RFI for Prior Authorization Workflows through the State HIE

Background

MedChi is the seventh oldest medical society, formed in 1799 in Annapolis, MD. The Mission of MedChi, The Maryland State Medical Society, is to serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health of Maryland. MedChi is the largest physician organization in Maryland representing:

- Physicians – Primary Care and Specialists

- Medical Residents and Students

- Practice Managers and Medical Staff

MedChi—in support of the Physician community in Maryland—is seeking to better understand solutions to simplify and streamline prior authorization workflows. The solution would be made available through the State Designated Health Information Exchange, CRISP.

Request for Information

The prior authorization process is complicated and burdensome for the provider community. **The purpose of this RFI is to conduct a market scan of prior authorization process and workflow solutions.** MedChi and CRISP are seeking provider experience-focused solutions that simplify and streamline the prior authorization process for providers. Our goal is to better understand:

- Problems/pain-points for providers in prior authorization workflows
- Potential solutions to simplify and reduce staff time required for prior authorization workflows
- Identify specific vendors in the marketplace that have technologies in place to solve these problems

MedChi and CRISP encourage **vendors** with prior authorization workflow products to respond to this RFI. We also encourage **providers** and **payers** to respond with discussion of problems/pain-points and identifying solutions already in place in your practices or business lines. MedChi and CRISP have a long history of partnering with innovators of healthcare IT solutions.

MedChi and CRISP are anticipating that information gathered from responses to this RFI will result in an RFP for a pilot prior authorization project. MedChi and CRISP understand that this project will be in advance of the finalization of CMS' Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule (CMS-0057-P), but we encourage RFI responses that address how these tools will interplay with the new requirements and HL7 FHIR standards.

Note that we will require any solution be made available inside of CRISP's HIE Portal platform as an optional tab and that the solution interface with CRISP via single sign on.

Definition

Prior authorization refers to the process through which a healthcare provider, such as an individual clinician, acute care hospital, ambulatory surgical center, or clinic, obtains approval from a payer before providing care. Prior authorization requirements are established by payers to help control costs and ensure payment accuracy by verifying that an item or service is medically necessary, meets coverage criteria, and is consistent with standards of care before the item or service is provided.

Health care providers or staff must check prior authorization requirements before providing services to prevent medical service claim denials and lost payments. This process is usually manual, time-consuming, and can delay treatment. Prior authorization almost always requires submission of documentation to support medical necessity and indicate any prior care that has been provided to the patient.

Response

MedChi and CRISP have provided a table of questions to help us understand prior authorization process and workflow solutions. Responses to this RFI are not limited to the questions in table. Instead, we encourage vendors (as well as providers and payers) to provide additional information to help the MedChi and CRISP team better understand the current market, best practices, and optimal solutions. **Please keep responses brief and limit marketing materials.**

Prior Authorization Process and Workflow Solutions RFI	
Question	Response
Describe your solution. If applicable, please include a workflow diagram.	
Does your prior authorization solution interface with Maryland providers? (How many?) What connectivity standard is used?	
How many current providers are utilizing your platform in Maryland? Outside of Maryland?	
What provider information needs to be presented to accommodate	

the Prior Auth Workflow (NPI, Practice, Dr Name,?)	
What patient demographics need to be passed to the prior authorization workflow?	
How do providers submit supporting clinical documentation?	
Does your system notify the user of a successful submission? If so, how?	
What is your experience with making your solution available within other interfaces? Does your solution support Single Sign On? If so, please describe methods.	
Does your system notify providers of a response to a Prior Authorization request? If so, how?	
Can your system also route a Prior Authorization response to the HIE in a standard HL7 format? If so, what standard?	
What is your security framework? What certifications if any does your organization have?	
In an HIE environment, how will your system keep Prior Authorization submissions and responses private for only the submitting practice to view?	

Due Date

RFI responses are due to MedChi and CRISP on **Monday, June 12, 2023.**

Please submit responses to Mandy Williams at mandy.williams@crisphealth.org.

For additional information, please contact Mandy via email at mandy.williams@crisphealth.org or via phone at 410.450.4856