

30-Day Visibility Pilot Guide

From authorization intake to operating insight

A practical guide to running the Prior Auth Operating View inside your organization

HOW THE PILOT WORKS

The pilot follows one defined group of new authorization cases from intake through a set follow-up period. At the end, you will be able to see three things your denial rate can't show on its own:

AUTHORIZATION WORKLOAD — where the work is concentrated

FAILURE ORIGIN — where extra work first becomes visible

RESOLUTION BURDEN — what cases require before they close

THE 7 STEPS

- 1 Choose your scope
- 2 Define your rules
- 3 Assign ownership and data sources
- 4 Run the 30-day intake
- 5 Complete follow-up
- 6 Read your operating views
- 7 Investigate the signals

Steps 1–3 happen before Day 1. The decisions made here determine how consistently the pilot can be run and how confidently the results can be interpreted.

THE CORE RULES

These apply to every step. The rest of this guide assumes them.

1. **30 DAYS IS THE INTAKE WINDOW, NOT THE LENGTH OF THE PILOT.** Only new cases that enter your scope during the 30 days join the pilot. After Day 30, no new cases are added, but existing cases keep being followed.
2. **EVERY CASE IS ACCOUNTED FOR.** Each case is followed until it reaches a defined closing disposition or your follow-up cutoff. Cases still active at the cutoff stay in the data as "Still open at follow-up cutoff." Accounted for does not necessarily mean resolved.
3. **DEFINE BEFORE YOU MEASURE.** Decide what every term means before Day 1. If a definition must change, document what changed and when.
4. **DO NOT GUESS.** If your team cannot see something, record it as unknown. An honest "Undetermined" is more useful than a confident guess.
5. **OBSERVE FIRST. INVESTIGATE SECOND.** The pilot shows where patterns appear. It does not, by itself, prove why they happen.

HOW TO USE THIS GUIDE

Steps 1–3 include worksheets. Examples throughout follow one sample pilot: advanced imaging (MRI, CT, PET). Replace them with your own answers.

Record case-level information using your organization's approved data collection tools. This guide explains what to capture, how to structure the pilot, and how to interpret the findings.

STEP 1: CHOOSE YOUR SCOPE

Pick one authorization workflow that is narrow enough to track consistently and active enough to show patterns in 30 days.
Do not start with "all prior authorizations." Different workflows mixed together produce results that are hard to read.

Good candidates have one or more of:

- Meaningful authorization volume
- Recurring rework or delays
- Denial activity
- Suspected friction
- A question leadership wants answered

The most important decision on this page is the **ENDPOINT**. A pilot that stops at the final authorization decision measures something different from one that continues into claims and billing. Pick one and hold it.

WORKSHEET — PILOT SCOPE

Workflow / service area:

Example: Advanced imaging — MRI, CT, PET

Why this workflow?

Example: High volume and frequent records requests.

Included:

Example: Outpatient MRI, CT, and PET orders requiring prior authorization.

Excluded:

Example: Inpatient and emergency imaging; X-ray and ultrasound.

Payer, plan, location, or team limits (if any):

Example: None. All payers.

OUR PILOT SCOPE, IN ONE SENTENCE:

Example: We will track every new outpatient MRI, CT, and PET authorization request received in the central queue from Nov 2 through Dec 1, following each to a final authorization disposition or January 15.

A case STARTS when:

Example: The order is received in the central authorization work queue.

A case ENDS when:

Example: A final authorization disposition is reached. Claims and billing activity are outside this pilot.

Intake window: _____ through _____

Example: November 2 through December 1

Follow-up cutoff: _____

Example: January 15. Long enough for most appeals in this workflow to conclude.

Teams / work queues involved:

Example: Central authorization team, radiology scheduling, ordering provider offices.

SCOPE CHECK

- ☐ Anyone on the team can tell whether a new case belongs in the pilot.
- ☐ Start and end points are written down.
- ☐ Intake dates and follow-up cutoff are set.
- ☐ The scope is manageable with the people and data available.

STEP 2: DEFINE YOUR RULES

Every organization's workflow is different, so you write your own definitions. What matters is that everyone collecting data uses the same ones.

For each term, write what it means in your workflow, how you will recognize it, and where the information comes from. If you can't reliably observe something, don't guess. Say so in the definition.

