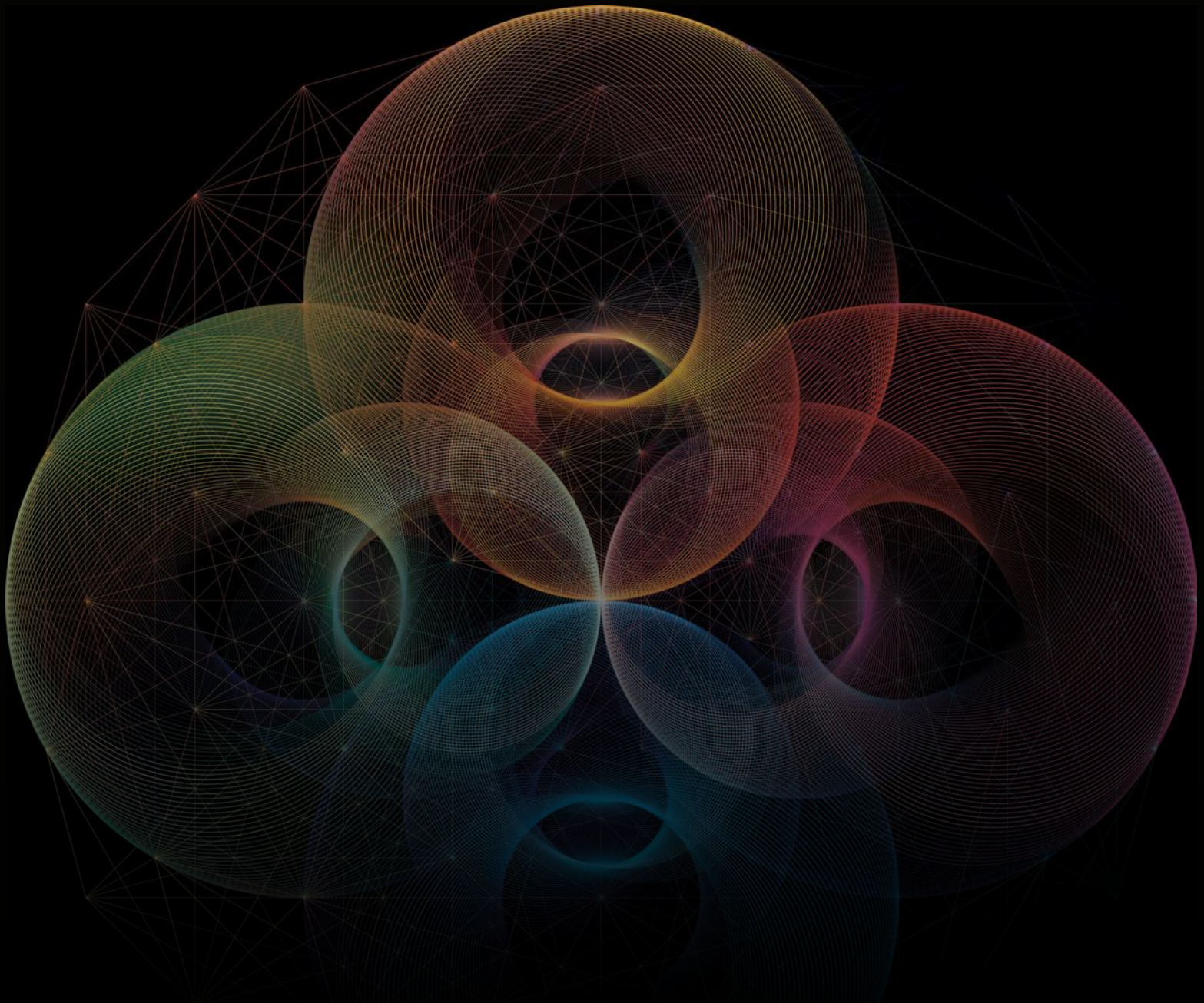


Beyond Transactional Prior Authorization: Building an Intelligent, Collaborative Utilization Management Model

