

The Non-API Residual: A Methodology for Measuring Coordinator Throughput Across Payer Portals After CMS-0057-F

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Reference: DG-WP-2026-09-M **Status:** Methodology only. No live-desk results yet.

Abstract. CMS-0057-F requires impacted health plans to implement FHIR prior-authorization APIs by 1 January 2027. Market consensus treats that mandate as the end of portal work. The statutory text does not. Self-funded employer plans under ERISA, specialty drug prior authorization, clinical-review handoffs, denials, and appeals remain outside the API. In this paper, *the non-API residual* means exactly that leftover work: the payer-portal forms and appeals a coordinator still types by hand after the APIs go live. This paper defines how to measure it on one desk: one named coordinator, one named payer portal family, the desk's own written before-count, and a 30-day window scored as *completed cases per coordinator-day*. The tool under test is DeskGate Operator (v2.6.8), a Chrome/Edge browser extension that types quoted chart facts into the payer form the coordinator already has open; the coordinator clicks Submit. **No live-desk results exist yet.** The free months of the first 10 desks will produce the first ledgers.

1. THE REGULATORY LANDSCAPE: CMS-0057-F

Utilization management and prior authorization concentrate a large share of U.S. revenue-cycle administrative time. CMS-0057-F requires Medicare Advantage organizations, Medicaid and CHIP agencies, and QHP issuers on Federally Facilitated Exchanges to expose HL7 FHIR prior-authorization APIs by **1 January 2027**.

Four carve-outs leave high-friction work on the desk after that date:

WORKFLOW / SEGMENT	CMS-0057-F SCOPE	DESK IMPACT
ERISA self-funded employer plans	Exempt. Department of Labor ERISA (29 U.S.C. § 1002), not CMS title authority.	A large share of commercially insured workers. Portals and fax remain operating channels.
Specialty drug prior authorization	Excluded from the rule's PA API provisions for pharmacy-benefit drugs.	GLP-1s, oncology infusions, and biologics stay manual.
Clinical review handoffs	API can carry a structured request. It does not assemble the chart packet.	Notes, labs, and attachments remain human-collated when review is not instant.
Denials, rebuttals, status chase	Decision-reason obligations do not automate the appeal desk or the IVR.	Packet assembly and phone trees persist.
2026–2028 mixed book	Staggered payer rollouts.	Staff context-switch between FHIR lanes and portal lanes. A mixed book is more expensive than a uniformly manual one.

DeskGate does not compete with the API. It works on the residue the rule leaves behind: it types quoted chart facts into the payer form the coordinator has open, and the coordinator submits.

2. GOVERNANCE: SPEAR OF MEDICINE, HUMAN SUBMIT, DATA PATH

Clinical AI stalls when the vendor cannot say who is the filing actor. Scope is limited as follows.

SPEAR OF MEDICINE

- Tip – diagnosis, prescribing, patient-facing care. Excluded. DeskGate never touches.
- Near-tip – medical-necessity determination. Excluded. The EHR and physician already decided.
- Mid-shaft – typing quoted chart facts into the open payer form; [MISS] where the chart has nothing to quote. Side panel.
- Shaft – working inside the coordinator's own session, reading every box back, hashing the payer reference. Extension.

Human Submit. DeskGate types quoted chart facts into the form, reads every box back, then stops. It never clicks Submit and never attaches files; an unattended submit is refused. The licensed coordinator inspects and clicks Submit. Legal filing authority does not transfer.

HIPAA / 45 CFR § 164.312. READ CHART reads what is on screen into the side panel's memory; NEW CASE clears it, and reading a different patient clears it. On a licensed desk, the desk key sends every screen read to Gemini on Vertex AI in DeskGate's own Google Cloud project, under DeskGate's Google Cloud BAA, executed 28 September 2026. Google's default in-memory caching (up to 24 hours) is disabled on that project, and

DeskGate has requested Google's exception from abuse-monitoring prompt logging, both before the first live chart is read. The box-matching step sees box labels and fact names, never patient values. No chart notes or member identifiers are written to DeskGate server databases. After the coordinator submits, the payer reference is hashed in the browser; the ledger keeps the hash, never the reference. The desk brings no model keys and pays no model spend.

One runtime. DeskGate Operator is a Chrome/Edge browser extension with a side panel. It never logs into the EHR or the payer portal; it works inside the session the coordinator already has open, with their own Okta/Duo. There is no remote, headless or cloud browser. Availity has a built-in field list. Other portals are matched by Gemini reading the box labels; that has been shown on our synthetic showcase pages, not yet on a live desk.

3. OCCUPATIONAL MAPPING AND PRICE-PLUS-BURDEN

Tasks are mapped to USDOL/ETA O*NET codes so the boundary is occupational, not marketing.

