Intersection of Clinical and Administrative Data (ICAD) Task Force: Draft Recommendations to the HITAC

Sheryl Turney, Co-Chair
Alix Goss, Co-Chair

September 9, 2020

The Office of the National Coordinator for Health Information Technology

Agenda

- Task Force Charge
- Task Force Members
- Ideal State, Guiding Principles, and Recommendations
- Review draft recommendations
- Questions and Feedback

ICAD Task Force Charge

Overarching charge: Produce information and considerations related to the merging of clinical and administrative data, its transport structures, rules and protections, for electronic prior authorizations to support work underway, or yet to be initiated, to achieve the vision.

Detailed charge: The ICAD Task Force will:

1. Design and conduct research on emerging industry innovations to:
    - validate and extend landscape analysis and opportunities
    - invite industry to present both established and emerging end-to-end solutions for accomplishing medical and pharmacy prior authorizations that support effective care delivery, reduce burden and promote efficiencies.
2. Identify patient and process-focused solutions that remove roadblocks to efficient medical and pharmacy electronic prior authorization and promote clinical and administrative data and standards convergence.
3. Produce Task Force recommendations and related convergence roadmap considerations for submission to HITAC for their consideration and action. The Task Force will share deliverables with NCVHS to inform its convergence and prior authorization activities.
4. Make public a summary of its findings once Task Force activities are complete, no later than September 2020.

ICAD: List of Task Force Members

Sheryl Turney, Co-Chair - Anthem	Alix Goss, Co-Chair - Imprado/NCVHS
Steve Brown – VA	Gus Geraci – Individual
Mary Greene/Alex Mugge – CMS	Anil Jain - IBM Watson Health
Jim Jirjis – HCA	Jocelyn Keegan – Point-of-Care Partners
Rich Landen – Individual/NCVHS	Arien Malec – Change Healthcare
Tom Mason – ONC	Aaron Miri – University of Texas Austin
Jacki Monson – Sutter Health/ NCVHS	Alexis Snyder – Patient Representative
Ram Sriram – NIST	Sasha TerMaat – Epic
Debra Strickland – Conduent/NCVHS	Denise Webb - Individual
Andy Truscott – Accenture	

ICAD Draft Report Outline

- Background/Context
- Approach
- Prior Authorization: Current State Findings
  - Workflow Example
  - Standards Analysis
  - Data Classes
- Prior Authorization: Guiding Principles and Ideal State
- Prior Authorization: Recommendations to Achieve Ideal State
- Broader Intersection of Clinical and Administrative Data
  - Discussion and Key Findings
  - Expanded Guiding Principles and Ideal State
- Final Recommendations
- Appendices

Prior Authorization Process: Ideal State

The ICAD Task Force has heard from various stakeholders on improving the Prior Authorization (PA) process and has re-imagined an ideal state PA process:

- An end-to-end, closed-loop process
- Reduces the burden across all stakeholders
- Accounts for the vast majority of situations and leverages existing investments and efforts where appropriate, acknowledging that there are indeed gaps

Achieving the Ideal State: Guiding Principles

- Patient at the Center
- Measureable and Meaningful
- Aligned to National Standards
- Transparency
- Continuous Improvement
- Design for the Future While Solving Needs Today
- Real-Time Data Capture and Workflow Automation
- Information Security and Privacy

Overarching Recommendations

Recommendations

1. Prioritize Administrative Efficiency in Relevant Federal Programs
2. Establish a Government-wide Common Standards Advancement Process
3. Converge Healthcare Standards
4. Provide a Clear Roadmap and Timeline for Harmonized Standards
5. Harmonize Code and Value Sets
6. Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs
7. Develop Patient-centered Workflows and Standards
8. Create Standardized Member ID
9. Name an Attachment Standard
10. Establish Regular Review of Prior Authorization Rules
11. Establish Standards for Prior Authorization Workflows
12. Create Extension and Renewal Mechanism for Authorizations
13. Include the Patient in Prior Authorization

Overarching Recommendations:

- **Recommendation 1:** Prioritize Administrative Efficiency in Relevant Federal Programs
  - The task force recommends that ONC work with CMS and other Federal Agencies to work administrative efficiency objectives into relevant federal payment programs.
  - ONC and CMS jointly establish relevant certification criteria associated with the health information technology used to further administrative efficiency.

