

# Cleveland Clinic Authorization Overview

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# Agenda

- Overview of Operations
- Challenges and Standardization of Process
- Analytics
- Transformation



# Authorization Operations

## Centralized Enterprise Team (remote)

- End to end prior authorization support for the enterprise
  - Outpatient & Surgical (ambulatory and inpatient) authorization
  - Drugs (injection/infusion)
- Work date of service order
- Leverage extensive vendor resources to support variations of auth process

## Technology & Process Improvement

- Rhyme Auth Automation– advanced imaging/diagnostics, expanding to surgical and other service lines
- Auto-generating referrals with auto-statusing (pend or approve) based on payer/CPT requirement
- Dynamic rule/logic within Epic to remove waste
- Formal Continuous Improvement initiatives & process

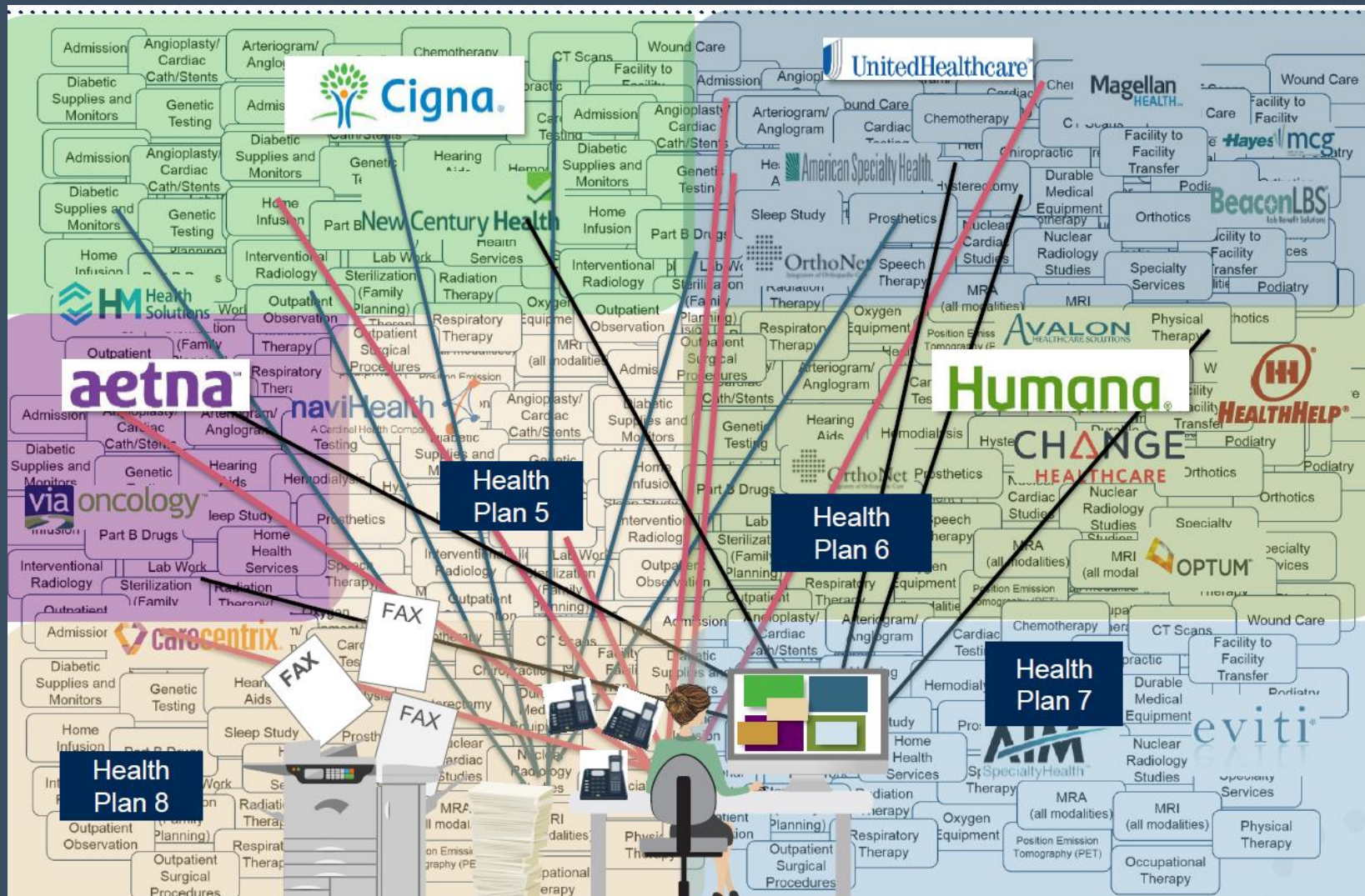
## Performance/Visibility

- Epic dashboard on authorization initiation and secure rate
- Scheduling patterns
- Turnaround time
- Automation
- Peer to Peer
- Denials/Controllable loss

