

Prior Authorization Transformation



Front-End Revenue Cycle Intelligence



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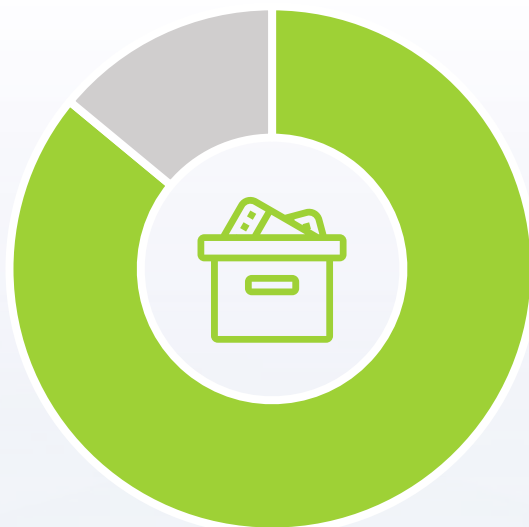


Agenda

- Hurdles from payers
- How to prevent—not manage—no auth denials
- Best practice 5-step process to improve authorization
- Improve net revenue and patient satisfaction

Hurdles from Payers

89% of hospital and health system respondents have experienced an increase in claim denials over the past three years, largely driven by no auth denials



86% of practicing physicians said the prior authorization burden increased over the last five years despite efforts from the AMA and policymakers to streamline the process

Prior Authorization Burden

One 17-hospital system spends \$11 million annually just complying with health plan prior authorization requirements.

A large, national system spends \$15 million per month in administrative costs associated with managing health plan contracts, including two to three full-time staff that do nothing but monitor plan bulletins for changes to the rules.



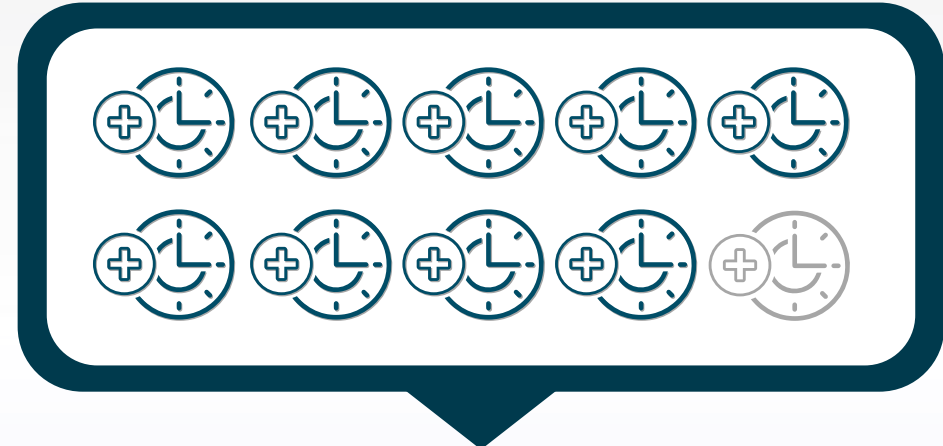
A single 355 bed psychiatric facility needs 24 full-time staff to deal with authorizations.

Physicians report that their offices spend on average two business days of the week dealing with prior authorization requests, with 86% rating the burden level as high or extremely high.

Adverse Affect on Patients



1 in 4 physicians say prior authorization led to a serious adverse event for one of their patients



9 in 10 physicians say prior authorization regularly delays access to necessary care for their patients

Change Not Coming Fast Enough



CMS wants to reform prior authorizations



No auth denials processing costs impact both providers and payers



Patients continue to experience negative medical outcomes



Frustrating and laborious process that isn't improving for anyone

Existing Automation Technology Exists, Not Utilized



278 transaction standard has existed for more than a decade



Automation tools born from Robotic Process Automation (RPA)



Automated, intelligent rules engines navigate payer portals, rules and requirements