- **Recommendation 2:** Establish a Government-wide Common Standards Advancement Process
  - The task force recommends that ONC, working in concert with CMS and other relevant Federal establish a single consistent process for standards advancement for relevant standards for health care interoperability, including transactions, code sets, terminologies/vocabularies, privacy and security used for conducting the business of healthcare, irrespective of whether that business is clinical or administrative. To include multiple rounds of development testing and production pilot use prior to adoption as national standards.

Overarching Recommendations:

- **Recommendation 3:** Converge Healthcare Standards
  - The task force recommends that ONC, working in concert with CMS, the National Library of Medicine (NLM), voluntary consensus standards organizations and other relevant federal agencies, harmonize standards to create a consistent set of standards for Code Sets, Content and Services that are evolved together to address multiple workflows, both clinical and administrative.

- **Recommendation 4:** Provide a Clear Roadmap and Timeline for Harmonized Standards
  - The task force recommends that ONC, working in concert with the aforementioned organizations, establish a clear roadmap and timeline for harmonized standards, following the common standards advancement process, including adequate pilot and production usage, to raising the national floor.

Overarching Recommendations:

- **Recommendation 5:** Harmonize Code and Value Sets
  - The task force recommends that ONC work with CMS, NLM, and relevant value set authorities to harmonize code and value sets to serve clinical and administrative needs.
  - Where specialized code and value sets are needed, they must be mapped to more general underlying code and value sets. As an example, in order to streamline prior authorization workflows, the code and value sets used to encode orderables, procedures, or referrals must be reusable across or cleanly mappable or cross-walked to the code and value sets used to determine administrative authorization for payment for the relevant orderable, procedure, or referral.

Overarching Recommendations:

- **Recommendation 6:** Make Standards (Code Sets, Content, Services) Open to Implement Without Licensing Costs
  - End-user licensing of adopted standards, code sets and vocabularies is burdensome. In order to drive innovation and make standards-based capabilities available to the widest set of actors, the task force recommends that converged standards (and their included component code sets, etc.) named in certification programs be available to implementers without licensing costs for developers implementing the named standards.
  - Ideally, such converged standards would be available via one of the business models that support full and open access to standards (e.g., NLM national licensing for code sets or standards development business models, such as those deployed for HL7 FHIR or Internet standards, that support member prioritization for the advancement of standards while making the resulting standards and implementation guidance available through broad usage licensing); alternatively, fair, reasonable and non-discriminatory licensing may be a requirement for production use or marketing claims of conformance.

Overarching Recommendations:

- **Recommendation 7:** Develop Patient-centered Workflows and Standards
  - The ICAD Task Force discussed the critical importance of patient access and the involvement of the patient into key administrative workflows. These workflows define access to and reimbursement for care, and delays in these workflows are a key source of care delays and sub-optimal outcomes within the health care system. Accordingly, "Patient at the Center" must be a system design philosophy and built in from the ground up. The patient and caregivers must be at the center of administrative workflows and standards must be developed that involve the patient as a key actor. The Task Force believes such "administrative" information is part of the Designated Record Set (as it is patient-specific information used for decision making); if there is uncertainty on the inclusion of administrative workflows in the DRS, the Task Force recommends ONC work with OCR to clarify the status of administrative workflows under the access provisions of HIPAA.
  - The ICAD Task Force recommends that ONC work with other federal actors and standards development organizations to prioritize and develop administrative standards that are designed for patient access and involvement. Even "workhorse" administrative standards like eligibility, claiming and electronic EOB/remittance, that are traditionally considered provider to payer, should allow access through the same API frameworks already supporting API access; converged clinical and administrative workflows, including prior authorization, should be designed to support API access and patient engagement as a matter of course. As an example, benefits information provided to the provider via eligibility transactions should also be available (or more transparent? Since patients get benefit / plan package details) to the patient via APIs; the content and status of claiming/remittance should be available to the patient not only at the end of the process through the current EOB API, but throughout the process of claiming and adjudication.

