HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE PRIOR AUTHORIZATION HEARING MARCH 20, 2019

Who Is WEDI

Our Advisory Role

- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the Secretary of Health and Human Services (HHS) to adopt standards for health care transactions to enable electronic exchange of health information.

- WEDI was named by the Secretary of HHS in HIPAA legislation as an advisor to HHS, and continues to fill that role today.
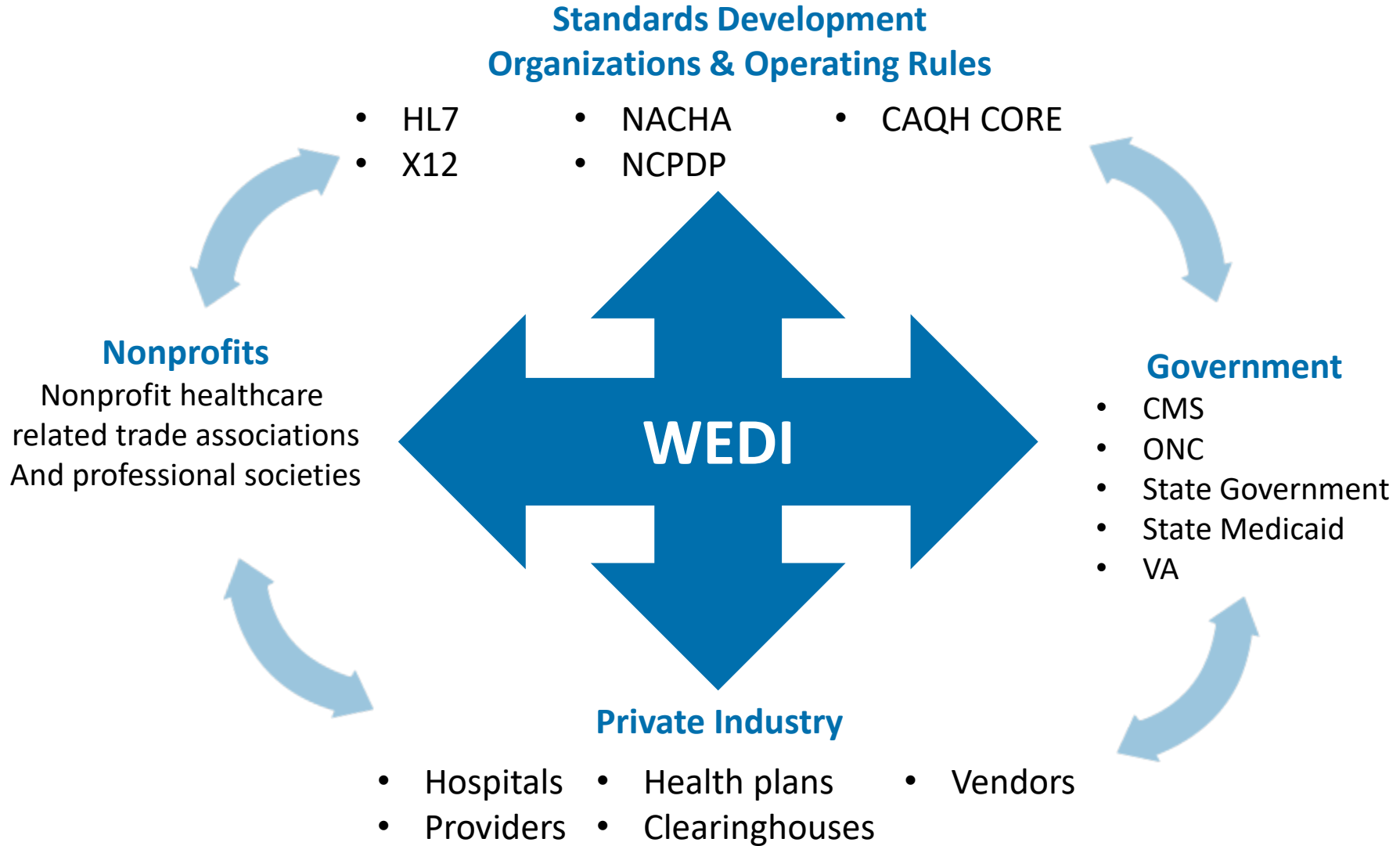
Advisor → **Secretary of HHS**

