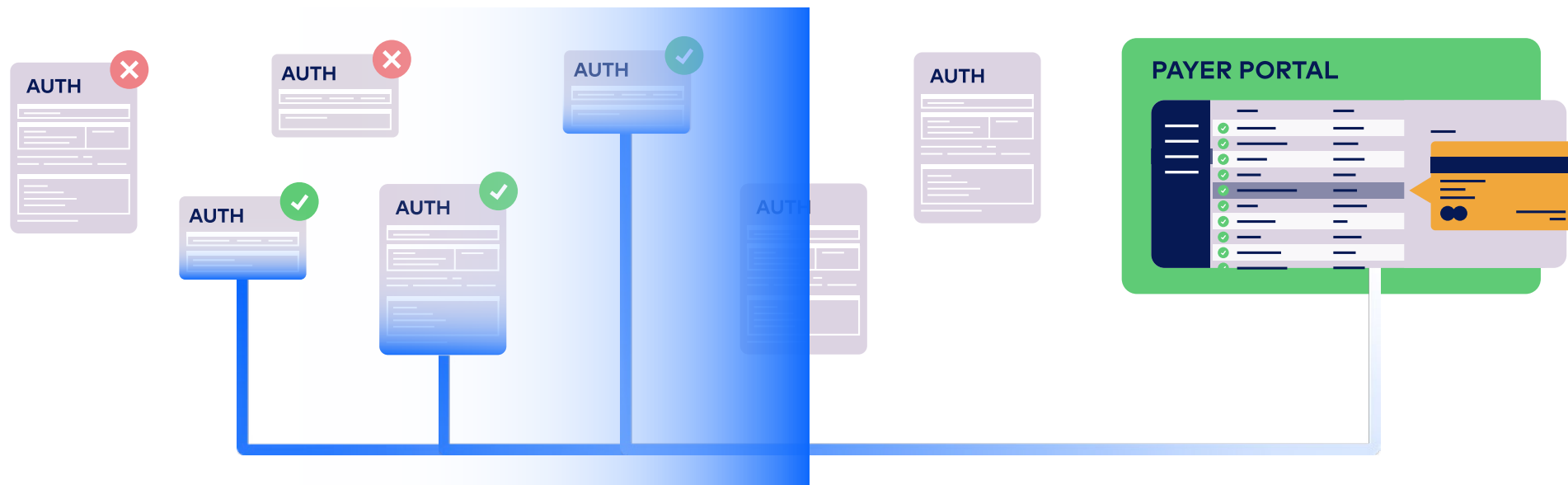


The path to prior authorization automation at scale

Guidelines for navigating an evergreen revenue cycle challenge with intelligent automation



Prior authorization (PA) is a pervasive and longstanding challenge.

Payers have required healthcare providers to secure permission to perform certain procedures for members for some time. But the volume and complexity of that challenge has reached an inflection point within the last five years.

A 2021 Medical Group Management Association poll¹ found 81% of medical groups reported an increase in payer PA requirements since 2020. A Frost and Sullivan report based on a roundtable conversation with revenue cycle leaders substantiates this conclusion.² Participants reported that the volume of PA has increased by more than 50% in the past four years, with an attending increase in denials.

PA requirements pose an administrative challenge to providers, and the associated delays and denials are impacting care delivery. An American Medical Association 2020 survey³ found that 94% of physicians report care delays due to PA requirements. Nearly 80% reported that PA can lead to treatment abandonment. PA also puts a heavy burden on clinicians. Physicians surveyed said they spent an average of 16 hours a week managing PAs.

But there is new urgency forcing hospitals and health systems to confront this longstanding challenge: they have only one chance to get PA right. Fewer payers are allowing retroactive authorizations, and reversing a PA denial is both time- and labor-intensive, without any guarantee of success. It can be a costly problem, too. Payers are increasingly reticent to pay providers for procedures that require a PA but who do not secure one before the procedure is performed. Missing PAs can cost facilities hundreds of thousands—even millions—of dollars in the form of delayed, cancelled, and unreimbursed services.

Standard solutions to the PA problem have been adopted without much success. Increasing staff is cost prohibitive. Most technology solutions don't address root causes. Common pitfalls continue to plague the PA process. But new approaches using intelligent automation, including artificial intelligence (AI) and robotic process automation (RPA) are reducing complexity, streamlining workflows, minimizing staff time and maximizing PA success.

