



Prior Authorization: A Public and Private Sector Update

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Jocelyn Keegan

Payer Practice Lead/Da Vinci Program Manager

Point of Care Partners







The Office of the National Coordinator for
Health Information Technology



A large, abstract graphic on the left side of the slide, composed of numerous overlapping triangles and polygons in various shades of blue, green, yellow, and orange, creating a complex, multi-dimensional geometric pattern.

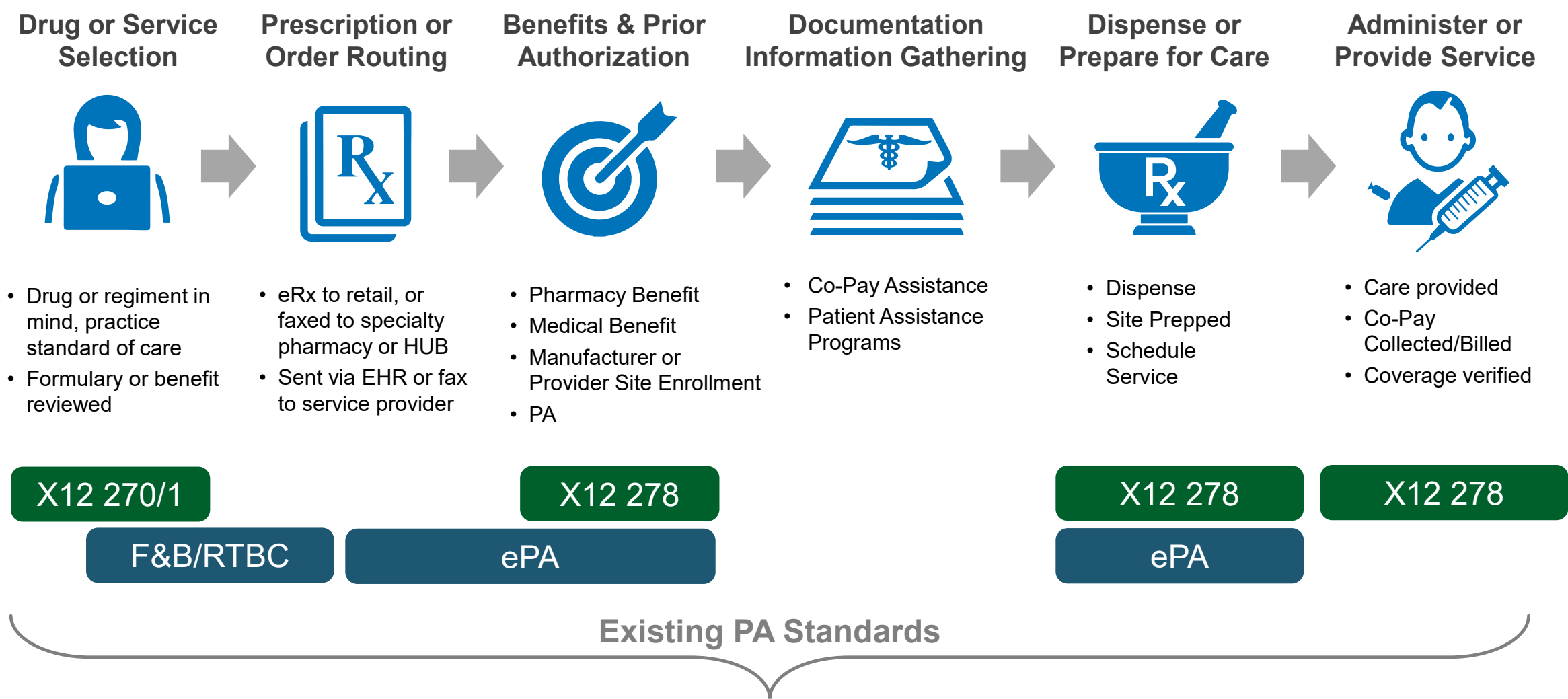
**What is current state
in medical and
pharmacy prior
authorization?**