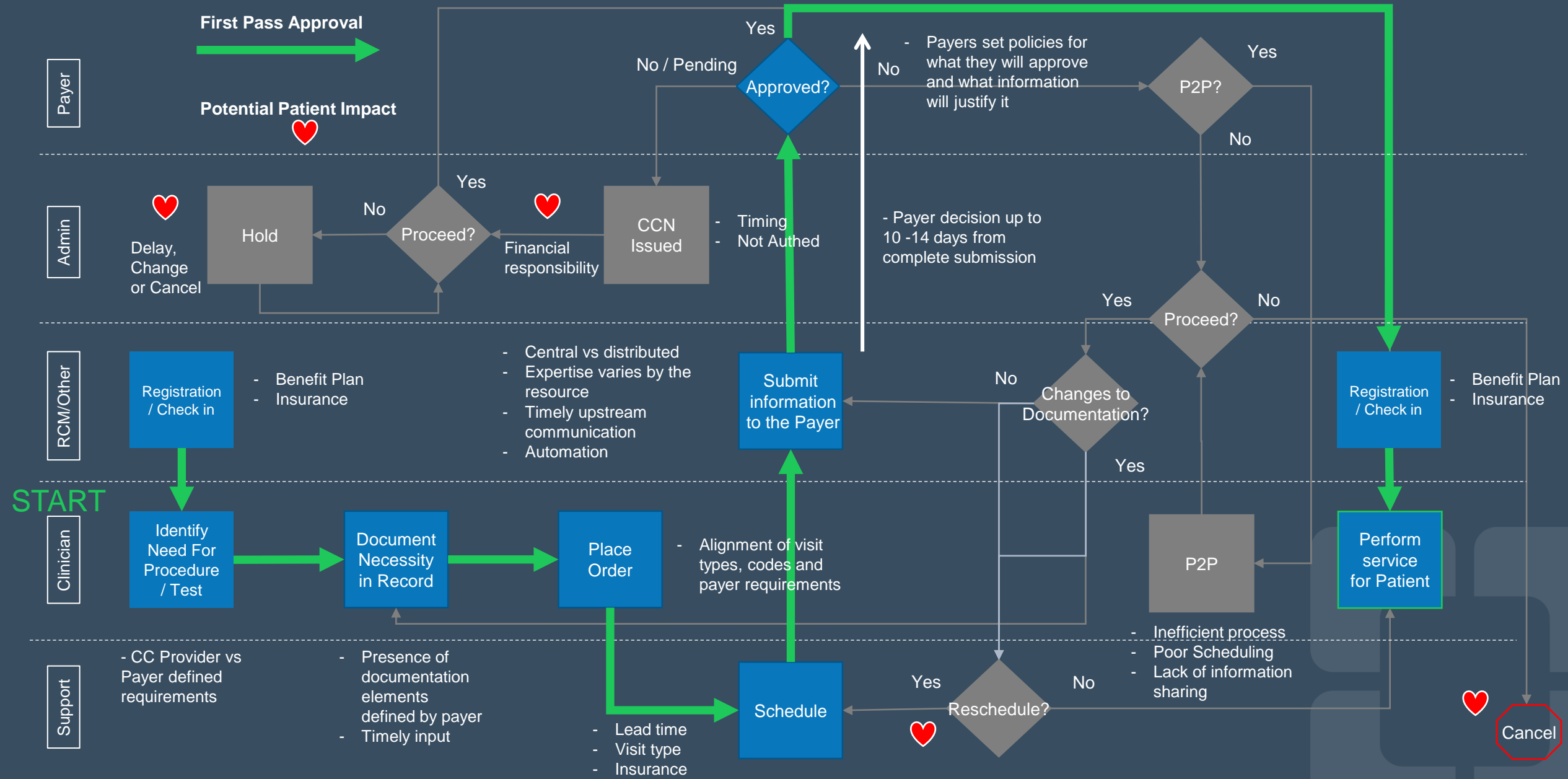
# Process and Challenges



# Authorization – The Complex Web



# Auth Macro Process Map - Details



# Taking Action

## Automation/Leveraging Epic functionality

Dynamic logic

Order/CPT linkage

278/CORE Operating Rules

## Continuous Improvement

Remove waste/implement best practices

Analytic driven prioritization

Operate at “top of license”

## Vendors that work with Epic

Manage repeatable/less complex work

Agility

Diversification

## Payer Collaboration

Gold-Carding

Enterprise Physician Advisors

Government relations

# Performance Management





# What are OKR's?

- Objectives & Key Results that align to enterprise goals
- Prioritize our work
- Measure success
  - Daily
  - Monthly
- Care affordability, patient experience & caregiver engagement

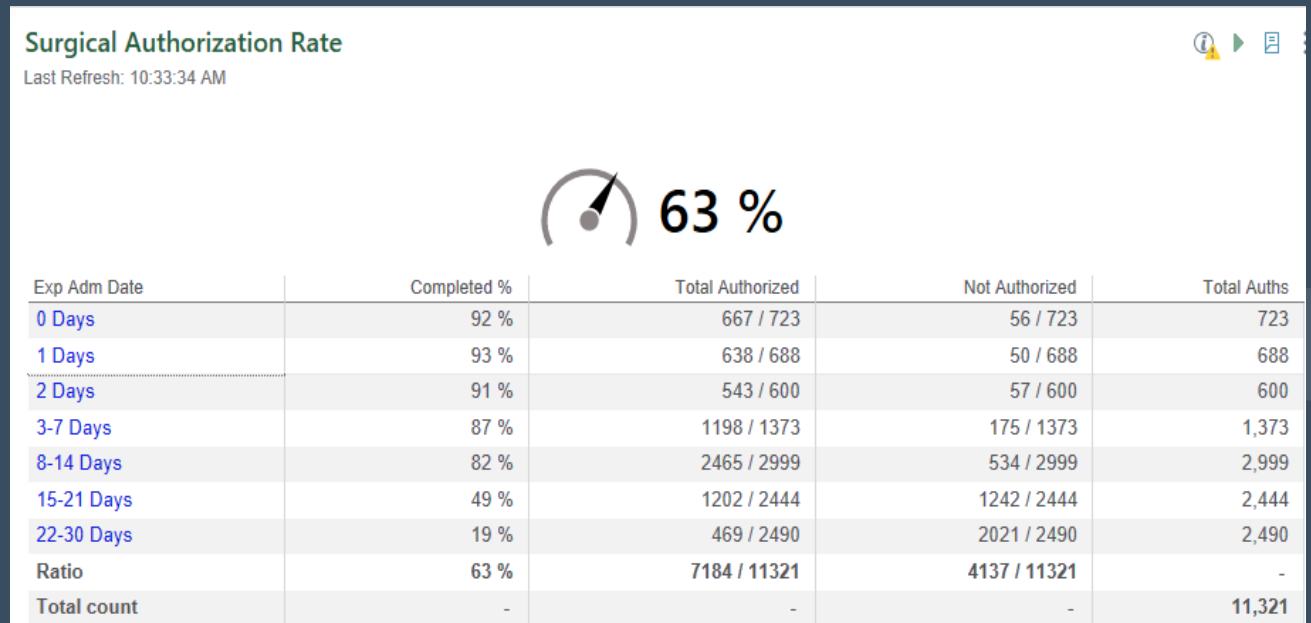
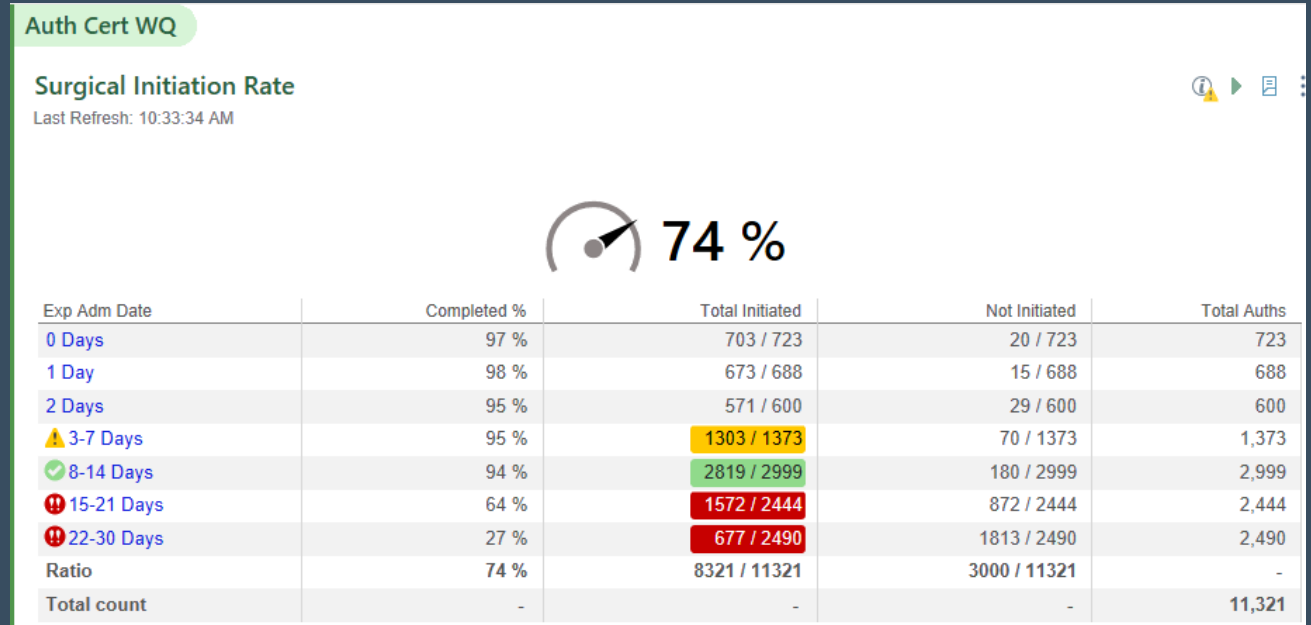
# Daily Visual Management

## *Authorization Dashboard*

- Is our “True North” as it relates to access, revenue and our OKR
- Provides insight into our inventory and performance in real time
- Measures leading indicators to access
  - Authorization initiation
  - Authorization secure rate
- Agile process
  - Outlines our success rate as a percentage for specified threshold ranges (today to 30 days out)
  - Wide-scale department performance with ability to drill down for intimate handling with clinical institutes