Board Representation

- Aetna
- America's Health Insurance Plans
- American Dental Association
- American Hospital Association
- Anthem, Inc.
- ASC X12
- Availity, LLC
- Blue Cross Blue Shield Association
- CAQH
- Centers for Medicare & Medicaid Services (CMS)

- Change Healthcare
- Director
- DST Health
- Edifecs
- Federation of American Hospitals
- Health Care Service Corporation
- Health Level Seven
- Kaiser Permanente
- LabCorp
- Mayo Clinic

- Medical Group Management Association
- Minnesota Department of Health
- Montefiore Medical Center
- National Council for Prescription Drug Programs
- NCQA
- PNC Bank
- UnitedHealth Group
- Utah Health Information Network
- Waystar
- WPS Insurance

The Facilitator

Standards Development Organizations & Operating Rules

- HL7
- X12
- NACHA
- NCPDP
- CAQH CORE

Nonprofits

Nonprofit healthcare related trade associations And professional societies

WEDI

Government

- CMS
- ONC
- State Government
- State Medicaid
- VA

Private Industry

- Hospitals
- Providers
- Health plans
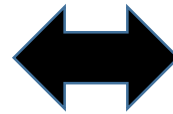- Clearinghouses
- Vendors

Who is the WEDI Prior Authorization Council (PAC)

Boundaries

- Delayed patient treatment
- Questioning practitioner's medical judgment
- Manual, time-consuming process requires resources that could be spent on clinical care

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- Health plans have adopted medical management tools to improve care and reduce costs for patients
- Medical management tools help ensure care is consistent with evidence-based practices.