Standards Available for Prior Authorization Workflows

STANDARD	BENEFIT TYPE	TRANSACTION	ADOPTION REALITY	OPPORTUNITY
	 Medical	270/1	Universal	Increase quality and specificity of results
		275	In use for claims	Utility transaction, meet end users where they are maturity-wise
		278	Steady at 8-10%	Pair with other workflows as bridge
	 Pharmacy	ePA	Universal	Commercial unique solutions for RTBC in market. Draft standard in process for RTBC. Accurate benefit data will increase prospective ePA; joint work on RTBC and Enrollment with HL7 FHIR
		F&B	Universal	
		RTBC	Proprietary, Draft Underway	
	 Supplement	CCDA	Proven for clinical data exchange	Continued growth for clinical data exchange, increase in CCDA on FHIR
		FHIR	Growing	Specific HL7 Da Vinci guides under development to increase provider access to patient specific information in EHR and other provider workflows



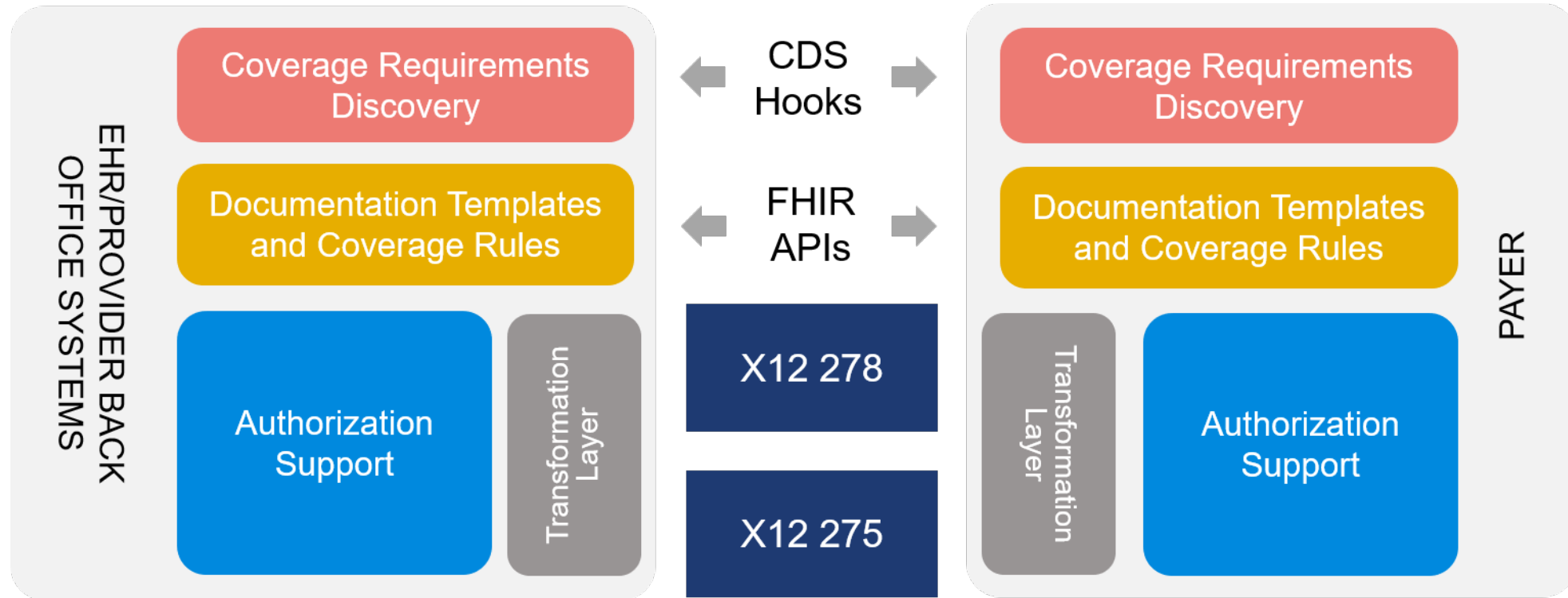
Exemplar: Specialty Medication Workflow



Source: [Point of Care Partners](#)