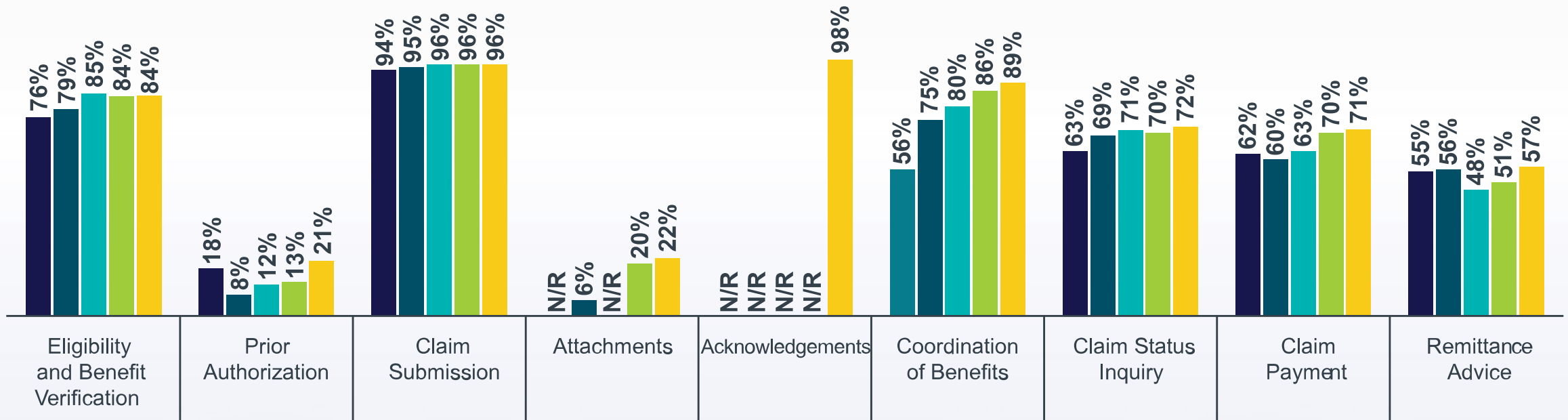


Insurers could save, too!

Current Adoption of Electronic Transactions

Medical Plan Adoption of Fully Electronic Administrative Transactions, 2016-2020 CAQH Index

