

Oracle Health's Perspective on the Future of Prior Authorization and the Role of EHR Platforms

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Purpose statement

This document provides an overview of Oracle Health’s perspective on the future of prior authorization and the role EHR platforms can play in supporting payer-provider collaboration. It is intended to help payers understand Oracle Health’s strategy, planned areas of innovation, and opportunities for collaboration across standards-based prior authorization workflows.

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*Future planned capabilities.

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Introduction

Prior authorization is at a critical inflection point, as industrywide efforts are accelerating the transition from manual and fragmented processes toward electronic, interoperable, and near real-time workflows. While meaningful progress has been made, significant hurdles remain. These challenges are both technical and operational, especially as standards evolve and payers and providers work to implement them at scale.

Oracle Health's mission is to provide modern technology that helps address longstanding problems in healthcare. Few organizations are positioned to bridge payer and provider workflows at scale. Oracle is positioned to bridge payer and provider workflows through provider-facing clinical systems, payer operations platforms, and agentic and interoperability capabilities across Oracle and non-Oracle environments. This position gives Oracle a practical view into how near real-time data exchange, integrated workflows, and coordinated decision-making can help alleviate friction within the prior authorization process and strengthen payer-provider collaboration to support patient care.

Recent regulatory changes to enhance the prior authorization process present an opportunity to do more than digitize and standardize existing steps. A broader opportunity is available to modernize workflows across clinical, administrative, and payer workflows so payers and providers can seamlessly exchange the right information at the right time, throughout the patient experience. Oracle Health brings together EHR workflow integration, clinical data retrieval, broader network connectivity, and AI-enabled data services in a connected payer-provider prior authorization solution. For payers, this approach creates an opportunity to clarify requirements, support decision quality, enhance authorization workflows, and focus manual review where it is most needed.

Role of the EHR

The industry is shifting away from manual, asynchronous processes and retrospective review toward consistent, API-driven transactions and early decision support at the point of care. The industry is also shifting from retrospective review and denial toward early, informed decisions in the care process, ideally at the point of care within the EHR. This shift requires timely access to payer information that can be linked to patient-specific clinical data, helping support informed determinations and limit the need for rework or follow-up requests.

EHR platforms play a central role in prior authorization because they are where many care decisions begin. Today, many payer authorization processes exist outside of the clinician's workflow, requiring navigation of separate systems, connections to multiple vendors, duplicate steps, and follow-up requests. By making prior authorization requirements available within the clinical workflow and surfacing payer insights to help limit denials, EHR platforms can help alleviate friction and enable providers to prepare clean submissions with relevant member-specific clinical context, supporting a coordinated and efficient process for both payers and providers.

Over time, EHRs can support broad payer-provider interactions around care decisions, sharing information like care plans, assessments, notifications of possible gaps in care, network requirements, and other member benefits. Connecting payers and providers through the EHR enables these communications to happen during the care process rather than after it. Curating the information (specific to each patient's unique situation) keeps it useful to care decisions, helping alleviate overload. EHRs can serve as a neutral integration layer that connects payers and providers, helping both sides work from a shared view of relevant information.

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Oracle Health's roadmap and strategy

While current industry and regulatory focus is on enabling electronic transactions for prior authorization, Oracle Health is focused on helping transform the end-to-end patient care journey with AI-assisted workflows that support collaboration within the clinical workflow. Through this approach, payers could share relevant coverage information early in the process, providing additional context at the point of care. In practical terms, clinicians could receive payer guidance before ordering, supported by clinical data and coverage rules. Payers and providers could share supporting clinical and social determinants data to help resolve questions and clarify coverage requirements before submission, limiting avoidable submissions and focusing manual review where it is most needed. Early access to relevant clinical context can support sharing evidence-based practices, patient options for other payer benefits, and streamlined follow-up with providers. Human reviewers remain in the loop, and the information provided does not replace a clinician's independent medical judgment or constitute a coverage determination. Final clinical and coverage decisions—for both payers and providers—remain with the appropriate decision-makers.

At the center of this strategy is Oracle Health's payer hub, which is targeted to help payers and providers collaborate within clinical and administrative workflows. The payer hub is planned to help connect payer guidance, provider workflows, and relevant clinical context in one place using a semantic knowledge framework to bring together payer guidance and requirements, patient-specific context, and workflow interactions to create actionable intelligence that can be applied within the clinical context. This approach enables native EHR AI agents, such as Oracle Health's prior authorization agent, to surface relevant payer guidance, assess authorization readiness, identify documentation gaps, and facilitate collaboration within the care delivery process. The value is not data exchange alone but using shared context to support coordinated action within the workflow.

