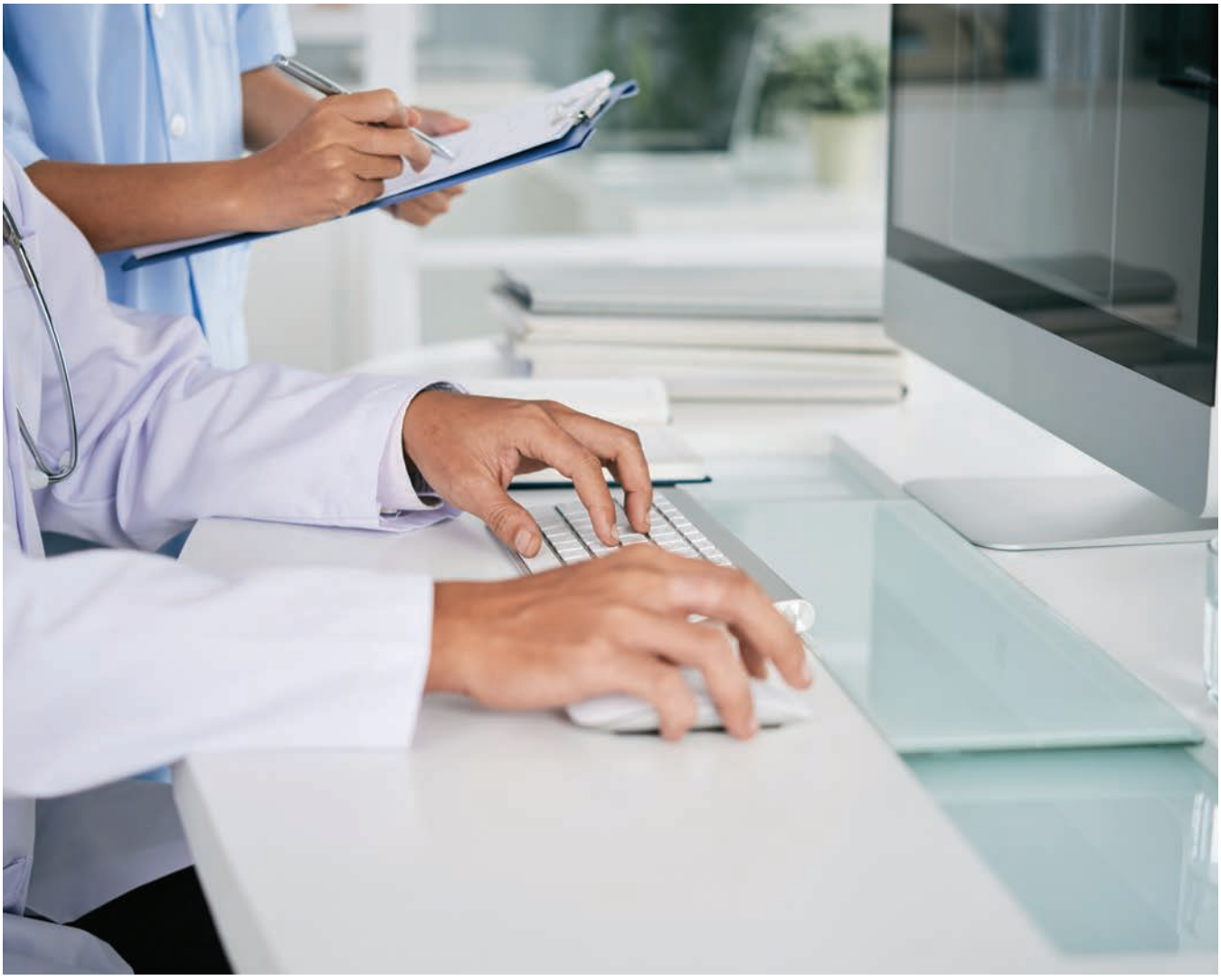
arrive HEALTH

From Obstacles to Opportunities:

Advancements in Prior Authorization Technology

An Arrive Health and UPMC Collaboration

While the intent of prior authorization (PA) is to manage utilization and ensure appropriate, cost-effective care, the manual process of PA often introduces administrative burdens, delays, and frustration for both providers and patients. In recent years, the momentum to modernize PA workflows has increased, giving rise to an array of new standards and technologies. Progress is being made and, while obstacles remain, there are unprecedented opportunities to streamline and simplify the PA process for its four key players, providers, payers, pharmacies, and patients.