■ 2016 ■ 2017 ■ 2018 ■ 2019 ■ 2020

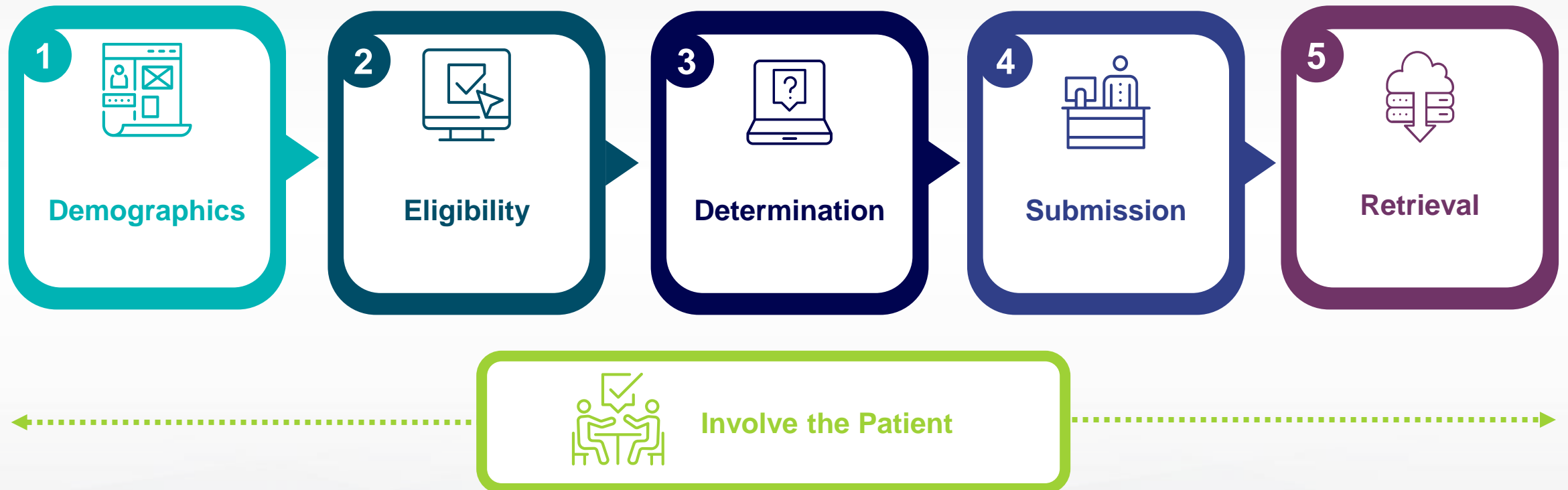


N/R = Not Reported

Industry Benchmarks

Industry Averages (CAQH 2020 Index Report)	Fully Manual (Phone, Fax, Email)	Partially Electronic (Manual use of Web Portals)	Fully Automated (X12 278 Transactions)*
Avg Minutes Per Auth (Submit/Retrieve):	20	13	8
Avg Auths Per User Per Day (Submit/Retrieve):	23	35	56
Avg Cost Per Authorization (Submit/Retrieve):	\$13.40	\$7.19	\$4.80

Prior Authorization: Best Practice 5-Step Process



Don't Manage Denials, Prevent Them

1



Identity and Demographic Validation

Required Data: Demographics, Insurance, Procedure (CPT), Diagnosis (ICD)

Data Capture Points: Electronic Order, Scheduling – SIU, Pre-Reg – HL7, Registration – HL7

2



Eligibility and Benefit Verification

Eligibility Auditing, Service-Level Validation, Benefit Limitations, Non-Covered Procedures, Referral Required, Found Coverage Detection, Wrong Payer / Plan Detection

