

# NCVHS Subcommittee on Standards Hearing on Proposed CAQH CORE Operating Rules



August 25-26, 2020

Hans Buitendijk, Chair

Electronic Health Record Association

# About the EHR Association

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The Electronic Health Record Association's 30 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States.

Our core objectives focus on collaborative efforts to accelerate health information and technology adoption, advance information exchange between interoperable systems, and improve the quality and efficiency of care through the use of these important technologies.

Learn more at [www.ehra.org](http://www.ehra.org).

# EHR Interaction with 275/278 Transactions

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Prior-Authorization processes create a burden on providers and their staff.

Efforts to integrate prior-authorization into EHR workflows has been challenging:

- Variations in payer rules.
- Need for human intervention to collect supporting information and evaluate the request.
- Inadequate capabilities and response times with technologies available to create an efficient and user-friendly experience.

Consequently EHRs do not implement the 275/278 transactions directly:

- Administrative and Revenue Cycle Management Systems may do this.
- But most are done via fax, phone, and separate solutions and payer portals.

# Prior-Authorization Opportunities and Role of 275/278 Transactions

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Promising approach being pursued through the HL7<sup>®</sup> Da Vinci project to address full Prior-Authorization flow starting inside the EHR clinical workflow at the time of considering/ordering a referral, procedure, test, DME, etc.:

1. Query/indication of the need for an authorization for the referral/service/procedure/item at hand
2. Completing the supporting documentation requirements automatically or where needed through human intervention
3. Submitting the prior-authorization and receiving the response

For Step 3 the translation in and out of 275/278, as required to process a prior-authorization, would most likely still not be done by an EHR, but by an HL7<sup>®</sup> FHIR<sup>®</sup> based SMART<sup>®</sup> App or intermediary.

EHR Association member companies are active in this initiative.

# Anticipated Value of Proposed Operating Rule(s)

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The purpose of any operating rule is to provide more specific implementation guidance to create consistent interoperability with minimum if not zero variations between parties where the underlying standard allows for flexibility and variances.

## 278 Data Content

- We appreciate the clarification on patient identification fields.

## 278 Infrastructure

- We appreciate the increased clarification and improvements on response times.

## Connectivity

- We appreciate the increased focus on secure transactions.

# Anticipated Concerns:

## *278 Data Content*

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- Patient matching/identification continues to be a challenge getting clean matches that require all stakeholders to collaborate.
- Alignment with emerging FHIR APIs covering USCDI to automatically retrieve supporting information will enable increased consistency and efficiency.
- Alignment with e-Prescribing prior-authorization flow.
- We recognize these are not necessarily within current scope, but should be key principles in advancing alignment to improve interoperability with EHRs to minimize if not remove human intervention to collect the relevant data.

# Anticipated Concerns:

## *278 Infrastructure*

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To enable deeper integration into clinical workflow without creating a need for hand-offs and human intervention:

- 20-second response times are not sufficient.
- 86% up-time will not be sufficient.

A holistic prior-authorization perspective is essential to improve the total flow, from flagging the clinician, to automated data collection with minimum human involvement, automatic evaluation of rules, and sub-second response times enabling the clinician to enhance their decision making with the patient.

Any longer response times, or authorization requests requiring human intervention to gather additional data, will have to be managed through back-office processes, including awareness of payer downtimes.

# Anticipated Concerns: *Connectivity*

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We defer to other stakeholders to provide input into this rule.



# Recommendations to HHS for adoption of proposed operating rule(s)

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While the operating rules reflect a step forward to further clarity and consistency, we do not believe they will substantially increase electronic prior-authorization flows.

Further needs include harmonization of:

1. Terminology
2. Automatable authorization rules
3. Supporting documentation requirements rooted in existing clinical documentation increasingly accessible through HL7<sup>®</sup> FHIR<sup>®</sup> based APIs
4. Data transport/access technologies and standards across clinical and administrative processes

EHR Association members look forward to working with all stakeholders to improve on the overall prior-authorization flow.