SPN VISION 2026 · INNOVATION TRACK · A FIRST LOOK

Eoserna.

Covered. Approved. Paid.

How AI turns a moving target into a clear decision in buy-and-bill retina.

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MEET THE FOUNDERS

Both sides of the problem, in one founding team.



Ashley Nahrwold, BA, COA

CEO & CO-FOUNDER

A revenue cycle executive with more than 20 years leading cross-functional teams. She has doubled EBITDA through technology, organizational synergies and workflow optimization, and helped consulting clients grow revenue 20–30%. An operational founder who brings a proven playbook to the revenue cycle workflows Eoserna automates.



Sabin Dang, MD

CTO & CO-FOUNDER

A vitreoretinal surgeon and physician executive, nationally recognized for research on prior authorization barriers to anti-VEGF therapy. A technical founder who studied computer programming before medicine and built his own EHR from scratch. He brings an engineer's approach to the clinical workflows Eoserna automates.

“Wouldn’t it be nice to know, with one click in the exam room, which drug you can give this patient and be confident you’ll get paid?”

Eoserna was born that night.

Physician-administered drugs are complicated. Complexity compounds, and it lands at the point of care.

Practice	Payer	Patient	Pharma
Payer contracts	Coverage policies	Insurance eligibility	FDA-approved, on-label diagnoses
Credentialing and billing: group vs. individual MD	Prior authorization requirements	Plan-specific drug benefit coverage	Dosing frequency
Drug acquisition, cost and margins	Step therapy requirements	Specialty pharmacy requirements	Copay assistance options
Inventory management	Specialty pharmacy requirements	Out-of-pocket cost	Billing codes (CPT / HCPCS)
Communication	PCP referral requirements	Disease severity and urgency to treat	New indications

Payer policies are complex, plan specific and rewritten without warning. Patient out-of-pocket costs keep rising. Drug acquisition costs change every quarter. Medicare pays physicians less year after year.

THE PROBLEM · LIVED DAILY

A patient is losing vision in the chair. Payer policy decides what happens next.

- Which drug will this patient’s plan actually cover?
- Does it require prior authorization or step therapy?
- Did the coverage rule change since last week?
- How much will the patient pay out of pocket?
- Is there copay assistance available?
- Will the practice actually get paid for it?



A frightened patient with wet macular degeneration needs an injection today. The physician knows the clinical options, but the answer that matters lives in a payer policy PDF, a fax queue and a coverage guide taped to the exam room wall.

TODAY'S TOOLS

Every tool finishes its own task. The patient still waits.

01 Decide	02 Choose	03 Verify	04 Approve	05 Treat	06 Document	07 Code	08 Claim	09 Paid	10 Repeat
Exam and EMR	**No tool.** Memory, sticky notes, PDFs	Benefits check	Prior auth portal	Drug log	**Chart note.** Payer rules in PDFs	**Manual** audits, after the fact	Claim scrubber	Denial queue	Start over

Status trapped in separate portals

No one alerted when a policy changes

Charts coded and audited by hand

Every return injection repeats it all

The missing piece: one layer that brings every variable together before the drug is chosen and checks the chart before the claim goes out.

THE SOLUTION

Eoserna answers the physician's real question before the injection is given.

Eoserna maintains a live database of payer policies, prior authorization requirements and step therapy rules, and turns them into patient-specific coverage answers in the exam room.

Covered?

On-label treatment options for this patient's exact plan and diagnosis, current as of today.

Approved?

Prior authorization and step therapy requirements pre-checked, with the exception path and the next step one click away.

Paid?

Expected reimbursement, drug cost, margin and the patient's share, known before the drug leaves the shelf.

The mission underneath the software: restore physician choice and put the right information in the right place at the right time.

Eoserna then protects the claim by auditing documentation and coding before submission. All modules run on one payer policy intelligence engine that turns payer policies into structured, current, claims-ready answers for retina buy-and-bill drugs.

THE TREATMENT APPROVED CHECKLIST

Before every injection, many variables must line up.

Decide → Choose → Verify → Approve → **Treat** → Document → Code → Claim → Paid → Repeat

Confirmed before Treat

Will the drug be covered and paid?

- ✓ Payer contracted with practice or physician
- ✓ In network for this physician and location
- ✓ Plan active on the date of service
- ✓ Drug on label for the diagnosis
- ✓ Covered by the payer's drug policy
- ✓ Covered by the patient's plan benefits
- ✓ Time since last injection meets label and policy
- ✓ Step therapy satisfied
- ✓ Prior auth approved, with units remaining
- ✓ Buy-and-bill allowed, no specialty pharmacy

Will the practice recover its cost?