Automate Determination

3

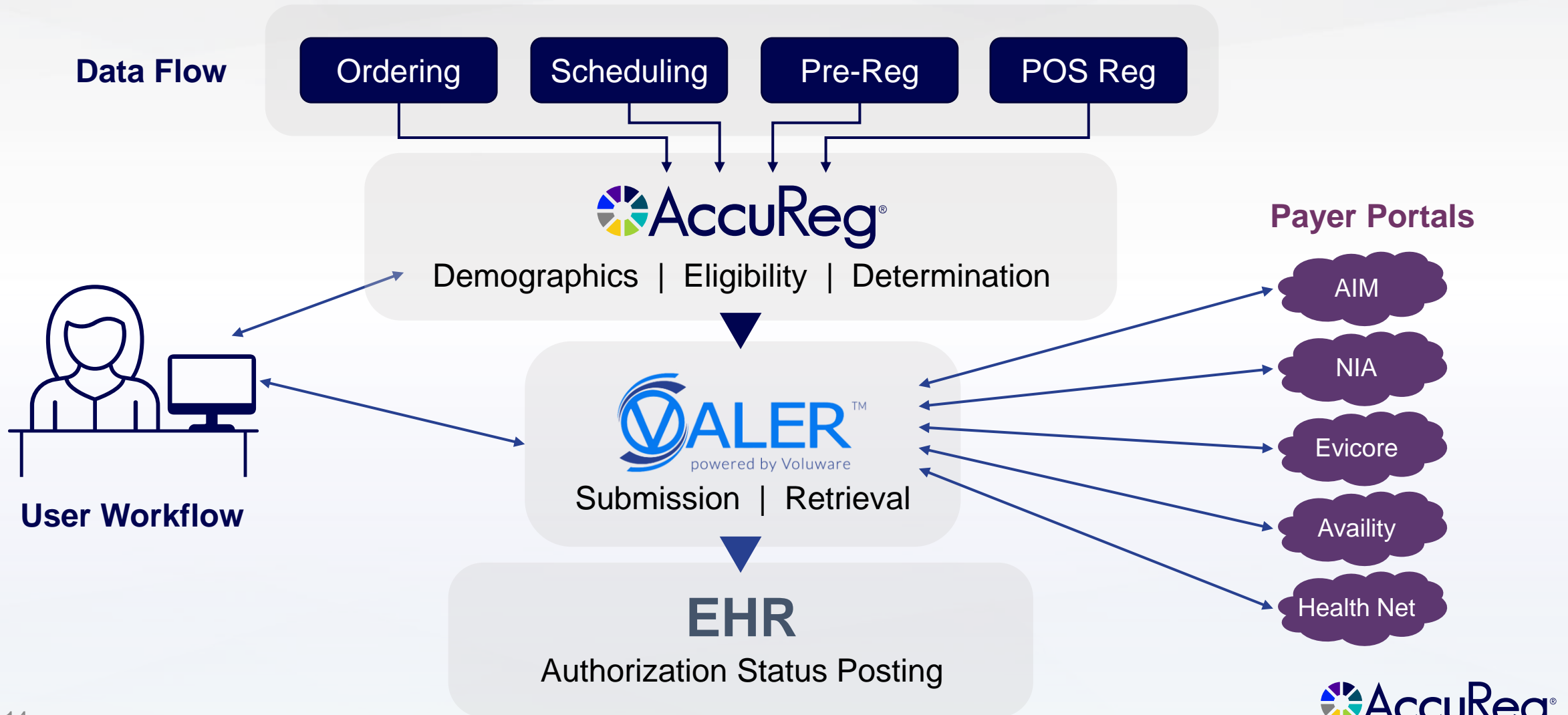


Rules Engine, Machine Learning, Procedure Change Prediction (AI), Charge Post Auditing

Maintenance:

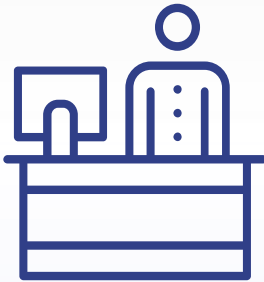
Payer Research, Payer / Provider Notifications, Tribal Knowledge, Denial Analytics