# Dashboard Performance Management

- Real-time view into authorization performance 30 days out and expected admission date
  - Initiation rate
  - Secure rate
- Critical tool to quantify and qualify leading indicator for authorization performance
- Based on work qualifying for authorization WQ and where case is along it's journey
- High level overall team view (Surgical and Outpatient)
- Ability to drill down to specific service line, revenue locations, etc.
- Includes pending, authorized and denied cases



# Authorization Ecosystem - Central Depository -



INVENTORY



LEADING  
INDICATORS



STAFFING  
MODEL



ADVANCED  
ANALYTICS

# Leading Indicators

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Scheduling pattern

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Turnaround Time

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Auth secure rate by DOS

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Overall auth secure rate

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Automation

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Peer to Peer

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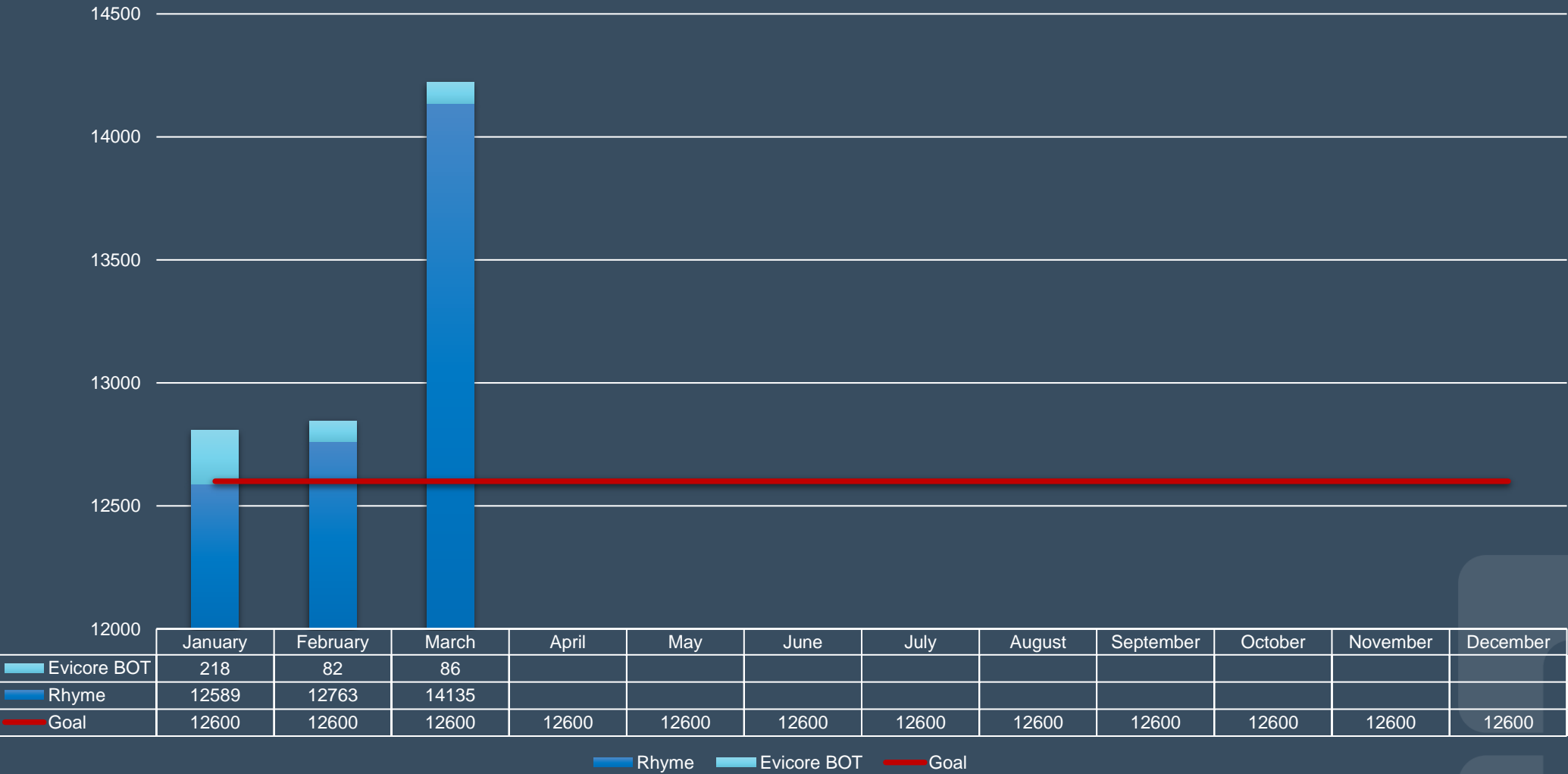
Denials

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Controllable Loss/Write-Offs

