



# Prior Authorization Impacts on Patient Access Professionals

May 15, 2024

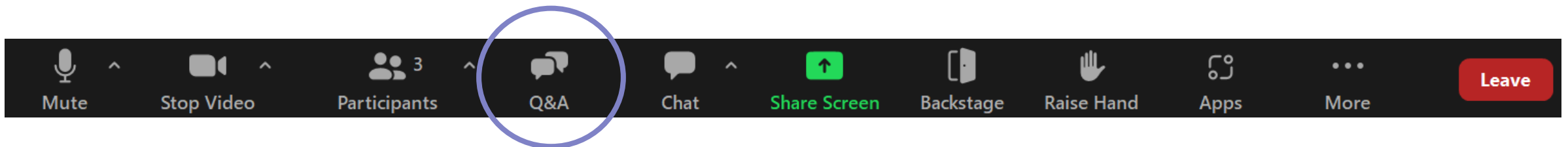
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Michelle Fox, DBA, MHA, CHAM, Immediate NAHAM Past President and Director of Revenue Operations/Patient Access at Health First

Rachel Goldstein, Vice President, CAQH CORE

# Webinar Logistics

- Today's session is being recorded.
  - All attendees and registrants will receive a link to the recording after the webinar.
- Your microphones will be muted during the webinar.
- Throughout the session, you may communicate a question via the panel at the bottom of your screen:



# Agenda

- NAHAM: Prior Authorization Impacts on Patient Access Professionals
  - NAHAM Overview
  - 2023 Prior Authorization Survey Results
- CORE
  - CORE Overview
  - Prior Authorization State of the Industry
  - CORE Prior Authorization Operating Rules Overview
- Discussion
- Q & A



National Association of  
Healthcare Access Management

## **Prior Authorization Impacts on Patient Access Professionals**

**Michelle Fox, DBA, MHA, CHAM,  
Immediate NAHAM Past President**



NAHAM: Who Are We?

**NAHAM is the  
preeminent  
association for patient  
access professionals**

- Establish best practices and subject matter expertise
- Provide an array of networking, education, and certification opportunities
- Enable our members to influence and promote high quality delivery of Patient Access Services



## Prior Authorization Task Force

Established by NAHAM in 2021

- Elevate the voices of NAHAM members
- Promote actionable solutions to everyday issues with Prior Authorization



National Association  
of Healthcare Access  
Management

# Prior Authorization Task Force

## Projects & Deliverables

- 2022 Whitepaper:  
Optimizing Efficiency of  
Prior Authorization  
Processes for Payers and  
Providers
- 2022 & 2023 Prior  
Authorization Roundtables
- 2023 Prior Authorization  
Survey



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Management



# 2023 Prior Authorization Survey

## Summary of Findings



- Denial rates & reasonings are inconsistent
- Most patient access departments are exploring new ways to address Prior Authorization
  - Technology is not always helpful to this end
- Documentation requirements are becoming more robust





