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March 25, 2022

Micki Tripathi, PhD, MPP
National Coordinator
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
U.S. Department of Health & Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Dr. Tripathi:

Thank you for the opportunity to respond to the request for information (RFI) on electronic prior authorization standards, implementation specifications, and Certification criteria.

Executives for Health Innovation (EHI) strongly supports efforts to advance electronic prior authorization (ePA) and we commend ONC for continued attention on this issue. While ONC's Certification Program is an important aspect, it has not, to date, included health payer health IT systems. We urge ONC to continue to work with the Center for Medicare and Medicaid Services (CMS) to advance a coordinated approach to ePA. We also agree with ONC's inquiries in this RFI around the maturity of the referenced implementation specifications and believe adding ePA requirements to the Certification Program is not the only option to advance ePA. EHI urges ONC to fully consider and explore both the maturity of the implementation specifications and other policy tools available to all of HHS to advance ePA in a way that reduces burden for all stakeholders. If ONC decides to move forward with Certification requirements, we have provided responses to your specific questions below.

EHI recognizes the valuable work of our member organization, Health Level Seven (HL7) International, in developing and advancing the implementation specifications in this RFI. Generally, we support their comments and continued input on implementation guides, specifications, and standards.

Certified Health IT Functionality

Do the functional capabilities described above include all necessary functionality for certified Health IT Modules to successfully facilitate electronic prior authorization processes?

In general, EHI believes the functional capabilities included in the RFI represent most functionality. Additional functionality that should be included:

- Ability for providers to verify which third-party administrator (TPA)/payer to submit the PA to and determine the member's eligibility and benefits. For example, some group health plans (both insured and self-funded) use different benefit administrators (e.g., medical, pharmacy, behavioral health) and the system should be able to determine which TPA has coverage responsibility for the particular items or services.
- Ability to support multiple discreet PA requests (e.g., line items) that may have quantities and/or service periods as part of a single PA request. Providers may need the ability to request exceptions to plan rules for certain items or services and payers may need the ability to partially approve and partially deny an authorization request.
- Providers and payers need the ability for bi-directional communications on particular issues within a PA request until resolved. For example, accredited plans need to be able to request clinical information. Payers should have the ability to indicate when a PA is submitted the information necessary for a decision on the request.
- Allowance for all involved care team members to query the payer on status of a PA request, including checking whether the request is pending and if additional data is needed for a decision.

Should ONC adopt a certification criterion for prior authorization that accounts for the full, HIPAA compliant workflow for prior authorization transactions including translation from FHIR to the X12 standard? Or should ONC adopt certification criteria that include only the workflows up to the point of translation? What ongoing challenges will stakeholders face if there is a need to translate between HIPAA-adopted standards and other standards that have only been adopted under the Certification Program used to support prior authorization transactions? How should HHS address alignment between standards adopted for HIPAA transactions and standards adopted under the Certification Program?

ONC should adopt certification criteria that only include workflows up until translation. ONC's criteria should focus on FHIR-based solutions.

Impact on Patients

How could potential changes reduce the time for patients to receive needed healthcare services, reduce patient non-adherence, and/or lower out-of-pocket costs?

Advancing ePA in a way that reduces burden for providers and patients can help respond positively to some of the most worrisome pitfalls of the current system, including patient care delays and non-adherence. According to the 2021 American Medical Association Prior Authorization Physician Survey, 93% of physicians report care delays for treatments that require PA and 82% report that PA can lead to treatment abandonment.¹

¹ <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

Impact on Providers

To what degree is availability of electronic prior authorization capabilities within certified health IT likely to reduce burden for healthcare providers who currently engage in prior authorization activities?

According to the 2021 AMA survey, 88% of physicians describe the burden associated with PA as high or extremely high and physicians and their staff spend an average of 13 hours per week completing PAs. While ePA alone will not address all burden associated with PA, according to the 2021 CAQH index, ePA presents a \$437 million annual savings opportunity to the medical industry and could save clinicians and their staff an estimated 16 minutes per transaction.² EHI believes streamlining the process through a coordinated approach to system requirements on both EHRs used by clinicians and health IT systems used by payers can help alleviate a significant amount of burden associated with PA.

Conclusion

Thank you for the opportunity to provide input as ONC considers Certification requirements related to ePA. We look forward to continuing to work with you to ensure a coordinated approach to ePA that reduces burden on providers, payers, and patients and improves timely access to care.

Sincerely,



Jennifer Covich Bordenick
Chief Executive Officer

² <https://www.caqh.org/sites/default/files/explorations/index/2021-caqh-index.pdf>