MGB Interoperability CMS-0057-F Demonstration

CMS
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Agenda

- CMS Introduction
- Brief Overview of CMS-0057-F Prior Authorization
- Proof of Concept Demonstration of PAs Implementation Guides
- Lessons Learned
- Hands On Exercise
- Next Steps

MITA Governance Board Activities

MITA Governance Board

- Re-established in 2023.
- Made up of representatives from CMS, States and the Vendor community.
- Refresh MITA to focus on outcomes and practical guidance.
- Established four work groups to create useful tools, templates and direction to support states.

CMS Goals for MITA

- Make MITA more meaningful and accessible
- Reduce burden on states
- Enable automation
- Tighten integration with APD/Certification activities
- Release guidance that is aligned with current trends in healthcare and IT

Work Groups

MITA Next Gen

- Evolve the Business, Information and Technical Architecture to promote healthcare
- Reduce burden, enhance automation
- Make MITA meaningful and accessible

State Self Assessment

- Produce an approach and toolkit containing guidance and templates to assess and monitor outcomes
- Redesign and refine the State Self-Assessment

Work Groups

MITA Communications

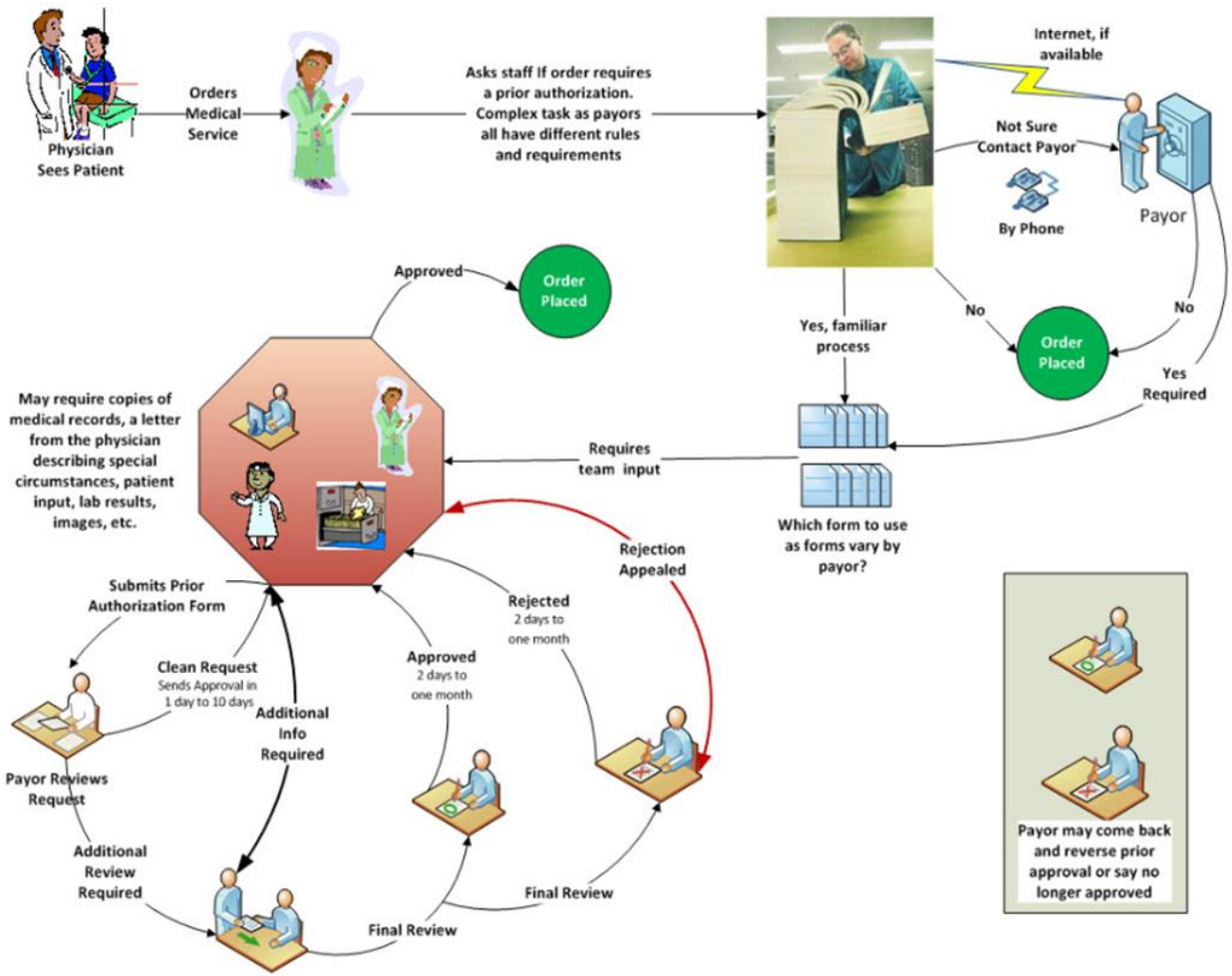
- Increase interest and awareness of MITA 4.0
- Quarterly newsletters; Reusable communication; Outreach

