



e-Prior Authorization Request for Information Task Force 2022 Update

Sheryl Turney, Co-Chair

Tammy Banks, Co-Chair

February 17, 2022

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology





Task Force Charge and Membership

Sheryl Turney, Co-Chair

Tammy Banks, Co-Chair

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Electronic Prior Authorization RFI Task Force 2022

ONC issued a [request for information](#) that seeks input from the public regarding support for electronic prior authorization processes. ONC is requesting comments on how the ONC Health IT Certification Program could incorporate standards and certification criteria related to electronic prior authorization.

Task Force Charge: Provide input and recommendations in response to the RFI on Electronic Prior Authorization to inform future rulemaking and other actions in this area.

Timeframe: Provide recommendations by March 10, 2022.



Electronic Prior Authorization RFI Task Force 2022 Roster

Name	Organization
Sheryl Turney (Co-Chair)	Anthem, Inc.
Tammy Banks (Co-Chair)	Individual
Hans Buitendijk	Cerner
Dave DeGandi	Cambia Health Solutions
Rajesh Godavarthi	MCG Health
Jim Jirjis	HCA
Rich Landen	NCVHS
Heather McComas	AMA
Aaron Miri	Baptist Health
Patrick Murta	Humana
Eliel Oliveira	Dell Medical School, University of Texas at Austin
Debra Strickland	NCVHS



Task Force Approach

Sheryl Turney, Co-Chair

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Task Force Approach

- ✓ 1/27 - reviewed the charge, the RFI and the scope – initiated a discussion on the capabilities that need to be in place to enable Electronic Prior Authorizations (ePA) and asked members to share comments. Additional subject matter expertise needed to respond to RFI was identified and secured.
- ✓ 2/3 – summarized comments and prior discussion, continued our discussion on capabilities, assigned task force members to update wording and provide input on Section 2 of the RFI. Section 4 – 7 were assigned to specific task force members.
- ✓ 2/10 – reviewed the questions in section 2 of the RFI and requested input for section 3 of the RFI for review on 2/16.
- ✓ 2/16 – reviewed the question in section 3 of the RFI and requested input for recommendations and comments provided to date.
- ❑ 2/24 – planned review of sub-committee input, comments and recommendations – offline convert the input to a final recommendation document and deck for HITAC presentation on 3/10.
- ❑ 3/3 – review the final recommendations and comments with the sub-committee and the presentation for HITAC.

Work Plan

	27-Jan	Homework	3-Feb	Homework	10-Feb	Homework	16-Feb	Homework	17-Feb	24-Feb	Homework	3-Mar	Homework	10-Mar	
Kickoff		Research	First discussion	Begin report writing - background, intro, etc.	Initial Recommendations Discussion	Edit first sections of report	Discussion	Edit existing sections	HITAC Meeting: Provide Update on TF Progress	Refine/Finalize recommendations	Edit/refine recommendations	Final Discussion and Edits	Prep for HITAC	HITAC Presentation	
Roles+Responsibilities		Identify SME needs				Begin other report sections	Draft Recommendations	Draft recommendations			Review HITAC Presentation Plan	Edit report	Review slides for HITAC		
Define Goals		SME outreach				Update slide for 2/17 HITAC		Finalize Slide for 2/17 HITAC Update				Draft Final HITAC slides			
Define Activities								Final HITAC presentation plan							
Review Schedule															
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NOTE: Meeting Moved to Wednesday



Guest Speakers

Tammy Banks, Co-Chair

Sheryl Turney, Co-Chair

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Guest Speakers

- ✓ 2/10 - Viet Nguyen, HL7 Da Vinci Project – presented overviews of the three Implementation Guides mentioned in the RFI
 - ✓ CRD – Coverage Requirements Discovery
 - ✓ DTR – Documentation Templates & Rules
 - ✓ PAS – Prior Authorization Support

- ✓ 2/16 John Kelly, WEDI – Attachment standards for Prior Authorizations
 - ✓ 6020 x12 275 envelope with structured payload (CCDA, FHIR artifact, PDF)
 - ✓ PDex – Payer Data Exchange
 - ✓ CDex – Clinical Data Exchange

- Future (scheduling in process) – CMS Center for Program Integrity (CPI) – Document Requirement Lookup Service Pilot (DaVinci CRD IG use case) and future vision.



Summary of Topics and Discussion

Tammy Banks, Co-Chair

Sheryl Turney, Co-Chair

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Summary of Topics and Discussion

Prerequisites and Functional Capabilities

- Prior authorization responses must be for a patient-specific coverage benefit based on their plan coverage.
- Acknowledged the need for patient matching (electronic ID standard) and patient electronic cost estimates (Advanced Eligibility of Benefits) for a successful PA.
- Payers are encouraged to routinely evaluate for prior authorizations submissions and/or rules that are typically approved and consider implementing a trust and verify framework, i.e., gold carding.

PA Workflow

- The PA process must be incorporated within the existing provider workflow and allow:
 - Role-based delegation to the back-office staff
 - Patient involvement in all work and data flows when opt in
- PA functional capabilities may occur in different systems (i.e., RCM/PMS, EMR, SMART App) and PA is not always an interaction between payer and provider. Health IT vendor certification encompasses all these vendors.
- Privacy and Security of the data should be considered in EHR development along with the functional capabilities.

Summary of Topics and Discussion

Standards

- Allow multiple standards to co-exist and be used by stakeholders to effectively/efficiently meet specific business needs. Preserve existing standards and fill gaps to meet evolving business needs.
- Amend the exception approval process for testing emerging standards to be less burdensome for beta testers and more proactively supportive of innovation.

Health IT Criteria

- Encourage standardization but also encourage innovation. Criteria conveyed in a phased approach, providing baseline functionality that transitions into an iterative roadmap with a timeline for the cutting-edge organizations.
- Standard APIs that can be implemented by all certified EHR systems and support interoperability.
- Lay foundation for patient engagement.

Summary of Topics and Discussion

Adoption at scale

- Holding all stakeholders accountable for the functional criteria needed for each successful PA and levers for adoption.
- Success can be realized only if all stakeholders have the functional criteria to share accurate and complete information required to complete a PA.
- Incentives for development and use of the technology to level out the playing field for the smaller stakeholder groups (providers, payers, other health care stakeholders) to reach adoption at scale.
- Any technology proposed for certification be affordable/accessible to all health care stakeholders from all locales, settings, sizes, and resource levels.

Additional considerations:

- Concurrent care authorizations require similar capabilities
- Pharmacy services
- Response time requirements for providers and payers
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Thank You

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