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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
9:15am – 9:30am	WEDI Welcome
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
10:15am – 11:00am	PARDD Small Group Discussion and Report-Out
11:15am – 11:45am	TBA Tech Showcase Presented by edifecs
11:30am – 12:15pm	Forum Luncheon
12:15pm – 12:45pm	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 compliant with the DaVinci implementation guides (IGs) and to evaluate the efficacy of that approach.


12:45pm – 1:30pm

Small Group Discussion
How  Can Assist Implementation Efforts

1:30pm – 2:00pm

Afternoon Forum Break and Networking

2:00pm – 2:45pm


Answer to Prior Authorization Burden Reduction: Regulation vs. Automation. Presented by 
Rajesh "Raj" Godavarthi, Associate Vice President of Technology and Interoperability, MCG Health, part of the Heart 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.

3:00pm – 3:45pm


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.

3:30pm – 4:15pm	TBA Educational Session Presented by  InterSystems Creative data technology
4:15pm – 4:45pm	Small Group Discussion: “A Matter of Trust”
4:45pm – 5:00pm	Group Report Out and Closing Comments

Day 2: Solicited Attachments Early Adopters

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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 <i>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.</i>
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	TBA Sponsored Educational Session Presented by  edifecs
11:00am – 11:30am	Clinical Data Exchange (CDEX) Early Adopters
11:45am – 12:15pm	X12 Proof of Concept Updates Tara Rose , Capability Manager, OptumInsight <i>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</i>

baseline of expected implementation cost. Learn about Optum's participation and their execution.

12:15pm – 12:45pm

Forum Luncheon

12:45pm – 1:30pm

Small Group Discussion: Hybrid Solutions and Implementation Guide Challenges

1:30pm – 2:00pm

Report-Out, Closing Remarks