



**Part II:
Prior
Authorization
Automation Case
Study:
Cleveland Clinic,
PriorAuthNow &
CAQH CORE**

October 14, 2021

1:00 - 2:00 pm ET

Agenda

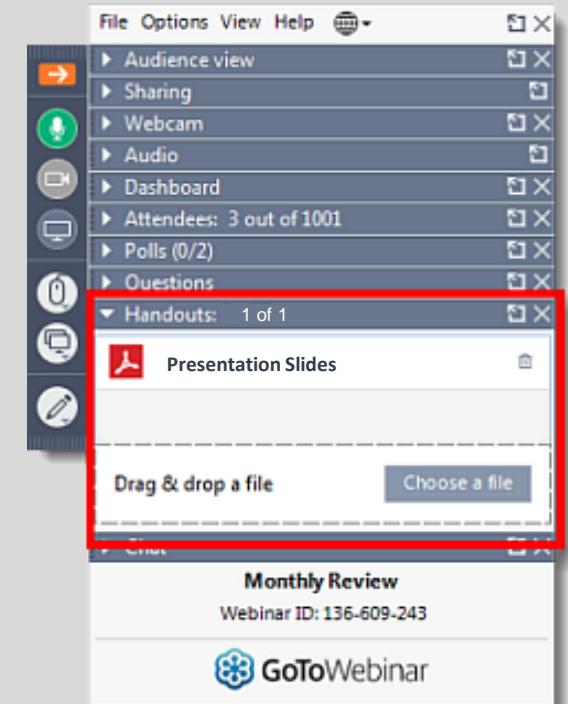
- CAQH CORE Overview & Level Set
- Presentation of Key Findings from Part II CAQH CORE Case Study with Cleveland Clinic and PriorAuthNow
- Review Improvements to Prior Authorization Workflow
- Panel Discussion
- Q&A

Logistics

Presentation Slides and How to Participate in Today's Session

- Accessing webinar materials
 - You can download the presentation slides now from the “Handouts” section of the GoToWebinar menu.
 - You can download the presentation slides and recording at www.caqh.org/core/events after the webinar.
 - A copy of the slides and the webinar recording will also be emailed to all attendees and registrants in the next 1-2 business days.
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Speakers



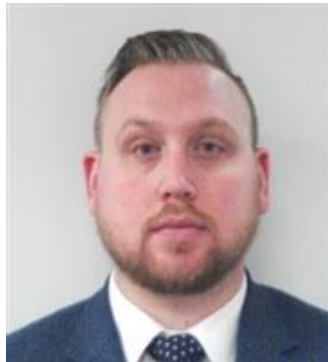
Kristine Burnaska
Director of Research and Measurement,
CAQH Explorations



Bob Bowman
Director, CAQH CORE



Marianna Singh
Senior Associate, CAQH CORE



Daniel Medve
Director of Revenue Cycle Management,
Cleveland Clinic



Dan V. Dedels
Senior Vice President, Customer Operations,



CAQH
CORE

CAQH CORE Overview & Level Set

Bob Bowman
Director, CAQH CORE

Kristine Burnaska
Director, CAQH Explorations

Barriers to Industry Adoption of Electronic Prior Authorization

Key barriers preventing full automation and auto-adjudication of Prior Authorization:

- There is a **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.
- **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.
- **No federally mandated attachment standard** to communicate clinical documentation.

CAQH CORE Key Findings

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.

The Administrative Burden of Prior Authorization

2020 CAQH Index Data



The cost to conduct a Prior Authorization remains the single **highest cost** for the industry.

- **\$13.40** per manual transaction
- **\$7.19** for portal transactions



Prior Authorization is the **most time-consuming** transaction for providers to conduct.

- **20** mins to conduct a manual Prior Authorization
- **13** mins to conduct a Prior Authorization via a portal
- Only **8 mins** to conduct a Prior Authorization using the electronic standard (X12 278)




Among the administrative transactions tracked in the annual CAQH Index, Prior Authorization has the **lowest electronic** adoption.




The industry could save **\$9.64** per transaction annually by switching from **manual to electronic transactions** for an estimated total of **\$417M**.

