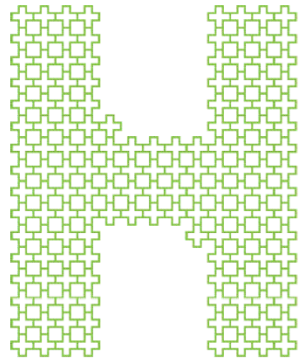
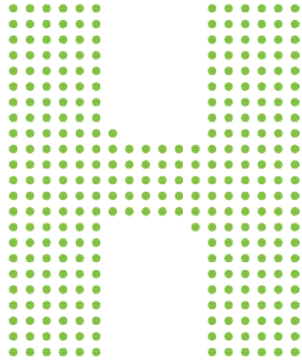
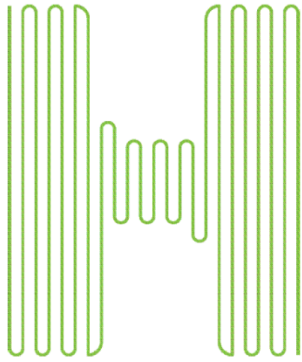


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# Prior Authorization Optimization

May 2019



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# Agenda

- 01 | Overview of existing landscape
- 02 | Why & how (current and planned initiatives )
- 03 | Da Vinci FHIR Prior Authorization Support
- 04 | Broader perspective
- 05 | Q&A

# Humana Prior Authorization Overview



278 is our standard

Response is 'real-time' regardless of submission mode

~ 35,000 278s per day

~ 80% automated approval

~ 70% real time electronic (B2B & portal)

# Industry Overview

Administrative prior authorization processes have been estimated to contribute as much as \$25 billion annually<sup>1</sup> to the cost of healthcare and have been linked to negative effects on patient care and provider performance.

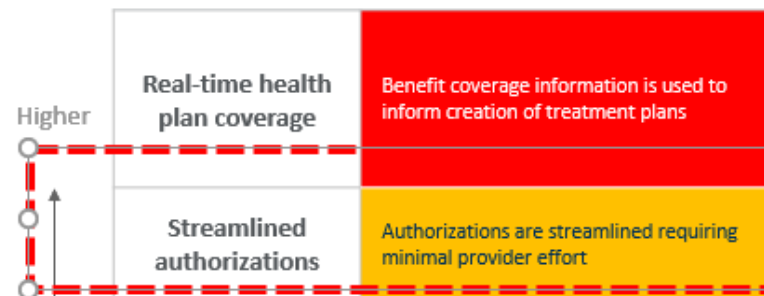
Although Humana has supported the real-time 278 standard for many years, this is not true across the industry. While electronic prior authorization emphasis has attempted to reduce burden, adoption across the industry continues to be low with only 12% use of form 278 in 2018. Industry barriers mentioned include **lack of operating rules**, **ubiquity of payer web portals** and a myriad of state laws, and some components of the **workflow** occur outside the scope of the electronic standard.

While electronic PA is progressive, it is not transformative. Payers have levers to reduce inefficient communications and increase data exchange efficiency with providers.