Authorization Management Workflow



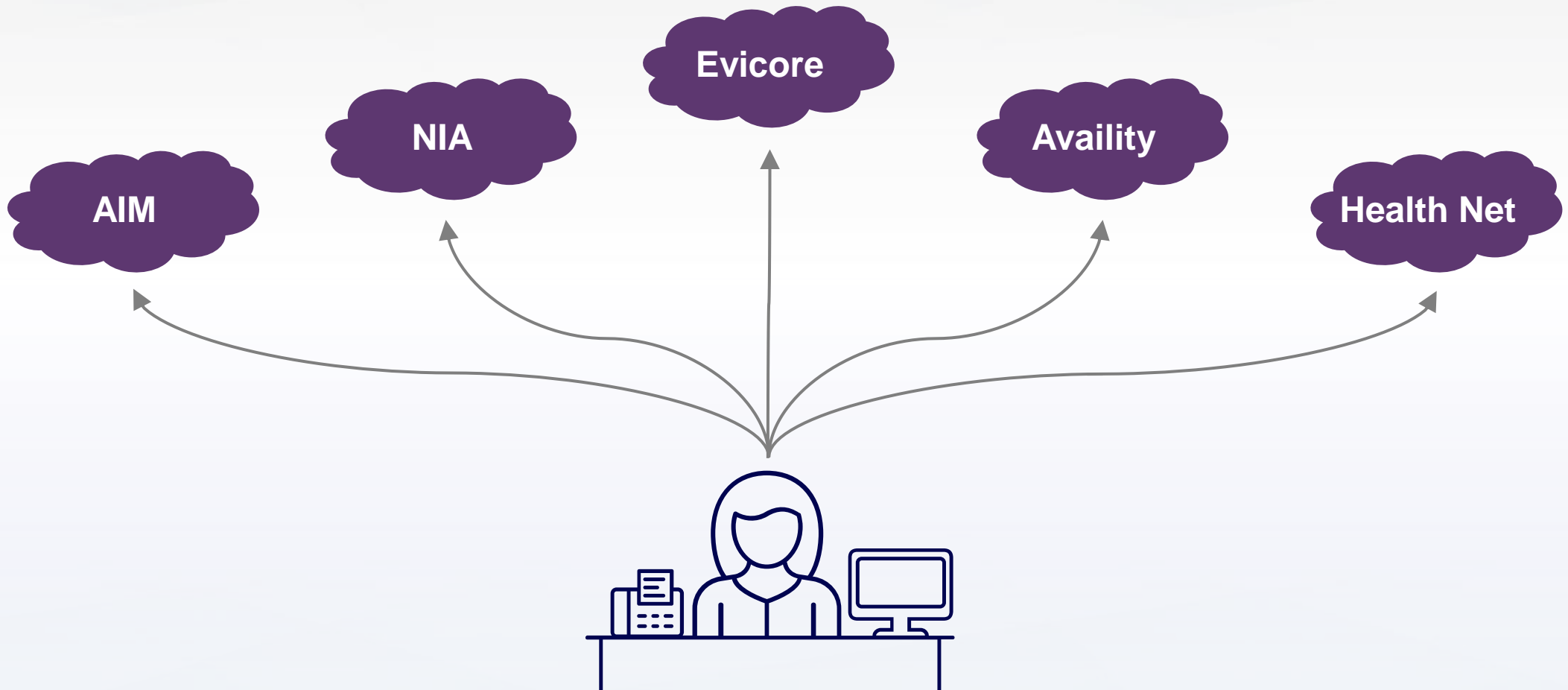
Automate Submission

4

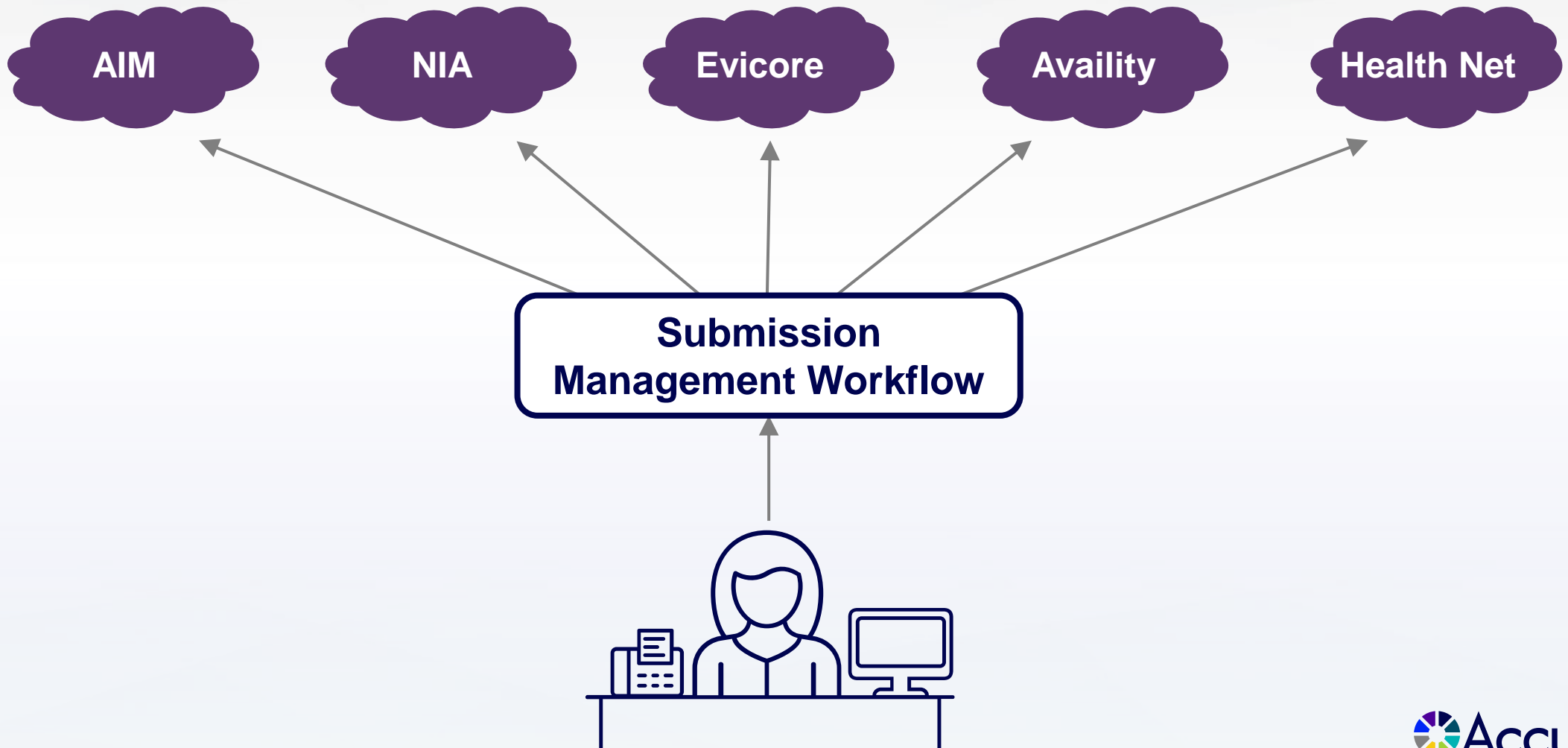


Single Payer Interface, All-Payer, All Services,
Payer Web Portal Automation,
Clinical Document Management,
Clinical Surveys, Payer Fax Form Management,
Real-Time Visibility, Workflow Optimization

The Old Way



The New Way



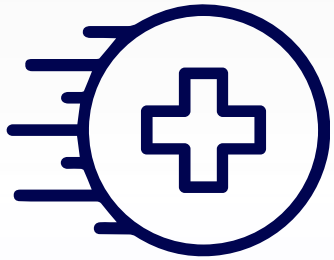
Automate Retrieval

5



Automated Data Push to EHR,
Payer Behavior Data (Auto-Auth Rate, Turnaround Time,
Authorized CPTs),
Enterprise Visibility, Workflow Coordination,
Auth Audit Trail

Involve the Patient!



