Humana.

# Prior Authorization Optimization

May 2019

# 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

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# Humana Prior Authorization Overview

278 is our standard
Response is ‘real-time’ regardless of submission mode

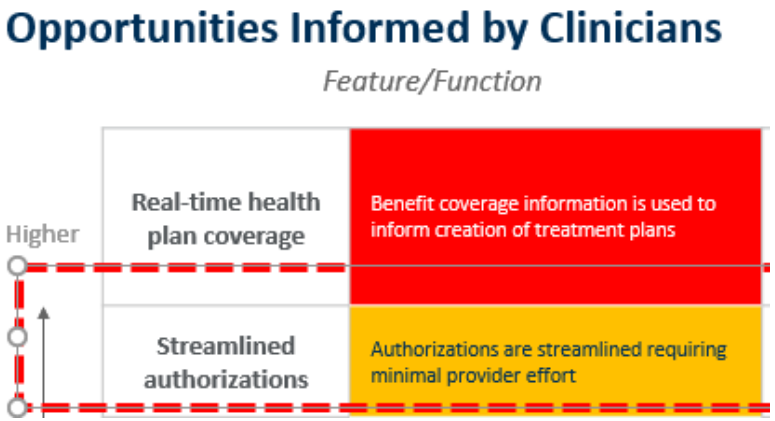
~ 35,000 278s per day
~ 80% automated approval
~ 70% real time electronic (B2B & portal)

# Industry Overview

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

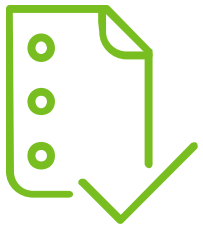
Although Humana has supported the real-time 278 standard for many years, this is not true across the industry. While electronic prior authorization emphasis has attempted to reduce burden, adoption across the industry continues to be low with only 12% use of form 278 in 2018. Industry barriers mentioned 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.



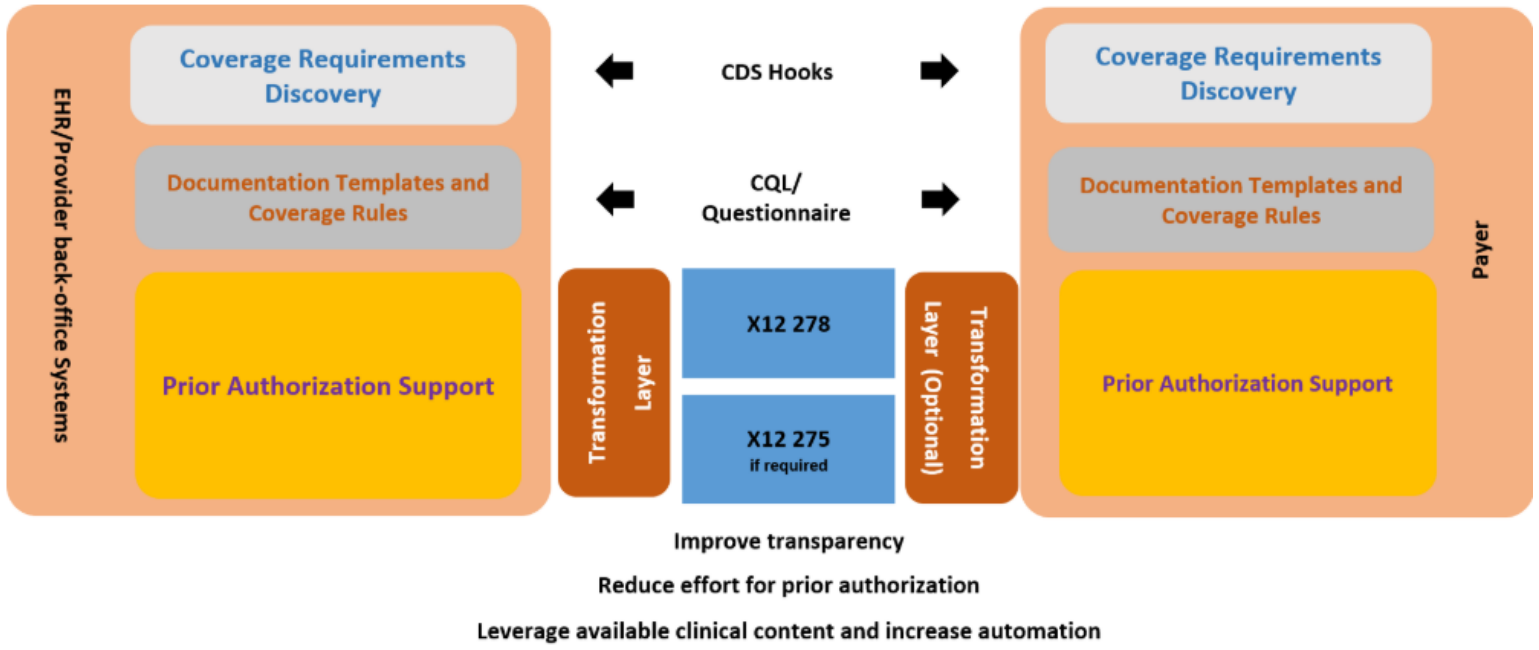

[1]CAQH CORE July 2019 Part IV Whitepaper

# Current Initiatives Examples



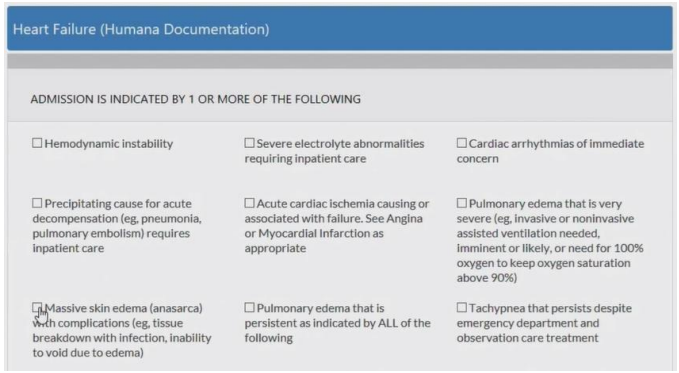
- Da Vinci PAS (including CRD and DTR)
- EHR specific optimization
- Authorization Questionnaires
- Automation BOTs
- Analytics at point of submission
- NLP/OCR for medical necessity documentation
- FAX automation with NLP
- Watson AI for IVR

# Da Vinci Prior Authorization Support

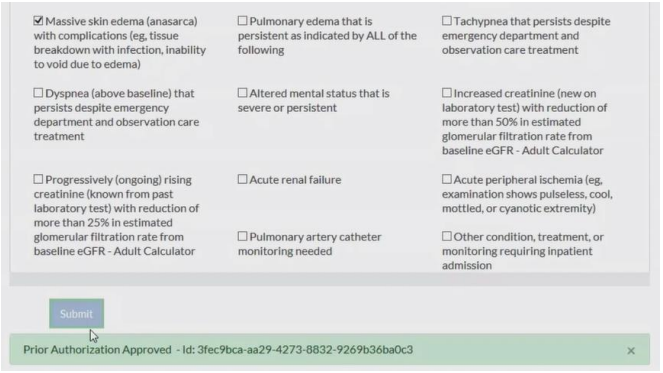



## CRD


## DTR




## Prior Authorization Response



# 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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