2023 Prior Authorization Survey

Insights into the current state of prior authorization in healthcare
Participation

- 280 responses received
- Approximately 165 organizations represented
- 87 comments received on solutions to address aspects of prior authorization, 70 of which provided consent and contact information to follow-up with them for more information

Limitations

- 18 duplicate respondents
- Sometimes unclear whether an organization was the same or not (same name, different location, potential spelling errors/user differences in names for same facility (e.g. full name versus acronym), etc.
- In calculating percentage of clinical versus non-clinical FTEs devoted to PA, some responses didn't add up (e.g. 25+ FTEs but 0 are non-clinical and 12 are clinical).
Your Worksite

Participants could select more than one
How many individuals do you estimate your organization employs in all departments?

- 200 or less: 60
- 201 - 1,000: 40
- 1,001 - 5,000: 20
- 5,001 - 10,000
- 10,001 - 20,000
- 20,001 - 50,000
- Over 50,000
- Don't know: 0
What EHR/EMR vendor(s) is your organization currently using?

Participants could select more than one
How many full-time individuals or full-time equivalents (FTEs) does your patient access department devote to prior authorization?
Of the total FTEs devoted to prior authorization in your patient access department, what percentage are non-clinical?

Percentages rounded to the nearest whole number

- 100% non-clinical: 58.7%
- 80-99% non-clinical: 10.4%
- 60-79% non-clinical: 4.1%
- 11.2% Don't Know
- 2.6% Majority
- 7.4% N/A
Of the total FTEs devoted to prior authorization in your patient access department, what percentage are clinical?

Percentages rounded to the nearest whole number

- 0% clinical: 52.8%
- 1-19% clinical: 19.4%
- 20-39% clinical: 3.7%
- N/A: 6.7%
- Minority: 2.3%
- Don't Know: 10%
If your patient access department has clinical staff devoted to prior authorization, please check all types of clinician that your department employs in this capacity.

Participants could select more than one

![Bar chart showing the number of participants selecting different types of clinicians: M.D., P.A., N.P., R.N., L.P.N., M.A., C.N.A., Other. The highest bar represents R.N., followed by Other, M.D., N.P., L.P.N., M.A., C.N.A.](image-url)
What are your organization's initial/primary denial rates?

- Less than 1%
- 1-3%
- 4-5%
- 6-8%
- 9-12%
- 13% or more
- Don't Know
What percentage of initial/primary denials get turned over?
Please estimate how much your patient access department spends annually on prior authorization. This includes full-time employee salaries, benefits, technology, and software.
To your knowledge, is your patient access department exploring any new processes or solutions to address aspects of prior authorization?

- No plans to implement new processes: 23.2%
- Implemented in last 12 mos: 34.3%
- Planning to implement in 13-24 mos: 8.6%
- Planning to implement in 25+ mos: 5%
- Planning to implement in next 12 mos: 28.9%
Please rate the degree to which you or your patient access department agrees or disagrees with these statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Patient care is delayed as a result of current PA policies.</td>
<td>60%</td>
<td>65%</td>
<td>81%</td>
<td>63%</td>
<td>48%</td>
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<td>Initial denials are often approved following appeal and/or peer-to-peer meetings.</td>
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T2B = Top two (2) boxes. Percentages displayed in this column represent the total of the percentages representing "strongly agree" and "agree".
60% of respondents think that patient care is delayed as a result of current prior authorization policies.

- **Patient care is delayed as a result of current PA policies.**
  - 60% of respondents think this is true.

- **Initial denials are often approved following appeal and/or peer-to-peer meetings.**
  - 65% of respondents agree.

- **Documentation required to obtain PA has increased in the past 2-3 years.**
  - 81% of respondents agree.

- **Denials of PA lack consistency in reasoning.**
  - 63% of respondents agree.

- **PA technology is successful in improving the efficiency of PA.**
  - 48% of respondents agree.

