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

Meeting Notes | February 3, 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 reviewed the work plan and comments on a working document. TF members discussed the RFI 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.   Welcome Remarks, Review of Plan
10:15 a.m.   Review Comments from Working Document
10:45 a.m.   RFI Discussion
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.

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
Heather McComas, AMA
Alex Mugge, Centers for Medicare & Medicaid Services (CMS) (substitute for Michelle Schreiber)
Patrick Murta, Humana
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Debra Strickland, NCVHS

MEMBERS NOT IN ATTENDANCE
Aaron Miri, Baptist Health

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

Key Specific Points of Discussion

TOPIC: WELCOME REMARKS, REVIEW OF PLAN
Sheryl Turney and Tammy Banks, ePA RFI TF co-chairs, welcomed members and introduced new members. Sheryl reviewed the draft workplan for the TF and encouraged TF members to focus on offline work, given the shortened timeframe for the TF. Tammy reviewed the agenda for the meeting. Sheryl invited panelists who are knowledgeable in attachment standards to discuss the Council for Affordable Quality Healthcare Committee on Operating Rules for Information Exchange (CAQH CORE) attachment standards that were developed but never implemented as a final rule.

TOPIC: REVIEW COMMENTS FROM WORKING DOCUMENT
Tammy reviewed ePA RFI TF member comments from the TF's shared Google working document and asked members to consider the following goals:

- Review additions to the functional capabilities during last meeting and through homework
- Discuss Topic1: Certified Health IT Functionality (1.1, 1.2, and 1.3)
- Assign RFI questions
- Identify subject matter experts (SMEs) and information needed to fill in gaps

Tammy reviewed member comments/questions/recommendations, with a list of caveats identified for each, and she invited members to share any missing comments, caveats, or information and to provide any necessary corrections to the text in the TF's working document. TF members discussed the comments.

DISCUSSION:
- Rich Landen submitted two comments:
  o The TF alludes to but does not specifically mention non-providers initiating ePA. Should the TF be more specific about if anyone other than a provider is involved and the process? He highlighted the example of ordering durable medical equipment (DME).
  o Would there be any circumstances or situations in which the patient himself or herself would initiate an ePA?
  o Jim Jirjis, Tammy, and Rich discussed wording options to replace "provider," and they discussed the actors in the workflow of an ePA request for DME (licensed vendors, staff, healthcare professionals, etc.). Sheryl explained that one of the use cases in the implementation guides (IGs) is for a DME request and that the Intersection of Clinical and Administrative Data Task Force (ICAD TF) also used a DME request for a wheelchair as an example in its recommendations to the HITAC.
  o Jim described different ways in which ePAs are initiated in the future and who/what (e.g., apps) could trigger and respond to an ePA. Hans Buitendijk highlighted the need for approved and established policies to present the conditions and best practices for triggering ePAs. Jim described testimony the ICAD TF heard in which there was a need for empowered patients and patient access to initiate a renewal of DME. Sheryl explained that renewing prescriptions each year could be similar. Sheryl suggested that the TF reimagine the future of apps being used to trigger ePAs.
  o Heather McComas discussed the optional capability that currently exists for prescription

drug ePA, noting that this is not required for certification. Would the TF like to include the requirement for prescription drug ePA? Sheryl responded that the ICAD TF also mentioned this topic, including in relation to PA that moves between payers. The ePA RFI TF should include this under the "Capabilities."

