Increasing Patient Access to Diagnostic Services Through Prior Authorization Process Improvement

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Background

Prior Authorization is a health insurance management process used to determine if a product or service like a diagnostic service will be paid for in full or in part (The National Board of Prior Authorization Specialist, 2020).

During 2019, the yearly average turnaround time for diagnostic services at SBH Health System was 24 days. In 2020, we were able to reduce the turnaround time to 1.76 days.

Ambulatory Care seeks to expand the prior authorization process to support additional ambulatory care services and further reduce the prior authorization turnaround time to within 1 calendar day.

Aim

Project Title:
Increasing patient access to diagnostic services through prior authorization process improvement.

Aim Statement:
Reduce turnaround time for diagnostic prior authorization approvals from 1.76 to 1.0 calendar days over 3 years.

Plan

- Develop triage processes to determine potential barriers to prior authorization approval. Create awareness and education plan for physicians and support staff
- Focus on addressing requests with an extended time to resolution (e.g., requests that result in denials and peer to peer)
- Update referral process during transition from Allscripts to EPIC
- Train additional team members to provide back-up coverage
- Hire additional prior authorization staff to increase capacity

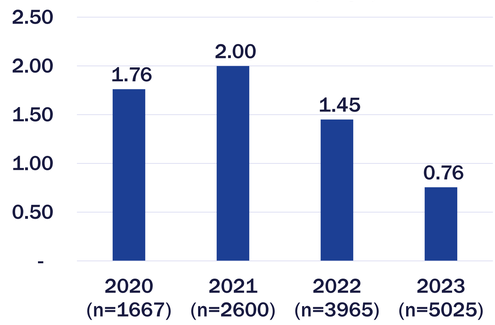
Do

- Review requests to identify potential conflicting information. Validate provider note is completed. Validate whether prior authorization requests were already submitted or expired. Perform eligibility checks prior to submitting requests
- Educate providers on payer requirements (e.g., ordering x-rays before MRI for specific diagnostics) to avoid denials
- Expand portal access to include additional payers (e.g., Navinet, Availity, Carelon) login
- Shift prior authorization requests from Phycare to SBH
- Validate whether Allscripts orders transitioned to EPIC. Orders are needed to schedule diagnostics appointments. If not, transcribe orders in EPIC

Study

- Collect data on all prior authorization requests received, and turnaround time to completion.
- Study turnaround time data to identify average times, and intervene where problems are identified.
- Analyze and report data on a monthly basis.
- Update process to incorporate EPIC workqueues and transcribe Allscripts orders if missing in EPIC

Chart: Average Prior Authorization Turnaround Time in Days



Act

- Enhance communications with service directors, physicians, and nursing teams
- Continue efforts to resolve requests that experience processing delays
- Strengthen communication process within Ambulatory Care and Diagnostic Services teams so that all stakeholders receive rapid updates on the status of request

Progress Report

Through this Performance Improvement Project, the average monthly turnaround time was reduced from 1.76 to an average of 0.76 days in 2023.

In addition, the interventions implemented helped increase capacity. During 2020, there were 1667 prior authorization requests for diagnostic tests. We were able to increase the capacity by 300% to 5025 prior authorization requests in 2023.

Next Steps

Develop process to track whether patients completed diagnostics services.

- Appointments scheduled ASAP to allow time to reschedule patient no shows before prior authorization expires
- If prior authorization expires in 30 days then appointment is scheduled within a 15 day timeframe. If patient misses the appointment we still have 15 days before the prior authorization expires

Contact Information

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References

The National Board of Prior Authorization Specialist. (2020). What is Prior Authorization? https://www.priorauthtraining.org/prior-authorization/

Acknowledgements

SBH Health System Ambulatory Care Quality Assurance and Performance Improvement Committee.