MITA Inter-operability

- Leverage MITA to extend interoperability principles and open standards, including FHIR
- Provide guidance to extend interoperability beyond current implementation guides

Overview of CMS-0057-F Prior Authorization Processing Requirements

Prior Authorization Process Today



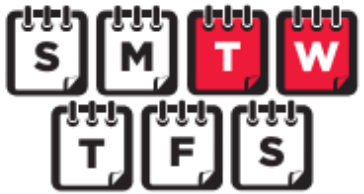
Prior Authorization Today

On average, practices complete

45

PAs per physician, per week

Physicians and their staff spend an average of



almost two business days (14 hours) each week completing PAs

Nearly **Two in five** or

35%

of physicians have staff who work exclusively on PA

88%

of physicians describe the burden associated with PA as high or extremely high

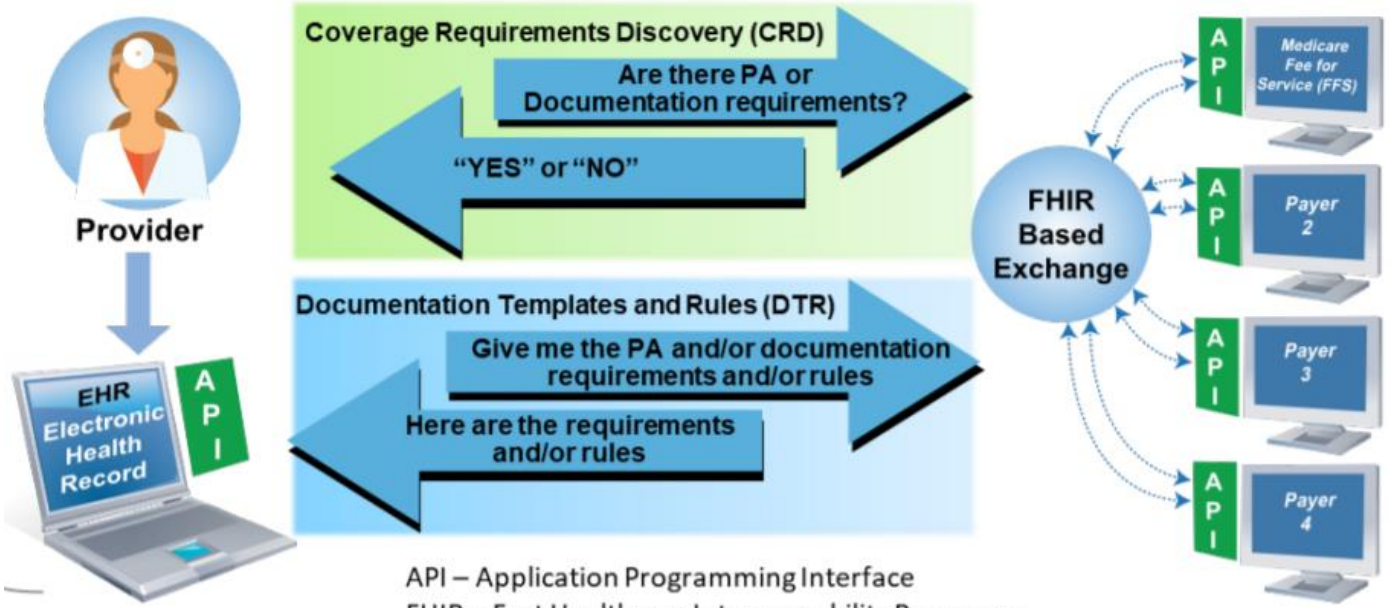
2022 AMA prior authorization (PA) physician survey

Current PA process results

- Providers indicate that patient care is delayed due to current PA policies.
- Initial PA denials are often approved upon appeal.
- Documentation requirements for PA has increased over past several years.
- Providers report PA denials lack consistency in reasoning.

