How to Transform Prior Authorization with Evolving Standards

HL7® FHIR® Da Vinci Standards
Prior Authorization Transformation using Interoperability

Heidi Kriz, MPH, RD
Assistant Director Medical Policy
PA Transformation Business Lead
Regence Interoperability Roadmap

- Internal Team Expertise
- Provider Engagement & Collaboration
- Project Management Support

- Foundation (ePA workflow)
- Internal Build vs. External Tools
- Impacted Business Area Commitment
- Support
Prior Authorization Workflow

**Provider workflow**

**Coverage Requirements Discovery (CRD)**
- CRD request sent to payer when provider submits a service request
- Eligibility validation and PA requirement response
- Value: On average ~50% of requests end here. In-workflow solution with structured data enables automation

**Documentation Templates and Rules (DTR)**
- PA triggers MCG app launch to send DTR request
- App automatically selects clinical data and presents to provider for review and approval
- Policy criteria and clinical data requirements response
- Value: In workflow solution with access to payer criteria and auto selection of clinical data

**Prior Authorization Support (PAS)**
- Clinical and PA data bundled and submitted to payer
- Response of auto approval or pend for review
- Status inquiries if PA pended
- PA submission results stored with service request
- Instantly performing clinical decision automation using structured and unstructured (NLP) data
- Determination response
- Value: In workflow solution with auto-determination for select policies and results stored with service request

**Payer Workflow**

**Regence**

**CRD request sent to payer when provider submits a service request**

**Documentation Templates and Rules (DTR)**
- PA triggers MCG app launch to send DTR request
- App automatically selects clinical data and presents to provider for review and approval

**Prior Authorization Support (PAS)**
- Clinical and PA data bundled and submitted to payer
- Response of auto approval or pend for review
- Status inquiries if PA pended
- PA submission results stored with service request

**Value:** In workflow solution with auto-determination for select policies and results stored with service request
Automation Vision

**Automation Opportunities are Integrations-Based**

- **Level 0**: Fully Manual with Phone & Fax
- **Level 1**: Payer Portals
- **Level 2**: EHR-Based Analog Workflow
  - Provider Admin: Intake activities are automated
  - Provider Clinical Review: Provider admin decreases with EHR-based workflow
- **Level 3**: Static, Attestation-Based Rules
  - Payer Admin: Payers auto-approve certain requests ("Criteria Met")
- **Level 4**: Static Rules Based on Payer-Provider Clinical Data
  - Evaluate patient clinical data from EHR vs. Criteria
- **Level 5**: Static Rules + AI Make Manual Reviews Unnecessary

**Automation Opportunities are Clinical Context-Based**

- **Level 0**: Fully Manual with Phone & Fax
- **Level 1**: Payer Portals
- **Level 2**: EHR-Based Analog Workflow
  - Provider Admin: Intake activities are automated
  - Provider Clinical Review: Provider admin decreases with EHR-based workflow
- **Level 3**: Static, Attestation-Based Rules
  - Payer Admin: Payers auto-approve certain requests ("Criteria Met")
  - Provider Admin: Payer Clinical Review
- **Level 4**: Static Rules Based on Payer-Provider Clinical Data
  - Evaluate patient clinical data from EHR vs. Criteria
  - Clinicians review only exceptionally complex cases
- **Level 5**: Static Rules + AI Make Manual Reviews Unnecessary

**NOTE:** There will always be complex clinical cases that require human intervention.
Prior Auth Process & Da Vinci Mapping

Find Member
- Member search
- CC: 270/271
- DV/FHIR: Patient & Coverage resources

Service Definition
- Derive auth type & proc codes
- CC: 278 & ICM
- DV/FHIR: CRD

Find Provider
- Derive correct provider
- CC: Provider lookup
- DV/FHIR: PDEX

Find Auth Requirements
- Derive auth requirements based on member and proc info
- CC: Rules
- DV/FHIR: N/A

Submit Clinical Documentation
- Documentation requirements and rules (LOB)
- CC: AA/ICM
- DV/FHIR: CRD/DTR

Submit Authorization
- Create case in CareAdvance (LOB)
- CC: Rules/API/278
- DV/FHIR: PAS (278/X12)

Provider Decision Notice
- Downstream decision notice
- CC: API
- DV/FHIR: PDEX

CRD – CDS Hook/Service
DTR
PAS
PDex

Exchanging actionable data enables automation
Q & A