¹["Prior authorization burdens for healthcare providers still growing during COVID-19 pandemic." MGMA Stat. May 19, 2021.](#)

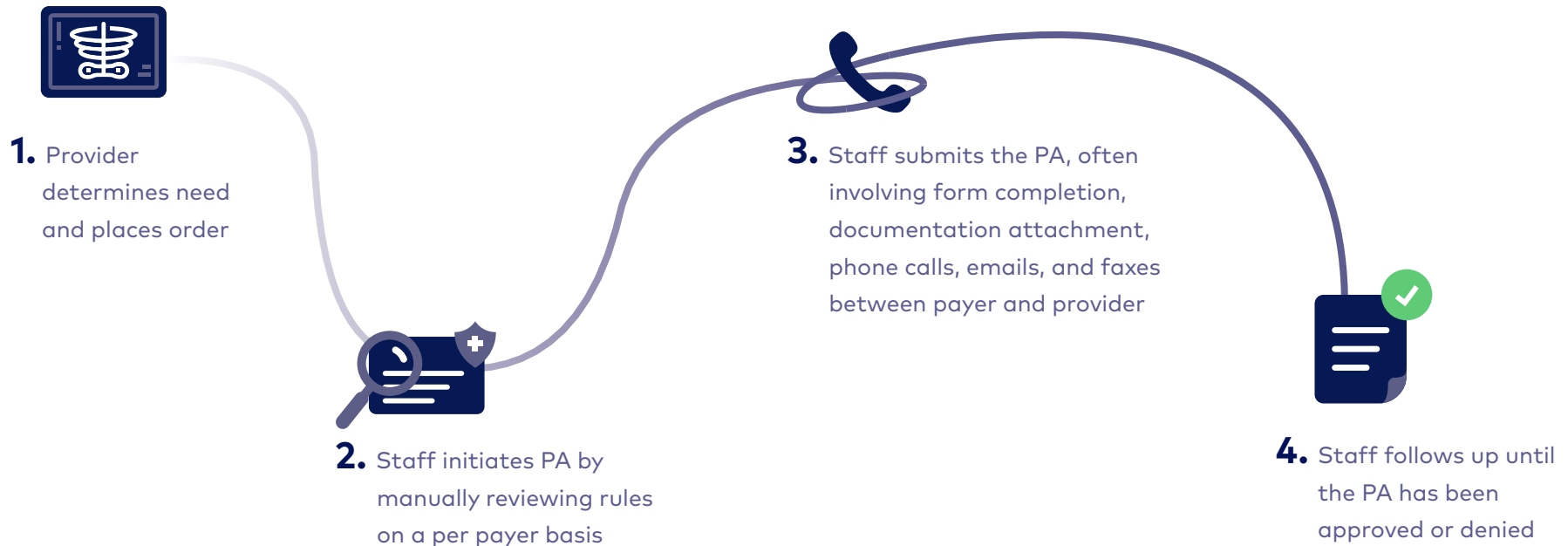
²["Leveraging Artificial Intelligence as a Smarter Path for Prior Authorizations." Frost and Sullivan.](#)

³["2020 prior authorization physician survey." American Medical Association. 2021.](#)

The PA status quo

Current pathways to PA identification and determination are complicated and often require manual interventions and multiple touchpoints with patients, office staff, and payer representatives.

Below is typically how the PA process works today:



Standard approaches to PA

Revenue cycle leaders have adopted tactics meant to minimize the challenges posed by PA. Such solutions include employing and training more personnel, installing bi-directional data exchanges or implementing simple automation. These approaches have been effective to a degree, but each are prone to pitfalls that limit meaningful and lasting solutions.

Staffing up

As PA requirements and complexity grow, one standard response is to add personnel to handle the increased volume. Many providers now have dedicated staff to handle PA requirements, with additional support from areas such as IT and business analytics to stay on top of changing payer rules and workflows. Clinicians also participate directly in the PA process if they are called upon to justify their treatment recommendations in peer-to-peer reviews.

A PA specialist may submit as many as 20 to 50 authorizations a day, depending on how advanced the procedure is and the number of questions the specialists need to answer. If an organization has a few dozen specialty clinics and performs thousands of procedures a day, they will need to hire a lot of staff. That's not always possible, especially in a tight labor

market. In late 2021, 75% of health employers say it is more challenging to fill open positions.⁴

In a perfect, fully staffed world, specialists are requesting PAs two weeks prior to a scheduled procedure—it typically takes a payer between five days to two weeks to approve an PA. But as staff shortages are common and PA prevalence is on the rise, auths are often submitted mere days prior to the procedure. Physicians and facilities are rightly hesitant to move forward without authorization. This leads to surgeries being rescheduled, which decelerates cash flow, disappoints patients and frustrates physicians.

