



March 25, 2022

Micky Tripathi, Ph.D., M.P.P.  
Department of Health and Human Services  
Office of the National Coordinator for Health Information Technology  
Attention: Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria  
Mary E. Switzer Building  
Mail Stop: 7033A  
330 C Street SW  
Washington, DC 20201

RE: RIN 0955-AA09: Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria, published in Vol. 87 No. 15 Federal Register 3475-3481 on January 24, 2022

*Submitted electronically via <http://www.regulations.gov>*

Dear National Coordinator Tripathi,

UnityPoint Health appreciates this opportunity to provide comments on ONC's Request for Information (RFI) on electronic prior authorization standards, implementation specifications, and certification criteria. UnityPoint Health is one of the nation's most integrated health care systems. Through more than 34,000 employees and our relationships with over 480 physician clinics, 40 hospitals in urban and rural communities, and 14 home health agencies throughout our nine regions, UnityPoint Health provides care in Iowa, central Illinois and southern Wisconsin. On an annual basis, UnityPoint Health hospitals, clinics, and home health agencies provide a full range of coordinated care to patients and families through more than 8.4 million patient visits.

UnityPoint Health respectfully offers the following input on select topics posed in this RFI.

## **CERTIFIED HEALTH IT FUNCTIONALITY**

*ONC seeks comment on functional capabilities for electronic prior authorization that should be considered for inclusion in certified health IT. ONC requests feedback on particular questions.*

**Comment:** UnityPoint Health generally supports the core set of capabilities outlined in the RFI. As for the first capability (i.e., *Identify when prior authorization is applicable for an item or service, using clinical decision support and/or user input, and for receiving notifications of changes in such applicability*), we agree in principle but seek clarification related to the inclusion of "using clinical decision support." Specifically, we do not believe that clinical decision support should be a required trigger for prior authorizations in all circumstances. A clear example of where clinical decision support is required is

Protecting Access to Medicare Act (PAMA) of 2014, which mandates ordering providers and ancillary staff to use a qualified Clinical Decision Support Mechanism (qCDSM) when ordering an advanced imaging procedure to determine if it adheres to Appropriate Use Criteria (AUC). This legislation and accompanying regulations have evolved with input from the industry over a course of years. A similar requirement does not necessarily exist across other service lines and services/procedures. In order to streamline/standardize, **we encourage that HHS establish a centralized list of services/items that require a triggering clinical decision support tool.** Additionally, **should clinical decision support be required, HHS needs to allow sufficient lead time for development, testing and implementation of such supports.** Depending upon how this is envisioned, this could be an expensive and burdensome process for healthcare providers.

### IMPLEMENTATION SPECIFICATIONS FOR PRIOR AUTHORIZATION

*ONC seeks input on the current readiness of three FHIR-based Da Vinci Implementation Guides (IGs) for adoption as part of certification criteria for health IT. These IGs are: HL7 FHIR Da Vinci Coverage Requirements Discovery (CRD) Implementation Guide; HL7 FHIR Da Vinci Documentation Templates and Coverage Rules (DTR) Implementation Guide; and HL7 FHIR Da Vinci Prior Authorization Support (PAS) Implementation Guide. ONC requests feedback on particular questions.*

**Comment:** UnityPoint Health supports implementation of these three FHIR-based Da Vinci IGs. With the current state of prior authorization “chaos” that has evolved and exists in the absence of industry standardization and consistency, UnityPoint Health has experienced many of the overhead and burden frustrations referenced in the RFI. The named IGs appropriately encompass standards that common EHR vendors have been and are driving towards.

As a larger integrated health system, UnityPoint Health has been on a journey to consolidate numerous EHRs across enterprise and sites of care for years. Those sites of care that were incentivized through Meaningful Use requirements were among our early adopters. From an inpatient hospital perspective, UnityPoint Health believes this setting should be prioritized and we would be ready to “go live” with these prior authorization IGs on day one or shortly thereafter. That said, we still have several sites of care and services lines that are in the process of migrating to a common EHR. **We encourage HHS to consider a phased-in approach for providers to differentiate settings – inpatient settings (distinguish hospital from post-acute facilities) versus ambulatory settings (where adoption greatly varies).** In terms of the latter, community mental health centers, with focus on those with a Certified Community Mental Health Center designation, should be incentivized through upfront funding to encourage and haste implementation. Because provider implementation requires an underlying vendor (i.e., software developer) build, testing and provider training, we also reiterate that HHS carefully consider implementation penalties and/or enforcement on providers.