- Patrick Murta suggested adding a step before PA to determine if it is even required, noting that it creates a heavy amount of work for directly to triggering a PA transaction. He suggested that a lighter-weight PA transaction could eliminate a large percentage of extensive PA transactions.
  - o Tammy responded that the section would be reworded during offline work and asked TF members to comment on content instead of wordsmithing.
  - o Jim stated that the goal for automating PA is to reduce human effort and to increase transparency. He suggested that the TF could also work to minimize the number of inappropriate PAs and described examples, which were added to the working document. Patrick agreed with Jim's suggestion. Jim commented that the TF should also consider PAs beyond the initial, including renewals, denials, or appeals.
- Hans asked if the comment in the document that included PA for all prescriptions fell within the scope of the RFI. A workflow for prescriptions already exists.
  - o Heather commented that the bulk of the questions in the RFI are about medical services but suggested that the TF comment on the fact that prescription drug transactions are optional for certification. Hans agreed and suggested that wording be added to recognize that some related standards already exist.
  - o Tammy requested that the TF focus comments on the medical services and suggested adding the pharmacy-related questions to the TF's list of additional considerations.
- Jim described learnings from the ICAD TF and suggested adding a bullet to ensure the coordination of complex medical services and devices where multiple prior authorizations are required for that service that the system needs to provide transparency and efficiency and minimize the unfortunate effects of the complexities of multiple prior authorizations
  - o TF members discussed wording options for the new bullet, including using the phrasing "bundling care" and "authorization for an entire agreed-upon protocol." Jim commented that APIs on standardized data sets should enable companies to develop apps to coordinate ePAs, improve efficiencies, and reduce patient delays.
  - o Members added a comment to the working document that coordination of care for "a single medical service" that consists of multiple episodes of care, multiple complex medical services, DME, and other requirements (bundles) are considered concurrently to improve transparency and care. Authorizations for an agreed-upon protocol or complex treatment plan. Rich suggested adding a comment that the TF must determine if adding additional requirements could expand the scope of the RFI, so implementation is not feasible. The TF can review the comments in the future to build a foundation and then add items for maturity. Sheryl agreed and added that this is similar to an ICAD TF recommendation. Jim described potential phases of design and described examples.
  - o Sheryl stated that this coordination must occur for advanced explanation of benefits (EOB).
- Tammy reviewed all additions and changes to the comments TF members submitted at the previous meeting and asked TF members to share any further revisions or disagreements.
  - o Hans asked the new wording on point #2 creates confusion with the intent of point #3. He suggested removing the new introductory text from point #2. However, Sheryl differentiated between the two points, stating that point #2 is about capturing enough information to get the coverage rules, while point #3 relates to capturing the information it requires to submit the PA. The points were divided because that was how ONC presented the information as a sample set. Sheryl detailed the steps in the process and explained how they relate to the IGs.
  - o Rich described the workflow process between the two points and asked for further wordsmithing to indicate the actor in each scenario (separate based on roles). Heather agreed and stated that examples would provide greater clarity, including what information
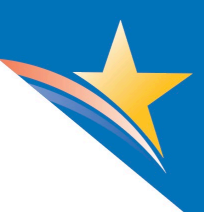
the payer needs in return, like the patient's gender, date of service, etc. Hans volunteered to draft language.

o   Patrick suggested that the ideal state for point #3 is that the information would be collected automatically and queried from the electronic health record (EHR). Otherwise, a burden is imposed on providers, their back offices, and payers. TF members discussed the wording of point #3, and Hans emphasized that not all items will be automatically retrieved by providers. Sheryl stated that other data are required for PA that may be collected within and outside the EHR system. Jim suggested that the recommendation highlight utilizing automation, where appropriate, and he described several examples of workflows that are difficult to automate. TF members updated the wording in the shared document. They agreed to add a new overall principle of using automation, as appropriate, to leverage information systems to optimize the efficiency of the process (pre-population, human function to pull information, and function for timing issues).

o   Jim suggested adding a new additional consideration to include timing and infrastructure operating rules. If timing is not considered, provider burden could increase. Hans agreed, and considerations about what is required for/subject to certification should be clear and unambiguous. Systems must use the same language. Jim volunteered to draft language and described examples of complex workflows, not for specific inclusion in the RFI, but to better inform the TF's recommendations to support these types of workflows.

o   Raj commented that while the TF would like to discuss considerations through to the ideal state, the complexity and work required to review so many questions could become burdensome. He suggested narrowing the scope or focusing the TF's work. Tammy stated that the TF must come to an agreement around the foundational functional capabilities to guide all future work/homework. Raj described customer concerns around automatically-collected data and asked the TF to consider adding language ensuring that discretion is used. Tammy asked Raj to draft language for the recommendation that addresses functional capability needs from a vendor's perspective on the end goal.