T2B = Top two (2) boxes. Percentages displayed in this column represent the total of the percentages representing "strongly agree" and "agree".
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- Patient care is delayed as a result of current PA policies.
- Initial denials are often approved following appeal and/or peer-to-peer meetings.
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81% of respondents think that documentation required to obtain prior authorization has increased in the past 2-3 years.
63% of respondents think that denials in prior authorization lack consistency in reasoning.

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Documentation required to obtain PA has increased in the past 2-3 years.

Denials of PA lack consistency in reasoning.

PA technology is successful in improving the efficiency of PA.

48% of respondents think that prior authorization technology is successful in improving the efficiency of prior authorization.

T2B = Top two (2) boxes. Percentages displayed in this column represent the total of the percentages representing "strongly agree" and "agree".
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

We have formed a denial committee to address problems, pinpoint and try to find a common issue and work to remedy it.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

We implemented a 72 hr and 48 hr review of pending authorizations prior to date of service for surgical cases to determine root causes and identifying ways to reduce last minute authorizations issues. This has resulted in a 29% reduction in authorization issues.

We have recently taken advantage of all pre-determination opportunities with insurance companies to try and avoid any possible denials.

We use an auth automation tool. 61.0% auto approval rate. Added BOT technology and HL7 to bring in diagnosis and CPT code information from orders. 50% reduction in final write offs after implementing tools, auth matrix, and new department workflows.

Automation reduced FTEs by 13. Improved timeliness of auth and decreased rescheduled patients.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- A new automated process to try and save time for our team members.
- Auto Authorization systems. Has shortened time to secure authorization, and increased productivity.
- Automated system for initiating authorizations as well as notice of admission auths.
- Beacon Prior authorization
- Created a centralized Pre-Authorization dept for multiple facility organization.
- More online authorization processes, less on the phone time, and faster turnaround in most cases. E-fax instead of Traditional faxes, we can track down confirmation sheets, where as regular faxing we would not if it failed we would not be able to track them.
- Recently went live with RHYME- works ok if the payers agree to use electronic authorizations.
- The prior auth is a separate dept called Financial Clearance. They are not [hospital] employees but [corporate] employees that work off-site from home. They are in the process of re-vamping the whole Financial Clearance and prior auth process.
- We have recently taken advantage of all pre-determination opportunities with insurance companies to try and avoid any possible denials.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

1) We have implemented new standard work for each team to follow to process prior authorization requests, specializing by service. 2) We are in the process of implementing RPA to process selected prior authorization requests.

- Always looking to improve any process
- April go-live for E2E Auth for Imaging. Have not yet seen results
- Automated reduced Fte’s by 13. Improved timeliness of auth and decreased rescheduled patients
- Automated system called Rhyme
- Automation for auth follow up with BOTS
- Brought Chemo and radiation auths in house using 3 wqs in Epic for new auths, expiring auths, and change of plan/procedure auths.
- Also implemented a change of procedure wq to catch change of procedures done intraoperatively.
- Manual processes, but they work well to decrease denials
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- Due to increasing prior authorization burden, we have had the need to increase our Prior Auth team to support our inpatient authorizations and notifications of admission. Previously, the body of work was supported by the Financial Counselor and the Case Managers. We have had a huge uptick in Medicare Advantage Plan enrollment in our community, so this became a full time job. We also have done a lot of work to expand the use of insurance websites to limit the amount phone calls need to be made. To do this, we have added an administrator for all of the websites to the Patient Access team to act as a content expert on the websites, and help support training and maximizing use of the functionality.

- Evicore Auth automation tool. 61.0% auto approval rate. Added BOT technology and HL7 to bring in diagnosis and CPT code information from orders. 50% reduction in final write offs after implementing tools, Auth matrix, and new department workflows.

