Journey through Authorization Success

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Overview

$14.1 B
in revenue

$760M
in community benefits,
including in charity

AA-
bond rating

55K+
total Banner
team members

Providing services in AZ,
CA, CO, NE, NV and WY

Our portfolio of services

Plans and Networks

- Commercial and marketplace plans
- State and federal government sponsored plans
- Accountable Care Organizations and Clinically Integrated Networks
- Population Health Services Organization
- Other provider networks

Ambulatory

- Urgent care
- Ambulatory surgery centers
- Concierge medicine
- Specialty care
- Primary care
- Occupational health
- Cancer centers
- Imaging centers
- Outpatient physical therapy

Acute

- Academic medical centers
- Urban hospitals
- Rural hospitals
- Children's medical centers
- Behavioral health hospital
- Heart hospital

Post-Acute

- Inpatient rehabilitation
- Home health
- Hospice and palliative care
- Home infusion
- Home medical equipment

Services

- Pharmacy services
- Lab services
- Telehealth
- Air and ground ambulance services
- Athletic performance

"Growth means change and change involves risk, stepping from the known to the unknown" – George Shinn

Evaluating Current State of Authorization Process

- **Initial Denials and Write Offs**
  - Authorization is the #1 initial denial
  - Patients are scheduled first available regardless of Auth requirements
  - Authorization related write offs averaged $500,000 monthly

- **Team and Staffing**
  - Significant staffing vacancies
  - Leadership Deficiencies
  - Low Morale and Change Fatigue
 - No Formal Training Program

- **Customer Dissatisfaction**
  - Negative patient experience due to denials
  - Provider frustration
  - Daily escalated complaints
  - Significant Backlog of patients waiting for Auth

If presented with this situation, give me some ideas on what you would have done?

People

- Build Trust
- Take time to Listen
- Engage the team in the process
    - Survey to get their input
- Hire leaders to fill gaps
- Break down silos and collaborate with other departments to brainstorm ideas
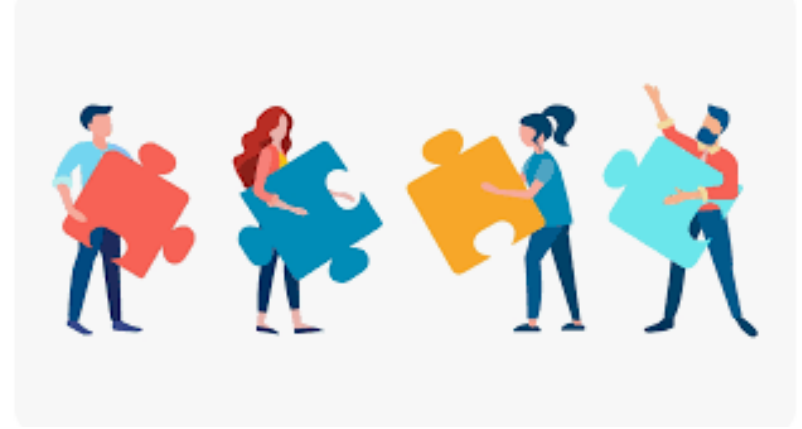
"Collaboration – the ultimate intertwining of skills, passions, and knowledge – is what concocts the most shatterproof forms of changemaking" – Ian Somerhalder

Process

- Implementation of Auth Matrix based on payer requirements
- Created full training program and documented workflows
- Enhancements to decrease interruptions by phone
  - Added dedicated Auth phone number separate from main phone line
  - Dedicated phone team to take incoming calls
- Revamped workflows to a wholistic approach in lieu of by site or payer

