

# Transform utilization management review with agentic business orchestration

Lower cost per case, improve decision quality, and accelerate turnaround times.



## Prior authorization (PA) review is too manual, too slow, and too costly

### Clinical staff are buried in administrative work:

Nurses and medical directors spend too much time validating eligibility, checking whether authorization is required, finding missing clinicals, and reviewing charts against medical policies.

### Decision errors drive avoidable appeals and cost leakage:

When reviews are rushed or inconsistent, improper approvals increase medical spend while incorrect denials generate costly appeals.

### Provider and member abrasion grows:

Slow determinations erode provider satisfaction and delay member care. Centers for Medicare & Medicaid Services mandate 72-hour expedited and 7-day standard turnaround.

## Automate the entire UM review lifecycle—from intake to determination

The UiPath Solution for Prior Authorization transforms manual UM review into a streamlined, intelligent process. It ingests fax, portal, EDI/API, and call center requests, validates eligibility, determines if auth is required, and orchestrates clinical review.

### Improve decision accuracy and protect medical spend

AI agents summarize medical records, compare clinical evidence to payer policy, surface satisfied and unsatisfied criteria, and recommend a decision with cited evidence.

### Accelerate determinations with end-to-end orchestration

From universal intake to correspondence generation, the solution orchestrates every step of the UM review process.

### Reduce operating expense and staff burnout

By automating intake, validation, and case prep, clinicians can focus on complex decisions—reviewing higher volumes without adding headcount.

### Stay audit-ready without slowing work

Maestro provides dashboards and audit trails across the UM review lifecycle so compliance and audit managers have complete visibility into every determination.

## Key benefits



### Reduce cost per review and expand clinical capacity

Automate intake, routing, and case prep so clinicians spend less time hunting for data. Review 2x–3x more PA cases per day.



### Improve decision quality and protect medical spend

Standardize how evidence is gathered and compared to policy to reduce improper approvals, prevent avoidable denials, and lower appeals.



### Accelerate turnaround times and meet mandates

Agentic business orchestration reduces PA turnaround time by ~75%, helping plans meet their response requirements.



### Reduce provider and member abrasion

Faster, more transparent determinations improve provider satisfaction and STAR ratings while ensuring members receive timely access to care.



### Ensure compliance with full audit trail visibility

UiPath Maestro orchestrates every workflow with built-in traceability, dashboards, and audit trails for regulatory readiness.



### Modernize UM without replacing core systems

Deploy on top of your existing care management platform, claims system, and provider portals.



## How does it work?

The UiPath Solution for Prior Authorization is modular by design and orchestrated end to end. **Universal intake and validation** captures and validates incoming requests, **medical necessity review** support helps clinicians decision cases faster, and **determination and correspondence orchestration** manages the case lifecycle.

### REDUCE COST PER REVIEW



- Universal intake captures requests from fax, portal, EDI/API, and call center. Intelligent document processing extracts request data and flags missing clinicals.
- Robots validate eligibility and benefits, determine whether auth is required, apply business rules, and prep an executive summary for RN review.

**Automate intake, routing, and case prep so nurses and medical directors spend less time on manual data collection and can review more cases.**

### IMPROVE DECISION QUALITY



- AI agents summarize medical records and compare clinical evidence to payer policy, surfacing satisfied and unsatisfied criteria with citations.
- Human-in-the-loop review lets nurses and directors confirm or adjust the recommended decision before it is logged to the care management system.

**Standardize how evidence is gathered and compared to policy to reduce improper approvals, prevent avoidable denials, and lower appeals.**

### ACCELERATE TURNAROUND



- Automation tracks status, generates approval, denial, and RFI correspondence, and relays updates to providers automatically.
- Maestro coordinates workflows, exception handling, audit trails, and dashboards to keep every case on track for compliant turnaround.

**Shorten determination cycles by ~75% with fully orchestrated agentic automation, helping plans meet mandated response requirements.**