Prior Authorization: A Public and Private Sector Update
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Prior Authorization: A Public and Private Sector Update

Jocelyn Keegan
Payer Practice Lead/Da Vinci Program Manager
Point of Care Partners
What is current state in medical and pharmacy prior authorization?
## Standards Available for Prior Authorization Workflows

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>BENEFIT TYPE</th>
<th>TRANSACTION</th>
<th>ADOPTION REALITY</th>
<th>OPPORTUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>X12 Standard</td>
<td>Medical</td>
<td>270/1</td>
<td>Universal</td>
<td>Increase quality and specificity of results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>275</td>
<td>In use for claims</td>
<td>Utility transaction, meet end users where they are maturity-wise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>278</td>
<td>Steady at 8-10%</td>
<td>Pair with other workflows as bridge</td>
</tr>
<tr>
<td>NCPDP Standard</td>
<td>Pharmacy</td>
<td>ePA</td>
<td>Universal</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F&amp;B</td>
<td>Universal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RTBC</td>
<td>Proprietary, Draft Underway</td>
<td></td>
</tr>
<tr>
<td>HL7 International Standard</td>
<td>Supplement</td>
<td>CCDA</td>
<td>Proven for clinical data exchange</td>
<td>Continued growth for clinical data exchange, increase in CCDA on FHIR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FHIR</td>
<td>Growing</td>
<td>Specific HL7 Da Vinci guides under development to increase provider access to patient specific information in EHR and other provider workflows</td>
</tr>
</tbody>
</table>
Exemplar: Specialty Medication Workflow

Drug or Service Selection
- Drug or regiment in mind, practice standard of care
- Formulary or benefit reviewed

Prescription or Order Routing
- eRx to retail, or faxed to specialty pharmacy or HUB
- Sent via EHR or fax to service provider

Benefits & Prior Authorization
- Pharmacy Benefit
- Medical Benefit
- Manufacturer or Provider Site Enrollment
- PA

Documentation Information Gathering
- Co-Pay Assistance
- Patient Assistance Programs

Dispense or Prepare for Care
- Dispense
- Site Prepped
- Schedule Service

Administer or Provide Service
- Care provided
- Co-Pay
- Collected/Billed
- Coverage verified

X12 270/1
- F&B/RTBC

X12 278
- ePA

X12 278
- ePA

X12 278

Existing PA Standards

Source: Point of Care Partners
Da Vinci – Increase Benefit Transparency & Reduce Burden

Coverage Requirements Discovery

Documentation Templates and Coverage Rules

Authorization Support

Transformation Layer

CDS Hooks

FHIR APIs

Coverage Requirements Discovery

Documentation Templates and Coverage Rules

Authorization Support

Transformation Layer

X12 278

X12 275

Improve Transparency

Reduce need for authorization

Leverage available clinical content and increase automation

Source: HL7 Da Vinci
Improve Benefit Details > Reduce Burden

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

- Master Existing Patient Data
- Reduce for at Risk Partners
- Remove With Gold Carding
- Expose Rules

CDS Tools

Identify Documentation Gaps
Increase automation, interrogate clinical record, exception handling

Reduce and/or Eliminate Need for Prior Authorization
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Alexandra Mugge
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
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!
**Stakeholders**

- Associations
- Beneficiaries
- Billing Staff
- Plans
- Caregivers
- Compliance Staff
- Suppliers
- Families
- SMP/SHIP
- IT Vendors
- Nursing Staff
- EHR Vendors
- Providers
- Administrator/CEO
- Health IT Staff
- Clinicians
- Risk Management Staff
- Ancillary Staff
- Caseworker Staff
- Standards Organization
- Discharge Planners
- Societies
- CMS Subject Matter Experts

**Programs Represented**

- Medicare Fee-for-Service
- Medicaid Fee-for-Service
- Medicare Advantage Plans
- Medicaid Managed Care Plans
- Qualified Health Plans (Marketplace)
- Dual Eligibles
“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
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)
How will DRLS work for providers?

go.cms.gov/MedicareRequirementsLookup

*API – APPLICATION PROGRAMMING INTERFACE
**FHIR – FAST HEALTHCARE INTEROPERABILITY RESOURCES
e-Prior Authorization (ePA) via FHIR-based API
• **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.”

How might Prior-Authorization Support work for Providers?
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Kate Berry
Senior Vice President
America’s Health Insurance Plans
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

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

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 04, 2020 10:40 AM Eastern Standard Time

WASHINGTON – (BIZI 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 its 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.”

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: Anheul, Blue Shield of California, 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 Cullen, President and CEO of AHIP. “That’s why we’re committed to reducing unnecessary barriers, 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:

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.
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Miranda Gill
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CoverMyMeds
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