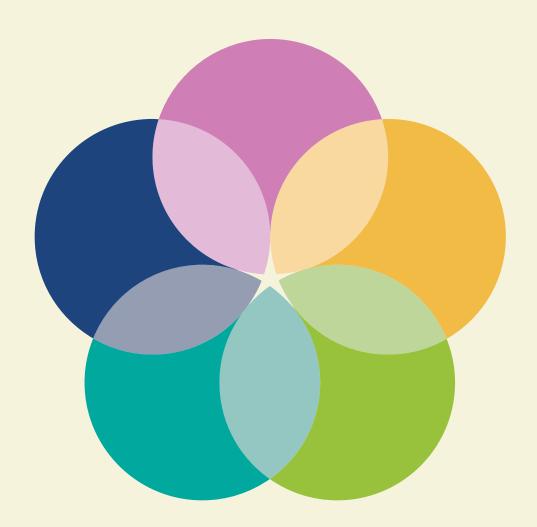# Prior Authorization Solution Checklist

How to evaluate vendors based on your specific needs

Evaluate Solutions Based on Your Specific Needs

The number of solutions available to automate healthcare revenue cycle challenges is massive – one estimate indicates more than 250. It can feel overwhelming to navigate the space and narrow down the best automation partner for your organization. When you're ready to evaluate the suitability of a best-in-class automation solution, a comprehensive checklist ensures that you're equipped to make the most informed decision aligning with our specific needs and pain points.

❑ **Customization:** Can your provider tailor your solution just to your needs? Payer mix, healthcare settings, service types, and specialties all vary. A customizable solution ensures that your workflow aligns precisely with organizational needs.

❑ **ROI Expectations:** What ROI can you expect, and how will you generate it? Lower costs and increased revenue are key metrics. Lower costs may manifest through a reduced headcount managing prior authorizations and referrals, as well as less time spent appealing denied claims. Increased revenue may result from fewer denied claims due to prior authorization and referral errors, reduced cancellations/abandonments, and improved reimbursement rates attributed to higher patient satisfaction.

❑ **Payer Connectivity:** Can your solution consolidate all payers into one portal irrespective of specialties, plans, and service types? Payer connectivity is integral to achieving operational efficiency.

❑ **Payer Changes:** Can your partner update without software releases to reflect current payer rules on a near-term basis? Near-time updates ensure that the platform is always aligned with the latest payer requirements.

❑ **Holistic Coverage:** Does your platform accommodate all care settings, service types, and specialties? The ability to provide a standardized workflow across diverse healthcare domains enhances efficiency.

❑ **Automation:** Does your solution take your information and clinical documents and automate the entire prior authorization and referral submission cycle? A comprehensive automation solution should cover submission, status checking, verification, reporting, and bi-directional data sharing.

❑ **Status Inquiry/Verification:** Can your solution verify and enable you to retain proof of previous prior authorizations and referrals? The solution's capability to prove verified authorizations is crucial for ensuring accuracy and minimizing errors in the authorization and referralprocess.

❑ **Real-time Reporting Tools:** Does your solution provide real-time reporting tools? These arm healthcare providers with actionable insights into their operations and relationships with payers based on their authorization turnaround times (TAT), rates of approvals, and the like. Data-driven decision-making becomes more accessible with comprehensive reporting functionalities.

❑ **Service/Support Quality:** A large, well-known technology provider may give you comfort in their brand, but who can you reach when you have an issue, and how do you reach them? Will bots provide you pre-programmed, diluted answers or will you receive personal attention? Accessibility, personal attention, and the importance placed on the partnership by the service and support team are critical considerations. Providers need assurance that they can reach a responsive team when assistance is required, fostering a collaborative and supportive relationship.

❑ **Pricing Transparency:** Is your proposal tailored just for you so that you're paying only for what you need? Clear and transparent pricing is essential. Tailored proposals that align with the specific needs of the provider ensure that they pay for the functionalities they require, avoiding unnecessary costs.

❑ **Onboarding:** What can you expect from your onboarding experience? How long will it take, and what is your role vs. your partner? The onboarding experience is a pivotal phase in implementing any automation solution. Clear expectations, defined timeframes, and understanding the roles and responsibilities of both the provider and the partner ensure a smooth transition.

❑ **Client Testimonials:** What do your prospective partner's clients say? Insights from existing partners provide valuable perspectives on the solution's performance, reliability, and the overall experience. Understanding the satisfaction levels of current users adds a layer of assurance for prospective adopters.

❑ **Authorization Submission:** Does your solution automatically submit to payers? This is a key differentiator among the vendor options in the space. Very few can truly automate this step and provide automated status checking throughout the prior authorization workflow.

Ready to take the next step? See how Valer can help.