



# CREATING TOMORROW'S HEALTH

## *Unveiling Patient Cost Transparency and Good Faith Estimates with FHIR®*

Session 63, March 12, 2024

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**HIMSS® 24**

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# Meet Our Speakers



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*Sr. Consultant and  
Da Vinci Patient Cost  
Transparency Lead,  
Point-of-Care Partners*



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*Lead Digital  
Interoperability  
Product Manager  
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# ***Conflict of Interest Slide*** **REQUIRED** - *This slide is required to report no conflicts of interest by each speaker.*

- Vanessa Candelora
  - Has no real or apparent conflicts of interest to report.
- Alice O'Carroll
  - Has no real or apparent conflicts of interest to report.

# Agenda

- Transparency Landscape – No Surprises Act and more
- HL7<sup>®</sup> Da Vinci and FHIR<sup>®</sup>
- Da Vinci Patient Cost Transparency
- Good Faith Estimates and Advanced EOB
- Emerging Pilots
- How to Get Involved

# *Learning Objectives*

- Discover the benefits of a standards-based approach to interoperability and how the multistakeholder initiative is helping the industry solve health care interoperability problems and meet federal requirements
- Explain the work on Good Faith Estimates data exchange between providers and the progress of early adopter pilot projects, which will ultimately provide accurate timely access to the cost of medical care prior to delivery, allowing patients to make better health care decisions and better manage their healthcare dollars
- Identify how to get involved, join the growing collaborative community and directly access all of the free and open resources of the multi-stakeholder HL7 Da Vinci Project to solve your interoperability challenges

# *Transparency Landscape*



# Patient Story



# Federal Regulatory Cost Transparency



PROPOSED



IN EFFECT



COMPLIANCE ENFORCED



ON THE HORIZON



**1/1/23**  
**(Enforcement Discretion TBD)**  
**TiC Consumer Price Transparency Tool**

The cost estimator tool from Payers must disclose information on 500 items, services and prescription drugs



**10/27/23 Federal Independent Dispute Resolution**  
Proposed rules related to the fees established by NSA for the FIDR process, asa established by ca, 2021.



**1/1/24 (Enforcement Discretion TBD) TiC Consumer Price Transparency Tool**

The cost estimator tool from Payers must list all covered items and services including prescription drugs



**NSA Advanced EOB & Provider Directories (March 2024 Enforcement)★**

Payers to provide Patients with expected costs of services and items, including cost sharing with deductible information

Providers must maintain directory information and Payers must verify every 90 days and make timely (2 days) updates when notified



**1/1/27 Proposed NCPDP RTPB Standard**

2023

2024

2027



**1/1/23**  
**CMS Part D - Beneficiary Real Time Benefit Tool (RTBT)**

Requires Part D plans to offer real-time comparison tools so enrollees have access to real-time formulary and benefit information, including cost-sharing



**1/1/23**  
**NSA Co-Providers (Deferred)** convening providers/facilities to gather co-providers/ facilities estimates to provide cohesive GFE to self-pay and uninsured patients



**Hospital Price Transparency (HPT) – CY2024 OPPS Proposed Rule 7/13/23 – Includes RFI relative to TiC and NSA**

Regulations require hospitals to display some of their standard charges **via CMS template (CSV) or JSON** for 300 shoppable services and deem hospitals to be in compliance if the hospital elects to offer an online price estimator tool.



**Hospital Price Transparency – CY2024 OPPS 1/1/24**

Regulations require hospitals to display some of their standard charges **via CMS template (CSV) or JSON** for 300 shoppable services and deem hospitals to be in compliance if the hospital elects to offer an online price estimator tool.



**ON THE HORIZON:**

**TiC Negotiated Rates**

and historic net prices for prescription drugs delayed pending future (undefined timeline) rulemaking.

