



2019 WEDI Prior Authorization Survey

Introduction

As part of the Workgroup for Electronic Data Interchange's (WEDI's) efforts to improve health care information exchange, the WEDI Prior Authorization (PA) Subworkgroup is analyzing the current medical services PA process and developing guiding principles to support increased automation and standardization. This survey seeks to identify barriers to adoption of standard electronic transactions for PA and possible solutions, as well as solicits feedback on the direction of the Subworkgroup's draft Prior Authorization Workflow Barriers and Guiding Principles whitepaper.

Background

PA is a process through which providers request a confirmation from a payer that medical services they are ordering are medically necessary and qualify for coverage under the patient's plan. Today, PA is frequently a manual, time-consuming process that involves faxes and phone calls, and automation would improve efficiency for all stakeholders, including patients. However, according to the 2018 Council for Affordable Quality Healthcare Index, industry adoption of the standard electronic transaction for medical services PA (X12 Health Care Services Review Request for Review and Response [X12 278]) is only 12%, even though it is mandated by the Health Insurance Portability and Accountability Act (HIPAA).

Survey Scope

This survey has a limited scope and only gathers information about medical services PA workflows and the implementation of PA for medical services using the X12 278. It does not include PA for drugs covered under a pharmacy benefit or address various policy issues associated with payers' PA programs.

Participation Guidelines

To ensure that WEDI receives the best information possible from this survey, we request that **only one response be submitted per organization** based on the responder's experience over the past year. To facilitate coordination in preparing your organization's survey response, we are attaching a PDF of the questions. However, please note that final survey responses should be submitted via the online survey tool.

The survey will remain open through **August 6th**.

We thank you in advance for your responses!

* 1. Please choose the appropriate survey track for your organization, based on the definitions below

- Provider:** Individual or organization that provides health care services to patients, to include hospitals, health systems, physician practices, laboratories, durable medical equipment suppliers, long-term care organizations, dental offices, physical therapy/rehabilitation offices, etc.
- Vendor or clearinghouse:** Organization that furnishes a) provider billing or clinical record-keeping services to providers; b) connectivity to send transactions between providers and payers; or c) a combination of these services.
- Payer or Utilization Management Organization (UMO):** An organization that is responsible for the final processing of a services review request in order to return the services review response or conducts utilization management, including third-party organizations conducting these services on behalf of a payer or UMO.



2019 WEDI Prior Authorization Survey

Provider

Demographics and Workflow

1. Which of the following best describes your organization?

- Physician Practice
- Hospital or Integrated Delivery System (IDS)
- Independent practice association (IPA)
- Other (please specify)
- Ambulatory Surgical Center
- Laboratory Services

2. In the past year, how has the number of medical services that require PA changed?

- Decreased
- Stayed the same
- Increased
- Unsure

3. About how many PAs do you submit a year by all methods? (Optional)

4. How many full-time clinicians (doctors, nurses, nurse practitioners, physician assistants, or therapists) are in your organization? (Optional)

5. How challenging is it to determine which method (i.e. portal, fax, phone) to use to submit a PA request to a payer?

- Extremely easy
- Somewhat easy
- Neither difficult nor easy
- Somewhat difficult
- Extremely difficult
- Unsure

6. Does your system have a technology to evaluate if an authorization is required without initiating a PA request?

- Yes
- No
- Unsure

7. Below is a list of possible methods to determine the PA requirements of your payers. Using the grid below, please indicate your use of each method as an estimated percentage range of your total PA requests. The percentage range selections are not mutually exclusive; you may select the same range for more than one method.

	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
Web portal that allows interactive search	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requirements list on a payer's website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer's Provider Instruction Manual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer's requirements on CD, electronic, or paper media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enrollment Emails from payers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic payer bulletins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being referred to a payer's Utilization Management Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sending an X12 278 Health Care Services Review Request for Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. Do you check eligibility prior to submitting a PA request?

- Yes
- No
- Unsure

9. Do you check for a PA already on file prior to submitting a PA request?

- Yes
- No
- Unsure

10. Do you submit retroactive authorizations to your payers?

- Yes
- Yes, but for a limited time frame after Date of Service
- No
- Unsure

11. How challenging is it for you to determine if it is the ordering or rendering (providing the service) provider that is responsible for obtaining the PA with your various payers?

