



**Prior
Authorization
Automation Case
Study Webinar
with
Cleveland Clinic,
PriorAuthNow &
CAQH CORE**

August 17, 2020
2:00-3:00 pm EST

Agenda

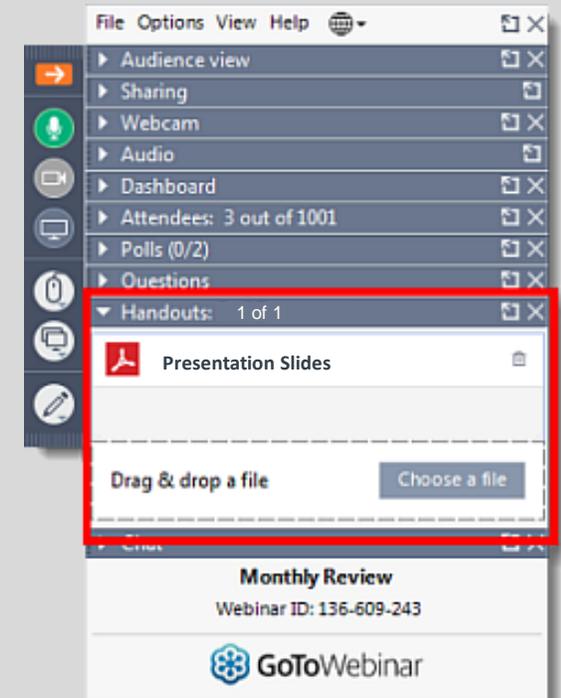
- CAQH CORE Background & Level Set
- Introduction to CAQH CORE Pilot & Measurement Initiative
- Cleveland Clinic Case Study: PA Experience with Workflow Integration & Automation
- Panel Discussion: Impact of Automation and Workflow Integration on Provider Satisfaction and Process Optimization
- Q&A

Logistics

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Speakers



Daniel Medve
Director of Revenue Cycle
Management, Cleveland Clinic



Daniell V. Dedels
Senior Vice President, Customer
Operations, PriorAuthNow



Bob Bowman
Director, CAQH CORE



Kristine Burnaska
Director of Research and
Measurement, CAQH Explorations



Rachel Goldstein
Senior Manager, CAQH CORE

CAQH
CORE

CAQH CORE Background & Level Set

Robert Bowman
CAQH CORE Director

CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population**.

MISSION Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

VISION An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

DESIGNATION CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions**. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

INDUSTRY ROLE **Develop business rules to help industry** effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

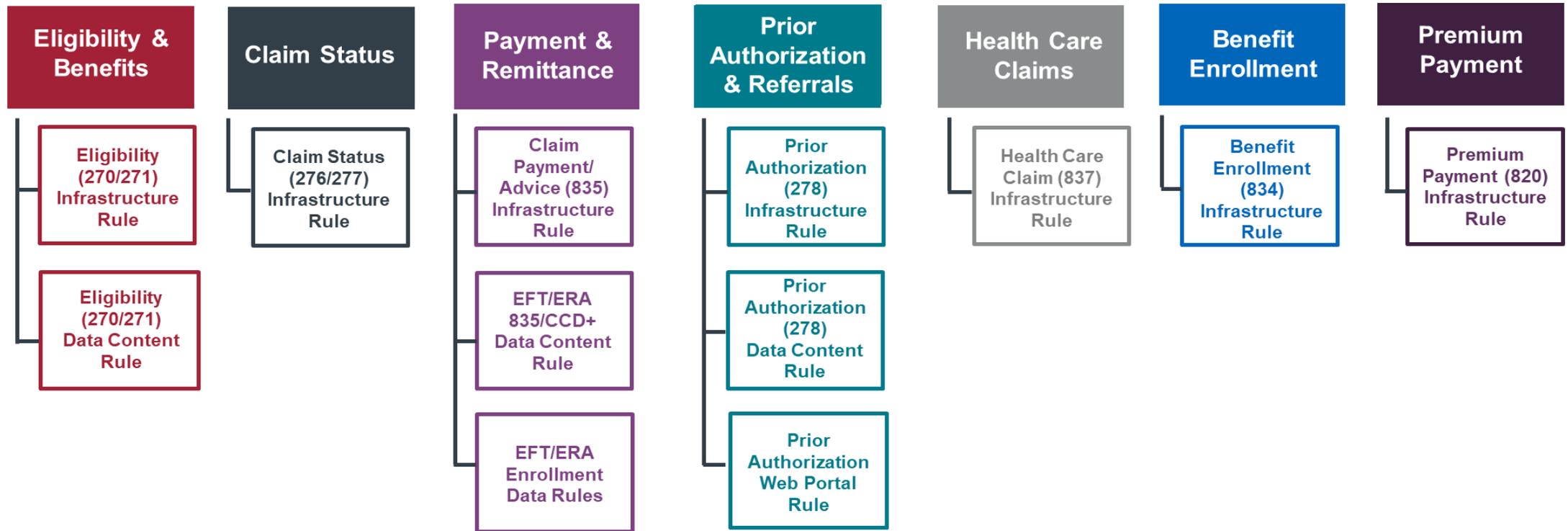
CAQH CORE BOARD **Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.



