



March 25, 2022

Micky Tripathi
National Coordinator
Office of the National Coordinator
Department of Health and Human Services
330 C ST SW
Washington, D.C. 20201

Re: RIN-0955-AA04 Request for Information: Electronic Prior Authorization Standards, Implement Specifications, and Certification Criteria

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

Dear Dr. Tripathy-

Trinity Health appreciates the opportunity to comment respond to questions set forth in RIN-0955-AA04. Our comments and recommendations reflect a strong interest in public policies that support better health, better care and lower costs to ensure affordable, high quality, and people-centered care for all.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 115,000 colleagues and nearly 26,000 physicians and clinicians caring for diverse communities across 25 states. Nationally recognized for care and experience, the Trinity Health system includes 88 hospitals, 131 continuing care locations, the second largest PACE program in the country, 125 urgent care locations and many other health and well-being services. Based in Livonia, Michigan, its annual operating revenue is \$20.2 billion with \$1.2 billion returned to its communities in the form of charity care and other community benefit programs.

Trinity Health has 17 Clinically Integrated Networks (CINs) that are accountable for approximately 1.5 million lives across the country through alternative payment models. Our health care system participates in 14 markets with Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), which includes eleven markets partnering in one national MSSP Enhanced Track ACO, Trinity Health Integrated Care. Two of the 14 markets also participate in CPC+. In addition, we have 33 hospitals participating in the Bundled Payments for Care Improvement Advanced (BPCIA) initiative, and three hospitals in the Comprehensive Care for Joint Replacement (CJR) program. Our work—and experience in value-based contracting—also extends beyond Medicare as illustrated by our participation in 123 non-CMS APM contracts.

Importance of electronic prior authorization

Trinity Health supports standardization of the prior authorization process and moving away from proprietary plan portals for electronic prior authorization (which reduce administrative efficiencies from an electronic process). Prior authorization puts a heavy burden on clinicians and contributes to workforce burnout. According to the National Academies of Medicine, “Among clinicians, burnout is associated with job demands

related to workload, time pressure, and work inefficiencies, such as burdensome administrative processes which divert clinicians' attention away from patients and detract from patient care."¹ Further, the costs associated with prior authorization go beyond workforce burnout. These processes require significant technological infrastructure and staff time, and delays often mean that a patient consumes more health care resources than required, e.g., by remaining in an inpatient bed when they should have already been discharged to another site of care.

Mandatory implementation

Trinity Health supports an eventual mandatory electronic process for prior authorization as it would yield better participation in the electronic process and allow providers to provide a timeframe of authorization responses to patients, improve patient satisfaction, and improve overall access to health care. However, Trinity Health recommends the Office of the National Coordinator (ONC) put these solutions through additional piloting or have them be voluntary prior to inserting them into a vendor certification process or regulation or standard for the industry to ensure provider and plan IT capabilities are ready for a mandatory requirement.

Transactions that require electronic prior authorization process

Trinity Health supports using this process for the 278 transactions identified in the request for information, as well as the proposed urgent authorization workflow, as this would advance the exchange of information for prior authorizations and Notice of Admission authorizations and would minimize patient health risk and improve outcomes. In addition, ONC could use these standards to implement tracking of documents shared during the prior authorization process for additional efficiencies.

Prior authorization time frame

Today, some payers take up to 5 days to review and approve prior authorization requests. Trinity Health recommends payers be required to turn around prior authorization for scheduled procedures and pre-service authorization within 24 hours. A 48-hour timeframe may be acceptable for complex cases; however, ONC should define "complex" in advance.

Additionally, we recommend ONC provide clarity around requirements for prior authorization situations during which a down grade occurs. There are situations where payers authorize inpatient services which include procedures and then subsequently downgrade the authorized level of care to outpatient. As a result, the payers then require that providers seek reauthorization of the procedure duplicating provider administrative effort. Upon seeking re-authorization, the procedure may be denied requiring costly appeal work. This is disruptive and unfair for patients and providers and Trinity Health urges HHS to clarify that if a payer initially authorizes inpatient care for a patient, they should be held to that decision.

Additional capabilities

ONC asks whether the functional capabilities described in the RFI include all necessary functionality for certified Health IT modules to successfully facilitate an electronic prior authorization process. Trinity Health supports what is proposed but recommends governance oversight to modify requirements as needed.

¹ National Academies of Medicine, "Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being," Oct. 2019. Accessed at: <https://nam.edu/wp-content/uploads/2019/10/CR-report-highlights-brief-final.pdf>

ONC asks a series of questions related to the Health Insurance Portability and Accountability Act (HIPAA) and we recommend ONC align requirements with HIPAA transactions to address variances and standards.

If the ONC is to adopt certification criteria referencing the base standard and then update those criteria to integrate in the future or identifies the need to replace existing systems, Trinity Health recommends this be done in a series of transitional steps to ensure systems are prepared.

Conclusion

Trinity Health applauds ONC's commitment to improve health IT. If you have any questions, please feel free to contact me at jennifer.nading@trinity-health.org or 202-909-0390

Sincerely,

/s/

Jennifer Nading
Director, Medicare and Medicaid Policy and Regulatory Affairs
Trinity Health