- | | |
|--|---|
| <input type="radio"/> Extremely easy | <input type="radio"/> Somewhat difficult |
| <input type="radio"/> Somewhat easy | <input type="radio"/> Extremely difficult |
| <input type="radio"/> Neither difficult nor easy | <input type="radio"/> Unsure |

12. How challenging is it to determine to which entity (payer or third-party administrator) to submit a PA request?

- | | |
|--|---|
| <input type="radio"/> Extremely easy | <input type="radio"/> Somewhat difficult |
| <input type="radio"/> Somewhat easy | <input type="radio"/> Extremely difficult |
| <input type="radio"/> Neither difficult nor easy | <input type="radio"/> Unsure |

13. Below is a list of possible methods to initiate a PA request. Using the grid below, please indicate your use of each method as an estimated percentage range of your total PA requests. The percentage range selections are not mutually exclusive; you may select the same range for more than one method.

	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer web portals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email/Direct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proprietary electronic exchange (i.e., API)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X12 278 Health Care Services Review Request for Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

14. Below is a list of possible payer responses to initial PA requests. Using the grid below, please indicate the outcome of initial PA requests as an estimated percentage range of your total PA requests. The percentage range selections are not mutually exclusive; you may select the same range for more than one option.

	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
No PA is required after the first contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Final determination was made on first contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requires additional information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

15. What estimated percentage of your approved PAs are later denied payment?

- | | |
|-------------------------------|--------------------------------|
| <input type="radio"/> 0%-20% | <input type="radio"/> 61%-80% |
| <input type="radio"/> 21%-40% | <input type="radio"/> 81%-100% |
| <input type="radio"/> 41%-60% | <input type="radio"/> Unsure |

16. Please rank the options below to reflect how commonly each is the reason for claims to be denied payment even though a PA was approved. [1 = most common; 5 = least common; if unsure, please select "unsure," and selection will move to the bottom of the list and not be ranked.]

- | | | | |
|---|---|---|--------------------------|
| ☰ | <input style="width: 50px; height: 20px;" type="text"/> | Eligibility | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input style="width: 50px; height: 20px;" type="text"/> | Limited Coverage | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input style="width: 50px; height: 20px;" type="text"/> | Duplicate procedure | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input style="width: 50px; height: 20px;" type="text"/> | Different CPT code approved vs. performed | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input style="width: 50px; height: 20px;" type="text"/> | Facility, provider or date of service different than approved | <input type="checkbox"/> |
| | | | Unsure |

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17. Does your electronic health record (EHR) and/or practice management system (PMS) support the electronic X12/005010X217 Health Care Services Review Request for Review and Response (278) transaction? This transaction enables providers to request PA determinations and payers/UMOs to respond to these requests.

- | | |
|---|--|
| <input type="radio"/> Supports real-time X12 278 Request for Review and Response transactions | <input type="radio"/> Does not support X12 278 Request for Review and Response transactions with no current plans to develop |
| <input type="radio"/> Supports batch X12 278 Request for Review and Response transactions | <input type="radio"/> Does not support X12 278 Request for Review and Response transactions, but have their development on the roadmap |
| <input type="radio"/> Supports real-time and batch X12 278 Request for Review and Response transactions | <input type="radio"/> Unsure/unable to respond |

18. Does your EHR and/or PMS support the electronic X12/005010X216 Health Care Services Review Notification and Acknowledgment (278N) transaction? This transaction supports electronic notifications concerning events related to health care services review and PAs, such as hospital admissions.

- | | |
|--|---|
| <input type="radio"/> Supports real-time X12 278N Notification and Acknowledgment transactions | <input type="radio"/> Does not support X12 278N Notification and Acknowledgment transactions with no current plans to develop |
| <input type="radio"/> Supports batch X12 278N Notification and Acknowledgment transactions | <input type="radio"/> Does not support X12 278N Notification and Acknowledgment transactions, but have their development on the roadmap |
| <input type="radio"/> Supports real-time and batch X12 278N Notification and Acknowledgment transactions | <input type="radio"/> Unsure/unable to respond |

19. Does your EHR and/or PMS support the electronic X12 278/005010X215 Health Care Services Review Inquiry/Response (278I) transaction? This transaction enables providers to inquire about the status of previously submitted PA requests and payers/UMOs to respond to these inquiries.

