

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.

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Ve than	ık you in advance for your responses!
* 1. F	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 service 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.



Provider Demographics and Workflow 1. Which of the following best describes your organization? Physician Practice **Ambulatory Surgical Center** Hospital or Integrated Delivery System (IDS) **Laboratory Services** Independent practice association (IPA) Other (please specify) 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 difficult Somewhat easy Extremely difficult Neither difficult nor easy Unsure

Yes						
○ No						
Unsure						
7. Below is a list of possibelow, please indicate yrequests. The percenta	your use of e ge range sel	ach method as	an estimated	percentage ra	nge of your tota	al PA
	0-20%	21-40%	41-60%	61-80%	81-100%	Unsur
Web portal that allows interactive search						
Requirements list on a payer's website				\bigcirc		
Payer's Provider Instruction Manual						
Payer's requirements on CD, electronic, or paper media						
Enrollment Emails from payers						\bigcirc
Periodic payer bulletins						
Being referred to a payer's Utilization Management Organization						
Sending an X12 278 Health Care Services Review Request for Review						
Other (please specify)						
8. Do you check eligibil Yes	ity prior to su	bmitting a PA r	equest?			
No						

9. Do you check for a PA already on file	prior to submitting a PA request?
Yes	
○ No	
Unsure	
10. Do you submit retroactive authorizati	ions to your payers?
Yes	
Yes, but for a limited time frame after Date of	f Service
No	
Unsure	
provider that is responsible for obtaining	
Extremely easy	Somewhat difficult
Somewhat easy	Extremely difficult
Somewhat easy Neither difficult nor easy	Unsure
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	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
Mail						
Phone						
Fax						
Payer web portals						
Email/Direct						
Proprietary electronic exchange (i.e., API)					\bigcirc	
X12 278 Health Care Services Review Request for Review						
Other (please specify)						
				7		
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the outcome of initial F percentage range sele option.	PA requests as	s an estimated p	percentage ranç	ge of your total	PA requests. Th	ne than o
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"unsur	re," and selection will move to the bottom of the list and not be ranked.]	
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electro transac to thes	pes your electronic health record (EHR) and/or practice management system (PMS) onic X12/005010X217 Health Care Services Review Request for Review and Respondiction? This transaction enables providers to request PA determinations and payers are requests.	onse (278) 'UMOs to resp
17. Do electro transacto thes	onic X12/005010X217 Health Care Services Review Request for Review and Respondence on the Review and Review and Respondence on the Review and Review	onse (278) (UMOs to resp r Review and Re
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20. What business usag		•			Check all that a	
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Referral Inquiries (Inqui						
	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
Receipt of an electronic X12 278 Request for	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
X12 278 Request for Review Response Submission of an electronic X12 278I	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
X12 278 Request for Review Response Submission of an electronic X12 278I Inquiry	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
X12 278 Request for Review Response Submission of an electronic X12 278I	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
X12 278 Request for Review Response Submission of an electronic X12 278I Inquiry Payer's Web portal	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
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X12 278 Request for Review Response Submission of an electronic X12 278I Inquiry Payer's Web portal review Receipt of a fax Receipt of an email Telephone call to the	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure
X12 278 Request for Review Response Submission of an electronic X12 278I Inquiry Payer's Web portal review Receipt of a fax Receipt of an email Telephone call to the payer Receipt of a letter using	0-20%	21-40%	41-60%	61-80%	81-100%	Unsure

nove	o the bottom of the list and not be ranked.	
≡	Lack of other stakeholder adoption (i.e., payer, vendor, third-party administrators, etc.)	U
≡	Lack of a mandated standard to automate submission of supporting clinical information	U
≡	Fees associated with using the transaction	U
≣	Cost associated with developing the capability to submit/receive the transaction	U
≣	Lack of clarity on how to get the final PA determination	U
=	Challenges with accepting an unsolicited X12 278 Request for Review Response transaction	U
=	Payer or other portal contains more information	U

23. Wh	at are the	barriers, in your opinion, on the use of the X12 278N Notification and Acknowledge	nent
transac	tion? Ran	nk them – Highest (1) to Lowest (9) ; if unsure, please select "unsure," and selection	will
move to	the botto	om 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
	\(\dagger	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

