careviso | XiFiN THE POWER TO DO GOOD®

CASE STUDY

Transforming Prior Authorization: How a National Laboratory Achieved Measurable Gains with careviso and XiFin

Cutting Through the Complexity of Prior Authorization

Rising administrative burdens are causing delays in testing, slowing patient access to critical diagnostics and care, and straining healthcare operations nationwide.

Healthcare provider organizations nationwide face mounting challenges in meeting payer policies and documentation requirements, particularly regarding prior authorization (PA) processes.

Common prior authorization challenges include:

- **Fragmented, unstructured payer policy data:** Policies are scattered across PDFs, portals, and payer websites, making it difficult to search, compare, or standardize
- **Complex PA criteria that vary by payer:** Complex testing often requires specific documentation, medical history, and clinical notes
- **Requires resources for manual lookup and interpretation:** Billing teams spend hours interpreting medical necessity criteria and payor policies
- **Siloed knowledge:** PA expertise resides with individuals; difficult to share or transfer during onboarding
- **High manual effort and turnaround time:** Delays testing and thus therapy, impacting outcomes and satisfaction
- **Inconsistent documentation requirements and decisioning by payers:** Lack of standardization impacts PA approvals and appeal success
- **Errors maintained through the appeals process:** Missing documentation or justification recurs

These complexities result in delayed testing, slowed patient access to care, and diminished operational efficiency.

A Case Study: One National Laboratory's Prior Authorization Barriers

The prior authorization process, while designed to ensure medical necessity and payer compliance, frequently introduces inefficiencies that strain workflows for laboratories and healthcare providers.

Before partnering with careviso and XiFin, one large national laboratory that specializes in complex diagnostic testing faced a range of operational challenges, with prior authorization being one of several areas creating friction across the revenue cycle. The significant PA challenges faced by this laboratory team included:

- Lengthy turnaround times between submission and approval
- High administrative workload due to manual data entry
- Inconsistent approval rates across payer networks
- Limited visibility into payer requirements and patient cost estimates

These PA challenges not only hindered operational performance but also delayed essential diagnostic testing, impacting patient care.

Recognizing the need for a more integrated and scalable approach, the lab evaluated new partners and selected both a new RCM provider, XiFin, and a new prior authorization partner, careviso. With a proven track record working together, careviso and XiFin were able to deliver a streamlined, highly automated RCM and prior authorization workflow, supporting new operational efficiencies, payer policy compliance, real-time transparency, and a more reliable end-to-end prior authorization process.

seeQer

The careviso Solution: seeQer

careviso's seeQer platform simplifies and automates the prior authorization process, combining intelligent technology with deep payer rule integration.

By replacing manual workflows with automated, data-driven processes, careviso enables diagnostic providers to operate more efficiently and focus on delivering high-quality patient care.

Key features of seeQer include:

- Automated prior authorization processing and submission tracking
- Real-time eligibility and cost transparency
- Integration with existing laboratory systems
- Analytics dashboards for performance monitoring and trend analysis

The careviso + XiFin Effect: Measurable Improvement Across Key Prior Authorization Metrics

After implementing careviso seeQer and XiFin® Empower RCM, the laboratory achieved significant gains across key operational and performance metrics. To ensure an accurate and meaningful comparison, the analysis focused on a comprehensive dataset spanning nearly two years of prior authorization activity for the laboratory's highest-volume test.

Data set:

- Timeframe: January 1, 2024 – December 2025
- 783 payers
- Total order volume: 110,658 accessions

Key observations:

- 456 payers (58%) experienced an increase in approved prior authorizations.
- This reflects a more consistent and efficient authorization process across payer networks.
- These improvements resulted in significant financial and operational benefits.

Operational efficiency gains:

- The laboratory achieved significant reductions in processing times; submission times ***were cut nearly in half***.
- Administrative burdens were reduced.
- As a result, staff were able to reallocate time toward quality assurance and provider support, significantly increasing overall operational capacity.
- The laboratory's ***provider network expanded***, improving patient access to essential diagnostic testing.