- Supports real-time X12 278I Inquiry/Response transactions
- Supports batch X12 278I Inquiry/Response transactions
- Supports real-time and batch X12 278I Inquiry/Response transactions
- Does not support X12 278I Inquiry/Response transactions with no current plans to develop
- Does not support X12 278I Inquiry/Response transactions, but have their development on the roadmap
- Unsure/unable to respond

20. What business usage of the X12 278 does your EHR and/or PMS support? Check all that apply.

- Referrals (Request for Review and Response)
- PAs (Request for Review and Response)
- Referral Inquiries (Inquiry/Response)
- PA and/or Notification Inquiries (Inquiry/Response)
- Unsure

21. Below is a list of methods used to obtain a payer’s final PA decision. Using the grid below, please indicate your use of each method as an estimated percentage range of your total PA requests. The percentage range selections are not mutually exclusive; you may select the same range for more than one method.

	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
Receipt of an electronic X12 278 Request for Review Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submission of an electronic X12 278I Inquiry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer’s Web portal review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipt of a fax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipt of an email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone call to the payer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipt of a letter using U.S. Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

22. What are the barriers, in your opinion, on the use of the X12 278 Request for Review and Response transaction? Rank them – Highest (1) to Lowest (7); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- Unsure
Lack of other stakeholder adoption (i.e., payer, vendor, third-party administrators, etc.)
- Unsure
Lack of a mandated standard to automate submission of supporting clinical information
- Unsure
Fees associated with using the transaction
- Unsure
Cost associated with developing the capability to submit/receive the transaction
- Unsure
Lack of clarity on how to get the final PA determination
- Unsure
Challenges with accepting an unsolicited X12 278 Request for Review Response transaction
- Unsure
Payer or other portal contains more information

23. What are the barriers, in your opinion, on the use of the X12 278N Notification and Acknowledgment transaction? Rank them – Highest (1) to Lowest (9) ; if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- ☰ Lack of knowledge on the ways the transaction may be used Unsure
- ☰ Lack of other stakeholder adoption (i.e., payer, vendor, third-party administrators, etc.) Unsure
- ☰ Lack of a mandated standard to automate submission of supporting clinical information Unsure
- ☰ The transaction response does not contain all information needed. I feel that manual follow-up is still required. Unsure
- ☰ Fees associated with using the transaction Unsure
- ☰ Cost associated with developing the capability to submit/receive the transaction Unsure
- ☰ Payer or other portal contains more information Unsure
- ☰ Lack of HIPAA mandate Unsure
- ☰ Inability of the transaction to return the utilization management outcome for the response Unsure

24. What are the barriers, in your opinion, on the use of the X12 278I Inquiry/Response transaction? Rank them – Highest (1) to Lowest (6); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- | | | | |
|---|----------------------|---|--------------------------|
| ☰ | <input type="text"/> | Lack of other stakeholder adoption (i.e., payer, vendor, third-party administrators, etc.) | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | The transaction response does not contain all information needed. I feel that manual follow-up is still required. | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Fees associated with using the transaction | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Cost associated with developing the capability to submit/receive the transaction | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Payer or other portal contains more information | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Lack of HIPAA mandate | <input type="checkbox"/> |
| | | | Unsure |

25. How would you prefer (via electronic transaction) to receive the PA final determination from a previously pended response?

- Unsolicited X12 278 Request for Review Response (in response to a X12 278 Request for Review that was initially pended)
- Unsolicited X12 278N Notification and Acknowledgment (in response to an X12 278N Notification and Acknowledgment)
- Response to an X12 278I Inquiry transaction
- Unsure
- Other (please specify)

26. Which of the following do you support to accept the PA final decision from a previously pended response?

- Unsolicited X12 278 Request for Review Response
- None of the above
- Unsolicited X12 278N Notification and Acknowledgment (beyond just an acknowledgment)
- Unsure
- Both a and b

27. Does your EHR system allow you to export clinical attachments?

- Yes
- No
- Unsure

28. Please indicate your preferred method to determine if a PA is required.

- Full X12 278 Request for Review and Response transaction
- Da Vinci Coverage Requirements Discovery (voluntary use when available)
- X12 278 Request for Review and Response "light" transaction (This transaction would only have the information necessary to determine if PA is required; it would not be processed as an actual request.)
- Indifferent
- Eligibility response
- Other (please specify)

29. What is your level of interest in WEDI creating a white paper on using the X12 278 Request for Review and Response transaction for referrals?

- Very interested
- Interested
- Indifferent
- Opposed
- Very Opposed

30. What is your level of interest in WEDI creating a white paper on using the X12 278N Notification and Acknowledgment transaction?

