March 03, 2022

Dr. Micky Tripathi
National Coordinator
The Office of the National Coordinator for Health Information Technology
330 C St. SW
Washington, District of Columbia 20024

Comments Submitted Electronically via Regulations.gov

Dear Dr. Tripathi:

The College of Healthcare Information Management Executives (CHIME) welcomes the opportunity to submit comments in response to the Office of the National Coordinator for Health Information Technology *Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria* published in the *Federal Register* on January 24, 2022.

CHIME is an executive organization dedicated to serving chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs) and other senior healthcare IT leaders. With over 5,000 members, CHIME provides a highly interactive, trusted environment enabling senior professional and industry leaders to collaborate; exchange best practices; address professional development needs; and advocate for the effective use of information management to improve the health and healthcare in the communities they serve.

With the insight CHIME and its members have from being at the forefront of health IT issues, we urge ONC and other U.S. Department of Health and Human Services (HHS) agencies to prioritize ease of implementation, a reduction in provider burden and prioritization in the whole care continuum when implementing regulations related to electronic prior authorization (EPA). A failure to do so will overburden the provider, slow the medical system, and ultimately continue the lack of widespread adoption of all EPA efforts now and in the future. This is especially pertinent in the COVID-19 world we now live in as a recent Becker's Hospital Review survey found that 47% of surveyed physicians reported feeling burned out, with emergency physicians reporting the highest rate of burnout.[1] Many of CHIME's comments related to EPA remain unchanged from those submitted to the Centers for Medicare & Medicaid Services (CMS) in December of 2020[2], including that any attempt to make these requirements mandatory for providers prior to a clear and concise implementation plan being drafted and released will increase burden significantly on the health system.

Including EPA Standards in Certification

CHIME supports all efforts to increase standardization in health IT products but urges caution when it comes to mandating too many standards be implemented at the same time. Providers nationwide are anxiously awaiting the delivery of their 2015 Cures Update Edition certified products mandated as part of ONC and CMS' information blocking and interoperability rules. Those updated products – as you are aware – are not due for delivery until December of 2022. In addition to awaiting delivery of the products, providers will need additional time to implement

[1] https://www.beckershospitalreview.com/hospital-physician-relationships/29-physician-specialties-ranked-by-2021-burnout-rates.html
[2] https://chimecentral.org/wp-content/uploads/2020/12/Final-CHIME-Comments-to-CMS-Payer-API-Proposed-Rule.pdf

those products and validate full functionality prior to being able to attest under the CMS Promoting Interoperability Program. Thus, we encourage all HHS agencies to refrain from mandating any changes to health IT certification until a sufficient time after the full implementation of the 2015 Cures Update Edition Certified products has been completed. CHIME believes that full implementation, barring any additional changes to the products themselves, should be sufficiently completed by the end of 2023 and no sooner. Any changes to certified products cause a direct impact on the provider community and ONC should ensure it accounts for these impacts prior to mandating the inclusion of any EPA standards into certified products.

Patient Identification in EPA

With the merger of any clinical and administrative data, it is crucial for the accurate identification and matching of patients to their data be prioritized. Currently, there is no standard in place to ensure an accurate 99.9% match rate for a patient to their data. Without a high rate of match certainty currently existing in health data exchange, adding in the additional variable of administrative data only stands to further lower patient matching accuracy. CHIME urges ONC to ensure that a patient matching solution is included as part of any standards development and implementation activities for EPA. If the EPA data cannot be trusted by the provider, or the patient, then the widespread adoption of any EPA standards will be difficult to achieve.

Reduction in Provider Burden

CHIME supports the standardization of an EPA API as it has the potential to lower the burden for implementation of EPA and increase utilization in the exam room. That said, CHIME strongly recommends that all federal activities related to EPA mandate one single API standard for EPA, as opposed to creating multiple APIs that are available for selection by a payer, as outlined in CMS' previous payer API rule. Allowing the payer to choose from multiple different APIs or implementation options only creates a worst-case scenario where a provider must implement a different API for each individual payer they contract with. This scenario would increase burden on providers in the form of cost and time, as well as on the health IT developer, as they would have to implement numerous different APIs for each individual health IT deployment.