Prior Authorization



Potential Average Time Savings for Medical Industry (per transaction): **12 Minutes**

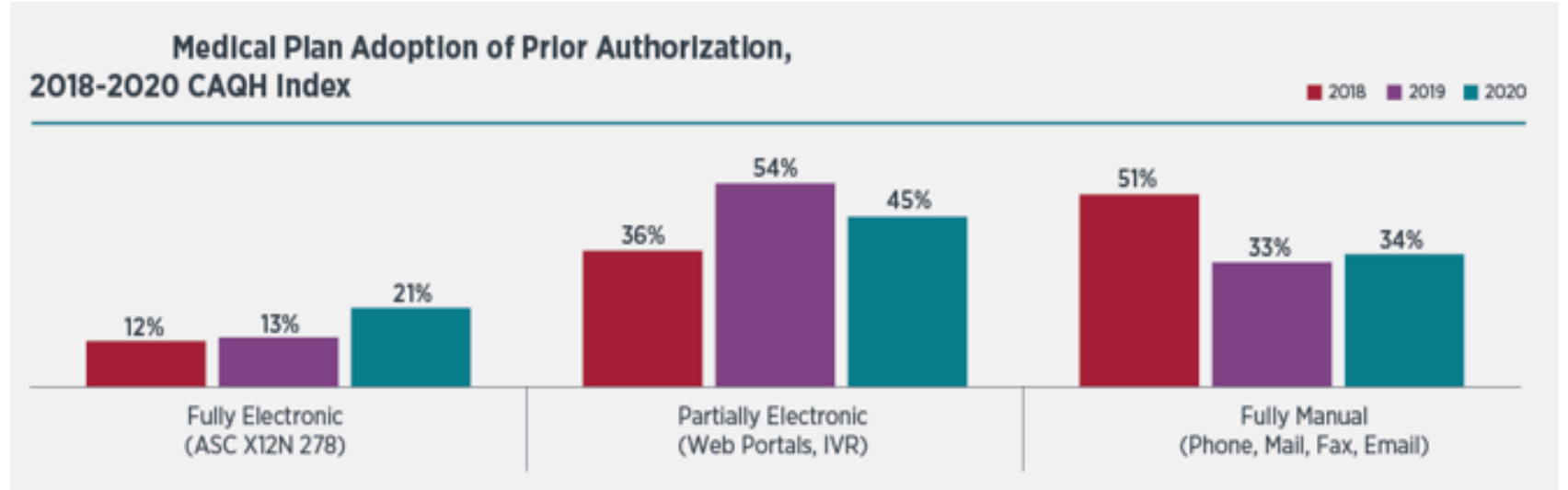


The Administrative Burden of Prior Authorization

2020 CAQH Index Data

Industry Savings Opportunity = **\$9.64** Per Transaction

Cost per Transaction				Estimated Savings Opportunity (in millions)		
Mode	Plans	Providers	Industry	Plan	Provider	Industry
Electronic (X12 278)	\$0.12	\$3.64	\$3.76	\$95	\$322	\$417
Partial (Web Portal, IVR)	\$0.12	\$7.07	\$7.19			
Manual (Phone, Fax, Email)	\$3.14	\$10.26	\$13.40			



CAQH CORE Prior Authorization Pilot & Measurement Initiative

Vision: Partner with industry organizations to measure the impact of existing and new CAQH CORE Prior Authorization operating rules and corresponding standards on organizations' efficiency metrics.

Organization Highlight

Cleveland Clinic | PriorAuthNow | CAQH (CORE & Explorations)

Part I

Understanding of Workflows & Technical Specification:

Timeframe: Mid Feb through Mid-June 2020

- **Onsite Visit and Shadowing**
- **Reviewed PriorAuthNow's solution workflow and technical specifications** to understand where CORE Operating rules intersect with the 278 standard and API technology in Cleveland Clinic's prior authorization request and adjudication process.

Provider staff satisfaction and experience survey:

Timeframe: Mid Feb through Mid June 2020

Webinar – Prior Authorization Automation Case Study:

Timeframe: August 17, 2020

Part II

Cross-Sectional Comparison Analysis:

Timeframe: June 2020 to Feb 2021

Categories of Service: Diagnostic Imaging

Metrics reported by Time and Volume:

- Overall Prior Authorizations
- First Pass Status
- Touchless Authorizations
- Authorizations with Additional Clinical Information needed
- Authorizations with Peer-to-Peer

Today's Webinar:

Timeframe: October 14, 2021

Note: Issue Brief to follow

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**

Key Findings from Part II Case Study with Cleveland Clinic and PriorAuthNow

Dan Medve
Director of Revenue Cycle Management, Cleveland Clinic

CAQH CORE Prior Authorization Pilot & Measurement Initiative

Overview of Ongoing Impact Study with Cleveland Clinic and PriorAuthNow

Organizations

Cleveland Clinic

PriorAuthNow

CAQH CORE

CAQH 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 payer types
- Categories of service: Diagnostic Imaging

Engagement

- Technical Specification Reviews
- Onsite Visit & Shadowing
- Identification of Comparison Groups, Priority Measures, Measurement Method, Comparison Timeframes
- Demo of vendor solution

Impact Study

Cross Sectional Comparison

Authorizations conducted through automation utilizing PriorAuthNow, CAQH CORE Operating Rules and HIPAA mandated ASC X12 278 Prior Authorization Request and Response Standard

vs.

All Other Prior Authorizations (no automation)

Timeframe

Timeframe: June 2020 through February 2021

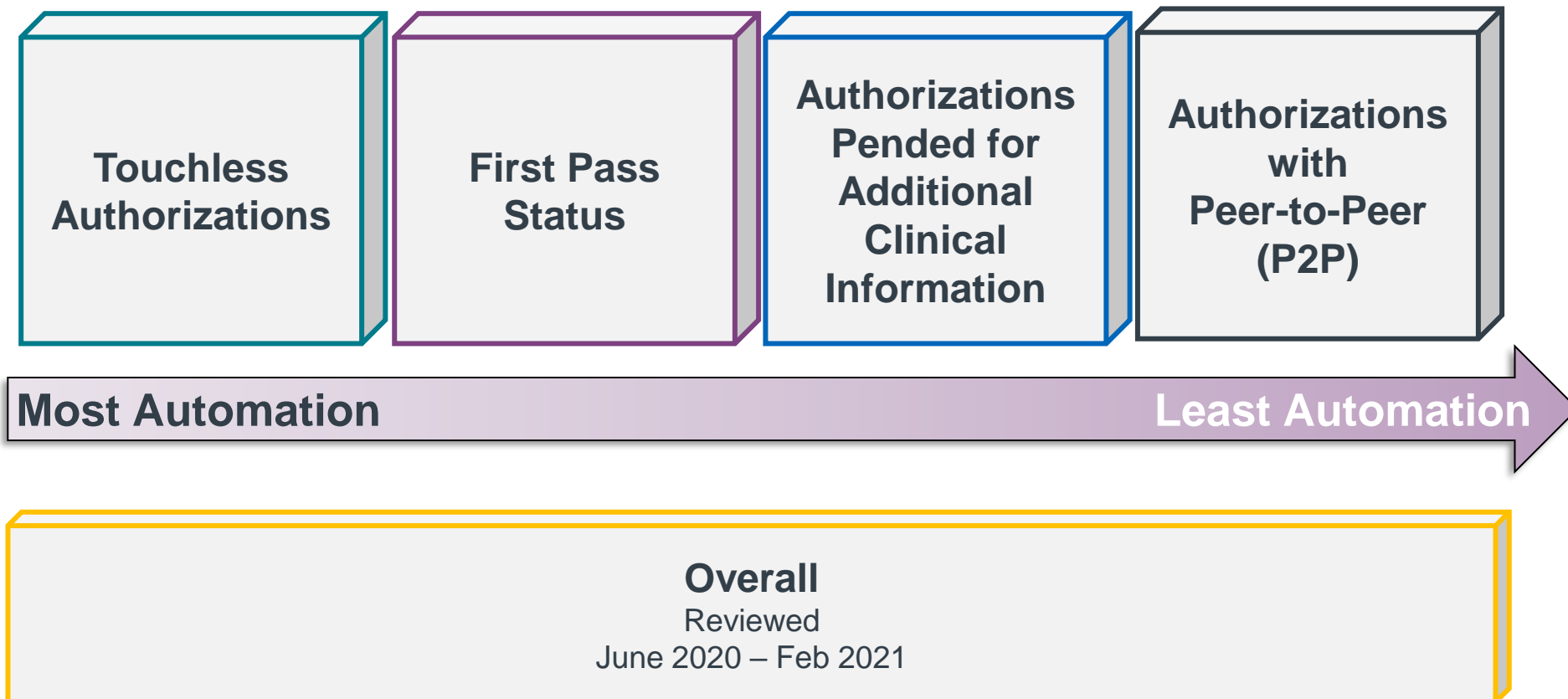
Data

80,195 Prior Authorization Requests were observed for five metrics by volume and time.