- Evicore authorization and Experian authorization

- Evicore automation, Training program, Standardize workflows
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- [Vendor] - helpful but slow ramp up. When we have it on, it’s great but we need to roll it out further. We are also implementing Janus for prior auth teleport for what [vendor] can’t do. We go live in July 2023.
- Experian Authorization tool- Onesource
- Give different health care insurance 2 weeks before scheduling the patient to see a provider or have a test completed we wait on auth and give the patients options.
- Going paperless with Epic implementation. Working with WQ to stay ahead of schedule.
- Implement real time authorization of surgical cases with same day procedure changes.
- Implemented Rhyme to initiate prior authorization for imaging. If authorization is approved without any required survey or clinical documentation the referral is marked as authorized and leaves our WQ. Reduction in staff as a result of the implementation.
- In the past 6 months we have utilized Rhyme, which sends 278 Real Time Authorization transactions.
- Just a work flow to help catch all patients in a more timely manner.
- List of outside providers we must double check.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- No new technology was implemented - only leveraging the technology we have within Epic and utilizing work queues
- Our IV and Auth teams have been centralized to support 3 of our South Region hospitals and have implemented [vendor].
- [Vendor] doesn’t support all payers and there is a lot of opportunity for improvement regarding how many days out auth is started
- Our Organization has implemented the use of an Authorization bot, which checks the service scheduled to the insurance policy
- Real Time Eligibility
- Started working with [vendor] and their prior auth system, but currently going through some pain points as new staff are trained. Process isn’t as automated as we believed.
- transitioned to [vendor]. Has cut down on some issues but caused others
- Use of automated auth validation tool
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- The facility has contracted with Valer for their prior authorization application for ambulatory and acute treatment authorization processes. We are migrating toward including Case Management for the notice of admission process in the next phase of the project, and then including Pharmacy to be able to use the application when requesting authorization for high cost drugs.
- We are live with Real Time Authorization using EPIC and Experian, we are in the process of going live with AKASA for bots to help, and we are implementing Intellipath with Evicore.
- We are still working through an RTA implementation with [vendor]. We've not experienced the ROI as of yet.
- We do not focus on the financial side, only referral intake.
- We have a department that will only work on authorization processing.
- We have just implemented the use of Bots within the Last 2 months. We have built a dashboard to measure the outcomes and am happy to share once we have more time of being live.
- We implemented Epic 13 months ago and then integrated with Olive's RTA solution for determination, initiation, and status'ing.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- We have recently launched a system called Authomatic that utilizes AI processes to lessen the workload our team has on a daily basis and impact efficient work processes. This system takes authorization information from specific payer portals and loads it into our patient accounts and notates them and clears them without our team touching them. It is still a work in progress, but it has greatly helped our not work accounts that we know do not require an authorization so they can better focus on the ones that do. We also spend less time double working accounts that have already been authorized by outside offices.
- We have started using Rhyme to submit internal authorizations. It's still fairly new and the bugs are being worked out. But over the last couple months of using it, it has become a huge help and the end goal is to be able to add over 100 more offices to our work queues to obtain authorization for.
- We implemented [vendor] in 2022 for High End Imaging, but it has not been at all successful. We will likely be cutting our contract with them in the next few months, as we are not seeing ROI on this.
- We implemented Olive's E2E Auth process with Imaging, NOA, RTE and Coverage ID
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

• We implemented RTA via Evicore for 1 organization. This has eliminated the need to manually touch everything. We have OP CPT codes that are Al approved, flip to peer to peer, etc... we plan to implement clinical submission in the next 6 - 9 months which will be a huge lift off the team.

• We implemented SLA (Service Level Auths) where the CPT is entered on the Auth/Cert screen in the SLA CPT field. This allows others across the organization to see that to help with getting timely auths. Also, if the procedure changes, the new CPT is entered and it requalifies the auth for that prior auth WQ. We also just implemented a new process where if the insurance changes, regardless of the previous insurance auth effective date, it will requalify for the prior auth WQ. These changes have assisted with timely authorizations and decreasing denials.

• We just started this month utilizing a web based company to perform prior authorizations for our advanced radiology orders. It uses a shared dashboard that all schedulers are able to view and submit requests. We plan to move to cross training more individuals to submit requests and update referrals based on the response from the third party vendor.