- Very interested
- Interested
- Indifferent
- Opposed
- Very Opposed

31. Please provide any additional comments on these or any other issue impacting your organization related to PA.

32. If you are interested in someone from the WEDI PA Subworkgroup contacting you to discuss other concerns or information, please include your name and contact information below:

Name

Company

Email Address



2019 WEDI Prior Authorization Survey

Vendor or Clearinghouse

Demographics and Workflow

1. Which of the following best describes your organization?

- Practice Management System (PMS) Software
- Utilization Management Software
- Electronic Health Record (EHR) Software
- Clearinghouse Services
- Hybrid – PMS & EHR
- Other (please specify)

2. What types of clients do you primarily serve? (Check all that apply)

- Health system/Hospital
- Long-term care
- Physician practice
- Behavioral health
- Home health
- Payers
- Laboratory
- Medical benefits management companies (e.g., Utilization Management Organizations)
- Other (please specify)

3. In the past year, how has the number of medical services that require PA changed?

- Decreased
- Stayed the same
- Increased
- Unsure

4. About how many PAs does your company transmit and/or process for your clients in a year by all methods? (Optional)

5. About how many full-time clinicians (doctors, nurses, nurse practitioners, physician assistants, or therapists) utilize your software products for PAs? (Optional)

6. How many payer/utilization management clients use your products? (Optional)

7. Does your system have a technology to evaluate if an authorization is required without initiating a PA request?

- Yes
- No
- Unsure

EDI

8. Does your organization support the electronic X12/005010X217 Health Care Services Review Request for Review and Response (278) transaction? This transaction enables providers to request PA determinations and payers/UMOs to respond to these requests.

- Supports real-time X12 278 Request for Review and Response transactions
- Supports batch X12 278 Request for Review and Response transactions
- Supports real-time and batch X12 278 Request for Review and Response transactions
- Do not support X12 278 Request for Review and Response transactions with no current plans to develop
- Do not support X12 278 Request for Review and Response transactions, but have their development on the roadmap
- Unsure/unable to respond

9. Does your organization support the electronic X12/005010X216 Health Care Services Review Notification and Acknowledgment (278N) transaction? This transaction supports electronic notifications concerning events related to health care services review and PAs, such as hospital admissions.

- Supports real-time X12 278N Notification and Acknowledgment transactions
- Supports batch X12 278N Notification and Acknowledgment transactions
- Supports real-time and batch X12 278N Notification and Acknowledgment transactions
- Do not support the X12 278N Notification and Acknowledgment transactions with no current plans to develop
- Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the roadmap
- Unsure/unable to respond

10. Does your organization support the electronic X12 278/005010X215 Health Care Services Review Inquiry/Response (278I) transaction? This transaction enables providers to inquire about the status of previously submitted PA requests and payers/UMOs to respond to these inquiries.

- Supports real-time X12 278I Inquiry/Response transactions
- Supports batch X12 278I Inquiry/Response transactions
- Supports real-time and batch X12 278I Inquiry/Response transactions
- Do not support X12 278I Inquiry/Response transactions with no current plans to develop
- Do not support X12 278I Inquiry/Response transactions, but have their development on the roadmap
- Unsure/unable to respond

11. What business usage of the X12 278 does your organization support? Check all that apply.

- Referrals (Request for Review and Response)
- PAs (Request for Review and Response)
- Referral Inquiries (Inquiry/Response)
- PA and/or Notification Inquiries (Inquiry/Response)
- Unsure

12. What are the barriers, in your opinion, on the use of the X12 278 Request for Review and Response transaction? Rank them – Highest (1) to Lowest (7); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- ☰ Lack of other stakeholder adoption (i.e., payer, provider, third-party administrators, etc.) Unsure
- ☰ Lack of a mandated standard to automate submission of supporting clinical information Unsure
- ☰ Fees associated with using the transaction Unsure
- ☰ Cost associated with developing the capability to submit/receive the transaction Unsure
- ☰ Lack of clarity on how to get the final PA determination Unsure
- ☰ Challenges with accepting an unsolicited X12 278 Request for Review Response transaction Unsure
- ☰ Payer or other portal contains more information Unsure

