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August 1, Day 1: Prior Authorization Early Adopters

At this WEDI Summer Forum, we will be discussing two CMS proposed rules. Day One will focus on the "*Advancing Interoperability and Improving Prior Authorization Processes*" provisions, with emphasis on the Prior Authorization Requirements, Documentation, and Decision (PARDD) API requirements. Day Two will spotlight the *"Health Care Attachments Transactions"* and its X12-based proposals. We will also examine the HL7 Clinical Data exchange (CDex) standard. Breaking into small groups, we will be discussing critical implementation issues and steps the industry must take to ensure an efficient transition to these new standards.

Agenda Subject to Change. All times are **Central Daylight Time**

8:15am – 9:15am	**Forum Breakfast, Networking, WEDI Welcome**
9:15am – 9:30am	**HL7 Da Vinci Updates** **Charles Jaffe, MD, PhD,** Chief Executive Officer, HL7
9:30am – 10:15am	**Prior Authorization Requirements, Documentation and Decision** (**PARDD) FHIR API Early Adopters Session** **Kirk Anderson**, Vice President and Chief Technology Officer, Cambia Health Solutions **Heidi Kriz,** Director of Medical Policy and Medical Management, Regence Health Plans **Moderated, Charles Jaffe, MD, PhD,** CEO, HL7
10:15am – 11:00am	**Real-Time Coverage Requirements Discovery (CRD) Between a Payer and Provider** **Denny Brennan, Executive Director and CEO,** Massachusetts Health Data Consortium **David Delano, Senior Director of Services,** Massachusetts Health Data Consortium *MHDC / NEHEN conducted a prototype electronic automated prior authorization DaVinci compliant CRD (Coverage Requirements Discovery) implementation project with Blue Cross Blue Shield of Massachusetts (BCBSMA) and new England Baptist Hospital (NEBH) to evaluate the feasibility of this solution in a production capacity. The name of the solution was the 'Fast Pass' Pathways prior authorization workflow. The solution involved the extraction of structured X12 278 (referral) data and unstructured (notes) data from the participating provider EHR systems which then fed into a set of guidelines / recommendations that the system would determine from the data extracted to recommend an authorization, pend or denial from the payer regarding a requested service. The prototype project aimed to enhance that existing set of*

*technologies with a FHIR API capability complaint with the DaVinci
implementation guides (IGs) and to evaluate the efficacy of that approach.*

11:00am – 11:15am	Morning Break

11:15am – 11:45am **Prior Authorization: Pure Compliance vs Effective Cost Reduction**
Brian Poteet, Product Manager, Prior Authorization, Edifecs
Tech Showcase Presented by **edifecs**

11:45am – 12:45pm **PARDD/CRD Small Group Discussion and Report-Out**

12:45pm – 1:30pm Forum Luncheon, Networking

1:30pm – 2:15pm **Answer to Prior Authorization Burden Reduction: Regulation vs. Automation**.
Presented by **mcg**
Rajesh "Raj" Godavarthi, Associate Vice President of Technology and
Interoperability, MCG Health, part of the Heart Health Network
Daniel Cawood, Product Manager, Interoperability Solutions, MCG Health,
part of the Hearst Health Network
*The session will provide market analysis of the current state of the prior auth
burden reduction efforts. The topic of prior authorization regulation and
automation is ubiquitous, as it seems to be mentioned or discussed on a daily
basis. In addition to CMS proposed rule (PARDD API and FHIR), many states
have enacted legislation or regulations related to prior authorization. here has
been a flurry of companies that promise to revolutionize the prior authorization
process using technology, particularly machine learning (ML) and artificial
intelligence (AI). These companies seek to address the significant inefficiencies
and pain points associated with the current manual prior authorization process
by automating many of the tasks involved, such as verifying patient eligibility,
identifying, and submitting prior authorization requests, and tracking the status
of requests.*

2:15pm – 3:00pm **Setting up a FHIR Server, Early Adopters Session**
Arpit Parikh, Enterprise Architect, Health Care Service Corporation
Durwin Day, Health Information Manager, Health Care Service Corporation
*With the recent final and proposed regulations addressing interoperability and
prior authorization, understanding the challenges of setting up a successful
FHIR server is critical. This session focuses on lessons learned from the
technical and business perspectives.*

