



## Streamlining Prior Authorizations: A Physician CEO's Operational Guide

### FINANCIAL AND OTHER BENEFITS OF PARTNERING WITH NATH HEALTHCARE

- ▶ 50% - 60% cost savings relative to in-house staffing.
- ▶ Eliminate the cost of hiring and training staff. Especially relevant for high-turnover positions.
- ▶ Reduced error rates with better workflow documentation and transaction level auditing.
- ▶ Faster turnaround with two-shift operations for many functions.
- ▶ Greater ability to work down backlogs and deal with seasonal and other variability in workload.

In the intricate world of healthcare management, securing prior authorizations is often a complex but essential task. For a practice leader like you, overseeing this process efficiently can make a significant difference. This guide is crafted to hone in on the specifics of each step, ensuring that the process is not only completed but mastered with finesse.

### 1. DETAIL-ORIENTED INFORMATION COLLECTION

- ▶ Capture the full spectrum of necessary details with precision. Beyond basic data, understand the clinical nuances that insurance companies focus on, such as ICD-10 and CPT code specifics that could impact approval.

### 2. THOROUGH VERIFICATION OF AUTHORIZATION NECESSITIES

- ▶ Develop a comprehensive checklist for verification that goes beyond the standard. Know each insurer's language and tailor your request to uncover the often unspoken requirements that can be the difference between approval and denial.

### 3. STRATEGIC SUBMISSION OF SUPPORTING CLINICAL DATA

- ▶ Craft clinical submissions like a narrative that supports the patient's need for services, using evidence and guidelines to construct a convincing argument, thereby enhancing the likelihood of a favorable outcome.

### 4. PROACTIVE AND PERSISTENT FOLLOW-UP PROTOCOL

- ▶ Establish a systematic follow-up schedule that anticipates typical response times and benchmarks for action. Utilize a balance of persistence and diplomacy to keep cases moving forward.

### 5. EXPERT NAVIGATION OF DENIALS

- ▶ Approach denials not as setbacks but as opportunities to engage deeper. Fine-tune your appeals process to address the specific reasons for denial, and prepare for peer-to-peer discussions with a clear strategy and clinical backing.

### 6. INTEGRATED COMMUNICATION FOR SEAMLESS CONTINUITY

- ▶ Ensure that the authorization outcomes are not just communicated but are integrated into your scheduling and EMR systems with protocols that minimizes errors and maximizes practice efficiency.

### LEVERAGING NATH HEALTHCARE FOR PRIOR AUTHORIZATION EXCELLENCE

By collaborating with Nath Healthcare, you harness a dedicated team's expertise focused on optimizing each step of the prior authorization process. This strategic partnership aims to alleviate the administrative burden, allowing you to direct your attention to patient care and practice growth.



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At **Nath Healthcare**, we understand the importance of excellent RCM. Our dedicated team utilizes advanced technologies and expert knowledge to streamline your processes, increase revenue, and enhance patient satisfaction. By choosing us as your RCM partner, you're selecting a team committed to the financial well-being of your practice.

Ready to optimize your revenue cycle? Contact us today at 469.442.8082 or [info@nath-mds.com](mailto:info@nath-mds.com) to discuss your specific needs. Discover how our expert solutions can transform your practice's financial efficiency, allowing you to focus on delivering superior patient care.

Thank you for considering **Nath Healthcare** as your trusted partner in achieving financial excellence in healthcare.

This revised guide is tailored to a CEO's perspective, providing actionable insights into the 'how' of each step, ensuring the process is not only followed but optimized for the best possible outcomes.