



e-Prior Authorization RFI Task Force Meeting

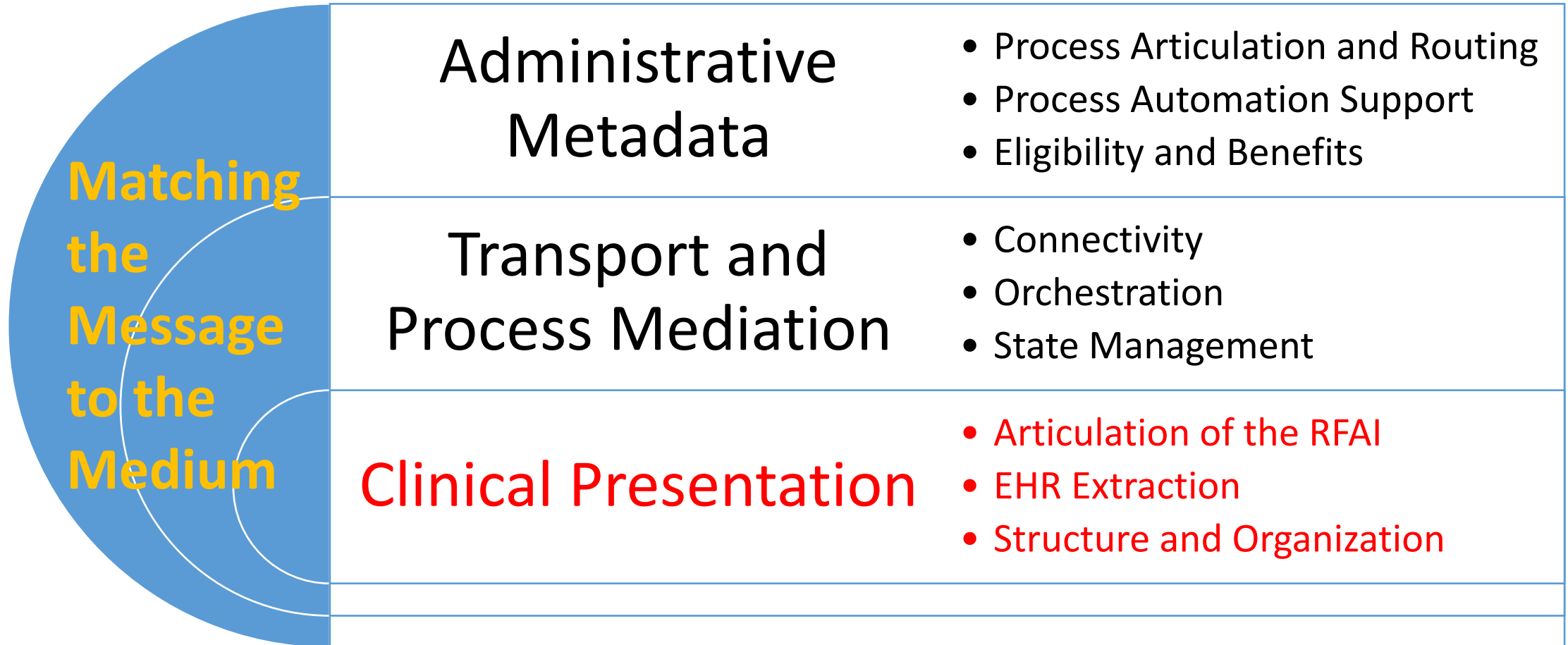
Wednesday, February 16, 2022
10:00 am to 11:30 am ET



