



Improving Interoperability through Prior Authorization

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Near Term Improvement Opportunities



Understand where your own organization is on the maturity curve



Learn from existing failure and progress in pharmacy



As industry moves to value based care role of authorization is changing

Challenge Conventional Wisdom

Understand where your own organization is on the maturity curve

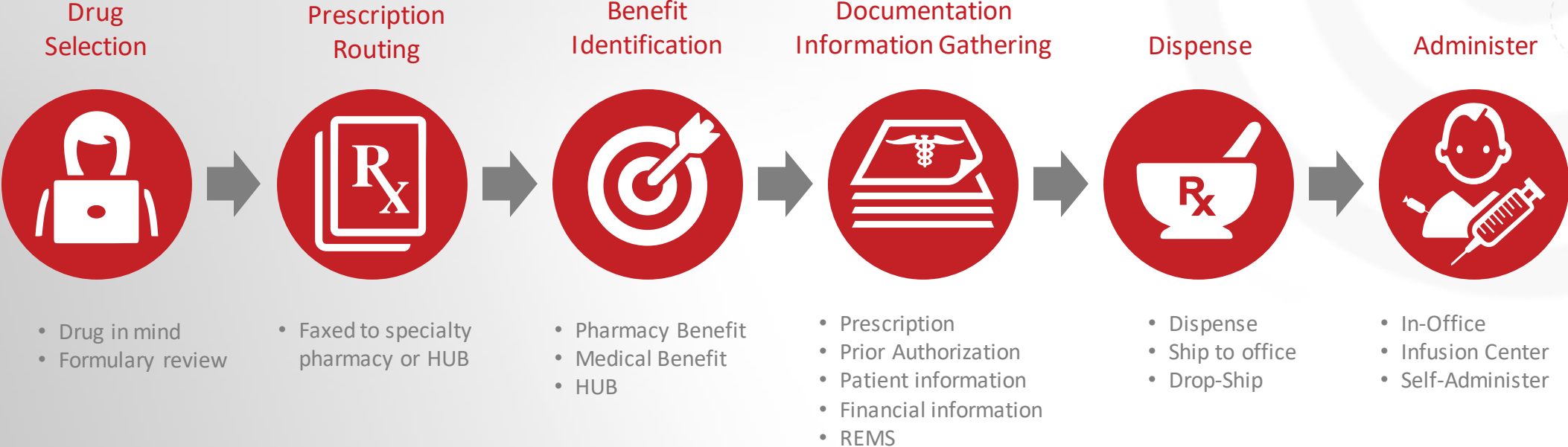
↵ Simple replication of paper or portal process

≈ Conditional, narrow focused questions

∩ Increased Specificity and Compound Questions

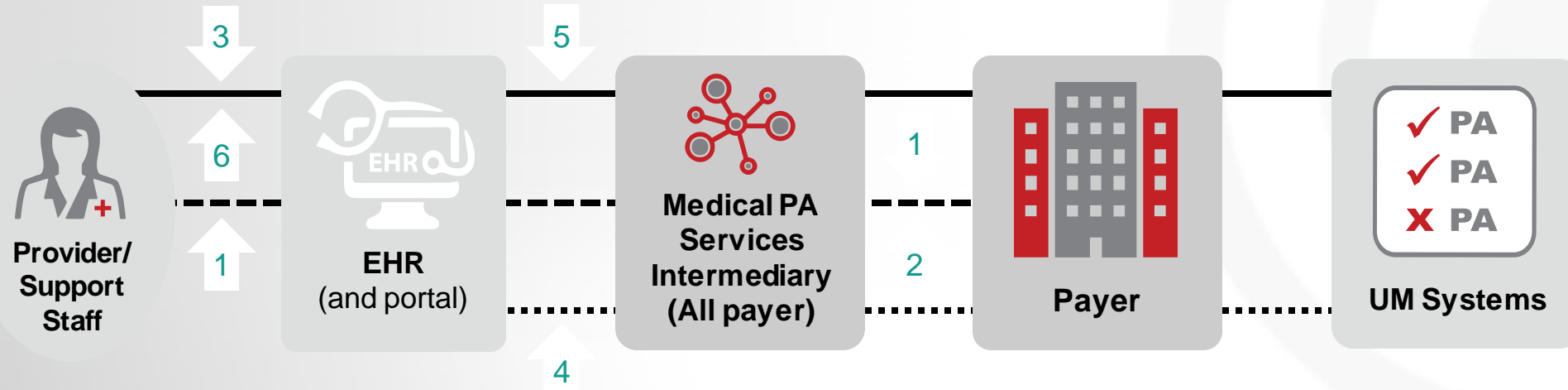
↵ Ideal ePA includes auto approval, structured clinical data

Existing ePrescribing/Order Entry Workflows



IDNs

Focus Improvements across Common Failure Points



Any of these potential points of failure could cause providers to lose trust in the data and abandon the ePA channel

- Eligibility/benefit provider inquiry/payer response (x12n 270/271)
- Medical PA provider request/payer response (x12n 278)
- Question set & PA attachment (documentation) (x12n 275; other non-standard tx.)

Potential Points of Failure

- #1: Eligibility Errors: Patient Not Found; Patient Mismatch
- #2: Incomplete PA indicators at patient benefit (procedure) level
- #3: Incomplete/inconsistent question sets prompt confusion and errors by the provider
- #4: Incomplete/inaccurate provider responses to question sets/clinical documentation submission due to data limitations of the EHR (and overreliance on the data extraction)
- #5: Lag in response time from Payer; failure to update EHR with PA determination in a timely manner
- #6: Inappropriate provider abandonment due to delay in response from payer, inaccurate/incomplete documentation submission

Value Based Care Shifts Role of Authorization

- Paradigm of prior authorization changes when provider/payer use risk based contract
- Business relationships rewritten to include bi-directional exchange of clinical data
- CMS and other payers actively moving to expose rules and documentation requirements as part of provider workflow in EHR
- Acknowledge rise of self-insured, IDNs and ACOs; building complex internal guidance and real time data warehousing to manage patient population
- Driving long awaited merger of front office and back office activities

Thank You

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