## 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

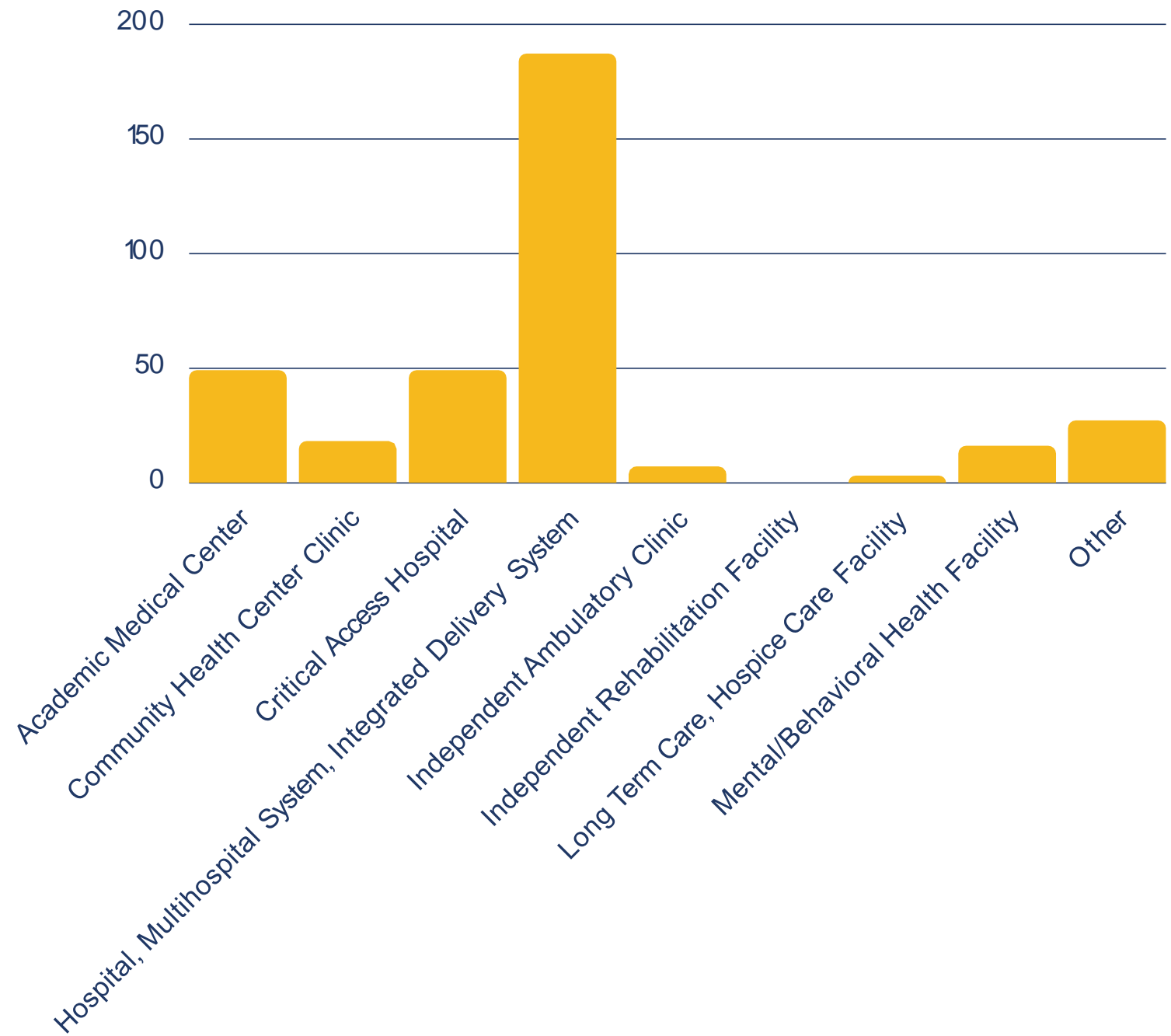


## Limitations

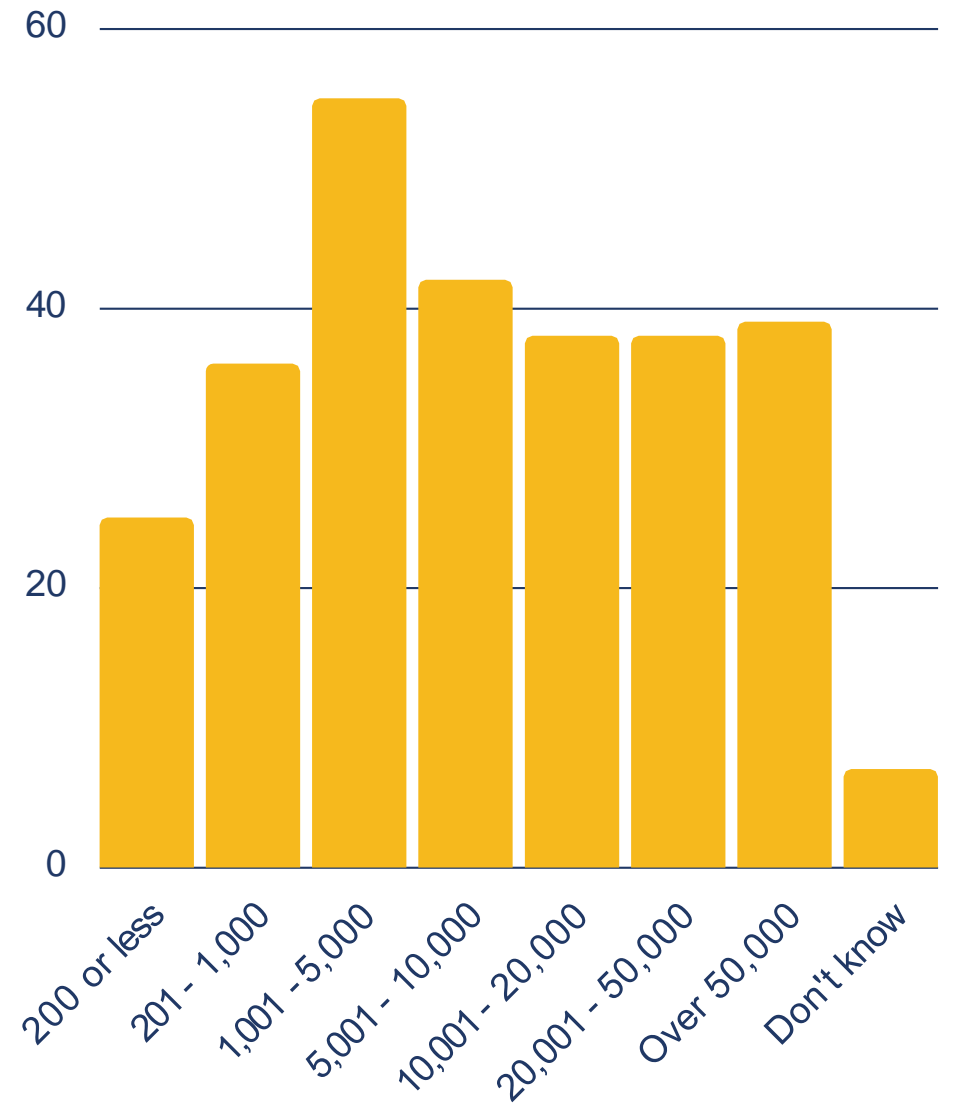
- 18 duplicate respondents
- Sometimes unclear whether an organization was the same or not (same name, different location, potential spelling errors/user differences in names for same facility (e.g. full name versus acronym), etc.

