



Improved and Streamlined Prior Authorization Request Processes

About

The client is the largest physical therapy company in the U.S. with more than 6,000 clinicians on staff. The company serves more than 400,000 patients and has over 200 sports medicine contracts.

Challenge

Prior authorization requests are a highly manual process that, when not done properly, can lead to denials, delay of care, and write-offs. The company needed a way to automate and improve its prior authorization request submission process.

- Identifying and requesting prior authorization documents was time-consuming and labor intensive.
- Authorization requirements vary from one payer to the next and it was hard to stay on top of changes.
- Delays in patient care resulted in underutilization of provider services, patient leakage, and delayed reimbursement.
- The complex nature of authorizations increased the likelihood of human error.
- Delays in request submissions were impacting claims processing, leading to denials and delayed reimbursement.

Benefits

With Omega Healthcare, the physical therapy company streamlined its authorization request submission process and was able to better serve its patients and support its sports medicine contracts, improving patient care delivery and speed of reimbursement.

Solution

The company partnered with Omega Healthcare to automate its authorization request submission process.

- Developed BOTs to perform pre-verification of document availability.
- Removed claims missing authorizations from production bucket.
- BOTs were used to notify client of the missing authorizations.
- BOTs followed up on open authorization document requests and updated systems once documents were received.