



Electronic Prior Authorization RFI Task Force 2022

Sheryl Turney, Co-Chair

Tammy Banks, Co-Chair

January 27, 2022



Call to Order/Roll Call

Mike Berry, Designated Federal Officer, ONC

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology





Electronic Prior Authorization RFI Task Force 2022 Roster

Name	Organization
Sheryl Turney (Co-Chair)	Anthem, Inc.
Tammy Banks (Co-Chair)	Individual
Hans Buitendijk	Cerner
Rajesh Godavarthi	MCG Health
Jim Jirjis	HCA
Rich Landen	NCVHS
Aaron Miri	Baptist Health
Eliel Oliveira	Dell Medical School, University of Texas at Austin
Michelle Schreiber	CMS
Alexis Snyder	Individual
Debra Strickland	NCVHS

Agenda

- 10:00 a.m.** **Call to Order/Roll Call**
- Mike Berry, Designated Federal Officer, ONC
- 10:05 a.m.** **Task Force Introductions**
- Sheryl Turney, Co-Chair
 - Tammy Banks, Co-Chair
- 10:20 a.m.** **Task Force Charge, Workgroup Planning**
- Tammy Banks, Co-Chair
 - Sheryl Turney, Co-Chair
- 10:25 a.m.** **Electronic Prior Authorization RFI**
- Alex Baker, Federal Policy Branch Chief, ONC
 - Michael Wittie, Policy Analyst, ONC
- 10:50 a.m.** **Discussion**
- Sheryl Turney, Co-Chair
 - Tammy Banks, Co-Chair
- 11:20 a.m.** **Public Comment**
- Mike Berry, Designated Federal Officer, ONC
- 11:25 a.m.** **Next Steps**
- Sheryl Turney, Co-Chair
 - Tammy Banks, Co-Chair
- 11:30 a.m.** **Adjourn**



Task Force Introductions

Sheryl Turney, Co-Chair

Tammy Banks, Co-Chair

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Task Force Charge, Workgroup Planning

Tammy Banks, Co-Chair
Sheryl Turney, Co-Chair

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.

Draft Workplan

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



Electronic Prior Authorization RFI

Alex Baker, Federal Policy Branch Chief, ONC

Michael Wittie, Policy Analyst, ONC

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Background - ONC Health IT Certification Program

- In the 21st Century Cures Act final rule, ONC adopted NCPDP 2017071 for the electronic prescribing criterion and specified electronic prior authorization transactions supported by the standard as optional for certification.
- The Certification Program does not address prior authorization for items and services, which is the focus of the RFI.
- In the Cures Act final rule ONC also finalized a new standards-based API criterion in the Certification Program. This functionality can support a wide range of use cases beyond patient access, including research, public health, quality measurement, and healthcare operations, including prior authorization processes.



Background – Requirements under HIPAA for Electronic Prior Authorization Transaction Standards

- The Secretary must adopt electronic standards for use by “covered entities,” which include health plans, healthcare clearinghouses, and certain healthcare providers.
- HHS has adopted two standards for referral certification and authorization transactions under HIPAA: NCPDP Version D.0 for retail pharmacy drugs; and X12 Version 5010x217 278 (X12 278) for dental, professional, and institutional request for review and response for items and services.
- HIPAA also requires that HHS adopt operating rules for the HIPAA standard transactions. HHS has adopted operating rules for three HIPAA transactions: eligibility for a health plan, healthcare claim status, and healthcare electronic funds transfers (EFT) and remittance advice.

Background – Recent HHS Activities

- 2019: HITAC put forth recommendations establishing Interoperability Standards Priority Target Areas, including prior authorization.
- 2020: Release of the Intersection of Clinical and Administrative Data Task Force final report.
- 2020: Release of the CMS Interoperability and Prior Authorization NPRM and the ONC Healthcare Operations Standards NPRM (not finalized):
 - CMS proposed requirements for payers to establish a Documentation Requirement Lookup Service API and a Prior Authorization Support API.
 - ONC proposed to adopt the HL7® FHIR® Da Vinci Coverage Requirements Discovery (CRD), Documentation Templates and Coverage Rules (DTR), and Prior Authorization Support (PAS) IGs supporting these APIs.
 - Rules did not propose requirements for providers or provider systems.