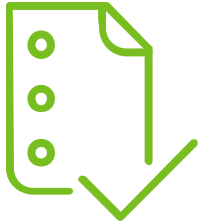


## Opportunities Informed by Clinicians

*Feature/Function*

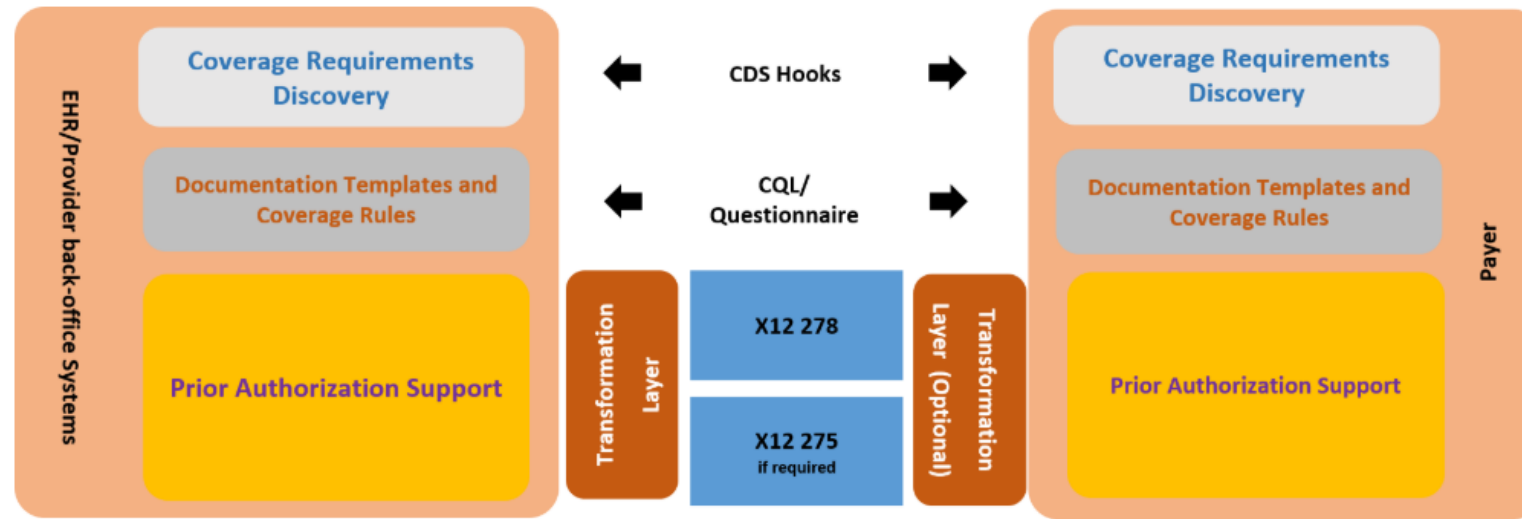


# Current Initiatives Examples



- Da Vinci PAS (including CRD and DTR)
- EHR specific optimization
- Authorization Questionnaires
- Automation BOTs
- Analytics at point of submission
- NLP/OCR for medical necessity documentation
- FAX automation with NLP
- Watson AI for IVR

# Da Vinci Prior Authorization Support



Improve transparency

Reduce effort for prior authorization

Leverage available clinical content and increase automation

## CRD

**Complete DTR/ CQL Questionnaire**

① Prior Authorization is Required

Source: Humana

[Medical Necessity Documentation](#)

[Jump to Medical Necessity Documentation](#)

Accept  Cancel

## DTR

**Heart Failure (Humana Documentation)**

ADMISSION IS INDICATED BY 1 OR MORE OF THE FOLLOWING

Hemodynamic instability

Severe electrolyte abnormalities requiring inpatient care

Cardiac arrhythmias of immediate concern

Precipitating cause for acute decompensation (eg, pneumonia, pulmonary embolism) requires inpatient care

Acute cardiac ischemia causing or associated with failure. See Angina or Myocardial Infarction as appropriate

Pulmonary edema that is very severe (eg, invasive or noninvasive assisted ventilation needed, imminent or likely, or need for 100% oxygen to keep oxygen saturation above 90%)

Massive skin edema (anasarca) with complications (eg, tissue breakdown with infection, inability to void due to edema)

Pulmonary edema that is persistent as indicated by ALL of the following

Tachypnea that persists despite emergency department and observation care treatment

## Prior Authorization Response

Massive skin edema (anasarca) with complications (eg, tissue breakdown with infection, inability to void due to edema)

Pulmonary edema that is persistent as indicated by ALL of the following

Tachypnea that persists despite emergency department and observation care treatment

Dyspnea (above baseline) that persists despite emergency department and observation care treatment

Altered mental status that is severe or persistent

Increased creatinine (new on laboratory test) with reduction of more than 50% in estimated glomerular filtration rate from baseline eGFR - Adult Calculator

Progressively (ongoing) rising creatinine (known from past laboratory test) with reduction of more than 25% in estimated glomerular filtration rate from baseline eGFR - Adult Calculator

Acute renal failure

Acute peripheral ischemia (eg, examination shows pulseless, cool, mottled, or cyanotic extremity)

Pulmonary artery catheter monitoring needed

Other condition, treatment, or monitoring requiring inpatient admission

Prior Authorization Approved - Id: 3fec9bca-aa29-4273-8832-9269b36ba0c3

# Broader Perspective



Many FHIR initiatives of which PA is one of the most critical  
FAST, Da Vinci, Argonaut, CARIN

FHIR provides mechanisms which compliment the X12 baseline  
Adjacent integrations such as coverage requirements discovery and documentation template and rules streamline the overall process (this may be a Humana bias given that we use 278)

Payer agnosticism is a key consideration

Payer rules may necessarily different but the workflow experience doesn't have to be

Thank you

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