

NCVHS Subcommittee on Standards Hearing on Proposed CAQH CORE Operating Rules

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Overview of Anthem's Efforts to Improve the Prior Authorization Process

Anthem's efforts to improve the prior authorization (PA) process focus on the following:

- Removing prior authorization requirements for certain services, when appropriate, to reduce administrative costs and burdens and deliver on our mission of simplifying healthcare;
- Regularly updating our processes and criteria to recognize emerging evidence and new technologies;
- Promoting safe and effective care for patients to ensure that, prior to care, providers' choices of drugs, medical procedures, treatments and services for patients are founded on the latest evidence-based, peer-reviewed literature and guidelines;
- Ensuring patients do not receive unnecessary tests and treatments (based on the latest medical evidence), particularly early in the diagnostic process for a condition, thereby lowering patients' out of pocket costs and avoiding potentially harmful over-treatment; and,
- Promoting information sharing between the provider and the health plan, which creates opportunities for the health plan to improve care management and coordination.

Overview of Anthem's Efforts to Improve the Prior Authorization Process

Examples of Anthem's efforts to improve the overall care provider experience with PA include the following:

- Pilot programs that waive PA requirements for some services when providers are taking on risk; when providers are taking on risk, such as in a value-based payment arrangement, incentives to effectively manage wasteful or duplicative services are better aligned.
- Launched an innovative provider-facing Utilization Management portal, known as the Interactive Care Reviewer (ICR), which allows providers to submit electronic PA requests to Anthem 24 hours a day as well as track the status of authorizations without having to pick up a phone or fax in any information.
- Reviews its PA requirements at least twice a year to ensure they are based on current clinical evidence and to identify any services or treatments with high approval rates to determine if a PA requirement should be removed.
- Leverages the use of analytics using stored member, care provider, and clinical data to drive automation in the PA review process.
- Participates in emerging technology initiatives with Health Level Seven International, Da Vinci and the U.S. Department of Health and Human Services' Office of the National Coordinator for Health Information Technology to support the use of Fast Healthcare Interoperability Resources (FHIR) to enable providers, at the point of service, to request authorization by providing all necessary clinical information to support the request and receive immediate authorization.
- Engages with our provider community via the X12 278 transaction requests.

Anticipated Concerns about Proposed Operating Rule(s)

Following are Anthem's concerns related to connectivity, data content, infrastructure, and appropriate implementation timelines:

- Maintaining multiple platforms to accommodate entities in various stages of implementation is burdensome. All stakeholders, regardless of size, should be given 24 months of implementation time to operate under new rules.
- Adding standards to an outdated process does not generate meaningful change to the PA process; We recommend NCVHS look towards a standards adoption process that will move forward on a continuous basis, bringing all stakeholders along at the same time.
- X12 278 Transaction
 - The ability to request and receive supporting documentation electronically is critical for an effective workflow. The lack of adoption of attachment regulations leaves the industry with an incomplete PA process.
 - Some payers and providers will need to manually request and submit supporting documentation as needed follow-up to X12 278 transactions. Healthcare systems and their applications are at varying levels of adoption and maturity required to support these critical business functions and technical workflow.
 - Operating rules do not address turnaround times for current business processes that are not conducted electronically end-to-end.

Anticipated Concerns about Proposed Operating Rule(s)

- Data Content
 - Standard Development Organization (SDO)
 - The ownership of data content requirements and usage is the sole responsibility of the SDO and not the Operating Rule Authoring Entity (ORAE).
 - Rules regarding data content should be communicated via the data specifications/implementations guides (IGs) created from the industry approved SDO process. Data content rules created outside of the SDO guides create confusion and inconsistency in healthcare EDI standards deployment.
 - National Institute of Standards and Technology (NIST)
 - HIPAA Security and HITECH Rules cite the NIST as the authoritative industry source, not the ORAE.
 - Connectivity rules created outside of and divorced from the NIST standard guides/specifications create confusion and disparity in healthcare Electronic Data Interchange (EDI) standards deployment.
- The proposed Connectivity Rule limits the inclusion of new and emerging technologies such as FHIR, XML via web portal, RESTful APIs, OAUTH, SAML authorization and Identity Services.
- Web Portal Operating Rules discourage adoption of HIPAA Electronic Transaction Standards
 - Web portals are utilized in the industry as a bridge strategy for low-tech providers and lack of industry adoption and maturity of EDI automation.
 - Operating rules regarding payer portals, such as the CAQH CORE Prior Authorization & Referrals Web Portal Rule vPA.1.0, are not aligned with the goals/requirements of HIPAA administrative simplification provisions and are burdensome and costly to providers.

Top 3-5 points for NCVHS to consider in its recommendations to HHS for adoption of proposed operating rule(s)

Anthem has long been an early adopter of CAQH rules, and we continue to work and participate with CAQH CORE and SDOs to improve the prior authorization process. The following recommendations are our top priority:

- Require all stakeholders, regardless of size, to move to new rules at the same time and allow at least 24 months for implementation;
- Adopt the connectivity rule only if it is adopted across all transactions for which operating rules are in place, eliminating the possibility of a requirement to implement and support regardless of usage or solutions currently in place;
- Address inconsistencies in the data content rule provisions; and,
- Afford stakeholders the flexibility to use newer business technologies which would allow for a more efficient communication exchange between the clinical staff and the health plan.