- Tammy explained how the TF's comments would be preserved within specific columns in the shared working Google documents. The co-chairs will assign further work on specific areas. TF members continued to wordsmith the recommendations and caveats as Tammy transferred them into the shared document.
  - o Rich asked why recommendation point #2 refers to capturing information through a query from the provider instead of an automated response. Jim responded that electronic medical records (EMRs) are not standardized/using the same data models, even across providers within one healthcare entity. This causes issues for automation, so providers must be actively queried.
  - o TF members continued to discuss points #1 and #2 should be combined, and Rich suggested that point #1 would be summed up as, "Is PA needed?" while point #2 would be, "Is PA granted/authorization approved by the payer?" TF members highlighted the external step of a payer response that more information is needed and debated how points #1 and #2 should be divided. Sheryl stated that would be point #3 and explained that the TF has use Da Vinci use cases. Points #1 and #2 should remain separated, and TF members may reevaluate their opinions following the presentations at upcoming meetings. Raj offered to wordsmith point #1 during offline work.
- Sheryl provided a correction to point #5, which was added to the document.
  - o Raj suggested that timeliness be added to this point, and Tammy responded that timing issues and caveats can be added throughout the document after the initial pass.
  - o Heather expressed concern that earlier steps should have requested transparency and additional information. Tammy asked Heather to add a caveat to the principle to investigate use cases to ensure the point meets appropriate business needs. Sheryl will review this item.
  - o Jim described complexities around different kinds of PA, like those that require many more data points, and suggested that the TF examine the types of requests to see if that would inform the comments about system capabilities. Sheryl and Raj agreed and provided examples of use cases from real life.
- Hans asked for clarification on point #6, which recommended querying a payer's system for updates by a patient on a pending PA request for a patient and having a specific reason returned as to why a request is still pending.
  - o Sheryl explained that this was carried forward from the ICAD TF's recommendations.
  - o Hans and Jim suggested that point #6 could be separated by the stakeholder making the query. TF members wordsmithed the point, and Sheryl offered to reword it.
- Jim was assigned point #9 to determine if it could be combined with point #3, and TF members will review point #10 to determine if it is also redundant.
- Jim emphasized

TOPIC: RFI DISCUSSION

This discussion will occur at a future meeting.

Action Items and Next Steps

The ePA RFI TF co-chair captured comments and suggestions submitted by ePA RFI TF members in a Google document, which was then shared with TF members, who will capture their thoughts and recommendations between meetings to better inform the TF's recommendations and streamline 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.

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 extracted RFI questions in the TF's Google document, and add comments to the space next to each question.
- Focus in on the functional capabilities in your priority topic areas so we can create consensus comments for all to react to in the document
  - Topic 1: Certified Health IT Functionality – ALL, note specific wording assignments in 2/3 call summary document
  - Topic 2: Implementation Specifications for Prior Authorization - All
  - Topic 3: Healthcare Attachment Standards – SME's Identified
  - Topic 4: Impact on Patients, Heather McComas, ALL
  - Topic 5: Impact on Providers - Jim Jirjis, Aaron Miri, Eliel Oliveira, Heather McComas
  - Topic 6: Impact on Developers - Hans Buitendijk, Rajesh Godavarthi, Deb Strickland
  - Topic 7: Payer Implementation – Patrick Murta
- 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.
- 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
The public comment period was delayed by five minutes. There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR
Alex Mugge: Alex Mugge is on for CMS.

Alex Mugge: Michelle is not able to join.

Erin Weber: Hi all - For clarity, the CAQH CORE participating organizations are currently in the final stages of developing operating rules to support the exchange of attachments for health care claims and prior authorization. This is our first set of rules addressing attachments. We anticipate the rules to be finalized later this month.

Michael Berry: Please remember to change the "To:" to "Everyone" if you would like to message everyone. Thanks!