Source: National Association of Health Access Management

Streamlining PA Decisions



API – Application Programming Interface
FHIR – Fast Healthcare Interoperability Resources

Updated PA Business Processes

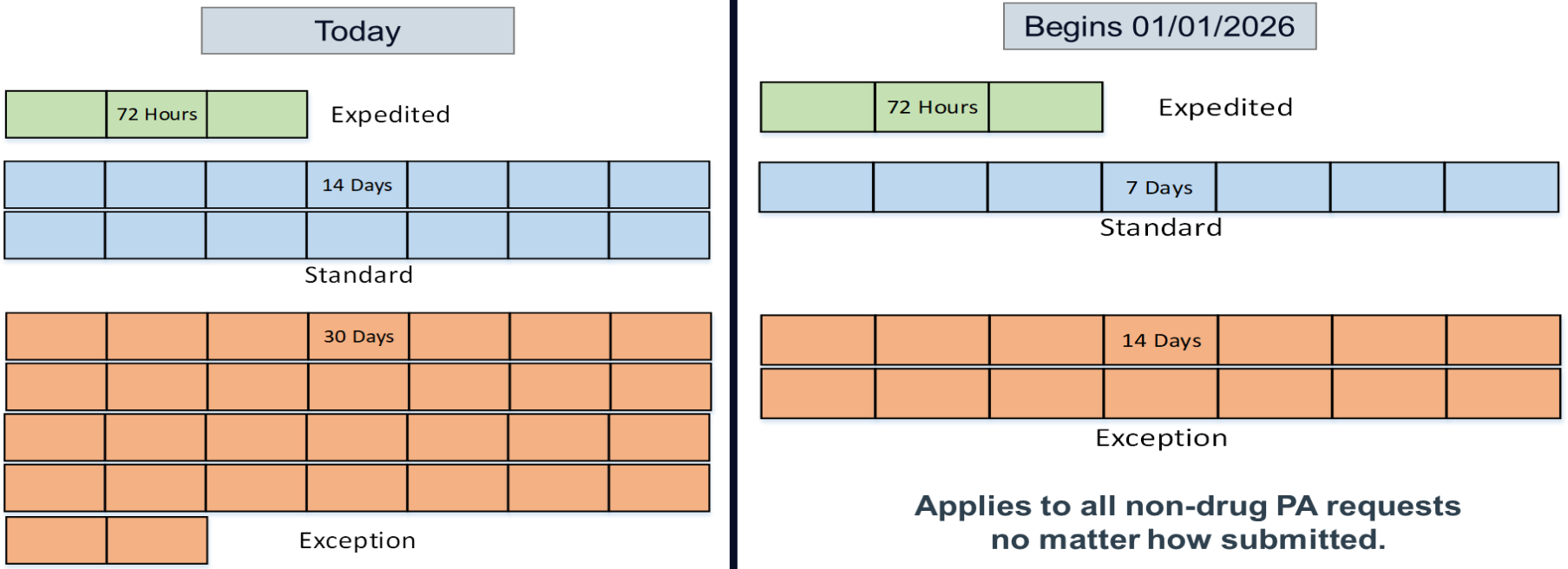
Begins in 2026.

Applies to all PAs regardless of submission mode.

All business enhancements required whether the APIs are developed or used.

- Decision timeframes:
  72 hours for expedited; 7 days for standard decisions.
- Denials must return specific denial reasons to both patients and providers, no matter how submitted.
- Payers must publicly publish all services (non-drug) requiring PA.
- Payers must publicly publish metrics about PA processing statistics on an annual basis.

