

Prior Authorization Overview

How to move forward in an evolving industry

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What is Prior Authorization?

- A utilization management process used by payers, or health plans, to assist in determination of coverage



How do payers determine need?

- Payers, also known as health plans or insurance companies, create policies to determine what they will cover
 - Up-to-date Clinical Guidelines
 - Treatment algorithms
 - Clinical studies
 - New Research
 - Cost-effectiveness analysis
 - Health Economics & Outcomes Research

Type of Payer Benefits



Medical

Procedures
Services



Prescription

Medications
Prescription drugs

Why is Prior Authorization an issue?



Restricting Care



Delayed Care



Administrative burden



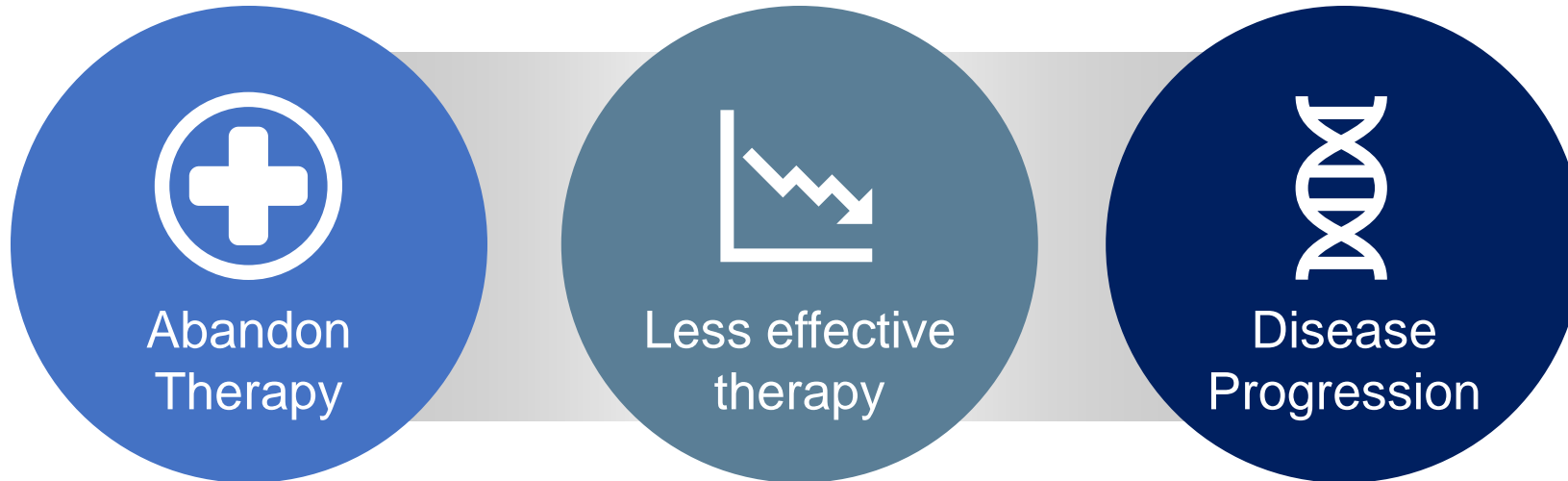
Time consuming



Undermines physician expertise

Why is Prior Authorization an issue?

