Feb 08, 2018

TriZetto Touchless Authorization Process (TTAP)

@Massachusetts Health Data Consortium
Recent News!

**House supports Schaibley’s bill improving health plan prior authorizations**

**STATEHOUSE (Jan. 31, 2018)** – The House of Representatives on Tuesday voted in support of State Rep. Donna Schaibley’s (R-Carmel) bill that would establish clear guidelines for health insurance plans requiring prior authorization for procedures or treatments.

“St. Francis Hospital in Columbus, Georgia, was buried in the day-to-day manual processes of dealing with payers. But then it adopted web-bot technology to query payers and everything changed.”

- Healthcare IT News
Recent News!

Health Care Leaders Collaborate to Streamline Prior Authorization and Improve Timely Access to Treatment

According to the Consensus Statement, these health care leaders will work together to:

• **Reduce the number of health care professionals subject to prior authorization requirements** based on their performance, adherence to evidence-based medical practices, or participation in a value-based agreement with the health insurance provider.
• **Regularly review the services and medications** that require prior authorization and eliminate requirements for therapies that no longer warrant them.
• **Improve channels of communications** between health insurance providers, health care professionals, and patients to minimize care delays and ensure clarity on prior authorization requirements, rationale, and changes.
• **Protect continuity of care for patients** who are on an ongoing, active treatment or a stable treatment regimen when there are changes in coverage, health insurance providers or prior authorization requirements.
• **Accelerate industry adoption** of national electronic standards for prior authorization and improve transparency of formulary information and coverage restrictions at the point-of-care.
Agenda

1. Welcome & Introductions
2. NEHEN – Cognizant Partnership
3. TTAP for All!
4. Open Discussion
Impregnable Offering

Per the recent NEHEN BOD resolution, TTAP is now part of NEHEN member subscription

- HPHC implementation is in progress
- NHP Implementation in progress
Real-time Prior Authorizations – New NEHEN Service!

- On Nov 9th the NEHEN BOD approved proceeding with the TTAP solution for our all NEHEN members!
- Single point for Referrals, Prior Authorizations, Notice of Admission (NOA)
- Slight uptick in membership rates for all NEHEN members to support this service
- Sustainable subscription rate for Payers – Like CDX, eRX, HUB and other additional NEHEN services – plus a small hosting fee for infrastructure
- Will include integration with the NEHEN – TPS portal and back end – UM / UR integration for payers
- One-time integration cost may be required (depending on level and type of integration requested) for payers and providers
Real-Time / Touchless Authorization Process
Tackling Authorizations

Real-time Integrated Prior Authorizations that Simplifies Payer-Provider Communications for All Referral Transactions Including:

- All Medical / surgical procedures
- Specialty
- Behavioral health
- Prescriptions – Infusion Drugs, High Cost/High Risk Medications
- Imaging, DME and other services

Across Variety of Care Guidelines:
- InterQual
- MCG
- Custom

Across:
- Inpatient
- Outpatient
- General Office Services
Authorization Process with Multiple Reviews
Manual Diagnosis Confirmation

Research Payer Rules

Confirm Diagnosis in EHR

Manual Entry in Payer Portal

Payer Rules Applied - Auth Sent from EHR

Automated Payer Review

Lengthy Payer Review

Auth Approval

Transaction Recording (Custom Integration Required)

Real Time Approval

Real Time Transaction Recording

15 Minutes or Less (RT)
TTAP – 6 Steps to Trusted PA

Single Source for Referrals, Authorizations, Inquiries & Notifications

1. Verify Member Eligibility

2. Verify need for PA (Lookup Service) for this patient including Notice of Admission (NOA)

3. Determine relevant medical necessity based on member / provider & payer benefits.

4. Verify status of a referral / authorization request (278X215)

5. Send Notification of Admission (278X216)

6. Deliver ‘Trusted PA’ Ex: Eliminate Accumulator Gap
Authorization Process

TTAP 278 Engine

- Custom Rules
- Biz Rules
- InterQual / MCG

Plugin any guideline to Automate

Provider Systems (Portal / EHR / Other)

EDI 270/278/275

EDI Layer

Payer Plugin

Payer's UM/Care Management System
Automated PA Workflow

Provider sends patient demographics, diagnosis codes, and procedure codes to the Authorization Engine using EDI 278