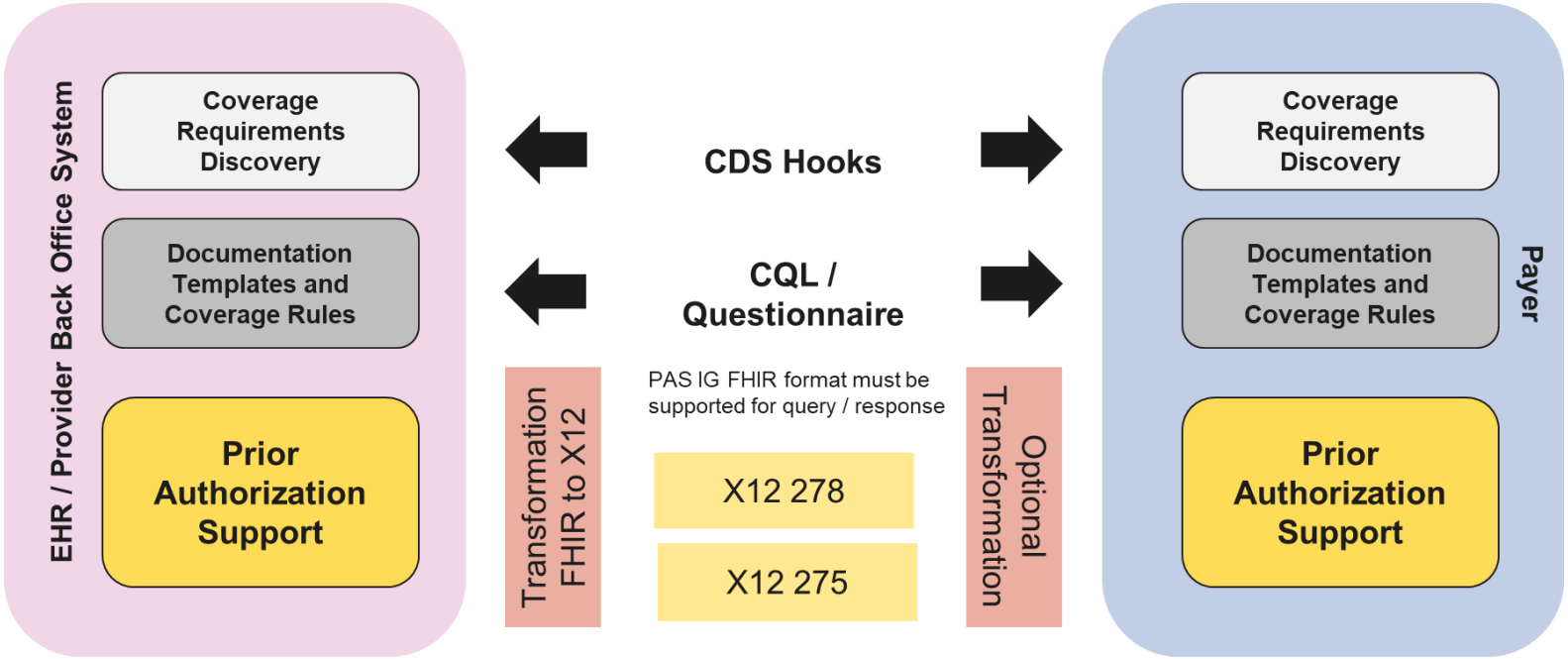
Prior Authorization Review Time



Prior Authorization API

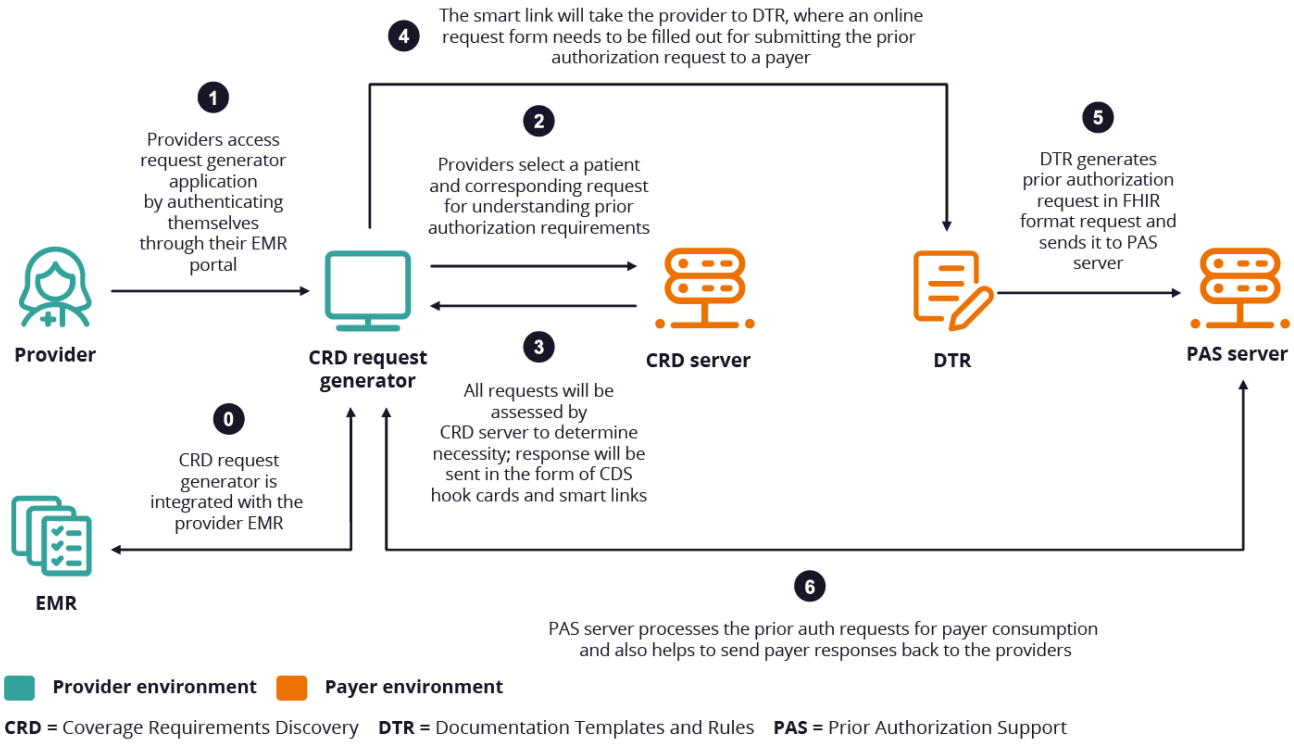
- Begins January 1, 2027.
- Impacted payers must implement and maintain a set of Prior Authorization APIs unless exemption received.
- API must confirm if service requires PA and what documentation is required.
- API must support the creation and exchange of PA requests and responses from affected payers and providers.

