submission of an ADR response.
- All the submitted ADR responses will be listed here.
- A Claim number has to be entered on the screen for submitting the documentation required for the medical review of the claim.



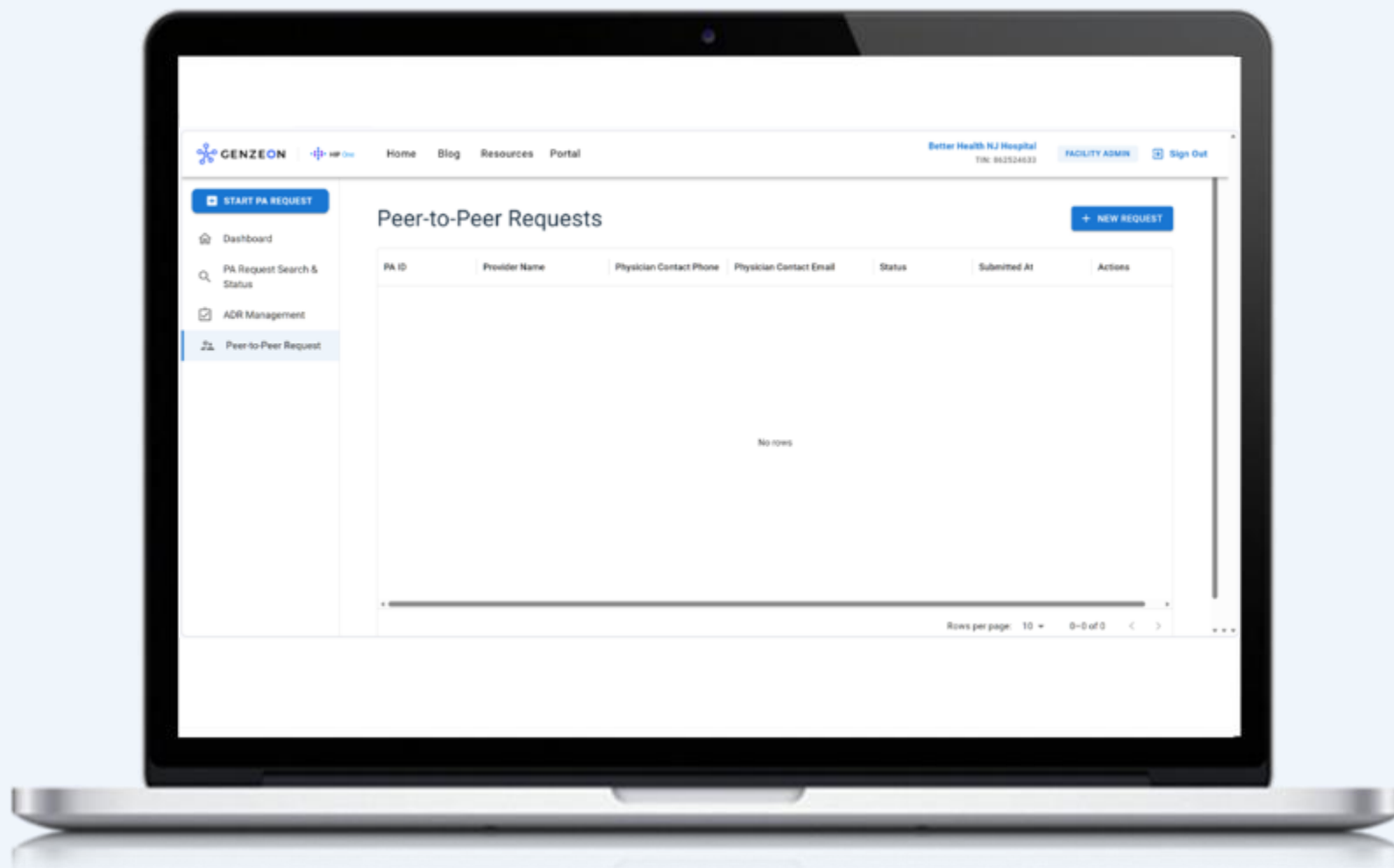
ADR Management

- The ADR letter received should be scanned and uploaded along with the documents proving medical necessity for the service performed.