Prior Authorization Council

- AMA
- HATA
- CAQH
- AHIP
- BCBSA

- Cooperative Exchange
- NCPDP
- X12
- WEDI PAWG
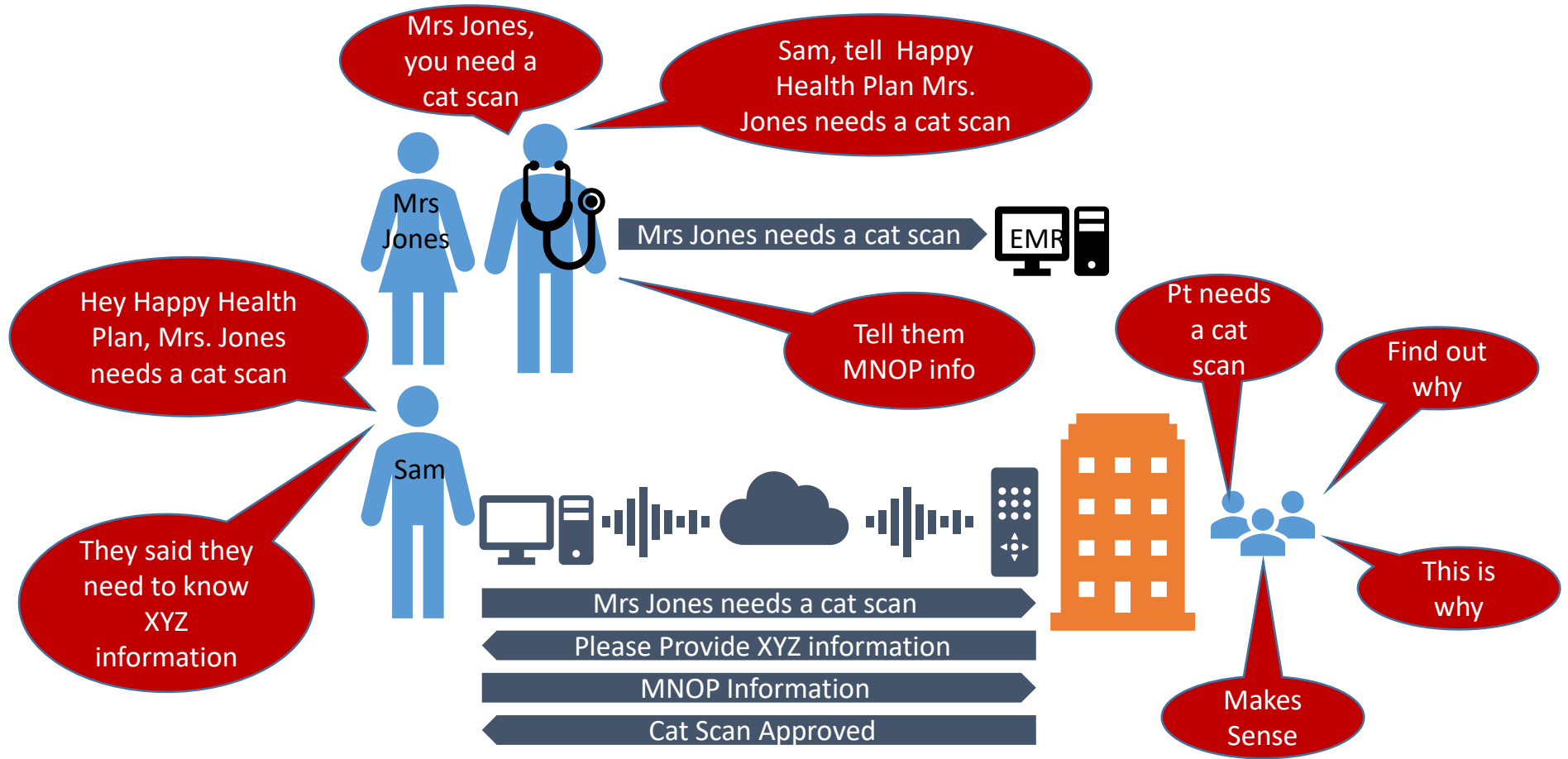- HIMSS

PAC Process

Are there Gaps to fill?