• Work closely with contracting and the payers to ensure authorizations are approved in a timely manner.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- Workflows. Processes. Epic workflows
- 278 transactions with Aetna and UHC. Currently working on Cigna.
- We are currently looking into a new EMR system which we hope will assist with this process. We current use [vendor] which is being sunset.
- We had radiology check the correct test was being ordered before prior auth. and also when a 3rd party wasi engaged for scheduling, all tests must go thru prior auth and documented on the order, whether it was needed or not.
- Created WQ's to address any Outpatient appointments that need authorization.
- We are in the beginning stages of EPIC implementation which will include the Experian Prior Authorization module.
- We are planning to implement Experian’s authorization module. We have recently implemented Evicore. We also continue to centralize pre-service activities to streamline this work to minimize initial denials.
- We have formed a denial committee to address problems, pin point and try to find a common issue and work to remedy it.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- 1) PROFICIENT ORDER SOFTWARE IMPLEMENTED TO STORE ORDERS
- 2) NEW PROCESS: IHS PATIENTS- PO RECEIVED AFTER SUBMITTED THE SCHEDULED DATE/TIME AND DOCUMENTING FOR CLAIM, NEW EDITS PUT IN PLACE TO SHOW ERRORS OR MISSING DATA REQUIRED PRIOR TO DATE OF SERVICE, WORKING AUTH PENDING/REQUIRED BUCKETS AND SCHEDULING IMMEDIATELY AFTER, PRE-ACCESS EMPLOYEE WORKING ALL ESTIMATES, COLLECTIONS, VERIFYING INFORMATION FOR QUICK REGISTRATION AT TIME OF SERVICE AND TO ENSURE COMPLIANCE.
- (WIP) pre-registration will make sure prior authorizations will be completed before the patient reaches their appointments and our patient access team.
- AT THIS TIME OUR PATIENT ACCESS DOES NOT HANDLE PRIOR AUTH. WE HAVE A DEPARTMENT THAT TAKES CARE OF THOSE.
- Automatic notification of inpatient and outpatient services
- Creating templates following NCCN guidelines and FDA criteria has helped our documentation and approval rates with initial requests. We are a new facility only having been open for 10 months and providing state of the art care that is new and only recently FDA approved.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- Currently we are working with Cerner to implement a change to how auths are marked in the system. This would make the fields mandatory.
- Insourced chemo/rad onc authorization and utilize workqueues in Epic
- Monthly meetings with clinical nurse leaders to review denials and discuss opportunities for process improvement. We have found successes by improved education to nursing and prior auth teams.
- New Financial Clearance department. Creating quality gates to catch when a service is scheduled outside the approved date range, deferring cases that are not pre-authorized, retro-authorizing cases with heightened levels of anesthesia prior to billing, enforcing self-pay when insurance denies an auth and patient wants to proceed.October-April, increased revenue of 2.5million or more (1 month of data still pending incoming payments)
- New tool waystar
- Olive - automated notification delivery for notice of admissions
- Our prior auth is handled by our centralized call center. The folks who work on obtaining the auth are not officially Patient Access or Recenue Cycle employees.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- Prior authorization will be added to our current Experian product. Also implementing Acuity web-based tool for Banner plans. Currently piloting in 4 locations.
- Still working on it.
- We are currently in the process of centralizing our pre-auth departments into one department under Central Scheduling. This will allow for consolidation of resources and potentially less FTEs to do the same or more work.
- We are looking at automation, eliminating redundancies and time involved with PA.
- We are looking to automate as much of the process as possible with a vendor.
- We dedicate 1 person to check all Auth's that are given to us so we can verify accuracy to ensure proper authorization is obtained and ensure proper payment is received for our company.
- We have begun centralizing our prior authorization-related functions under a new Financial Clearance Call Center for a few of our hospital locations with a goal to centralize the entire health system in the next 2 - 3 years. We contracted with Olive AI to implement their End-to-End Authorization tool which will go live in June, 2023.
If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

- We have not implemented yet but we are in project phase of auth automation with a third party vendor integration with Epic.
- We implemented a 72 hr and 48 hr review of pending authorizations prior to date of service for surgical cases to determine root causes and identifying ways to reduce last minute authorizations issues. This has resulted in a 29% reduction in authorization issues.