■ Medical ■ Pharmacy

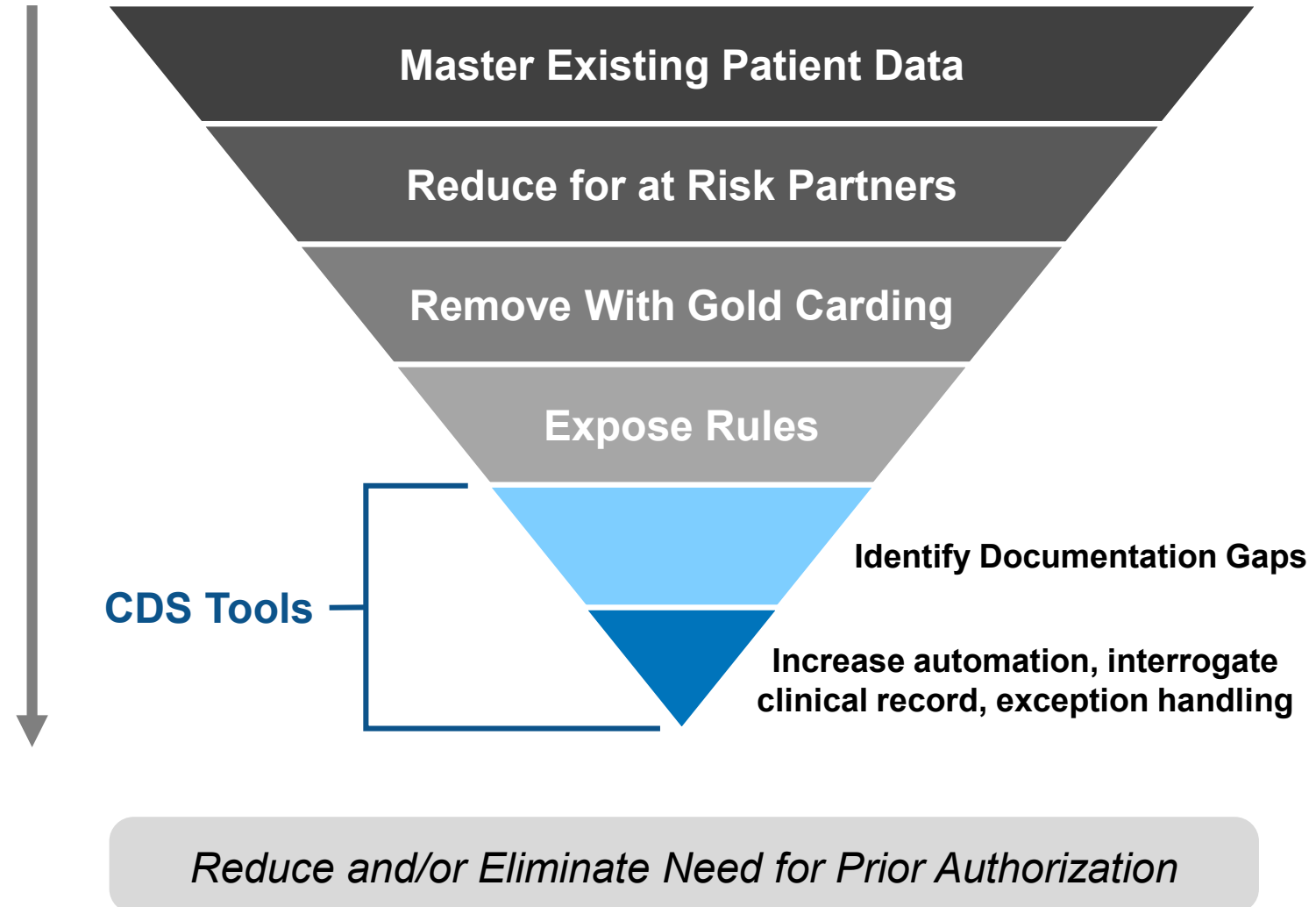
Da Vinci – Increase Benefit Transparency & Reduce Burden



- Improve Transparency
- Reduce need for authorization
- Leverage available clinical content and increase automation

Improve Benefit Details > Reduce Burden

Reduce PA and improve adherence to clinical guidelines with better patient specific information in workflow





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Deputy Chief Health Informatics Officer

Centers for Medicare & Medicaid Services

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Deputy Chief Health Informatics Officer
Centers for Medicare & Medicaid Services

We have Four Major Aspirations

Overarching goal: Increase provider-patient face time and satisfaction by...