Key Metrics Measured

Overview

The five metrics below were measured by time and volume to observe efficiencies between prior authorization conducted through automation vs no automation.



Key Metrics Measured

Findings - Overall

- **Overall:** Overall turnaround time was **6.7 days less** when using automation compared to no automation.

	Overall	
	Volume	Time
Automation	21,456	4.1 Days
No Automation	58,739	10.8 Days

Authorizations designated as “Automation” were conducted using the PriorAuthNow solution, CAQH CORE Operating Rules and the HIPAA Mandated ASC X12 278 Prior Authorization standard.

Key Metrics Measured

Findings – Touchless Authorizations & First Pass Status

- **Touchless Authorizations:** Prior Authorizations conducted without automation all require human manual processing. **Over 25% of automated Prior Authorizations are touchless!** The automated Prior Authorizations demonstrate efficiencies in that **thousands of Prior Authorizations can be processed through full automation** as seen in the 5,545 prior authorizations automated for Cleveland Clinic.
- **First Pass Status:** Prior Authorizations conducted using automation were adjudicated **7.9 days** faster than with no automation.

	Touchless		First Pass	
	Volume	Time	Volume	Time
Automation	5,545 (26%)	0.29 Days	19,097 (89.0%)	2.3 Days
No Automation			52,064 (88.6%)	10.2 Days

Please note: All volumes are calculated using the overall volume totals automation total: 21,456 & no automation total: 58,739

Key Metrics Measured

Findings – Authorizations Pended for Additional Clinical Information & P2P

- **Authorizations Pended for Additional Clinical Information:** The number of Prior Authorizations pended for additional clinical information **decreased 37.4%** when conducted through automation as business rules and edits within the PriorAuthNow application allow for more definitive and accurate processing. Additionally, they were adjudicated **4.3 days faster** when automated.
- **Authorizations with Peer-to-Peer (P2P):** For Prior Authorizations requiring P2P Review and conducted through automation were adjudicated **11 days faster**.

	Pended for Additional Clinical Information		Peer-to-Peer (P2P) Review	
	Volume	Time	Volume	Time
Automation	15,577 (72.6%)	6.5 Days	1,593 (7.4%)	7.9 Days
No Automation	58,739 (100%)	10.8 Days	3,933 (6.7%)	18.9 Days