HOW THE KEY TERMS FIT TOGETHER

Every piece of extra work beyond the expected path is an **ADDITIONAL ACTION**. Log each one separately, with a date, even if the same action happens more than once.

FAILURE ORIGIN records the **FIRST** point where the need for correction or intervention was identified. It is not necessarily the same as the first additional action taken in response.

A case requiring no correction or intervention has a Failure Origin of "None — no extra work."

WORKSHEET — DEFINITION LEGEND

TERM: Workflow started

Our definition: _____

How we identify it / source: _____

Example: Order arrives in the central auth queue. Queue entry timestamp.

TERM: Submitted to payer

Our definition: _____

How we identify it / source: _____

Example: Request accepted by the payer's or radiology benefit manager's portal. Portal confirmation number and date.

TERM: Initial determination

Our definition: _____

How we identify it / source: _____

Example: The payer's first determination: approved, denied, or partially approved / modified. Portal status or payer notice.

TERM: Additional action

Actions we will track:

☐ Internal correction

☐ Additional documentation submitted

☐ Internal / clinical follow-up

☐ Payer / vendor follow-up

☐ Resubmission

☐ Peer-to-peer

☐ Appeal

☐ Billing / claim follow-up (only if your endpoint includes claims)

☐ Other: _____

How we identify them / source: _____

Example: Work queue notes and portal activity log.

FAILURE ORIGIN — CHOOSE ONE PER CASE

REGISTRATION / ELIGIBILITY Example: Wrong member ID or inactive coverage found.

SUBMISSION / ROUTING Example: Request sent to the health plan when it needed to go to the plan's radiology benefit manager.

DOCUMENTATION / CRITERIA Example: Payer requests prior imaging results or notes documenting conservative treatment.

PAYER / VENDOR PROCESSING Example: A complete request stalls or is lost after entering review.

INTERNAL FOLLOW-UP Example: A request sits in the queue, a callback is missed, or a handoff is dropped.

UNDETERMINED — ORIGIN NOT VISIBLE Extra work was needed, but the available information doesn't show where it started. Use this rather than guessing.

NONE — NO EXTRA WORK

TIMESTAMP RULE: Record the date your team IDENTIFIED the issue, not when you think the underlying problem occurred.

Our rule for assigning Failure Origin when it's unclear:

Example: The pilot owner reviews the case. If the origin still isn't clear, the case is Undetermined.

STEP 2 (CONTINUED): DISPOSITIONS + SPECIAL SITUATIONS

CLOSING DISPOSITIONS

Every valid pilot case is accounted for by a closing disposition or, if still active at the cutoff, by its recorded follow-up status. List the closing dispositions that exist in your workflow.

Common examples: Approved • Denied • Partially approved / modified • No authorization required • Canceled • Withdrawn • Coverage changed • Order / service changed • Other

OUR CLOSING DISPOSITIONS:

Disposition: _____ Means: _____

Disposition: _____ Means: _____

Disposition: _____ Means: _____

Disposition: _____ Means: _____

Disposition: _____ Means: _____

Still open at follow-up cutoff — identify cases that have not reached a closing disposition by the predefined cutoff date. Report these separately from closed cases; do not treat this status as a closing disposition.

Example: Withdrawn — the ordering provider withdrew the request before a final determination.

SPECIAL SITUATIONS

Decide now how you'll handle cases that don't follow the expected path. The purpose is not to force every organization to handle these situations the same way. It is to establish your rule before data collection begins and apply it consistently.

Canceled order:

Example: Close the case with the disposition Canceled.

Order changes mid-process (for example, CT changed to MRI):

Example: Decide whether the changed order remains part of the same pilot case or becomes a new case, then apply that rule consistently throughout the pilot.

Duplicate request:

Example: Define whether duplicates remain part of the original case or are handled separately, including how any work they create will be recorded.

Coverage changes:

Example: Define how the case will be classified if coverage changes before the measured workflow reaches its endpoint.

Other:

DEFINITION CHECK

- ☐ Every term has a written definition and a source.
- ☐ Everyone knows how additional actions and Failure Origin relate.
- ☐ We know when to use Undetermined.
- ☐ Closing dispositions are listed.
- ☐ Special situations have a rule.
- ☐ Everyone collecting data has reviewed this legend.