Expedited
Access to
Care



Bi-Directional
Communications

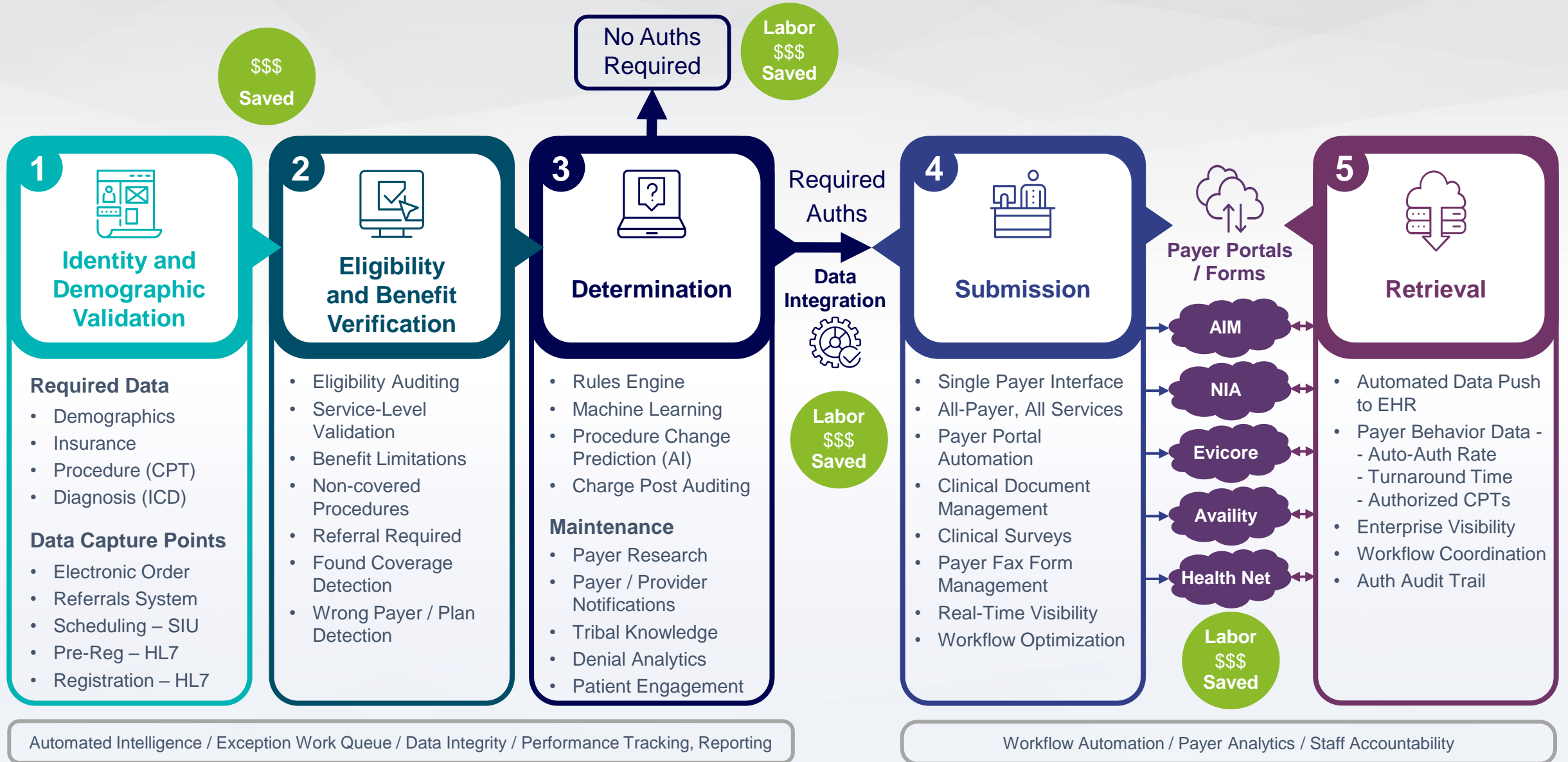


Automated
Alerts and
Notifications



Patient
Involvement

Automated Prior Authorization: Best Practice 5-Step Process



\$\$\$ Saved

No Auths Required

Labor \$\$\$ Saved

Required Auths

Data Integration

Labor \$\$\$ Saved

Payer Portals / Forms

- AIM
- NIA
- Evicore
- Availity
- Health Net

Labor \$\$\$ Saved

Automated Intelligence / Exception Work Queue / Data Integrity / Performance Tracking, Reporting

Workflow Automation / Payer Analytics / Staff Accountability

Results

Automated Prior
Authorization

- Automate repetitive tasks
- Increase productivity and efficiency using fewer FTEs
- Improve staff retention and prevent burnout
- Reduce access delays and create a better patient experience
- Improve net revenue by preventing PA denials!

Want to Learn More?
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