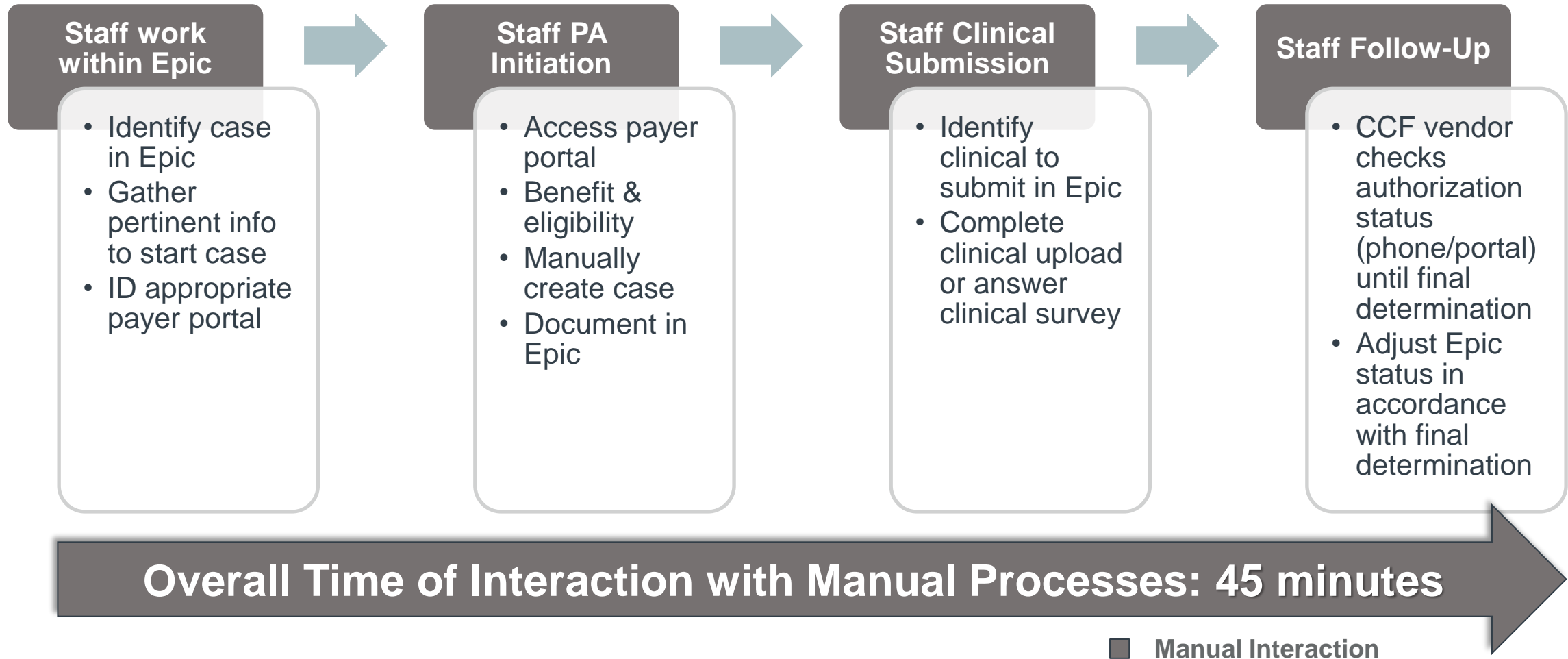
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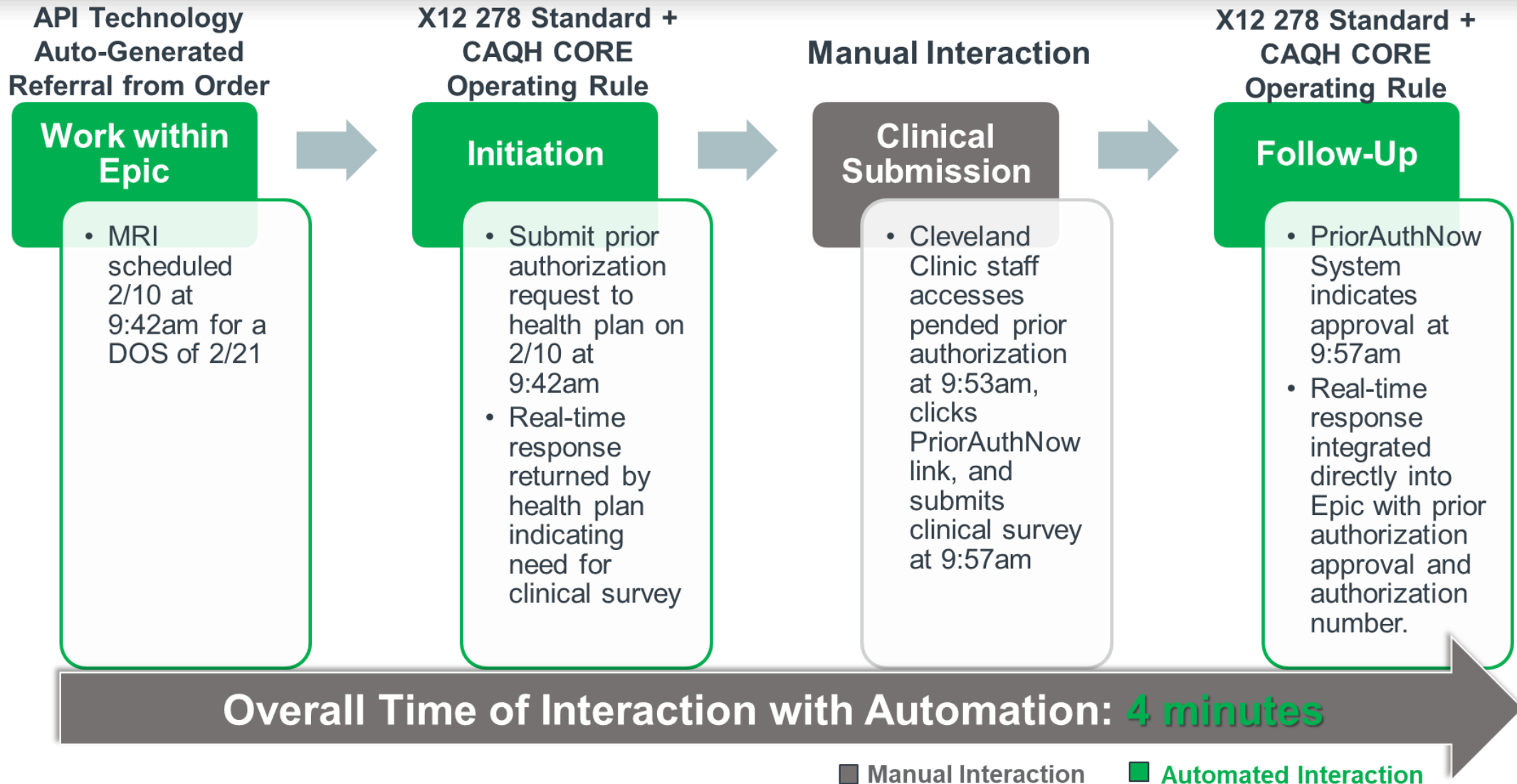
Improvements to Prior Authorization Workflow

