



Health Information Technology Advisory Committee Electronic Prior Authorization RFI Task Force Virtual Meeting

Meeting Notes | January 27, 2022, 10:00 a.m. – 11:30 a.m. ET

Executive Summary

The focus of the Electronic Prior Authorization RFI Task Force (ePA RFI TF) was to kick off the task force, including introductions. The TF reviewed the task force charges and the [Request for Information \(RFI\) on Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria](#) published by ONC on January 24, 2022. Members began to create a work plan. TF members discussed the topics and provided feedback.

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.	Task Force Introductions
10:20 a.m.	Task Force Charge, Workgroup Planning
10:25 a.m.	Electronic Prior Authorization RFI
10:50 a.m.	Discussion
11:20 a.m.	Public Comment
11:25 a.m.	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 10:04 a.m. and welcomed members to the meeting of the ePA RFI TF.

Roll Call

MEMBERS IN ATTENDANCE

Sheryl Turney, Anthem, Inc., Co-Chair

Tammy Banks, Individual, Co-Chair

Hans Buitendijk, Cerner

Rajesh Godavarthi, MCG Health

Jim Jirjis, HCA Healthcare

Rich Landen, NCVHS

Eliel Oliveira, Dell Medical School, University of Texas at Austin

Alexis Snyder, Individual

Debra Strickland, NCVHS



MEMBERS NOT IN ATTENDANCE

Aaron Miri, Baptist Health
Michelle Schreiber, Centers for Medicare & Medicaid Services (CMS)

ONC STAFF

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

General Themes

TOPIC: IS WG MEETING KICK-OFF

The ePA RFI TF held a kick-off meeting for the newly formed workgroup.

Key Specific Points of Discussion

TOPIC: OPENING REMARKS

Sheryl Turney and Tammy Banks, ePA RFI TF co-chairs, welcomed members and thanked them for their willingness to participate. Sheryl encouraged TF members to focus on offline work, given the shortened timeframe for the TF. Tammy explained that this new task force will focus on continuing the efforts of the Intersection of Clinical and Administrative Data Task Force (ICAD TF), and she reviewed the agenda for the meeting.

TOPIC: WORKGROUP INTRODUCTIONS

The co-chairs invited ePA RFI TF members to introduce themselves:

- Sheryl Turney is a Senior Director II, EDA, Data, and Interoperability at Anthem, Inc., where she leads interoperability work in data use and data sharing. She is a member of the HITAC and has served on several previous task forces and workgroups, including as co-chair of the ICAD TF.
- Tammy Banks is the Vice President of Medicare Strategy, Value Based Care Programs at Providence St. Joseph Health and has a background in organized medicine and operationalization solutions. She sits on the National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Standards and has focused on work around sexual orientation and gender identity (SOGI) data.
- Hans Buitendijk is the Director of Interoperability Strategy at Cerner. He has focused on standards development, including various leadership roles at HL7, co-chair of CommonWell, and participates in the Da Vinci Project and Argonaut. He is on the board and steering committee of Carequality. He is also the chair of the Electronic Health Records Association (EHRA) and is the chair of their Standards and Interoperability Workgroup, focusing on progressing interoperability in the health information technology (HIT) space.
- Rajesh Godavarthi is the Associate Vice President of Technology and Interoperability at MCG Health (previously Milliman Care Guidelines). His background is in clinical decision support (CDS) and interoperability strategy and implementing payers and providers participating in the related implementation guides (IGs). He is a Workgroup for Electronic Data Interchange (WEDI) Board member and the HL7 Da Vinci Co-lead.
- Jim Jirjis leads the clinical informatics strategy for HCA Healthcare, where he is the Chief Health Information Officer of the Clinical Services Group. He is a member of the HITAC and has served on many of its workgroups and task forces.
- Rich Landen is a retired individual and the co-chair of NCVHS. His background includes hospital administration, payer trade associations, the Council for Affordable Quality Healthcare Committee on Operating Rules for Information Exchange (CAQH CORE), and he previously served on the HITAC's ICAD TF.



- Eliel Oliveira is the Director of Research and Innovation at the Dell Medical School, University of Texas at Austin, and has a background in HIT. He was the Chief Information Officer at the Louisiana Public Health Institute (LPHI) in New Orleans, where he led the design and implementation of the Research Action for Health Network (REACHnet) as a Clinical Data Research Network node in the national Patient-Centered Outcomes Research Network (PCORnet). At LPHI, Eliel also provided executive leadership and was a board member of the Greater New Orleans Health Information Exchange (GNOHIE). He previously served as Director of Information Technology for the Louisiana Cancer Research Center and was appointed to support the National Cancer Institute in many biomedical informatics technology design and development initiatives
- Alexis Snyder is a Patient Family Advisor and Engagement Specialist and is a member of the HITAC. She has served on many task forces and workgroups, including the ICAD TF.
- Debra Strickland is a member of the NCVHS Full Committee and the NCVHS Standards Subcommittee. Her background is in standards development, and she leads teams on product development activities related to HIPAA transactions and Medicaid system upgrades at Conduent Services. She was a member of the ICAD TF.