Authorization Engine responds with a set of questions based on their policies using EDI 278 and EDI 275 attachment

Provider responds with appropriate answers or documents

Authorization Engine responds with **Certified**, **Pended** or **Not Certified** response
Payer Integration Context

1. Single Sign-on provider interfaces to EHR, TPS portal, Payer Website
2. XML/EDI278 interface with 275 attachments to UM/CM Systems – Benefits, Business & Clinical validations
3. Claims Interface via Web services
4. Letter / Email Generation with Web services integration
Provider Referral Context - Future

1. Fully Integrated TTAP solution within EHR for all referrals
2. Real-time Trusted PA adjudication with Payer System

TTAP (Single Referral Source)
TTAP Secure Cloud
PA Lookup & Adjudication

Is PA Needed?
Payer System
CM, UM & Claims Review
3rd Party Services

EHR
Workflow Efficiencies – Factual Results

✓ Improved Productivity – Automated Batch Process to Check PA

✓ Improved Provider Office Communication – Smarter Smart Sheet with Relevancy

✓ Delivered Referral / PA Decision Traceability – History Tracking, Timestamps & Authenticated

✓ Delivered Trusted PA – Certified & Adjudicated Real-Time Payer Response
Effectively Addressing Provider Adoption

01 Single provider portal for all referrals/PA's with seamless redirection to appropriate contracted vendor

02 Provider ease of use – System configured to indicate certification requirement by CPT

03 Integrated eligibility, referrals and prior authorization automatically checked upon submission – Trusted PA

04 Supports seamless EHR integrated workflow

05 "Smart Sheet" transaction tracking – eliminates manual provider tracking

06 Custom analytics for provider offices to enable providers with efficiency analysis

07 Provider history readily available
Provider Integration Options

- **TTAP Provider Portal Single Sign on (SSO) Integration (URL launch)**
  - Using agreed upon protocols such as SAML 2.0, Authenticate and digests pre-defined users
  - Simply renders the provider input elements within your application

- **Hybrid Integration using JSON Web Services & SSO**
  - Uses **standard EDI (278/275) request / response**
  - Uses **JSON WS** to walk the question / decision tree based on user input

- **Batch mode extraction** *(Partners Healthcare pilot approach)* with / Without SSO
  - Patient cases scheduled for the upcoming days that may require Prior Authorization are passed through the **NEHEN-TTAP engine**, with a response based on member/plan benefits, provider/plan relationship and medical necessity guidelines
  1. Those that **do not require PA**, (No Authorization required)
  2. Those that **can be auto-authorized**, and
  3. Those that **need additional information** in the portal to complete the PA's
TTAP Demo

Live Demonstration of Authorization Request-Response
Payer Functions

Medical Management

- Rules Configuration – Business & Clinical
- Fully Automated Prior Authorization
- Product Integration & Benefit Counters
- Workflows & Clinical Attachments with Images
- Provision External Users
- Clinical Transitions
- Authorization Management including Bundled Payments / Cases
- Concurrent Reviews

Technology Enabled

- EDI Transaction Support - 278, 275, 215, 216 & 217
- Activity Traceability & Auditability
- Data Extract, Transformation & Loading
- Integration with InterQual, and Custom Guidelines

Communications

- Email Notifications
- Adhoc Letter Generations
- Exception & Appeal Processing
- CH224 Compliant
TTAP TOP 10 Differentiators

1. Single-source solution for all payers & providers with Local & National access

2. Approved Solution by the NEHEN BOD (including BCBS) for community-wide deployment with VERY favorable membership based subscription rates

3. Large-scale community buy-in and support for adoption – Partners Healthcare, Boston Children’s Hospital, Atrius Health, BIDHC, Baystate, HPHC, NHP etc.

4. Included in existing NEHEN Membership workflow for all Providers alongside eligibility, referrals, authorizations & claims – one stop solution for all admin & clinical exchange

5. Relevant & Simplified medical necessity Q&A across Custom, InterQual, Administrative or other guidelines – Pilot results demonstrated 50% reduction in user input
TTAP Top 10 Differentiators

6. Fully integrated into Provider Health Systems with multi-Payer workflow – PA response saved into Provider System via Batch / Webservices / EDI with ability to ingest clinical attachments & images

7. ‘Touchless’ Real-time PA’s with 82% (pilot) rate – requiring no human intervention

8. In review by the Department Of Insurance as ch224 compliant solution for all service types

9. We manage building and deploying of business & clinical rules – workload TTAP- 80%, Client – 20%) for all your integrations into TruCare, Qnxt etc.