STEP 3: ASSIGN OWNERSHIP AND DATA SOURCES

Name one pilot owner. They don't collect every data point. They make sure every qualifying case gets in, definitions are applied consistently, and follow-up continues after Day 30.

Then, for each piece of information, decide where it comes from and how it gets captured:

EXISTING DATA — already reliably recorded in a system. Pull it later; don't re-enter it by hand.

CAPTURE LIVE — only visible when it happens. Record it during the pilot.

BOTH — pull what exists, capture the rest live.

Example: A submission date may already exist in the payer portal or another source. The moment someone first notices a case needs extra work may not be reliably recoverable later unless it is recorded at the time.

WORKSHEET — OWNERSHIP & DATA SOURCE MAP

Pilot owner (name / role): _____

INFORMATION	SOURCE	CAPTURE	WHO RECORDS
Workflow started	_____	_____	_____
Payer / plan type	_____	_____	_____
Procedure	_____	_____	_____
Submitted to payer	_____	_____	_____
Initial determination	_____	_____	_____
Additional actions	_____	_____	_____
Failure Origin	_____	_____	_____
Closing disposition + date/time	_____	_____	_____

Example row: Additional actions | Queue notes + portal log | Both | Auth specialists

Who confirms every qualifying case enters the pilot?

Example: Pilot owner, reconciling the pilot case list against a daily queue report.

Who answers definition and classification questions?

Example: Pilot owner, with the authorization team lead as backup.

Who keeps following cases after Day 30?

Example: The auth specialist assigned to each case. The pilot owner checks open cases weekly.

PROTECT PATIENT INFORMATION

Use an internal pilot case number rather than patient names wherever practical. Store case-level information only in organization-approved systems and follow applicable privacy, security, and compliance requirements.

READY FOR DAY 1?

- ☐ Every item above has a source and capture method.
- ☐ Every contributor knows what they record.
- ☐ Our case-level data collection method is established and approved.
- ☐ Everyone has reviewed the Definition Legend.

STEPS 4 + 5: INTAKE AND FOLLOW-UP

STEP 4 — DAYS 1 THROUGH 30

- Record every new qualifying case in your approved data collection system using a unique pilot case number.
- Capture the starting information: payer, plan type, procedure, and workflow start date.
- As the case progresses, record key milestones, the first identified interruption, and each additional action with its date/time.
- Classify Failure Origin using the definitions established in Step 2. Record the first point requiring correction or intervention.
- Log repeated additional actions separately, even when the same action occurs more than once.
- When a case reaches its closing disposition, record the outcome and date/time.
- Exclude cases that began before Day 1 or after Day 30 from the pilot cohort. Check inclusion dates consistently.
- Do not remove qualifying cases because they become complicated, incomplete, or difficult to classify.

WEEK-ONE CHECKPOINT

After the first week, the pilot owner reviews a sample of cases:

- ☐ Are there missing dates, inconsistent classifications, or cases that do not meet the pilot's inclusion rules?
- ☐ Are people applying the definitions the same way?
- ☐ Can the required information actually be obtained?
- ☐ Is anyone guessing at Failure Origin?
- ☐ Are repeated actions being logged separately?

Fix problems now, while they're cheap. Write down any clarification and apply it consistently from that point forward.

STEP 5 — AFTER DAY 30

No new cases enter. Every existing case keeps being followed, using the same definitions, until it reaches a closing disposition or the follow-up cutoff.

At the follow-up cutoff, identify all pilot cases that remain active. Record them as “Still open at follow-up cutoff” and report them separately from closed cases.

Apply the cutoff to every case. Don't give certain cases extra time because of how they are going.

EXAMPLE CASE

- Day 27** — MRI order enters the queue. Added to the pilot.
- Day 28** — Submitted to the radiology benefit manager.
- Day 31** — Issue identified — Documentation / criteria Additional records are needed. (Intake has closed; the case keeps being followed.)
- Day 33** — Additional action — Additional documentation submitted
- Day 38** — Intervention — Documentation / criteria identified again.
- Day 39** — Action — Additional documentation submitted again. Logged as a separate action occurrence.
- Day 41** — Approved. Closing disposition: Approved. Closing date: Day 41.