# Your Worksite

Participants could select more than one

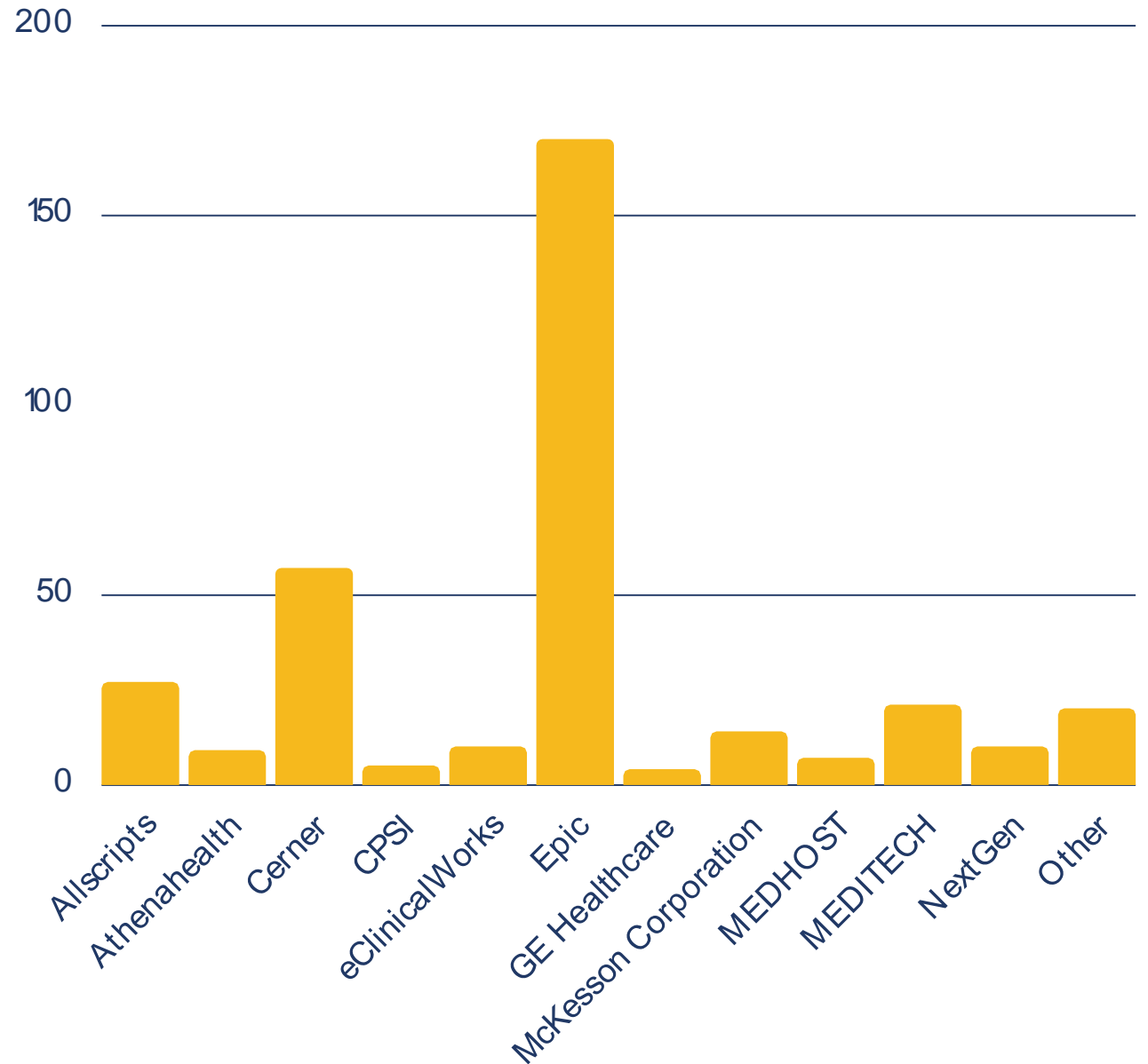


# How many individuals do you estimate your organization employs in all departments?

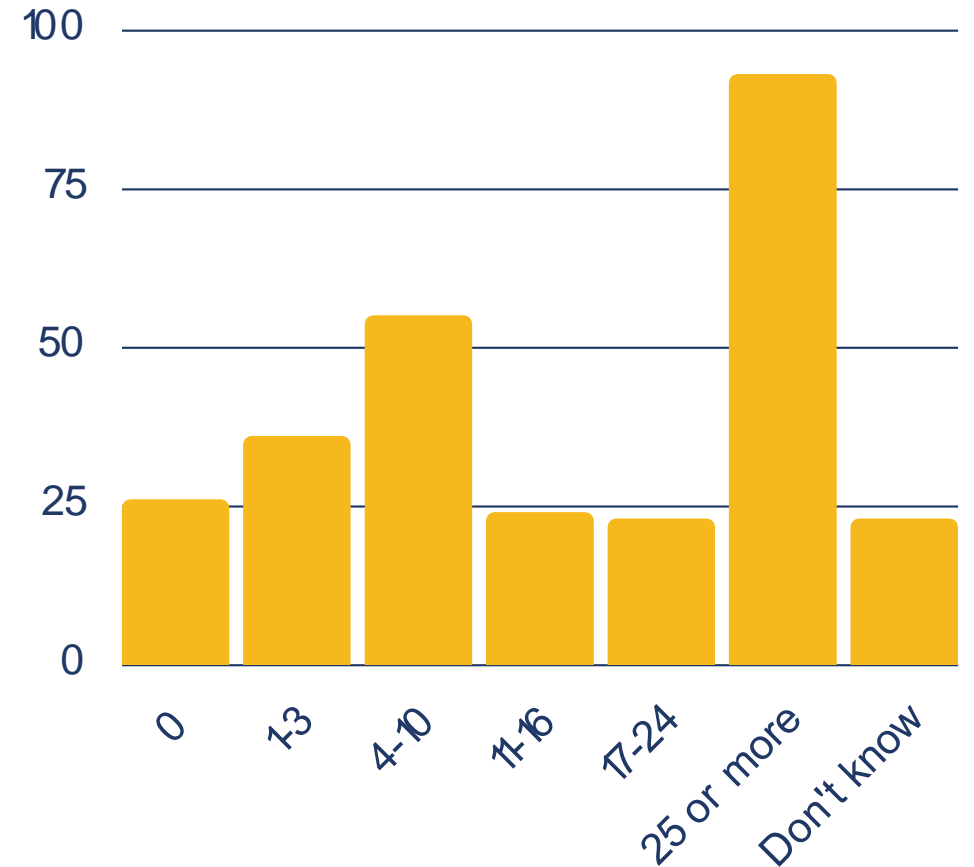


# What EHR/EMR vendor(s) is your organization currently using?

Participants could select more than one

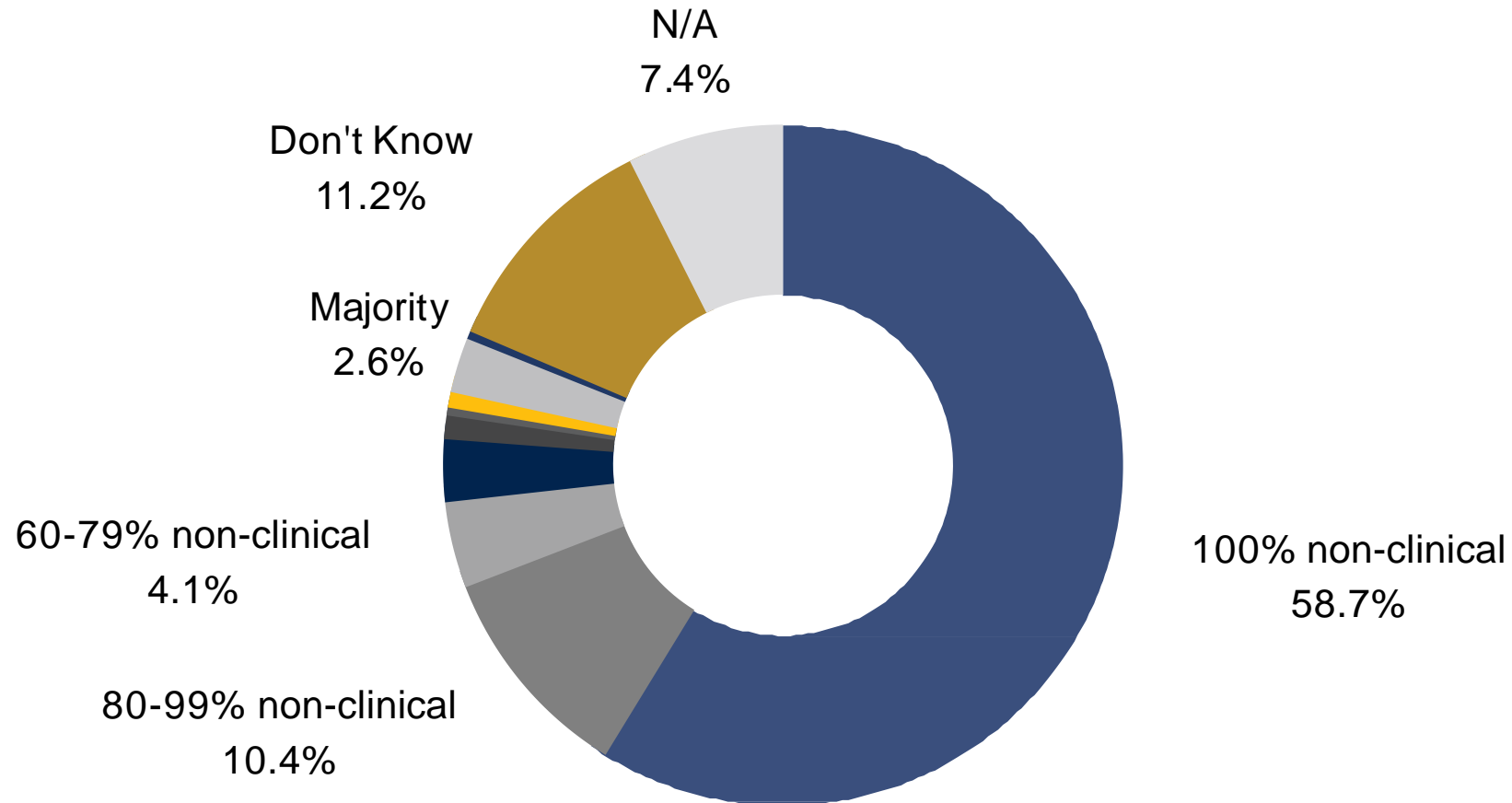


How many full-time individuals or full-time equivalents (FTEs) does your patient access department devote to prior authorization?