⁴["Elephant in the waiting room: A healthcare staffing crisis is upon us." Yahoo Finance. September 15, 2021.](#)



Health information exchanges

These electronic health exchanges enable payers and providers to bidirectionally exchange data to streamline administrative processes, including PA. Providers can send PA inquiries and submissions through an exchange, instead of using email, phone or fax.

Such arrangements make sense for some payer and provider organizations, especially when their incentives align. But many healthcare organizations are having second thoughts. They have noticed that making all their clinical documentation available through a two-way feed has resulted in more denials due to documentation errors and subjective interpretations of care standards.



Automation

Submitting PAs through payer portals is another option available to providers. But if a health system has contracts with dozens of payers, each with different portals and different workflows, making manual submissions through these resources can quickly become unsustainable.

Providers have begun to pursue automation to accelerate the PA process, particularly for PAs that go through payer portals. These solutions use a variety of methodologies, but the basic premise is to automate each step of the PA process, from determining if a PA is needed all the way to checking status.

Most automation tools that are tuned for PA stick with the simplest types of automation, such as procedures with little variation and where information is standardized and readily available.

PA approaches are vulnerable to pitfalls

These and other solutions fall prey to one or more of the common pitfalls in prior authorization solutions.



Relying solely on people

Continuously hiring PA specialists to accommodate the ever-growing number of authorizations is only a temporary fix. Few organizations can afford to staff up indefinitely. In addition, the work that these individuals perform is largely manual, time-consuming, error-prone and often frustrating. As a result, these roles tend to see high turnover and incur substantial training costs.



Operating without transparency

Manual processes and multiple payers for PA determinations often leave the reasons for denials unclear. To address any inaccuracies or make needed changes as quickly as possible and avoid care delays, revenue cycle leaders should have real-time visibility into which PAs have been approved and denied, along

with the reason for any denial. A dashboard that provides the outcomes of PA requests enables staff to detect emerging trends, identify root cause, and quickly course correct to prevent similar denials.



Treating PAs as a back-office problem

PAs impact every facet of care, including the patient experience, staff engagement and topline revenue. Delays in care due to PA red tape can result in patients changing care providers or abandoning treatment altogether. The frustrations of performing numerous repetitive tasks that frequently get negative responses can lead to job dissatisfaction and high staff turnover for PA personnel. And the extended time PAs take to complete means canceled procedures, wasted time and frustrated doctors.



Solving for the "happy" path

Many hospitals, health systems and medical practices have implemented some level of automation to ease the PA burden. But most automation offerings are only able to handle the most simple and straightforward PA requests. That leaves up to 50 percent of PA cases where current automation tools must give way to manual intervention to advance a PA to resolution.



Overinvesting in solutions that only work for a certain payer or certain specialty

Some organizations have been able to streamline PAs with certain payers through information exchanges or implementing a technology that can accommodate only certain types of procedures. Investing a solution for one payer or one type of specialty may work in pockets of an organization, but it will not address the challenges produced by PA in aggregate, thereby limiting the topline and bottomline impact for the enterprise as a whole. Only a multi-payer solution will enable organizations to rethink the staffing model to accommodate PAs and sufficiently improve the level of PA attainment.