- ✓ Expected reimbursement is higher than the drug's acquisition cost

Is the patient's share covered?

- ✓ Cost share verified for the CPT codes
- ✓ Patient's amount calculated
- ✓ Estimate sent, payment collected

HOW EOSERNA IS BUILT AND HOW IT WORKS

AI Assisted Coverage Intelligence

WHAT IT LEARNS FROM

- Payer policy rules
- CMS guidelines
- Industry experts
- Custom practice policies
- Historical trends

EOSERNA

Payer Policy Intelligence Engine

01 · AI READS **Specialized models**

Trained on our golden set of proven data to read policies, contracts and chart notes.

02 · RULES DECIDE **Built-in guardrails**

Deterministic rules apply the criteria the same way every time. Every answer cites its source.

03 · PEOPLE ACT **Staff manage exceptions**

Routine work is automated. Your team handles what truly needs a person.

SYSTEM OF RECORD

Your EHR

Stays where it is. Nothing to replace.

SYSTEM OF ACTION

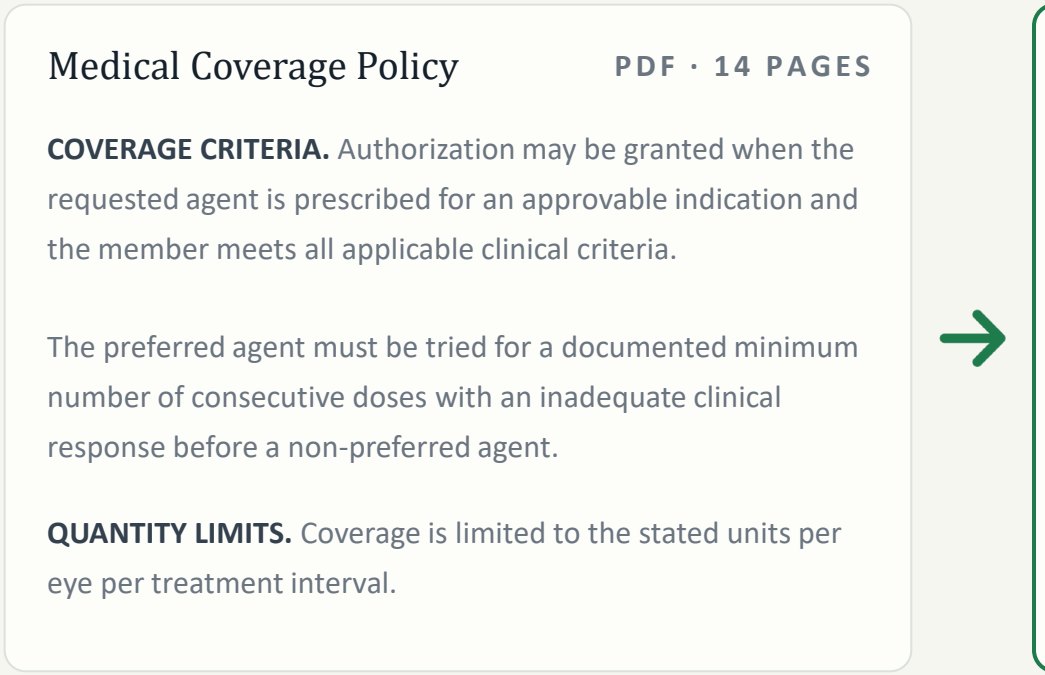
The Eoserna dashboard

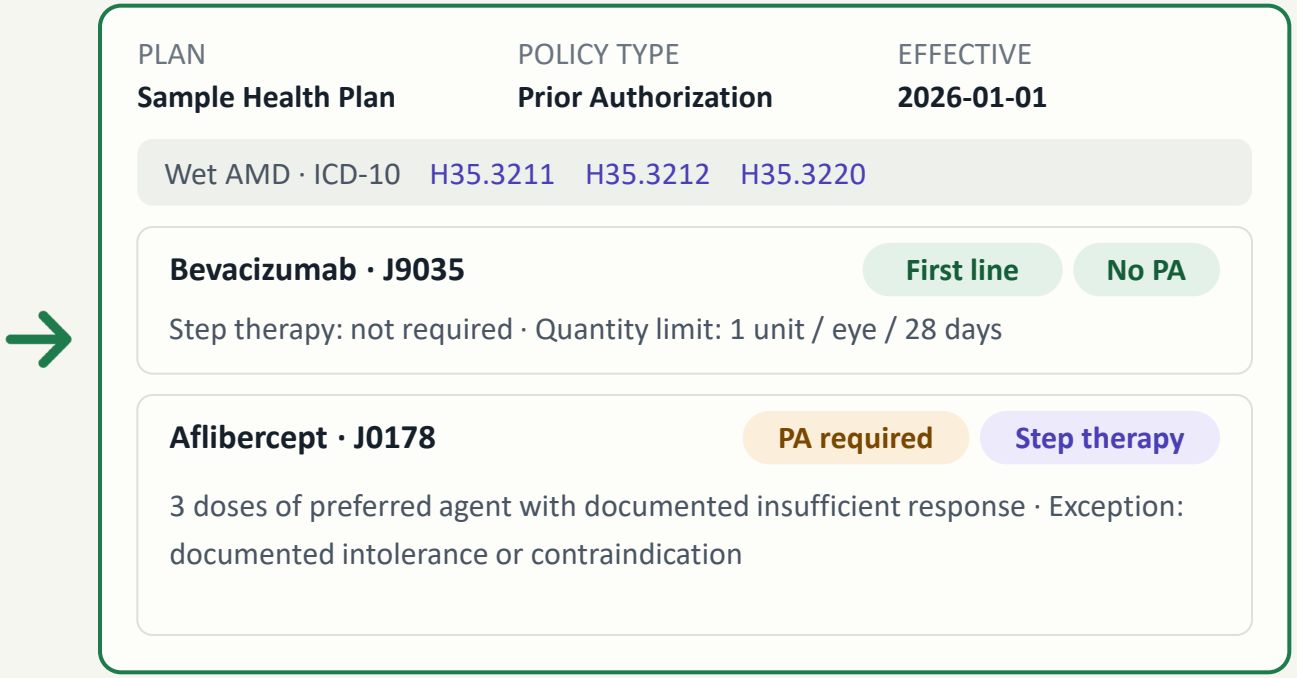
Where the answer, the next step and the work queue live.

HOW IT WORKS · PAYER POLICY INTELLIGENCE ENGINE · AVAILABLE NOW

Dense, ever-changing payer policy in. Standardized, claims-ready answers out.

AI reads each payer's policy documents and keeps them in one structured, versioned format that stays current as policies change, coded in ICD-10 and HCPCS, ready for the EHR and the claim.





THE EOSERNA PLATFORM

One engine. Four modules.

Policy Intelligence Engine

Available now

Reads and interprets complex payer policies and tracks every payer contract: the plans each one covers, the providers and locations in network, and renewal dates.

- Payer policies
- Payer contracts
- In-network plans
