

Rethinking Preauthorization

Protecting Members, Partnering with Providers and Preserving Benefits for the Long Term

Preauthorization has developed a bad reputation, and let's face it—this reputation is somewhat deserved. Plan members and medical providers often see preauthorization as a bureaucratic barrier to necessary care that puts profits over members.

But that's not how preauthorization is supposed to work. At Innovative Care Management, we believe preauthorization can be a useful tool, benefiting patients, providers and plan sponsors, when it's thoughtfully designed and practiced.

We don't want to eliminate preauthorization. We want to fix it.

From Denials-Driven to Approval-Based

- Preauthorization processes are often denials-driven and that can put health plan sponsors and plan members on opposing sides.
- ICM takes an approval-based approach to preauthorization. Instead of looking for reasons to deny care, we look for clinically sound reasons to approve care within the terms of the plan.

Preauthorization with Purpose

Plans cannot afford to cover every service. When services are provided based on the assumption of coverage, patients are placed at financial risk, and they may end up responsible for the full cost of care if it is later found to be not medically necessary and therefore not covered by their plan.

When done right, preauthorization can:

- Protect patients from surprise bills
- Guide providers toward evidence-based care
- Ensure plans can sustain affordable benefits

Keeping Up with Advances

For more than 35 years, ICM has partnered with self-funded plans as an independent steward. Just as the medical industry has advanced during this time, so have our preauthorization processes.

Today's preauthorization processes are:

- Faster
- More transparent
- More member-centered

Today's preauthorization is also more collaborative—enabling better coordination between plan solutions and vendors. When ICM is aware of upcoming services, we can share that information with other plan-contracted partners to enhance member engagement and ensure timely access to complementary benefits. This proactive communication helps drive cost savings for both the member and the plan while improving the overall care experience. In short, ICM acts as a connector and catalyst—helping plan partners work more effectively together to deliver better outcomes.

When Customization Matters

Our preauthorization processes are customized to fit your plan. This allows early engagement that steers members toward high-value options—reducing costs for both the plan and the member. Customization can also address site-of-care opportunities, improving convenience and satisfaction while keeping services with trusted, high quality providers.

Customization in Action

- Advanced Imaging → Leverage prior authorization to shift members to high-quality, contracted imaging providers—waiving co-pays for members and lowering plan spend through better rates.
- Sleep Apnea Equipment → Use CPAP authorization to route members to contracted suppliers who offer equipment at no cost to them, while the plan captures the savings from negotiated discounts.
- Infusion Therapy → Leverage prior authorization to shift members from high-cost outpatient settings to lower-cost outpatient infusion centers.

What to Expect from ICM

ICM partners with each plan to design customized preauthorization strategies that deliver choice, flexibility, and alignment with your values—rather than one-size-fits-all mandates designed for other priorities. By refining preauthorization requirements, plans can sharpen their focus on the areas that matter most—enhancing benefit design, driving better outcomes and supporting long-term value.