Marianna Singh
Senior Associate, CAQH CORE

Cleveland Clinic Manual Prior Authorization Workflow



Cleveland Clinic with Automation System Sample Workflow



Takeaways

Use of technology, standards, and CAQH CORE operating rules **enable real time exchange of robust data** to accelerate prior authorization adjudication ultimately enabling timelier delivery of patient care.

Takeaways

- **Through automation, on average, providers were notified 6.7 days sooner** of their prior authorization decision allowing patient services to be scheduled and conducted more quickly.
- **Authorizations pending for additional clinical information were adjudicated 4.3 days faster** when using an automated system demonstrating the high efficiency gained when the most specific information is requested and returned from providers.
- **Authorizations requiring P2P review were adjudicated 11 days faster** when using an automated system resulting in significantly less time for the most complicated or costliest procedures to be scheduled more quickly.

From the diagnosing of a patient to the treatment,
all care delivery steps are expedited with Prior Authorization automation.

Next Steps



In November 2021 CAQH CORE will publish an Issue Brief on the CAQH CORE Prior Authorization Pilot Case Study in collaboration with Cleveland Clinic and PriorAuthNow.



Connect with CAQH CORE

- Participate in next phase of the CAQH CORE Prior Authorization Pilot & Measurement Initiative.
- Engage CAQH CORE to examine your organization's workflow. Ensure your organization has implemented the standards and technology correctly and most efficiently.
- Become CORE-certified and join the adopters of the Prior Authorization & Referral Operating Rules who represent 14% of the commercial market.

Participate in the 2022 CAQH Index

- In early 2022, CAQH Explorations will publish the 2021 annual CAQH Index Report.

Polling Question #1

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

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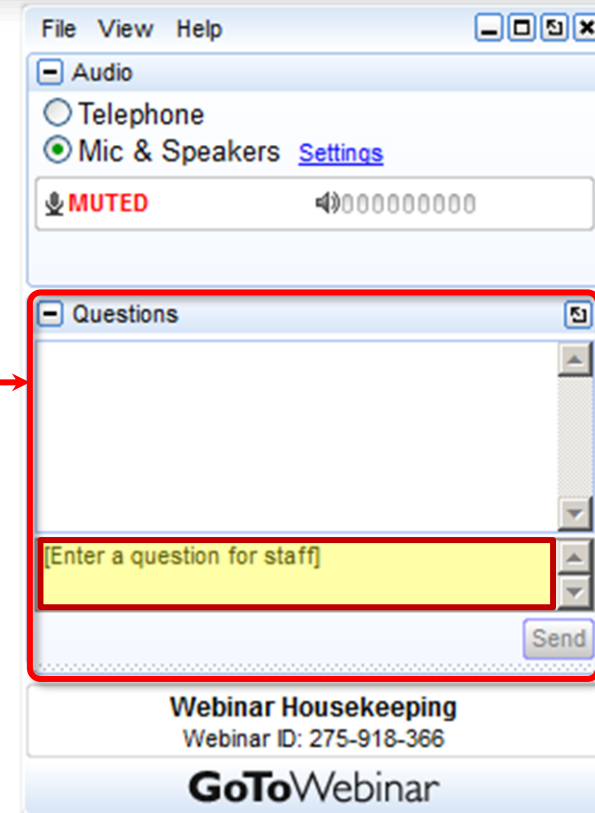
Panel Discussion

Audience Q&A

Please submit your questions

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

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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.