1. Reducing unnecessary burden
2. Increasing efficiencies
3. Improving beneficiary experience
4. Improving clinician and provider experience



Patients Over Paperwork

Onsite Engagements:

- Nursing Home: 1
- Beneficiary: 8
- Clinician: 53
- Hospital: 15
- Hospice: 2
- Home Health: 27
- Dialysis Facility: 5

Total: **111**

Comments received via listening sessions, interviews, observations, Patients over Paperwork mailbox:
1,767

RFI responses 2017: **17**

RFI responses 2019: **544**



2,337
comments...
and counting!

Prior Authorization Data Sources

Stakeholders

Associations
Plans
Suppliers
IT Vendors
Providers
Clinicians
Caseworker Staff
Societies

Beneficiaries
Caregivers
Families
Nursing Staff
Administrator/CEO
Risk Management Staff
Standards Organization
CMS Subject Matter Experts

Billing Staff
Compliance Staff
SMP/SHIP
EHR Vendors
Health IT Staff
Ancillary Staff
Discharge Planners



Programs Represented

- Medicare Fee-for-Service
- Medicaid Fee-for-Service
- Medicare Advantage Plans
- Medicaid Managed Care Plans
- Qualified Health Plans (Marketplace)
- Dual Eligibles

Documentation
Requirements

Prior
Authorization

“I hate to say it, but...prior authorization is unseating electronic health records as the top source of burden for clinicians and providers...”

- Medical Community Stakeholder

Among Top Burden Areas

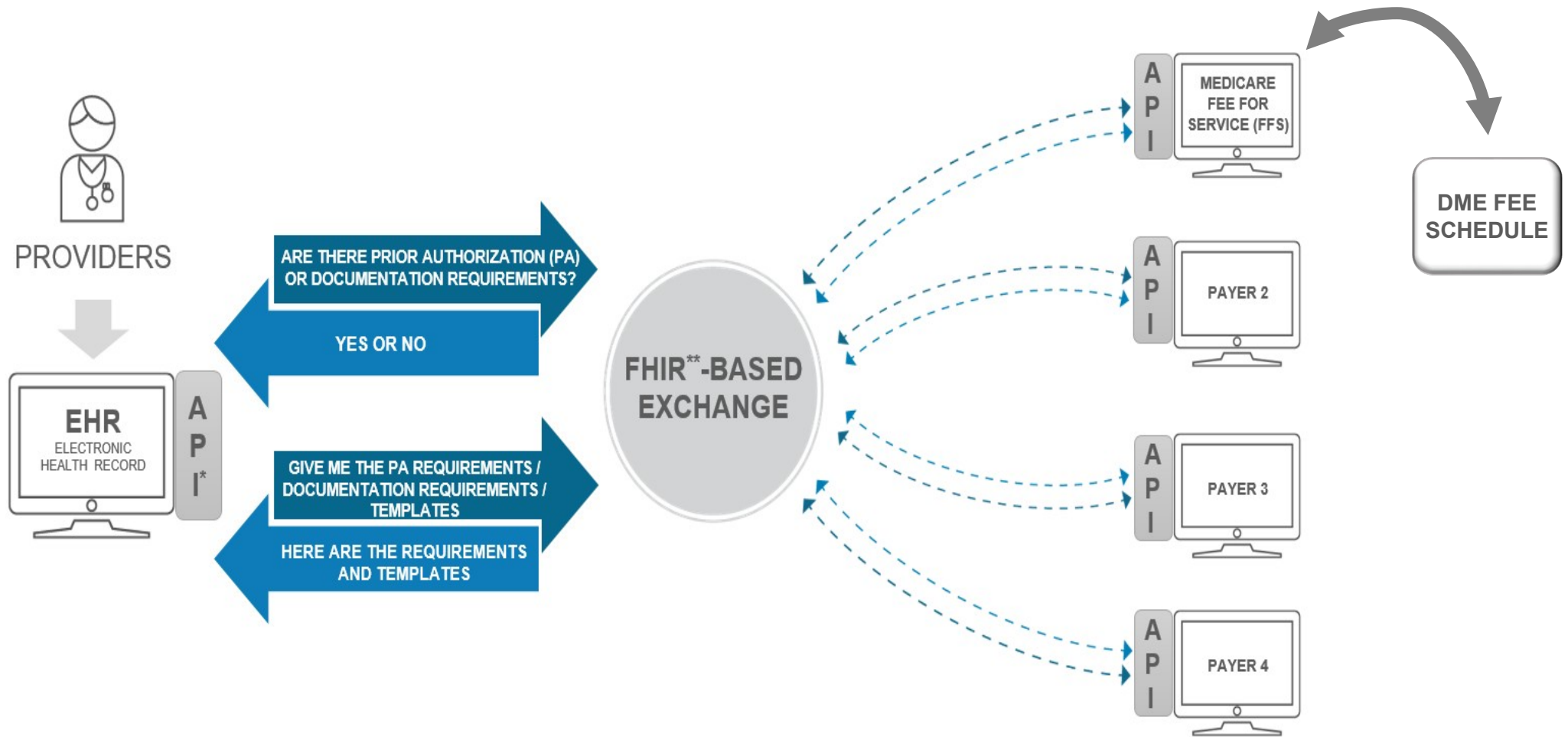
Documentation Requirement Lookup Service (DRLS)
via FHIR-based API