CAQH CORE Operating Rules

Supporting the Revenue Cycle Workflow – Published Rules to Date

Since 2005, CAQH CORE has developed operating rules to ensure seamless and efficient exchange of healthcare information. CAQH CORE is the [HHS-designated Operating Rule Author](#) for all HIPAA-covered transactions.



CAQH CORE Connectivity Rules

\$55 billion in savings associated with incremental improvements in automation since CAQH CORE Operating Rules started to be federally mandated in 2013. Roughly a third of cumulative savings (\$18 billion) estimated to be related to operating rule adoption.

Barriers to Industry Adoption of Electronic Prior Authorization

Select barriers preventing full automation and auto-adjudication of Prior Authorization

- **Lack of consistency** in use of data content across industry and electronic discovery of what information is required for an authorization request to be fully adjudicated.
- **No federally mandated attachment standard** to communicate clinical documentation.
- **Lack of integration** between clinical and administrative systems.
- **Limited availability** of vendor products that readily support the standard transaction.
- **State requirements** for manual intervention.
- **Lack of understanding** of the breadth of the information available in the 5010X217 278 Request and Response, and a lack of awareness that this standard prior authorization transaction is federally-mandated – particularly among providers.
- **Varying levels of maturity** along the standards and technology adoption curve, making interoperability a challenge.

Highlights from CAQH CORE Research

Engaged 100+ industry organizations to identify how they communicate status, errors, next steps, and additional information needs. **Wide variety creates confusion and delays additional steps** in the PA process.

Low vendor support: a supplement to the 2017 CAQH Index found that only 12% of vendors supported electronic prior authorization. For all other electronic transactions, vendor support was between 74% and 91%.

CAQH CORE environmental scans and industry polling reveal provider organizations are **unaware of the HIPAA mandated prior authorization standard** and that health plans are required to accept it.

CAQH CORE Prior Authorization & Referrals and Connectivity Operating Rules

Proposed in 2020 to NCVHS for Federal Mandate

Prior Authorization & Referrals Operating Rules Proposed to NCVHS for Federal Mandate

Prior Authorization (278) Infrastructure Rule

Aligns with other federally mandated infrastructure rules. Sets two-day response time limits for health plans to request supporting information from providers and send a final determination for a prior authorization request.

Updated in 2019: Processing mode and response times ▪ System availability ▪ Acknowledgements ▪ Companion guide

Prior Authorization (278) Data Content Rule

Targets one of the most significant problem areas in the prior authorization process: requests for medical services that are pended due to missing or incomplete information. Reduces unnecessary back and forth between providers and health plans and enables shorter adjudication timeframes and less manual follow up.

Patient identification ▪ Error/action codes ▪ Clear communication of information needs, status/next steps & decision reasons

Connectivity Rule vC3.1.0

Reduces complexity and simplifies interoperability by driving industry alignment.

Single standard ▪ Enhanced security ▪ Additional transaction standard support ▪ Safe harbor ▪ Improved messaging/error reporting

More to Come

Connectivity Rule vC4.0.0: Bridge between existing and emerging standards and protocols to ensure industry interoperability needs are met, including for attachments/additional clinical information needs.

Prior Authorization Attachments Rule: Reduce administrative burden associated with the exchange of additional documentation to support a prior authorization request.

CAQH
CORE

Introduction to CAQH CORE Pilot & Measurement Initiative

Rachel Goldstein
CAQH CORE Senior Manager

CAQH CORE Prior Authorization Pilot & Measurement Initiative

Overview



VISION

Work with industry organizations to measure the impact of CAQH CORE prior authorization operating rules on efficiency metrics.



GOALS

Apply existing and test new operating rules that support greater automation of the PA workflow.

Support industry organizations' efforts to track and articulate the impact of workflow improvements, using standard metrics.