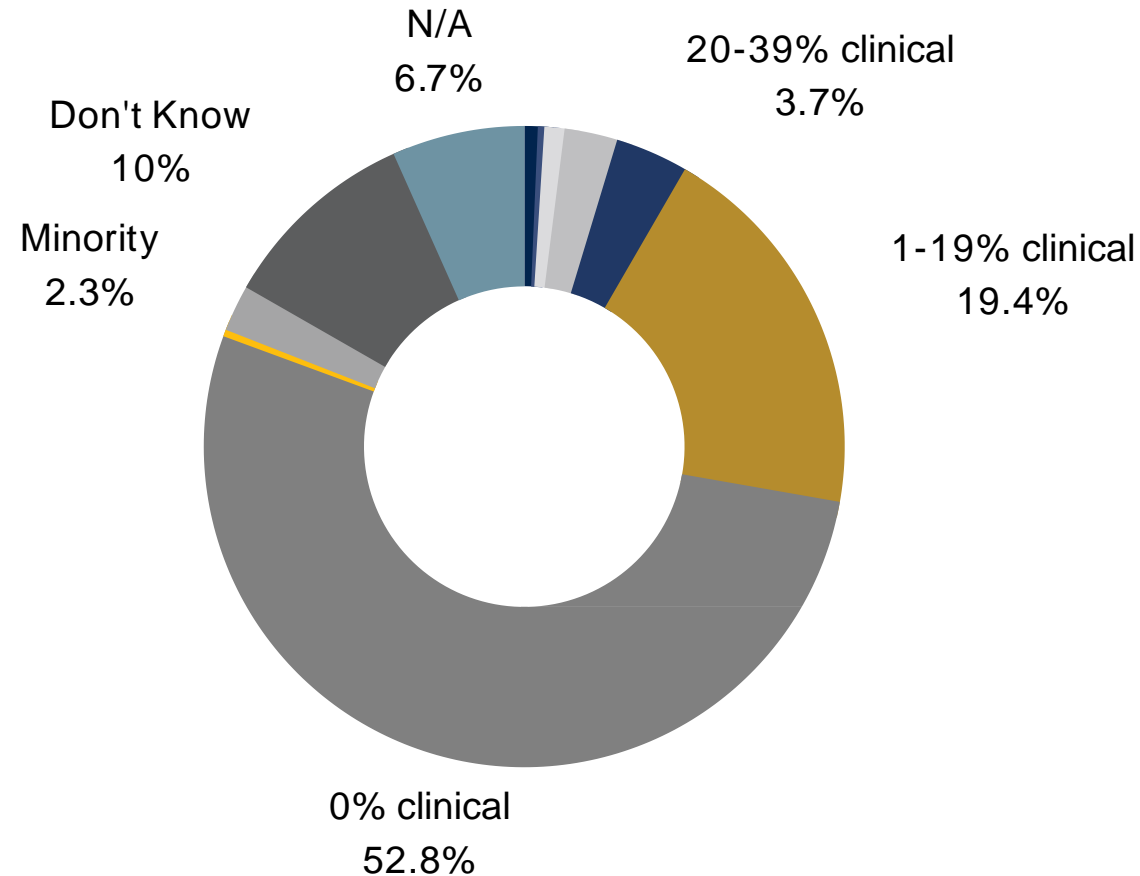
# Of the total FTEs devoted to prior authorization in your patient access department, what percentage are **non-clinical**?

Percentages rounded to the nearest whole number



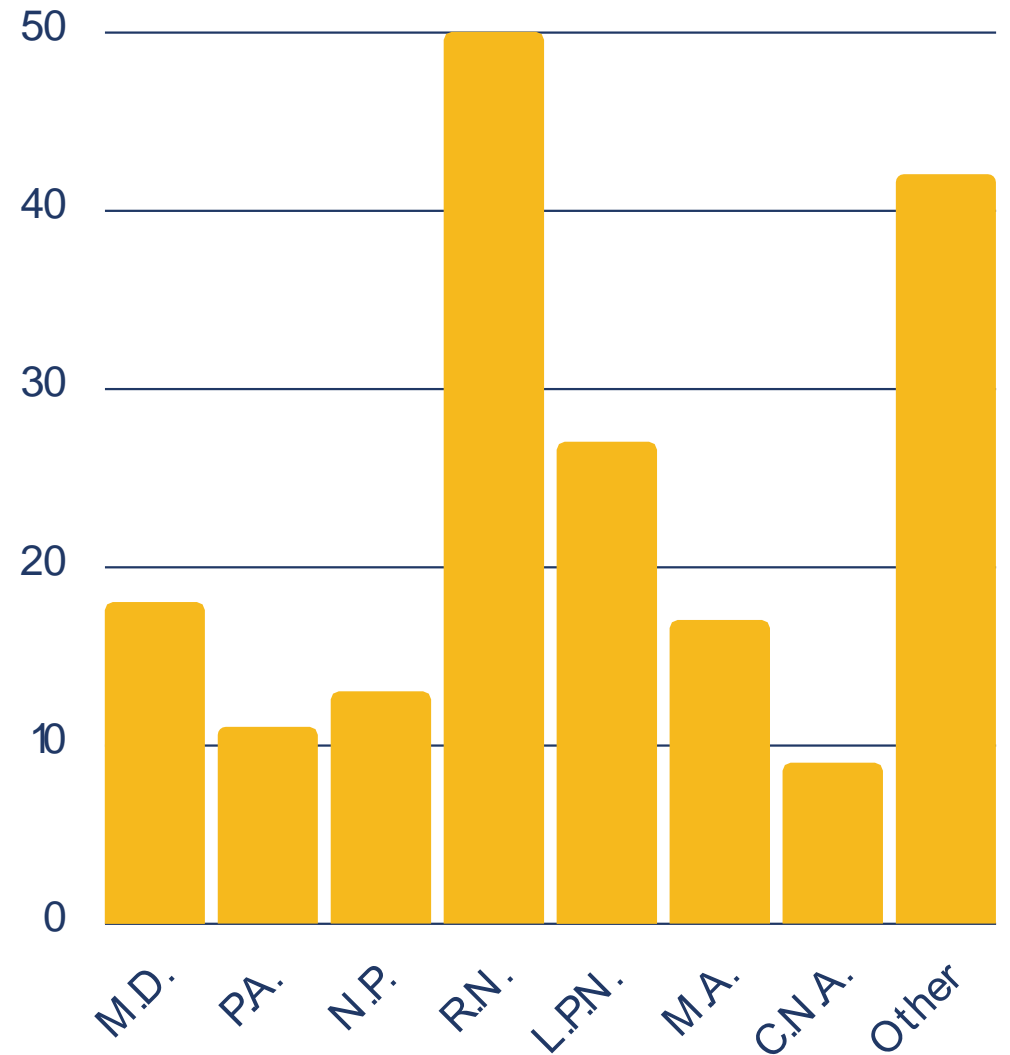
# Of the total FTEs devoted to prior authorization in your patient access department, what percentage are **clinical**?

Percentages rounded to the nearest whole number



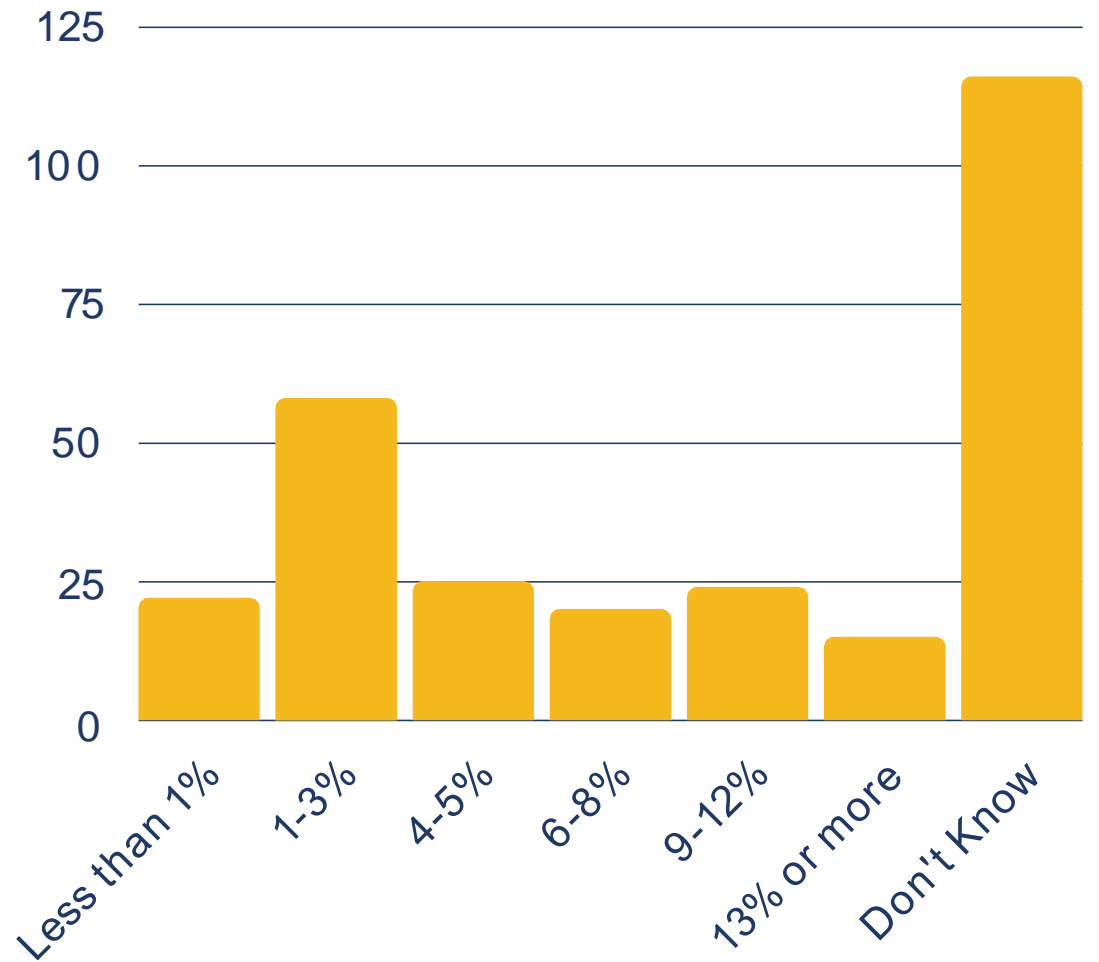
If your patient access department has clinical staff devoted to prior authorization, please check all types of clinician that your department employs in this capacity.