Challenges of the Traditional PA Processes

PA is a utilization management strategy employed by payers to determine the medical necessity and cost-effectiveness of proposed treatments or services before they are delivered. Traditionally, providers have relied on faxed requests, phone calls, or electronic portals to navigate the PA process. This process takes providers and their staff ~12 hours each week to complete and requires processes outside of the electronic health record (EHR), creating significant administrative burden and causing delays. Thus, many providers view the traditional PA process as a necessary evil with the potential to cause unnecessary care disruptions.

On average, provider offices spend **12 hours** each week on PAs.

Stakeholders agree that the PA process must be improved. On average, physicians complete 43 PAs per week and 27% report that PAs are often denied. The rationale behind denials is frequently unspecified, causing most physicians to abandon the appeals process due to the anticipated low success rate.[2]

Delays in the PA process can cause confusion for patients and contribute to a lack of compliance. Patients frequently do not know which of the medications being prescribed to them require PA. Consequently, they may show up at their preferred pharmacy to pick up their prescriptions, only to find themselves caught in administrative limbo while their health care providers submit paperwork to their insurance companies. They may even need to serve as intermediaries, which often requires making multiple phone calls and gathering extensive documentation. The uncertainty of approval timelines can lead to interruptions in treatment or lapses in medication.

Adding to the challenge is the scope of drug-payer combinations that providers must navigate. To illustrate, in just 6 months, Arrive Health saw over 500,000 unique combinations of drug-plan PAs. As health care costs continue to rise and therapies increase in diversity and complexity, the need—and demand—for new approaches to accelerate the PA process is growing.

2. American Medical Association. 2023 [make ital] AMA prior authorization physician survey. [end ital] Available at https://www.ama-assn.org/system/files/prior-authorization-survey.pdf.

Why Prior Authorization Remains

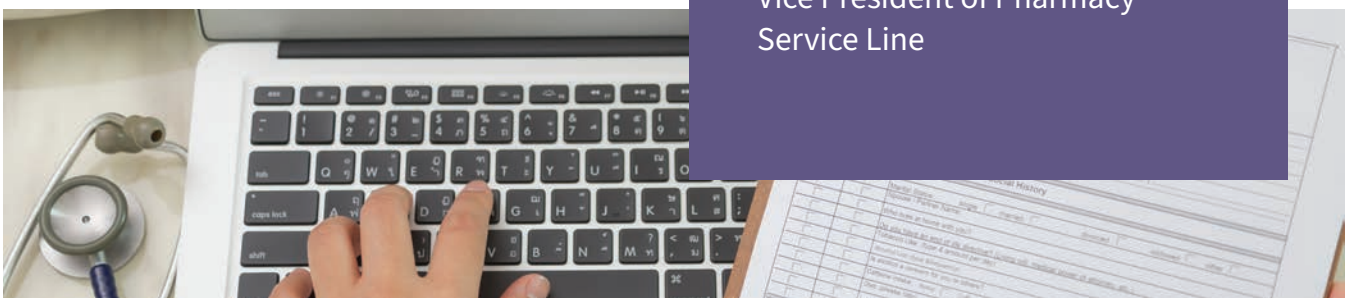
Stakeholders across the board agree that PA plays an important role in:

- Ensuring patient safety
- Mitigating fraud
- Reducing waste

Large-scale studies have shown that billions of dollars are lost annually due to overbilling, misaligned incentives, or outright fraud.[3] PA processes help mitigate these losses by verifying that treatments are medically necessary and follow evidence-based guidelines. In addition, many therapies carry risks when used in the wrong context, or may be rendered obsolete by newer, less harmful alternatives. PA helps confirm that a treatment is appropriate and can flag potential contraindications.

"Part of the reason we have prior authorizations is there is sometimes special lab work that you need or there might be imaging that you need to have. Those pieces are put into place to keep you safe and make sure that you don't have an ill-intended consequence. We need to make sure that everything that needs to happen before you start the medication happens."

Rebecca Taylor
Vice President of Pharmacy Service Line



3. US Government Accountability Office. Medicare and Medicaid: [ital] Additional Actions Needed to Enhance Program Integrity and Save Billions,[end ital] April 16, 2024.

Multi-Disciplinary Perspectives on PA

Arrive Health convened a panel from University of Pittsburgh Medical Center (UPMC) comprising key stakeholders in the PA continuum:

Robert Bart, MD., Chief Medical Information Officer, UPMC Health Services Division

Chronis Manolis, Senior Vice President Pharmacy/Chief Pharmacy Officer at UPMC Health Plan

Rebecca Taylor, Vice President of Pharmacy Service Line

The panelists presented a holistic view of the provider, payer, and pharmacy perspectives on PA. The panelists unanimously affirmed the necessity of PA while recognizing the need to make it more efficient.