3:00pm – 3:15pm Afternoon Break

3:15pm – 4:00pm **Adopting a FHIR-based approach to Prior Authorization**
Presented by **InterSystems** Creative data technology
Lynda Rowe, Senior Advisor, Value-based Markets, InterSystems
Frank Pandolfe, MD, Clinical Product Manager, InterSystems
*With the currently proposed CMS rule, 0057-P, Advancing Interoperability and
Improving Prior Authorization Processes, improving this process has become a
hot topic. Yet, looking across the industry, there are still many bespoke
solutions that don't solve for the scalability problem. Although X12 278 didn't
get much traction, at least it offered a standardized ways for payer and
providers to interact. The HL7 DaVinci project has offered a FHIR-based
alternative that uses new standards, is scalable, and takes workflow into
consideration. Learn more about a scalable approach to prior auth and how we
need to start to build the tools in our toolboxes to be ready for it.*

4:00pm – 4:45pm	**CMS Forum: Electronic Funds Transfer, Virtual Credit Cards, and General Industry Questions**
4:45pm -5:00pm	**Small Group Report Out**

August 2, Day 2: Solicited Attachments Early Adopters

At this WEDI Summer Forum, we will be discussing two CMS proposed rules. Day One will focus on the "*Advancing Interoperability and Improving Prior Authorization Processes*" provisions, with emphasis on the Prior Authorization Requirements, Documentation, and Decision (PARDD) API requirements. Day Two will spotlight the *"Health Care Attachments Transactions"* and its X12-based proposals. We will also examine the HL7 Clinical Data exchange (CDex) standard. Breaking into small groups, we will be discussing critical implementation issues and steps the industry must take to ensure an efficient transition to these new standards.

8:00am – 8:45am	**Forum Breakfast, Welcome and Networking**
8:45am – 9:15am	**275 (and 277 RFAI) Early Adopters Session** **Mary Lynn Bushman**, Agile Product Manager, National Government Services **Sherry Wilson,** Executive Vice President, Chief Compliance Officer, Jopari *This session will spotlight the Health Care Attachments for Claims and Prior Authorizations. Mary Lynn and Sherry will share early adopters' experience with the X12 275 transactions and the embedded HL7 C-CDA. In addition, they will share their experience with the X12 277 Health Care Claim Request for Additional Information.*
9:15am – 10:00am	**275 (and 277 RFAI) Small Group Discussion and Report-Out**
10:00am – 10:15am	**Mid-Morning Networking Break**
10:15am – 11:00am	**Prepare for Attachments (X12 & FHIR) With a Holistic Patient-Centered Approach** Presented by edifecs **Kevin Day**, Principal Business Advisor, Edifecs **Sergiu Rata**, AVP Product Management, Edifecs *Take a holistic solution view of attachments across the patient's entire healthcare journey and discover how to incorporate the CMS-0053 rule along with CDEX for Prior Authorization.*
11:00am – 11:30am	**Implementing Clinical Data Exchange (CDeX) to Support Multiple Payer Use Cases** **Jim Adamson,** Business Transformation Manager, Arkansas Blue Cross Blue Shield **Lynda Rowe,** Senior Advisor Value Based Markets, Intersystems *Now more than ever there is an imperative for payers to incorporate clinical data into their overall enterprise data strategy. Furthermore, the CMS Interoperability rules for payers are requiring most payers to implement FHIR and ingest clinical data. Taking advantage of these capabilities should be top-of-mind for payers. Learn how using the Da Vinci CDeX Implementation Guide can accelerate your clinical data ingestion, allow you to ingest once use many, and take advantage of your FHIR infrastructure. Hear about how Arkansas Blue Cross Blue Shield plans to use CDeX to accelerate their strategy to reduce burden and improve plan performance.*

11:45am – 12:30pm	**X12 Updates** **Cathy Sheppard,** Executive Director, X12 **Tara Rose**, Capability Manager, OptumInsight *X12's Proof of Concept (POC) Program was created to verify the expected business benefits of these new versions and transactions are achievable, identify unforeseen obstacles and adjust accordingly, and establish baseline of expected implementation cost. Learn about Optum's participation and their execution.*
12:30pm – 12:45pm	**Forum Luncheon/ Working Lunch**
12:45pm – 1:45pm	**CMS Forum for Filing a HIPAA Complaint; Demo and Small Group Exercise** **Michael Cimmino,** Director. National Standards Group, Office of Burden Reduction & Health Informatics, Centers for Medicare & Medicaid Services **Beth A. Karpiak, JD**, Policy Advisor, National Standards Group Centers for Medicare & Medicaid Services Office of Burden Reduction & Health Informatics **Paul Anderson,** Health Insurance Specialist Program Management National Standards Group Office of Information Technology Centers for Medicare & Medicaid Services
1:45pm – 2:00pm	**CMS Forum Read Out**