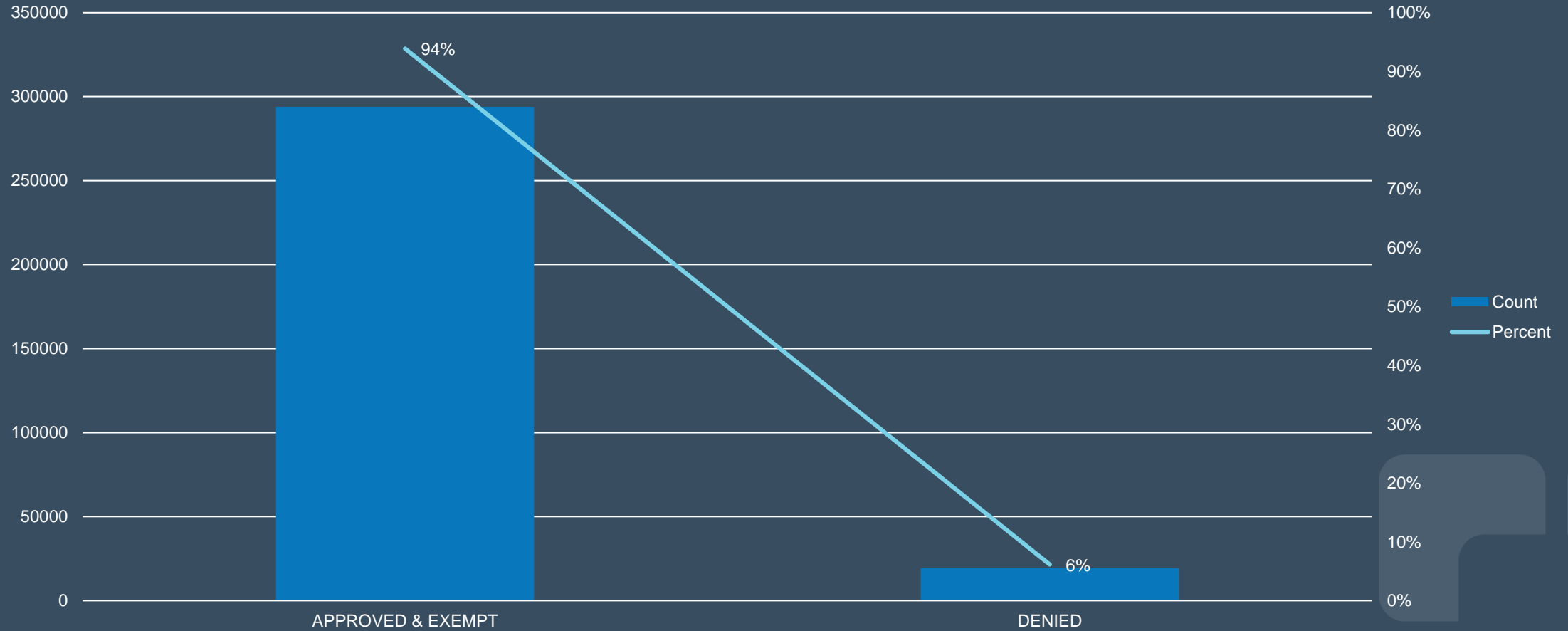
- Key is to replicate

# Ohio Authorization Automation



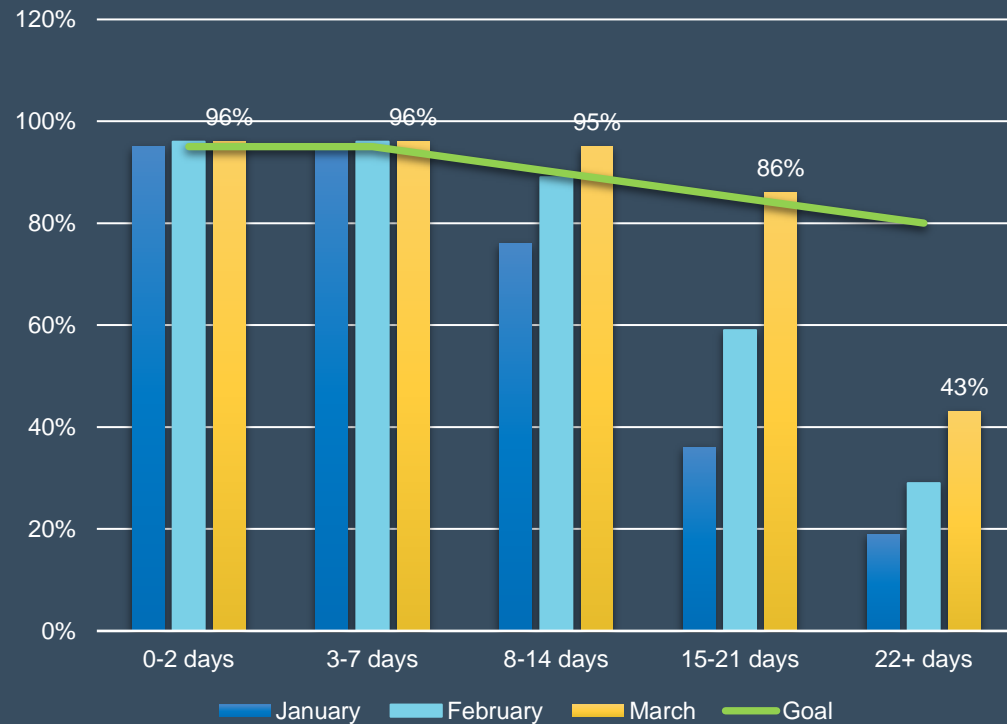
# Auth Secure Rate Q1

## - Overall -

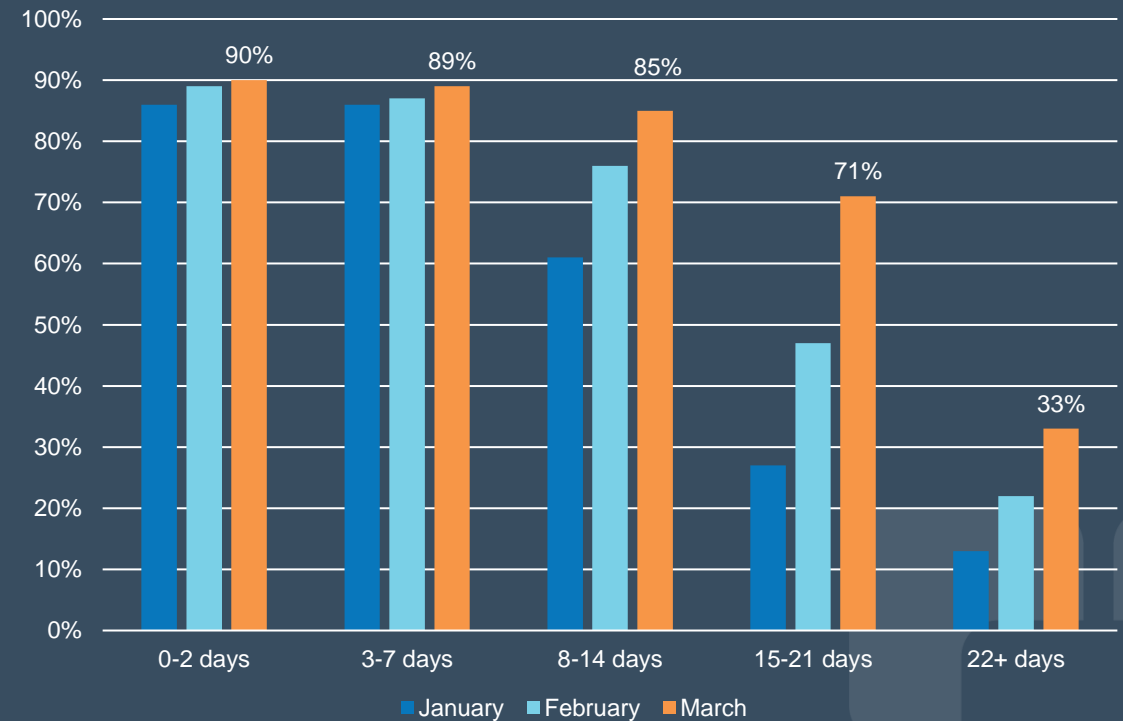


# Ohio Surgical Initiation/Authorization - Dashboard -

## Initiation Rate



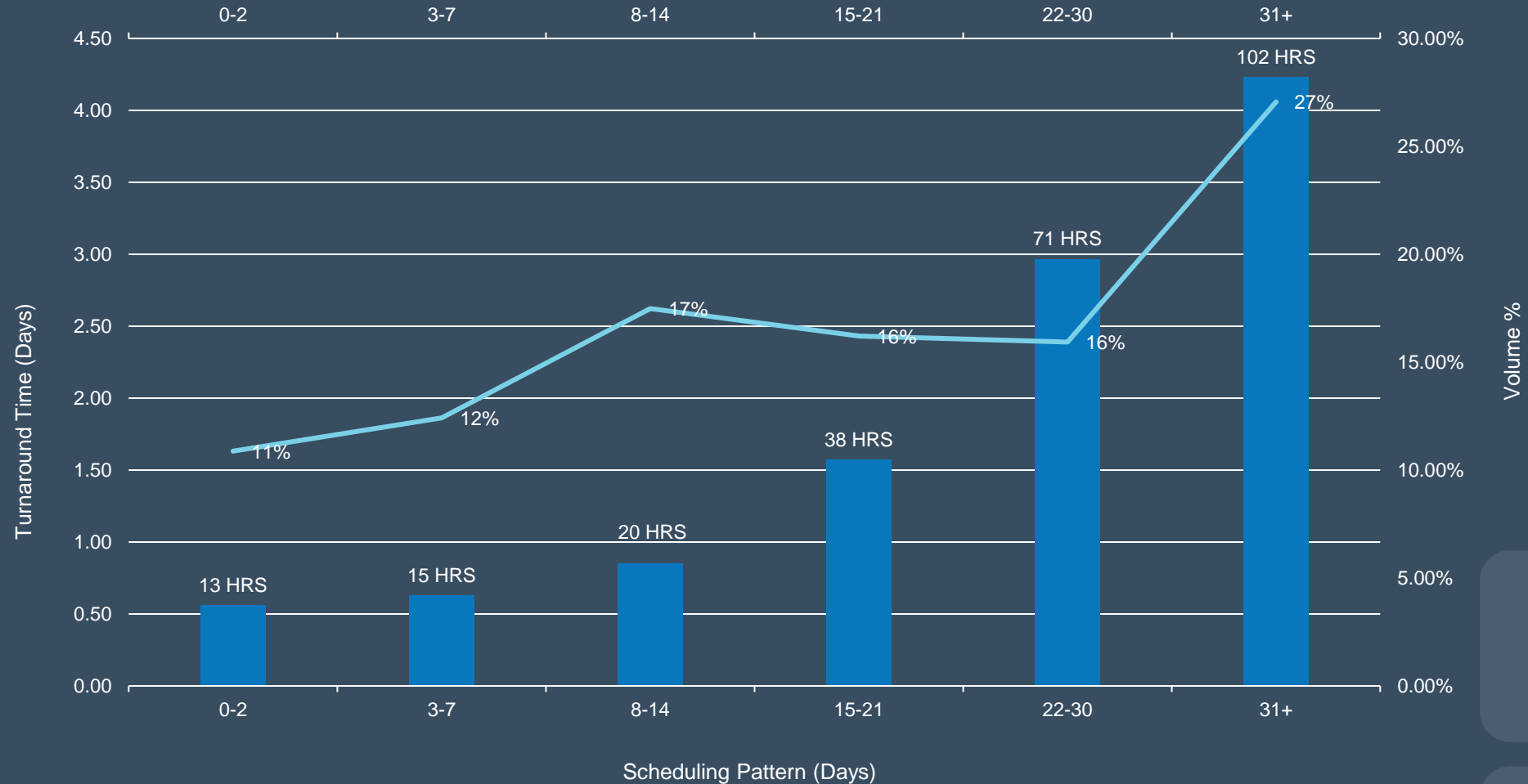
