# Health Information Technology Advisory Committee

## Electronic Prior Authorization RFI Task Force 2022 Virtual Meeting

## Meeting Notes | March 7, 2022, 10:00 a.m. – 11:30 a.m. ET

## Executive Summary

The focus of the Electronic Prior Authorization RFI Task Force 2022 (ePA RFI TF 2022) was to continue the work of the task force. The TF reviewed its work plan and the Request for Information (RFI) on Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria published by ONC on January 24, 2022. Members reviewed comments on its recommendations document and presentation slides in preparation for the co-chairs' presentation of the TF's work to the HITAC at its March 10, 2022, meeting. There were no public comments submitted by phone, but there were several comments submitted via the chat feature in Zoom Webinar.

## Agenda

| | |
|---|---|
| 10:00 a.m. | Call to Order/Roll Call |
| 10:05 a.m. | Welcome Remarks, Review of Plan |
| 10:10 a.m. | Final Documents Review and Discussion |
| 11:10 a.m. | HITAC Presentation Slides |
| 11:20 a.m. | Public Comment |
| 11:25 a.m. | Homework and Next Steps |
| 11:30 a.m. | Adjourn |

## Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:01 a.m. and welcomed members to the meeting of the ePA RFI TF 2022.

## Roll Call

### MEMBERS IN ATTENDANCE

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

### MEMBERS NOT IN ATTENDANCE

Debra Strickland, NCVHS

### ONC STAFF

Mike Berry, Designated Federal Officer
Alex Baker, Federal Policy Branch Chief
Michael Wittie, Public Health Analyst

## Key Specific Points of Discussion

### TOPIC: WELCOME REMARKS, REVIEW OF PLAN, SUMMARY OF HITAC UPDATE

Sheryl Turney and Tammy Banks, ePA RFI TF co-chairs, welcomed everyone and thanked TF members for their hard work in between meetings on the TF's recommendations document and presentation to the HITAC. Sheryl suggested that, during the current meeting, the TF focus on breaking its recommendations into smaller, more distinct components to ease the HITAC's review and vote. The co-chairs' presentation of the TF's work to the HITAC at its March 10, 2022, meeting. She invited all TF members to register to attend the public meeting. Then, she reviewed the agenda for the current meeting and the TF workplan.

### TOPIC: WORKING DOCUMENT REVIEW AND DISCUSSION

Tammy reviewed the most recent draft of the ePA RFI TF's overall recommendations document and described updates. She reviewed the sections of the document, including an explanation of the TF's charge, background information, an overview of the health IT ePA landscape, the TF's 16 specific, high-level recommendations. She thanked TF members for their extra work on specific areas of the document.

The ePA RFI TF's high-level recommendations included:

- Recommendation 01: Prerequisites for a Successful ePA Process
- Recommendation 02: Prior Authorization Suite of Capabilities
- Recommendation 03: Prior Authorization Workflow as it Relates to Health IT systems
- Recommendation 04: Standards and Regulations Impact
- Recommendation 05: Proving Ground for FHIR (Fast Healthcare Interoperability Resources)
- Recommendation 06: Health IT Prior Authorization Roadmap to FHIR – Health IT Vendors Supporting Providers
- Recommendation 07: Health IT Prior Authorization Roadmap to FHIR – Health IT Vendors Supporting Payers
- Recommendation 08: Attachments
- Recommendation 09: Accessibility of Health IT at Scale
- Recommendation 10: Adoption at Scale
- Recommendation 11: Patient Centered Innovation
- Recommendation 12: ePA Integration Innovation
- Recommendation 13: ePA Bundles Innovation
- Recommendation 14: Establish of an Advisory Process
- Recommendation 15: Centers for Medicare & Medicaid Services (CMS) Alignment
- Recommendation 16: Functional Capabilities Mapped to Implementation Guides (IGs) and Assessed for Readiness

Tammy reviewed the points and the sub-points within the recommendations document that will require additional TF discussion and invited members to provide feedback.