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Technology

- HL7 enhancements for internal provider orders
  - Adds DX Code into EMR system
  - Insurance Crosswalk to add insurance
- BOT Automation for external provider orders
  - Converts faxed orders to an electronic order
  - Adds DX code into EMR from order
- Communication solution to reduce team member outbound calls.
  - Text, Call, or Email for exams that are rescheduled due to Auth.
  - Denial communication to patient
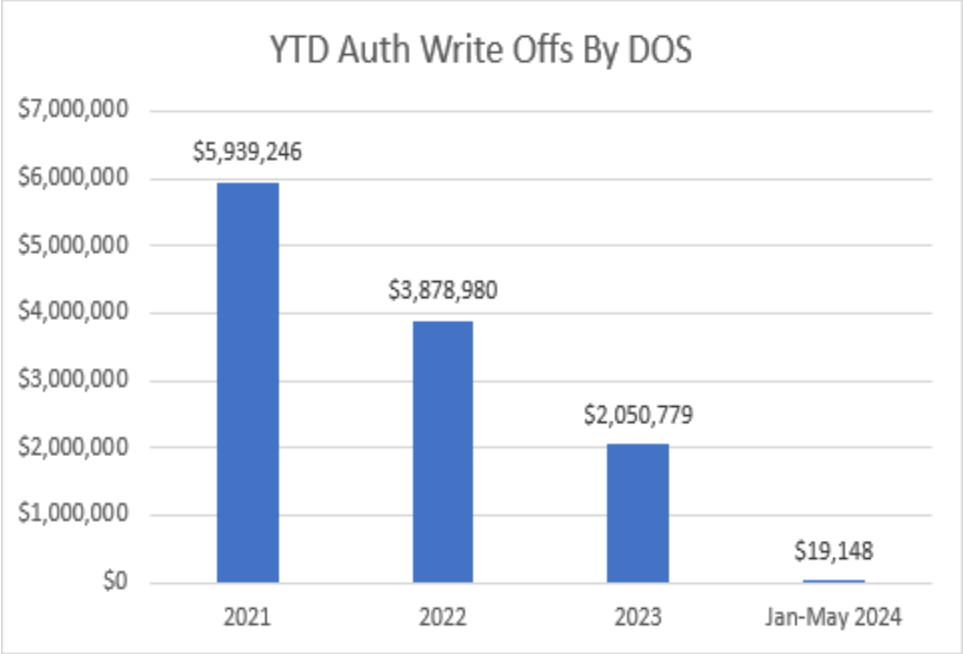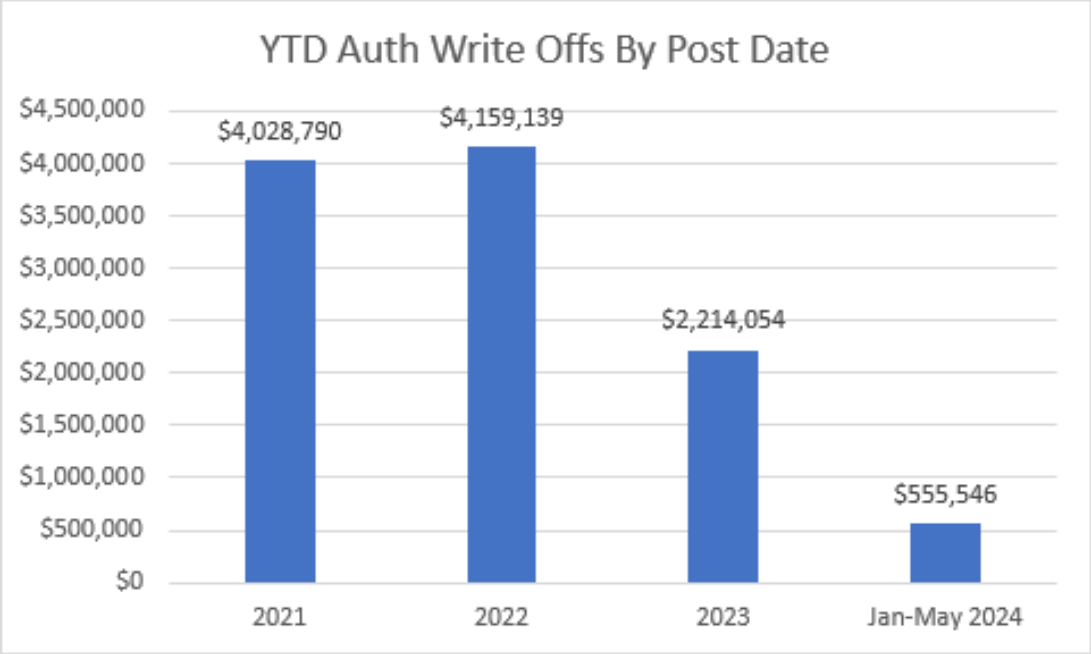- Auth automation Tool