Functional Capabilities for Electronic Prior Authorization in Certified Health IT

ONC is seeking comment on a core set of capabilities that would enable a certified Health IT Module or Modules to:

1. Identify when prior authorization is applicable for an item or service, using clinical decision support and/or user input, and for receiving notifications of changes in such applicability;
2. Query a payer API for prior authorization requirements for each item and service and identify in real time specific rules and documentation requirements;
3. Collect clinical and administrative documentation needed to complete prior authorization documentation (electronic forms or templates) from a health IT system;
4. Electronically submit completed documentation for prior authorization to a payer's API, along with supporting information;

Functional Capabilities for Electronic Prior Authorization in Certified Health IT

5. Receive a response from a payer regarding approval, denial (including a reason for denial), or need for additional information;
6. Query a payer's system for updates on a pending prior authorization request and have a reason returned as to why a request is still pending; and
7. Effectively capture and persist digital signatures (or other indications of provider review and assent), enable data integrity of documentation over time, and support other features necessary to meet payer administrative requirements associated with prior authorization transaction.

Functional Capabilities for Electronic Prior Authorization in Certified Health IT - Questions

- Do the functional capabilities described above include all necessary functionality for certified Health IT Modules to successfully facilitate electronic prior authorization processes? Are there additional capabilities that should be included in certified Health IT Modules to address these needs?
- Should any of these functional capabilities not be included in certified Health IT Modules or should ONC focus on a more limited set of functional capabilities for certified Health IT Modules than those described above?
- Should ONC adopt a certification criterion for prior authorization that accounts for the full, HIPAA compliant workflow for prior authorization transactions including translation from FHIR to the X12 standard?
- If ONC were to propose to include these functional capabilities as part of the Certification Program, how should a new certification criterion (or multiple certification criteria) be structured, including technical requirements, attributed standards, and implementation specifications?

Implementation Specifications to Support Electronic Prior Authorization Capabilities

ONC is seeking comment on the appropriateness of adopting the three IGs proposed in the ONC Healthcare Operations Standards NPRM for use in certified health IT systems:

- HL7® FHIR® Da Vinci Coverage Requirements Discovery (CRD) Implementation Guide.
- HL7® FHIR® Da Vinci Documentation Templates and Coverage Rules (DTR) Implementation Guide.
- HL7® FHIR® Da Vinci Prior Authorization Support (PAS) Implementation Guide.



Questions - Implementation Specifications to Support Electronic Prior Authorization Capabilities

- What is the current readiness of the three FHIR-based Da Vinci IGs described above for adoption as part of certification criteria for health IT? What would be a feasible timeline for use of these IGs in production for prior authorization transactions?
- What, if any, additional changes are needed for these IGs prior to adoption as part of certification criteria for health IT?
- If the existing IGs are not yet ready for adoption, should ONC still propose certification criteria? Should ONC consider proposing certification criteria incorporating the FHIR Release 4 base standard but delay adopting implementation specifications until a later date?
- Do the Da Vinci IGs effectively support compliance requirements for clinical documentation, for example, signatures (or other indications of provider review and assent), record retention over long periods of time, and document security to ensure data integrity once stored?



Questions - Implementation Specifications to Support Electronic Prior Authorization Capabilities

- What alternative approaches to designing certification criteria should ONC explore that are not based on the three Da Vinci IGs described herein?
- Are there simplified approaches to the workflows described in the Da Vinci IGs that ONC should consider as alternative approaches to support electronic prior authorization?
- Are there new IGs which need to be developed in order to integrate with other workflows relevant to prior authorization? In particular, what IGs may still need to be developed in order to integrate with HIPAA administrative transaction standards?

Additional Approaches to Support Electronic Prior Authorization: Healthcare Attachments

ONC is seeking comment on how the certification program could support transmission of healthcare attachments for prior authorization, including two approaches that build on standards already adopted in the Certification Program:

- HL7 C-CDA R2 Attachment Implementation Guide: Exchange of C-CDA Based Documents, Release 1
- HL7 FHIR Release 4, Section 3.3: FHIR Documents

ONC welcomes further information on additional approaches to support the exchange of healthcare attachments in prior authorization workflows.

