

THEN AND NOW: UNDERSTANDING THE HISTORY OF PRIOR AUTHORIZATION AND THE PUSH FOR DIGITIZATION

CURRENT PRIOR AUTHORIZATION STANDARDS

Prior authorization is a health plan cost-control process by which physicians and other health care providers must obtain advance approval from a health plan before a specific service is delivered to the patient to qualify for payment coverage. However, prior authorization has been a growing administrative burden for both physicians and staff leading to care delays, treatment abandonment, and negative clinical outcomes for patients. Providers are often uncertain whether a particular recommended treatment requires prior authorization and, if so, which documents the plan requires for approval.¹ While some plans accept electronic means, the most common method remains using fax machines and contacting call centers, with regular hold times of 20 to 30 minutes.² Nonetheless, plans offering electronic methods of submission most commonly use proprietary plan portals, which require a significant amount of time spent logging into a system and extracting data.

ADVANCING INTEROPERABILITY AND IMPROVING PRIOR AUTHORIZATION PROCESSES

The [Centers for Medicare & Medicaid Services \(CMS\) Interoperability and Prior Authorization](#) final rule mandates that health information must be available to patients and their clinicians via APIs, improving patient, provider, and payer access to interoperable patient data and reducing the burden of prior authorization processes. Much of the regulation is focused on a core data set that care providers must be able to share. This core data set is defined by the Office of the National Coordinator for Health Information Technology (ONC) as the [United States Core Data for Interoperability \(USCDI\)](#) and is part of the [ONC Cures Act Final Rule](#) to set a baseline of required data elements for interoperability. The ONC Cures Act Final Rule gives patients and authorized healthcare providers secure access to electronic health information (EHI), with key provisions around Information Blocking, Interoperability, API functionality, and Certification.³

¹ <https://www.aha.org/news/blog/2024-02-15-prior-authorization-final-rule-will-improve-patient-access-alleviate-hospital-administrative-burdens>

² <https://www.aha.org/news/blog/2024-02-15-prior-authorization-final-rule-will-improve-patient-access-alleviate-hospital-administrative-burdens>

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USCDI AND FHIR EXPLAINED

Interoperability standards in the Prior Authorization final rule must be in compliance with USCDI Version 3. However, USCDI Version 1 laid the foundation for interoperability throughout the ONC Cures Act Final Rule, so that [Fast Healthcare Interoperability Resources \(FHIR\)](#) and other interfaces can communicate with each other. FHIR is a [Health Level Seven International® \(HL7®\)](#) standard for exchanging health care information electronically.⁴ It provides a means for representing and sharing information among clinicians and organizations in a standard way regardless of the ways local electronic health records (EHRs) represent or store the data. While USCDI and FHIR often work together in healthcare data exchange, they differ. FHIR, as an interoperability standard, is primarily concerned with the technical aspects of healthcare data exchange, answering how data should be transmitted. On the other hand, the USCDI standard focuses on the content of the data being exchanged, specifying what specific data should be transmitted.⁵

USCDI AND ITS INTEGRATION WITH FHIR

USCDI and FHIR are integrated through FHIR profiles. A profile is a set of rules that a FHIR server expects and works with at its API level.⁶ Additionally, FHIR US Core profiles ensure that a FHIR API handles and exchanges data in a way that aligns with the data types and structures defined by USCDI. Essentially, the FHIR US Core adapts the broader FHIR standard to the specific context of the US healthcare system. As a result, FHIR APIs access and exchange data defined by the USCDI. Therefore, making it easier for healthcare providers to access critical patient information in a consistent format, irrespective of the underlying EHR systems.

⁴ <https://ecqi.healthit.gov/fhir>

⁵ <https://binariks.com/blog/understanding-uscdi-with-fhir/>

⁶ <https://binariks.com/blog/understanding-uscdi-with-fhir/>