**Participants could select more than one**

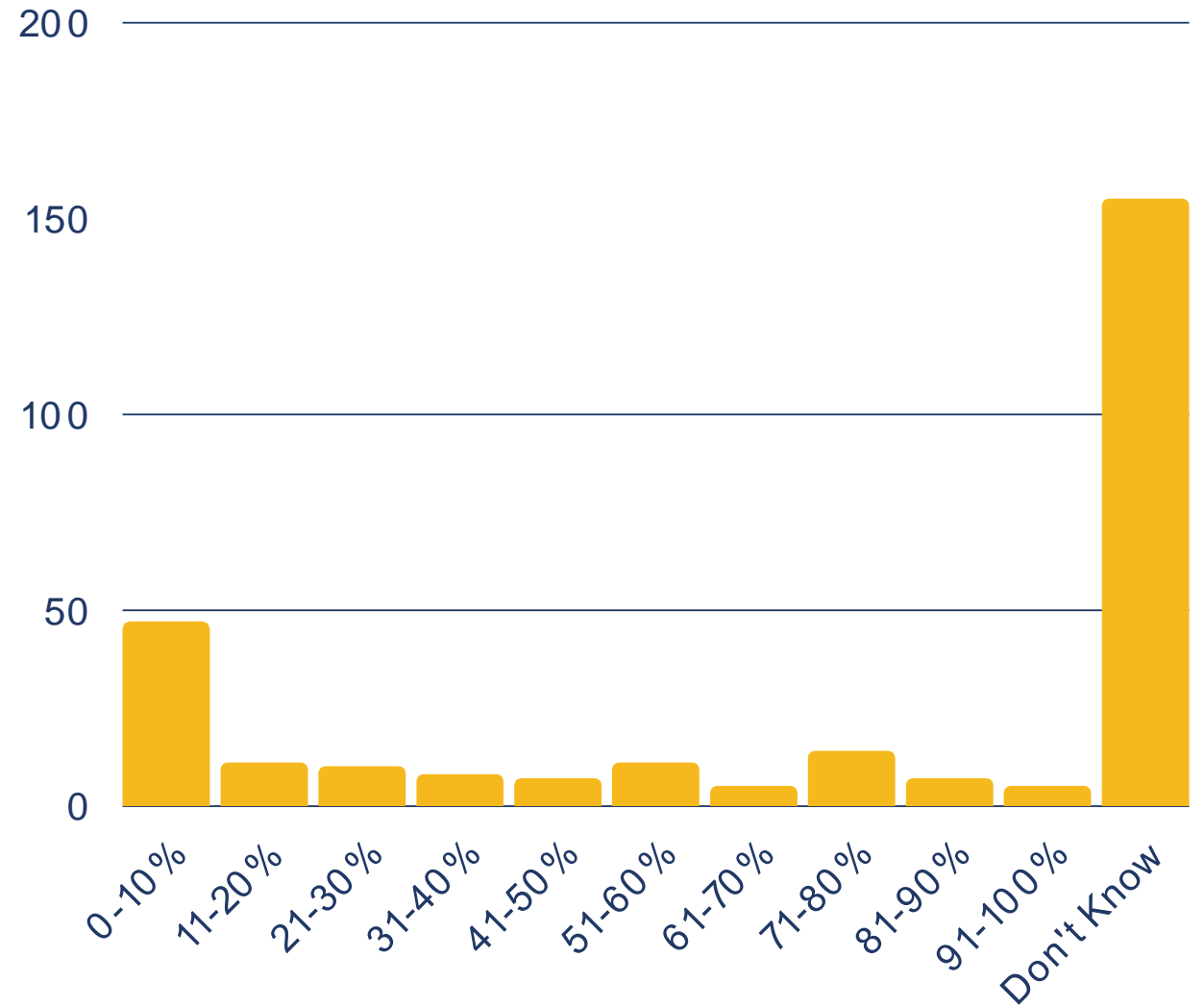




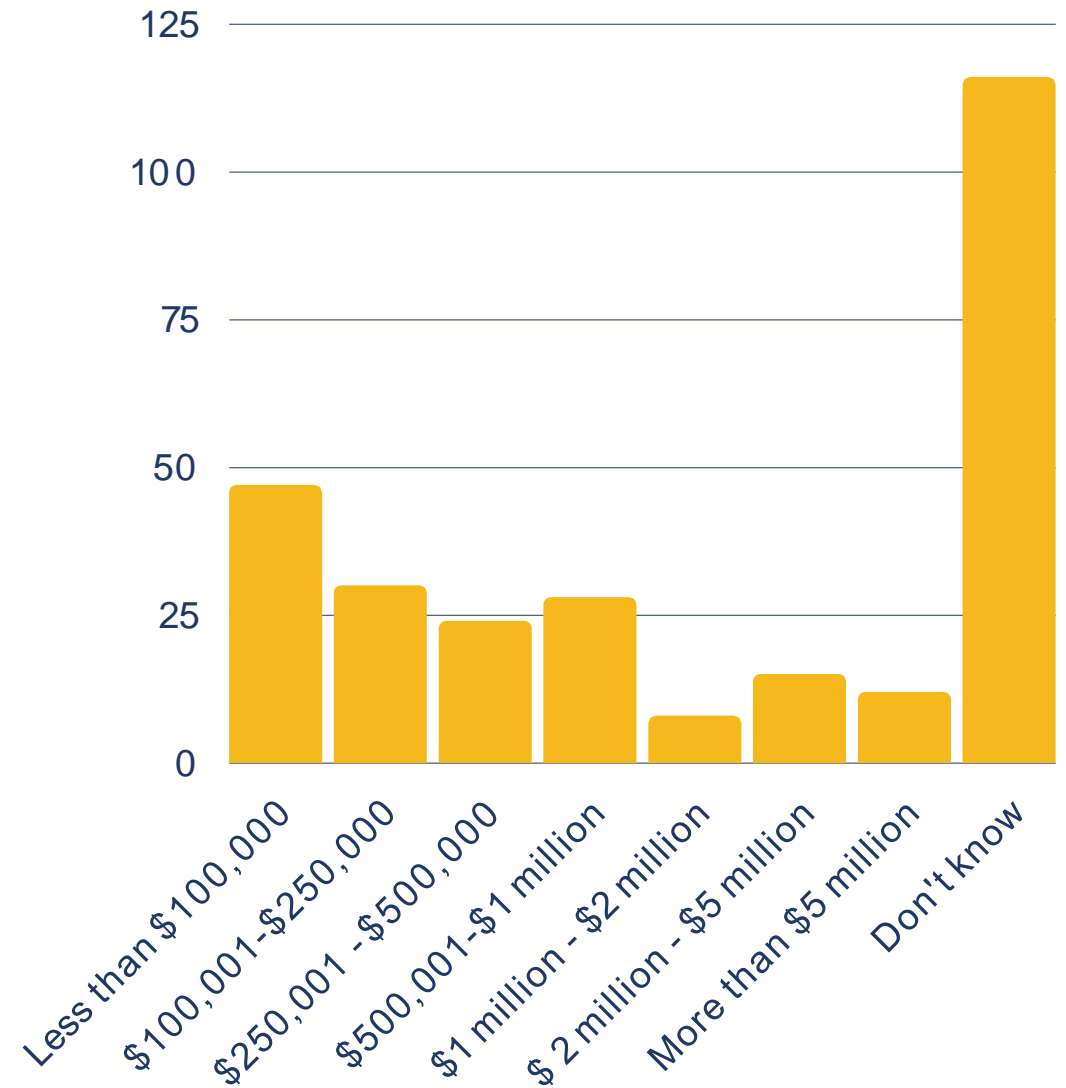
# What are your organization's initial/primary denial rates?



