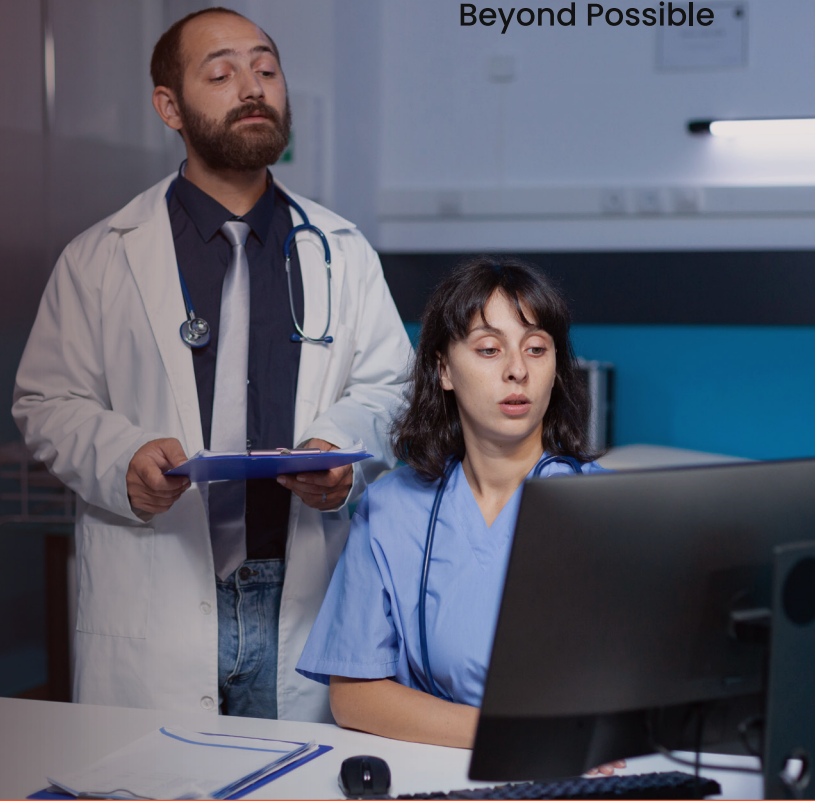**Case Study**

Transforming Prior Authorization with

AI-Driven Solution

→

Client Context

In today's rapidly evolving healthcare landscape, payers are increasingly seeking efficient and accurate solutions to streamline the prior authorization process. Today, the American Medical Association (AMA) reports that physicians spend 16 hours per week on authorizations, with almost 90% stating that authorizations delay access to care. Traditionally, the prior authorization process has been time-consuming and often prone to human error, resulting in delayed approvals and frustrated healthcare providers. Payers who would benefit from our automated tool include insurance companies, managed care organizations, and third-party administrators. These organizations deal with a vast network of healthcare providers and need a system that can efficiently handle the sheer volume of authorization requests.

The Challenge

High Volume

The prior authorization requests for a payer come in high volumes to get approved and checked manually, provoking more manual errors.

Delayed Care

Due to the high volume and long process, the delay in care is a major concern.

Tredence Solution

The goal was to build an innovative software solution to address approvers' challenges in managing the prior authorization process. By leveraging cutting-edge technology and best practices, we wanted to streamline the workflow with the help of the available medical coverage guidelines, enhance the accuracy, and improve the overall efficiency of prior authorizations, alongside reducing the time and cost required for the process while conducting manually.

The Approach

Due to the Prior Authorization requirement for a wide range of pharmacy and medical services, our initial focus was on specific segments, such as particular medications and advanced imaging procedures.

This tool incorporates advanced machine learning algorithms and medical guidelines to autonomously assess authorization requests, reduce the necessity for manual reviews, and expedite decision-making.

The tool is designed to seamlessly integrate with the most current medical guidelines, guaranteeing that authorization decisions adhere to the latest standards of care and clinical best practices. Our robust design and engineering efforts have resulted in the creation of user-friendly web portals, allowing approvers, requestors, and executives to easily check and monitor the status of the requests. This approach promotes transparency and empowers all stakeholders. Additionally, we have implemented automated triggers and responses to expedite the end-to-end process for payers.

Furthermore, our solution is highly scalable and capable of accommodating the increasing demands of payers while maintaining the highest data security standards and compliance with healthcare regulations.

Business Impact

Enhanced Efficiency
Automated decision-making reduces the need for manual reviews and provides real-time adjudication.

Improved Provider Relations
Faster response times and transparency can enhance provider satisfaction and relationships.

Reduced Risk of Errors and Cost
Automation reduces the risk of manual errors in the authorization process, improving accuracy and reducing the likelihood of costly claims disputes.