

Automation and Interoperability: Innovating Prior Authorization to Improve the Patient Experience

Inefficient manual authorizations cost providers time and money. Innovations such as automation and interoperability can help streamline processes and minimize the potential errors and delays that impact speed, revenue, and the quality of the patient experience.

In this whitepaper, learn more about:

- The state and impact of prior authorization today
- How automation can help to solve the manual-authorization process
- Why interoperability is the future for prior authorization
- And more!

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White Paper

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A graduate of the University of Wisconsin's Carlson School of Management, Andrew has held leadership roles spanning implementation, sales, and product management. He's currently focused on developing solutions to address the problem with manual prior authorization that provider and payer organizations face today.

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How innovation can help reduce healthcare providers' struggle with manual-authorization processes

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How Automation Can Solve the Manual-Authorization Process

From appointment scheduling to enrollment, clinical care, and billing, the patient experience is a series of processes that needs to work together to reach the best outcomes for both patient and provider.

Among those processes, prior authorization is one of the most costly and time-consuming administrative processes within the U.S. health system.

A predominantly manual process that includes phone calls, access to web portals, fax, or even mail, prior authorization is vulnerable to manual errors, delayed completion, and other issues that are inherently error-prone and inefficient. Poor prior authorization processes can lead to lost revenue, contribute to clinician burnout, and result in delayed patient care and even adverse outcomes.

Each year, as patient numbers rise, authorization volumes increase—and the cost of authorizations rises along with them.

In 2019, a study by the Council for Affordable Quality Healthcare (CAQH) estimated that the U.S. healthcare system spends \$40.6 billion on complex manual and partially electronic administrative processes. The study concluded that 37% of that could be saved by transitioning to fully electronic processing.¹

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