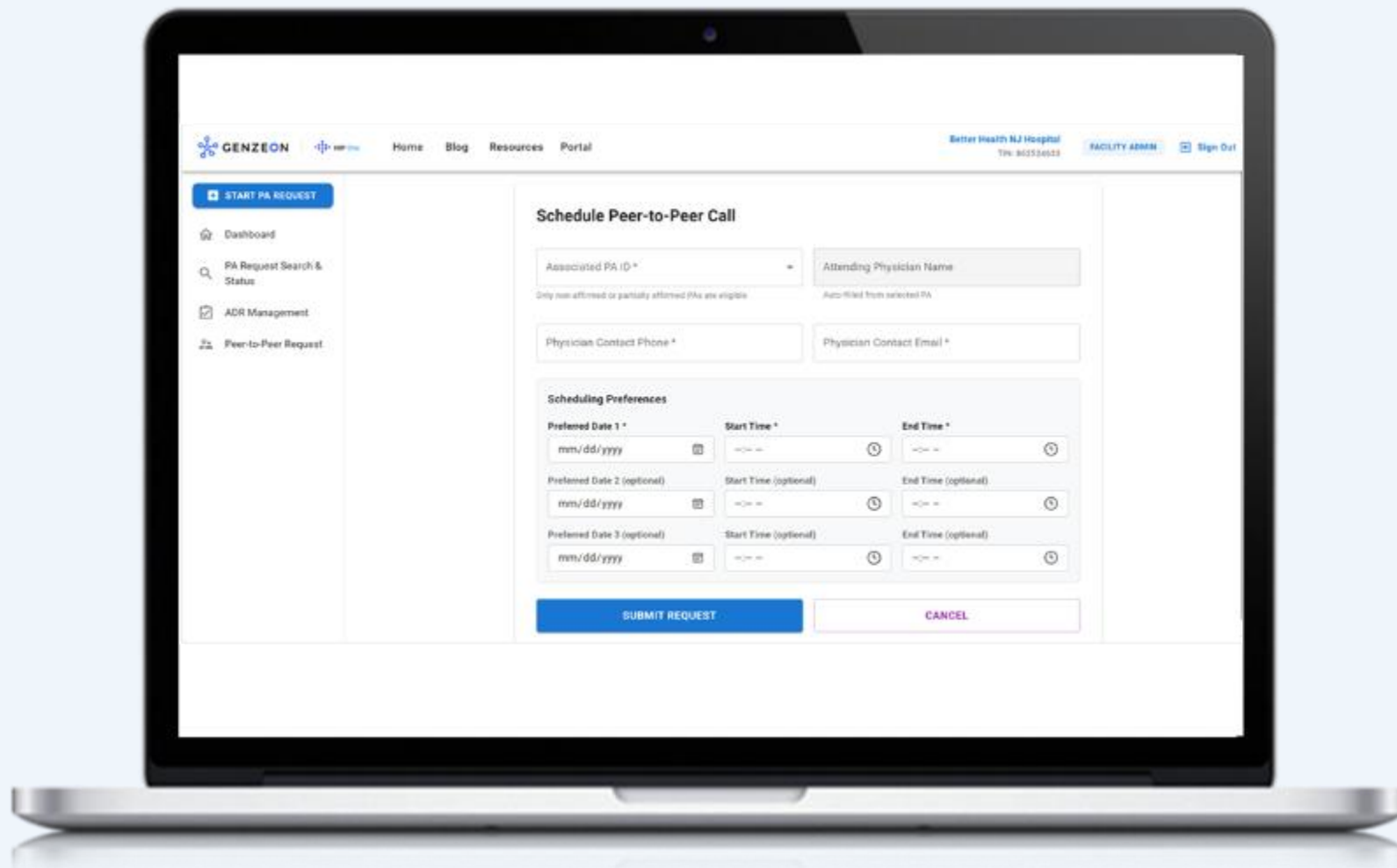
Peer to Peer call Request

- The Peer-to-Peer Call Requests screen allows the scheduling of Peer-to-Peer calls.
- Click the + New Request button



Peer to Peer call Request

- Select a PA ID from the list, enter the requesting physician's contact details, and three available time slots for the peer-to-peer calls.
- The Genzeon Operations team will check with the clinical reviewer's availability and help schedule the call.



