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health

Managing growth through automation and integration

Multi-specialty, academic, non-profit healthcare delivery system increases productivity and improves resource efficiency

The prior- and pre-authorization inquiry processes within patient access can be challenging for healthcare providers; as it is often manual and cumbersome, and steps within the process can be missed or poorly integrated—frustrating both staff and patients.

Challenge

With an expected 25 percent growth in authorization volumes over the next two years, a southeast-based multi-specialty, academic, non-profit healthcare delivery system client needed an authorization solution that would enable the surgery, radiology, clinic, and clinical review teams to "do more with less" in managing payer requirements.

Their centralized prior-authorization team supports 20 health centers and over 60 clinic locations, with an off-site revenue cycle-based department. The team is comprised of 102 FTEs, including 15 RNs/LPNs.

Like many healthcare organizations, their workflow consisted of manual processes via phone and fax, followed by "follow-up, follow-up, and more follow-up", as well as countless non-value touches—all of which negatively impacted accounts receivable and patient financial education/information lead days.

The main challenges included:

- Continuous volume growth
- More demanding payer requirements
- Greater shift towards patient responsibility
- Expectation to "do more with less"
- The need to streamline, eliminate non-value added touches

Solution

This client sought an authorization management solution with three primary requirements:
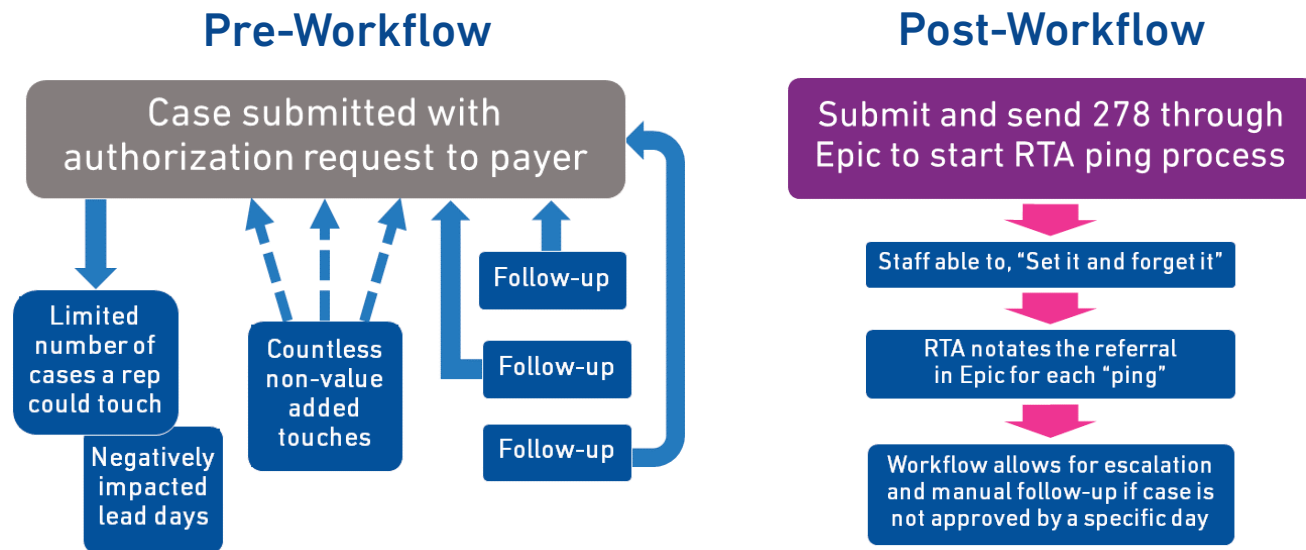
1. Streamline the authorization process; making teams more efficient
2. Integration with their Epic workflow
3. Reduce denials

Starting with surgery and using "lean" methods to evaluate workflows, this organization implemented Experian Health's **Passport Authorizations** (formerly OrderRite) real-time into its workflow to **streamline and facilitate its prior-authorization inquiry process.**

"We needed an authorization solution that was integrated within our Epic workflow, easy-to-use and that our team could rally behind. We found that solution in Experian Health's Passport Authorizations tool."

— Director, Pre service Center, multi-specialty, academic non-profit healthcare delivery system

Pre-Workflow

Post-Workflow

- Investigate which payers may have an issue with this software
- Continually monitor, test, and tweak as payer responses dictate

Results

Experian Health's Passport Authorizations helped this healthcare delivery system client increase efficiency and empower its staff to spend more time with patients discussing estimated liability and financial responsibility as well as providing them with payment plan options.

Inquiries are now completely automated and take place behind the scenes without user intervention.

"The Passport Authorizations solution has helped us increase both staff and patient satisfaction, and created best practices and tips on how a real-time authorization management tool, along with a 'lean mentality,' can help staff work together to improve processes."

— Director, Pre-service Center, multi-specialty, academic non-profit healthcare delivery system

Best practices

This healthcare delivery system recommends the following best practices for an organization to implement an authorizations management solution:

- Get all team members and stakeholders on the same page at time of build

Results snapshot

- Increased productivity
  » Positive impact on surgery lead days, moving from 6 to 12 in less than 4 months
- Reallocation of 10 full-time surgery employees to different authorization teams
  » Allowed healthcare organization to add service lines, bolster other authorization teams, and create a new financial estimation team
- Positive user feedback and impact
- Currently live with radiology, seeing very impactful results
- Future rollout
  » Medication injections
  » Chemotherapy and infusion

This case study is representative of an actual product implementation from Experian Health. For legal reasons, the client's identity must remain anonymous, and for the purposes of this case study, the client is referred to as "healthcare delivery system" or "healthcare organization".