Ensure that operating rules support industry organizations in varying stages of maturity along the standards (existing and emerging: X12, HL7 FHIR, etc.) and technology adoption curve.

As appropriate, recommend rules for national implementation to federal bodies (NCVHS and HHS).



PARTICIPATION OPTIONS

Collaborate with CAQH CORE subject matter and measurement experts to track and articulate the impact of:

Option 1. An *existing* prior authorization automation project within your organization.

Option 2. A *new* implementation of operating rules and corresponding standards.

CAQH CORE Prior Authorization Pilot & Measurement Initiative

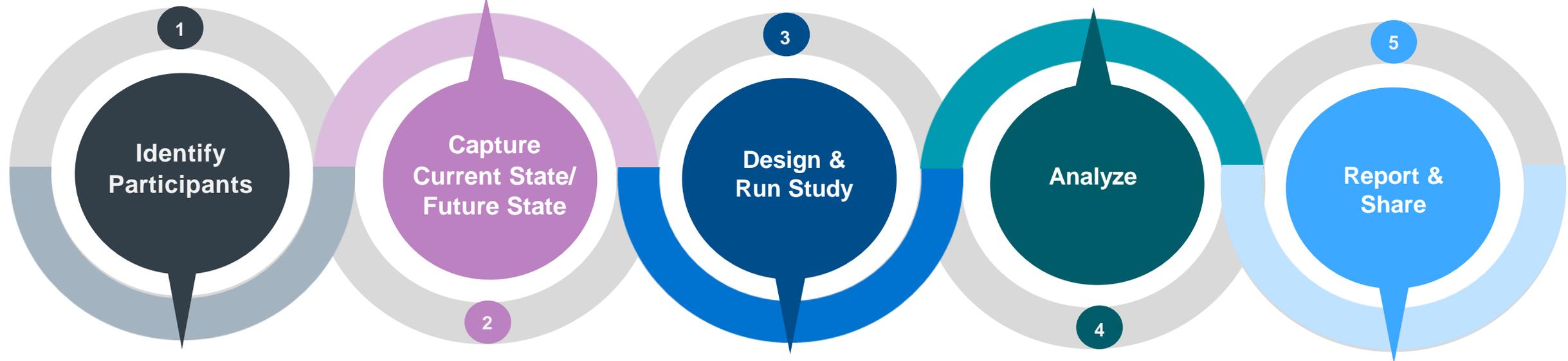
Engagement Model

Review of technical specifications to pinpoint where operating rules and standards apply (both current and future).

Interviews/shadowing.

Data analysis & articulation of key findings.

Recommendations on how to further streamline with operating rules & standards.



Meet with industry organizations to identify Pilot/ Study Grouping (at least two organizations that are trading partners).

Appoint Executive Sponsor & SMEs to work with CAQH CORE & Explorations.

Identify appropriate comparison groups, service categories, priority measures, measurement method, timeline.

Support for organizing baseline information prior to launch.

Opportunity to share successes with a national audience, via conference/webinar collaborations and potential issue briefs.

Input into suggestions for national implementation, via CAQH CORE's role.

CAQH CORE Prior Authorization Pilot & Measurement Initiative

Example Standard Measures Across Studies

CHANGES IN VOLUME

- Real-time PA approvals
- Same day approval rate
- PAs pended for additional information
- Staff manual intervention (reduced number of touches)
- Patient appointment cancellations/reschedules

CHANGES IN TIME

- Time for staff to initiate PA request
- Time from initial submission to request for additional clinical information
- Time from provision of additional clinical information to final determination
- Overall turnaround time

EASE / SATISFACTION

- Ease of understanding what additional clinical information is needed
- Ease of understanding what the next steps are
- Provider staff satisfaction levels
- Provider stress level

*A combination of these measures inform calculations for overall impact, such as **potential savings**.*

An organization is not required to collect all measures to participate. CAQH CORE & Explorations SMEs work with the organization to determine the soundest and least burdensome measurement approach.

CAQH CORE Prior Authorization Pilot & Measurement Initiative

Overview of Ongoing Impact Study with Cleveland Clinic and PriorAuthNow

Organizations

Cleveland Clinic

PriorAuthNow

CAQH (CORE & Explorations)

Scope

Solution launched mid-Feb 2020 to one large national plan; subsequent go-lives with a total of 34 health plans of various sizes

Multiple lines of business and mix of payer types

Categories of service:

Imaging

Cardiology Diagnostic Testing

Engagement

Technical Specification Reviews

Onsite Visit & Shadowing

Identification of Comparison Groups, Priority Measures, Measurement Method, Comparison Timeframes

Provider Staff Survey Development

Impact Study

Provider staff satisfaction and experience survey – today's focus

Timeframe: Mid-Feb through Mid-Jun 2020

Select metrics across all plans in implementation – today's focus

Timeframe: Mid-Feb through Mid-Jun 2020

Pre/post implementation analysis – upcoming

1 large national plan, 1 major regional plan, 1 state plan

Timeframe: Mid-Feb through Jun 2019 vs. Mid-Feb through Jun 2020*

*Timeframe may be adjusted or controlled for COVID-19 impacts.