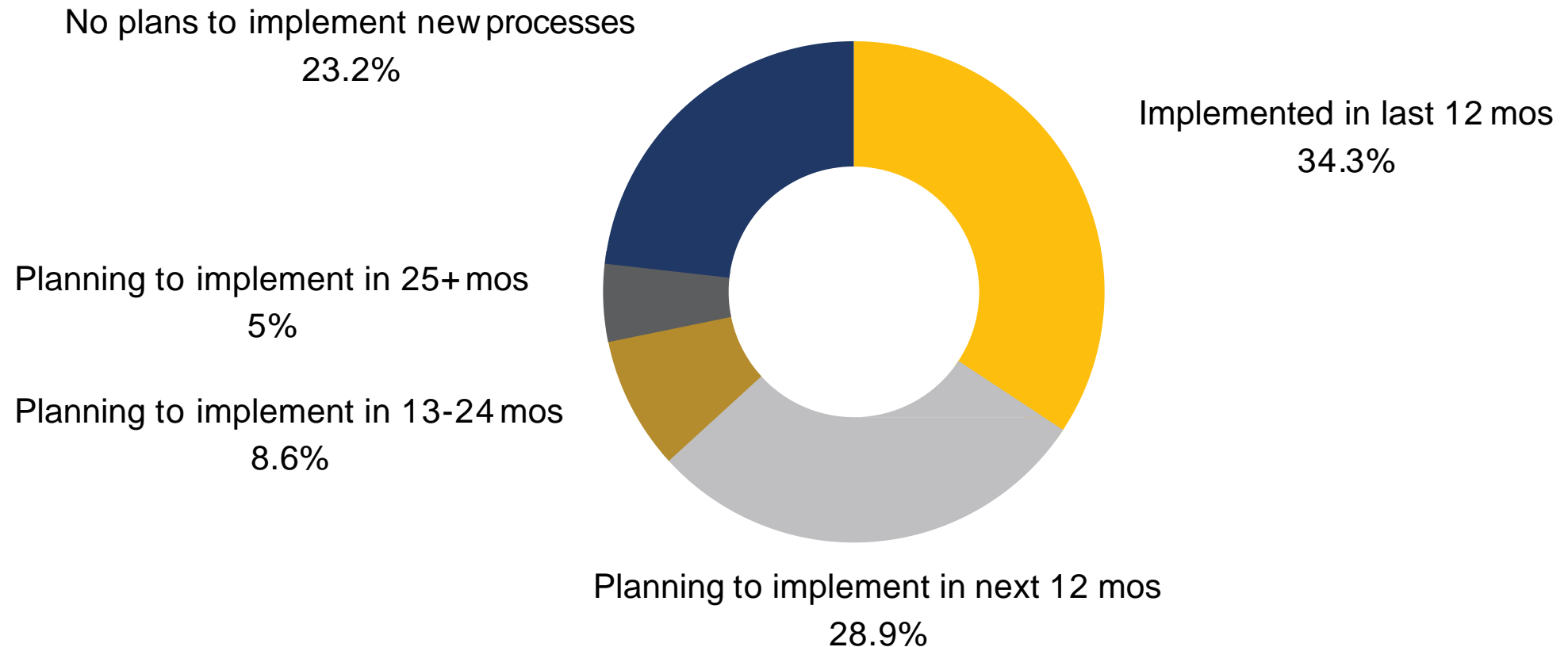
What percentage of initial/primary denials get turned over?



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?



# Please rate the degree to which you or your patient access department agrees or disagrees with these statements.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

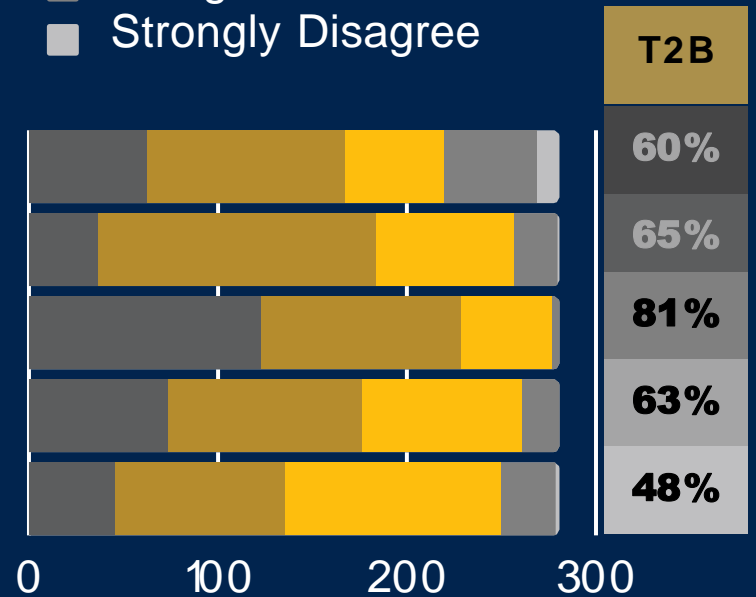
Patient care is delayed as a result of current PA policies.

Initial denials are often approved following appeal and/or peer-to-peer meetings.