Prior authorization is the first of many opportunities for the payer hub to bring patient-specific payer guidance into the point-of-care workflow, helping alleviate administrative burden for both parties.

For the prior authorization workflow, Oracle Health's payer hub is designed to support several capabilities:

1. **Coverage requirements discovery (CRD):** Helps surface prior authorization requirements, coverage details, and payer guidance within clinical workflows, helping providers access relevant information at the point of care.
2. **Documentation templates and rules (DTR):** Uses DTR APIs, adaptive questionnaires, and payer-specific documentation requirements to help providers identify information needed before submission.
3. **Payer connectivity and APIs:** Supports connectivity with payer APIs where available and custom API integrations where needed, helping payers participate in automated workflows as their technical capabilities mature.
4. **Authorization readiness guidance:** Helps providers identify likely documentation gaps, surface relevant requirements, and prepare requests before submission, helping make information available for payer review.
5. **Payer-provider collaboration:*** Supports secure, bidirectional communication within the clinical workflow for evaluation, clarification, and follow-up on prior authorization requests.
6. **Care pathway guidance:*** Surfaces benefit-aligned treatment alternatives and care pathway guidance at the point of ordering to support timely, informed care and coverage decisions.
7. **Network and site-of-care guidance:*** Surfaces in-network providers, facilities, and lower-cost sites of care to help support value-based decision-making.

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8. **AI-assisted decision support:*** Supports authorization readiness scoring, documentation review, and predictive modeling to help payers evaluate available information. Final decisions remain with the appropriate human reviewers.
9. **Contract intelligence agents:*** Combines payer contract, quality, utilization, claims, and clinical data to surface insights that help identify opportunities, risks, and incentive alignment.

In addition to centralizing payer rules and guidance, the payer hub can serve as a gateway for payer-provider connections. Payers can set up their endpoints for APIs or create direct service integrations for prior authorization submissions and status exchanges. Oracle Health is also exploring agent-to-agent exchanges that help accelerate access to information and support informed decisions, alleviate slowing the care episode.

Planned capabilities may include direct connections for two-way payer-provider messaging and virtual collaboration capabilities for concurrent prior authorization reviews.

Call for payer collaboration

Transforming prior authorization requires close collaboration among payers, EHR vendors, and standards organizations. Progress depends on a willingness to test, learn, and refine new approaches together.

Oracle Health is seeking payer collaboration in three areas:

1. **Prior authorization exchange testing:** Oracle Health is actively working with payers to test and validate provider-side prior authorization capabilities, including CRD, DTR, and prior authorization support (PAS) transactions. We're seeking payer collaborators that want to test standards-based exchange and support early production use of these transactions as part of broader Centers for Medicare & Medicaid Services' (CMS) efforts to advance a more connected digital health ecosystem. For payers that don't yet support CRD and DTR natively, Oracle Health can also explore integrations that support similar workflows.
2. **Authorization readiness and workflow innovation:** Oracle Health is seeking payers interested in piloting workflows that provide clear insight into documentation needs, coverage considerations, and patient-specific clinical context before submission. The goal is a shared payer-provider view before submission.
3. **Advanced collaboration and AI innovation:** Looking further ahead, Oracle Health is also seeking payer collaborators to explore payer-provider collaboration capabilities, including alternative care pathway recommendations, network and site-of-care guidance, digital peer-to-peer review, AI-assisted decision support, contract intelligence assistance, and future agent-to-agent interactions that support decisions at the point of care. This work could enable near real-time authorization experiences, with payers applying coverage requirements and business rules to eligible requests within the clinical workflow.

Conclusion

Prior authorization is a critical opportunity to support efficiency, collaboration, and the patient healthcare experience. By connecting data, embedding workflows, and supporting near real-time decision-making, we can help organizations work toward easing administrative burden while supporting informed, coordinated decisions. Oracle Health is committed to supporting transformation through standards-based solutions, practical implementation strategies, and close collaboration with payers. The goal is to move prior authorization from a retrospective

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administrative process toward a connected payer-provider collaboration model that supports timely decisions and clear communications across the healthcare ecosystem.

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