Prior Authorization and APIs (DRLS)



- The Documentation Requirements Lookup Service (DRLS) will allow providers to discover prior authorization and documentation requirements at the time of service in their electronic health record (EHR) or integrated practice management system through electronic data exchange with a payer system
- DRLS Goals:
 - Reduce provider burden
 - Reduce improper payments and appeals
 - Improve provider-to-payer information exchange

Documentation Requirements Lookup Service (DRLS)



go.cms.gov/MedicareRequirementsLookup

*API – APPLICATION PROGRAMMING INTERFACE
 **FHIR – FAST HEALTHCARE INTEROPERABILITY RESOURCES

How will DRLS work for providers?

e-Prior Authorization (ePA) via FHIR-based API

Prior Authorization and APIs (ePA)



- **Existing Mechanisms:**

- Prior Authorization Submission via paper/fax
- Prior Authorization Submission via MAC portal
- Prior Authorization Submission via esMD pdf
- Prior Authorization Submission via esMD 278

- **New Mechanism being explored:**

- Prior Authorization Submission via esMD on FHIR

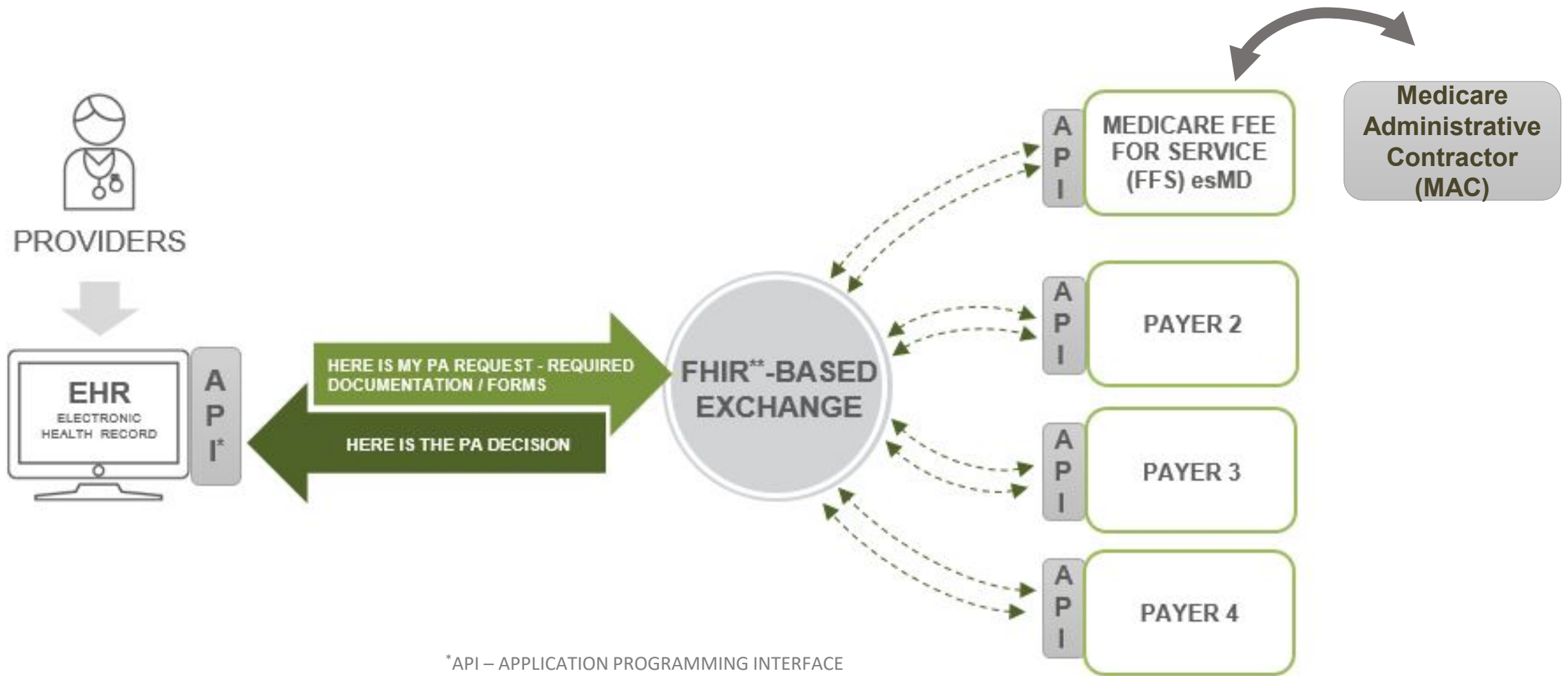
NCVHS has recommended that HHS should promote and facilitate voluntary testing and use of new standards.

