

PRIOR AUTHORIZATION HAS TWO SIDES

Discovery improves the provider experience. Payer-side intelligence carries the request to completion.

Epic's expansion of Coverage Requirements Discovery (CRD) gives providers valuable visibility into whether prior authorization may be required. But discovery is only the front door. The payer must supply the logic behind that answer, make the decision, and complete every required action. The table below shows the difference between surfacing a requirement and operating prior authorization end to end. Vital Data Technology helps payers manage the complete prior authorization workflow, from discovery through decisioning and downstream action.

CAPABILITY	EPIC-ENABLED CRD	VDT/AFFINITÉ
Coverage requirements discovery	Surfaces whether prior authorization may be required in the provider workflow	Supports front-end discovery using detailed benefit and authorization logic
Benefit determination	Uses requirements supplied through the payer connection	Evaluates eligibility, product design, employer-group rules, network and place of service
Request validation	Outside the intended scope of CRD	Normalizes the request and identifies missing, conflicting or misdirected information
Policy and criteria evaluation	Outside the intended scope of CRD	Applies payer policy, clinical criteria and documentation requirements
Decision and routing	Outside the intended scope of CRD	Supports rules-based instant decisioning and routes exceptions for clinical review
Notices and compliance	Outside the intended scope of CRD	Generates communications, tracks required timeframes and records the rationale
Claims and downstream action	Outside the intended scope of CRD	Passes accurate authorization details into claims and operational systems
Audit, reconsideration and appeals	Outside the intended scope of CRD	Preserves a defensible decision record and supports follow-up workflows