2025

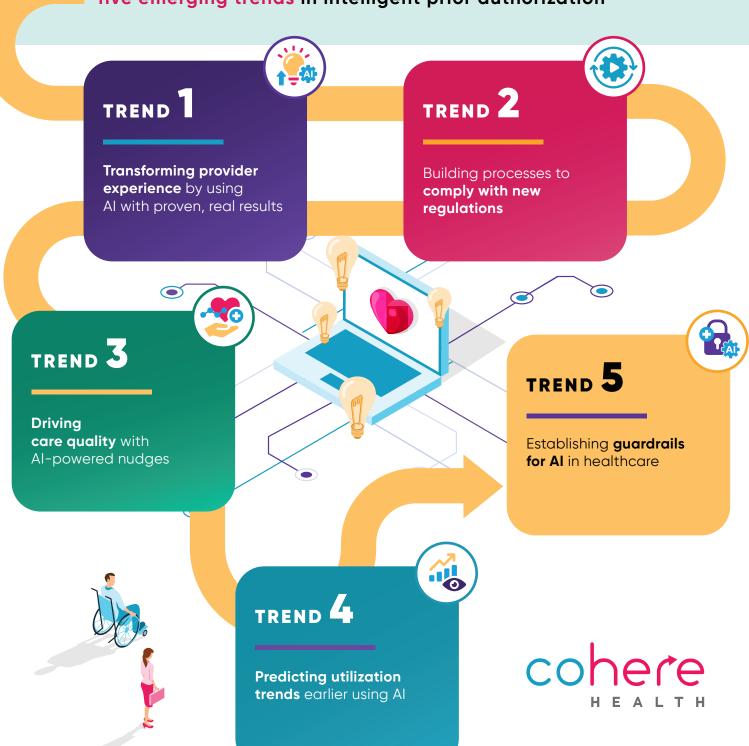
Intelligent prior authorization trends



INTRODUCTION



Start 2025 understanding these five emerging trends in intelligent prior authorization



Transforming provider experience by using AI with proven, real results

Intelligent prior authorization became a hot topic early in the AI hype cycle. Forward-thinking health plans are already leveraging AI to achieve results in these areas:



UTILIZATION MANAGEMENT



- · Prior authorization intake enhanced with machine learning (ML)
- Decision support tools to expedite reviews
- Al-assisted evaluation of case appropriateness
- Member/provider-facing transparency tools
- · Integration with provider and member data



CARE MANAGEMENT



- · Predictive models for targeting, outreach, and clinical interventions
- · Navigation and advocacy
- · Triaging based on readmission likelihood
- Steerage of care to site with best clinical outcomes
- · Transitions of care: timely discharge, remote monitoring, and data access



38%

completely touchless authorization submission process

Al extracts clinical data using ML algorithms to populate intake forms

provider time and expense savings

ML-driven checks on form completeness



immediate, automatic approval

Al-augmented decisioning in concert with evidence-based clinical rules





This is just the beginning of what we expect to be an enormous uptick of AI/ML use cases in prior authorization. Specific prior authorization functions where AI is driving unique new value today include:

INTAKE

ML algorithms for data intake are automating costly, manual processes, such as searching for basic information or finding a clinical note.



DECISIONING

Leverage clinical "nudges" to influence care decisions, and make it more likely the patient will achieve a faster, better outcome. Use large language models (LLMs) and semantic knowledge graphs to predict health changes and proactively recommend personalized care.



REVIEW

Use LLMs to guide reviewers to pertinent information, and to speed up reviews by surfacing indications and contraindications. In addition, some plans are increasing auto-auth rates by automating the number of guideline rules that can run without human input.



Dr. Brian CovinoChief Medical Officer

"Al can help healthcare realize \$1 trillion in improvement potential. That doesn't mean replacing the work done by humans, but instead changing the way humans work to make administrative processes more efficient while improving care quality and access."





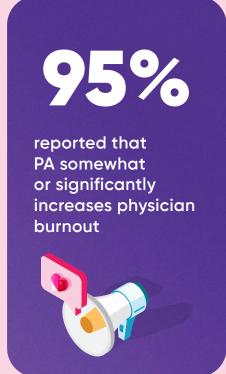
Building processes to comply with new regulations

Forward-thinking plans are using regulatory compliance as a catalyst for greater change, care collaboration, and transparency.

CMS passed the long-awaited Interoperability and Prior Authorization Final Rule (CMS-0057-F) in 2024, signaling a transformative shift in prior authorization (PA). The final rule represents a critical step toward alleviating the significant challenges faced by patients, physicians, and health plans when navigating the traditional prior authorization process.

In an American Medical Association survey of 1,000 physicians:







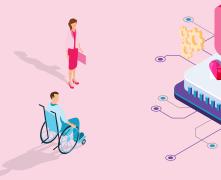


35%

reported that PA criteria are rarely or never evidence-based

Is your plan ready?

Health plans that are implementing intelligent prior authorization to address the rule's provisions can also effectively reduce physicians' burden and ultimately improve patient care and outcomes.





Alina Czekai, MPH VP, Value-Based Care Strategy

"The final rule is an opportunity for plans to evolve from transaction-focused prior authorization to transformational utilization management—an approach that improves the whole patient journey and enables more successful value-based care arrangements. The implementation of intelligent prior authorization is the first step in this evolution."