“A good example of a new standard to test for HIPAA would be the HL7 FHIR standard, currently in pilot for various use cases, including prior authorization with various public-private sector organizations, including the Centers for Medicare & Medicaid Services.”

<https://ncvhs.hhs.gov/wp-content/uploads/2019/02/Recommendation-Letter-Predictability-Roadmap.pdf>

Prior Authorization Support





*API – APPLICATION PROGRAMMING INTERFACE
 **FHIR – FAST HEALTHCARE INTEROPERABILITY RESOURCES
 ***esMD – ELECTRONIC SUBMISSION OF MEDICAL DOCUMENTATION

How might Prior-Authorization Support work for Providers?



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Kate Berry

Senior Vice President

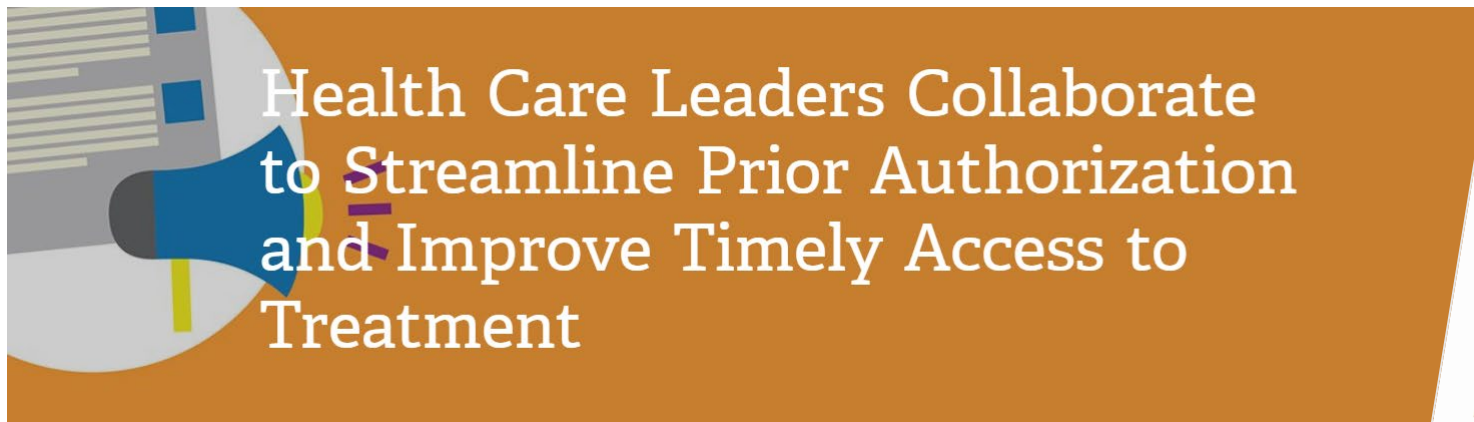
America's Health Insurance Plans

The Office of the National Coordinator for
Health Information Technology



Health Plans & Providers are Working Together

Health plans and providers are working together to streamline prior authorization while reducing burdens on patients, providers, and health plans. AHIP recently joined with the American Medical Association (AMA) and other health care leaders to identify ways to simplify prior authorization. More work needs to be done to improve the process for everyone involved.