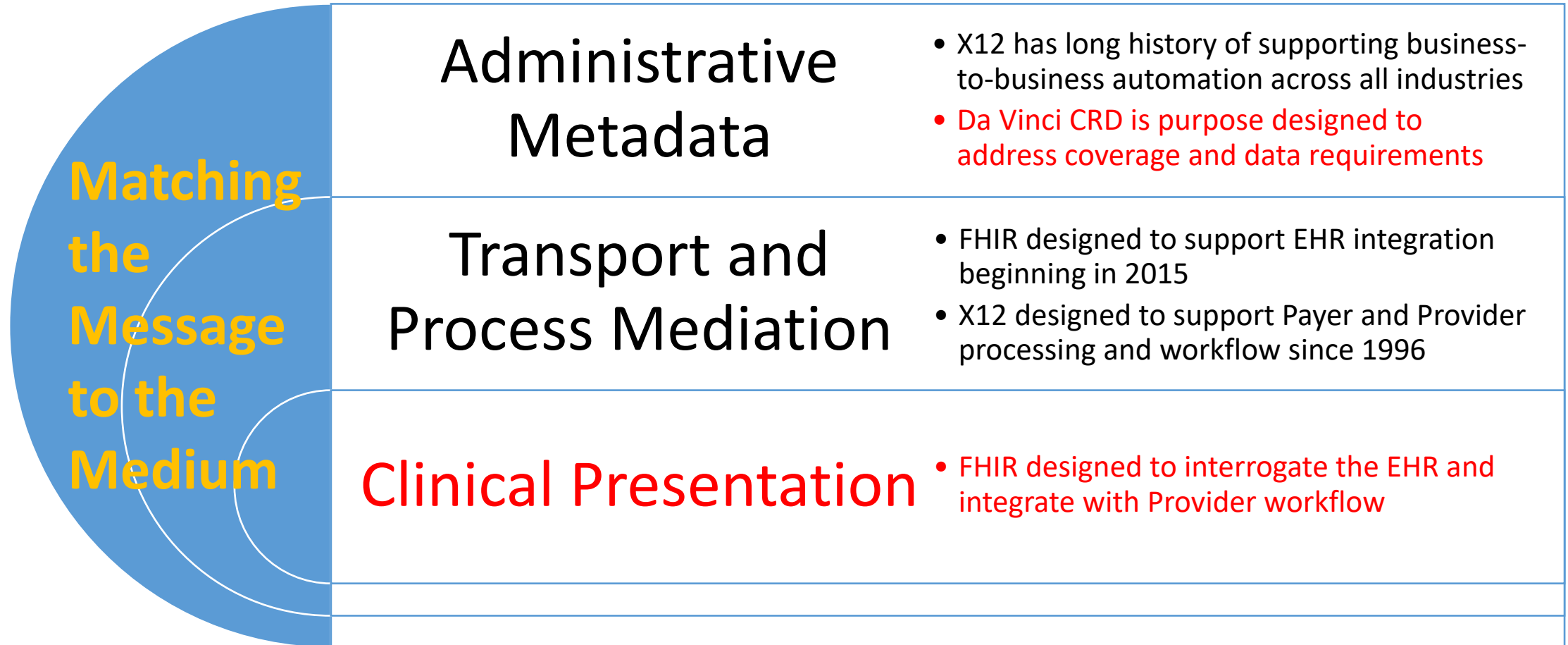
- WEDI is the leading authority on the use of health IT to improve information exchange to enhance the quality of care, improve efficiency and to reduce costs of the health care system.
- WEDI is named in HIPAA as an HHS Advisor.
- Our mission as an industry convener, is to provide multi-stakeholder leadership and guidance to the nation's health care system on how to use and leverage the industry's collective technology, knowledge, expertise, and information resources to improve the administrative efficiency, quality, and cost effectiveness of health care information.



