

# Smart. Fast. Efficient.

Intelligent authorizations designed to help reduce payer back office spend with faster decisions.

It's no secret that current prior authorization (PA) processes are known for being labor intensive, time consuming and costly for the payer and provider. Because of this, 75 percent of providers share that the PA process led to treatment abandonment, which negatively impacts value-based contract outcomes.<sup>1</sup>

## Why automate?

With providers spending \$82,975 on average annually to deal with the PA process, provider groups are now seeking greater value from payer contracts.<sup>2</sup> The payer PA process may also impact the payer back office operations and Clinical Reviewers who spend large amounts of time reviewing authorization requests that require complex decision making before a provider is approved to deliver care.

### The PA challenges payers face include:

- + **COSTLY PROCESSES** – Current PA processes are known for being capital and labor intensive, time consuming and costly for the payer, especially when adjudication processes are outsourced to third-party vendors.
- + **CARE VARIATION** – Staff are burdened with manual processes to extract patient facts from multiple sources and then compare to guidelines. Additionally, there can be high variation in care from clinician to clinician reviewing patient data. The current process takes time, resources and can slow down decision making, which may negatively impact patient care
- + **ELIGIBILITY AND NECESSITY** – Provider groups are demanding faster service in their contracting with the payer. Validating patient eligibility and clinical necessity requires review by staff, including Clinical Reviewers. This can be time consuming and take days before a decision is made and providers can deliver care.

## Why Premier?

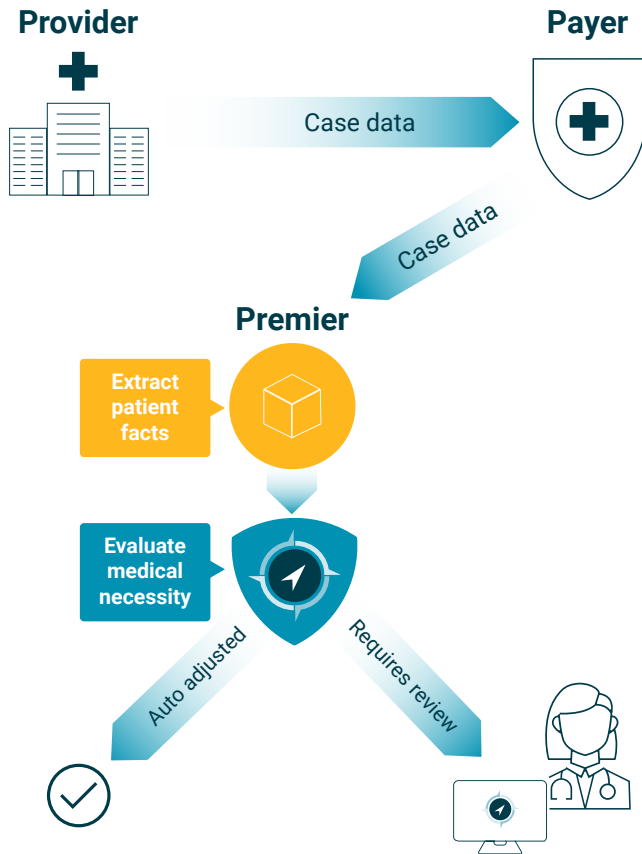
Premier's automated PA solution – focused on the payer back office – is designed to enable real-time adjudication based on your complex medical guidelines and may be integrated directly into your existing utilization management systems.

- + **ANNUAL SPEND REDUCTION**, helping reduce your PMPM to as little as \$0.10, by automating PA decisions in the payer back office where many routine decisions can be made real-time. By delivering a decision quickly and efficiently, Clinical Reviewers can have more time to focus on the most complex cases.
- + **SMART, INNOVATIVE TECHNOLOGY** using natural language processing (NLP) and machine learning (ML) to extract patient facts from multiple types of submitted data (portal submissions, pdfs, faxes, etc.) offer fact inference and then evaluate data from payer systems to help get to decisions much faster, which may result in improved provider satisfaction and better patient care through lowered treatment abandonment.
- + **REAL-TIME APPROVAL** on PA requests being reviewed in the payer back office. This is designed to validate a patient's eligibility and clinical necessity and may minimize the need for human review, therefore helping to eliminate administrative waste for further clinical review and back office resources.



# Automated Prior Authorization

Powered by Stanson Health



Learn more about automating your PAs in the back office.

[www.stansonhealth.com/authorization-payer](http://www.stansonhealth.com/authorization-payer)

## How do I get started?

**1 Start with a feasibility assessment to generate metrics for automated adjudication based on payer portal data. The goal is to understand, exclusively from your data, the following:**

- + How often can the solution auto-approve / deny a case?
- + How many relevant facts can the solution automatically find?

**2 Provide data including 1 CPT code from a set of 60, including 10,000 charts to evaluate.**

**3 Apply NLP and ML to the data and offer analysis which can take 6-8 weeks.**

**4 Designed to forecast cost savings based on projected auto-adjudication capabilities.**

**5 Receive a customized plan to implement an automated adjudication solution supported by our Chief Technical Officer (CTO), including consultation time for integration.**

This is an advertisement for services. Results and savings will vary based on individual circumstances. Links are accurate at the time of publication.

1) 2018 AMA Prior Authorization Physician Survey, February 2018. American Medical Association, Chicago, IL. <https://www.ama-assn.org/system/files/2019-02/prior-auth-2018.pdf> Accessed June 3, 2019.

2) Morra D, Nicholson S, Levinson W, et al. US Physician Practices Versus Canadians: Spending Nearly Four Times As Much Money Interacting With Payers. Health Affairs 2011 30:8, 1443-1450. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2010.0893> Accessed May 20, 2019.

### About Premier

Premier Inc. (NASDAQ: PINC) is a leading healthcare improvement company, uniting an alliance of more than 4,000 U.S. hospitals and health systems and approximately 175,000 other providers and organizations to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, and consulting and other services, Premier enables better care and outcomes at a lower cost. Premier plays a critical role in the rapidly evolving healthcare industry, collaborating with members to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Headquartered in Charlotte, NC, Premier is passionate about transforming American healthcare. Please visit Premier's news and investor sites on [www.premierinc.com](http://www.premierinc.com); as well as Twitter, Facebook, LinkedIn, YouTube, Instagram and Premier's blog for more information about the company.



©2020 Premier Inc.  
All rights reserved.