TOPIC: EPA RFI TF CHARGE AND TIMELINE

Sheryl and Tammy reviewed the charge and timeline for the ePA RFI TF, all of which were detailed on slides #8 through #11 in the [TF's presentation slides for meeting #1](#). The co-chairs described the areas of focus for the TF, which must provide recommendations by March 10, 2022, and invited TF members to submit feedback.

Sheryl explained that ONC issued an RFI that seeks input from the public regarding support for ePA processes. ONC is requesting comments on how the ONCS Health IT Certification Program could incorporate standards and certification criteria related to ePA. The charge included:

- TF charge: Provide input and recommendations in response to the RFI on Electronic Prior Authorization to inform future rulemaking and other actions in this area.

Sheryl presented the draft work plan for the TF, which was detailed on slide #9 in the presentation. TF members were advised to expect homework/offline work in between the weekly virtual meetings.

DISCUSSION:

- Rich commented that the charge is clear and inquired why the TF was formed by ONC/the HITAC. What is the expectation for the TF beyond its members simply submitting public feedback on the RFI individually?
 - Sheryl responded that, typically, a task force has been established to provide additional comments whenever ONC has published a notice of rulemaking or an RFI. She stated that this is the best opportunity to gather all the information in a short period of time.
 - Mike Berry responded that this is an opportunity for the TF and the public to provide comments on the RFI and to generate a more robust discussion.
- Raj asked if the TF members would also be responding to public comments during the TF meetings.
 - Sheryl stated that this has not been done in the past, though TF members are encouraged to discuss comments in the public chat. Additional background information can be shared by members during the discussions at meetings.
 - Mike explained that the forum is meant to inform the HITAC's recommendations to the National Coordinator for Health IT. At its March meeting, the HITAC will have the opportunity to formally vote to transmit its recommendations to the National Coordinator for consideration.



- Tammy added that this is an opportunity to gather stakeholder perspectives from across the industry and to generate recommendations that meet these needs. This will balance public recommendations/comments on the RFI that are submitted by individuals.
- Jim Jirjis asked if the TF is charged with looking at the RFI and responding to those questions.
 - Sheryl responded that the list of questions the TF will discuss is the same list included in the RFI.
 - Tammy added that the TF will get an overview of the questions and investigate the status of the IGs, previous recommendations, and the state of ePA since the previous ICAD TF work was completed.
 - Jim commented that the ICAD TF created a crosswalk of datasets and standards that were/were not adopted by the industry and asked will this work be discussed by the current TF? Also, what is the status of the IGs related to ePA that the ICAD TF discussed?
 - Sheryl agreed that the ePA RFI TF should identify current gaps, including the one Jim described.
 - Tammy stated that ICAD TF work will be incorporated as a building block within the ePA RFI TF's recommendations.

TOPIC: ELECTRONIC PRIOR AUTHORIZATION RFI

Alex Baker provided an overview of ONC's [Request for Information \(RFI\) on Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria](#) that was published in the Federal Register on January 24, 2022. ePA RFI TF members were asked to review the full document, and the information was summarized on [slides #11 through #20 in the presentation materials](#). Topics included background information on the ONC Health IT Certification Program and requirements under HIPAA for prior authorization transaction standards. Alex listed some recent related HHS activities, including the ICAD TF final report and the CMS Interoperability and Prior Authorization NPRM and ONC Healthcare Operations Standards NPRM (not finalized), which were released in 2020.

Alex reviewed a core set of capabilities in the RFI that would enable a certified Health IT Module or Modules to support prior authorization and explained that ONC is seeking comment on this list (slides #14 and #15 in the presentation). ONC created a detailed list of questions around the functional capabilities for ePA in certified health IT, which was also included. Alex explained that ONC is also 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. The list of related questions ONC created on this topic focuses on the readiness of these implementation specifications to support ePA capabilities and the adoption of the three IGs in the certification program. They were included on slides #18 and #19 in the presentation.

Alex reviewed the section of the RFI in which ONC is seeking comment on how the certification program could support the transmission of healthcare attachments for PA, including two approaches that build on standards already adopted in the Certification Program. A list of related questions around additional approaches to support ePA and healthcare attachments were included on slides #21 and #22. Finally, Alex shared a list of questions ONC developed around the impacts on patients, providers, health IT developers, and payer implementation (slides #23 through #26).

