



Health Information Technology Advisory Committee

Electronic Prior Authorization RFI Task Force 2022 Virtual Meeting

Meeting Notes | February 24, 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, and the co-chairs summarized their recent presentation to the HITAC. Hans Buitendijk presented on ePA workflows. Members reviewed comments on a working document and provided feedback.

There were no public comments submitted by phone, and 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.	Summary of HITAC Update
10:15 a.m.	Presentation on ePA Workflow
10:35 a.m.	Working Document Review and 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 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, Policy 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 between meetings. Sheryl reviewed the agenda for the meeting and the TF workplan. She explained that an additional work session was added for Monday, March 7, 2022, to review the final ePA RFI TF work product prior to the final presentation to the HITAC.

Sheryl provided a brief overview of the co-chairs' progress report presentation to the HITAC at its February 17, 2022, meeting. She explained that the [slides from the ePA RFI TF presentation to the HITAC](#) were available online and highlighted [key HITAC feedback and discussion themes, which were included in the ePA RFI TF's presentation slide deck](#) for the meeting. Sheryl explained that some of the HITAC members' comments went beyond the scope of the ePA RFI TF's charges but that the TF could choose to submit comments.

Tammy thanked everyone for attending and highlighted the HITAC members' feedback that emphasized the importance of more price and cost transparency, a better understanding of patient eligibility for PA, and including the patient in workflows. She described the variety of use cases that HITAC members discussed, and Sheryl emphasized the positive nature of the feedback the co-chairs received.

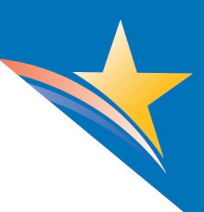
TOPIC: PRESENTATION ON EPA WORKFLOW

Tammy introduced Hans Buitendijk, who presented an overview of ePA workflow, and Tammy asked ePA RFI TF members to keep RFI questions 1.1 through 1.3 in mind during the presentation.

Hans explained that he is a member of the Electronic Health Record Association (EHRA) and has engaged with them to gather additional feedback, which will be added to [the ePA Workflow presentation materials](#); the details are to improve the TF's awareness and to not serve as a complete analysis. He described a PA workflow that would involve multiple health information technology (HIT) workflows that could be initiated in multiple areas. He stated that the supporting data could reside in an electronic health record (EHR), health information management, or other source system, noting that data relevant to claims and billing are maintained in revenue cycle or practice management systems. He stated that SMART applications (SMART apps) may be used to support specific steps in the process and described the resulting landscape and connections between capabilities, various standards, implementation guides (IGs), SMART apps, intermediaries, and HIT systems. This workflow was included in the presentation slides.

Hans explained how the workflow for ePA could be configured in a variety of ways, depending on the organization size, type, etc. He described several certification-related challenges for different stakeholders. He emphasized that ePA certifications should focus on certified health IT that can be distributed across ePA actors in a modular fashion and not just EHR actors on the provider side. He explained that these challenges illustrated the need for more granular building blocks supporting different, valid configurations.

Hans presented a sample specification that included a list of capabilities similar to but not exactly replicating the list in the RFI, and he described how they could be organized into minimum essential building blocks for certification. Hans described two workflows for how the capabilities and interactions could be distributed across modules. He presented an example of a HIT/SMART app configuration, where most ePA support



happens in the SMART app. Different items were highlighted to reflect differences between the EHR, the SMART app, other sources, and the revenue cycle management/PMS. Hans discussed related questions and gaps and then presented a workflow in which there is no SMART app, where the provider HIT (primarily an EHR) manages the full ePA workflow. He discussed how Capability 4, Review & Sign supporting documentation, involves separate questions.

Hans reviewed a list of considerations and advocated for more granular and mature IGs. He stated that the building blocks in the slides have been discussed and negotiated individually but have not been fully put together or agreed upon and represent potential boundaries. He described a potential roadmap sketch to certification would consider multiple stages. Finally he noted that balloting is open on relevant IGs now where some of these issues could be addressed.