## Approval Rate



- Measures the average end of day standing on case (includes pending, denied and authorized)



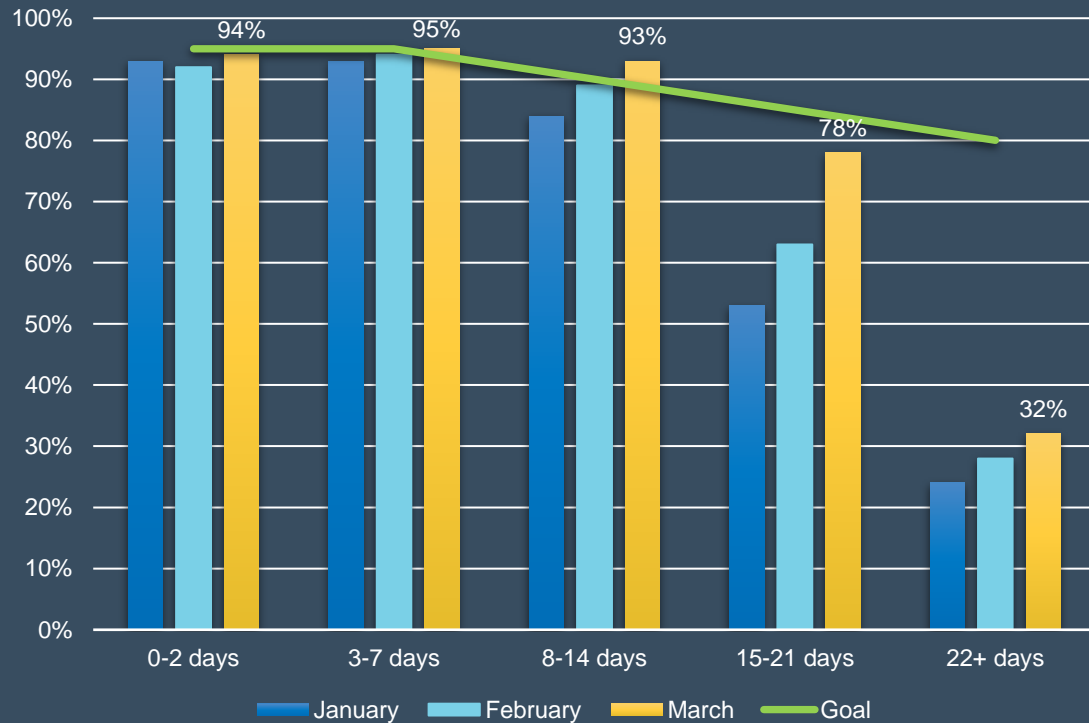
# Ohio Surgical Turnaround Time



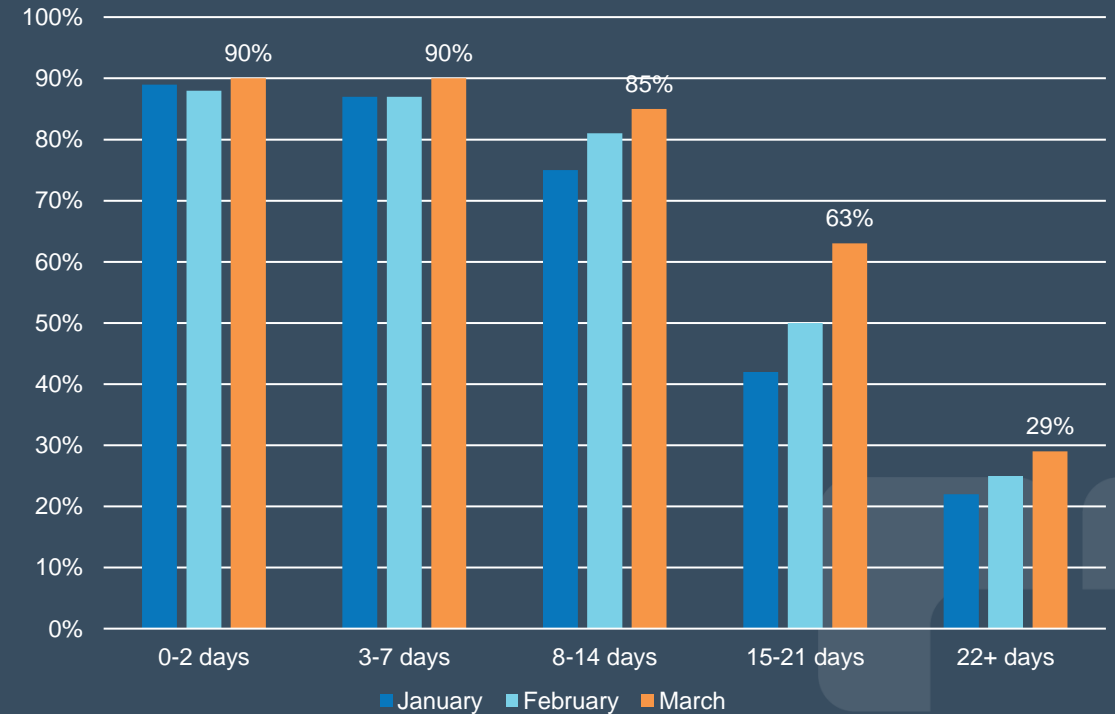
- Measures how quickly, on average, an authorization is being submitted based on scheduling pattern

