Tips to Maximize Efficiency When Completing Prior Authorizations

The most important strategy to improve the Prior Authorization process is to have clear procedures and workflows. Below are a few tips on how to set up your workflows and improve reimbursement.

1 CAPTURE FRONT END MISTAKES EARLY

- Improve pre-registration process
- Capture correct patient demographics
- Verify insurance network status
- Verify patient insurance benefits
  - Set up reminders to reverify benefits at the start of the year
  - Set up reminders to meet with patient mid-treatment

2 FOCUS ON AVOIDING AUTHORIZATION DENIALS

- Empower people with the correct tools
  - Access to portals
  - Review each procedure for authorization requirements
  - Train on proper documentation (i.e., phone reference numbers, screenshots, faxes)
  - Establish CPT code crosswalks
  - Keep current on payer policies
- Medical necessity training
  - Understanding of NCCN, CMS, LCD/LCA, FDA, ASTRO
- Training
  - Cross training across specialties
  - Set up clinic shadowing for staff to understand how each procedure works (i.e., explain how different radiation machines operate)
  - Provide ample time to staff for outside training

3 TRACK AND AUDIT CLAIMS

- Identify denial trends
- Establish multi-disciplinary committee to review
  - Ensure communication, feedback for all stakeholders
- Provide training and re-training on identified issues
  - Monitor staff performance
- Get provider buy-in for clinical documentation
  - Conduct timely completion of clinical documentation

Remember, proficiency cannot happen overnight. But monitoring what is happening within the authorization department and auditing work done at the beginning and in appeals stage, will help identify trends that can be mitigated.

ACCC
Association of Community Cancer Centers

Learn more at **accc-cancer.org/prior-authorization**.
For more information, visit **accc-cancer.org**.