Cleveland Clinic Case Study: PA Experience with Workflow Integration & Automation

Daniel Medve
Director of Revenue Cycle Management
Cleveland Clinic

Rachel Goldstein
CAQH CORE Senior Manager

Automation & Prior Authorization

Dan Medve
Director of Revenue Cycle Management



Cleveland Clinic Overview

CLEVELAND CLINIC HEALTH SYSTEM INCLUDES:

- > **18** hospitals
- > **220+** outpatient locations
- > **6,026** beds
- > **20** patient-centered institutes

Locations include:

- > A main campus in **Cleveland**
- > **11** regional hospitals in **Northeast Ohio**
- > **5** hospitals in **Southeast Florida** with more than 1,000 beds
- > A medical center for brain health in **Las Vegas**
- > A sports and executive health center in **Toronto**
- > A 364-bed hospital in **Abu Dhabi**
- > A 184-bed hospital in **London** (will open in 2021)
- > Case Western Reserve University & Cleveland Clinic **Health Education Campus**

67,500 CAREGIVERS WORLDWIDE



EXTERNAL VALIDATION BY NATIONAL INDEPENDENT RATINGS



This independent healthcare quality advocate issues semiannual grades that reflect patient safety performance and practices. In 2019, **12 of our 17 U.S. hospitals** received an A grade from Leapfrog.



Newsweek ranked Cleveland Clinic **No. 2 among the world's best hospitals** in 2019, based on recommendations from medical experts, patient survey results and key medical performance indicators.



Fairview Hospital and Lutheran Hospital earned Vizient's 2019 Bernard A. Birnbaum, MD, **Quality Leadership Award**.



Cleveland Clinic's main campus, Akron General, Fairview Hospital, Hillcrest Hospital, South Pointe Hospital and Cleveland Clinic Abu Dhabi have all earned Magnet® designation from the American Nurses Credentialing Center — reflecting the **strength and quality of our nursing programs**.



Cleveland Clinic was named a top U.S. hospital in *U.S. News & World Report's* "2019-20 Best Hospitals" rankings. We are **No. 1 in cardiology and heart surgery for the 25th straight year** and rank nationally in 15 specialties, including 11 specialties in the top 10.

Reality of Prior Authorization

- Burdensome process with many areas of waste/duplication of effort
- Non-standardized process across the spectrum
- Impact access to care
- Need for transformative solution(s)
 - Not one single solution

Cleveland Clinic Approach to PA Solutions

Operational Feasibility

- Assess priorities
- Does not require operational overhaul

Value Based

- Knowledge on variation of PA process
- Drive resources to best support PA process