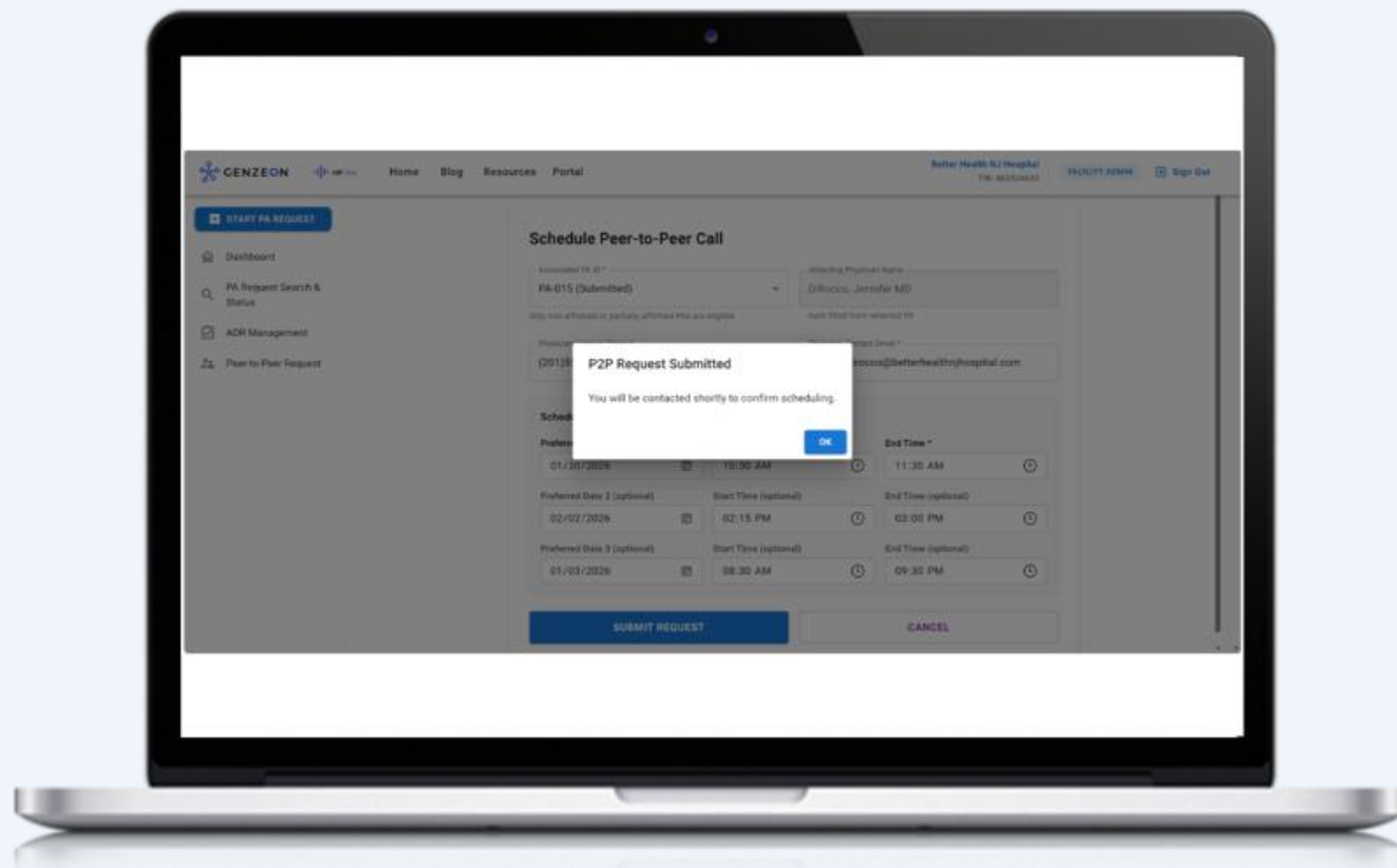
The screenshot shows a laptop displaying the Genzeon web application. The page title is "Schedule Peer-to-Peer Call". The form includes the following fields and sections:

- Associated PA ID ***: A dropdown menu with a note below it: "Only non-affiliated or partially affiliated PAs are eligible".
- Attending Physician Name**: A text input field with a note below it: "Auto-filled from selected PA".
- Physician Contact Phone ***: A text input field.
- Physician Contact Email ***: A text input field.
- Scheduling Preferences**: A section containing three rows of date and time selection:
 - Preferred Date 1 ***: A date picker showing "mm/dd/yyyy".
 - Start Time ***: A time picker showing "--:--".
 - End Time ***: A time picker showing "--:--".
 - Preferred Date 2 (optional)**: A date picker showing "mm/dd/yyyy".
 - Start Time (optional)**: A time picker showing "--:--".
 - End Time (optional)**: A time picker showing "--:--".
 - Preferred Date 3 (optional)**: A date picker showing "mm/dd/yyyy".
 - Start Time (optional)**: A time picker showing "--:--".
 - End Time (optional)**: A time picker showing "--:--".
- SUBMIT REQUEST**: A blue button.
- CANCEL**: A pink button.