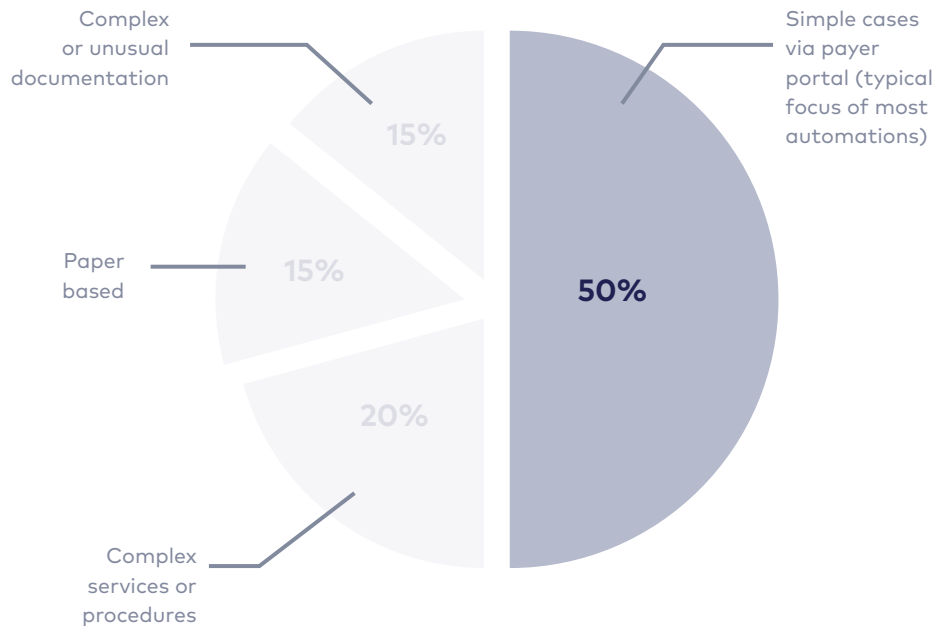


Happy path approach to PA automation falls short

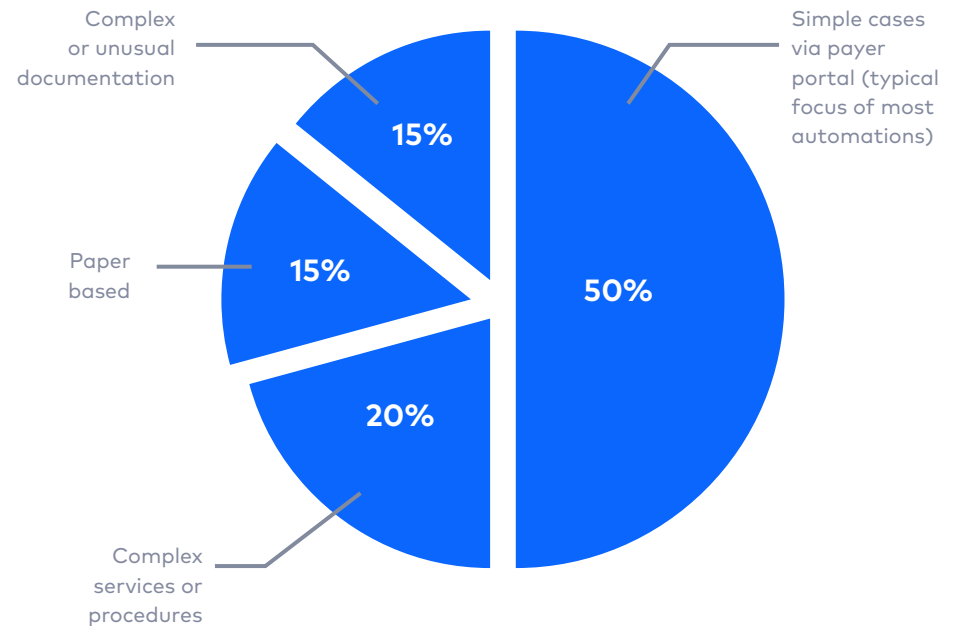
Analysis of 100 PAs at select health systems

Most revenue cycle leaders find that about half of their PAs follow the "happy path" and are relatively straightforward to automate. However, the remaining 50% consume staff time, lead to cancellations and deferrals of care, and drive disengagement among staff, patients, and physicians.

Typical automation



Notable intelligent automation



Requirements for PA success

To avoid these common pitfalls and successfully address PA complexity and volume, revenue cycle leaders and their teams need PA solutions that meet three key objectives:

→ **Quickly and accurately identify whether PA is needed.**

Since payer requirements can change on a monthly basis and with little to no advance warning, solutions need to be proactive about PA determination before a rapid accumulation of denials.

→ **Offer ease and simplification of submission and processing for all PAs.**

Initiating PAs through the electronic health record (EHR) is preferred. Solutions should operationalize PA documentation requirements specific to each payer.

→ **Uncover PA determinations in a timely manner.** Ensure provider and patient have sufficient time to address challenges before care is abandoned or delayed through clear and direct communication.



Intelligent automation helps providers avoid PA pitfalls

Intelligent automation unifies artificial intelligence (AI), robotic process automation (RPA) and patient engagement technology to perform common, repetitive, manual tasks in the PA process the same way a human would.

Artificial intelligence determines when and how to perform workflows. For example, using machine vision and predictive intelligence, AI can review a provider's documentation and determine which accounts require authorization and for what procedures. Using this information, it can trigger automated workflows such as those that request PA. ML enables digital assistants to become more intelligent over time to respond to questions in the authorization submission process and anticipate denials before they happen.

