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Agenda Subject to Change: All Times Central

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

8:30am – 9:30am	**Forum Breakfast, Networking, WEDI Welcome**
9:30am – 10:00am	**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
10:00am – 10:30am	**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.

10:30am – 11:30am **PARDD Small Group Discussion and Report-Out**

11:30pm – 12:00pm **Prior Authorization: Pure Compliance vs Effective Cost Reduction**
Brian Poteet, Product Manager, Prior Authorization, Edifecs
Tech Showcase Presented by edifecs

12:00pm – 12:45pm Forum Luncheon

12:45pm – 1:30pm **Small Group Discussion**
How wedi Can Assist Implementation Efforts

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

Danny Cawood, Manager, Product Management, 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 – 2:30pm **Afternoon Forum Break and Networking**

2:30pm – 3:15pm **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.

3:15pm – 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 – 5:00pm

Small Group Discussion: "A Matter of Trust"

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	**Clinical Data Exchange (CDEX) Early Adopters** **James Adamson**, Business Transformation Manager, Strategic Innovations and Investments, Arkansas Blue Cross Blue Shield **Lynda Rowe,** Senior Advisor, Value-based Markets, InterSystems
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 – 1:00pm	**Forum Luncheon**
1:00pm – 1:45pm	**Small Group Discussion: Hybrid Solutions and Implementation Guide Challenges**
1:45pm – 2:15pm	**Report-Out, Closing Remarks**