DISCUSSION:

- Tammy summarized Recommendation 03, noting that it refers to the spreadsheet of functional capabilities that Hans created and asked members if any other information should be included. She explained that the RFI document will be a resource for ONC staff and will be updated for

1.3. This document is a work-in-progress that will be shared later.
  - Rich Landen commented that “vendors” should be changed to “systems” throughout the document.

- Tammy summarized Recommendation 04, noting that the text needs to be clarified, and invited members to provide feedback.
  - Sheryl described Recommendation 4.3 and stated that it should state that there is a need to eliminate the need for payers to contract directly with each provider to access data in each electronic medical record (EMR) system.
  - Heather asked how concerns about the trust between the payer and provider would be managed without direct contract and access to data through each EMR system. Sheryl responded that the issue the TF is trying to address is the scalability of contracting with thousands of providers to access the data in each of their EMRs in order to support ePA. She stated that having to negotiate contracts one at a time would hinder adoption and suggested that there should be a way for payers to opt-in when implementing ePA to reduce the amount of contracting that must be done. Eliel suggested that an intermediary could be used to connect stakeholders through a common agreement from TEFCA or QHINS and eliminate some legal barriers. Alix Goss commented that the use of certified health IT could preclude the need for additional contractual agreements to remit the flow of information. Heather cautioned against the creation of a completely uniform contracting process, and Hans added that there are a variety of levers and programs that can be used to incentivize this process.
  - TF members discussed the wording of Recommendation 4.3 at determined that it should read, “Recommend the use of certified health IT between all parties to minimize the additional contractual obligations that might exist for ePA.”
  - TF members reviewed and discussed Recommendation 4.4 and determined that it should be split into its own recommendation.
  - Raj asked to add “HIPAA exception process” to Recommendation 4.1.
- Tammy summarized Recommendation 06 and suggested that several sub-bullets should be broken apart. She invited members to provide feedback.
  - TF members reviewed Recommendation 6.1, and Sheryl stated that a roadmap for FHIR to ePA is needed. She suggested mapping functional capabilities to the roadmap. Raj suggested breaking Recommendation 6.1 into two pieces, and TF members agreed. The new recommendations included: 6.1: Functional capabilities and specifications should be mapped to the IGs; 6.2 Published roadmap should include an associated timeline that aligns both with the maturity of the functional capabilities with the Da Vinci IGs and the speed of the industry’s ability to comply. Raj cautioned against using functionality instead of capability, and Tammy offered to update the wording throughout the document for consistency.
  - TF members discussed Recommendation 6.3 following input from Sheryl and Hans, it was updated to read, “Certification criteria should be adopted in a tiered approach, providing baseline functionality that transitions into a roadmap for the cutting-edge organizations.”
  - Heather asked if the conversations the TF held in which they agreed that the timeline should be informed by the environmental scan of readiness and maturity assessment were included in the recommendations. Eliel offered suggestions at a previous meeting. Hans agreed that this should be addressed and offered wording suggestions. The TF agreed to add the following new recommendation, “Timeline informed by an environmental scan assessing readiness of the IGs. Tammy commented that additional language that addressed Heather’s concerns was included in the advisory body section.
  - TF members discussed Recommendation 6.5 and, following Raj’s input, updated the wording to read, “Define at path for information exchange (i.e., C-CDA to FHIR) to lead stakeholders to move from a document driven approach to an event based and data driven approach.”

- TF members agreed to pull text from the additional considerations section to create a new overarching recommendation about soliciting a multi-stakeholder feedback. Raj suggested that any mentions of specific FHIR Releases should be removed.