13. What are the barriers, in your opinion, on the use of the X12 278N Notification and Acknowledgment transaction? Rank them – Highest (1) to Lowest (9); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- | | | | |
|---|----------------------|---|--------------------------|
| ☰ | <input type="text"/> | Lack of knowledge on the ways the transaction may be used | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Lack of other stakeholder adoption (i.e., payer, provider, third-party administrators, etc.) | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Lack of a mandated standard to automate submission of supporting clinical information | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | The transaction response does not contain all information needed. I feel that manual follow-up is still required. | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Fees associated with using the transaction | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Cost associated with developing the capability to submit/receive the transaction | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Payer or other portal contains more information | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Lack of HIPAA mandate | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Inability of the transaction to return the utilization management outcome for the response | <input type="checkbox"/> |
| | | | Unsure |

14. What are the barriers, in your opinion, on the use of the X12 278I Inquiry/Response transaction? Rank them – Highest (1) to Lowest (6); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- | | | | |
|---|----------------------|---|--------------------------|
| ☰ | <input type="text"/> | Lack of other stakeholder adoption (i.e., payer, provider, third-party administrators, etc.) | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | The transaction response does not contain all information needed. I feel that manual follow-up is still required. | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Fees associated with using the transaction | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Cost associated with developing the capability to submit/receive the transaction | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Payer or other portal contains more information | <input type="checkbox"/> |
| | | | Unsure |
| ☰ | <input type="text"/> | Lack of HIPAA mandate | <input type="checkbox"/> |
| | | | Unsure |

15. How would your organization prefer (via electronic transaction) to receive or send the PA final determination from a previously pended response?

- Unsolicited X12 278 Request for Review Response (in response to a X12 278 Request for Review that was initially pended)
- Unsolicited X12 278N Notification and Acknowledgment (in response to an X12 278N Notification and Acknowledgment)
- Response to an X12 278I Inquiry/Response transaction
- Unsure
- Other (please specify)

16. Which of the following do you support to accept or send the PA final decision from a previously pended response?

- Unsolicited X12 278 Request for Review Response None of the above
- Unsolicited X12 278N Notification and Acknowledgment (beyond just an acknowledgment) Unsure
- Both a and b

17. Does your organization support exportation or receipt of clinical attachments?

- Yes
- No
- Unsure

18. Please indicate your preferred method to determine if a PA is required.

- Full X12 278 Request for Review and Response transaction
- Da Vinci Coverage Requirements Discovery (voluntary use when available)
- X12 278 Request for Review and Response "light" transaction (This transaction would only have the information necessary to determine if PA is required; it would not be processed as an actual request.)
- Indifferent
- Eligibility response
- Other (please specify)

19. What is your level of interest in WEDI creating a white paper on using the X12 278 Request for Review and Response transaction for referrals?

- Very interested
- Interested
- Indifferent
- Opposed
- Very Opposed

20. What is your level of interest in WEDI creating a white paper on using the X12 278N Notification and Acknowledgment transaction?

- Very interested
- Interested
- Indifferent
- Opposed
- Very Opposed

21. Please provide any additional comments on these or any other issue impacting your organization related to PA.

22. If you are interested in someone from the WEDI PA Subworkgroup contacting you to discuss other concerns or information, please include your name and contact information below.

Name

Company

Email Address



2019 WEDI Prior Authorization Survey

Payer or Utilization Management Organization

Demographics and Workflow

1. Which of the following best describes your organization's business?

- Commercial/private
- Federal programs (e.g., Medicare or VA)
- State programs (e.g., Medicaid)
- Other (please specify)
- Third Party Utilization Management Organization
- Multiple (e.g., both Medicare and commercial)

2. In the past year, how has the number of medical services that require PA changed?

- Decreased
- Stayed the same
- Increased
- Unsure

3. About how many PA requests do you process in a year by all methods? (Optional)

4. Please indicate your organization's approximate number of covered lives. (Optional)

5. Please indicate each method used to communicate your PA requirements to your provider community. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Web portal that allows interactive search | <input type="checkbox"/> Distributing periodic bulletins to providers |
| <input type="checkbox"/> Posting of a requirements list on your website | <input type="checkbox"/> Referring your provider community to a Utilization Management Organization |
| <input type="checkbox"/> Distributing a Provider Instruction Manual | <input type="checkbox"/> Sending an X12 278 Health Care Services Request for Review Response |
| <input type="checkbox"/> Distributing your requirements on CD, electronic or paper media | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Issuing individual emails to new providers as they enroll with you | |
| <input type="checkbox"/> Other (please specify) | |

6. Do you check your member eligibility when reviewing a PA request?

- Yes
 No
 Unsure

7. Do you check for a duplicate PA already on file when you review a PA request from a submitter?

- Yes
 No
 Unsure

8. Do you allow the submission of retro authorizations?

- Yes
 Yes, but for a limited time frame after Date of Service
 No
 Unsure

9. If the ordering and rendering (providing the service) provider are not the same, do you require a certain provider to submit the PA request?

