IKS HEALTH

Driving prior authorization excellence for a multi-specialty medical group

Client profile

A large, multi-specialty medical group serving diverse communities across a multi-state region. The group provides comprehensive care across high-volume service lines, with a mission centered on expanding patient access, ensuring quality care delivery, and driving operational efficiency.

Challenges

- **High administrative costs** from manual prior authorization processing
- **Fragmented workflows** consuming valuable clinical and operational resources
- **Limited scalability** to support growth without increasing overhead
- **Risk of revenue** leakage from process gaps and resource misalignment

Solution

IKS Health deployed an integrated prior authorization management solution that consolidated a fragmented, multi-site process into a single, centrally managed function. Beginning with a comprehensive operational assessment, we redesigned workflows from the ground up and assumed end-to-end ownership of the prior authorization process. **This created a self-sustaining operation that required minimal day-to-day oversight from the client while delivering service excellence across every touchpoint.**

Centralized operations unifying workflows, payer engagement, and escalations under one accountable team

Single point of ownership with operational governance that reduced client oversight and kept performance consistent

Specialty-specific workflow redesign focused on Radiology, Surgery, and OB/GYN, high-dollar and high-volume service lines

Dedicated clinical team support with peer-to-peer review protocols and proactive payer engagement to reduce denials

Backlog elimination and capacity redirection, enabling internal teams to focus on higher-value priorities including medication prior authorizations

Impact delivered

Financial outcomes (within the first 12 months of operation)

Sustained operational efficiencies through workflow redesign, resource alignment, and prior authorization optimization

$3.37M cash upside

achieved through reduced denial write-offs across supported specialties **(Radiology, Surgeries and OBGyn)**

$1.01M in operational savings

through FTE optimization using a global delivery model

Process excellence (sustained and improving)

99% of cases resolved without peer-to-peer escalation through approvals or NPN (no prior authorization needed) identification

40%+ direct approval rate, with remaining cases identified as NPN or managed through escalation workflows

99.78% accuracy rate, reinforcing quality and compliance standards

Clinical and operational strengths

Supported EHR migration as a consultative partner, ensuring operational continuity

Proactive seal team of SMEs and US-based clinicians provided rapid escalation support

Continued SOP and job aid redesign to accelerate authorization closures

To learn more about IKS Patient Access solutions, contact us today at info@ikshealth.com

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