- Alix Goss shared comments on Recommendation 08 in the public chat, and TF members reviewed and discussed them.
  - Sheryl suggested rewording Recommendation 8.2 to read, "Recommend certification enforcement is not put in place until the standard has been tested in that practice setting and for that type of service." Heather suggested splitting this recommendation into two. Alex Baker commented that ONC ensures that vendors meet their testing and certification. This can be separated from the other part of the recommendation.
  - TF members discussed Recommendation 8.1 and 8.3, and Sheryl, Tammy, and Raj shared wording suggestions around the need for testing before certification. Rich commented that the concepts of certification and adoption should be kept separate in terms of the TF's recommendations. Sheryl agreed, and Alex commented that certification is a tool under one authority that is voluntary for health IT developers; ONC could create certification criteria to which developers could voluntarily certify their systems, which could happen in advance of it being required for use by different provider groups under other programs. He distinguished between enforcement in the certification program for health IT developers and another program that would say a provider has to use technology to get an incentive or meet eligibility requirements for a program. Sheryl stated that the TF has included the order of events within its recommendation. Eliel commented that real-world pilots should be developed first and should be mentioned in the recommendations. Heather shared feedback on Recommendation 8.2 in the public chat. Raj asked for Recommendation 8.1 to be clarified, and Sheryl suggested that specific procedures that were mentioned in the recommendation should be removed. Hans discussed the stages of the workflow by actor and suggested an initial plan to leave flexibility on the client side while recommending certification requirements on the source of the information (i.e., provider or payer). He responded to comments from Raj about whether a new recommendation should be added and explained that his suggestions only reflect initial needs. The recommendations were updated to reflect the conversation, and a fourth recommendation was added to this section to reflect comments made by Hans and Raj.
- Tammy summarized Recommendation 09 and noted that Alex left comments that part of the recommendation text should be moved to the Rationale and Additional Considerations section. She asked members if any other information should be moved from the rationale section up to the level of a recommendation. TF members did not submit additional comments.
- Tammy summarized Recommendation 10 and asked members if any other information should be included.
  - Raj commented that the language is too broad, and Rich stated that several of the sub-recommendations should either be reworded or removed. He asked if accessibility is related to certification and suggested that the lack of equity across provider availability is an issue, though this is not related to technical certification. The co-chairs removed Recommendation 10.2. Hans suggested adding "initiate or match" to Recommendation 10.3. TF members discussed the intent of the recommendations, and Sheryl explained the original point was that the TF wanted to make sure that providers or payers have the option to choose their preferred systems and that tools would be accessible for all providers.
  - TF members discussed the sub recommendations and rewrote Recommendation 10 to indicate that ONC should partner with other agencies to establish incentives. They discussed whether all the sub-recommendations were necessary or if they should be rewritten or removed. Tammy spoke in favor of keeping the recommendations, and several TF members provided wording suggestions. Rich commented that an additional bullet should be added that states, "ONC should ensure that its certification program supports providers' ability to mix and match components they use in their practice settings."
  - Hans commented on the need to have flexibility in workflow, which is supported by multiple

health IT systems, must be balanced by ensuring that providers are comfortable and have all of the information necessary to process ePA. He suggested that the final sub recommendation be updated to state that the certification program should inform and support the provider's ability to mix and match components.

