



National Committee on Vital and Health Statistics  
Advising the HHS Secretary on National Health Information Policy

Intersection of Clinical and Administrative Data Standards (“ICAD”) Task Force  
of the  
Health Information Technology Advisory Committee  
 (“HITAC”)  
March 2020

# ONC's HITAC ICAD Task Force



## Intersection of Clinical and Administrative Data (ICAD) Task Force

- **Vision:**

Support the convergence of clinical and administrative data to improve data interoperability to support clinical care, reduce burden and improve efficiency—furthering implementation of “record once and reuse.”

- **Charge:**

Produce information and considerations related to the merging of clinical and administrative data, its transport structures, rules and protections, for electronic prior authorizations to support work underway, or yet to be initiated, to achieve the vision.

- **Target:** Prior Authorization

# ONC's HITAC ICAD Specific Charges



- Design and conduct research on emerging industry innovations to:
  - validate and extend landscape analysis and opportunities
  - invite industry to present both established and emerging end-to-end solutions for accomplishing medical and pharmacy prior authorizations that support effective care delivery reduce burden and promote efficiencies.
- Identify patient and process-focused solutions that remove roadblocks to efficient medical and pharmacy electronic prior authorization and promotes clinical and administrative data and standards convergence.
- Produce Task Force recommendations and related convergence roadmap considerations for submission to HITAC for their consideration and action. The Task Force will share deliverables with NCVHS to inform its convergence and PA activities.
- Make public a summary of its findings once task force activities are complete, no later than September 2020.

# ONC's HITAC ICAD Website



The screenshot shows a web browser window displaying the ONC HITAC ICAD website. The browser's address bar shows the URL: healthit.gov/hitac/committees/intersection-clinical-and-administrative-data-task-force. The website header includes the HealthIT.gov logo, navigation links (TOPICS, HOW DO I?, BLOG, NEWS, ABOUT ONC), and a search bar. A banner at the top right says "Just announced: ONC's Cures Act Final Rule" with links for CONTACT and EMAIL UPDATES. The main content area is titled "Intersection of Clinical and Administrative Data Task Force" and features a blue "All Meetings" button. Below this, the "Vision" and "Overarching Charge" sections are visible. The "Member List" section lists various members and their affiliations. A sidebar on the left contains a menu of HITAC-related topics, with "Intersection of Clinical and Administrative Data Task Force" highlighted. At the bottom, there is a feedback form asking "Was this page helpful?" and a Windows taskbar with the system clock showing 9:59 AM on 3/11/2020.

# Challenge: Separate Clinical and Administrative Data Standards



- 21<sup>st</sup> Century Cures Clinician Burden Reduction work in partnership with CMS
  - Listening sessions and public feedback
- Some HIPAA transaction standards have low utilization rates despite 2003 mandate
- Electronic Health Record (EHR) capabilities notably advanced over the past decade in parallel to care delivery and payment reimbursement models
- The lack of harmonized clinical and administrative data standards and policy leads to ecosystem burden such as:
  - Inefficient workflows impacting patient outcomes
  - Time consuming discovery of payer specific requirements
  - Technical barriers related to vendor support and integrated platforms
- All this impacts patient safety and the quality of health care delivery

# Evolving Policy Landscape and Current Work



- The evolving policy landscape encourages integration of data and exchange to reduce clinician burden and improve patient safety and care quality:
  - HIPAA, MMA, HITECH, 21<sup>st</sup> Century Cures...
- **The 21st Century Cures Act encourages ONC/HITAC and NCVHS to engage:**
  - “The National Coordinator shall ensure that the relevant and available recommendations and comments from the National Committee on Vital and Health Statistics are considered in the development of policies.”
- March 2019 Health Information Technology Advisory Committee (HITAC) joint meeting with NCVHS Subcommittee on Standards
- Joint ONC-NCVHS discussions during NCVHS’s June and November 2019 meetings
- Ongoing discussion of opportunities to identify and support potential approaches as administrative and clinical data converge

# Background: Standards Rulemaking Authorities Separated Across Programs



1. HIPAA standards are adopted by the Secretary of HHS who has delegated the authority to the Division of National Standards at CMS:
  - HIPAA rules apply to all covered entities – health care providers, clearinghouses and health plans, including Medicare and Medicaid as health plans.
  - HIPAA stipulates NCVHS’s role to provide input into standards adoption and implementation through recommendations to the HHS Secretary.
2. EHR standards & EHR certification are under the authority of the Office of the National Coordinator (ONC).
3. New standards such as HL7 Fast Healthcare Information Resources (FHIR) finalized for adoption under various authorities:
  - CMS Interoperability Rule, which will affect Medicare Part C, D, Medicaid, the Exchanges, and Medicare health care providers.
  - ONC rule to adopt the FHIR standards under the Health IT Certification program.



# What is Prior Authorization?

- An administrative process which requires a health care provider (physicians, pharmacists, medical groups and hospitals) to request approval from a health plan to provide a medical service, prescription medication or supply to a patient.
- Authorization must be obtained in advance of the service or prescription being delivered to the patient.
- Health plans' purpose for authorizations is to ensure the use of evidence-based guidelines, prevent potential misuse or overuse of services, control costs and monitor care coordination.
  - Authorizations are often contractually required under a payer's medical policy or coverage rules to support downstream payment processes.
- Separate Medical and Pharmacy standards adopted



# Prior Authorization Transactions Under HIPAA



The Referral Certification and Authorization transaction is described in 45 CFR §162.1301 as any of the following transmissions:

- a) a request from a health care provider to a health plan for the review of health care to obtain an authorization for the care
- b) a request from a health care provider to a health plan to obtain authorization for referring an individual to another care provider
- c) a response from a health plan to a health care provider to a request as described above