Obstacles to Modernizing PA

Interoperability gaps

Many health care organizations still use disparate EHR systems, payer portals, and custom software. Without a common interoperability standard, these systems have difficulty exchanging relevant clinical and coverage data. Even when using established data-sharing protocols, organizations may implement them differently, causing mismatches or incomplete data transfers.

Regulatory and policy complexity

PA guidelines and procedures vary by state and payer, creating a patchwork of requirements. Health plan formularies, coverage policies, and step therapy rules change frequently, adding complexity.

Stakeholder hesitancy or resistance

Despite the administrative burden associated with paper PA processes, providers have concerns that new systems will add, rather than remove, steps, particularly if the system is not integrated smoothly with the EHR or changes existing workflows.

"Regardless of stakeholder, everybody wants affordability and access. Our ability to manage costs is just not what it used to be. There's also pressure to reduce administrative costs. So prior auth isn't going away. However, it doesn't mean we can't improve the process."

Chronis Manolis

Senior Vice President Pharmacy/ Chief Pharmacy Officer at UPMC Health Plan

The driving force behind modernization is not to eliminate PA, but to mitigate the frustrations and costs that arise from manual processes and the delays in treatment initiation across care settings. This balanced perspective ensures that any new solution emphasizes appropriate use, cost reduction and real-time workflows that benefit the patient.

"What I would really love in a future state is to show a transparent process for everybody. For the retail pharmacist to know if a PA has been processed or where it is in the queue and how long that might be."

Chronis Manolis

Senior Vice President Pharmacy/Chief Pharmacy Officer at UPMC Health Plan

Opportunities and Innovations in PA Technology

Better solutions are not just an aspiration, they are already here and being used by providers to transform care today. The PA process can be enabled with technology that embeds electronic prior authorization (ePA) functionality directly into existing EHR workflows, leveraging health care data standards to automatically pull relevant clinical data needed for decision-making without requiring separate portal logins. These ePA systems allow providers to submit electronic requests regarding PA requirements to payer portals and receive payer responses in hours, versus days. Generative AI is also being used to analyze and summarize coverage requirements so that providers understand approval criteria from the outset. This real-time approach eliminates unnecessary paperwork, phone calls, and faxes, thereby expediting approvals and minimizing treatment delays. For UPMC providers using Arrive Health ePA, as of February 2025, the median turnaround time from prescription signature to payer decision across 26 clinics is 7 hours.[3]

Integration with Real-Time Prescription Benefit Tools

Real-time prescription benefit (RTPB) tools provide patient-specific prescription benefit information at the point of care, offering instant visibility into coverage and utilization management scenarios and out-of-pocket costs. This visibility allows providers and patients to make more informed decisions and helps avoid PAs by expanding the range of treatment options and suggesting covered or unrestricted formulary alternatives. At UPMC, providers switched drugs in 33% of the instances where a covered alternative was suggested by Arrive Health's RTPB tool.[4] By facilitating price transparency, RTPB tools enable providers to have informed conversations with patients and their families about the financial impact of treatment.

3,4 Arrive Health. *Data on file.*

"Real-time benefits management is the single biggest innovation that we have put in in a long time. You can provide clinical decision support information seamlessly. This alone will educate our providers and give them tools they have never had before. "

Chronis Manolis

Senior Vice President Pharmacy/ Chief Pharmacy Officer at UPMC Health Plan

When a provider is unable or unwilling to switch, RTPB is the trigger to kick-off the ePA process. RTPB and ePA each offer unique benefits to providers, patients, and payers, and in combination, their impact is even more powerful. The seamless integration of RTPB and ePA into EHR workflows enables both providers and payers to fulfill the core objectives of PA:

Timely access to appropriate care

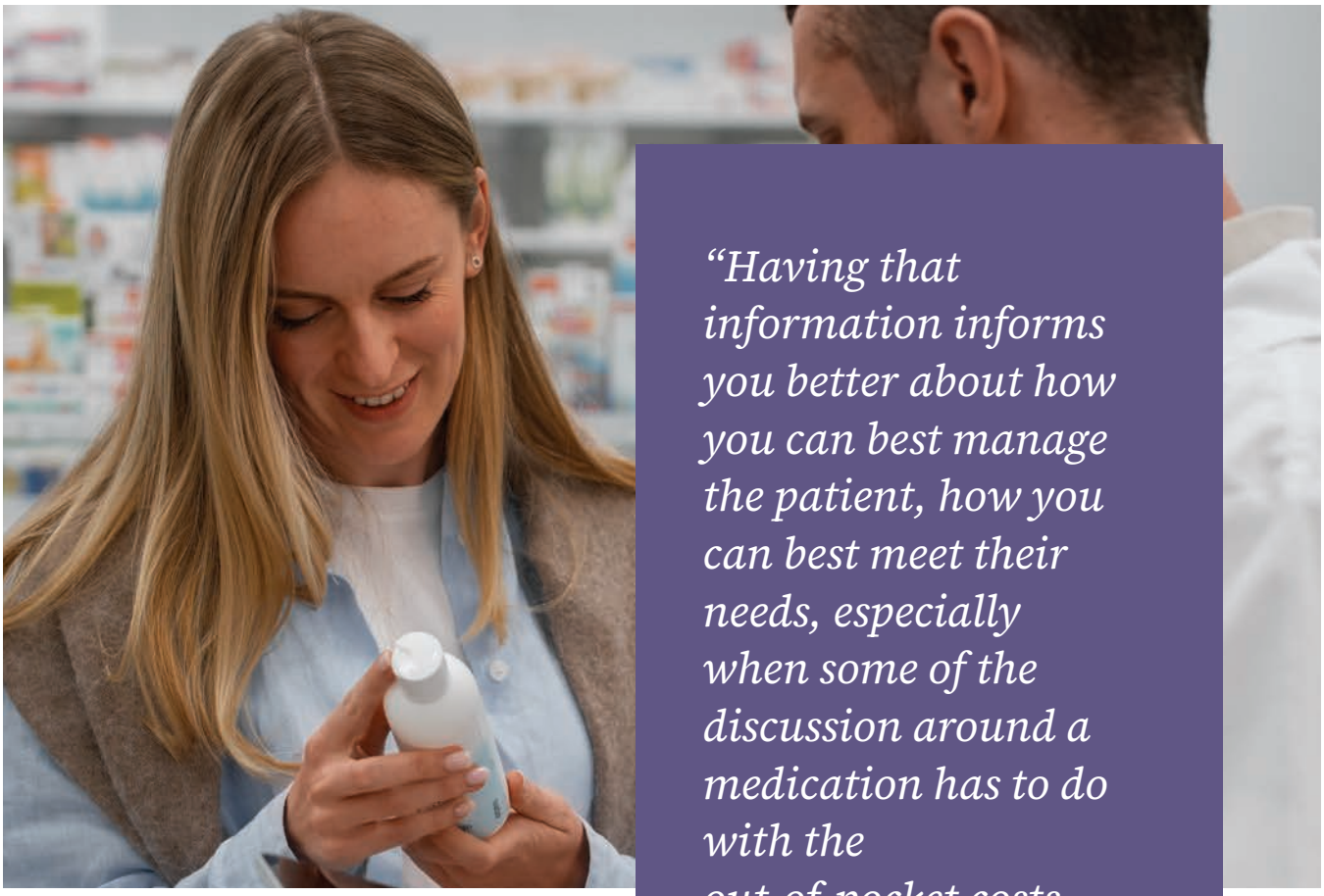
Providers can make informed, evidence-based treatment decisions in real time, reducing the likelihood of prescribing medications that require PA without the necessary approvals, thereby avoiding care delays and patient frustration.

Formulary adherence and cost control

Clear, real-time guidance on coverage requirements at the point of care minimizes PA requests that do not meet eligibility criteria. Providers can also view formulary alternatives and their associated costs, enabling informed choice about cost-effective therapies specific to each patient's insurance coverage.

Greater transparency, trust, and affordability

Patients can understand the financial implications of their treatment options at the point of care, avoiding surprises and delays at the pharmacy. Access to real-time benefit information can also facilitate provider-patient communication, enabling shared decision-making and reducing the likelihood of non-adherence.



"Having that information informs you better about how you can best manage the patient, how you can best meet their needs, especially when some of the discussion around a medication has to do with the out-of-pocket costs related to them. Having all that in front of you enables a more trusting conversation with patients and their families."