When every valid pilot case has a closing disposition or has reached the follow-up cutoff, the pilot is ready to read.

STEP 6: READ YOUR OPERATING VIEWS

Using the case-level information collected during the pilot, summarize the cohort across the three operating measures below. Start by describing what the results show. Investigating possible explanations comes in Step 7.

AUTHORIZATION WORKLOAD

Where did the work come from?

Total cases, broken down by payer, plan type, and procedure. Look for concentration: which payers, plans, or procedures account for most of the work?

FAILURE ORIGIN

Where did extra work first become visible?

Each category can be read two ways. Always say which one you mean.

Example: 100 cases in the pilot. 20 needed extra work. 10 of those were Documentation / criteria.

10 of 100 — 10% of all pilot cases

10 of 20 — 50% of cases that needed extra work

Same 10 cases. Different question.

Look for: which origins appear most often, whether they cluster by payer or procedure, and how many cases are Undetermined. A high Undetermined count is a finding in its own right. It shows where your team can't see what's happening.

RESOLUTION BURDEN

What did it take to reach a disposition?

- How many cases needed additional actions, and how many each
- Which additional actions occurred most often and how many cases involved each action
- Initial determination compared with closing disposition (for example, denied first, then approved after peer-to-peer)
- Resolution time for closed cases
- How many cases were still open at the cutoff, and how long they had been open

RESOLUTION TIME RULE: Calculate resolution time using closed cases only. Report still-open cases separately as "Days open at follow-up cutoff." Mixing them makes resolution look faster than it was.

Use the median as your main time measure. A few very long cases can pull the average far from what's typical.

THREE READING RULES

1. Show the count with every percentage: 3 of 12 (25%), not just 25%.
2. State the denominator.
3. Describe before you explain.

STEP 7: INVESTIGATE THE SIGNALS

The views show you where to look. They don't tell you why.

SEE → QUESTION → INVESTIGATE → ACT WHEN SUPPORTED

SEE State what the data shows, with no cause attached. "10 of 20 cases that needed extra work started at Documentation / criteria."

QUESTION Turn it into a question, not a conclusion. Not: "Our documentation is the problem." Ask: "What did the payer request in those cases, and when?"

INVESTIGATE Go to the cases behind the pattern. Read their histories, compare them with cases that didn't need extra work, and talk to the people who handled them. Look for evidence that challenges your first explanation, not just evidence that supports it.

ACT WHEN SUPPORTED Change something when the investigation supports it. Sometimes the right next step is more measurement.

KEEP IN MIND

Failure Origin is where extra work first became visible. It is not automatically the root cause.

Small numbers need context. A large percentage from a small group is worth a look, but it isn't a stable pattern yet. Thin slices are signals — not conclusions.

ILLUSTRATIVE EXAMPLE — NOT BENCHMARK DATA

SEE: 10 of 20 intervention cases started at Documentation / criteria.

QUESTION: What were payers asking for?

INVESTIGATE: Reviewing the 10 cases shows 7 were requests for prior imaging results on MRI orders from the same group of ordering offices.

FINDING: Those offices' orders weren't arriving with prior imaging attached.

ACTION: Work with those offices on what to include with MRI orders, then measure whether Documentation / criteria cases drop in the next pilot.

WHAT COMES NEXT

You now have a fully accounted-for cohort, three operating views, and a way to investigate what they show. Some options from here:

- **CONTINUE MEASURING** — Run the same scope again to see whether patterns hold.
 - **TEST A CHANGE** — If an investigation supported a change, make it and measure what happens.
 - **REFINE AND REPEAT** — If the pilot exposed gaps in definitions or data, fix them and run it again.
 - **EXPAND** — Apply the framework to another authorization workflow.
 - **MAKE IT ROUTINE** — Bring the measures that proved useful into regular reporting.
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Whatever you do next, keep the same three questions in view:

Where is the work concentrated?

Where does extra work first become visible?

What does it take to move cases through?

NEED HELP IMPLEMENTING OR EXPANDING THE OPERATING VIEW?

The Prior Auth supports organizations with pilot setup and measurement design, operating visibility analysis, custom reporting and executive briefs, and team education sessions.

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