- Fee schedules
- FDA labels
- CMS and coding rules
- Drug Invoices

Available now

Audit

- AI audit with instant code-pairing, modifier, documentation and frequency rule checks
- Scores every chart for denial and audit risk
- AI note review cites the exact evidence for each finding

Q1 2027

Coverage

- Covered therapies and the patient's cost at the point of care
- Prior authorization and step therapy pre-checked
- Payer policy change alerts
- Expected reimbursement and drug margin per treatment option
- Daily prioritized patient queue

Q1 2027

Access

- AI assisted prior authorization that screens chart evidence against payer criteria
- Step therapy queue that flags when patients qualify for preferred treatment option
- Benefit verification, copay and patient assistance enrollment

Q2 2027

Insights

- Drug inventory, charge and payment reconciliation
- Underpayment detection against payer contracts and fee schedules
- Denial trends, appeal tracking and payment lag by plan
- Drug margin by payer and peer benchmarking

Your PM system and EMR Schedules, eligibility, chart notes and charges stay where they are. Nothing to rip out or replace.

EOSERNA COVERAGE · Q1 2027

One workflow, from payer policy to the point of care.

Care teams walk in to one prioritized queue: who is ready to treat, who needs prior authorization, and what is stuck on payer policy. At the chair, the physician sees which therapies are covered *today*, and what the patient will pay.

- **Nothing falls through the cracks.** Every pending approval is tracked between visits.
- **No surprises at the point of care.** Coverage and cost are confirmed before the drug is drawn up.
- **Always the latest rules,** refreshed as policies change.

