HATA

Healthcare Administrative Technology Association

NCVHS Testimony
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President

HATA
HEALTHCARE ADMINISTRATIVE
TECHNOLOGY ASSOCIATION

HATA MEMBERSHIP

- AdvancedMD*
- AllMeds*
- Alpha II
- American Medical Association (AMA)
- CallPointe
- Clinix*
- e-MDs*
- HealthPac*
- InMediata
- MDSynergy*
- Medinformatix*

- NextGen*
- Optum*
- Office Ally*
- PracticeAdmin*
- TransFirst
- WorkCompEDI

= over 350,000 providers

*Practice Management System Vendors

HATA MISSION

To be an invaluable resource to position its members as proactive, thought leaders by:

- ▶ sharing timely education and healthcare industry information;
- ▶ providing the knowledge to proactively provide client satisfaction and expand a member's client base;
- ▶ providing a forum for networking and collaboration between PMS peers and other industry stakeholders,
- ▶ advocating with one strong representative voice, and
- ▶ influencing the healthcare community on priorities vital to the success of the healthcare administrative technology industry.

PRIOR AUTHORIZATION ISSUES

- Manual and burdensome

- Expend considerable time and provider resources on the current authorization system:
  - phone calls with multiple transfers
  - long wait times
  - cumbersome faxing of information

- Payers also expend significant time and resources handling prior authorization requests:
  - not widely offered by health plans
  - only portal functionality

- Cooperative Exchange Study: 20% of providers submitting this transaction in the ASC X12 format through clearinghouses, while 76% use the Clearinghouse Web Portal. The remaining 4% use proprietary methods

- Study on WHY there is low adoption leading to non-usage by providers as well as payer compliance

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PRIOR AUTHORIZATION RECOMMENDATIONS

1. Implement and support both the 271/270 and 278/275 transactions: Even for providers that have care collaboration software, a tremendous amount of manual work is needed to obtain pre-certification and referral authorizations, which some payers leverage to automate and reduce phone calls to payers.

2. Ensure payer portals, call centers, and Healthcare Service Request systems are updated simultaneously. With so many different informational access points, it is important to maintain standardization across all systems to ensure consistent information is being disseminated. This is critical for providers' trust of the automated transactions as we've seen in our experience with eligibility and claim status inquiry.

3. Support Healthcare Service Request linkage to third party vendors, if applicable. The majority of pre-certification volume is either cardiology or radiology, which many payers employ third party vendors to administer.

4. Require the ability to electronically convey information regarding procedure-specific prior authorization requirements to providers in a timely fashion.

MORE INFORMATION ON HATA

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