	Health plans are required to:	How the right partner helps:
 Interoperability	Develop FHIR-based APIs for coverage requirements, document request and rules, and status updates for patients and healthcare professionals	FHIR APIs are already developed and in use
Turnaround time	Deliver decisions within 72 hours for expedited and 7 days for standard requests	60–70% of PA decisions are approved immediately, depending on specialty
Q Transparency	Communicate provider-specific denial reasoning	Decision and denial reasons are included in portal notifications
Accountability	Publish PA rates metrics: full list of authorizations, decisioning statistics, and turnaround time reporting	PA list is published and data reports are shared quarterly with clients







Driving care quality with Al-powered nudges

Advances in AI technology are enabling health plans to get more involved in the care conversation with providers earlier on—in a less abrasive manner—via in—workflow nudges.

Appearing before the prior authorization submission, they can help influence provider care choices in order to avoid wasteful denials, appeals and overturns, which is a win for the health plan, the provider and, most importantly, the patient.



AUTHOR

Dr. Dorcas Yao, Vice President, Clinical Strategy, Diagnostic Imaging

"Workflow nudges make it possible to go beyond the basics of checking for attachments. This drives more appropriate care services and avoids unnecessary cycles of denial, appeal, and overturn."

How Al-powered nudges work:





Mine health records and attachments for signals of appropriate care options



Suggest cost-effective and more impactful services for members



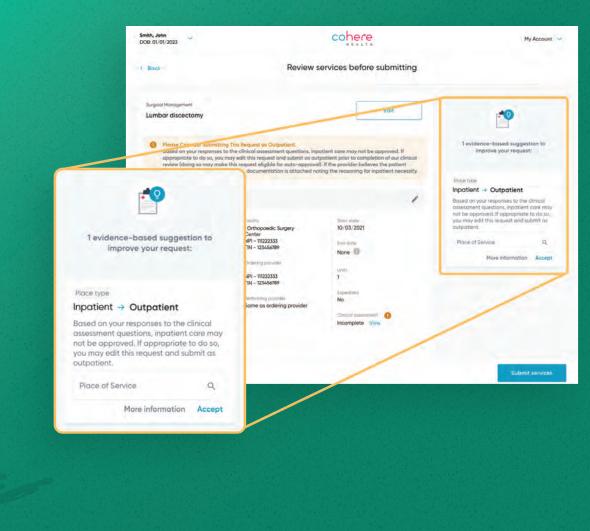
Recommend optimal services for the patient's care journey

How this trend is creating value for early adopters:



Guidance during the submission process is less abrasive, cost-effective, and more impactful.





Predicting utilization trend earlier using Al

What if we told you that there was a faster way to accurately forecast utilization trend?

By using predictive analytics to leverage prior authorization data sets, innovative health plans are projecting utilization three months earlier than traditional claims-based methods.

Medical cost growth to rise to its highest level in 13 years

(PwC's Health Research Institute)





How early trend signal intelligence works:

PROACTIVE ADJUSTMENTS:

Enables health plans to anticipate higher-than-expected utilization and associated costs

STRATEGIC PREDICTIONS:

Increases the accuracy and scope of predictions with year-over-year data sets

COLLABORATIVE CARE:

Identifies providers with atypical authorization trends for targeted intervention and collaboration opportunities



Three ways early trend signal intelligence will benefit health plans that jump onto this trend in 2025:





Early trend signal intelligence helped a health plan identify high trends months earlier than claims data



The result: Early trend signal intelligence provided an <u>earlier basis for intervention</u> than typical analytics programs

Establishing guardrails for Al in healthcare

Have you noticed a theme throughout? If there is a single takeaway, it is that **Al** is making people rethink the status quo for healthcare through the lens of the limitless possibilities of technology. But the only way that works is if we all commit to using Al responsibly.

Three responsible AI concepts picking up steam in 2025:

1. Bringing humanity back to healthcare

It's not technology but administration stripping humanity from healthcare





AUTHOR

Dr. Traci GranstonVP, Clinical Strategy, MSK Health

"We'll always need physicians, and technology is getting them back at the bedside. Our technology generates treatment plans that address the patient's complete care journey. Prior authorizations have the power to drive better care when Al nudges physicians toward decisions based on the broader patient picture, instead of focusing on a single medical service."

\$4.6B

The true cost of physician burnout

2x physicians

burn out at nearly twice the rate of others (JAMA)





Technology is a catalyst to make healthcare more human.

2. Unlocking new levels of collaboration by breaking down silos

Collaboration requires real-time communication between everyone in a patient's care journey.





TOUCHLESS AUTHORIZATION:

A frictionless end-to-end authorization process means providers and plans would never have to deal with prior authorizations for appropriate care. For example, expediting prior authorization requests by allowing clinicians to submit directly through the EMR.

One of the best ways to reduce provider abrasion is to make prior authorization touchless, and interoperability is critical to achieving this north star.

Breaking down silos and accelerating collaboration with AI improves the quality and speed of healthcare decisions.

3. Driving better care quality

Al in prior authorization is a launching pad for a more longitudinal approach to helping achieve the best and fastest patient outcomes. But you can't think about applying Al and machine learning models to healthcare data without first addressing concerns about technology and patient safety.





Samantha Roushan
SVP, Clinical Transformation

What measures can be taken to ensure patient safety while integrating AI technology?

Technology can instantly dig into a patient's history to reduce the required clinical assessment questions and attachments that providers need to submit for PA requests.

This cuts 28% of providers' administrative work!









The responsible use of AI technology will never replace the work of physicians, the art of medicine, or deny care. Ultimately technology accelerates the path to an appropriate 'yes' benefiting providers, health plans, and patients.

Physicians are key collaborators in building and training AI and ML models. Additionally, "zebra cases" or unique situations will always require physicians to be at the helm.

Intelligent prior authorization should never deny any prior authorization requests using Al. Physicians are key collaborators in building and training Al models. They need to work alongside compliance teams to ensure that everything meets compliance standards.

Cohere sees a future where technology simplifies the path to better care quality.

And the future is now.

