# **End the Prior Authorization Nightmare**

Intelligent Automation That Cuts Costs 60% and Approval Time 50%

## The Hidden Costs of Healthcare's Broken PA System

The True Financial Impact: Each provider generates 20 prior authorization requests per week, taking 60 minutes of staff time each (including rework from denials). For a 10-provider practice, that's **200 hours weekly**—equivalent to 5 full-time employees dedicated solely to prior authorizations.



The Real Cost: At \$45/hour fully-loaded for clinical administrative staff, a 10-provider practice spends \$468,000 annually on prior authorization processing—before accounting for delayed revenue, patient abandonment, or opportunity costs.

The Patient Impact: While staff battle payer bureaucracy, patients wait for treatments they need. Delayed approvals mean delayed healing, prolonged suffering, and increased patient anxiety. Some abandon treatment entirely, seeking care elsewhere or going without critical interventions.

#### The Maze That Makes No Sense

**Complex, Inconsistent Requirements:** Every payer has different requirements, forms, portals, and processes. Staff must navigate dozens of systems, remember hundreds of requirements, and adapt to constantly changing rules.

**Cognitive Overload:** Managing complex, inconsistent processes while maintaining accuracy creates constant stress for administrative staff. Combined with high denial rates and repetitive rework, prior authorization management is a **primary driver of healthcare staff turnover**.

**80% Initial Denial Rates:** The system seems designed more to delay care than ensure appropriate utilization, creating frustration for both patients and providers.



## **Intelligent Automation That Actually Works**

#### Healthcare-Native Intelligence

DCA doesn't just automate tasks—it intelligently manages the entire prior authorization lifecycle within your existing EMR. The system understands payer-specific requirements, learns from approval patterns, and automatically handles routine authorizations.

#### **Seamless EMR Integration**

Integrates directly with Athena, Epic, Cerner, and 15+ others without requiring workflow changes or staff retraining. Automatically assembles requests with required supporting documentation.

#### **Intelligent Payer Management**

Continuously monitors and learns payer-specific requirements, approval patterns, and policy changes.

Automatically adapts to new requirements and optimizes request formatting to maximize first-pass approval rates.

### **Exception Management**

Complex cases requiring clinical input are flagged and routed to appropriate staff with all relevant information, suggested documentation, and payer history to support decision-making.



#### **Practice Benefits**

- ✓ Eliminate frustrating payer portal navigation
- ✓ Improve staff satisfaction and retention
- ✓ Accelerate revenue recognition

- ✓ Reduce patient treatment delays
- ✓ Streamline workflows without EMR changes
- ✓ Scale across multiple providers seamlessly

### **How It Works in Practice**

**1.** Automated Request Generation: When a provider orders a service requiring prior authorization, DCA automatically identifies the requirement and assembles complete authorization requests with required clinical documentation.

- **2. Intelligent Submission and Tracking:** Requests are submitted automatically through appropriate payer channels using preferred formats. The system tracks submission status and follows up on pending requests.
- **3. Continuous Learning:** DCA analyzes approval patterns, denial reasons, and payer feedback to optimize future requests, automatically improving approval rates and reducing processing time.

# **Stop the Prior Authorization Nightmare**

Transform bureaucratic chaos into streamlined automation