The left sidebar of the application shows a menu with the following items: "START PA REQUEST" (highlighted), "Dashboard", "PA Request Search & Status", "ADR Management", and "Peer-to-Peer Request". The top navigation bar includes the Genzeon logo, "Home", "Blog", "Resources", "Portal", and user information for "Better Health NJ Hospital" (TIN: 805536533) with a "FACILITY ADMIN" role and a "Sign Out" link.

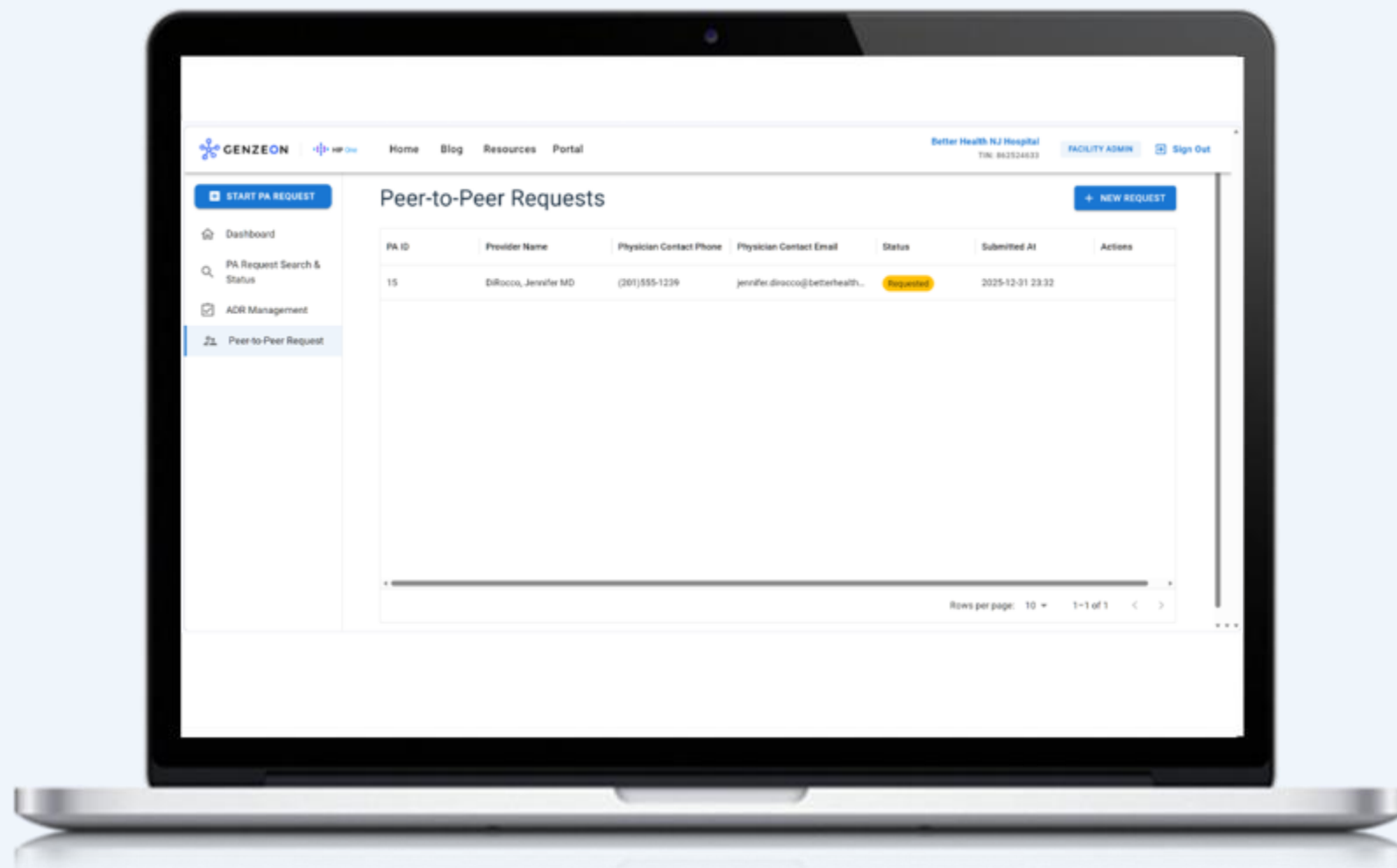
Peer to Peer call Request

- After submission, the request will show up in the list of requests.
- Once the call is scheduled, the calendar invite will be sent separately to the requesting physician and the reviewing physician.
- The list of P2P calls will show the submitted and scheduled calls.