# Ohio Outpatient Initiation/Authorization - Dashboard -

## Initiation Rate

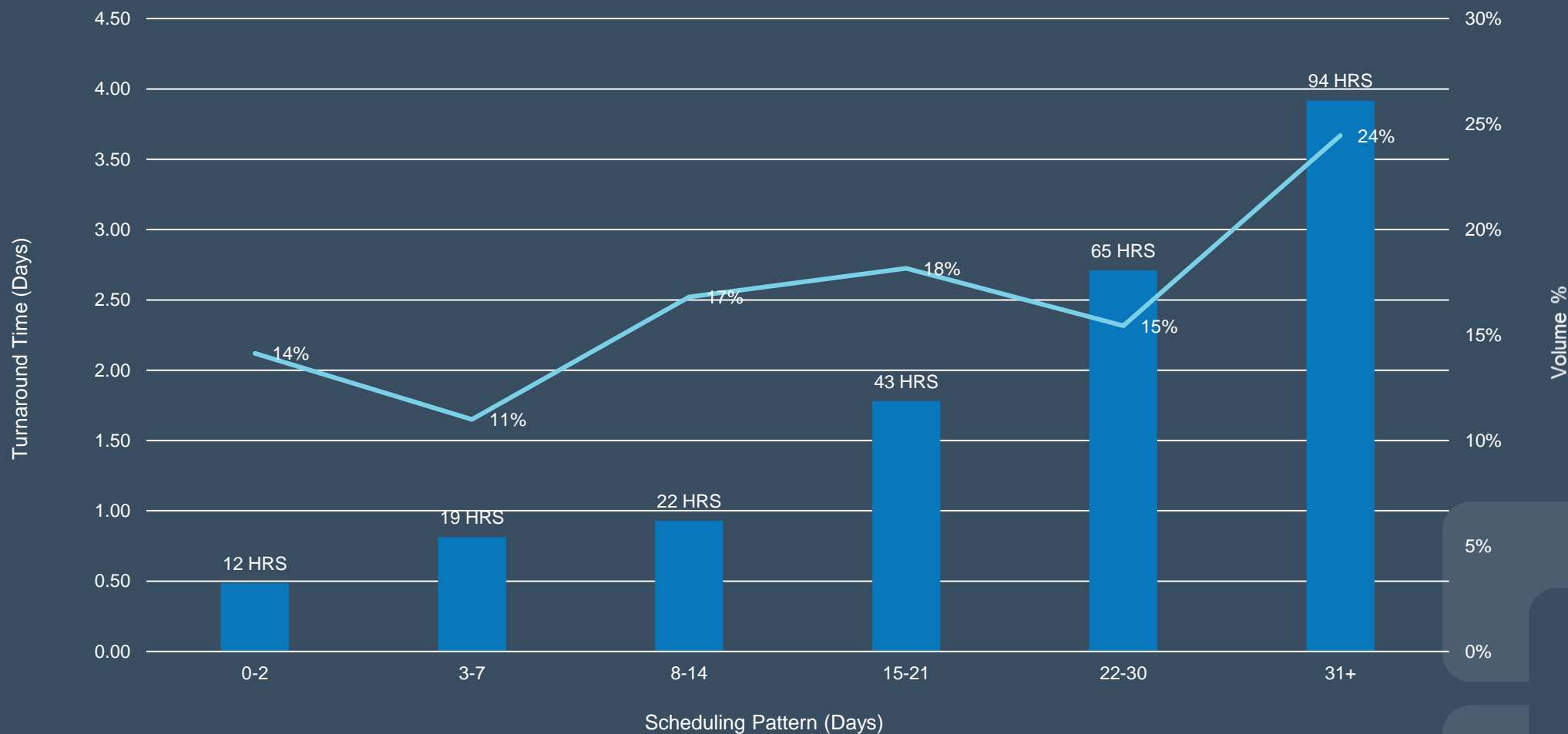


## Approval Rate



- Measures the average end of day standing on case (includes pending, denied and authorized)

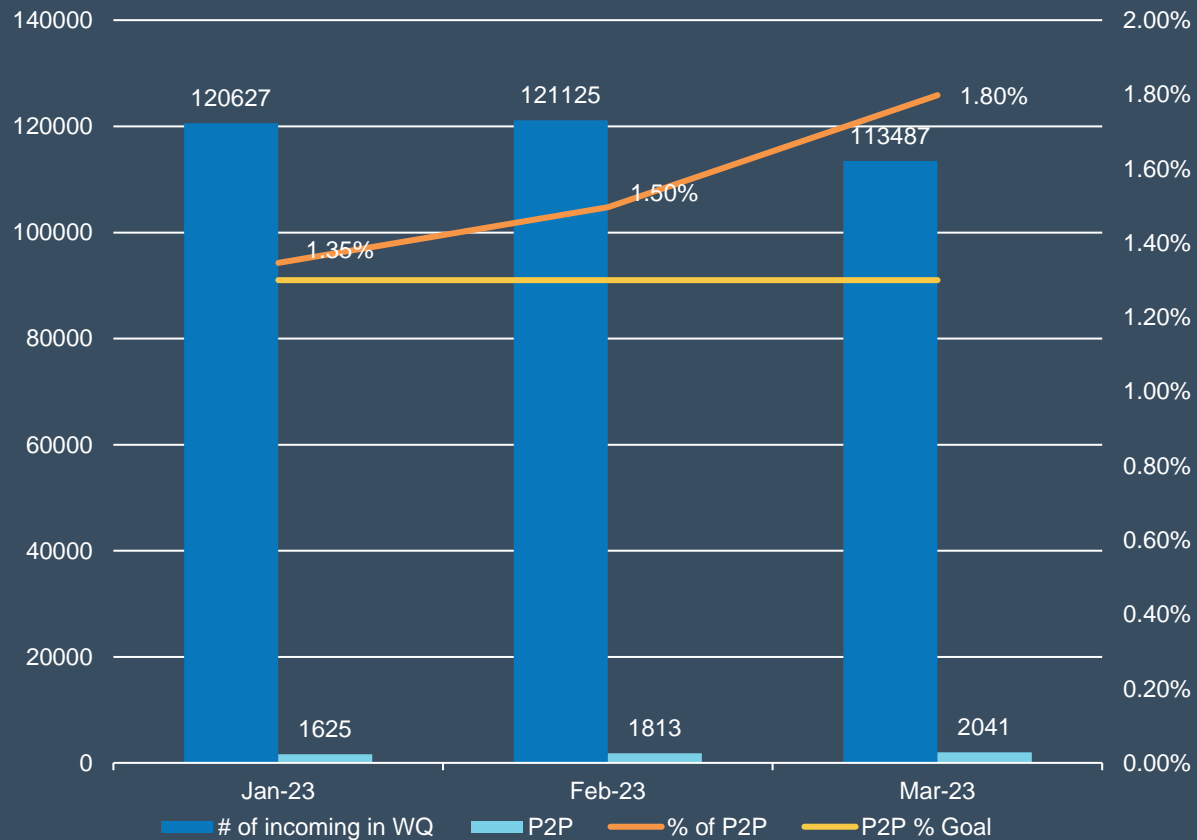
# Ohio Outpatient Turnaround Time



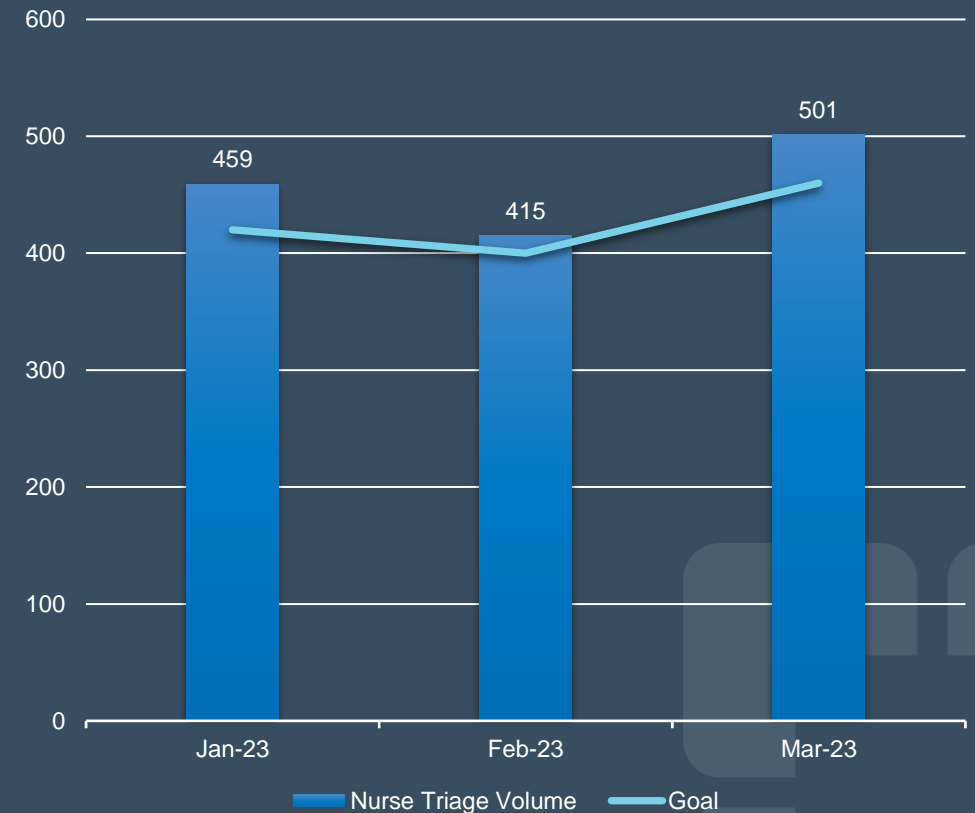
- Measures how quickly, on average, an authorization is being submitted based on scheduling pattern