- Policy development- AMA, AHIP, BCBSA
- People doing it- NCPDP- PBM and Pharmacy integration is high as a
- If we were doing it, what would it look like
  - WEDI Work Group- SME input and coordinating with DSMO's
  - CAQH- Formalized practicality to achieve consensus
  - X12- Aligning the standard to the industry
  - Cooperative Exchange- Enabling the endpoints
  - HATA- Workflow integration
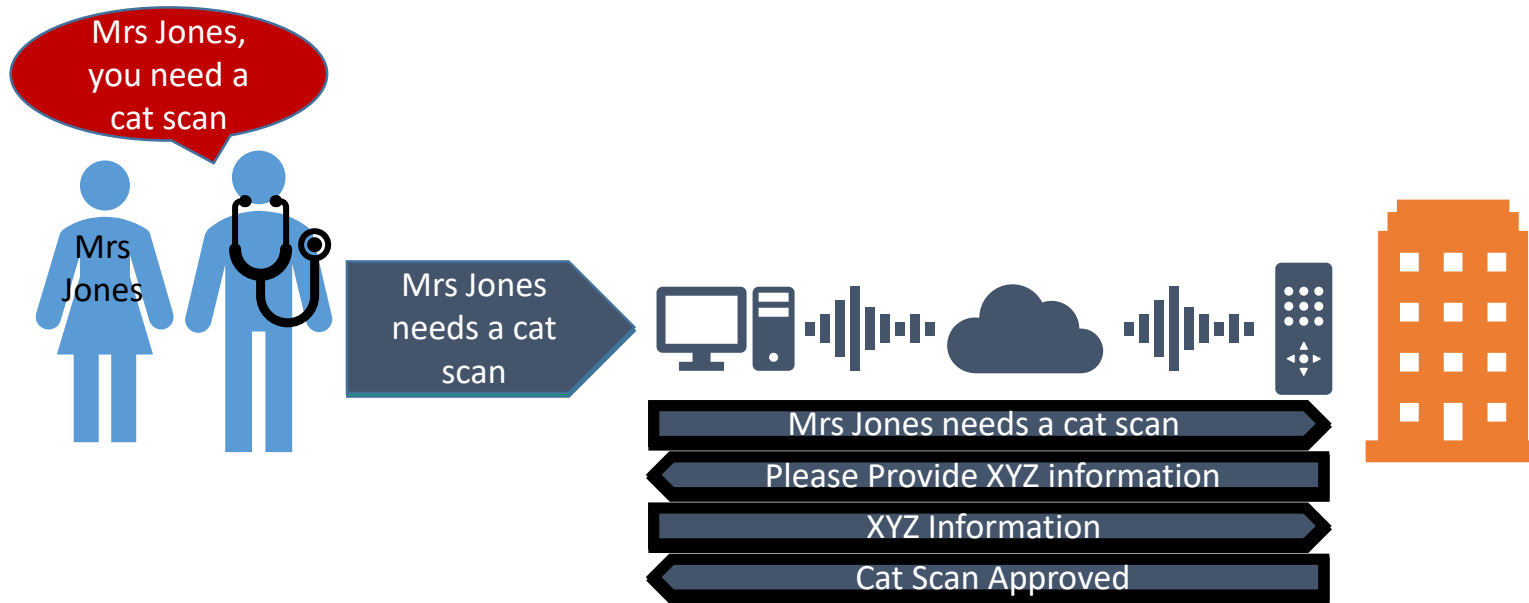- HIMSS- Focus on the future of the patient RCM experience

PAC Finding

$25+ Billion

- 14.9 hours per week per physician
- 1M practicing physicians in the US
- $33/hr average national hourly wage for healthcare workers

Other Key Findings

Zinnege Zorg: Appropriate Care

- CMS Appropriate Use Criteria Program
- CDSM's (Clinical Decision Support Module)
- Point of Care workflow integration
- The two tails of Appropriate Care:

  Should I do this procedure? vs. What procedure should I do should I do?
- PA historically deals with only one tail

GAO Report

- "CMS should take actions to continue prior authorization efforts to reduce spending in Medicare"

- " Major roadblock will be difficulty in obtaining documentation"

- PAC Conclusion→ Without automation PA opportunities will never be realized

Rebrand "Administrative Simplification" → "Administrative Automation"

Harvard Pilgrim Case Study on Prior Auth Automation

- Eliminate policies that aren't automatable
- Eliminate policies that add no value
- Rewire polices expressly to be automatable
- Success
- Wins erode with time and increase in complexity
- Refactor
- Re-Succeed

Avoid Standards Wars- Rip and Replace is Costly

- Pursue harmony between x12 NCPCP HL7 FHIR
- Leverage innovation combined with mature capability to achieve rapid acceptance
- Minimize capital burden and service disruption to maximize breadth of adoption
- Build a common glide path to a best practice approach

- Under utilized and under appreciated
- The delay in the Attachments Rule crippled the transaction
- FHIR and HL7 require the same investments that payers and providers have to date refused to make in the 278
  - Granular and computable policy definition
  - Structured data in the EMR
  - New coding and semantic structures for expression of clinical presentations and Payer RFAI (request for additional information)

Playing together in the sandbox

- Guidance on Implementation of Standard Electronic Attachments for Healthcare Transactions-

  HL7 + x.12 + WEDI

- Leadership in the form of Carrots and Sticks is required
  - DaVinci PA
  - HIPAA PA
  - CAQH PA
  - NCPDP PA
  - Proprietary Solutions