Overarching Recommendations:

- **Recommendation 8:** Create Standardized Member ID
  - The ICAD Task Force recommends that ONC work with CMS (for Medicare, Medicaid, Medicare Advantage and MADPs), OPM/FEBP and DOD/Tricare) to create and incorporate standards for member ID cards (following on INCITS 284-2011; reaffirmed as INCITS 284-2011 (R2016)). Alternatively, a virtual ID card could be permissible provided it complies with the INCITS ID card capability requirements and HIPAA privacy/security requirements. Standard IDs would reduce burden by supporting patient access, clinical and administrative automation, and transparency between member/patient, provider and plan. Member ID should be sufficient, along with HIPAA-appropriate levels of assurance, to reference patient-specific plan and product requirements like drug formularies and prior authorization.

- **Recommendation 9:** Name an Attachment Standard
  - The ICAD Task Force recommends that ONC work with CMS and other federal actors to establish an attachment standard. In the short term, this standard should be the existing ASC X12 275 5010 EDI standard. Consistent with the previous recommendations, this standard should be evolved to the harmonized standards.

Overarching Recommendations:

- **Recommendation 10:** Establish Regular Review of Prior Authorization Rules
  - The ICAD Task Force recommends that ONC work with CMS and other federal actors to establish consistent processes and guidelines for prior authorization rulesets to apply to CMS, MA, FEHP, and other similar federally controlled or contracted plans. Such processes should simplify rules, and remove rules that have high burden (e.g., those that are frequently approved, frequently overturned on appeal, or otherwise have low utility) and reviews should take place no less frequently than annually.
  - The ICAD Task Force recommends that ONC work with CMS and other relevant Federal actors to establish transparency in the Prior Authorization process via published metrics on authorization and denial rates, rates of appeal and metrics on appeals.

Overarching Recommendations:

- **Recommendation 11:** Establish Standards for Prior Authorization Workflows
  - The ICAD Task Force recommends that ONC work with CMS, other Federal actors and standards development organizations to develop programmatic (API) specifications to create an authorization (electronic Prior Authorization or related determinations such as Medical Necessity) such that the authorization and related documentation can be triggered in workflow in the relevant workflow system where the triggering event for the authorization is created. As an example, when an authorization is required for payment for a procedure or referral for evaluation or treatment, the prior authorization workflow should be enabled in the relevant ordering or referral clinical workflow.
  - The Task Force recommends that ONC work with CMS and other Federal actors overseeing benefits plans (e.g., Tricare, FEHP) to establish policy mechanisms to provide or incent electronic prior authorization. The Task Force recommends these standards include sufficient guidance on operating rules, including service level objectives on latency and availability sufficient for prior authorization to be incorporated in interactive workflows.
  - The Task Force recommends that standards and implementation guidance specify requirements on denials such that denials are accompanied with clear, complete and computable reason for denial such that actors can correct, if relevant and applicable, causes for denial. The standards and implementation guidance should require any denial to address all deficiencies in the request, i.e., must evaluate the entire request and not simply issue a denial citing only the first in a potentially longer sequence of identifiable deficiencies.

Overarching Recommendations:

- **Recommendation 12:** Create Extension and Renewal Mechanism for Authorizations
  - The ICAD Task Force recommends that ONC work with other federal actors and standards development organizations to develop programmatic (API) specifications to renew or extend an authorization where prior authorization applies to services that have long durations.
  - The Task Force recommends that ONC work with CMS and other Federal actors overseeing benefits plans (e.g., Tricare, FEHP) to ensure that authorizations can be renewed through these means without requiring a new authorization and that such renewals and the status of existing authorization be enabled via standards-based APIs.

- **Recommendation 13:** Include the Patient in Prior Authorization
  - The ICAD Task Force recommends that ONC work with CMS and other Federal actors administering health benefits (e.g., FEHP, Tricare, VHA) to ensure that prior authorization systems be designed with patient engagement as a critical design goal, such that the patient is included throughout the process.
  - The patient (or designee) should receive notification and status of key activities and have the ability to view content associated with the prior authorization (for informed decision making and correction) and provide patient-generated information into the prior authorization process (e.g., ability to point out errors and to respond to such questions, if any, which only the patient herself/himself can answer).

Questions and Feedback