Technology Design
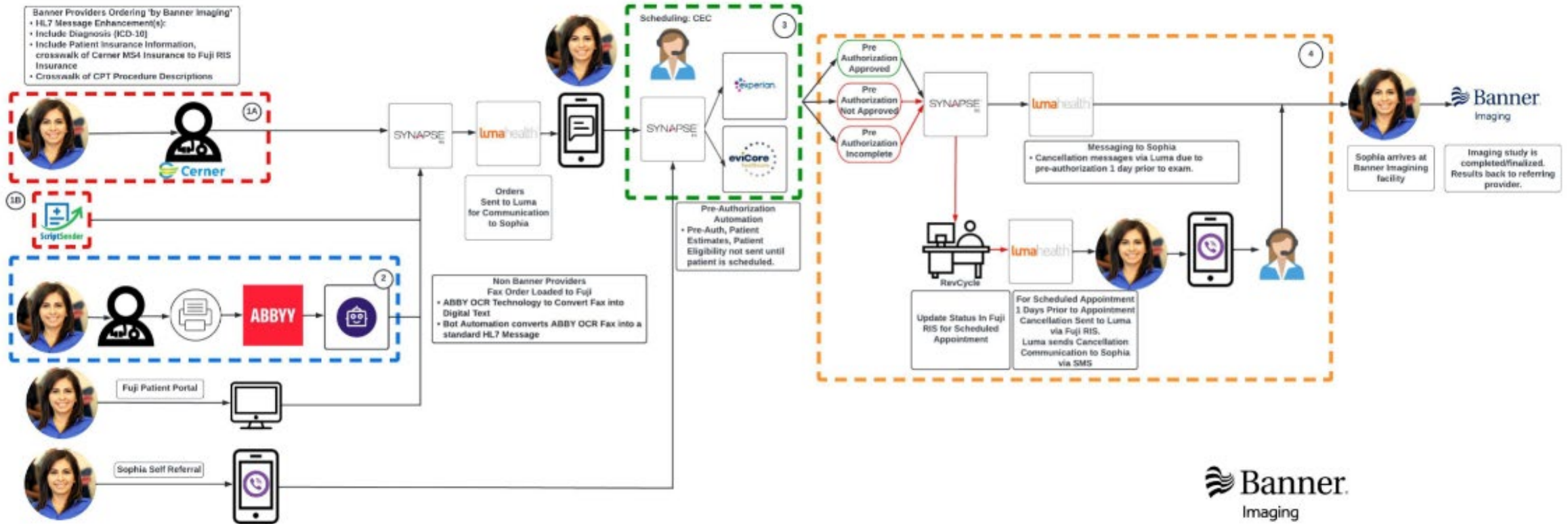
Results

- Significant Decrease in escalated complaints
- Volumes were not negatively impacted and increased
- Increased Engagement and Leadership Effectiveness scores from Voice Survey Results
- Two internal promotions on the team in less than a year
- Team huddles went from tense, venting sessions to informative and productive meetings
- Team members are being crossed trained to help with their career growth
- Employee referrals when department has openings
- Team Certifications
  - CRCR: 15
  - HBI: 3(CPAS), 2 (CPFS) 5 (Medical Terminology)

"Start by doing what is necessary, then what is possible, and suddenly you are doing the impossible."

-Francis of Assisi

Financial Impact

YTD Auth Write Offs By Post Date

Year	Amount
2021	$4,028,790
2022	$4,159,139
2023	$2,214,054
Jan-May 2024	$555,546

YTD Auth Write Offs By DOS

Year	Amount
2021	$5,939,246
2022	$3,878,980
2023	$2,050,779
Jan-May 2024	$19,148

Q and A