New patient · wet AMD, right eye · H35.3211

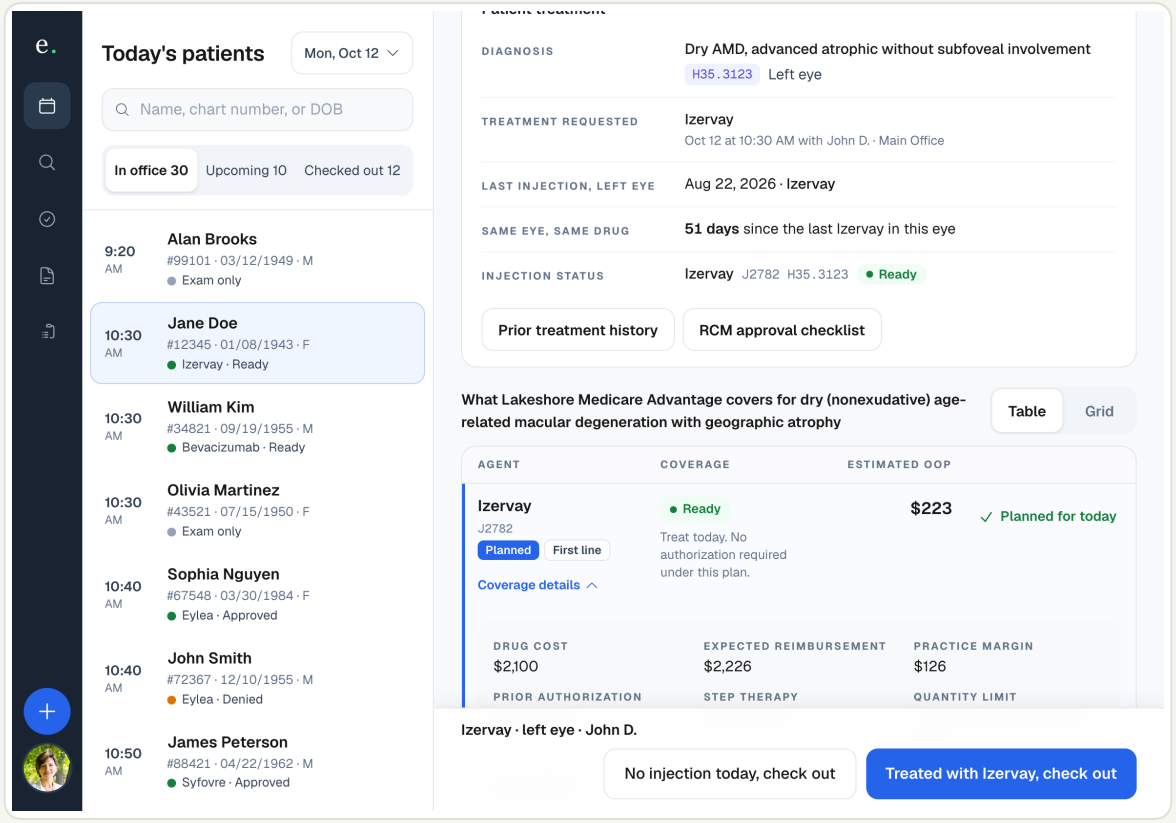
Medicare Advantage · active · in network · 20% coinsurance

Therapy	Est. OOP	Status
Avastin · J9035 First line, no auth needed	$16	Ready today
Pavblu · Q5147 Physician preference · step therapy	$340	Saved for later
Eylea HD · J0177 PA required · step therapy	$468	Request PA
Vabysmo · J2777 PA required · step therapy	$452	Request PA

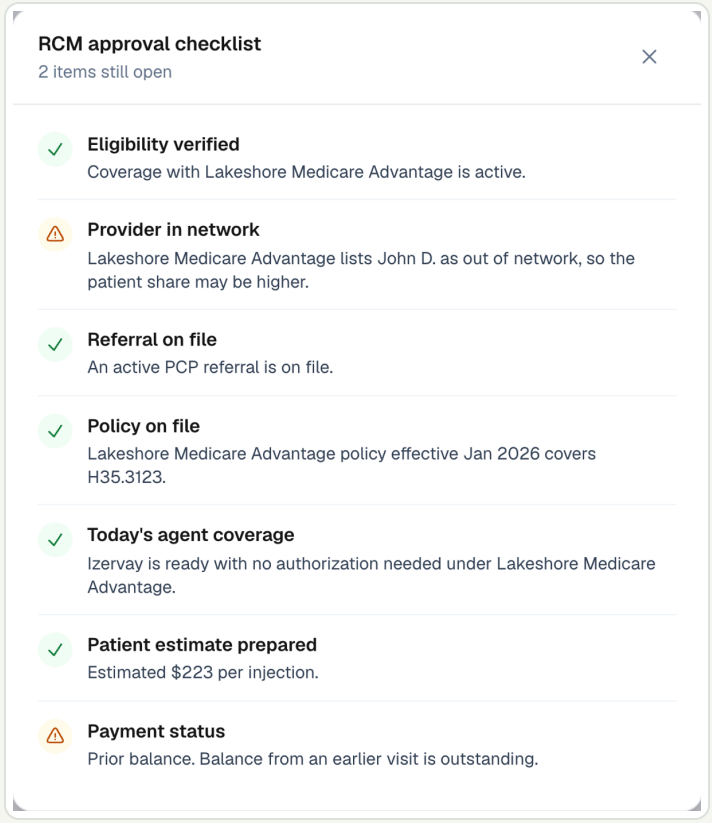
The answer: treat today with Avastin for $16. Pavblu is saved and resurfaces when step therapy is met.