DISCUSSION:

- Tammy thanked Hans for the presentation, noting that the TF would eventually address the functional criteria contained in the Da Vinci Project's Coverage Requirements Discovery (CRD) and Prior Authorization Support (PAS) IGs, and asked TF members to hold questions related to those topics. She asked Hans why he questioned the need for a digital signature. Is this a technical perspective that it can be automated or is it a business need that is related to quality control?
 - Hans responded that it is due to the burden this requires related to user input; the goal is to have as much of the process automated within the systems via structured and well-defined data. He described how a user would have to be reintroduced into the workflow through a new signature requirement, causing delays.
- Sheryl thanked Hans for the useful workflow diagrams but commented that the communication with the patient was not included. She suggested including patient considerations in updates to the PAS IG.
 - Hans noted that he did not include the patient portion because it is still under discussion, and consensus on if and where it fits has not been reached. He raised questions around how patients/consumer apps and provider systems could monitor the request status and the additional authorizations and workflows that would need to be defined in the IGs.
- Patrick asked Hans to clarify his comments around the Da Vinci Documentation Templates and Rules (DTR) IG, noting that the DTR app is meant to lessen the complexity of the process in the EHR (if it supports FHIR).
 - Hans described the handoffs between the EHR, the SMART app, documentation requirements, authorization, the secure questionnaire, and FHIR calls, and highlighted ways in which the sequencing eventually leads to the need for manual interaction, a handoff, or additional information. He explained how the DTR process is more complex when everyone is at different stages.

TOPIC: WORKING DOCUMENT REVIEW AND DISCUSSION

Tammy reviewed the most recent ePA RFI TF member comments from the TF's shared Google working document and described updates to the document. She invited members to share any missing comments, caveats, or information and to provide any necessary corrections to the text. TF members discussed the comments.

DISCUSSION:

- Tammy summarized TF members' comments on the ePA RFI question 1.3, which centered around the module approach to vendor certification and whether vendors should be allowed to determine their business models (one offering or a joint offering with partners). She asked TF members to comment on the concept of starting with criteria that only specify the use of FHIR and functional requirements (with a recommendation for an IG). ONC could develop a certification criterion that only requires compliance with parts of the IGs. Would this be an initial way to set an iterative path? Could the TF recommend the use of both the single criteria



approach and a modular approach?

- Alex commented that the requirements on providers to use certified functionality are not part of the ONC certification program but mandated through other authorities in HHS.
- Tammy stated that the majority of TF member comments support the one module approach, but she noted that many TF members supported the separate criteria approach (with full automation). She highlighted Dave's comments that pulled out functional criteria in support of each of the IGs and asked him to explain how functional criteria are encompassed in an IG. Dave stated that the granular representation of events that Hans depicted in his workflows was accurate. He stated the difference between the singular versus modular approaches and described how the EHR would either need to expose the necessary functionality to the SMART on FHIR app(s) to manage automation, clinical decision support (CDS) hooks would be engaged to begin the CRT automation, or an administrative provider would launch the SMART on FHIR app. This could also come from the CDS hook.
- Patrick voiced his support of a modular approach and he described several examples in which there are discrete parts of the workflow, which can be tested. For instance, where the CDS hook invokes a discrete order with the payer, to which the API responds with a CDS hook that states if PA is required and includes a link to the SMART app for additional medical necessity documentation processing. He described how testing towards certification could be done on each interaction/component and how this approach allows for incremental rollouts/greater flexibility. He stated that if a vendor can prove that they have all individual certifications, they get a "super gold star." Hans clarified additional examples of interactions in the workflow and described challenges around subsets necessary for certification. He asked what the idea of a single certification criteria would mean, especially in the event of many different types of HIT in the workflow, which creates complications. Who is responsible for all of these interworking elements?
- Tammy thanked Hans for his very specific examples but asked TF members to focus on HIT across all vendors during the current conversation. The TF will address the more complicated questions and specific examples after a baseline has been set. First, the TF will focus on functional criteria, then the concept of minimum functional capabilities that would have to be provided, then the specificity of the functional criteria, and finally, what goes into which module. The TF might need to request extra time for this conversation.
- Heather agreed with Hans' comments and asked who would oversee the PA process to determine the "gold star certification" for all actors involved. Tammy reminded TF members that one of the guiding principles they already determined was that the provider/purchaser would ensure the completeness of the PA package. Raj asked the TF to consider the value of the PA process to the provider above all else and to determine what could be discretely identified as the first step in the certification process. Tammy responded that Raj's comments were ahead of the TF's work process.
- TF members discussed their potential recommendations, and Hans and Raj shared wording recommendations. The TF agreed to recommend the one-model approach with specific functional criteria to allow individual functional capability that could be performed across multiple health IT vendors. She stated that she would add the individual comments during offline wordsmithing.
- In response to Heather's questions, Tammy explained how she created a spreadsheet in which she highlighted the functional capabilities from the original ONC RFI questions, and then she compiled the TF's comments about each. She invited TF members to comment on whether anything that was highlighted in the working document as coming from the original RFI should be included as minimal criteria. Hans commented that the spreadsheet was missing the initiation of the SMART app and that the notification should be changed. Tammy asked if the functional criteria listed and highlighted were correct from a vendor-agnostic perspective. TF members voiced agreement but asked to wordsmith the text.
- Dave asked if certification is against a software vendor provider or a software installation.