# Ohio Peer to Peer

## WQ Volume vs. Peer to Peer Volume

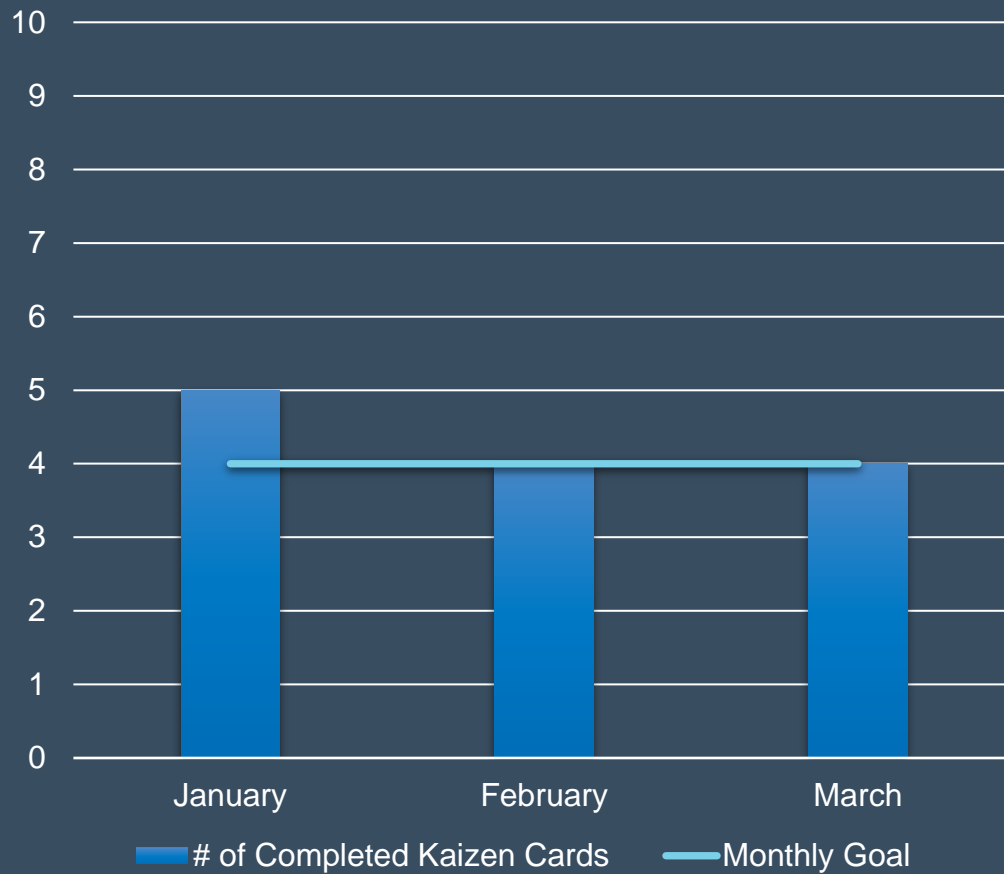


## Nurse Triage



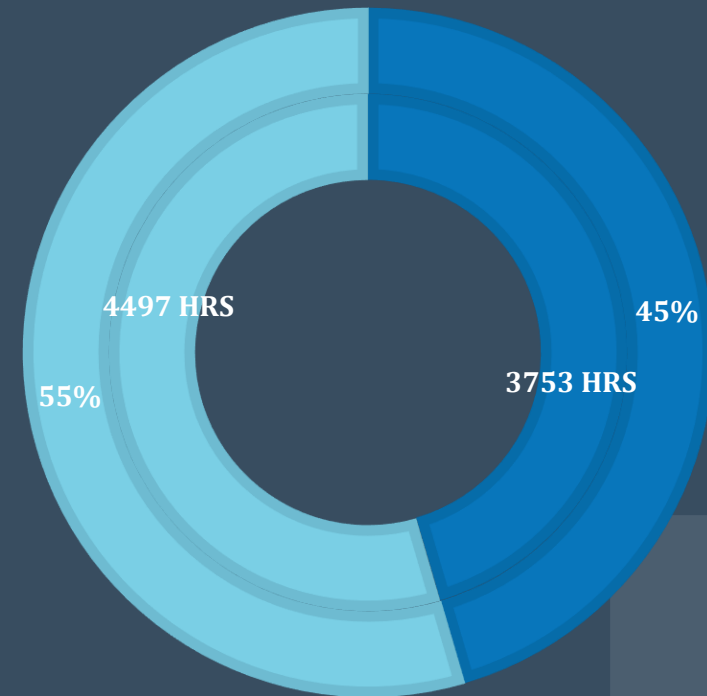
# Ohio Kaizen

## Completed Kaizen Cards



■ 2023 Cumulative Hours Saved

■ 2023 Hours Remaining to Year End Completion Goal of 8,250



# SWAT Approach for Write-Offs



CI derived initiative to reduce controllable write-offs for authorization and medical necessity



Multi-disciplined team across front-end/back-end with key support for Continuous Improvement



