



SUNKNOWLEDGE

ONE WORLD ONE SUN



PRIOR AUTHORIZATION SUCCESS STORY

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THE SUN KNOWLEDGE PRIOR AUTHORIZATION ACTION PLAN: ACHIEVING LONG TERM GROWTH FOR DIAGNOSTIC RADIOLOGY CENTERS

A collaborative approach, unique implementation and methodology in process transition, developed over the years by effective liaison with major healthcare providers, Sun Knowledge services Inc. has the perfect plan in prior authorization.

This white paper illustrates the best practices approach with one of our esteemed clients in diagnostic radiology. As a pioneer revenue cycle management company, our streamlined intervention has helped them achieve a 12% increase in revenue as well as cost reduction by 50%.





A leading healthcare provider in Indiana, there profile constitutes:

- Contracts with **Medicare and Medicaid**
- Commercial contracts with **Aetna, BCBS, Cigna and UHG etc.**
- Key services: **Diagnostic imaging exams, including PET/CT, MRI, CT, Nuclear Medicine, Mammography, Ultrasound, and X-ray**

EXISTING PRIOR AUTHORIZATION PROCESS

Their existing prior authorization process involved:

- *An ECW system called the jellybean is used to task the process of prior authorization. The authorizations are initiated and documented in the ECW system. With a valid call reference payer communications are documented.*
- *After authorization approval payer communication is uploaded in the ECW system after receipt post which the services are rendered.*

THE PAIN OR CONFLICT

Poor realization of prior authorization was observed despite significant growth in the patient base. Here are the causes and the aftermaths.

SL.	CAUSED BY	LEADING TO
1	<ul style="list-style-type: none">• Lack of adequate staffing• Delayed submission of authorization• Absence of proper follow-up• Non-trained staff	Reduced authorization approval Inadequate data to support management's decision making
2	<ul style="list-style-type: none">• Operation reports lacking• Focus to give clarity on day to day activity• Full visibility on each authorization submitted,• Lack of call reference no. on approval for validation	Poor visibility & Reduced strategic directives



The transition was performed in phases to avoid any disruptions in the current operations. The optimized prior auth process involved:

- *Hiring, training, and setting up of required IT infrastructure*
- *Regular feedback and collaboration sessions*
- *Creation of tools to improve productivity*
- *Daily reporting mechanism*
- *Identification of areas of improvement*
- *Process calibration and realignment*
- *Transparent operational and management reports*

IMPACT OF THE ENGAGEMENT

	PERFORMANCE INDICATORS	LEADING TO
1	Increased Productivity And Reduced Open Authorization	Removed redundant process steps to focus on the critical ones; created tools /cheat sheets, and introduced various process checks to improve productivity.
2	Process Stability	Achieved consistent and better productivity; and higher accuracy through the application of an improvement methodology.
3	Reduced Authorization Denial	Creating a system by which we are able to track the denials from the insurance companies to enforce corrective actions on future authorization requests.
4	Quality And Efficiency Improvement	Proper tracking and reconciliation; internal audit mechanism to identify and rectify errors; enforced corrective and preventive action measures.
5	Improved Efficiency	Significant reduction in prior authorization approval cycle through timely initiation and proactive follow-up. Reduction in average cost of processing staff due to outsourcing staff arbitrage – cost reduction by 50% .
6	Improved Approvals	All authorizations to be initiated on the same day (100%). Same day authorization approvals at 85 to 90%. Proper documentation and uploading payer communication to avoid future possible denials.
7	Timely Authorization Initiation	Improved cash flow and payment realization by 10%. Significant reduction in denied authorization – increased revenue by 12%.



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THE ONE STOP DESTINATION FOR STAND OUT PRACTICE MANAGEMENT/REVENUE CYCLE MANAGEMENT

As a next gen medical billing company, Sun Knowledge services Inc, believes in working as a reliable operational extension. Versatility and competency across all major practice management/billing software, highly scalable and robust infrastructure, state of the art technology and excellent disaster management mechanisms helps us in delivering cutting edge support.

Dedicated account management approach, well defined reporting and escalation matrix are deployed to meet operational targets/adherence to SLA. Data privacy and protection is done with extensive implementation of industry standard practices like **ISO 27001:2005 & HIPAA**.



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Word cloud containing terms related to healthcare and medical billing:

- Medicare
- Scheduling
- Prior
- Primary Cycle
- Payment
- Orthotics
- Eligibility CPT
- Medicaid
- Insurance
- Posting
- Nursing
- Management
- Accounts
- Receivable
- Billing
- Medical
- HIPAA
- Level
- ICD-10
- Care
- Hospitals
- HCPCS
- Medical Billing
- DME
- Urgent
- Revenue
- Claim
- Verification
- Adjudication
- Coding
- Prosthetics
- Purchasing
- Authorization