Additional Impact: Increased Revenue Integrity and Administrative Relief

The benefits of transitioning to careviso and XiFin extended beyond the PA process itself. The accuracy and efficiency of prior authorization play a critical role in downstream billing performance. The improvements delivered through careviso's tight integration with Empower RCM produced a direct, positive impact on revenue integrity.

By reducing submission errors and improving approval rates, the laboratory experienced fewer downstream claim denials and a notable decrease in administrative burdens. This allowed their billing teams to focus on higher-value functions rather than manual follow-up or correction cycles, improving revenue and accelerating reimbursement.

With key portions of the PA workflow streamlined and real-time visibility into payer requirements and authorization statuses, the laboratory reduced the manual processes typically needed to reconcile missing or delayed authorizations.

Results Summary

After switching to careviso and XiFin, the laboratory recorded substantial improvements across operational and performance metrics:

- Average **time to submit** prior authorizations **decreased 48%**, from 3.1 days to 1.6 days
- Average **time to close** prior authorizations **decreased 53%**, from 8.1 days to 3.8 days
- 456 (58%) of sampled payers experienced increased approval rates and other benefits:
  - **13.5% increase in paid claims**
  - Average **increase of $347.33** in payment per procedure

XiFiN® | EMPOWER RCM

The Empower RCM Solution

Empower RCM streamlines and modernizes the revenue cycle management (RCM) process by combining intelligent automation, unified workflows, and flexible integrations to reduce administrative burden and accelerate reimbursement.

By eliminating fragmented manual tasks and providing clear, data-driven visibility into financial performance, Empower RCM helps healthcare organizations improve efficiency, minimize denials, and maintain a healthier bottom line.

Key features of Empower RCM include:

- End-to-end claims management with automated status tracking
- Real-time insurance verification and benefits evaluation
- Seamless integration with EHR, LIS, and related systems
- Comprehensive analytic dashboards for revenue insights and operational optimization

A New Standard for Prior Authorization: Measurable Improvement Across Key Metrics

The results of this case study highlight how partnering with careviso and XiFin delivers measurable results and lasting impact across the entire prior authorization workflow. By leveraging careviso's seeQer platform and XiFin Empower RCM, diagnostic providers and healthcare organizations can expect more accurate submissions, fewer delays, and streamlined communication between providers and payers. This includes:

- Higher approval rates driven by precise clinical and administrative validation.
- Faster submission and approval times that keep patient care moving without unnecessary holdups.
- Reduced administrative workload through automation and real-time data intelligence.
- Increased focus on quality and continuous improvement as teams redirect time toward higher-value tasks.
- Expanded provider engagement and enrollments supported by clear, consistent requirements and simplified processes.

These improvements also create downstream benefits by reducing errors, strengthening billing accuracy, and supporting cleaner claims. Together, this transformation reshapes how laboratories and diagnostic providers manage prior authorization, improving efficiency, increasing transparency, and supporting a more patient-centered approach to care delivery.

About careviso

As one of the industry's leading healthcare technology companies, careviso created a complete technology platform, seeQer, that increases patient access to care by delivering cost estimates, administrative requirements, and approvals in real time through streamlined workflows.

careviso began with a laboratory-focused approach and has expanded to serve a wider population in healthcare. Our mission is to support patients, providers, and payers with total access to healthcare. By automating the impossible, we're solving the most complex problems in the healthcare industry: prior authorizations and financial transparency.

www.careviso.com

About XiFin

XiFin is a healthcare information technology company that empowers organizations to navigate an evolving and increasingly complex healthcare landscape. The XiFin Empower platform coordinates a variety of AI-enabled technologies and services to deliver enhanced operational efficiency, increased productivity, and workflow automation. Our comprehensive set of solutions—spanning revenue cycle management, clinical workflow enablement, laboratory information systems, and patient engagement—deliver THE POWER TO DO GOOD® so that healthcare organizations can do more good for more patients.

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