Prior Auth Landscape: Preliminary Survey Results

Positive impact	Prior auth programs have positive impact on safety, quality and affordability
Evidence-based	Plans use evidence to design prior auth programs – peer-reviewed studies and federal studies or guidelines
Provider input	Plans use guidelines developed by providers or with provider input and consultation with specialists
Targeted services	Plans target prior auth to specialty drugs, genetic testing, imaging, and DME

Prior Auth Landscape: Preliminary Survey Results

Regular review

Plans review their prior auth list at least annually

Greatest opportunity

Plans view automation as the best opportunity for improvement

Plan efforts

Plans are making efforts to streamline prior auth through automation (e.g., web portals, EHRs)

Challenges remain

Providers don't use EHRs enabled for electronic prior auth, plans still receive a majority of prior auth requests from providers via fax

Automating Prior Auth: Fast Path Project



HOME SERVICES NEWS EDUCATION ABOUT US

New *Fast PATH* Initiative Aims to Improve Prior Authorization for Patients and Doctors

AHIP and several prominent health insurance providers – covering over 60 million lives – are launching a new program to automate and speed prior authorization review and approval

January 06, 2020 10:40 AM Eastern Standard Time

WASHINGTON--(BUSINESS WIRE)--Patients deserve access to the safest, most effective and highest-quality care. To achieve that goal, health insurance providers may use prior authorization – a systematic approach based on clinical evidence and data that ensures patients receive safe and effective treatments. Today, America's Health Insurance Plans (AHIP), along with several of our member insurance providers, is launching the *Fast Prior Authorization Technology Highway (Fast PATH)* initiative to improve the prior authorization process.

"When patients do better, we all do better. Patients should receive the right treatments and medications at the right time in the most effective and efficient way"

[Tweet this](#)

Electronic prior authorization is becoming more available to physicians but most still use manual processes to request prior authorizations, despite the common availability of online submission portals – with 46% of requests submitted by fax and 60% requiring a telephone call. *Fast PATH* aims to employ technology in the physician's office to improve connections between insurance providers, doctors' offices, and other care settings. This new initiative will rely upon the proven automated technologies of both *Availity* and *Surescripts* to speed prior authorization requests, responses, and information exchange.

Participating Insurance Providers Include Leading Companies Covering Tens of Millions of Americans

Participating in components of *Fast PATH* include a diverse set of leading health insurance providers that collectively cover over 60 million Americans: Anthem, Blue Shield of California, Cambia's affiliated health plans, Cigna, Florida Blue, and WellCare.

"When patients do better, we all do better. Patients should receive the right treatments and medications at the right time in the most effective and efficient way," said Matt Eyles, President and CEO of AHIP. "That's why we're committed to reducing unnecessary burden, increasing patient satisfaction and improving quality and outcomes."

Fast PATH will address two common but critical prior authorization applications – one focused on prescription medications, and the other on medical and surgical procedures. **Here is how they will work:**



FierceHealthcare

Insurers Aim to Get Physicians to Incorporate Electronic Processes for Prior Authorization

The goal is to offer a voluntary approach that is scalable and can be highly integrated with existing electronic health records systems...The portal allows for easier communication and faster approvals, thus speeding the delivery of quality care for patients.

EHR INTELLIGENCE

xelligent HEALTHCARE MEDIA

AHIP Program Points to Health IT, EHRs for Prior Authorization

The *Fast PATH* Program touts electronic prior authorization using health IT and EHRs as a key solution for utilization management.

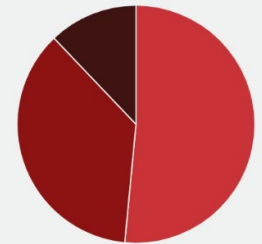


HealthData Management

AHIP, insurers to test IT to speed prior authorization process

Prior authorization is still mainly manual

- Manual processes, 52%
- Partially electronic, 36%
- Fully electronic, 12%



Source: MGMA



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Health IT Feedback Form:

<https://www.healthit.gov/form/healthit-feedback-form>



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