Hans answered that it is against a software solution/configuration.

- Tammy reviewed comments that TF members submitted previously on the RFI questions that were not previously discussed or agreed upon by the full TF. She asked if the following should be considered as minimal necessary requirements or if they should be recommended optional requirements.
 - Ability to place a patient flag to identify if a plan's PA requirement for a particular patient's service is waived due to the ordering physician being gold carded.
 - Raj, Patrick, Heather, and other TF members discussed their reasoning, noting that the recommendation hinges on the provider being gold carded, and they agreed that this should be a recommended optional requirement. It is important from a developer perspective but not a mandated requirement. Heather asked how a patient flag would be entered to indicate that the gold-carded provider does not even need to submit for PA to a specific procedure. Tammy commented that this could be added somewhere in the workflow. TF members discussed whether all requirements are from the payer side.
 - Digital ID card functionality to increase successful ability to match patient identity. This was included in the Intersection of Clinical and Administrative Data Task Force (ICAD TF) recommendation, but Tammy questions whether it was in scope for the ePA RFI TF.
 - Hans commented that this does not fit because the patient does not currently initiate the PA process. Sheryl shared the ICAD TF perspective that this could be added to the ePA RFI TF's recommendations as an overall principle.
 - Electronically support patient requests for Advance Explanation of Benefits (EOB) to provide estimated cost for approved PA/if PA is required.
 - Tammy suggested that this recommendation might be too forward-thinking to be deemed as a minimum necessary requirement. She stated that any comments with a patient request will be added to a list of future criteria.
 - Ability to access authorization status using a patient-level indicator flag. Includes information related to the status of the PA requester.
 - TF members agreed that this should be minimum.
 - Data set auto triggers C-CDA on behalf of the physician or designated healthcare staff.
 - TF members refined the wording but asked for more time to update the text. They agreed that this should be minimum.
 - Receive and record an acknowledgement of receipt from a payer.
 - TF members agreed that this should be minimum.
 - Role-based workflows that support non-provider / back-office staff to complete PA and/or respond to payer requests to finalize PA.
 - TF members agreed that this should be minimum.
 - Allow patients to capture required information for and submit a query to a payer's system for updates on a pending PA request for a patient and have a specific reason returned as to why a request is still pending.
 - TF members agreed that this should be minimum.
 - Triggers (alerts) for expiring PA to prompt renewal activities.
 - TF members agreed that this should be minimum.
 - Automatically forward copies of all submissions and responses (in plain English or designated language) to those patients who have affirmatively opted in to receive such messaging.
 - Sheryl stated that this is a forward-thinking idea, as patients who have opted in might not even want to see all copies. TF members did not disagree.
 - All health IT vendors, including business associates, shall implement procedures and utilize mechanisms to ensure the confidentiality of medical information submitted on electronic



claims for payment of medical services, subject to the Health Insurance Portability and Accountability Act.

- TF members agreed that this should be minimum.

