WHITE PAPER · RESEARCH SPECIFICATION & METHODOLOGY · SCHEDULE M

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

Issuer: DeskGate, Inc. (Delaware C-Corporation)

Authors: Hans J. Schulte & Jolanda C. M. Wevers Schulte **Date:** September 2026

Reference: DG-WP-2026-09-M

Status: Methodology + specimen derivation — not an observed live desk

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. This paper defines a measurement protocol for that residue: one named portal family, a frozen eligible cohort, a certified written baseline, and a 14-day window scored as *completed cases per coordinator-day*. The runtime under test is a client-side dual surface (`embed.js` on owned pages; a browser extension on third-party payer tabs), multimodal visual grounding, and a mandatory human gate before Submit. Numbers in Section 4 are a **specimen derivation** that shows how the ruler works. They are not a live Availity observation.

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 contest the API. It measures and stages the residue the statute leaves behind.

2. GOVERNANCE: SPEAR OF MEDICINE, HUMAN GATE, ZERO-RETENTION

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 — portal field staging, PDF merge, attachment collation. Workstation.
▪ Shaft — session inheritance, DOM micro-actions, IVR chase, REA hashing. Runtime.
```

Human gate. The runtime stages fields and attachments, then stops. The licensed coordinator inspects and clicks Submit. Legal filing authority does not transfer.

HIPAA / 45 CFR § 164.312. ePHI is processed in workstation RAM for the session and is not written to a DeskGate database. Production screen-reads route only to BAA-eligible providers (Anthropic Claude on a HIPAA-ready organization, or Vertex AI under a Google Cloud BAA). Developer-tier Gemini keys are synthetic-only. Zero-retention describes DeskGate storage, not a provider void: Anthropic Covered Models retain approximately 30 days. Each completed case can emit a SHA-256 hashed Residual Evidence Artifact (REA v1.2).

Two runtimes. `embed.js` mounts on pages the practice owns. Third-party payer tabs (Availity, CoverMyMeds) require the operator extension. The website overlay cannot see Epic or Availity from deskgate.app.

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 RUNTIME	KEPT HUMAN
43-6013.00	Medical secretaries & admin assistants	Form completion, note compilation, field map	Phone triage, scheduling, greeting
29-2072.00	Medical records specialists	Retrieval, diagnostic/CPT transcription, collation	Release authority, training, governance
43-9041.00	Insurance claims & policy processing	Portal field entry, uploads, status check	Insured communication, complex exceptions
43-3021.00	Billing & posting clerks	Statement assembly, error-revision staging	Ledger reconciliation, counseling
NEW TASK	**Review gate (Time-at-Gate)**	**Inspection of staged output before Submit. Product-created drag. Specimen median ~1:52.**	

Price-plus-burden

Gross “minutes saved” that ignore review time are not a ledger. Time-at-Gate is deducted before net capacity is claimed.

- **Baseline parameter (specimen):** ~80 minutes cumulative touch-time on a residual specialty PA case.
- **Staging clock:** in-session visual grounding; seconds, not the 80-minute block.
- **Time-at-Gate (specimen):** 1 minute 52 seconds median review. At 4,000 cases/year that is ~124 coordinator-hours.
- **Net:** only after gate time and onboarding hours.

4. SCHEDULE M PROTOCOL AND SPECIMEN LEDGER

Schedule M is a 14-day measurement on one named portal family against a certified written historical baseline. A completed unit requires human-confirmed Submit and a payer tracking reference captured in the same session.

Label. Tables below are a methodology specimen. They show how rate uplift converts to coordinator-days avoided. They are not an observed 14-day Availity desk. The first signed design-partner cohort replaces this appendix.

Rate uplift is not labor reduction. Moving from 4.88 to 6.40 completed cases per coordinator-day is a **+30.6% rate uplift**. Coordinator-days for equal volume fall by **1 − (4.88 / 6.40) = 23.8%**. Quote labor as coordinator-days avoided per 1,000 completed cases. Do not invent dollar savings.

Specimen derivation

VALUE	METRIC	SOURCE CLASS
39 requests	Average PA requests per physician per week (all cases)	AMA physician survey benchmark
13.0 hours	Staff and physician time per physician per week on PA	AMA physician survey benchmark
20.0 min	Implied average staff time per routine request	Derived from AMA figures
80.0 min	Touch-time parameter for a residual non-API specialty case	DeskGate stated baseline — not measured on a named desk
390 min	Productive minutes per coordinator-day	Operating assumption (6.5 hours)
4.88 cases	**Baseline completed cases / coordinator-day (390 ÷ 80)**	**Derived specimen baseline**
6.40 cases	**Illustrative staged throughput**	**Illustrative staged cohort — replace with observed**

14-day cohort specimen

LAYER	DIMENSION	PRE-PERIOD	14-DAY SPECIMEN	DELTA
A Outcome	**Completed cases / coordinator-day**	**4.88**	**6.40**	**+30.6% rate 23.8% days avoided**
A Allocation	Coordinator-days in window	78.0 equiv.	39.5 allocated	4-coordinator illustration
B Contribution	**Gate acceptance, zero material edit**	**n/a**	**70.8% (179)**	**Verification metric — specimen**
B	Accepted after coordinator edit	n/a	22.1% (56)	Field adjustment
B	Pre-gate return (exceptions)	n/a	7.1% (18)	Returned to clinic queue
C Diagnostic	Median time-to-gate	~80 min touch	0 min 41 sec	Specimen staging clock
C	Median time-at-gate	0 (new task)	1 min 52 sec	Deduct as drag
D Integrity	Unauthorized autonomous submits	0	0 (100% gated)	Required invariant
D	Cohort / eligible / excluded	—	261 / 253 / 8	Pre-registered exclusions — specimen

5. DESIGN-PARTNER REFERENCE DESK CHARTER

First two reference desks run under these covenants so the specimen can be replaced by an observation.

- **Fee:** Schedule S access, Schedule I mapping, and Schedule M measurement at zero charge. No setup invoice.
- **Scope:** one named high-friction portal family (Availity, CoverMyMeds, or a named regional plan).
- **Partner provides:** certified written baseline, named seats, frozen eligible cohort, permission to publish a blinded ledger.
- **PHI:** live charts only after entity + customer BAA + `PHI_MODE`. Otherwise synthetic or de-identified.
- **Output:** one-page blinded before/after: cases per coordinator-day on that portal family.

DESKGATE, INC. (Issuer)

By: _____
Hans Johannes Schulte
Systems & Product Architect
Date: _____

DESIGN-PARTNER PRACTICE / RCM AGENCY

By: _____
Authorized operations / executive lead
Title: _____
Date: _____

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, Prior Authorization Physician Survey (recent iterations). Used here as published benchmarks, 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).

DeskGate, Inc. · https://deskgate.app · hans@deskgate.app · +31 970 102 22512

Capital paper: /pitch · Buyer measurement: /access · This document: /whitepaper