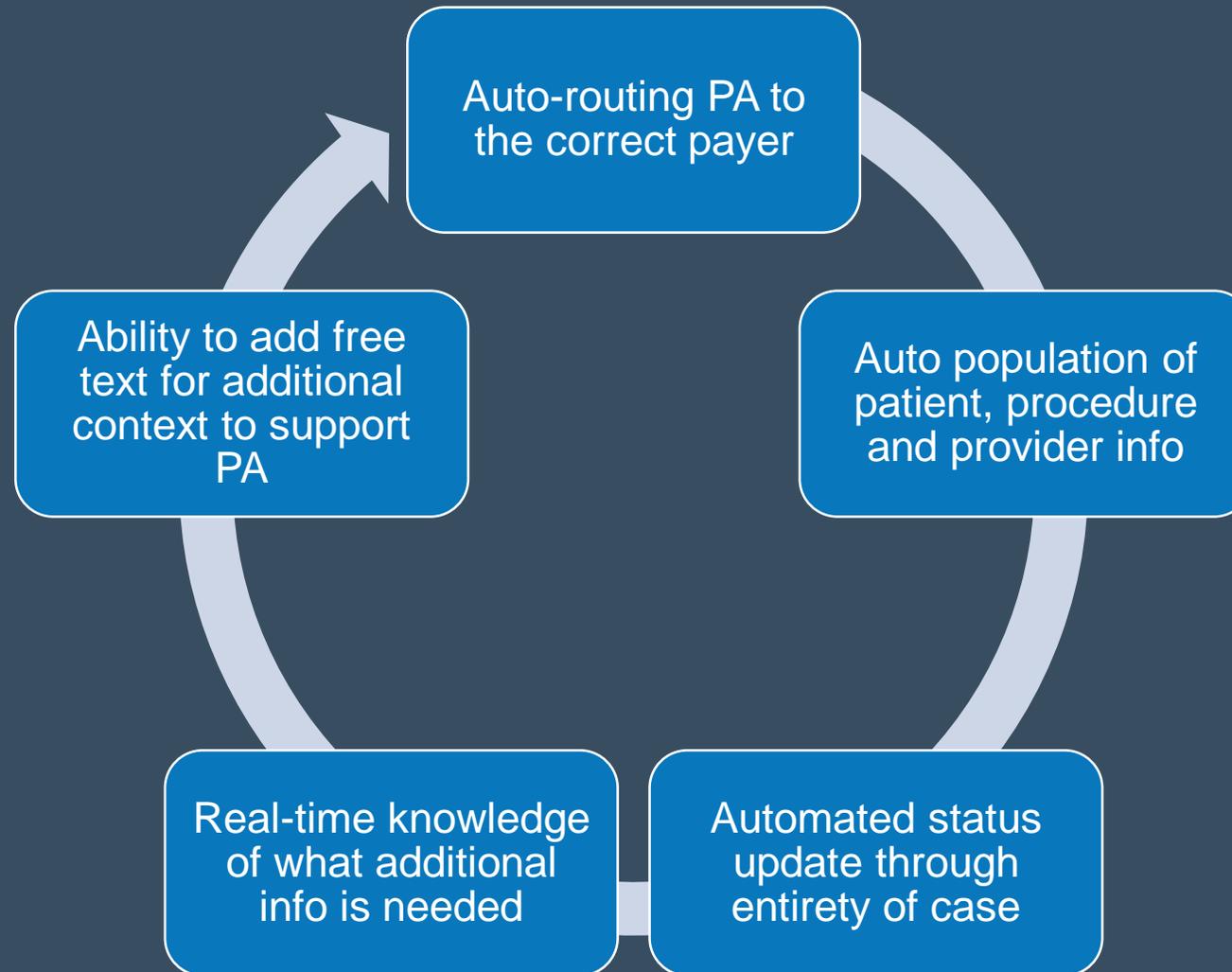
Multifaceted

- Not one solution out there
- Identify solution(s) that can integrate and interoperate (AI, RPA)