Action Items and Next Steps

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

- Review the entire "2.24.22 DRAFT PA RFI TASK FORCE COMPILED COMMENTS – Master Draft" (now uploaded in Google docs) and add any additional comments/revisions for clarity by COB Monday:
- Review and respond to QUESTIONS/REQUEST FOR INFORMATION highlighted in blue in the working draft.
- Focus in on Sec. 3 that contains the revised attachment comment.
 - Note: on top of this section, there are Resources/Regulatory Citations for Attachments References for C-CDA use, with links to ONC and CMS resources
 - Thanks to Raj, Hans, and Patrick for working through this section. Also, thanks to Alex for compiling this helpful document that lays out the current requirements and current roadmap for not only Health IT vendors but all healthcare stakeholders.
- Review the Functional Criteria spreadsheet and add comments per instructions on the spreadsheet.

On Thursday, March 3, the TF will:

- Review any areas of potential disagreement for Sec. 3 – attachments and Sec. 2 – readiness of DaVinci IGs.
- Flesh out an iterative, phased in approach including the proving ground recommendation.
- Questions/Information Requests include:
 - Is PA a single transaction or do we need to discuss bulk transaction capabilities?
 - Does the minimum functionality identified on the call cover the capabilities needed for concurrent care authorizations?
 - If there is anything more direct that can be said about the concept of whether to start with criteria which only specify use of FHIR and functional requirements (with IG use recommended) that would be helpful.
 - What remaining barriers are there to IG maturity? Any reactions to the couple of examples in the RFI?
 - Any other standards development work to support sharing cost information that should be mentioned?
 - Does the EHR Association or a vendor have cost estimates for one vendor to adopt and implement the minimum functional discussed on 2/24 call, or pieces of the functionality?
 - Do any TF members have any data showing average weekly PA processing time using Da Vinci guides? How does it compare to current time spent on this process?
 - AHIP – Sheryl reaching out. Need to reach out to CAQH CORE/DaVinci.
 - TF members were invited to add information on the extent to which payers can currently support a FHIR-to-FHIR PA workflow, avoiding the "translation black box" in the middle of the PAS IG.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.



QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR

Hans Buitendijk: Having price/cost transparency and understanding the need and request for prior authorization occur around the same time, but have different complexities and different interoperability interactions where neither is part of the other. They can be addressed in parallel, but we should not address one as part of the other. We certainly should acknowledge it as related but separate capabilities that are in need of improvement.

Mike Berry (ONC): Please remember to change your chat settings to "Everyone" if you want everyone to see your comments. Thanks!

Patrick Murta: The IGs define capabilities... If there are HIT actors working on behalf of actors in the PA process, not sure why that changes certification criteria. Capabilities can certainly be distributed depending upon the actor model, but they capabilities remain the same capabilities and are testable and certifiable..

David Degandi: Currently as a payer we do not require a signature. We consider the provider a trusted source and it is really a question of what coverage and benefits the patient has and has medical necessity been met to authorize the requested procedure

Jim Jirjis: Great presentation

Sheryl Turney: great presentation Hans! Really helpful

Patrick Murta: These components can stand alone... for example, there are DTR apps in production today without PAS or CRD... CRD in production without DTR or PAS. etc

Sheryl Turney: Agree with Patrick

Alix Goss: model or module?

Patrick Murta: CRD is the pre-auth evaluation of whether it is required

Patrick Murta: that will be made dynamically during CRD process, not hard configured in the EHR

Patrick Murta: digital ID should be out of scope

Rich Landen: Patient matching is universal need, not specific to ePA.

David Degandi: at this point the patient and the payer are both known

Patrick Murta: advance EOB is part of cost transparency and should be a sibling out of scope for this

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[ePA RFI Webpage](#)

[ePA RFI – February 24, 2022 Meeting Webpage](#)

[ePA RFI – February 24, 2022 Meeting Agenda](#)

[ePA RFI – February 24, 2022 Meeting Slides](#)

[HITAC Calendar Webpage](#)



Meeting Schedule and Adjournment

Sheryl and Tammy thanked everyone for their participation and stated that an additional meeting will be added to the TF schedule on March 7, 2022, during the same time period as the previous meetings.

The co-chairs described the schedule for the next meeting, which will be held on March 3, 2022.

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