EOSERNA COVERAGE · Q1 2027 · INSIDE THE PRODUCT

One prioritized queue, with the checklist behind every answer.



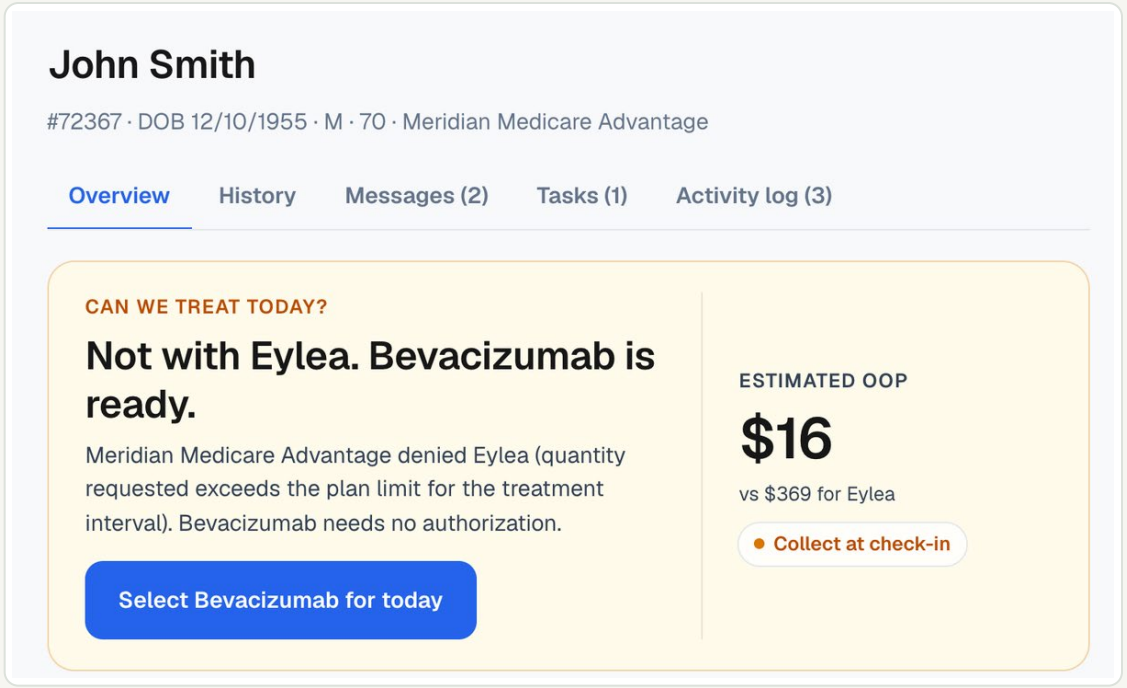
Today's patients, sorted by status, with covered options, out-of-pocket cost and practice margin.