=		
≡	Lack of other stakeholder adoption (i.e., payer, vendor, third-party administrators, etc.)	U
≣	The transaction response does not contain all information needed. I feel that manual follow-up is st	till
_	required.	Uı
≡	♦ Fees associated with using the transaction	
		Uı
≡	Cost associated with developing the capability to submit/receive the transaction	Uı
		Ui
≡	Payer or other portal contains more information	Uı
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25. Hopende	ow would you prefer (via electronic transaction) to receive the PA final determination from a presponse? Insolicited X12 278 Request for Review Response (in response to a X12 278 Request for Review that was initially	previo
25. Hopende	ow would you prefer (via electronic transaction) to receive the PA final determination from a produced described of the part o	previo
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27. Does your EHR system allow you to	export clinical attachments?
Yes	
○ No	
Unsure	
28. Please indicate your preferred metho	od to determine if a PA is required.
Full X12 278 Request for Review and Respon	nse transaction Da Vinci Coverage Requirements Discovery (voluntary use
X12 278 Request for Review and Response transaction (This transaction would only have necessary to determine if PA is required; it we processed as an actual request.)	e the information Indifferent
Eligibility response	
Other (please specify)	
-	Opposed Very Opposed I creating a white paper on using the X12 278N Notification and
Acknowledgment transaction?	
Very interested	Opposed
Interested	Very Opposed
Indifferent	
31. Please provide any additional commerciated to PA.	ents on these or any other issue impacting your organization

Name			
Company			
Email Address			



Vendor or Clearinghouse

madr or elearnighteads	
mographics and Workflow	
1. Which of the following best describes your org	ganization?
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., Utilizatio Management Organizations)
Other (please specify)	
3. In the past year, how has the number of medic	cal services that require PA changed?
Decreased	
Stayed the same	
Increased	
Unsure	
	nsmit and/or process for your clients in a year by all
methods? (Optional)	

	(Optional)
6. How many payer/utilization management clients	use your products? (Optional)
7. Does your system have a technology to evaluate request?	e if an authorization is required without initiating a PA
Yes	
○ No	
Unsure	
8. Does your organization support the electronic X for Review and Response (278) transaction? This determinations and payers/UMOs to respond to the	
Supports real-time X12 278 Request for Review and Response transactions	Do not support X12 278 Request for Review and Respons transactions with no current plans to develop
Supports batch X12 278 Request for Review and Resport ransactions	Do not support X12 278 Request for Review and Response transactions, but have their development on the roadmap
Supports real-time and batch X12 278 Request for Revie and Response transactions	Unsure/unable to respond
9. Does your organization support the electronic X: Notification and Acknowledgment (278N) transaction concerning events related to health care services r	on? This transaction supports electronic notifications
Supports real-time X12 278N Notification and	Do not support the X12 278N Notification and Acknowledgment transactions with no current plans to
Acknowledgment transactions	
Acknowledgment transactions Supports batch X12 278N Notification and Acknowledgment transactions	develop ent Do not support X12 278N Notification and Acknowledgmen transactions, but have their development on the roadmap

◯ ◯ Sı	pports real-time X12 278I Inquiry/Response transactions pports batch X12 278I Inquiry/Response transactions pports real-time and batch X12 278I Inquiry/Response nsactions	Do not support X12 278I Inquiry/Response transno current plans to develop Do not support X12 278I Inquiry/Response transhave their development on the roadmap Unsure/unable to respond	
	nat business usage of the X12 278 does your or		,
	ferrals (Request for Review and Response) s (Request for Review and Response)	PA and/or Notification Inquiries (Inquiry/Respons Unsure	se)
	ferral Inquiries (Inquiry/Response)	Gricult	
	Lack of other stakeholder adoption (i.e., pay	er, provider, third-party administrators, etc.)	Uns
≡	Lack of a mandated standard to automate su	ubmission of supporting clinical information	Uns
=	Lack of a mandated standard to automate su	ubmission of supporting clinical information	Uns Uns
≡	Fees associated with using the transaction	ity to submit/receive the transaction	Uns
=	Fees associated with using the transaction Cost associated with developing the capability Lack of clarity on how to get the final PA dete	ity to submit/receive the transaction	Uns Uns

13. V	Vhat are the	e barriers, in your opinion, on the use of the X12 278N Notification and Acknowledgn	nent
trans	saction? Rai	nk them – Highest (1) to Lowest (9); if unsure, please select "unsure," and selection	will
mov	e to the bott	om 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, provider, 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