### HEALTHCARE ATTACHMENT STANDARDS

*ONC seeks information on areas to consider in supporting the exchange of healthcare attachments in prior authorization workflows. In particular, ONC seeks input on advancing standards and functionality supporting clinical documents, including: (1) HL7 implementation guide based on the Consolidated Clinical Document Architecture (C-CDA) Release; and (2) HL7 FHIR Documents: (a) HL7 C-CDA R2 Attachment*

*Implementation Guide: Exchange of C–CDA Based Documents, Release 1; and (b) HL7 FHIR Release 4, Section 3.3: FHIR Documents. ONC requests feedback on particular questions.*

**Comment:** UnityPoint Health strongly supports clear, upfront requirements for the exchange of attachments. For the exchange of images and graphics, we currently utilize the PDF/X standard.

## IMPACT ON PROVIDERS

*ONC seeks information on impact of electronic prior authorization capabilities on providers. Topics for input include burden reduction, interest in utilization, need for incentives, and time and effort estimates.*

**Comment:** To provide scale for a framework that incorporates all payers, UnityPoint Health has in excess of 600 payer contracts, which underscores the need for standardization and consistency but also illustrates why provider implementation and enforcement may need to occur over time. This total number of contracts represents minimally prior authorization burden, because prior authorizations often further vary at the contract level by network and by site of care – for instance, payers may require ambulatory prior authorizations to be submitted online, while the same payers may require order prior authorizations to be submitted by fax with specific forms.

**UnityPoint Health wholeheartedly believes that standardized payer adoption of electronic prior authorization capabilities has the potential to significantly reduce provider burden.** Foremost, replacing antiquated paper and fax machine processes with an electronic process should result in more timely decisions and care just by this enhanced means of communications and document exchange. The adoption of clear, upfront and consistent requirements should streamline and facilitate submission of complete prior authorization requests initially. In current state, the complexity of prior authorization requirements and formats lends itself to straight denials or subsequent denials, the latter stemming from peer-to-peer review procedures. A standardized electronic process by all payers would:

- Reduce denials/delays based on missing documentation. Some payers outright deny requests on this basis. Other payers request a peer-to-peer review within an expedited timeframe, usually 24 hours. When providers are unable to schedule and hold a review within such timeframe, prior authorizations are subsequently denied. Having upfront standardized requirements will minimize submission of incomplete requests.
- Streamline tracking of prior authorizations involving multiple payers. Prior authorization becomes more complex and potentially introduces decision delay with the introduction of multiple payers (e.g., primary payer and secondary payer). Having core electronic capabilities and interoperability among payers should enable providers to more easily monitor and coordinate multipayer requests.

When prior authorization requests need to be resubmitted due to process and not substance, frustration from patients and providers ensues, and prior authorization approval and ultimately care is further delayed. Effectively this complexity subverts medical necessity guidelines and prioritizes process over health and wellness decisions. UnityPoint Health believes that electronic prior authorization requirements across payers will alleviate this issue. In general, the proposed electronic prior authorization core capabilities and IGs will reduce patient wait time from order to delivery of care, decrease the total number of denials for needed services, and ultimately increase patient experience and provider satisfaction.

At present, the complex and onerous prior authorization process is overdue for a transformation. **UnityPoint Health views this RFI as a positive and necessary step to appropriately leverage health technology, and the benefits gained from streamlining this process across payers are sufficient incentive for our participation.** While other health care providers (either smaller size or in settings without past Meaningful Use support) may not share our level of enthusiasm, we still encourage HHS to adopt these standards but to phase-in enforcement efforts and penalties for providers.

In terms of time and effort, UnityPoint Health employs more than 60 FTEs to verify and obtain prior authorizations for our Iowa providers alone. Overall, these team members process more than 500,000 referrals annually with approximately 30% requiring prior authorizations. While it is difficult at best to calculate this time and effort, it is significant – thousands of prior authorizations monthly involving daily conversations. As referenced above, more work is required for prior authorizations involving multiple payers as well as navigating payer specific requirements for documentation. Any streamlining that may be achieved through a standardized electronic process would be helpful. **In addition, and not subject of this RFI, it would also be extremely helpful if HHS would consider requiring that all payers (or even just primary payers) have a centralized location/hub accessible by providers for content on both a) reference and b) submission.** Providers spend significant amount of time navigating payer websites and calling payers (including waiting on hold) to locate these rudimentary items.

We are pleased to provide input on this RFI and its impact on our health care system, our patients, and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Cathy Simmons, Executive Director, Government & External Affairs at (319) 361-2336 or [cathy.simmons@unitypoint.org](mailto:cathy.simmons@unitypoint.org).

Sincerely,



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