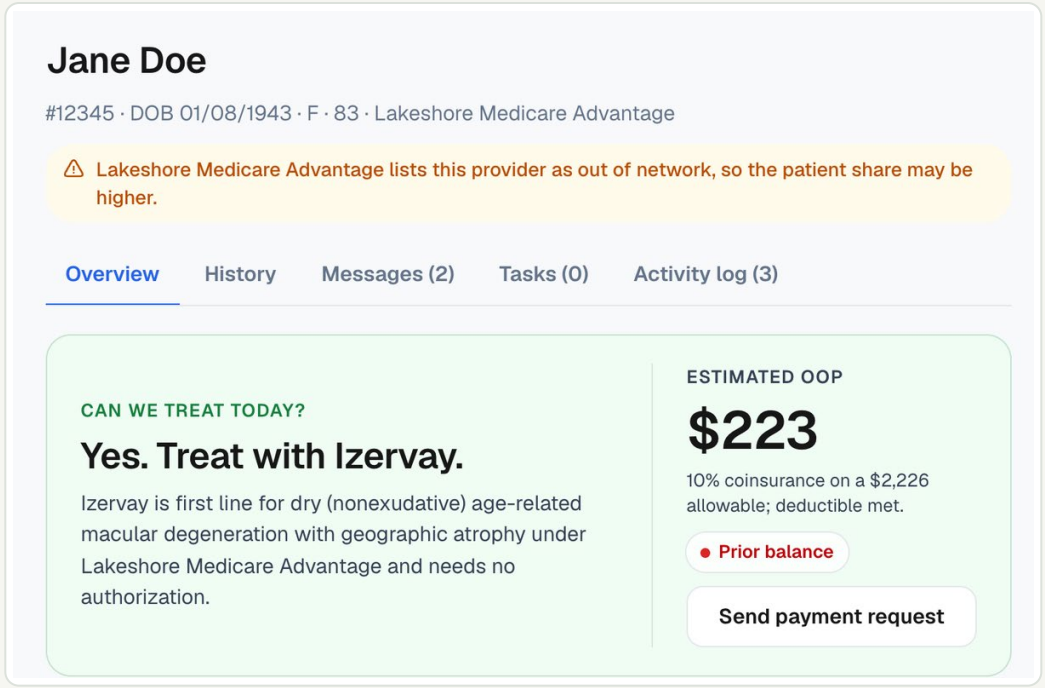
The RCM approval checklist, run for every patient.

INSIDE EOSERNA · CAN WE TREAT TODAY?

Every answer arrives before the patient is in the chair.



Denial caught before the visit. Eylea exceeds the plan's quantity limit, so Eoserna offers bevacizumab: no auth needed, $16 instead of $369.



Network checked against your contracts. The plan lists this provider as out of network, so the patient's share is estimated up front.

EOSERNA ACCESS · Q1 2027

AI reads. Rules decide. Your team handles the exceptions.

	VERIFY BENEFITS	STEP THERAPY	PRIOR AUTH	RENEWALS AND HELP
Your team	Reviews only the checks that fail	Physician confirms the switch to the preferred drug	Signs off on the submission	Talks with patients who need help paying
Eoserna AI	Re-verifies eligibility and benefits at every visit	Counts doses toward step therapy and flags the moment it’s met	Screens the chart for diagnosis, VA and OCT evidence against payer criteria	Tracks auth, benefit and copay program expirations

When a check fails, it lands in a queue with the reason and the next step attached, and a person picks it up.

EOSERNA ACCESS · Q1 2027 · EVERY RETURN INJECTION

Change is the constant.
Eoserna keeps up, visit after visit.

Policies change

Every version kept, every change detected, and open cases re-checked.

Patients change

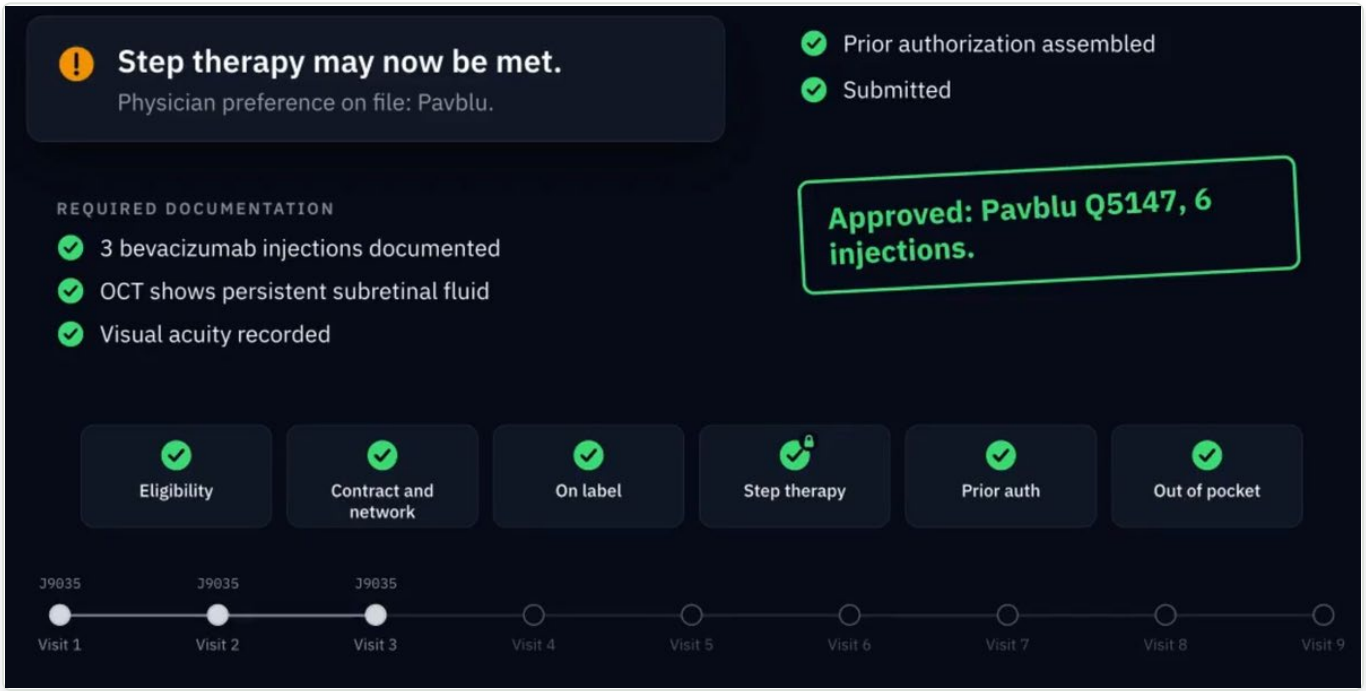
Eligibility, network and benefits re-verified at every visit, so a lapse is caught before the drug is opened.