Questions - Additional Approaches to Support Electronic Prior Authorization: Healthcare Attachments

- Would the specifications within the CDA Attachments IG, if adopted as part of a certification criterion, support more effective exchange of healthcare attachments for prior authorization?
- Would the use of FHIR Documents, if adopted as part of a certification criterion, support more effective exchange of healthcare attachments?
- Given limited testing of these approaches to date, what would be a feasible timeline for use of the CDA Attachments IG or FHIR Documents in production for prior authorization transactions?

Questions - Additional Approaches to Support Electronic Prior Authorization: Healthcare Attachments

- Should ONC consider adopting certification criteria referencing one approach over the other, or should ONC consider supporting both approaches within certified health IT?
- Should ONC propose certification criteria to support healthcare attachments transactions for prior authorization alone?
- Are either of the standards discussed above commonly used in other administrative or operations transactions? Would there be a burden or benefit to using either, or both, standards in light of other administrative or operations workflows?

Questions - Impact on Patients

- How could potential changes to the Certification Program to better support prior authorization positively impact healthcare consumers?
- How could potential changes reduce the time for patients to receive needed healthcare services, reduce patient non-adherence, and/or lower out-of-pocket costs?
- Besides the provider to payer interactions discussed in this RFI, is there additional functionality that could be added to the Certification Program that would better support patients' participation in the prior authorization process?

Questions - Impact on Providers

- To what degree is availability of electronic prior authorization capabilities within certified health IT likely to reduce burden for healthcare providers who currently engage in prior authorization activities?
- To what degree are healthcare providers likely to use these new capabilities across their patient panels?
- Will additional incentives or requirements be needed to ensure healthcare providers effectively use these capabilities?
- What accompanying documentation or support would be needed to ensure that technology capabilities are implemented in ways that effectively improve clinical workflows?
- What estimates can providers share about the cost and time (in hours) associated with adopting and implementing electronic prior authorization functionality as part of care delivery processes?

Questions - Impact on Developers

- What estimates can health IT developers share about the cost and time (in hours) of developing electronic prior authorization functionality within certified health IT products?
- What factors would inform the burden for health IT developers to develop certified Health IT Modules for electronic prior authorization based on the three Da Vinci IGs described above?
- What would be the burden on health IT developers for prior authorization certification criteria referencing the base FHIR standard if there were not yet specific IGs adopted as well?

Questions - Payer Implementation

- How could the Certification Program support the technology needs of healthcare payers in implementing electronic prior authorization?
- Should ONC consider payer workflows in the development of certification criteria to support the potential use of certified Health IT Modules by healthcare payers?
- Would the availability of certified Health IT Modules supporting these workflows reduce the burden for healthcare payers of engaging with healthcare providers in prior authorization processes?
- To what extent would healthcare payers be likely to use these certified Health IT Modules if they were available? To what extent are health IT developers likely to seek certification for Health IT Modules supporting payer workflows if these certification criteria were available?



Discussion

Sheryl Turney, Co-Chair

Tammy Banks, Co-Chair

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Public Comment

To make a comment please
Use the Hand Raise Function

If you are on the phone only, press “*9” to raise your hand

*(Once called upon, press “*6” to mute/unmute your line)*

All public comments will be limited to three minutes

You may also email your public comment to onc-hitac@accelsolutionsllc.com

*Written comments will not be read at this time,
but they will be delivered to members of the Committee and made part of the public record*



Next Steps

Sheryl Turney, Co-Chair

Tammy Banks, Co-Chair

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Homework and Next Steps

- Before the next meeting:
 - Please read
 - [Documentation Templates and Payer Roles \(DTR\)](#)
 - [Coverage Requirements Discovery \(CRD\)](#)
 - [Prior Authorization Support \(PAS\)](#)
 - Please review the Report Outline and begin thinking about content
 - You will receive a link via email
 - Add your thoughts on RFI Questions in the document
 - Consider if there are any external SMEs whose expertise the Task Force needs to finalize recommendations.
- Next Meeting: 2/3/2022, 10:00 a.m. - 11:30 a.m. ET
 - Discuss RFI, brainstorm recommendations
 - Finalize draft report structure

Adjourn