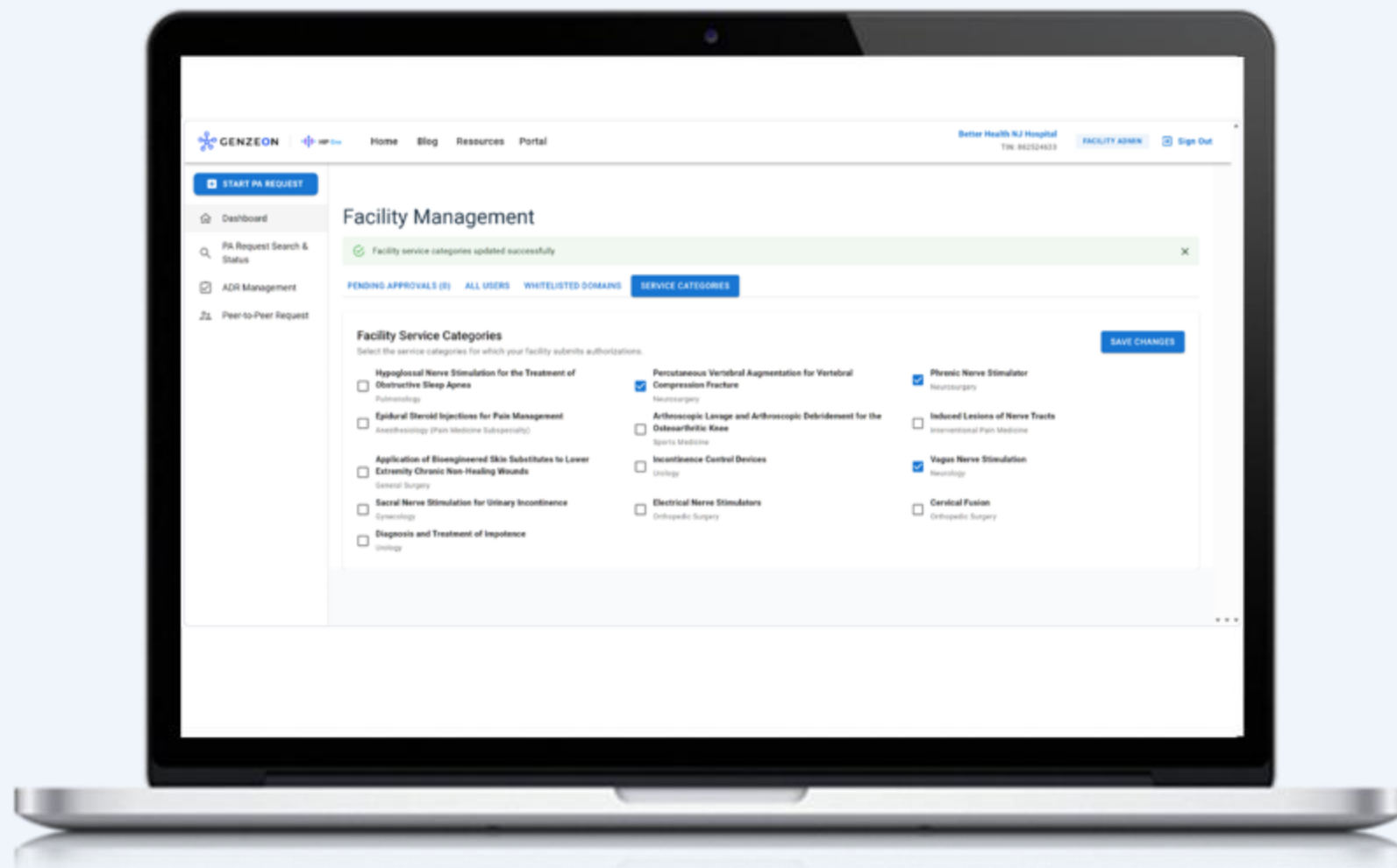
Peer to Peer call Request

- The list of P2P calls will show the submitted and scheduled calls.