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

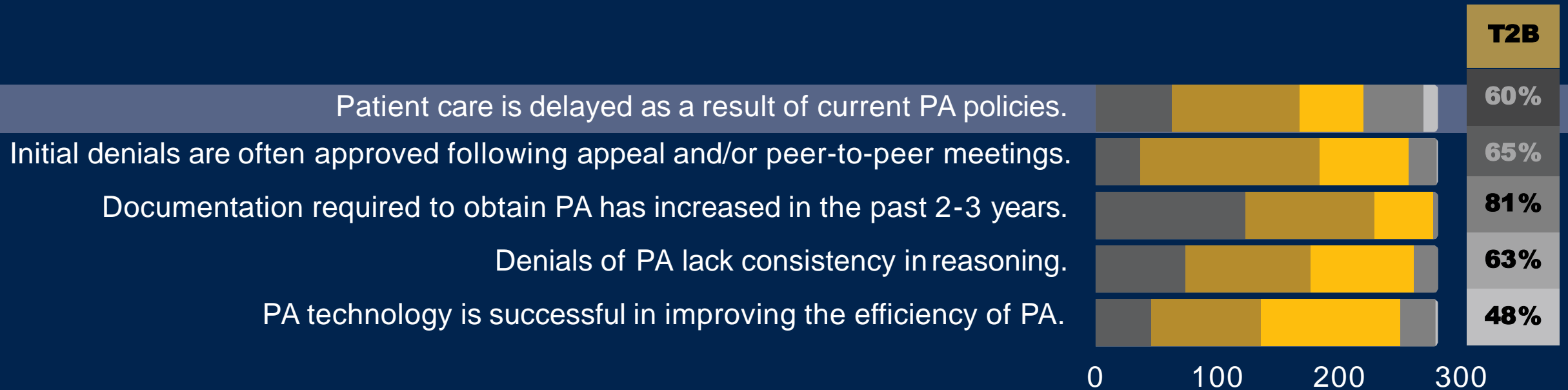
Denials of PA lack consistency in reasoning.

PA technology is successful in improving the efficiency of PA.



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.



T2B = Top two (2) boxes. Percentages displayed in this column represent the total of the percentages representing "strongly agree" and "agree".

65% of respondents think that initial denials are often approved following appeal and/or peer-to-peer meetings.

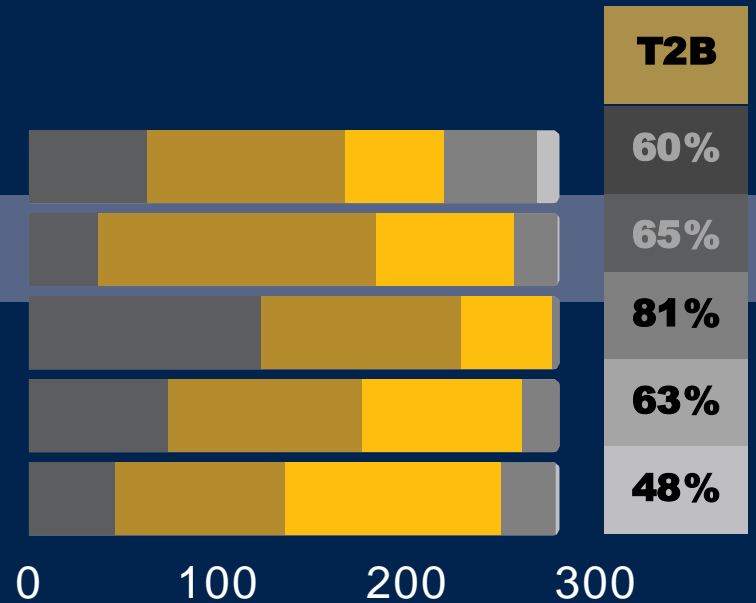
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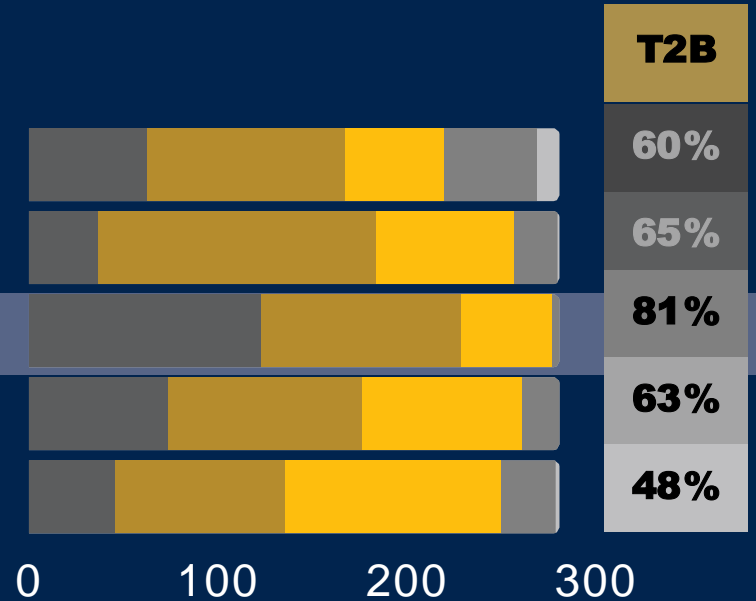
# 81% of respondents think that documentation required to obtain prior authorization has increased in the past 2-3 years.

Patient care is delayed as a result of current PA policies. Initial denials are often approved following appeal and/or peer-to-peer meetings.

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

Denials of PA lack consistency in reasoning.

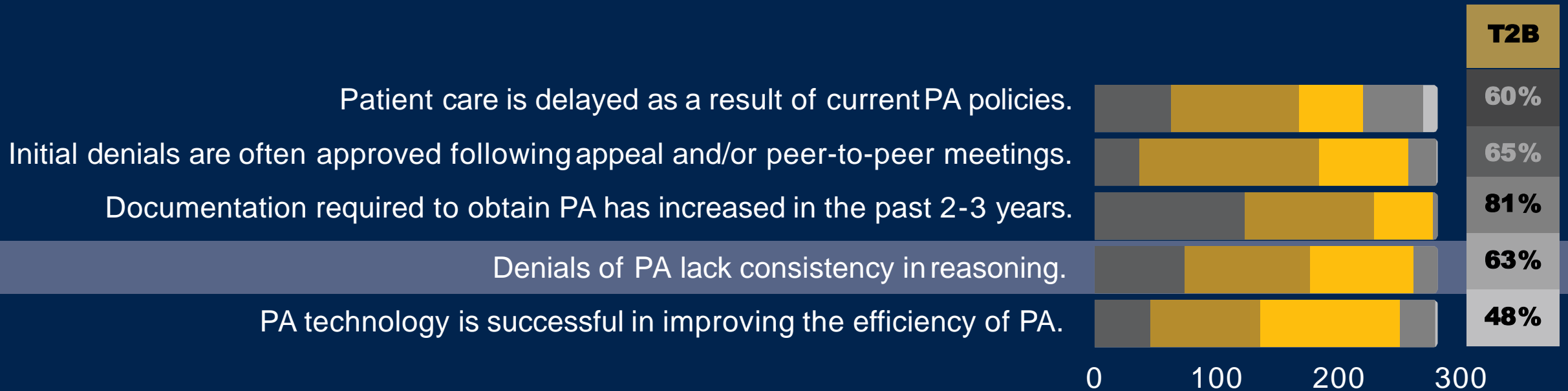
PA technology is successful in improving the efficiency of PA.



T2B = Top two (2) boxes. Percentages displayed in this column represent the total of the percentages representing "strongly agree" and "agree".



# 63% of respondents think that denials in prior authorization lack consistency in reasoning.



T2B = Top two (2) boxes. Percentages displayed in this column represent the total of the percentages representing "strongly agree" and "agree".

