BLOG

What is Prior Authorization and How Can It Be More Efficient?

With administrative costs rising and time-to-care delays on the rise, healthcare providers are under increasing pressure to streamline prior authorization workflows and improve patient access.

Author
Akasa Team
Marketing

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Prior authorization is a gatekeeper function that healthcare payers use to decide if a medical procedure, prescription, or treatment plan is medically necessary and cost-effective before it is approved. It's a critical step in the revenue cycle that directly impacts patient access and financial stability. In 2024, the system's pre-authorization policy paper stated that prior authorization "protects patients from unnecessary medical care and ensures the responsible use of resources, which benefits the entire system and the trust that exists between payers and providers."

What is Prior Authorization?

Prior authorization is a process where healthcare providers must obtain approval from payers before delivering certain medical services or prescribing specific medications. It acts as a gatekeeper function, ensuring that only medically necessary and cost-effective care is approved before it is delivered.

Payers use prior authorization to manage costs and ensure that patients receive the most appropriate and effective treatments. This process is crucial for maintaining the balance between providing high-quality healthcare and managing healthcare costs.

What happens if prior authorization is denied?

If prior authorization is denied, the healthcare provider may need to appeal the decision or consider alternative treatments or medications that do not require prior authorization. The denial can significantly impact patient care and may lead to delays in treatment.

Common questions about the prior authorization process

- How long does prior authorization take?
- Which medications require prior authorization?
- Is prior authorization a form of rationing?
- Can providers bill patients if prior authorization is denied?

> **Pro tip:** Leverage AI-powered automation, clear scope and communication with providers, and real-time eligibility checks to reduce denials and improve first-pass approval rates. Organizations that have implemented these strategies have seen significant improvements in patient satisfaction and revenue cycle performance.

Learn More About Prior Authorization Trends

The Cost of Ignoring Prior Authorization

Prior authorization trends to watch

Prior authorization is evolving from a manual, time-consuming process into a data-driven, automated workflow. Several trends are reshaping how payers and providers manage this process:

- Electronic prior authorization (ePA) is being mandated by CMS and state regulators, with payers required to provide real-time decisions and transparent status updates.
- Artificial intelligence and machine learning are being deployed to predict which claims will require prior authorization and to automate the submission and tracking of requests.
- Interoperability standards are being established to allow clinical data to flow between providers and payers without manual intervention.

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The cost of ignoring prior authorization

Prior authorization is not optional. Failure to comply with payer requirements can result in:

- Claim denials and payment delays
- Lost revenue from services that cannot be billed
- Regulatory penalties and audit risk
- Patient dissatisfaction and care delays

> **Pro tip:** Automate prior authorization to ensure compliance, track status and prevent denials before they impact revenue. Organizations that have implemented automated prior authorization workflows have reduced denial rates by up to 30% and improved first-pass approval rates by over 20%.

Discover the Digital Office of Healthcare Prior Authorization

Is costly prior authorization inevitable?

Prior authorization is a complex process that involves many stakeholders. When done right, it protects patients from unnecessary care and ensures the responsible use of healthcare resources. When done wrong, it creates administrative burden, delays care, and damages provider-payer relationships.

> **Pro tip:** Automate prior authorization workflows to reduce administrative burden and improve patient access. Organizations that have implemented automated prior authorization workflows have reduced denial rates by up to 30% and improved first-pass approval rates by over 20%.

How to Overcome Prior Auth Challenges With Automation

The hidden costs of manual prior authorization

Manual prior authorization creates a cascade of costly inefficiencies. Clinic staff spend hours on hold with payers, chasing down missing documents, and resubmitting denied requests. The administrative burden delays care, frustrates providers, and drains revenue that should go to patient care.

> **Pro tip:** Automate prior authorization workflows to reduce administrative burden and improve patient access. Organizations that have implemented automated prior authorization workflows have reduced denial rates by up to 30% and improved first-pass approval rates by over 20%.

Learn More About Prior Authorization Trends

Streamlining Prior Authorization

Prior authorization is a time-consuming process that delays patient care and drains clinic resources. Automation can reduce manual workload, speed approvals, and improve first-pass approval rates.

Discover how a multi-site pain management practice reduced prior authorization turnaround time by 40% and improved staff productivity by automating eligibility checks and prior authorization workflows.