- Yes – Ordering provider
 Yes – Rendering provider
 No – both Ordering and Rendering providers can submit
 Unsure

10. What estimated percentage of your organization's medical service PAs do you delegate to an external Utilization Management Organization (UMO)?

- 0%-20%
 21%-40%
 41%-60%
 61%-80%
 81%-100%
 Unsure
 I am the delegated Utilization Management Organization

11. Below is a list of methods that providers use to initiate PA requests. Using the grid below, please indicate how often providers use each method to initiate PA requests with your organization as an estimated percentage range of the total PA requests that you receive. The percentage range selections are not mutually exclusive; you may select the same range for more than one method.

	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer web portals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email/Direct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proprietary electronic exchange (i.e., API)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X12 278 Health Care Services Review Request for Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

12. Below is a list of possible payer responses to initial PA requests. Using the grid below, please indicate the outcome of initial PA requests as an estimated percentage range of the total PA requests you receive from providers. The percentage range selections are not mutually exclusive; you may select the same range for more than one option.

	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
No PA is required after the first contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Final determination was made on first contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requires additional information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

13. When your organization issues a final decision on a PA, indicate all entities to whom you send the final decision.

- | | |
|---|--|
| <input type="checkbox"/> Ordering provider/facility | <input type="checkbox"/> Third party Administrator / UMO |
| <input type="checkbox"/> Beneficiary/patient | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Rendering provider/facility (if different than ordering) | |
| <input type="checkbox"/> Other (please specify) | |

EDI

14. Do you support the electronic X12/005010X217 Health Care Services Review Request for Review and Response (278) transaction? This transaction enables providers to request PA determinations and payers/UMOs to respond to these requests.

- | | |
|--|--|
| <input type="radio"/> Support real-time X12 278 Request for Review and Response transactions | <input type="radio"/> Do not support the X12 278 Request for Review and Response transactions with no current plans to develop |
| <input type="radio"/> Support batch X12 278 Request for Review and Response transactions | <input type="radio"/> Do not support X12 278 Request for Review and Response transactions, but have their development on the roadmap |
| <input type="radio"/> Support real-time and batch X12 278 Request for Review and Response transactions | <input type="radio"/> Unsure/unable to respond |

15. Do you support the electronic X12/005010X216 Health Care Services Review Notification and Acknowledgment (278N) transaction? This transaction supports electronic notifications concerning events related to health care services review and PAs, such as hospital admissions.

- | | |
|---|---|
| <input type="radio"/> Support real-time X12 278N Notification and Acknowledgment transactions | <input type="radio"/> Do not support the X12 278N Notification and Acknowledgment transactions with no current plans to develop |
| <input type="radio"/> Support batch X12 278N Notification and Acknowledgment transactions | <input type="radio"/> Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the roadmap |
| <input type="radio"/> Support real-time and batch X12 278N Notification and Acknowledgment transactions | <input type="radio"/> Unsure/unable to respond |

16. Do you support the electronic X12 278/005010X215 Health Care Services Review Inquiry/Response (278I) transaction? This transaction enables providers to inquire about the status of previously submitted PA requests and payers/UMOs to respond to these inquiries.

- | | |
|--|--|
| <input type="radio"/> Support real-time X12 278I Inquiry/Response transactions | <input type="radio"/> Do not support X12 278I Inquiry/Response transactions with no current plans to develop |
| <input type="radio"/> Support batch X12 278I Inquiry/Response transactions | <input type="radio"/> Do not support X12 278I Inquiry/Response transactions, but have their development on the roadmap |
| <input type="radio"/> Support real-time and batch X12 278I Inquiry/Response transactions | <input type="radio"/> Unsure/unable to respond |

17. What business usage of the X12 278 do you support? Check all that apply.













- Referrals (Request for Review and Response)
 PA and/or Notification Inquiries (Inquiry/Response)
- PAs (Request for Review and Response)
 Unsure
- Referral Inquiries (Inquiry/Response)

18. Below is a list of methods payers use to provide final PA decisions to providers. Using the grid below, please indicate your use of each method as an estimated percentage range of the total PA requests you receive from providers. The percentage range selections are not mutually exclusive; you may select the same range for more than one method.