Sheryl asked TF members to review the list of functional capabilities (slides #14 and #15) and invited everyone to provide feedback on the completeness of the list.

DISCUSSION:

- Sheryl submitted several comments on behalf of Tammy and herself, which were also key components of the ICAD TF's recommendations:
 - There is a need to add functionality around exchanging attachments in a standard way.



- Add a functional requirement capability where the patient can get an updated status on their ePA through their patient access API. Currently, the burden falls on the patient to coordinate between both parties, and the responsibility should not be left to the patient when a PA does not get approved.
- Hans commented that the list covers most of the necessary steps but stated that there are opportunities for refinement. He made the following recommendations:
 - Status updates are needed by the consumer.
 - How should the data move across the claims attachment (format)?
 - Look at the Da Vinci Project's IGs to examine the interactions between the provider-based system and the payer and all necessary data elements. Some variants have already been demonstrated in these IGs. Recognize that all data does not come from only one environment on the provider side. Additional interactions should be identified beyond what has been identified in the RFI.
 - Recognize all steps in the process of getting consistent access to data, including how to obtain information automatically (automated retrieval of data).
 - There are different IT components; not everything is done by one system.
- Rich submitted several comments:
 - The TF must be explicit that a definitive answer is needed around what is needed for patient-specific coverage determination/PA.
 - Tammy asked if Bulk Fast Healthcare Interoperability Resources (bulk FHIR) should be considered in this functional capability?
 - Rich stated that if this involves multiple patients, it is a very different question than his initial one.
 - Will PA responses differ depending on what provider will provide the service/item?
 - Tammy and Jim stated that this should be incorporated into the functional capability.
- Jim submitted several comments:
 - Recognize the importance of understanding and including the workflow and timing around submitting data within the information flow to avoid untoward consequences. He stated that if the process is automated in the electronic medical record (EMR), but all required information is not populated, erroneous denials could occur based on incomplete information/premature submissions. The workflows and system should be designed to avoid erroneous denials, no matter how the timing works or who handles authorizations. Tammy and Sheryl voiced their agreement.
 - Not all hospital admissions are not prior authorization; some are concurrent authorization (i.e., patient is admitted through the ER). Tammy asked to table this comment.
- Raj submitted several comments:
 - The scope of the TF is large for the time allotted (about two months).
 - Considering how much a payer can support is critical to the success of the TF/the HITAC/ONC. The TF should seek support from and collaboration with CMS.
 - Changes that are implemented must reduce the burden on the provider in terms of their workflow when sitting with a patient and the back-office workflow.
 - Tammy voiced her agreement and suggested using the electronic health record (EHR) minimum necessary criteria. Then, the TF can consider potential levers as a second step.
- Debra listed several impacts that she felt must be considered in a PA request, including the patient-specific benefit, the date of service, workflows, the specific provider, and any related burdens to any/all stakeholders.
- Jim submitted several comments:
 - He agreed with many of the previous recommendations and cautions, especially around



automation.

- Does the TF's charge cover submitting comments on the rules that lead to PA denials or approvals? More transparency is needed around this process for patients.
- Tammy responded that this work might be out of scope now but could be in-scope for a future work product.
- Sheryl commented that questions around the requirements for documentation and support of PA were not in the RFI. The ICAD TF chose not to pursue this topic during its previous work. Sheryl, Jim, and Tammy discussed whether the documentation requirements, including reporting information and what must be submitted for a payer to make a decision about the PA, would be included.
 - Jim described the confusion that arises when PA is denied, but the reason for the denial and granular details about the decision are not shared with the provider or patient. This creates an additional burden around appeals and understanding why PAs are denied information about specific reasons and rules. Providers can learn from these situations to begin to minimize the number of denials.
 - Tammy highlighted comments from the public chat that indicated that these rules are already in the Da Vinci IG. TF members submitted suggestions for rewording point 5 under the list of functional capabilities for ePA in Certified Health IT.
- Hans asked how comments and suggestions submitted by TF members would be captured and shared.
- Raj suggested that the TF include within its outputs the work on standards being done by Da Vinci, CAQH CORE, United States Core Data for Interoperability, HL7, and others. Also, he stated that the suggestions TF members made throughout the meeting might have been answered during recent work by CMS within the NPRM and final rule documents. He suggested that TF members review them.
- Sheryl described how ePA RFI TF members comments about ensuring member/patient matching overlap with a recommendation from the ICAD TF about standardizing digital patient ID cards (instead of scanned documents). Transposing this information between systems creates room for unnecessary errors.
- Raj offered to assist anyone who is interested in going through the IGs and encouraged interested parties to reach out to him.
 - Sheryl agreed and suggested that someone could provide an overview of the IGs to the TF at its next meeting.