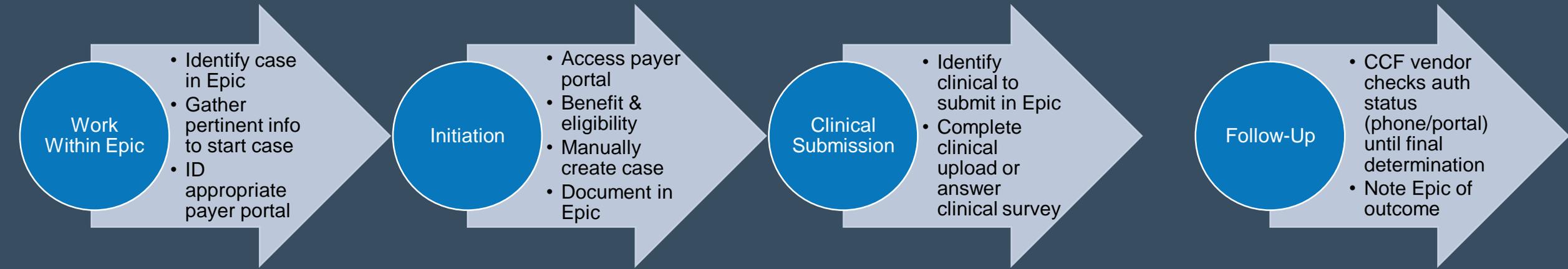


Payer

Auth Automation with PriorAuthNow

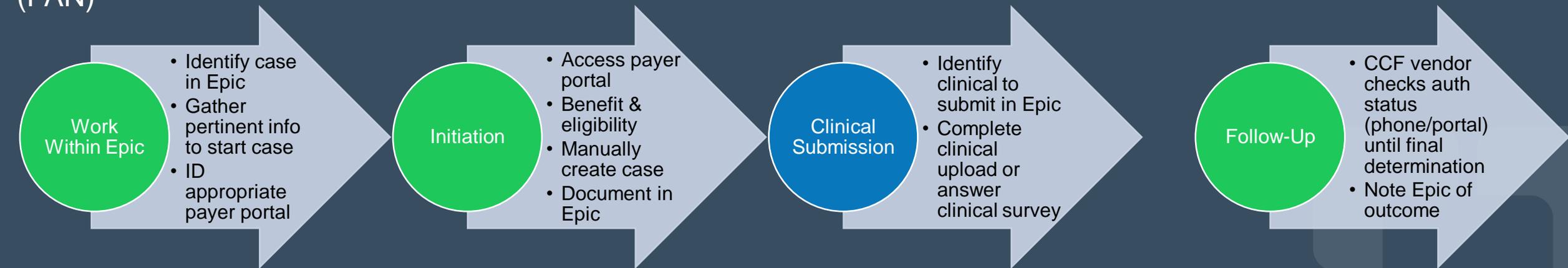


Current Process Flow



*End to end process can take 15-60+ minutes)

Auth Automation Process Flow (PAN)



*End to end process can take 3-12 minutes)

 Manual interaction

 Automated interaction

Manual interaction

Current Process	Work Within Epic	Initiation	Clinical Submission	Follow-up
What is Done	<ul style="list-style-type: none"> Find case to work, review scheduled visit/order to determine appropriate steps to take ID correct payer portal/payer to start with 	<ul style="list-style-type: none"> Manually inputting all the required info for payer (CPT, DX, date of service, NPI/TAX ID, policy #, member info), eligibility and benefit Document actions taken in Epic 	<ul style="list-style-type: none"> Identify clinical from Epic record to upload to payer portal Review clinical record in Epic to answer/support clinical survey Document actions in Epic 	<ul style="list-style-type: none"> Check payer portal (can range from 1+ touches depending on how low until decision made) for auth status Add approval number, date range, etc.
Time Spent	<ul style="list-style-type: none"> ~ 5 minutes 	<ul style="list-style-type: none"> ~ 5-10 minutes 	<ul style="list-style-type: none"> ~ 3-12 minutes 	<ul style="list-style-type: none"> ~10-60+ minutes
Impact	<ul style="list-style-type: none"> Multiple, repetitive steps due to manual input of data entry 	<ul style="list-style-type: none"> Manual processing, risk for error Toggling back and forth between payer and portal 	<ul style="list-style-type: none"> Varying portals across the industry Drive different actions needed to be taken 	<ul style="list-style-type: none"> Varying portals across the industry Non-standard information returned

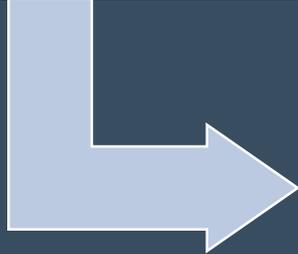
Automated interaction

Automated Process	Work Within Epic	Initiation	Clinical Submission	Follow-up
What is Done	<ul style="list-style-type: none"> Case auto identified based on pre-set logic Payer mapping to correct portal 	<ul style="list-style-type: none"> Automated case creation Once created, status auto-returned to Epic directing caregiver to defect 	<ul style="list-style-type: none"> Link provided from PAN into Epic to direct connect to portal (one login) Clinical submission/clinical survey completed by caregiver Document actions in Epic 	<ul style="list-style-type: none"> Check payer portal (can range from 1+ touches depending on how low until decision made) for auth status
Time Spent	<ul style="list-style-type: none"> 0 minutes 	<ul style="list-style-type: none"> 0 minutes 	<ul style="list-style-type: none"> ~ 3-12 minutes 	<ul style="list-style-type: none"> 0 minutes
Impact	<ul style="list-style-type: none"> Automated workflow, touchless 	<ul style="list-style-type: none"> Auto case creation to payer within seconds 	<ul style="list-style-type: none"> Focus on value, managing defect in auth process 	<ul style="list-style-type: none"> Reduce vendor need Immediate final decision written-back into Epic with approval #, date range, etc

Automation!

