HIPAA and Automating Prior Authorization: The Health Plan Perspective

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Agenda

- Blue Cross Blue Shield Association Overview
- Why Prior Authorization?
- Some Options To Enable More Successful Prior Authorization



Blue Cross Blue Shield Association

- National association of 36 independent, community-based and locally operated Blue Cross Blue Shield companies
- Owns and manages the Blue Cross and Blue Shield trademarks and names in more than 170 countries around the world
- Grants licenses to independent companies to use the trademarks and names in exclusive geographic areas



Blue Cross Blue Shield Association

- Participates actively in many industry organizations and initiatives
 - CAQH CORE
 - Da Vinci Project
 - Health Level 7 International (HL7)
 - HIMSS
 - National Uniform Billing Committee (NUBC)
 - National Uniform Claim Committee (NUCC)
 - Workgroup for Electronic Data Interchange (WEDI)
 - X12



Why Prior Authorization?

- Ensures access to safe and effective treatments so patients receive the care they need at a price they can afford
- Encourages adherence to evidence-based medicine
- Helps address the considerable gaps that may exist between the treatments and services that work best and the care actually being delivered to patients



Why Prior Authorization?

- Ensures Safe And Effective Treatments
 - It helps prevent medical errors that can place an individual's health in jeopardy
 - including the underuse of effective care and the overuse of care that is unproven or known to be ineffective
 - Health plans seek input from medical professionals to set medical and pharmacy policies that support adherence to current scientific evidence
 - It confirms the intention and rationale of prescribers
 - for use of drugs or devices for indications not approved by the U.S. Food and Drug Administration or supported by medical evidence
 - · This helps ensure patients are not placed at risk.
 - It monitors medications with a high potential for misuse or abuse



Why Prior Authorization?

- Promotes More Affordable, Patient-focused Care
 - Often used for services that have limited clinical evidence, when there are equally effective, lower-cost alternatives available and/or for which there is evidence of fraud, waste and abuse (e.g., durable medical equipment, home health)
 - · Helps to reduce spending on unnecessary care
 - Ensures premiums are more affordable for all consumers
 - Critical to the delivery of patient-focused care and does not create inappropriate barriers to necessary services
 - Ensures services are being ordered in the best interest of and with the knowledge of the patient
 - Health plans partner with physicians, pharmacists, medical groups and hospitals to identify
 opportunities to improve the process, promote quality and affordable health care and reduce
 unnecessary burdens.



Some Options To Enable More Successful Prior Authorization

- Use processes that:
 - Protect patients, rely on evidence-based practices and prevent unnecessary cost but does not delay or inhibit access to needed services or impose an undue administrative burden on plans and providers
 - Streamlines communication providers and plans and expedites submission and review of documentation



Some Options To Enable More Successful Prior Authorization

- Overcome Barriers:
 - Significantly reduce use of fax machines for data submission
 - Encourage adoption of full-risk value-based care arrangements and reduce barriers to high-performing, risk-sharing providers to take on PA functions
 - Encourage EMR vendors to design electronic PA solutions that are affordable and simple to implement for both providers and plans, e.g.
 - Support electronic submission of attachments without additional cost to the end user in the absence of a HIPAA attachment standard mandate
 - Support use of emerging technologies for submission of additional information



Some Options To Enable More Successful Prior Authorization

- Real-time prior authorization through automation for medical services
- Incorporate prior authorization into electronic medical record (EMR) systems for a meaningful, long-term impact to streamlining prior authorization, i.e. accelerating determinations, improving communications, reducing costs associated with processing and reducing provider paperwork
 - Already available for dental services
 - Likely to be available widely for prescriptions
 - Automating medical services is significantly more complicated given the scope of treatments and services, conditions and sites of care to which a prior authorization request can apply



QUESTIONS & CONTACT



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