Prior Authorization

CASE STUDY · PAYERS · CARE & UTILIZATION MANAGEMENT

Taking $2.5M a year out of prior-auth intake.

A large member-owned U.S. health insurer replaced an outsourced, per-page intake operation with automated processing that validates prior-authorization packets and routes them into the systems it already uses.

LATEETUD

HEALTHCARE
MICROSOFT PARTNER · AZURE AI DOCUMENT INTELLIGENCE · AZURE ML
CASE STUDY · AUGUST 2026

THE CUSTOMER

Member-owned health insurer. Health plans paying a BPO per document and per page to validate, index and route prior-auth faxes.

MEMBERS
30 million

NETWORK
10,000+
hospitals

VOLUME
300K
faxes / month

The challenge

- **Costs rose with volume.** Per-unit pricing meant the invoice grew at the same rate fax volume grew.
- **Turnaround slipped.** Manual processing slowed authorizations, because clinical review waited on indexing.
- **Manual entry created avoidable risk.** Errors could carry into review, with no standardized audit trail.
- **More volume meant more people.** The operation could only add capacity by adding staff.

The solution

Every packet is processed as it arrives.

- Fax · email · portal
- Automated intake & validation
- Exceptions → people
- Existing core system → clinical review

Each packet is handled as soon as it arrives. Requests arriving by fax, email, or portal come into one queue. Documents are classified and separated, and the required information, including member, provider, procedure codes, dates, and other fields, is extracted and checked against the plan's business rules. Anything that does not meet the required confidence level goes to a person for review. Cleared records are written directly into the systems the plan already uses.

OUTCOMES · MEASURED

Figures are based on the customer's own pre- and post-deployment measurements.

$2.5M
direct annual savings, against an outsourced baseline of **more than $7M**.

70%
running **straight through** within six months, with the remainder queued to people.

70M
pages processed a year, without manual keying of each packet.

3.6M
documents ingested, classified, validated, and routed a year.

WHAT MADE IT WORK

The original economics were straightforward: outsourced intake was priced by document and page, so costs increased with volume. Automation changed that. The plan could process substantially more work without its intake cost rising at the same rate.

Payers are now removing authorization requirements for more routine services. That leaves fewer requests requiring clinical review, but the requests that remain tend to involve more exceptions, documentation, and clinical complexity.

For those cases, the job is different. Get a complete request to the right reviewer quickly, and send exceptions to people when something needs attention.

START A CONVERSATION

Give us 45 minutes and a sample of your own packets. We will show you where the time goes, where errors occur, and what the intake process is costing you.

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