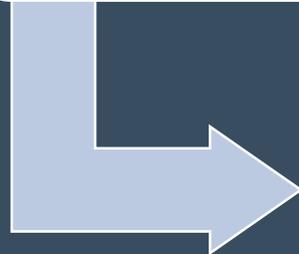
Auto-Gen Referral from Order

- MRI scheduled 2/10 at 9:42am for a DOS of 2/21



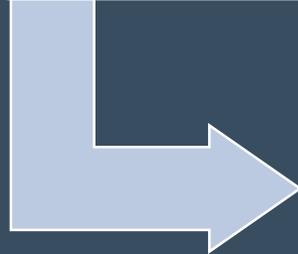
278

- Interface out to payer at 2/10 at 9:42am
- Real-time response written back indicating need for clinical survey



Manage Defect

- Auth rep access case in WQ at 9:53am, clicked PAN supplied link, and submitted clinical survey at 9:57am

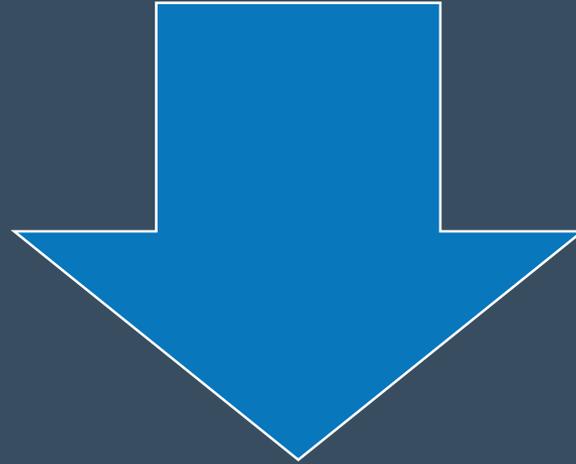


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- PAN System indicated approval at 9:57am
- Real-time write back into Epic with completed information

4 minutes overall interaction

Measurement



QUALITATIVE

- Reduced stress
- More rewarding involvement
- Ease of learning
- Team ownership vs. case ownership



QUANTITATIVE

- Efficiency
- Improved access
- Focus on value, remove waste



Key Indicators

Volume

Averaged 95 cases/day through integration

1/3 result in same day approval

Efficiency

Time/Involvement

Focus on managing defect

Operations

Integrated updates throughout case history

Streamlined process



Every life deserves world class care.

Cleveland Clinic Case Study: CAQH CORE-Administered Staff Experience/Satisfaction Survey

Rachel Goldstein
CAQH CORE Senior Manager

CAQH CORE-Administered Staff Experience/Satisfaction Survey

Initial Findings: Summary

The Staff Experience/Satisfaction Survey was administered in July 2020 to the entire Cleveland Clinic caregiver team working on PriorAuthNow diagnostic prior authorization volume.

The solution leverages **API functionality**, the **X12 278 standard transaction** and **CAQH CORE prior authorization operating rule requirements** related to **patient identification, response time, clear communication of additional clinical information needs and status updates**. The standard, operating rules, and API technology work together seamlessly to reduce burden, add value, and ultimately enable timelier delivery of patient care.



Reduction in
time to
complete tasks



Reduction in
wait times
between steps



Increase in
automated
real-time
interaction



Increase
in staff
satisfaction

CAQH CORE-Administered Staff Experience/Satisfaction Survey

Initial Findings: Less Time Spent Completing Prior Authorization Tasks

Overall, the amount of time staff spent completing a prior authorization was less when using the automated solution compared to a direct payer portal.



Over two-thirds of staff reported that they save time **initiating a prior authorization request**.



Over three-fourths of the staff indicated that they spend the same or less time **checking on the status of each prior authorization request**.



Significant change in the initiation process. Enjoy that process on the [this solution]. More time to review clinicals to correctly answer clinical survey.

CAQH CORE-Administered Staff Experience/Satisfaction Survey

Initial Findings: Reduction in Prior Authorizations that have Wait Times for Next Steps

An automated solution communicates data content requirements, reduces turnaround time and manual steps in the process.



Most staff reported seeing fewer prior authorizations that have wait times to communicate what additional clinical information is needed.



Two-thirds of staff indicated that the amount of time between clinical survey and final determination is generally shorter.



Two-thirds of staff reported that the overall turnaround time for a prior authorization request is shorter.



I find that I am able to submit more cases in a shorter amount of time through [the solution] as opposed to starting from the beginning on the portal, itself.

CAQH CORE-Administered Staff Experience/Satisfaction Survey

Initial Findings: Automation and Real-time Interactions are Especially Valuable

Streamlined, automated and real-time interactions reduce time spent on PA tasks, reduce wait time and can lead to timelier delivery of patient care.



Nearly all staff indicated that a **single workflow** is valuable.



Nearly all staff find value in the **auto population of patient, procedure, and provider information** into the prior authorization request.