*Note: This is from the regulation implementing the Health Insurance Portability and Affordability Act of 1996 (HIPAA)*



## **HIPAA**

- For medical services, including hospitalization and dentistry:
  - ASC X12N/005010X217 (the 278)
- For retail pharmacy drugs:
  - NCPDP D.0 Telecommunication standard

## **Medicare Part D**

- CMS finalized a rule to adopt a standard for electronic Prior Authorization (ePA) between prescribers and pharmacies:
  - NCPDP version 2017071 Script Standard between prescribers and pharmacies, known as ePA
  - The adoption of this standard is required under the SUPPORT Act of 2010

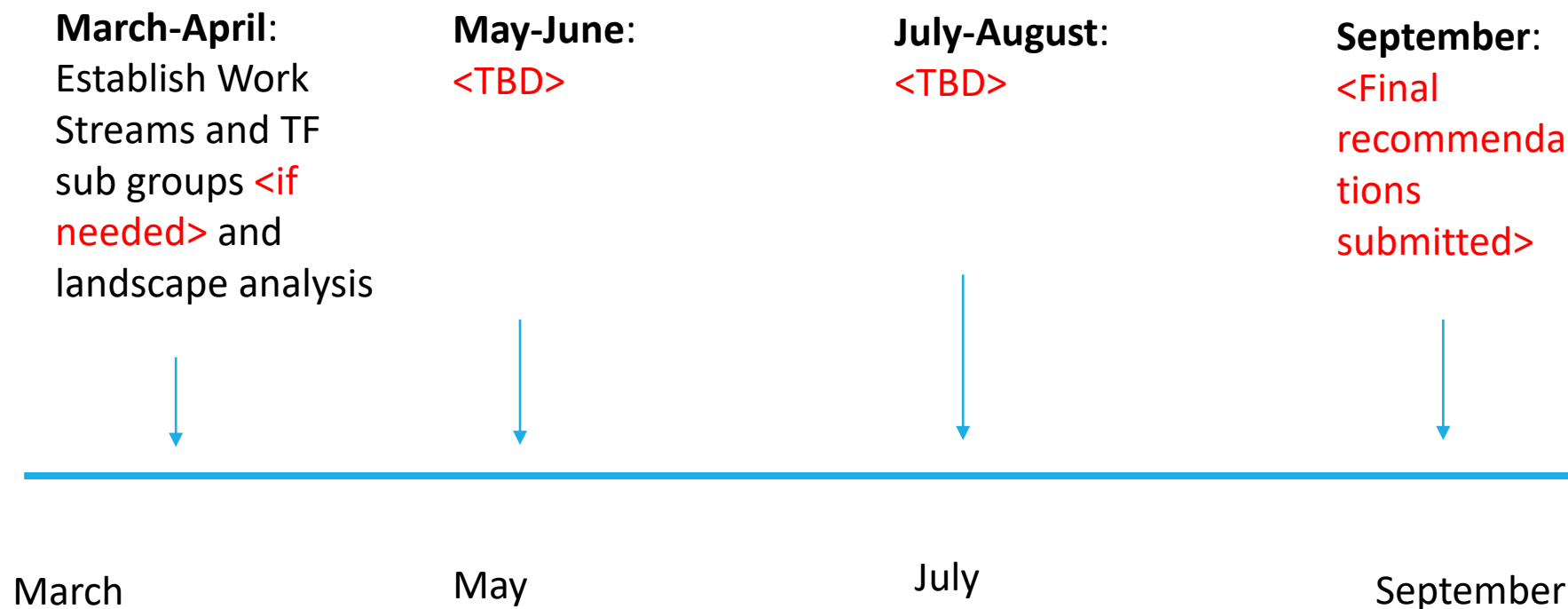
# Methods of Electronic Prior Authorization Exchange (*Current*)



- HIPAA leverages Electronic Data Interchanges (EDI) through mandated transaction standards
  - HIPAA permits portals as an exception (Direct Data Entry)
- Promoting Interoperability program leverages Application Programming Interface (API) standards and Fast Healthcare Interoperability Resources (FHIR)
- Providers largely use portals, phone, fax and mail
- Pharmacy industry is using NCPDP SCRIPT standard on voluntary basis



# Estimated Task Force Timeline



# ICAD TF Structure and Processes



- The TF will meet weekly to deliberate on the scope and specific tasks.
- All TF meetings are open to the public and will include a public comment period.
- The process used for reaching agreement is decision-making through a majority consensus.
  - Deliberation among all TF members
  - Consider all expressed points of view
  - Resolve differences of opinion through discussion
  - Identify areas of agreement and disagreement

# ICAD TF Structure and Processes, cont'd



- HITAC Task Forces **do not** provide advice or recommendations directly to ONC
- Draft recommendations are submitted from the TF to the HITAC for final vote and approval
- Final recommendations are transmitted from the HITAC to the National Coordinator for consideration
- National Coordinator will consider recommendations to inform ONC policy and/or programs
- Recommendations will also advance to NCVHS Standards Subcommittee
- Final recommendations are posted on HealthIT.gov

# Current Landscape for Prior Auth



- Previous ONC and NCVHS work has described numerous challenges for payers, providers, and patients when conducting prior authorization related activities and tasks.
- Examples of disparate requirements and opportunities for improvement and action include:
  - HIPAA-mandated use of the X12 278 Version 5010 rather than the NCPDP SCRIPT transaction standard for medication authorization requests
  - Limited adoption of, or support for the mandated HIPAA transaction standard X12 278 for medical services
  - Outdated and complex workflows
- ONC has compiled a list of key artifacts outlining the current landscape of standards and mechanisms for exchanging clinical and administrative data, with a focus on prior authorization, which was shared with the TF to inform its work.

# Questions and Answers