A WNS-HealthHelp Perspective



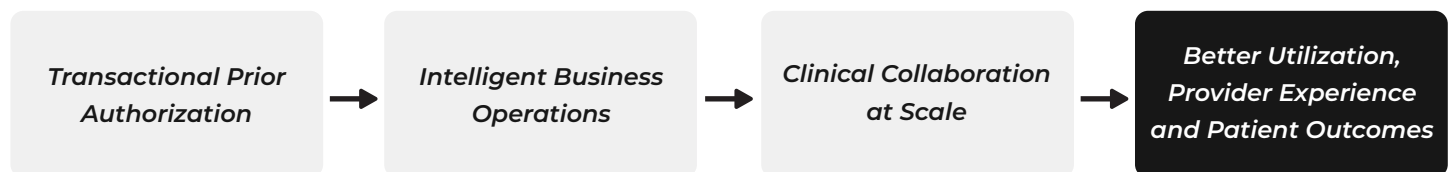
Foreword

Situated at the intersection of competing demands in healthcare, prior authorization is being asked to do more than ever. Providers increasingly associate it with administrative burden, care delays, and unnecessary friction. Meanwhile, health plans must balance rising medical costs, growing clinical complexity, and wide variation in care while ensuring members receive appropriate, evidence-based treatment.

Simply accelerating the traditional prior authorization process will not solve these challenges. The greater opportunity lies in rethinking the operating model itself.

Rather than treating prior authorization as a series of transactions: request → review → approve/deny, health plans need to reimagine Utilization Management (UM) as an intelligent model that combines technology, clinical intelligence, and meaningful provider collaboration.

This represents a fundamental shift in how UM operates, from processing individual authorization requests to building an intelligent, scalable model:



This article explores the key dimensions of this operational shift and how it can help health plans and providers arrive at more clinically appropriate decisions while reducing unnecessary utilization, patient burden, and friction across the care journey.

The Case for Intelligent Utilization Management

With increasing specialization in healthcare, traditional prior authorization flows are becoming difficult to sustain. New imaging technologies, genetic testing capabilities, precision medicine therapies, specialty pharmaceuticals and rapidly evolving treatment pathways make clinical decisions too complex to be distilled into a simple administrative function. At the same time, treating every request as a complex review consumes scarce clinical resources, increases administrative burden, and can slow straightforward care.

An intelligent operating model addresses this dilemma by adopting a two-pronged approach. One, it rapidly moves routine, clinically appropriate requests through the system, supported by technology, automation and evidence-based clinical guidelines. Two, it directs more complex cases to clinical expertise appropriate to the decision. By using technology to create the capacity for human intervention where it matters most, it transforms UM from an administrative checkpoint to a strategic clinical capability.

Driving Clinical Collaboration Where It Matters Most

Traditional UM can turn the payer-provider interaction into an adversarial one, rather than a joint effort focused on the right care for the patient. A collaborative model changes that dynamic. Rather than relying on denial as the primary mechanism for managing inappropriate or unnecessary utilization, this next generation of UM brings clinical collaboration into the decision-making, creating a more constructive path. It goes beyond simply determining whether a request can be approved or denied, helping answer the critical question: what is the most appropriate evidence-based care pathway for this patient?

It gives treating providers access to specialty-trained, practicing physicians who engage as clinical peers, enabling collaborative review of current evidence, consideration of treatment alternatives, and identification of care pathways that may be equally or more effective – while being less invasive, less burdensome, or more appropriate for the patient's individual circumstances.

Building Blocks of the Operating Model

The model brings together several complementary capabilities to ensure scalability and maximize impact:

- **Automates the routine:** Technology helps accelerate straightforward, clinically appropriate requests, reducing unnecessary administrative intervention.
- **Applies clinical expertise to complexity:** Specialty-trained clinical professionals focus their time on cases where interpretation, judgment, and discussion can meaningfully affect the care pathway.
- **Engages providers as peers:** Practicing specialists bring clinical credibility to conversations because they understand both current evidence and the realities of delivering care.
- **Uses evidence to guide care:** Comprehensive clinical guidelines create a foundation for discussing alternatives and identifying appropriate pathways.
- **Creates flexibility for health plans:** The operating model aligns with a health plan's clinical strategy, policies, provider relationships, and desired level of delegation.

Creating Shared Value Across the Care Ecosystem

For health plans facing growing pressure to simultaneously control costs and improve provider and member experiences, the model offers a way to achieve both.

1. Enhanced Provider Experience

For health plans, provider experience has strategic implications. Repeated administrative friction consumes provider resources, increases health plan servicing demands, and can undermine the relationships necessary to advance broader quality, affordability, and value-based care initiatives.

When providers encounter a process dominated by administrative exchanges and binary decisions, prior authorization can reinforce the perception of the health plan as a barrier to care. When they instead encounter practicing specialists who understand their field, can discuss the clinical evidence, and are empowered to explore appropriate alternatives, the conversation changes.

Not every request will result in agreement, nor should clinical collaboration mean automatically approving every requested service. The model's value lies in creating a credible clinically grounded process in which decisions are based on evidence and providers have a meaningful opportunity to engage around complex cases – leading to a more differentiated provider experience.