Jocelyn Keegan: As another example, NCPDP standards enables a provider other than doc to submit the PA. The DME gets to the issue of the "dispenser" doing the PA, especially given increase in number of location, network specific PA requirements.

Heather McComas: Really good points -- if ordering/rendering providers involved, communication gets complicated. Payers may have requirements around which provider needs to complete the PA. We should evaluate if technology supports this complex communication.

Jocelyn Keegan: Pharmacist at Specialty Pharmacy and/or LTCPAC are alternative submitters.

Beth Connor: For Medicare FFS, there is usually an ordering provider who orders DME, but the DME supplier makes the PA request to CMS.

Susan Clark: There is a lot of emphasis currently with home and community based services. Notably with Medicaid. Would those authorizations be in scope of this RFI? Or are they also considered under larger umbrella of "provider"? I am 'guessing' they are also not users of CEHRT and I am not versed on abilities of home/community care systems but guess they are not up to EHR standards.

Jocelyn Keegan: +1 to Patrick, reduce or remove PAs by creating transparency to benefits

Heather McComas: Totally agree Jim!! We need to think about overall PA volume and eliminating low-value PAs -- e.g., services for which PAs almost always approved.

Patrick Murta: there are organizations that are already starting to do authorization for services in a treatment plan bundling the authorizations for an entire treatment plan I mean (ie, hip replacement)

Hans Buitendijk: Draft for earlier topic: "Capture and submit the necessary information through a query from the provider to the payer to enable the payer to return the documentation necessary to support the prior authorization request for the intended service/procedure/prescription at hand for coverage determination for the specific patient."

Heather McComas: Agree Jim . . . and perhaps when we talk about testing/piloting -- maybe these types of metrics like denial right, processing time are recommendations for publicly reported outcomes of testing to evaluate guides?

Heather McComas: *rate not right

Hans Buitendijk: Alternative for first sentence of 2.: Capture and submit the necessary information through a query from the provider to the payer to enable the payer to return the documentation requirements necessary to support the prior authorization request for the intended service/procedure/prescription at hand for coverage determination for the specific patient.

Hans Buitendijk: Nope. German shepherd.....:)

Hans Buitendijk: Agreed with Rich that there should be one interaction to ask whether authorization is needed where it looks like 1) is the fundamental question and 2) highlights that that question may need some additional data to answer that. Not the full data set necessary to make the actual authorization request, but enough to determine that authorization is needed. The actual submission is later and the response to that (approved or not) is after that.

Kim Boyd: That is correct Sheryl

Jocelyn Keegan: The idea of "bounding" the number of back/forth is important. But ability to "chat" between payer/provider when there are clarifying questions is important when there are complex PAs that are not able to be able to adjudicated in an automated way, but keeping people in their digital channels will approve stickiness of adoption. If folks need to abandon the digital tool for a subset of PAs it is hard to get them back. Ability to pend, update TO DO list by provider (or more likely their designee) is critical for success.

Kim Boyd: Site of service or network utilization is a growing UM issue

Kim Boyd: Yes - the patient should be enabled to see patient status of a PA as well as submit the initial request.

Kim Boyd: There are applications today that can provide those details if enabled with the information.

Hans Buitendijk: Number 8 may blend with 3 as well.

Kim Boyd: EMRs/EHRs like EPIC already have an APP Orchard where they are partnering and empower partners to help facilitate interactions.

Jim Jirjis: You clearly have super smart people on this task force!

Jim Jirjis: 🙂

Sheryl Turney: 😎

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL
There were no public comments received via email.

Resources
ePA RFI Webpage
ePA RFI – February 3, 2022 Meeting Webpage
ePA RFI – February 3, 2022 Meeting Agenda
ePA RFI – February 3, 2022 Meeting Slides
HITAC Calendar Webpage

Meeting Schedule and Adjournment
Sheryl and Tammy thanked everyone for their participation and thanked them for remaining on the call for extra time.

The meeting was adjourned at 11:35 a.m. E.T.