Action Items and Next Steps

Sheryl responded that the co-chairs would capture comments and suggestions submitted by ePA RFI TF members in a Google document, which would then be shared with TF members. Members will capture their thoughts and recommendations between meetings in the Google doc, which will then inform the TF's recommendations and streamline the conversations. Members should share a Google email address with ONC's logistics contractor at onc-hitac@accelsolutionsllc.com to be set up with access to the document. A link will be sent once access is established.

Before next week's meeting, ePA RFI TF members were asked to:

- Be sure to read the full RFI, and the documentation for the three Da Vinci IGs discussed - Documentation Templates and Payer Roles (DTR), Coverage Requirements Discovery (CRD), and Prior Authorization Support (PAS).
- The co-chairs are inviting Viet Nguyen, MD, the Technical Director for the HL7 Da Vinci Project (which developed these), to provide a very quick overview of each one. Please review the documentation ahead of time.
- Review the ICAD TF report.



- Review the extracted RFI questions in the TF's Google document, and add comments to the space next to each question.
- Make sure that any previous comments in the notes are properly reflected, or add clarifications if necessary. TF members will discuss the comments at the next meeting and begin formulating them into recommendations.
- Consider if there are additional subject matter experts whose perspectives the Task Force needs to make the best possible recommendations in this short timeframe and who they might be.
- If you have additional supporting information (e.g., costs and burden of PA), please send it to the co-chairs and onc-hitac@accelsolutionsllc.com so it can be added to the discussion.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR

Alix Goss: Da Vinci Community Roundtable webinar recording and slides available at: <https://confluence.hl7.org/display/DVP/Da+Vinci+Video+Presentations>

Jim Jirjis: We did time calculations for our prior auth activities

Jim Jirjis: And can define the burden

Viet Nguyen: Da Vinci is addressing the PA status information for patients that Sheryl brought up.

Hans Buitendijk: Agreed with @Jim that time and progression of data completion/update needs to be considered.

Viet Nguyen: It might be useful to make a distinction between PA and concurrent UM.

Viet Nguyen: Current DV Burden Reduction IG's do not address automated PA/UM. Providers determine when to submit the PA.

Beth Connor: CMS FFS PA programs requires coordination between ordering providers and rendering providers. For example, it may be a physician that orders an orthotic, but the DME supplier is the one who bills CMS for it. The DME supplier needs data from the physician in order to submit the PA request to CMS. Supporting that data exchange between provider EHRs is important to address, and also important to remember that not every provider/supplier has an EHR.

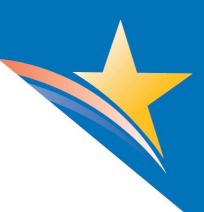
Alexis Snyder: Very true and important Beth!

Viet Nguyen: The documentation rules are represented in the DV IGs.

Viet Nguyen: In a sharable form.

Hans Buitendijk: When looking at "the capabilities of the EMR", we need to consider "the capabilities of the provider's HIT" as ePA cuts across various workflows, not just clinical HIT (EMR/EHR).

Viet Nguyen: Those documentation rules allow the system to retrieve data using FHIR and reduce the data collection tasks (and burden) by the providers.



Beth Connor: Reasons for denial should be actionable by provider. Please see CMS PA denial reasons here: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Review-Reason-Codes-and-Statements>

Hans Buitendijk: Thank you!

Sheryl Turney: we have public comment in 3 minutes

Alexis Snyder: We addressed that in ICAD and needs to be carried forward

Viet Nguyen: I and the Da Vinci PMO team would be happy to provide information or clarification of our implementation guides if it's helpful to the Task Force.

Patrick Murta: Viet, perhaps some real world *[sic]* implementations we have done/are doing

Alix Goss: Sounds like a perfect role for Viet!

Viet Nguyen: @Patrick - I agree.

Viet Nguyen: We can also point the TF to the CMS Connectathon presentations for an even deeper dive.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[ePA RFI Webpage](#)

[ePA RFI – January 27, 2022 Meeting Webpage](#)

[ePA RFI – January 27, 2022 Meeting Agenda](#)

[ePA RFI – January 27, 2022 Meeting Slides](#)

[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

Sheryl and Tammy thanked everyone for their participation and shared a list of upcoming ePA RFI TF meetings dates and times.

The meeting was adjourned at 11:27 a.m. E.T.