

Drivers and Restrictions in The Field of Prior Authorization

More than 31 billion is the annual cost with the [prior authorization](#) procedure. The practices are strongly affected by the management standards of clumsy practices that further delay the patient care process. Another important aspect is the overturning nature of administrative activities that further blocks front-end staff, nurses and doctors who spend hours and hours on paperwork and telephone

The biggest challenge facing any medical practice will be to ensure that they have maximum time for their patients while at the same time managing their requests for prior authorization. Patients are delayed in the prescription and, finally, the abandonment of the medical procedure.



Bureaucratic procedures / loss of time and money with manual Prior Authorization

Timely attention is crucial and suppliers must make the most of technology to improve speed and concentration with prior authorization. Over 869 million hours are spent each year to obtain prior authorization. Without a doubt, there must be better processes, better practices to speed up the whole process. It has been discovered that primary care nurses spend an estimate of almost 13.1 per week prior to authorization.

With over 90% of Prior Authorization requirements requiring a fax or phone call, the estimated costs for completing these requests are from \$ 2000 to \$ 14,000 per doctor per year! A lot of money and work are exhausted in this process, considering the fact that

billions of prescriptions are ordered each year and prior authorization represents 2% -4% of these recipes.



Technology and the way to go in the electronic Prior Authorization

Statistically and almost certainly, electronic Prior Authorization solves many challenges that cost about \$ 2.78 per transaction compared to a manual process of \$ 10.78 per transaction. However, the pain is elsewhere, the payers' portals and the effective integration of the EMR for smooth communication are still worrying. The individual workflows of insurance companies also represent an area of great challenge for the greater pain of preventive authorization.

Making optimal use of technology as a medical practice, it will be evident a simplified intervention in the configuration of the administration of his practice. A quality income cycle management company will be relevant to provide you with adequate resources, better processes that will help you free internal staff. Your focus on better patient care will become a reality with the right provider who can add value by working as a maximum operational extension.

The reduction of operating expenses by establishing the appropriate checks and balances will establish the reference value in a simplified prior authorization procedure. It often becomes evident; the internal administrative staff does not have the skills, the correct process of knowledge of the extraordinary practical administration and the billing software available on the market. By reducing operating expenses, letting administrative staff overshadow and improving efforts to maximize value-based care opportunities, set the response to a healthy medical practice. Effective communication of the end of the payer, validation and verification of the request for prior authorization, verification of the status of admissibility, initiation of the PA request on the basis of insurance claims, collection of important documents and carrying out specific activities will be important with a specialized intervention.

Source: <https://priorauthonline.com/>