- Patients are impacted negatively



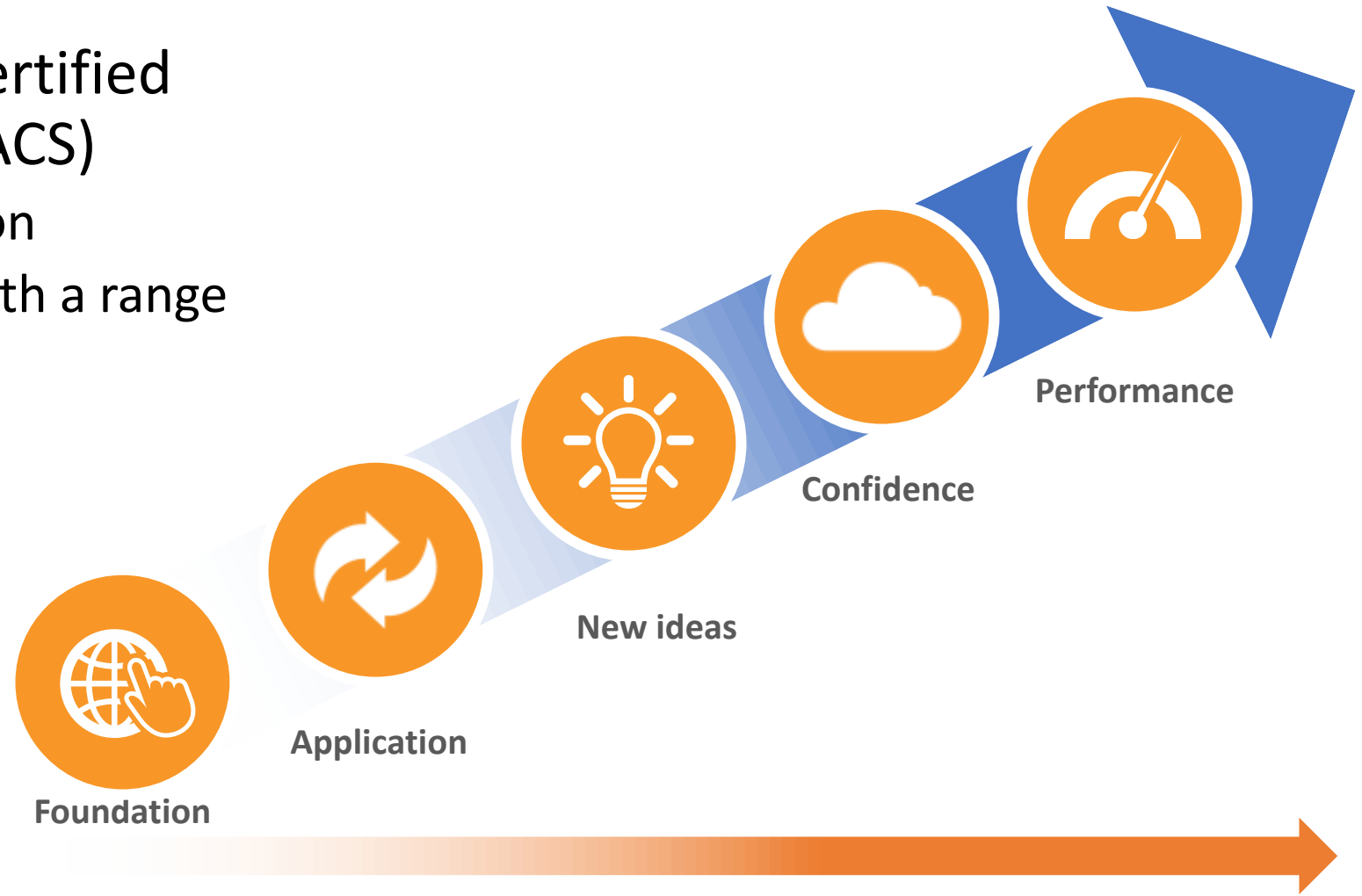
How do we make PA easier?

More efficient



Certification

- Prior Authorization Certified Specialist Program (PACS)
 - Accredited certification
 - Created by experts with a range of experience



PACS Certification



Initiating and submitting a service and medication prior authorization



Finding medical necessity and proper research to find insurance medical guidelines to align with the prior auth



Learn how the insurance company/payer evaluates the prior authorizations request when received



Gain a better understanding of the prior authorization process while gaining an understanding of what role each healthcare professional plays in the process



Understand the use of medical compendia, ICD-10 codes, CPT and FDA approved diagnosis to get a prior authorization approved



Learn about the process of denials and approvals and how to successfully execute a prior authorization

Become certified today!

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