The question of burden reduction often overlooks the fact that any changes to a health IT product or the implementation of any new process comes with a burden. The question that must be asked is whether the burden of something such as EPA is worth the potential benefit to the patient and provider. CHIME recommends ONC complete an analysis of the burden and benefit of the EPA API development and implementation for both the provider and patient. Many providers do not have access to these APIs now and are unable to provide specific cost examples for implementation of an EPA API. A publicly released report on the burden and benefit of an EPA would greatly assist CHIME and its members in better understanding the value proposition of an API as outlined in the RFI.

Likelihood of Provider Utilization of EPA APIs

The provider community remains supportive of EPA APIs as they have the potential to greatly simplify the merger of clinical and administrative data. Whether the APIs themselves will be utilized rests with if payers will be mandated to implement them. As CHIME commented to CMS in 2020, if the requirements for implementation of an EPA API are limited to only certain members of the payer community, then there is limited benefit for providers to utilize the API. CMS must mandate that all members of the Medicare Advantage community, in addition to Medicare and Medicaid, implement these APIs if EPA APIs are going to be widely adopted. While Medicare and Medicaid patients are a significant portion of the patient community at most provider facilities, a majority of all patients seek reimbursement from private insurers who were not mandated to implement these APIs under the previous CMS rule.

As it relates to the question of provider-based incentives, CHIME welcomes the proposal of providing additional incentives to providers who implement EPA APIs as it would recognize the burden and additional work required by the provider community to implement these new APIs. Disincentives or penalties for failure to implement these APIs would be tools opposed by the provider community at this time, as providers currently remain focused on implementing the information blocking requirements and similar mandates are not in place for the payer community.

As stated above, additional mandates should be appropriately spaced to ensure providers have time to successfully implement the pending updated certified products.

Inclusion of the Care Continuum

Overlooked within the RFI is that large swaths of the care continuum have been left out of the HITECH programs that developed and incentivized the implementation of certified health IT products. Long-term Post-Acute Care (LTPAC) providers are still left out of the CMS Promoting Interoperability Program, are not eligible for the Merit-based Incentive Payment System (MIPS) programs and lack a certified health IT product focused on their needs. Without the inclusion of the LTPAC in other health IT programs, the creation and implementation of EPA APIs only stands to further exclude the LTPAC community from modern health data exchange. ONC must ensure that LTPAC providers are included in broader health IT exchange, data standardization and certification activities or they will face significant burden in implementing and utilizing EPA APIs.

Standards to Facilitate Medication List Exchange and Development

CHIME members continue to remain dedicated to ensuring health IT standards and development activities assist in the creation and exchange of a patient's complete medication list. One of the most difficult pieces of a patient's record to generate and exchange accurately is a medication list. Administrative and reimbursement data related to medications can be a tool available to providers to fill and eliminate holes in a patient's medication list history. With this in-mind, CHIME strongly urges ONC to ensure standards related to the exchange of medication data be prioritized as apart of EPA API data. This includes waiting a sufficient time before the release of EPA API standards implementation guides so that the NCPDP exchange standards currently in development can complete balloting. Ensuring the medication exchange standards, such as those in development by NCPDP, can exchange any data captured by an EPA API is crucial for furthering the exchange of a patient's medication history.

Sharing of EPA Data to Outside Payers

CHIME strongly urges ONC to ensure the EPA APIs implemented remain one way, like the FHIR APIs mandated as part of ONC's information blocking rules. It is important to protect patient prior authorization and reimbursement decisions from payers who would not normally have access to that data. Inappropriate access from an unauthorized payer could impact the reimbursement level of future patient claims and has the potential for payers to change provider reimbursements based on knowledge of a competitor's EPA decisions. Ensuring that payers are shielded from being able to access a competitor's EPA decision is paramount in ensuring the trust and success of EPA APIs.

ONC's work to increase standardization in health IT remains an effort CHIME wholeheartedly supports. As HHS, ONC and CMS continue down the path of determining the correct process for developing and implementing EPA APIs, it is of utmost importance that the impact of burden on providers, impact to patients and the inclusion of all provider types is prioritized to ensure success of these activities. If you have any questions related to our letter or would like to discuss the impact of EPA APIs further, please contact Mari Savickis, Vice President of Public Policy, at mari.savickis@chimecentral.org.

Sincerely,

Russell P. Branzell, CHCIO, LCHIME
President and CEO CHIME