



March 25th, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Micky Tripathi
National Coordinator
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, SW
Washington, DC 20201

Re: FR Doc # 2022-01309 Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria

Submitted electronically via www.regulations.gov

Dear Secretary Becerra and Mr. Tripathi,

athenahealth, Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the proposed changes outlined in the Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria.

Over the past 25 years, athenahealth has built a network of approximately 385,000 providers in both the ambulatory and acute settings. We provide electronic health record (EHR), practice management, care coordination, patient engagement, data analytics, revenue cycle management, and related services to physician practices and hospitals. More than 140,000 clinicians utilize our single instance, continuously updated, cloud-based platform. We also support on-premise software solutions. In both hosting paradigms, athenahealth seeks out and establishes connections with partners across the care continuum, enabling our clinicians to improve the quality of care they deliver.

athenahealth’s vision is to create a thriving healthcare ecosystem that delivers accessible, high quality, and sustainable healthcare for all. We work towards this vision partially by reducing the burden of cumbersome regulatory requirements and red tape facing healthcare providers today. One area of focus is prior authorization. In addition to steps athenahealth has taken to provide solutions to this problem, we believe that there is an opportunity for broader action.

The CAQH 2019 Index report found that prior authorization is the single most time-consuming and costly administrative transaction for providers. On average, physicians and practice staff spend 14.9 hours securing 31 prior authorizations, per physician each week; a task that can cost a single practice hundreds of dollars in productivity. Health plans vary widely in their requirements and keeping current with those requirements is complicated and costly. Hours spent on the phone with payers are hours taken away from patient care and exchanged for draining administrative work. We believe that with the right engagement,



there is an opportunity to streamline prior authorization and increase the ease of information sharing across the entire healthcare continuum.

Please see below for our specific comments on the Request for Information:

Encourage Flexibility That Allows the Industry to Lead and Innovate

The Da Vinci Project's efforts to investigate functional requirements have resulted in significant progress toward the enablement of highly automated prior authorization workflows. Although these implementation guides show promise, they are not yet in a state of maturity that is sufficient for adoption in certification. The end-to-end prior authorization workflow may live within a single product, however, there are often multiple entry points into a prior authorization workflow across multiple products or solutions. Considering the variety of practical and valid configurations of health IT, and the absence of clearly defined, more granular interaction sets within the implementation guides, requiring certification to a full prior authorization workflow for provider-focused health IT is premature. We urge the Office of the National Coordinator (ONC) not to allocate all provider side interactions to one Health IT solution, and instead recognize the need for flexibility. ONC must exercise caution around certification requirements that unintentionally determine business models for the industry and risk stifling innovative approaches.

Industry Stakeholders Must Engage Thoughtfully on a Uniform Path to Standardization

The ONC must focus on strengthening the Da Vinci standard through industry wide engagement. Payers, healthcare IT, clearinghouses, and providers must work together on these standards, and contribute meaningfully to the evolution of the specifications. The Da Vinci Project has the potential to significantly increase cost efficiency, improve resource allocation, and reduce the potential for errors in the prior authorization process. We believe the Da Vinci Projects work will be successful through (1) clarifications to align differing payer interpretations, (2) enabling greater flexibility (3) ease of implementation and scalability, and (4) having the ability to span the range of authorization workflows from provider facing to service/outsourced supported. We need the industry to come together to develop a consistent interpretation and standardized implementation process. This approach will promote the adoption of technologies that reduce burden while allowing iterative technological improvements to achieve the shared goal of improved information exchange.

athenahealth looks forward to supporting this work and encourages the agencies to continue to consider industry feedback to develop standardized approaches and appropriate timelines for implementation that reduce the burden of prior authorization and ensure lasting value for patients and providers.

Regards,

A handwritten signature in black ink that reads "J. Michaels".

Jennifer Michaels
Senior Manager, Government & Regulatory Affairs
athenahealth, Inc.