Da Vinci Prior Authorization Guides



*Graphic from Da Vinci Prior Authorization Support IG

Prior Authorization 2.0 Process Flow



Courtesy of ZS https://www.zs.com/insights/preparing-for-prior-authorization-2-0

CMS-0057-F Implementation Guide Proof of Concept Demonstration

Use Case

Patient: Jane Everhart

Age: 51 years old

Diagnosis: Type II Diabetes

Complaint: Tingling in extremities

Physician: Dr. Peter Abadir MD

Insurance: Maryland Medicaid

Observations

- Taking insulin by injection
- Testing glucose with finger pricks six times per day
- Uncontrolled A1C > 8%

Recommended treatment

- External insulin pump

Proof of Concept Demonstration

Lessons Learned

Lessons Learned – States and Payers

- Key effort will be in identifying and structuring PA criteria in a manner which is publishable and can be translated into machine readable resources.
- Business Operations for Medical Review will change.
- Build PA criteria and resources from similar examples, share results with other states.

Lessons Learned - Vendors

- Terminology Services are critical.
  - Use BillingCode extension to identify HCPCS on ServiceRequests.
- Work beyond the rule's minimum requirements must be done to complete the data sharing.
  - Use either full PA FHIR implementation guide or X12 275 to return questionnaire and other attachment results.
- Best practices and implementation guides will evolve.

Prior Authorization Policy Documentation Hands On Exercise

Machine Processable PA Criteria

Machine processable PA criteria has 3 parts:

1. Defining a searchable PA Service.
2. Defining the standardized coverage response.
3. Defining the required supporting documentation needed for the PA review.

Exercise:

Task	Time
Explain Activity	5 minutes
Participants translate PA policy into template	10 minutes
Review / discuss the results / effort / approach	10 minutes
Demonstration of web form to facilitate collaboration / leverage	10 minutes

Next Steps

Next Steps – MITA Governance

- Establish Interoperability Resources on MITA GitHub.
- Establish and strengthen a “Community of Practice” for sharing PA criteria, lessons learned.
- Participate in industry efforts to promote and explain the details of the CMS-0057-F Prior Authorization requirements.

Next Steps – States and MCOs

- Build plan to identify and publish all medical services requiring PA.
  - Must be available on website by 2026.
- Share and leverage PA criteria and resources with other states.
- Evaluate requirements and develop RFPs if appropriate.
- Prepare for operational changes for Medical Review staff.

Next Steps - Vendors

- Participate in HL7 and CMS Connectathons to validate solutions.
- Include human-assisted workflow to reduce transaction errors which must resort to fax and portal resolutions.
- Build robust error resolution capabilities due to misaligned matching criteria or terminology service translation inconsistencies.

Join the Community of Practice

The MITA Governance Board Interoperability Workgroup has established a bi-weekly “Community of Practice” meeting and working session to discuss aspects of CMS-0057-F including developing PA criteria maps.

Meetings are every other Monday beginning August 23 at Noon Pacific, 3 PM Eastern.

Contact XXX-XXXX to be added to the invitation.

Thank You