AI AGENTS FOR HEALTHCARE OPERATIONS

Preauthorization Agents

Authorizes procedures with insurance companies

When a company uses AI agents instead of a traditional call center for preauthorization, it means that tasks normally handled by the staff—such as calling insurance companies or logging into payer portals to get procedures approved—are handled by autonomous AI systems. These AI agents can complete the same work more quickly, consistently, and with less manual effort, while still following required rules and workflows.

What "Preauthorization Agent" means

- Verifies coverage. Checks whether a medical procedure, test, or medication. requires prior authorization from a patient's insurance.
- Submits requests for approval to the insurer.
- Tracks responses and follows up on denials or requests for additional documentation.
- Communicate results to staff.

What it means when this is done by AI Agents

- Integrate with electronic health records (EHRs) to automatically detect when a procedure needs preauthorization.
- Gather the required data (diagnosis codes, clinical notes, insurance details).
- Submit the request electronically to the correct payer (insurance company) through APIs or automated form-filling.
- Monitor payer responses and alert staff when review is needed.

Benefits

- Rapid response: The AI works 24/7 and submits requests instantly, often getting same-day responses.
- Lower denials: AI checks payer rules and clinical guidelines before submitting, reducing errors and missing info that cause denials.
- Cost savings: Fewer staff support is needed, and less time is spent waiting on hold or re-submitting forms.
- Scalability: The system can handle thousands of requests simultaneously without burnout or staffing limits.

What's still handled by humans

- Complex or ambiguous cases (e.g., multiple insurance plans).
- Appeals of denied authorizations.

- Patient communications or doctor discussions that require empathy or nuanced judgment (Including insurance company responses.

So, when you see a company promoting "AI Agents instead of a call center to serve as the Preauthorization Agent," it means they've automated the entire front-end process of checking and submitting insurance approvals — replacing clerks or call center staff with intelligent automation that talks directly to insurers' systems.

Step-by-Step Workflow of an AI Preauthorization Agent

1. Detection

Trigger:

- A clinician orders a test, imaging study, surgery, or medication in the EHR (e.g., MRI, knee replacement, or specialty drug).

AI Action:

- The AI instantly checks payer rules to see if the service requires prior authorization.
- It uses payer databases or AI-trained models that know each insurance company's current policies.

2. Data Gathering

Traditional method:

- A clerk looks through charts and diagnosis codes to fill out forms.

AI method:

- The AI extracts relevant data from the EHR:
- Patient demographics
- Insurance plan ID and group number
- ICD-10 and CPT procedure codes
- Physician notes or lab results needed to justify the procedure

Result:

- The AI assembles a complete preauthorization packet in seconds.

3. Validation & Compliance Check

Before sending the request, the AI:

- Validates that all required data fields are filled.
- Cross-checks payer-specific documentation rules.
- Flags missing items (e.g., missing radiology report).
- If needed, it can ask staff to supply a missing attachment before proceeding.

4. Submission to the Payer

Traditional method:

- Staff log into multiple insurance portals, upload PDFs, or call for approvals.

AI method:

The AI sends the request via:

- API connections (if the payer supports electronic submission), or
- Automated browser navigation that mimics a human completing online forms.
- If no digital route exists, it can auto-fax the correct pre-filled form.

5. Real-Time Monitoring

Once submitted, the AI:

- Monitors the payer's response system continuously.
- Detects approval, pending, or denial updates automatically.
- Logs all status changes in the EHR and alerts relevant staff or the provider.

6. Response Handling

- If approved: AI updates the patient's record and notifies scheduling staff immediately.
- If pending: AI gathers any additional required documentation (like medical necessity letters).
- If denied: AI drafts an appeal packet or alerts a specialist to review.

7. Reporting & Analytics

AI mimics your current reports and dashboards:

- Average authorization turnaround times
- Denial rates by payer or procedure
- Financial impact of faster approvals
- This helps administrators see ROI and pinpoint workflow bottlenecks.

Example of Speed & Efficiency

Task	Human Call Center	AI Agent
Identify if auth needed	10–30 min	<1 sec
Gather patient data	15–20 min	<30 sec
Submit request	10–60 min	<1 min
Monitor & log updates	Manual	Automated
Average response time	1–3 days	Hours (when payers allow real-time)

Key Result

Using AI Agents instead of a call center reduces turnaround time from days to hours, improves accuracy, and cuts denials caused by missing or incorrect info — all while freeing staff to handle only exceptions or complex cases.

Ask us for a demo, and we'll show you what truly sets us apart—and just how patient-friendly our approach is. You'll be surprised by how much we can do to support both your patients and your staff.

For a demo or for more information contact:

Maria O'Donnell
Smart Source LLC
Phone: 800-232-5004 x224
E-Mail: modonnell@smartsourcellc.com