	Lack of other stakeholder adoption (i.e., payer, provider, third-party administrators, etc.)	Uı
≡	The transaction response does not contain all information needed. I feel that manual follow-up is still required.	Uı
≣	Fees associated with using the transaction	Uı
≡	Cost associated with developing the capability to submit/receive the transaction	Uı
≡	Payer or other portal contains more information	Uı
≣	Lack of HIPAA mandate	
	ow would your organization prefer (via electronic transaction) to receive or send the PA final nination from a previously pended response?	Ui
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detern Ur Ur Re Ur Ot Ur Ot Ur Ot Ur Ot Ur Ur Ur Ur Ur Ur Ur Ur	nination from a previously pended response? Insolicited X12 278 Request for Review Response (in response to a X12 278 Request for Review that was initially proposed in the proposed of the following do you support to accept or send the PA final decision from a previously inse?	endo

No Unsure 18. Please indicate your preferred method to determine if a PA is required. Full X12 278 Request for Review and Response transaction X12 278 Request for Review and Response "light" transaction (This transaction would only have the information Indifferent necessary to determine if PA is required; it would not be processed as an actual request.) Eligibility response Other (please specify)	scovery (voluntary u
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 Diversity when available) X12 278 Request for Review and Response "light" transaction (This transaction would only have the information Indifferent necessary to determine if PA is required; it would not be processed as an actual request.) Eligibility response	iscovery (voluntary u
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 Diversity when available) X12 278 Request for Review and Response "light" transaction (This transaction would only have the information Indifferent necessary to determine if PA is required; it would not be processed as an actual request.) Eligibility response	iscovery (voluntary u
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X12 278 Request for Review and Response "light" transaction (This transaction would only have the information Indifferent necessary to determine if PA is required; it would not be processed as an actual request.) Eligibility response	iscovery (voluntary υ
transaction (This transaction would only have the information Indifferent necessary to determine if PA is required; it would not be processed as an actual request.) Eligibility response	
Other (please specify)	
Interested Very Opposed Indifferent	
20. What is your level of interest in WEDI creating a white paper on using the X12 278N Acknowledgment transaction?	Notification and
Very interested Opposed	
Interested Very Opposed	
Indifferent	

Name			
Company			
Email Address			



Payer or Utilization Management Organization

Demographics and Workflow

1. Which of the following best describes your organi	zation's business?
Commercial/private	Third Party Utilization Management Organization
Federal programs (e.g., Medicare or VA)	Multiple (e.g., both Medicare and commercial)
State programs (e.g., Medicaid)	
Other (please specify)	
2. In the past year, how has the number of medical s	services that require PA changed?
Decreased	
Stayed the same	
Increased	
Unsure	
3. About how many PA requests do you process in a	a year by all methods? (Optional)
4. Please indicate your organization's approximate r	number of covered lives. (Optional)

	Web portal that allows interactive search	Distributing periodic bulletins to providers
	Posting of a requirements list on your website	Referring your provider community to a Utilization
	Distributing a Provider Instruction Manual	Management Organization Sending an X12 278 Health Care Services Request for
	Distributing your requirements on CD, electronic or paper media	Review Response Unsure
	Issuing individual emails to new providers as they enroll w you	
	Other (please specify)	
6. D	oo you check your member eligibility when review	ving a PA request?
	Yes	
	No	
	Unsure	
7. D	o you check for a duplicate PA already on file w	hen you review a PA request from a submitter?
	Yes	
	Yes No	
	No	
8. D	No	ns?
8. D	No Unsure	ns?
8. D	Oo you allow the submission of retro authorizatio	ns?
8. D	Unsure Oo you allow the submission of retro authorizatio Yes	ns?
8. D	Unsure On you allow the submission of retro authorization Yes Yes, but for a limited time frame after Date of Service	ns?
8. D	Unsure Oo you allow the submission of retro authorizatio Yes Yes, but for a limited time frame after Date of Service No	ns?
9. If	Unsure On you allow the submission of retro authorization Yes Yes, but for a limited time frame after Date of Service No Unsure	ns? ce) provider are not the same, do you require a cer
9. If	Unsure Oo you allow the submission of retro authorization Yes Yes, but for a limited time frame after Date of Service No Unsure If the ordering and rendering (providing the service)	
9. If	Unsure Oo you allow the submission of retro authorization and yes. Yes, but for a limited time frame after Date of Service. No Unsure If the ordering and rendering (providing the service) yider to submit the PA request?	
9. If	Unsure Oo you allow the submission of retro authorization Yes Yes, but for a limited time frame after Date of Service No Unsure I the ordering and rendering (providing the service) Vider to submit the PA request? Yes – Ordering provider	

