As a vendor of Capital Blue Cross, your company has been identified as likely using certain automated or non-automated Patient Care Decision Support Tools (PCDST). In Section 1557 of the Patient Protection and Affordable Care Act, these are described as, “any automated or non-automated tool, mechanism, method, technology, or combination thereof used by a covered entity to support clinical decision-making in its health programs or activities”. The use of these systems must be monitored for assurance that the resulting care decisions have not been subject to discrimination on the basis of race, color, national origin, sex, age, and/or disability, as described in Section 1557.

Please fill out the following questionnaire to provide details on any PCDSTs your company may use in the services provided to Capital Blue Cross. If additional space is required to describe answers, please indicate attachment to this questionnaire and include with your response. If you have any procedural documentation around a tool you can provide, it will help answer these questions. Your response is requested within 30 days of receipt.

Please return completed questionnaires to the Capital Blue Cross Compliance Office.

kurtis.kovach@capbluecross.com; 2500 Elmerton Avenue, Harrisburg, PA 17111

**Questionnaire**

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| **Patient Care Decision Support Tools** |
| **Name(s) of PCDSTs utilized in services for Capital:**  *(Note: This may include Artificial Intelligence (AI) described tools. Please include the tool name and hosting subcontractor name, if applicable.)* |
| Auth Intelligence, hosted by Machinify, Inc. |
| **Describe the activity of each tool:**  *(Note: How does this tool use an individual’s information to support decisions?)* |
| Auth Intelligence aims to streamline the manual work of poring over medical documents to find information relevant to a policy and instead surfaces this information for the reviewer, enabling them to focus on the medical decision-making process. The tool assists clinical reviewers but does not take them out of the process and moreover, will never be used to automate a denial decision. The Auth Intelligence application uses optical character recognition (OCR), natural language processing (NLP), and large language models (LLMs) to extract clinical text and concepts from patient charts. Policy criteria used by Evolent reviewers are applied to the extracted information to identify words and phrases that correlate to each policy criteria. These words and phrases are highlighted in each document during the clinical review, enabling clinicians to easily find and interpret the relevant information within the patient chart as they complete their manual reviews. |
| **Does each tool factor race, color, national origin, sex, age, and/or disability into its capability?**  *(Note: These are the Health and Human Service (HHS) defined categories of healthcare discrimination protected categories.)* |
| The tool uses this demographic information only if and as described by the policy criteria of the applicable evidenced-based medical policy in evaluating that specific authorization request. |
| **Describe how each tool has been evaluated to confirm that discrimination on a basis of race, color, national origin, sex, age, and/or disability is NOT occurring. What controls are in place?**  *(Note: This includes but is not limited to unintentional bias that may arise as a result of its sampling data.)* |
| AI-based applications are governed by Evolent’s AI Policy and Governance Committee, which includes assessments for bias, drift, ethical use, etc. Prior to deployment, the committee evaluates each application against these criteria, and there are also periodic reassessments. AI is used in the application to retrieve and highlight information related to policy criteria directly within the medical record. This minimizes the risk of bias because the information is surfaced through exact text located in medical record documents.  Furthermore, we use OpenAI’s latest models and continue to upgrade the models in our software to newer versions (with rigorous testing), which are continually improving their controls and monitoring with regard to bias. |
| **How often is the tool evaluated for discrimination on the basis of the protected categories?** |
| We complete annual audits that evaluate the application for bias, as well as periodic and on-going audits for appropriateness of decision-making, accuracy, and other factors. |
| **Describe when human review is involved during decision-making in the activity.** |
| Auth Intelligence aims to streamline the manual work of poring over medical documents to find information relevant to a policy and instead surfaces this information for the reviewer, enabling them to focus on the medical decision-making process. The tool assists clinical reviewers but does not take them out of the process and moreover, will never be used to automate a denial decision.  This workflow begins after a prior authorization request has been submitted to Evolent through our Provider Portal or other existing intake mechanisms, has gone through pre-processing steps including our phone/fax processing, existing auto-approval algorithms, and administrative review steps and is ready for a nurse or physician clinical reviewer to review the case. The case begins and ends with the existing review workflow in our current systems. Auth Intel is launched during the nurse or physician manual case review through an integration with our current systems. The integration transmits case information and medical documents to Auth Intel.  1. Nurse/physician confirms that the documentation submitted by the provider is for the correct member (i.e. member name and DOB of the submitted request matches the documents in Auth Intel)  2. Nurse/physician reviews the case history including any findings from previous reviews  3. Nurse/physician reviews the documentation attached to the case. The reviewer may need to scan the documentation to identify the indication for the test being requested if it was not already specified by the diagnosis code or previous reviews  4. The nurse/physician may highlight portions of the documents containing relevant information and attach it to the related policy criteria associated with the case. The nurse/physician may also use the AI auto-highlights to navigate the document and identify the relevant information to include in their highlights as supportive information for the policy criteria  5. The nurse/physician completes their review of all of the relevant policy criteria in this manner and determines if the case meets medical necessity. Once a decision has been reached by the reviewer, the system automatically generates a note based upon the nurse/physician’s validation of the criteria and user-generated highlights (this feature is not AI-driven). The nurse/physician reviews this generated note for accuracy and may edit to include any additional relevant details to support their decision  6. The nurse/physician submits the review in Auth Intel, which copies the final review note. The nurse/physician then pastes this back into the relevant note section of the existing UM system and adjudicates the case per existing workflows |
| **Describe any discrimination mitigation factors in place with each tool.** |
| AI is used in the application to retrieve and highlight information related to policy criteria directly within the medical record, which minimizes the risk of bias or discrimination because the information is surfaced through exact text located in medical record documents. Any summarization features developed use the technique of grounding to surface exact facts and citations in the medical record to support summaries. For example, currently under development is an AI feature that will summarize aspects of the medical record using an algorithm that will extract citations for each fact in the summary and will check it against the text of the medical record. If we are not able to get confidence that the fact in the summary can be substantiated by a citation in the medical record, an agent asks the LLM to fix the summary with respect to that specific fact through a follow up prompt. Finally, the application ensures that human beings validate the AI’s accuracy by providing transparency into the underlying data and soliciting reviewer continuous feedback to fix any issues. |
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| **Please Include any additional or supporting information here:** |
| Attached to this email is:   * HiTrust and Soc2Type2 documentation from our partner, Machinify * Additional background information and FAQ on the tool |

**Confirmation**

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| **Representative Initials:** | **Statement** |
|  | **The Patient Care Decision Support Tools utilized for services to Capital Blue Cross have been evaluated to detect risk of discriminatory activity.** |
|  | **The Patient Care Decision Support Tools utilized for services to Capital Blue Cross do not unlawfully discriminate on a basis of race, color, national origin, sex, age, or disability.** |
|  | **The Patient Care Decision Support Tools utilized for services to Capital Blue Cross are reviewed on a regular basis for discrimination on a basis of race, color, national origin, sex, age, or disability.** |
|  | **If risk of discrimination is identified, either incidentally or during the course of a review of the Patient Care Decision Support Tool, your company takes appropriate steps to mitigate the risk.** |

*I confirm, as a representative of my organization, that the information provided, and the statements made above are true and correct to the best of my knowledge.*

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| Name and Title of Vendor Representative: |
|  |
| Signature of Vendor Representative and Signing Date: |
|  |
| Coordinating Email Address and Phone Number: |
|  |
| Company Name and Address: |
|  |