Automation accelerates response time for prior authorizations

Client is a large American health insurer offering a wide range of health and life insurance benefits and services.

This payer was looking to modernize their utilization management processes (managing the cost of health insurance benefits by assessing appropriateness using rules and logic) to improve patient care, eliminate unnecessary costs, and support regulatory compliance.

Challenges

◆ Patient request response time delayed from time consuming disconnected systems

◆ Costly errors were being made in prior authorization requests from manual decision making

◆ Struggled adapting to evolving care expectations and regulations

◆ Inefficient legacy system had limited functionality and was expensive to maintain

Solutions

◆ Built a configurable solution with business logic for prior authorization requests to reduce manual decision making

◆ Integrated with internal and external systems for membership, eligibility, providers, and more

◆ Automated workload routing to reduce manual intervention

◆ Captured audit history data for improved regulatory compliance

Results

▶ Saved the payer **millions of dollars per year**

▶ Improved patient request response time **from days to minutes**

▶ Reduced approving wasteful and **unnecessary services**

▶ Enhanced regulatory **reporting**

▶ Eliminated multi-day **system downtime**