0%-20%			81%-10	0%		
21%-40%			Unsure			
41%-60%			I am the	delegated Utiliza	tion Management (Organizatio
61%-80%						
11. Below is a list of monindicate how often proving	•		•	_	•	
estimated percentage not mutually exclusive;	range of the t	otal PA reques	ts that you rec	eive. The perc	entage range s	
	0-20%	21-40%	41-60%	61-80%	81-100%	Unsur
Mail						
Phone						
Fax						
Payer web portals						
Email/Direct						
Proprietary electronic exchange (i.e., API)						
X12 278 Health Care Services Review Request for Review						
Other (please specify)						
12. Below is a list of potential Perform providers. The perform for more than or	PA requests as ercentage ran	s an estimated	percentage ra	nge of the tota	l PA requests y	ou receiv
	0-20%	21-40%	41-60%	61-80%	81-100%	Unsur
No PA is required after the first contact						
Final determination was made on first contact						

Ordering provider/facility	Third party Administrator / UMO
ordering provider/facility	Trillu party Administrator / Owlo
Beneficiary/patient	Unsure
Rendering provider/facility (if diffe	erent than ordering)
Other (please specify)	
	nic X12/005010X217 Health Care Services Review Request for Review
ayers/UMOs to respond to the	his transaction enables providers to request PA determinations and ese requests.
Support real-time X12 278 Reque	·
transactions	Response transactions with no current plans to deve
Support batch X12 278 Request 1	
transactions	transactions, but have their development on the road
Support real-time and batch X12 Response transactions	278 Request for Review and Unsure/unable to respond
cknowledgment (278N) transa elated to health care services i Support real-time X12 278N Notif	
cknowledgment (278N) transactions (278N) transactions	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop
cknowledgment (278N) transa- elated to health care services in Support real-time X12 278N Notif	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment
cknowledgment (278N) transatelated to health care services in Support real-time X12 278N Notifications Support batch X12 278N Notifications Support real-time and batch X12	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road 278N Notification and
cknowledgment (278N) transactions Support real-time X12 278N Notifications Support batch X12 278N Notifications	action? This transaction supports electronic notifications concerning extreview and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road
cknowledgment (278N) transactions Support real-time X12 278N Notificator transactions Support batch X12 278N Notificator transactions Support real-time and batch X12 Acknowledgment transactions	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road 278N Notification and Unsure/unable to respond
cknowledgment (278N) transatelated to health care services in Support real-time X12 278N Notifications Support batch X12 278N Notifications Support real-time and batch X12 Acknowledgment transactions Do you support the electrons	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road 278N Notification and
cknowledgment (278N) transactions Support real-time X12 278N Notificator transactions Support batch X12 278N Notificator transactions Support real-time and batch X12 Acknowledgment transactions Do you support the electron (278I) transaction? This transactions	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond
cknowledgment (278N) transactions Support real-time X12 278N Notificator transactions Support batch X12 278N Notificator transactions Support real-time and batch X12 Acknowledgment transactions Do you support the electrons 781) transaction? This transactions	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond Do not support X12 278V Inquiry/Response transactions Do not support X12 278I Inquiry/Response transactions
cknowledgment (278N) transactions Support real-time X12 278N Notifitransactions Support batch X12 278N Notificat transactions Support real-time and batch X12 Acknowledgment transactions Do you support the electron (278I) transaction? This transaction? This transactions	action? This transaction supports electronic notifications concerning exercises and PAs, such as hospital admissions. fication and Acknowledgmen Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond Do not support X12 278N Notification and Acknowledgment transactions to inquire about the status of previously submit to respond to these inquiries. Ty/Response transactions Do not support X12 278I Inquiry/Response transaction current plans to develop Response transactions
cknowledgment (278N) transacted to health care services in Support real-time X12 278N Notificated transactions Support batch X12 278N Notificated transactions Support real-time and batch X12 Acknowledgment transactions 6. Do you support the electron 278I) transaction? This transactions A requests and payers/UMOs Support real-time X12 278I Inquires	action? This transaction supports electronic notifications concerning extreview and PAs, such as hospital admissions. fication and Acknowledgmen Do not support the X12 278N Notification and Acknowledgment transactions with no current plans develop Do not support X12 278N Notification and Acknowledgment transactions, but have their development on the road Unsure/unable to respond Dic X12 278/005010X215 Health Care Services Review Inquiry/Respondetion enables providers to inquire about the status of previously submit to respond to these inquiries. Ty/Response transactions Do not support X12 278I Inquiry/Response transactions Do not support X12 278I Inquiry/Response transactions Do not support X12 278I Inquiry/Response transactions