Over three-quarters of staff indicated that **automatic, real-time status updates** are valuable.



Three-quarters of staff reported that **knowing in real-time what additional clinical information is needed** is valuable to move the prior authorization through the process.

“

[This solution] allows me to spend less time with the tedious parts of initiating authorizations. For example, inputting the ordering physician's and the facility's information.

CAQH CORE-Administered Staff Experience/Satisfaction Survey

Initial Findings: Increased Staff Satisfaction

The automated solution positively impacts staff satisfaction, due to ease of use, clear real-time communication, reduction in manual tasks, and ability to focus on valuable aspects of the process.



Three-quarters of staff indicated that using the automated system is easy and **most** reported that it reduces job-related stress.



Most staff reported that it is easier to understand the next steps to move a prior authorization request forward.



More than half of the staff indicated they were able to focus on the more critical elements of the prior authorization process.



The most significant change is having the ability to better understand [what clinical information is needed to move the prior authorization request forward], increasing my productivity and feeling more comfortable in my position.

Polling Question #1

Which of the prior authorization operating rule requirements would be most impactful for your organization? (Check all that apply)

- Maximum response time for health plans to request additional clinical information from providers (2 days)
- Maximum response time for health plans to respond to provider with final determination (2 days)
- Data content requirements for consistent patient identification/verification to reduce common errors/denials
- Data content requirements to clearly communicate what additional clinical information is needed
- New CORE Connectivity requirements that simplify interoperability, improve security, provide a safe harbor, and improve messaging and error reporting

**Panel Discussion: Impact of
Automation and Workflow
Integration on Provider Satisfaction
and Process Optimization**

Panel Speakers



Daniel Medve
Director of Revenue Cycle
Management, Cleveland Clinic



Daniell V. Dedels
Senior Vice President, Customer
Operations, PriorAuthNow



Moderator: Bob Bowman
Director, CAQH CORE



Kristine Burnaska
Director of Research and
Measurement, CAQH Explorations



Rachel Goldstein
Senior Manager, CAQH CORE

Polling Question #2

Are you interested in participating in the CAQH CORE Prior Authorization Pilot & Measurement Initiative?

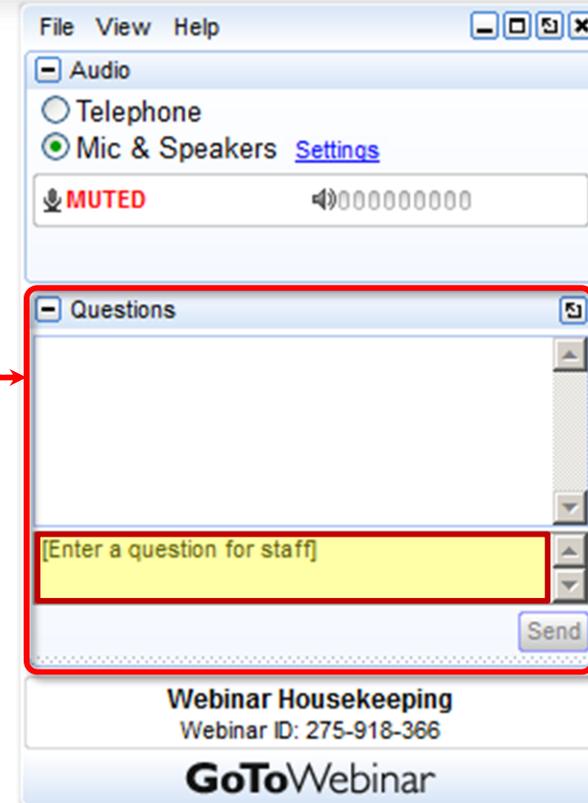
- Yes, I'm interested in getting involved
- Unsure, I would like to learn more about it
- No, I am not interested
- I am already participating in the initiative

Audience Q&A

Please submit your questions

Enter your question into the “Questions” pane in the lower right-hand corner of your screen.

You can also submit questions at any time to CORE@caqh.org



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- The slides and webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Healthcare administration is rapidly changing.



Join Us



Collaborate across stakeholder types to develop operating rules.



Present on CAQH CORE education sessions.



Engage with the decision makers that comprise 75% of the industry.



Represent your organization in work groups.



Influence the direction of health IT policy



Drive the creation of operating rules to accelerate interoperability

Click [here](#) for more information on joining CAQH CORE as well as a complete list of Participating Organizations.

Thank you for joining us!



Website: www.CAQH.org/CORE

Email: CORE@CAQH.org

The CAQH CORE Mission

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.