PA E2E Automation Absent the Standards



PA Process State of Standards Maturity



PA Process State of Standards Maturity



Matching the Message to the Medium	Administrative Metadata	<ul style="list-style-type: none">• X12 278• X12 275• Da Vinci FHIR CRD/DTR
	Transport and Process Mediation	<ul style="list-style-type: none">• X12 278• X12 275• Da Vinci FHIR PAS• HL7 CCDA
	Clinical Presentation	<ul style="list-style-type: none">• HL7 CCDA• Da Vinci FHIR DTR/PAS

Translation is a Misnomer: Workflow is the issue

- Machines handle automated translation between EHR data and PMS claims generation as X12 every day
- Mapping of data between HL7, NCPDP, LOINC, X12, FHIR, etc. is a routine process for data analysis across the industry
- Payers, Clearinghouses, PMS and EHR vendors currently support mapping workflows with tooling in place
- Maturity does matter with regard to workflow but that means ruling in options, not ruling them out

Fundamentals of Reducing Burden



- Data must be structured to be of value in automating end-to-end processes
- Build on what exists:
 - C-CDA and FHIR are mandated capabilities for EHR's under Meaningful Use and The CURES Act Rules
 - Billions of dollars of investment in X12 highway support scalable machine-to-machine workflow integration
 - Anthem and CAQH data demonstrate significant, successful adoption of attachments utilizing X12 6020 as an envelope enabling business-to-business automation
- Learn from Successful Process Automation– Mandates driven automation of three key processes drove out costs and improved outcomes for **all** stakeholders:
 - Claims
 - Eligibility
 - E-prescribing

Process vs Data Interoperability



- Crossing business units to support an end-to-end process is a workflow, not a technology issue
- Mandating standard processes and technology certifications drives the evolution of workflow
- Rule #1 of any business process re-design:
Actors need to plug into a common process rather than designing a process that plugs into all the actors

Successful Burden Reduction is Predicated on Being Sensitive to Contexts



- Prior authorization and attachments go hand-in-hand
- RFAI in general should be supported by common workflows, tooling and communication patterns
- Burden is a consumer issue, not just a problem for Payers and Providers
- Da Vinci IG's address the end-to-end issues and address how X12, FHIR and C-CDA can/should coexist in harmony

WEDI Summary Recommendations



1. Standards are valuable and translations can, and should, be seamless
2. Regulations are the key to progress. Any regulations to reduce burden must guarantee Provider benefit.
3. The Da Vinci IG's (CRD, DTR, PAS) are robust and adopt the right focus
4. Automation is a patient's best friend to improve care delivery
5. Standards must apply to all lines of business in the Payer community
6. Providers need to be strongly incentivized to adopt the standards
7. Vendor certification requirements must support the Providers to capitalize changes in workflow and capability
8. CMS Rule scope must address the business and care workflows of Providers, Payers **AND** Consumers

Appendix

Anthem NGS and Attachments



- 1,620 Provider organizations (Part A and Part B) enrolled and sending X12 275 transactions
- 5 Clearinghouses and Epic
- Averaging over 2,000 attachment transactions per month representing 15% of medical documentation received with fax, paper and portal steadily decreasing
 - November - 2,551
 - December - 2,707
 - January - 2,306
- Requires use of HL7 in the X12 275 BDS segment
- Support unstructured (PDF, TXT files but wrapped in CDA) as well as structured documents

Anthem NGS and Attachments (Cont.)



- The structured documents currently supported:
 - OP Notes in the form of either CDA R2 and C-CDA R2.1
 - Currently all of trading partners using either CDA R2 or C-CDA R2.1
- Currently testing additional Clearinghouses and large Providers
- Have not heard any concerns with the HL7 C-CDA R2.1 requirement
- FHIR not currently being used by Providers, but C-CDA is sufficient
- Implementing additional structured templates in the near future
- Automated attachment workflow for Electronic Appeals has been implemented but not yet adopted by any Providers
- Testing prior authorization using X12's 278 + 275 automated workflow – planned production Q2 2022

CAQH Index Numbers for Attachments



- Over 20% of Payers have adopted attachments for each of the past three years
 - Fully electronic, i.e., utilizing X12 275 and HL7 CDA)
- Attachments Count:
 - 45M in 2021 (drop as a result of Covid related utilization drop)
 - 66M in 2020
 - 62M in 2019