Dr. Robert Bart

Chief Medical Information Officer, UPMC Health Services Division

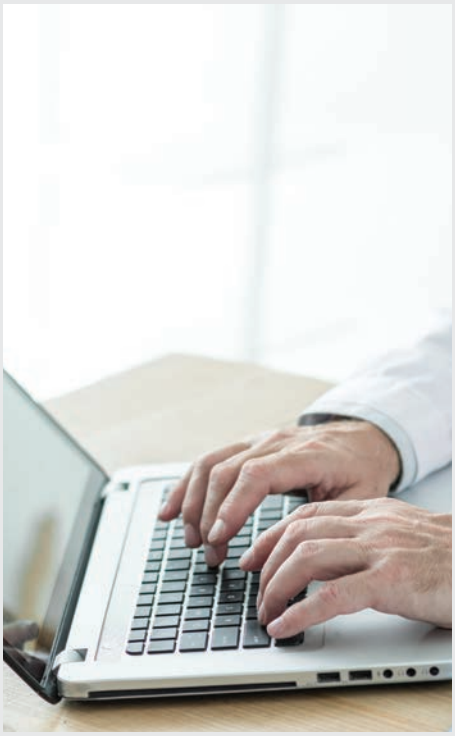
By spotlighting expanded access opportunities and automating the PA process, RTPB and ePA integration frees up provider resources to focus on patient care while minimizing payer administrative workload. Faster approvals lead to more timely patient care, aligning with value-based initiatives that aim to improve outcomes while reducing costs. Taking it a step further, aggregated and standardized data from PA processes can reveal patterns in utilization to inform risk-sharing models and clinical decision-making.

Future Trends

There remains significant opportunity to advance PA technology.

Generative AI

PA is one of the most popular focus areas for generative AI tools. For the first time, technology can make sense of the more than half a million unique combinations of PA requirements and dramatically accelerate the process of combing through patient records for specific clinical information. AI-driven tools hold the promise of clarity around PA requirements, and faster, more complete responses to the required questions. While much remains to be seen, reducing the administrative burden and accelerating time to therapy is critical.



Industry Collaboration and Standards

PA solutions often lack standardized approaches to data exchange and require significant manual data entry. To address this, industry groups and government agencies have introduced data-sharing protocols such as HL7 Fast Health care Interoperability Resources (FHIR) to facilitate more uniform data exchange across diverse provider, payer, and third-party vendor systems to reduce the friction of technology integration. Notably, pharmacy benefit managers (PBMs) and payers are beginning to shift towards accepting clinical values available through FHIR based interoperability versus the current practice of answering questions about the patient.

"Information should be portable. It should be accessible. It should be easy to understand. A patient should be able to log in and see their PA status at any time."

Rebecca Taylor

Vice President of Pharmacy Service Line

The Impact of Collaboration

Collaboration, transparency, and tool integration among providers, payers, and PBMs is central to advancing innovation for PA processes. With integrated technologies, each party gains real-time visibility into what is being prescribed, what is covered, and which steps of the PA process can be automated to create meaningful efficiencies. To achieve this, payers, providers, PBMs, and technology vendors must align on data standards, clinical rules, and workflow expectations. When all stakeholders agree on the core objectives of PA and invest in change management, technology adoption will accelerate.

"This is our moment to really change prior authorizations and just make it a background function. This is a win-win-win. We take the burden off the offices. We take the burden off the plan. We take the burden off the retail pharmacies. Ultimately, we take the burden off the patient. And then you see all these other clinical benefits."

Chronis Manolis

Senior Vice President Pharmacy/ Chief Pharmacy Officer at UPMC Health Plan

Conclusion

PA remains a necessary guardrail in health care, ensuring both patient safety and cost control. The path to a modernized, efficient, and patient-centered PA framework is complex and involves pairing automated ePA with RTPB, AI-driven decision support, and robust interoperability. By aligning stakeholders and leveraging advanced technology, the health care industry can realize a future in which PA is timely, reliable, and transparent, serving the goals of reducing costs, optimizing care quality, and improving patient outcomes.

To learn more about implementing ePA or RTPB, connect with an Arrive Health expert.

About
Arrive Health

Arrive Health is the leading provider of integrated solutions that improve patient affordability and access to care. We collaborate with premier health systems, pharmacy benefit managers, payers, and healthcare IT vendors to clear the way for better health.

Arrive Health offers a combination of real-time benefit check technology, prior authorization workflow tools, and automated patient engagement capabilities. More than 300,000 providers leverage our solutions to find lower-cost medication options, reduce friction throughout the healthcare journey, and enable adherence for 200M patients across the US.

For more information about Arrive Health, visit arrivehealth.com