Teams develop project plans, with focus on remediations

People  
Process  
Technology



Ensure metrics available to measure impact, milestones



Monthly report out by teams on project status and blockers

# Authorization Transformation



# Reality of Prior Authorization

Burdensome payer process resulting in significant CC waste/duplication of effort

Non-standardized process across the payer spectrum

Impacts access to care and frustrates patients and caregivers

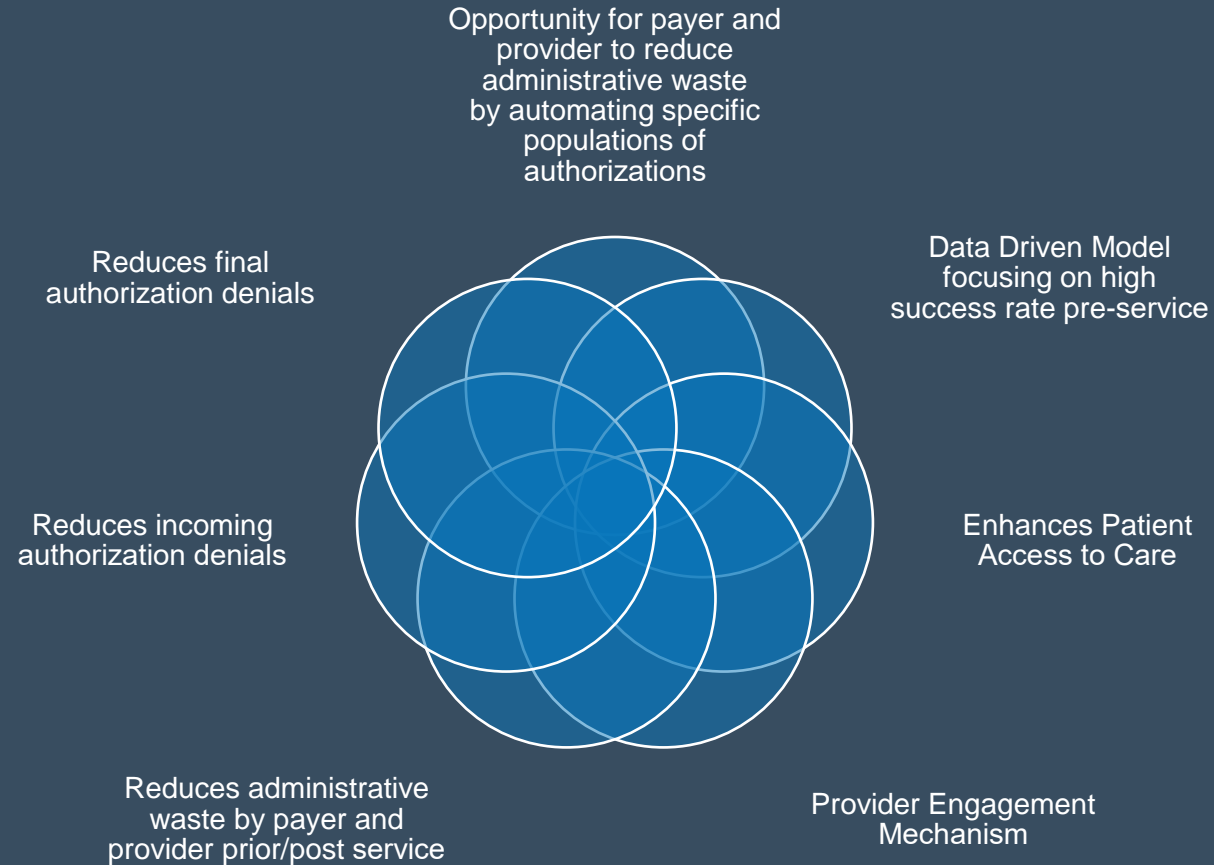
Need for transformative solution(s):  
1) Gold-Card  
2) Automation



# Gold Carding



# What is Gold Carding?



# Active Gold-Carding

- CCF has had active gold-carding across varying payers over the past 10 years (aggressive expansion past 4 years)
- National, regional, local and state payers engaged
- Varying levels of gold-carding (service line and/or individual CPT)
  - Diagnostics (CT, MRI, PET, Echo, Sleep)
  - Ambulatory surgery
  - PT/OT
  - Radiation Oncology
  - Pharmacy (chemo, drugs injection/infusions)
  - Site of Care
- Monitor payment success rate for gold-carded services, holding payers accountable for denial in errors (use Billing Indicator based on payer/CPT gold-carded)

What can't be gold-carded...

Automate!



# Cleveland Clinic Approach to Automation Solutions

## Operational Feasibility

- Assess priorities
- Does not require operational overhaul

## Value Based

- Knowledge on variation of PA process
- Drive resources to best support PA process

## Multifaceted

- Not one solution out there
- Identify solution(s) that can integrate and interoperate (AI, RPA)



Payer

# Rhyme Overview

The Rhyme automated solution is the only fully integrated prior auth solution in the industry. The solution implemented at Cleveland Clinic leverages the X12 278 standard transaction and CAQH CORE prior authorization operating rule requirements related to response time, clear communication of additional clinical information needs and status updates. Together, the operating rules, standard, and automated solution integrate into the provider staff workflow, and show a positive impact on staff satisfaction. In addition, reduced wait times and shorter overall turnaround time enable timelier delivery of patient care.



Fewer prior authorizations that have **wait times** to move to next step



Reduced **time to complete** prior authorization tasks



Work at “top of license”



Automated and real-time decisions

ENHANCED ACCESS

Current Process	Work Within Epic	Initiation	Clinical Submission	Follow-up
<b>What is Done</b>	<ul style="list-style-type: none"> <li>Find case to work, review scheduled visit/order to determine appropriate steps to take</li> <li>ID correct payer portal/payer to start with</li> </ul>	<ul style="list-style-type: none"> <li>Manually inputting all the required info for payer (CPT, DX, date of service, NPI/TAX ID, policy #, member info), eligibility and benefit</li> <li>Document actions taken in Epic</li> </ul>	<ul style="list-style-type: none"> <li>Identify clinical from Epic record to upload to payer portal</li> <li>Review clinical record in Epic to answer/support clinical survey</li> <li>Document actions in Epic</li> </ul>	<ul style="list-style-type: none"> <li>Check payer portal (can range from 1+ touches depending on how low until decision made) for auth status</li> <li>Add approval number, date range, etc.</li> </ul>
<b>Time Spent</b>	<ul style="list-style-type: none"> <li>~ 5 minutes</li> </ul>	<ul style="list-style-type: none"> <li>~ 5-10 minutes</li> </ul>	<ul style="list-style-type: none"> <li>~ 3-12 minutes</li> </ul>	<ul style="list-style-type: none"> <li>~10-60+ minutes</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>Multiple, repetitive steps due to manual input of data entry</li> </ul>	<ul style="list-style-type: none"> <li>Manual processing, risk for error</li> <li>Toggling back and forth between payer and portal</li> </ul>	<ul style="list-style-type: none"> <li>Varying portals across the industry</li> <li>Drive different actions needed to be taken</li> </ul>	<ul style="list-style-type: none"> <li>Varying portals across the industry</li> <li>Non-standard information returned</li> </ul>

Automated Process	Work Within Epic	Initiation	Clinical Submission	Follow-up
<b>What is Done</b>	<ul style="list-style-type: none"> <li>Case auto identified based on pre-set logic</li> <li>Payer mapping to correct portal</li> </ul>	<ul style="list-style-type: none"> <li>Automated case creation</li> <li>Once created, status auto-returned to Epic directing caregiver to defect</li> </ul>	<ul style="list-style-type: none"> <li>Link provided from PAN into Epic to direct connect to portal (one login)</li> <li>Clinical submission/clinical survey completed by caregiver</li> <li>Document actions in Epic</li> </ul>	<ul style="list-style-type: none"> <li>Automated, real-time status write back into Epic</li> <li>Leverage status mapping to CCF driven process</li> </ul>
<b>Time Spent</b>	<ul style="list-style-type: none"> <li>0 minutes</li> </ul>	<ul style="list-style-type: none"> <li>0 minutes</li> </ul>	<ul style="list-style-type: none"> <li>~ 3-12 minutes</li> </ul>	<ul style="list-style-type: none"> <li>0 minutes</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>Automated workflow, touchless</li> </ul>	<ul style="list-style-type: none"> <li>Auto case creation with payer within seconds</li> </ul>	<ul style="list-style-type: none"> <li>Focus on value, managing defect in auth process</li> </ul>	<ul style="list-style-type: none"> <li>Reduce vendor need</li> <li>Immediate final decision written-back into Epic with approval #, date range, etc</li> </ul>

# Automation!

**Auto-Gen  
Referral  
from Order**

- MRI scheduled 2/10 at 9:42am for a DOS of 2/21

**278**

- Interface out to payer at 2/10 at 9:42am
- 1 minute later response written back indicating need for clinical survey

**Manage  
Defect**

- Auth rep access case in WQ at 9:53am, clicked PAN supplied link, and submitted clinical survey at 9:57am

**278**

- PAN System indicated approval at 9:57am
- Write back into Epic referral completed at 10:00am

4 minutes  
interaction, auth  
obtained 15 minutes  
after visit was  
scheduled



# Overall Impact





**Every life deserves world class care.**