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

Patient care is delayed as a

result of current PA policies. Initial denials are often

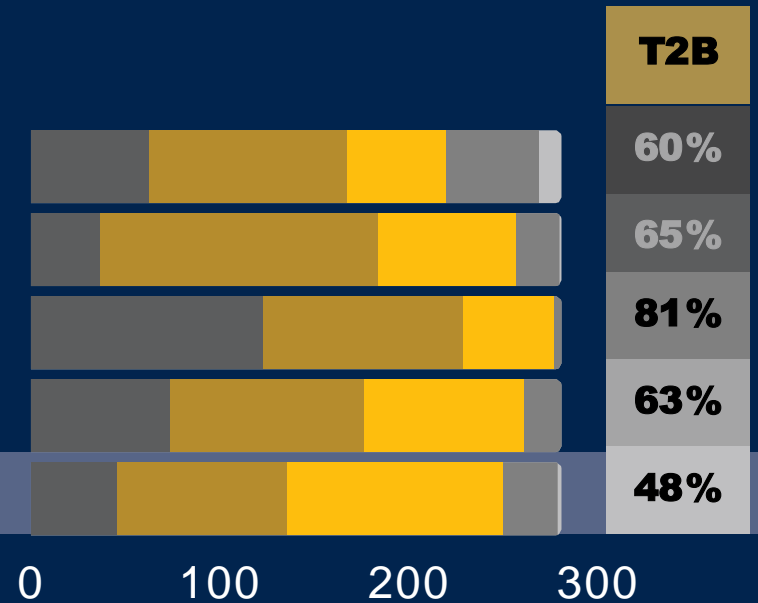
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Denials of PA lack consistency in reasoning.

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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".

If your patient access department has implemented any new processes or solutions to address aspects of prior authorization, please describe them here.

**Real-time eligibility**

- **Automation**
- **Training program**
- **Standardize workflows**

**Implementation of bots**



**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.**



**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.**





National Association of  
Healthcare Access Management

**Thank You!**

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 (202) 367-1125

# CORE Prior Authorization Overview

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Rachel Goldstein, Vice President, CAQH CORE

## Committee on Operating Rules for Information Exchange

### LEADING INDUSTRY

10

CORE Operating Rules Mandated Under HIPAA

CORE is a **trusted and independent operating rule author**. In addition to mandated operating rules, CORE offers operating rule sets for voluntary adoption.

### REDUCING BURDEN

\$18.3B

Cost savings opportunity by switching to fully automated transactions

The 2023 CAQH Index® estimated that 22% of money spent on administrative transactions could be saved by fully transitioning to electronic transactions. **CORE Operating Rules help facilitate and streamline electronic adoption.**

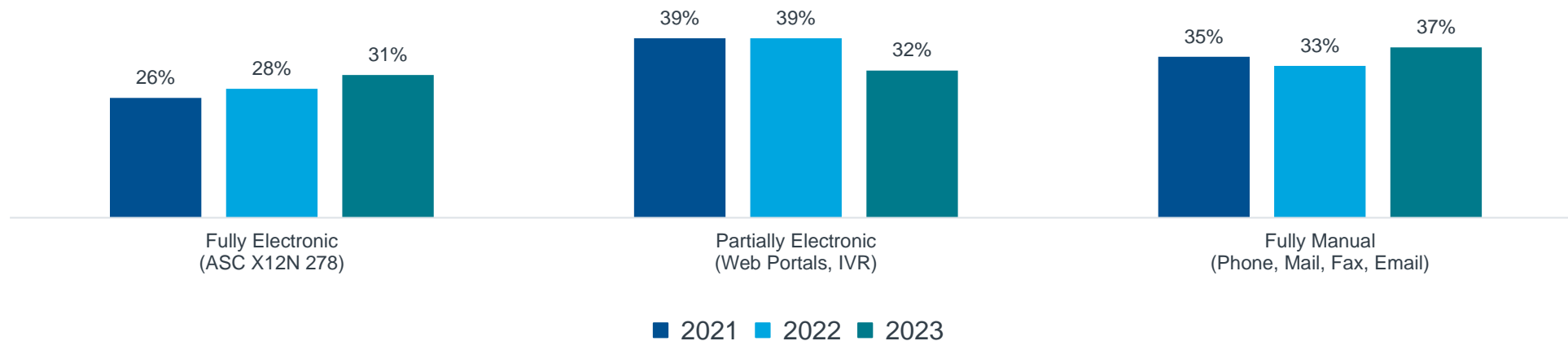
### ENSURING REPRESENTATION

100+

Multi-stakeholder Participating Organizations

From small provider organizations, to national health plans, CORE has the **unique ability to bring diverse industry stakeholders to the table** to tackle complex administrative problems together.

### Medical Plan Adoption



- **Adoption of electronic prior authorization** has been slowly increasing, but **remains one of the lowest** among the medical transactions.
- Conducting prior authorizations electronically or via a portal remains one of the most time-consuming administrative tasks: Providers indicated that they spent, on average, **11 minutes** conducting a prior authorization electronically and 16 minutes via a portal.



# How CORE is Supporting Electronic Prior Authorization Adoption

## Convening Industry to Close Gaps in Automation

### Research and Environmental Scans

CORE works with industry stakeholders to understand pain points related to specific topics, such as prior authorization through:

- **interviews,**
- **environmental scans, and**
- **advisory groups.**

### Operating Rule Development

When identified through industry feedback, CORE creates new and updated operating rules to **bridge gaps and support implementation of electronic standards.** For example:

- CORE Prior Authorization Attachments Rules
- CORE Connectivity Rule

### Tracking and Monitoring ROI

CAQH works with partner organizations to **measure the return on investment for electronic implementations.**

Utilizing electronic workflows, CORE, PriorAuthNow, and Cleveland Clinic measured value of implementing fully automated prior authorization workflows at Cleveland Clinic.

Findings included reduced turnaround time, significant reduction in staff time as well as reduction in pended responses.

# Prior Authorization Electronic Implementation

## How CORE Can Support Value Measurement

### The Centers for Medicare and Medicaid Service Interoperability and Prior Authorization Rule (CMS 0057)

#### Summary:

The final rule establishes technical infrastructure and workflow requirements for data transparency and exchange and aids coordination across care settings and changing health insurance coverage. This is accomplished through new and updated HL7 FHIR-based Application Program Interfaces (APIs).

Implementers have until January 1, 2027 to adhere to prior authorization API requirements.

#### CORE Support for Measuring Return on Investment:

- **CORE recommends impacted organizations monitor and measure ROI and demonstrate value of implementation.**
  - ✓ Measure implementation impact, workflow efficiency, and workflow accuracy
- **Benefits of early implementation:**
  - ✓ Effectively track and monitor return on investment (ROI).
  - ✓ Quantify the amount of capital investment or reduction of maintenance costs.
  - ✓ Pinpoint key workflow improvements including time spent and manual intervention.

Email: [core@caqh.org](mailto:core@caqh.org)

# Discussion

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# Questions

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# Upcoming Events



## Webinars

- **Dive into the X12 835 Transaction & Operating Rules**  
June 27<sup>th</sup> 2:00PM

[Register Here](#)

Sign up for all future CORE Webinars here:  
**[CORE Education Series](#)**



## Conferences

- **WEDI Spring Conference**  
Virtual
  - May 15<sup>th</sup> 2:45 PM: *Industry Collaboration to Improve Provider Data Quality*
  - May 15<sup>th</sup> 3:45 PM: *CAQH Index Report*
  - May 16<sup>th</sup> 12:45 PM *Standards Development and Operating Rules Organization Updates*
- **HFMA Annual Conference**  
Las Vegas, NV
  - June 26<sup>th</sup> 3:00 PM: *How CORE Operating Rules Streamline the Revenue Cycle: from Eligibility to Payment*

# Thank you!

*E-mail **CORE@CAQH.ORG** to Get Involved!*