History matters

Step therapy progress and physician preferences carry across visits, so an opening surfaces the moment it exists.

Claims are anticipated

By payer and service line, medical necessity is documented before the claim goes out.



After three Avastin doses, the Pavblu preference resurfaces. Prior auth assembled by Eoserna, signed off by your team, approved for six injections.

EOSERNA AUDIT · CODING AND DOCUMENTATION

Every chart checked against CMS rules, payer policy and your own playbook.

</> Coding

- CPT, HCPCS and J-codes, with billing units matched to the dose given
- Modifiers, including 25, 59, RT/LT and drug wastage
- Code-pair edits and frequency limits
- Diagnosis codes matched to the drug’s covered indications

Documentation

- Visual acuity, OCT findings and laterality that support medical necessity
- E/M level supported by the note
- Payer documentation requirements built in, with the policy cited
- Gaps sent back to the provider before the claim goes out

Today: coders audit a sample of charts by hand, after the fact. **With Eoserna:** every chart, before the claim.

EOSERNA AUDIT · AVAILABLE NOW

The same intelligence, pointed at the chart.

Before the claim goes out, Eoserna Audit reads every note against the same payer and coding rules and puts the riskiest charts at the top of the coder's queue.

- **Rules plus AI review,** citing the exact quote from the note.
- **A 0–100 score** for every chart and code, worst first.
- **An editable playbook,** so the practice's own rules are checked too.

Illustrative synthetic charts. No patient data.

Audit queue · worst first	Score 0–100		
RET-0114	22	High	E/M with injection and modifier 25: no separate E/M documented *"Stable nAMD, continue q8 week aflibercept"*
RET-0102	34	High	Level 4 E/M billed; note supports a lower level *"OCT, fundus photo and exam demonstrate stable moderate diabetic retinopathy"*
RET-0107	58	Elevated	Modifier 59 on diagnostics without separate-service documentation
RET-0119	71	Elevated	Imaging frequency exceeds the payer limit for the interval
RET-0103	100	Clear	No findings. Documentation supports every code billed.

EOSERNA INSIGHTS · 2027

Know where every drug dollar went, and where the next one could leak.