2. Patient Outcomes

The impact of this model is especially evident in complex individual cases, where provider collaboration can influence unnecessary utilization without relying solely on denials. The following examples demonstrate how clinicians at [WNS-HealthHelp](#) engaged directly with the treating provider to review clinical evidence and collaboratively identified the right care pathway, helping improve all round outcomes.

- **Oncology: Reducing Treatment Burden While Improving Care**

The initial treatment pathway for a 72-year-old patient diagnosed with early-stage breast cancer included advanced MRI imaging, chemotherapy consideration, and a traditional 33-fraction radiation therapy regimen. Through collaboration between the treating physician, a WNS-HealthHelp radiologist and oncologist, the care team determined that MRI would provide little clinical value. Additional genomic testing demonstrated low-risk disease, eliminating the need for chemotherapy. The patient's radiation treatment was also reduced from 33 fractions to 5.

Health plan impact: A single collaborative clinical intervention affected multiple components of the care pathway. Rather than simply denying individual services, the model helped guide the provider toward a less burdensome, evidence-based treatment plan with the potential to reduce total cost of care.

- **Radiation Oncology: Achieving Better Outcomes with Less Treatment**

A 56-year-old patient receiving treatment for breast cancer was initially prescribed 31 fractions of radiation therapy. During peer-to-peer consultation, a WNS-HealthHelp physician reviewer discussed current evidence supporting hypo fractionated treatment protocols. Following the discussion, the treating oncologist agreed to modify the treatment plan from 31 fractions to 20.

Health plan impact: The provider voluntarily modified the treatment plan following clinical consultation, reducing unnecessary treatment utilization while maintaining an evidence-based therapeutic approach. The patient also faced fewer visits, less disruption and reduced treatment burden.

- **Genetic Testing: Bringing Precision to Complex Clinical Decisions**

A 28-year-old patient diagnosed with hypertrophic cardiomyopathy was initially referred for a broad 104-gene cardiac panel. A WNS-HealthHelp genetic testing specialist collaborated with the ordering physician and determined that a more targeted testing approach would better serve the patient's condition. The provider concurred and modified the request.

Health plan impact: Instead of treating the broad panel as a binary approval-or-denial decision, clinical consultation helped redirect utilization toward more targeted testing. The approach reduced unnecessary testing while supporting a more precise diagnostic strategy.

- **Musculoskeletal Care: Avoiding Unnecessary Surgery**

A 59-year-old patient with shoulder pain was scheduled for MRI imaging, injections and surgery. A WNS-HealthHelp orthopedic specialist reviewed the case and noted that conservative treatment options had not yet been attempted. Following discussion with the treating provider, both parties agreed to pursue MRI followed by targeted physical therapy before surgery. After 12 weeks of therapy, the patient's symptoms improved without surgical intervention.

Health plan impact: Clinical collaboration helped prevent progression to an invasive and potentially unnecessary procedure. The result illustrates how effective UM can address medical expense at the level of the overall care pathway by helping the provider identify an appropriate alternative.

- **Medical Oncology: Avoiding Ineffective Therapy**

When a 64-year-old patient with head and neck cancer experienced disease progression despite six cycles of treatment, the treating oncologist consulted with a WNS-HealthHelp oncology specialist. Together, they reviewed imaging, laboratory findings and emerging treatment options. Molecular testing was used to determine whether targeted therapies would be effective. When testing ruled out a specific treatment pathway, the care team developed an alternative strategy better suited to the patient's disease profile.

Health plan impact: The collaborative review helped steer the patient away from an ineffective treatment pathway, avoiding unnecessary cost and burden without compromising clinical outcomes.

3. Enterprise Value

Individually, the cases discussed above demonstrate how patients can avoid unnecessary imaging, treatment, testing, and surgery. At scale, they illustrate how an intelligent, connected UM operating model can create value across the health plan population: driving more appropriate utilization, lowering avoidable medical expense, reducing patient burden, strengthening provider relationships, and better aligning cost management with quality of care.

From Transactional Processing to Intelligent Operations and Better Outcomes

Prior authorization will continue to evolve as regulatory expectations increase, including the [CMS Interoperability and Prior Authorization Final Rule](#). At the same time, specialty care is becoming more complex, and health plans face growing pressure to improve both affordability and experience.

The health plans best positioned for the future will be those that know where automation adds speed and where clinical expertise adds value using both strategically to improve utilization, reduce avoidable costs, strengthen provider relationships, and help patients receive the right care at the right time.