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HEALTH SOLUTIONS®

Revolutionizing Patient Care: A Journey to Streamlined Prior Authorization

About

Tenet Healthcare is a leading health system with more than 465 ambulatory surgery centers and surgical hospitals, 61 hospitals, and approximately 110 additional outpatient centers and other care sites. Tenet provides medical specialists and service lines tailored to each community they serve.

Challenge

Tenet was experiencing long prior authorization turnaround times and it was beginning to have a significant impact on its patients' health outcomes. They knew that to address this challenge they would need to improve communication and collaboration between physicians, insurance providers, and other stakeholders involved in the process. They also knew that automated prior authorization technology could help streamline the process and reduce the time spent processing authorizations.

Solution

Conifer partnered with a solution to automate authorization work in two distinct ways. First, a rule set of authorization requirements by CPT code. The rules are significant with up to 1.9M at the group plan level. Second, using bot technology to obtain the authorization status from the payor portals. Once obtained, the authorization number is automatically posted back into the HOST/EMR and requires no staff intervention.

Results

Tenet has been able to improve its prior authorization turnaround times significantly. The automated prior authorization solution has also helped reduce the burden on staff through more streamlined processes. It has also positively impacted patient care, allowing for more timely access to services and treatments.

> *"The authorization automation solution has improved our financial performance by making our authorization process more efficient and accurate, while also reducing our costs and write-offs. It has been a valuable investment for our healthcare organization."*

Steve Gilmore,
CFO South Carolina

Tenet tracked a number of metrics by which to measure the effectiveness of the new automated authorization solution. The results were impressive and included the following:

- **Accounts qualifying for automation.** This metric measures the percentage of accounts that can be processed through automation. Tenet's metric averaged 33%, indicating that only a third of its accounts were eligible for automation. This suggested that the authorization process is more complex or has more exceptions requiring manual review.

- **Automation rate.** The prior authorization automation rate is a measurement of the percentage of authorizations that are processed without manual intervention. The organization's weekly post-go-live measurements showed an impressive automation rate of 93%, which continued to improve in the following weeks and reached a peak of 95% in weeks five and six.

- **Missing CPT codes.** Identifying the percentage of obtained/missing CPT codes was essential for the kick-off of the solution process. In this case, the average percentage of obtained codes was 69%, which indicated that further improvements were needed in the accuracy and completeness of the authorization requests.

- **Number of accounts automated each week.** This metric tracks the efficiency and effectiveness of the new authorization automation process. It can help identify trends and patterns in the volume of authorizations being processed, allowing healthcare organizations to allocate resources more effectively and adjust staffing levels as needed. Tenet's weekly average of automated accounts was 1,802, a significant achievement.

- **Denial rates.** This metric is used to track improvements in the weekly average of initial denials that were automated compared to those that were not. Tenet achieved average automated denials of $40k compared to $202k for non-automated denials, a significant improvement and critical success metric for financial performance.

- **Write-offs.** A reduction in write-offs equates to increased revenue. The total amount of write-offs resulting from authorization-related issues before go-live averaged $24,500 a week. The post-go-live total was just $875 since April of 2021, indicating a significant improvement in the accuracy and completeness of the authorization process.

"Implementing the authorization automation solution has had a transformative impact on our hospital's financial health. The streamlined process has minimized errors and greatly reduced the time and effort invested in manual authorization tasks. This not only enhances our revenue cycle but allows our financial team to focus on strategic initiatives. It's proven to be an invaluable tool in improving our overall financial efficiency."

Ryan Nelson
GCFO, Tennessee

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