- Tammy reviewed Recommendation 11 and its sub-recommendations, and she explained that this area has been pulled out of other sections and rewritten to create a new recommendation. She invited TF members to review it and submit feedback.
  - Tammy commented that previous TF member suggestions around a provider's ability to do non-insurance/cash-only payments were not referenced in the TF's recommendations because this topic is out-of-scope. She explained that the TF should anticipate that the HITAC will share this feedback, and the TF should respond that this topic cannot be addressed in this current RFI.
  - Hans suggested replacing the mention of the Blue Button 2.0 API IG because it is specifically about the explanation of benefits (EOB) information. TF members discussed Recommendation 11.3 and noted that the overall section is about more than EOB information. Sheryl described the Intersection of Clinical and Administrative Data Task Force 2021 (ICAD TF 2021) recommendations related to this topic and suggested updates to the wording. Rich commented that the functional criteria spreadsheet or other TF final documentation should include all patient actions. Greater consistency is needed. Tammy commented that these could be added as additional considerations to explore through a clear recommendation.
- The TF discussed the attachments and appendices and considered whether to share the document (created by Hans) as an exemplar. He responded that Da Vinci is currently working on examples and that his document was only a draft. Tammy suggested that the TF recommend that there is a need for future related work.
- The TF reviewed Recommendation 18, "CMS Alignment," which was initially made by Hans and highlighted that ONC should work with CMS to ensure the current and future regulations are aligned with appropriate incentives to payer and providers to advance PS in a staged approach.
- Tammy summarized Recommendation 01 and explained how she drafted it around prerequisites for a successful ePA process. She explained that several of the recommendations reflected the need to mirror the recommendations submitted to the HITAC and ONC by the ICAD TF in 2021. Sheryl commented that the recommendation should be reworded to suggest that ONC have a list of minimum capabilities enabled, and then the list includes the points listed below. Heather asked for clarification around the wording and intent and asked if "prerequisites" constitute a recommendation. TF members discussed the intent of the recommendation and whether all listed were the minimum or whether they would enhance the user experience. Hans suggested that the wording reflects that they are complementary, and Sheryl suggested that the title of Recommendation 01 be changed to, "Capabilities for a Successful User Experience."

## Action Items and Next Steps

In preparation for the HITAC meeting:

- Review the slides and provide comments by 12:00 p.m. (Noon) ET on Tuesday, March 8, 2022
- Co-chairs will finish all wordsmithing work.
- HITAC Meeting: March 10, 2022, 10:00 a.m. ET
  - Registration link for non-HITAC members: https://www.healthit.gov/hitac/events/health-itadvisory-committee-43

## Public Comment

### QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

## QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR

Michael Berry: Thank you for joining the ePrior Auth RFI task force. Please remember to change your chat setting to “Everyone” if you want everyone to see your chat. Thanks.

Alix Goss: use of certified HIT should preclude need for additional contractual arrangements to permit the flow of information for PA...

Alix Goss: *be s/b *by all parties

Sheryl Turney: all

Rich Landen: Suggest breaking 6.1 into two recommendations. Timeline bullet and functional/specs bullet.

Heather McComas: 3.2 -- Maybe: Recommend certification enforcement and any provider requirements to use ePA not be put in place until the standards . . .

Rich Landen: Alex makes a good point. Certification enforcement is for ONC to audit EHRs to see whether or not they actually perform successfully in the field. The kind of enforcement we’re talking about is really separate rulemaking by CMS or others.

Hans Buitendijk: Clarification to Rich’s point that this would apply to any CHIT, not just CEHRT.

Hans Buitendijk: Agreed that CMS and other agencies can encourage adoption of CHIT.

Rich Landen: 3.8 ONC should ensure that its certification program supports providers’ ability to mix and match components they use in their practice setting.

Rich Landen: My general comment here is that this recommendation and the spreadsheet need to specific the different roles of patients. Not just status inquiries. (The spreadsheet does not currently specify anything other than status inquiry.)

Rich Landen: Is this where we talked about referencing the CAQH/CORE maximum response timeframes?

Rich Landen: these are more “Guiding Principles” than “capabilities”

Rich Landen: “ONC should keep in mind the following guiding principles”

Heather McComas: Yeah I see Rich’s point . . .

## QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

# Resources

ePA RFI Webpage
ePA RFI – March 7, 2022 Meeting Webpage
ePA RFI – March 7, 2022 Meeting Agenda
ePA RFI – March 7, 2022 Meeting Slides
HITAC Calendar Webpage

## Meeting Schedule and Adjournment

Sheryl and Tammy thanked everyone for their participation and their hard work. Sheryl added that the final products of the TF will be posted as a result of the HITAC's meeting on healthit.gov.

The meeting was adjourned at 11:33 a.m. E.T.