Robotic process automation enables digital assistants—based on nuanced, payer-specific requirements—to submit documentation. RPA also enables natural language processing (NLP) to supply the appropriate clinical information via attachment for the authorizations.

Patient engagement technology allows providers to notify a patient that an appointment must be rescheduled when a PA has not been received and enable them to seamlessly reschedule the appointment.

In contrast to other digital solutions that utilize simple automation, intelligent automation can be implemented with minimal integration, since it uses RPA and machine vision to interact with an EHR or other systems. By integrating with electronic systems that are ubiquitous within healthcare organizations, intelligent automation becomes seamless—almost unnoticeable.

Intelligent automation can handle both easy and more complex PAs. In other words, it addresses the roughly 50% of PAs that currently require manual management with other automated PA tools. The result is that 80-90% of PAs are completely automated, rather than 40-50% with standard automation.



Intelligent automation enables PA at scale

PA solutions are widespread, but only somewhat effective. Increasing staff, installing bidirectional health exchanges or automating the payer portal process can help ease the burden PA places on staff, providers, and patients.

But intelligent automation is a game changer, being the only solution that:

- Simultaneously improves staff, provider, and patient experiences;
- Creates a touchless experience for all parties, with rare exceptions for the most complex situations;
- Appropriately engages the patient as rescheduling or additional patient-provided information is required;
- Successfully navigates rapidly changing PA requirements;
- Eases the PA administrative burden on staff and clinicians;
- Improves the accuracy of PA filings; and
- Gets more patients the timely care their providers believe they should receive.

To find intelligent automation for PAs, know the right questions to ask

When it comes to PA automation, finding the right partner can be a challenge. Many organizations are utilizing RPA and talking about AI. But true intelligent automation combines RPA, AI and patient engagement technology and should be able to automate any healthcare workflow and produce an 80-90% automated PA success rate.

When engaging a potential automation partner, start by asking the following questions:

- ☑ Can the solution determine when and how to perform automated workflows by analyzing data from the EHR or any other source?
- ☑ Does the solution enable digital, RPA-powered assistants to perform any workflow within the EHR, just like a PA specialist would?
- ☑ How does the solution's technology machine-read documentation and auto-generate information into authorization templates?

- ☑ Will the solution unify its automation engines with omnichannel patient engagement to enable the collection of data from patients and providers?
- ☑ Is the entire experience configurable via an interactive user interface?
- ☑ Can the automations be configured to meet the exact needs of your organization's workflows?
- ☑ Will the partner take a consultative approach to ensuring the complex PA processes get automated?

Analyzing potential partners based on their answers to these questions can lead to real dividends for your organizations. Solutions that can do all the above can automate complex PA requests, effectively doubling the amount of PA automation coming out of your organization and significantly lowering your PA costs.



Increased simplicity leads to reduced frustration

Getting PAs right can mean more than reducing costs and improving revenue. An effective PA strategy can shield your patients and your providers from the sometimes byzantine backend of healthcare. In this era where patients are empowered and providers are burning out, intelligent automation can help keep these important stakeholders satisfied, which prevents them from aligning with competitors.

Power PA with Notable

Notable uniquely combines RPA, AI, intuitive design, and no-code configurability to automate any healthcare workflow and produce unmatched value. With PA powered by intelligent automation, Notable enables health systems to:

- **Submit automated PA and notice of admission (NOA) to all payers and specialties** by intelligently integrating into all payer portals and e-fax vendors
- **Automate every workflow and work queue** by using digital assistants to perform statusing and informing staff when authorizations have been approved or denied
- **Initiate patient outreach** when authorizations enabling are not approved in time for procedure patients to seamlessly reschedule when required
- **Diagnose root causes** of PA denials by providing a dashboard that shows real-time PA performance.

This optimizes staffing by automating manual workflows to free up time best spent focusing on the highest value patient interactions and tasks. It also brings greater visibility to the PA process, enabling them to diagnose changes in payer rules earlier and course correct. And most importantly, patients are able to receive needed care sooner, minimizing the likelihood of deferred or abandoned care.

Results our partners realize using Notable include:

30%
denials reduction

25%
reduction in work queue volume

35%
write-offs reduction

700+
calls eliminated annually per provider

10 mins
saved per authorization

300%
increase in co-pay collection

To learn more about how Notable's platform can power revenue cycle transformation for your organization, [request a personalized demo](#) with a member of our team.