> **Pro tip:** Automate prior authorization workflows to reduce administrative burden and improve patient access. Organizations that have implemented automated prior authorization workflows have reduced denial rates by up to 30% and improved first-pass approval rates by over 20%.

Discover How Digital Office of Healthcare Prior Authorization Streamlines Workflows & Improves Access

7 costly prior authorization mistakes

Prior authorization is a critical step in the revenue cycle that directly impacts patient access and financial stability. But many organizations still rely on manual processes that create delays, denials, and lost revenue.

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How to Overcome Prior Auth Challenges With Automation Technology

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Learn More About Prior Authorization Trends

How to speed up your prior authorization workflow

Prior authorization is a critical step in the revenue cycle that directly impacts patient access and financial stability. But many organizations still rely on manual processes that create delays, denials, and lost revenue.

Automating prior auth workflows doesn't mean a wholesale overhaul. It's about adding technology strategically to the parts of the process that cause the most friction. Here's where to start:

> **Pro tip:** Automate prior authorization workflows to reduce administrative burden and improve patient access. Organizations that have implemented automated prior authorization workflows have reduced denial rates by up to 30% and improved first-pass approval rates by over 20%.

Discover How Digital Office of Healthcare Prior Authorization Streamlines Workflows & Improves Access

Learn how one multi-site pain management practice reduced prior authorization turnaround time by 40% and improved staff productivity by automating eligibility checks and prior authorization workflows.

A Pain Management Practice Reduces Prior Authorization Workflow

Automated prior authorization 101

Automated prior authorization uses rules-based logic, predictive analytics, and AI to streamline the prior authorization process. It can automate:

- Eligibility checks
- Clinical documentation completeness and medical necessity
- Form and data completeness
- Real-time status updates

Automated prior authorization can reduce manual workload, speed approvals, and improve first-pass approval rates. It can also free up staff to focus on complex cases that require human judgment.

> **Pro tip:** Automate prior authorization workflows to reduce administrative burden and improve patient access. Organizations that have implemented automated prior authorization workflows have reduced denial rates by up to 30% and improved first-pass approval rates by over 20%.

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Prior auth processes best suited for automation

Not all prior authorization processes are equally suited to automation. The best candidates are those with high volume, clear rules, and predictable outcomes. Start with these processes to build confidence and demonstrate ROI:

- Routine, high-volume procedures with clear medical necessity criteria
- Medications with standard prior authorization requirements
- Referrals with predefined clinical documentation requirements

> **Pro tip:** Automate prior authorization workflows to reduce administrative burden and improve patient access. Organizations that have implemented automated prior authorization workflows have reduced denial rates by up to 30% and improved first-pass approval rates by over 20%.

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Evaluating prior authorization vendors

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How To Evaluate Prior Authorization Vendors

Automating Your Prior Auth Processes

Healthcare providers spend hours on the phone with payers, chasing down missing documents, and resubmitting denied requests. The administrative burden delays care, frustrates providers, and drains revenue that should go to patient care.

The manual prior auth nightmare and various ways there's no time to do it yourself

Automating prior authorization doesn't mean a wholesale overhaul. It's about adding technology strategically to the parts of the process that cause the most friction.

Utilize Automation Management to create an integrated workflow that ensures consistent, compliant, and efficient prior authorization processes. Automation Management can:

- **Automate eligibility and benefits verification:** Automatically verify patient eligibility and benefits in real-time, reducing manual effort and ensuring accurate information.
- **Generate and submit prior authorization requests:** Automatically generate and submit prior authorization requests to payers, ensuring timely and accurate submissions.
- **Track and manage prior authorization status:** Automatically track the status of prior authorization requests and provide real-time updates to providers and patients.
- **Integrate with payer portals and APIs:** Seamlessly integrate with payer portals and APIs to streamline the exchange of information and reduce manual data entry.
- **Provide real-time decision support:** Provide real-time decision support to providers, ensuring that they have the information they need to make informed decisions about prior authorization requests.

Automating prior auth processes can significantly improve efficiency, reduce denials, and improve patient access. By leveraging technology strategically, healthcare providers can free up staff to focus on complex cases that require human judgment, improve revenue cycle performance, and ultimately improve patient care.

Learn How Automation Management Can Help Your Organization Streamline Prior Auth Workflows

Your Prior Auth Vendor Backfile Is Costing You Time, Revenue, and Patient Access. Let's Fix That.

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