olease indicate your use receive from providers. same range for more tha	The percent	age range sele	•		-	_
	0-20%	21-40%	41-60%	61-80%	81-100%	Unsur
Direct response to initial X12 278 Request for Review						
Issuance of an unsolicited X12 278 Request for Review Response						
Response to an electronic X12 278I Inquiry transaction				0		
Posting the decision on an access-restricted web portal (direct data entry from provider) for use by your provider community					\bigcirc	\bigcirc
Issuance of a fax						
Issuance of an email						\bigcirc
Telephone call to the submitter						
Issuance of a letter using U.S. Mail						
Other (please specify)				\neg		

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

≡	Lack of knowledge on the ways the transaction may be used	ι
≡	Lack of other stakeholder adoption (i.e., vendor, provider, third-party administrators, etc.)	C
≣	Lack of a mandated standard to automate submission of supporting clinical information	l
■	♠ Fees associated with using the transaction	ι
≣	Cost associated with developing the capability to submit/receive the transaction	l
≣	Portal already offers all information that the transaction would provide	C
	Lack of HIPAA mandate	[
≣	\$\hfpartsquare\$ Inability of the transaction to return the utilization management outcome for the response	C
them -	nat are the barriers, in your opinion, on the use of the X12 278I Inquiry/Response transacti - Highest (1) to Lowest (5); if unsure, please select "unsure," and selection will move to the and not be ranked.	
them -	- Highest (1) to Lowest (5); if unsure, please select "unsure," and selection will move to the	e botto
them - the lis	- Highest (1) to Lowest (5); if unsure, please select "unsure," and selection will move to the and not be ranked.	
them - the list	- Highest (1) to Lowest (5); if unsure, please select "unsure," and selection will move to the and not be ranked. Lack of other stakeholder adoption (i.e., vendor, provider, third-party administrators, etc.)	e botte
them - the list	- Highest (1) to Lowest (5); if unsure, please select "unsure," and selection will move to the and not be ranked. \$\displace\$ Lack of other stakeholder adoption (i.e., vendor, provider, third-party administrators, etc.) \$\displace\$ Fees associated with using the transaction	e botte

22. How would you prefer (via electronic transpended response?	nsaction) to issue the PA final determination from a previously
Unsolicited X12 278 Request for Review Respons	se (in response to a X12 278 Request for Review that was initially pended)
Unsolicited X12 278N Notification and Acknowled	dgment (in response to an X12 278N Notification and Acknowledgment)
Response to an X12 278I Inquiry transaction	
Unsure	
Other (please specify)	
(1)	
23. Which of the following do you support to response?	send the PA final decision from a previously pended
Unsolicited X12 278 Request for Review Respons	se None of the above
Unsolicited X12 278N Notification and Acknowled (beyond just an acknowledgment)	dgment Unsure
Both a and b	
X12 278 Request for Review and Response "lightransaction (This transaction would only have the necessary to determine if PA is required; it would processed as an actual request.)	information Indifferent
Eligibility response	
Other (please specify)	
25. What is your level of interest in WEDI creand Response transaction for referrals?	eating a white paper on using the X12 278 Request for Review
Very interested	Opposed
Interested	Very Opposed
Indifferent	

Very interested		Opposed		
Interested		Very Opposed		
Indifferent				
	e any additional comments on these	e or any other issue impacting your organization		
related to PA.				
		PA Subworkgroup contacting you to discuss other		
	nation, please include your name a	nd contact information below		
Name				
Company				
Email Address				