O*NET	ROLE	STAGED BY DESKGATE	KEPT HUMAN
43-6013.00	Medical secretaries & admin assistants	Payer-form completion from quoted chart facts	Phone triage, scheduling, greeting
29-2072.00	Medical records specialists	Diagnosis/CPT transcription from the chart on screen	Release authority, training, governance
43-9041.00	Insurance claims & policy processing	Portal box entry; read-back of every box	Attachments, Submit, insured communication, complex exceptions
43-3021.00	Billing & posting clerks	Appeal drafting from quoted chart facts (STAGE APPEAL)	Ledger reconciliation, counseling
NEW TASK	Review gate	Inspection of staged boxes before Submit. Product-created drag. Measured on each desk; no figure exists yet.	

Price-plus-burden

Gross “minutes saved” that ignore review time are not a ledger. That is why the ruler is completed cases per coordinator-day: review at the gate is part of the coordinator's day, so it is already inside the number.

- **Before-count:** before day 1, the desk writes down its appeals completed per coordinator-day from before. That is the only baseline.
- **Staging time:** no figure is published. We have not measured a live desk.
- **Review at the gate:** counted inside the coordinator-day, not deducted separately.
- **Savings:** none claimed until the day-30 ledger exists.

4. SCHEDULE M PROTOCOL AND THE DAY-30 LEDGER

Schedule M is a 30-day measurement with one named coordinator on one named payer portal family, against the desk's own written before-count of appeals completed per coordinator-day. A completed case is one the coordinator submitted; at that point the payer reference is hashed in the browser and the hash goes to the ledger.

No results yet. No live desk has completed a free month, so this section contains no measured numbers. The free months of the first 10 desks produce the first ledgers. The tables below define what each ledger will contain.

Rate uplift is not labor reduction. Illustration of the arithmetic, not a result: moving from 4 to 5 completed cases per coordinator-day is a **+25% rate uplift**. Coordinator-days for equal volume fall by $1 - (4 / 5) = 20\%$. Quote labor as coordinator-days avoided per 1,000 completed cases. Do not invent dollar savings.

Inputs and their sources

VALUE	METRIC	SOURCE CLASS
About 40 requests	Prior authorizations per physician per week	AMA 2025 physician survey (published benchmark, not a DeskGate measurement)
About 13 hours	Physician and staff time per physician per week on prior authorization	AMA 2025 physician survey (published benchmark, not a DeskGate measurement)
Desk's own number	Before-count: appeals completed per coordinator-day before day 1	Written down by the desk before day 1
Measured at day 30	Completed cases per coordinator-day in the 30-day window	The day-30 ledger

The day-30 ledger: four numbers

LAYER	NUMBER	BEFORE DAY 1	DAY 30	NOTE
A Outcome	Completed cases (per coordinator-day)	Desk's written before-count	No result yet	Compared with the desk's own before-count
B Contribution	How often the coordinator submitted what DeskGate staged	n/a	No result yet	Says whether the staged draft was usable
B	How often a staged box was changed	n/a	No result yet	Coordinator edits before Submit
C Integrity	Autonomous submits	0	0 (required)	Stays at zero; an unattended submit is refused

5. THE FREE MONTH: FIRST 10 DESKS

The first 10 desks get 30 days free. Their day-30 ledgers are the first measured results this methodology will have.

- **Fee:** none for 30 days. The price after day 30 is agreed before day 1.
- **Scope:** one named coordinator, on one named payer portal family the desk already works.
- **Before day 1:** a twenty-minute install call; the desk key is issued from our license list with that desk's sites on it; the desk writes down its appeals completed per coordinator-day from before.
- **PHI:** the desk signs our one-page BAA before any live chart is read.
- **Output:** at day 30 the desk sees four numbers: completed cases, how often the coordinator submitted what DeskGate staged, how often a staged box was changed, and autonomous submits (which stay at zero). No savings claim until that sheet exists.

6. REFERENCES

1. CMS-0057-F, Interoperability and Prior Authorization Final Rule, 89 FR 8758 (42 CFR Parts 422, 431, 435, 438, 440, 457).
2. Employee Retirement Income Security Act of 1974, Pub. L. 93-406, 29 U.S.C. § 1002 et seq.
3. HIPAA Security Rule, 45 CFR § 164.312.
4. American Medical Association, 2025 Prior Authorization Physician Survey. Used here as a published benchmark, not as DeskGate field measurement.
5. U.S. Department of Labor / ETA, O*NET OnLine, SOC 43-6013.00, 29-2072.00, 43-9041.00, 43-3021.00 (CC BY 4.0).

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