10. TTAP team collaborates with Provider relations to manage much of the onboarding and improve adoption by the providers – NEHEN Coordinates Provider Adoption
Why Our Solution is Unique

- End-to-end, real-time, touchless, prior authorization solution
- EDI 278-275 standards-based solution
- Agnostic integration with payer and provider systems
- Ability to automate **ANY** clinical and business rules
- Payers/Provider user configurable self edit and deploy guidelines directly
Ready to Implement?
## Implementation Approach

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
<th>Month 7</th>
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<td><strong>Align and Planning</strong></td>
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<td><strong>Realize</strong></td>
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<td><strong>Align &amp; Confirm</strong></td>
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<td><strong>Provider Rollout and Adoption</strong></td>
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<td><strong>Guidelines Release 3</strong></td>
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<td><strong>Final Release</strong></td>
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- Prioritize & Document Guidelines
- Integration Inventory
- Migration Approach

Iterative blocks of guidelines and integrations
- Configuration & Integration
- User Acceptance Testing
- Deployment / Cut Over

(Confirm, Configure, Deploy Iterations)
Deploy New Rules Monthly

Full Production & Stabilize
## Competitive Analysis

<table>
<thead>
<tr>
<th>Functionality</th>
<th>NEHEN / TTAP</th>
<th>NaviNet</th>
<th>McKesson</th>
<th>MCG</th>
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</thead>
<tbody>
<tr>
<td>End-to End Touchless Prior Authorization Process</td>
<td>TOUCHLESS</td>
<td>REQUIRES HUMAN INTERVENTION</td>
<td>REQUIRES HUMAN INTERVENTION</td>
<td>REQUIRES HUMAN INTERVENTION</td>
</tr>
<tr>
<td>PA Transaction Standard Used</td>
<td>EDI 278</td>
<td>PROPRIETARY</td>
<td>PROPRIETARY</td>
<td>PROPRIETARY</td>
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<tr>
<td>100% Automation of All Payers’ Clinical and Business Rules</td>
<td>YES</td>
<td>ONLY CLINICAL RULES</td>
<td>ONLY CLINICAL RULES</td>
<td>ONLY CLINICAL RULES</td>
</tr>
<tr>
<td>Self-Service Guideline/Rules Changes &amp; Updates</td>
<td>PAYER CAN MAKE CHANGES DIRECTLY</td>
<td>REQUIRES VENDOR INVOLVEMENT</td>
<td>REQUIRES VENDOR INVOLVEMENT</td>
<td>REQUIRES VENDOR INVOLVEMENT</td>
</tr>
<tr>
<td>Real-time Electronic Attachment Processing Standard</td>
<td>STANDARD EDI 275</td>
<td>YES (Open Doc Exchange)</td>
<td>NOT AVAILABLE</td>
<td>NOT AVAILABLE</td>
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<tr>
<td>Request only diagnosis relevant questions/Attachments from provider</td>
<td>YES – SHORTEST PATH</td>
<td>NO-START FROM SCRATCH</td>
<td>NO-START FROM SCRATCH</td>
<td>NO-START FROM SCRATCH</td>
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<tr>
<td>Ability to Configure Provider Side rules</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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</table>
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<tr>
<td>Support for all guideline Custom, CMS, MCG, InterQual, ODG, etc.</td>
<td>YES</td>
<td>YES</td>
<td>NO – ONLY InterQual</td>
<td>NO – ONLY MCG</td>
</tr>
<tr>
<td>Support for Initial, Extends, Cancel, Appeals and Revision Requests</td>
<td>YES</td>
<td>NOT ALL</td>
<td>ONLY INITIAL REQUESTS</td>
<td>ONLY INITIAL REQUESTS</td>
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<tr>
<td>Accept any procedure code and indicate if PA is required</td>
<td>YES</td>
<td>Partial</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>Advanced Payer Analytics, Fraud Detection, Network redirection, Price Transparency, etc.</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>Ability to Red/Gold Card providers</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
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</tbody>
</table>
Thank you