	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
Direct response to initial X12 278 Request for Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issuance of an unsolicited X12 278 Request for Review Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to an electronic X12 278 Inquiry transaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posting the decision on an access-restricted web portal (direct data entry from provider) for use by your provider community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issuance of a fax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issuance of an email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone call to the submitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issuance of a letter using U.S. Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

19. What are the barriers, in your opinion, on the use of the X12 278 Request for Review and Response transaction? Rank them – Highest (1) to Lowest (6); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

-   Lack of other stakeholder adoption (i.e., vendor, provider, third-party administrators, etc.). Unsure
-   Lack of a mandated standard to automate submission of supporting clinical information Unsure
-   Fees associated with using the transaction Unsure
-   Cost associated with developing the capability to submit/receive the transaction Unsure
-   Challenges with delivering/matching an unsolicited X12 278 Request for Review Response transaction with the original request Unsure
-   Portal already offers all information that the transaction would provide Unsure

20. What are the barriers, in your opinion, on the use of the X12 278N Notification and Acknowledgment transaction? Rank them – Highest (1) to Lowest (8); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- ☰ Lack of knowledge on the ways the transaction may be used Unsure
- ☰ Lack of other stakeholder adoption (i.e., vendor, provider, third-party administrators, etc.) Unsure
- ☰ Lack of a mandated standard to automate submission of supporting clinical information Unsure
- ☰ Fees associated with using the transaction Unsure
- ☰ Cost associated with developing the capability to submit/receive the transaction Unsure
- ☰ Portal already offers all information that the transaction would provide Unsure
- ☰ Lack of HIPAA mandate Unsure
- ☰ Inability of the transaction to return the utilization management outcome for the response Unsure

21. What are the barriers, in your opinion, on the use of the X12 278I Inquiry/Response transaction? Rank them – Highest (1) to Lowest (5); if unsure, please select “unsure,” and selection will move to the bottom of the list and not be ranked.

- ☰ Lack of other stakeholder adoption (i.e., vendor, provider, third-party administrators, etc.) Unsure
- ☰ Fees associated with using the transaction Unsure
- ☰ Cost associated with developing the capability to submit/receive the transaction Unsure
- ☰ Portal already offers all information that the transaction would provide Unsure
- ☰ Lack of HIPAA mandate Unsure

22. How would you prefer (via electronic transaction) to issue the PA final determination from a previously pended response?

- Unsolicited X12 278 Request for Review Response (in response to a X12 278 Request for Review that was initially pended)
- Unsolicited X12 278N Notification and Acknowledgment (in response to an X12 278N Notification and Acknowledgment)
- Response to an X12 278I Inquiry transaction
- Unsure
- Other (please specify)

23. Which of the following do you support to send the PA final decision from a previously pended response?

- Unsolicited X12 278 Request for Review Response
- None of the above
- Unsolicited X12 278N Notification and Acknowledgment (beyond just an acknowledgment)
- Unsure
- Both a and b

24. Please indicate your preferred method to supply information if a PA is required.

- Full X12 278 Request for Review and Response transaction
- Da Vinci Coverage Requirements Discovery (voluntary use when available)
- X12 278 Request for Review and Response "light" transaction (This transaction would only have the information necessary to determine if PA is required; it would not be processed as an actual request.)
- Indifferent
- Eligibility response
- Other (please specify)

25. What is your level of interest in WEDI creating a white paper on using the X12 278 Request for Review and Response transaction for referrals?

- Very interested
- Opposed
- Interested
- Very Opposed
- Indifferent

26. What is your level of interest in WEDI creating a white paper on using the X12 278N Notification and Acknowledgment transaction?

Very interested

Opposed

Interested

Very Opposed

Indifferent

27. Please provide any additional comments on these or any other issue impacting your organization related to PA.

28. If you are interested in someone from the WEDI PA Subworkgroup contacting you to discuss other concerns or information, please include your name and contact information below

Name

Company

Email Address



2019 WEDI Prior Authorization Survey

Thank you for completing the 2019 WEDI Prior Authorization Survey. After the survey closes August 6th, we look forward to sharing the results. Please contact sholvey@wedi.org if you have any questions or need further information.