Inventory reconciliation

Every administered drug matched to its charge and payment

Underpayments

Payments checked against your payer contracts and fee schedules

Denial trends

By drug, payer and reason, with appeal guidance and overturn tracking

Payment lag

Days from claim to payment, and days in AR for drug charges, by plan

Drug margin by payer

Reimbursement minus acquisition cost, per drug and per payer

Benchmarks

Compared with MGMA, ASRS and peer practices on Eoserna

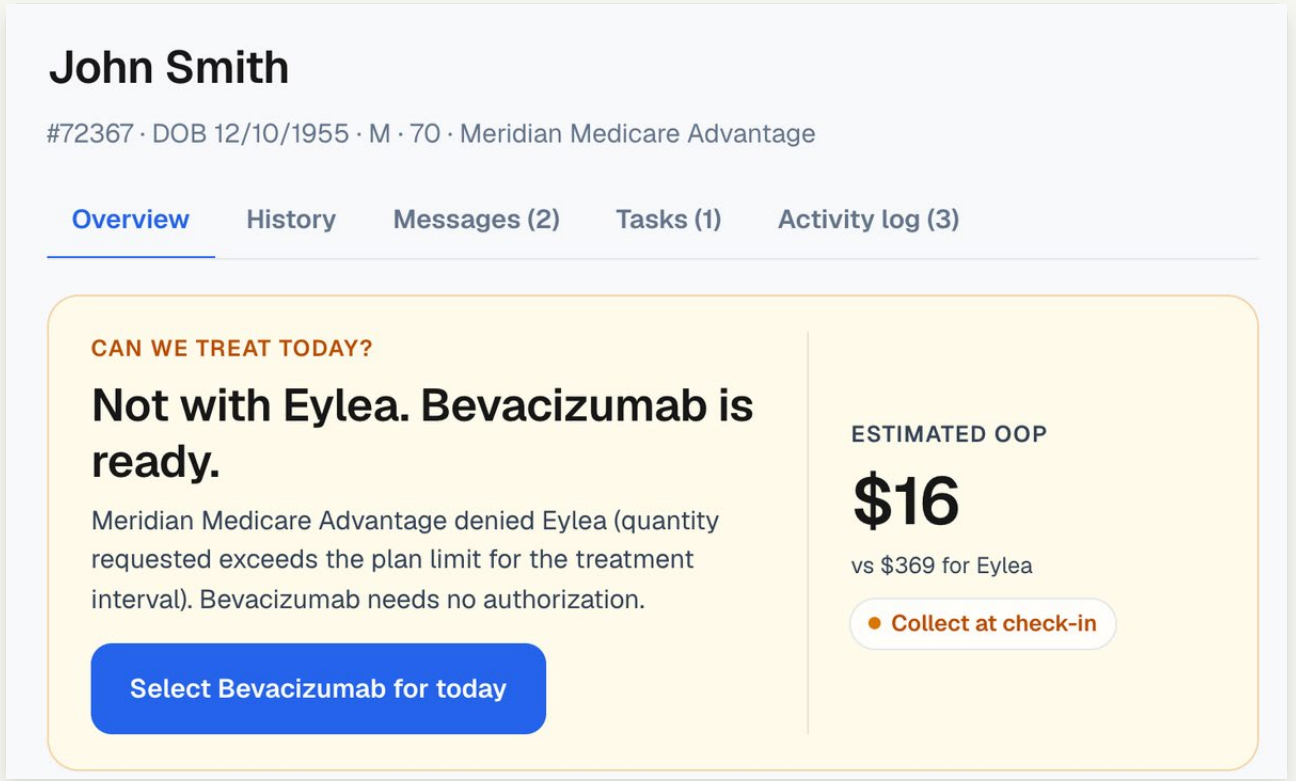
THE CONCEPT · FROM POLICY PDFS TO POINT-OF-CARE ANSWERS

Don’t stop denials before billing. Stop them before treatment.

AI turns a moving target into a clear decision: which drug, for this patient, on this plan, today, and whether the practice will be paid for it.

TODAY

- 14-page payer policy PDFs
- Coverage guides taped to the wall
- Portals, faxes and phone calls
- Quarterly fee schedules and ASP files



Built for everyone who touches the injection.

Physicians

- See the covered options for this patient at the chair
- Choose on clinical judgment, with no coverage surprises
- Your preferred drug is remembered until the patient qualifies

Administrators

- Drug cost recovery confirmed before the injection
- Margin, payment lag and denials by payer
- Fewer write-offs and stronger audit readiness

RCM teams

- One queue instead of portals, faxes and phone calls
- Work the exceptions, not every chart
- Evidence attached to every prior auth and appeal

And for patients: the right drug, approved, with a cost estimate before the injection instead of a surprise bill after it.

KEEP THE PATIENT AT THE CENTER

Patients come to you because they can’t see.

They are scared, and they need the human experience of you talking with them. That time shouldn’t go to working out which drug their insurance will cover. Eoserna is built to carry that burden.

More time to connect

The coverage answer is ready before you walk in the room.

Physician autonomy

You choose the treatment. Eoserna shows what it takes to get it covered.

A better experience

No surprise bills, fewer delays, and a cost they know before treatment.

SPN MEMBER ADVANTAGES

Built with SPN practices, priced for SPN members.

Member discount

On every module, for the first term and every renewal.

Founding member rate

Locked through the first renewal for practices that sign by March 31, 2027.

Implementation fee waived

For founding members, with onboarding led by our team.

Early access and a voice

First access to Coverage and Access, and a seat in shaping them.

Eoserna.
No more delays.
No more guesswork.

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