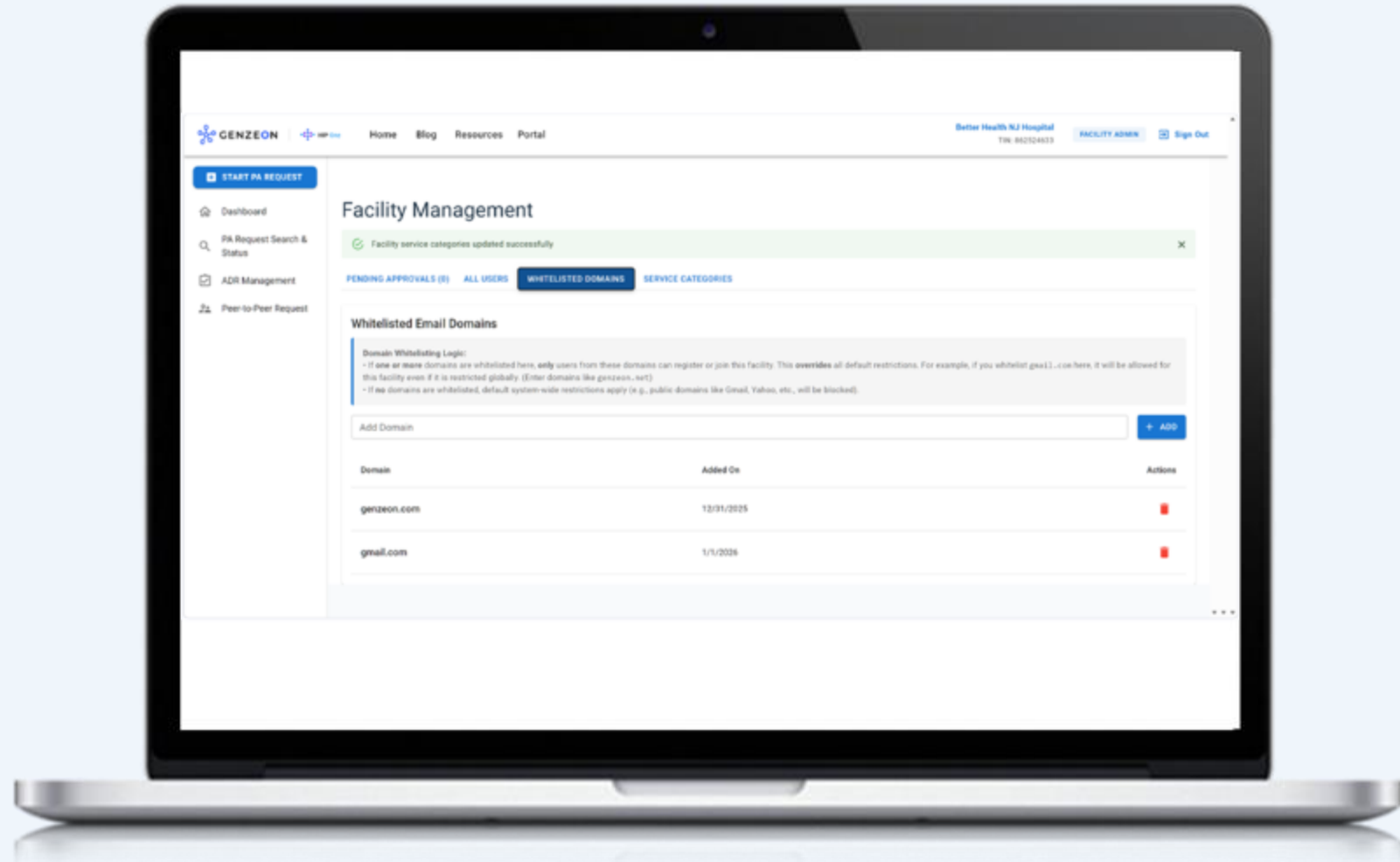
Facility Management (Admin) Service Categories selection

- The Facility admin selects the service categories that the facility usually services. The Facility management screen and the Service category screen allow modification of the services available for users of the facility
- Only the Facility admin has access to select/modify the list of services for the facility



Facility Management (Admin) Service Whitelisted Domains

- The Facility admin selects and adds the domains usually used by the users in the facility
- If the facility users use more than one domain, all of them need to be added to the whitelisted domain list.
- If the domain is not added, users with that domain email will not be able to join the facility
- Example of domains:
Genzeon.com, university.edu



Thank You!