**NSA Arbitration Process**

New guidance for Independent Dispute Resolution entities (IDRs) issued August 2023★

**RTPB Voluntary CERHT (2026)**

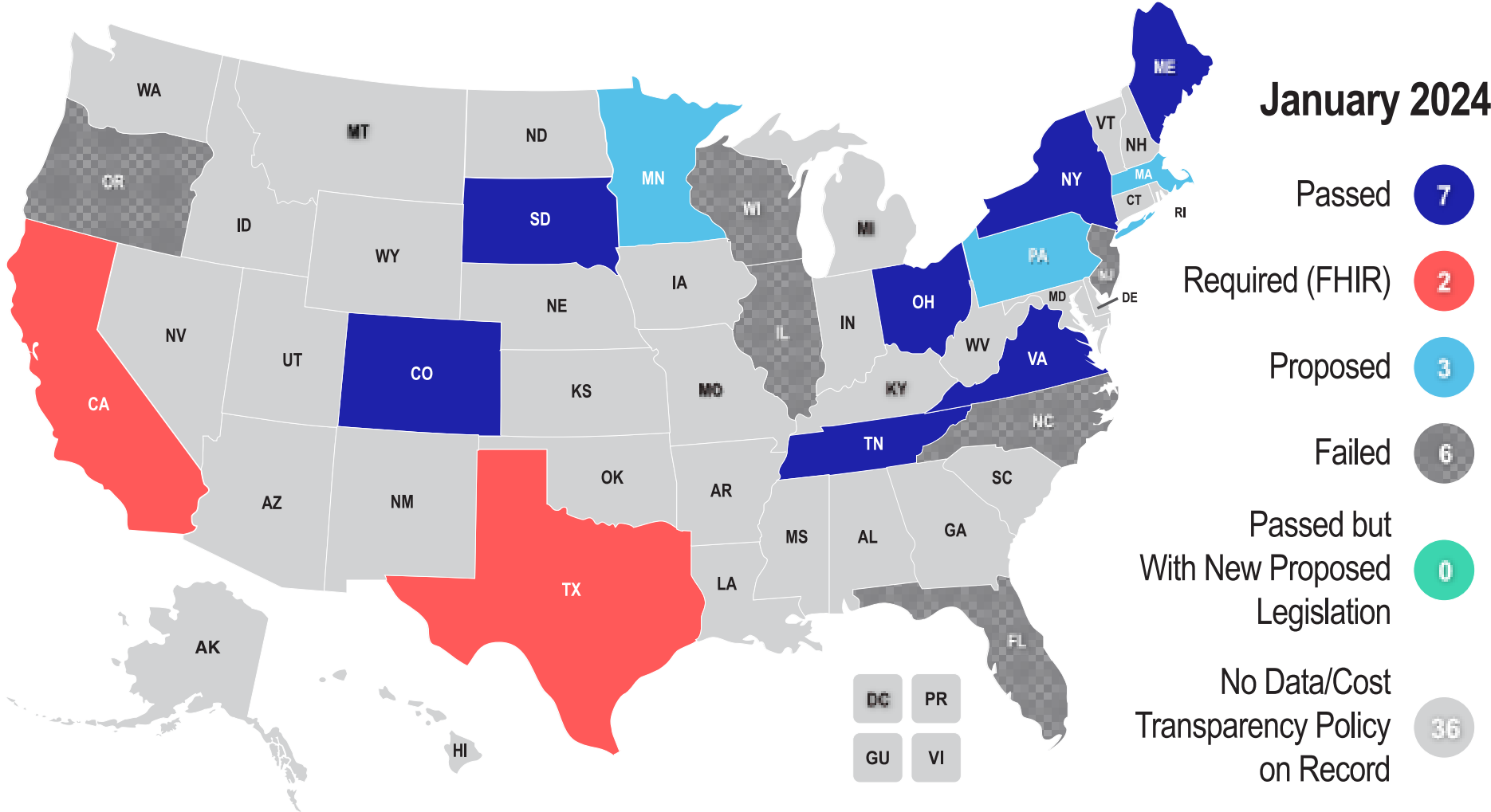
## Key Regulatory Bodies

Department of Health and Human Services  
Department of Labor

Department of the Treasury  
Office of Personnel Management (OPM)



# Data Transparency USA Map

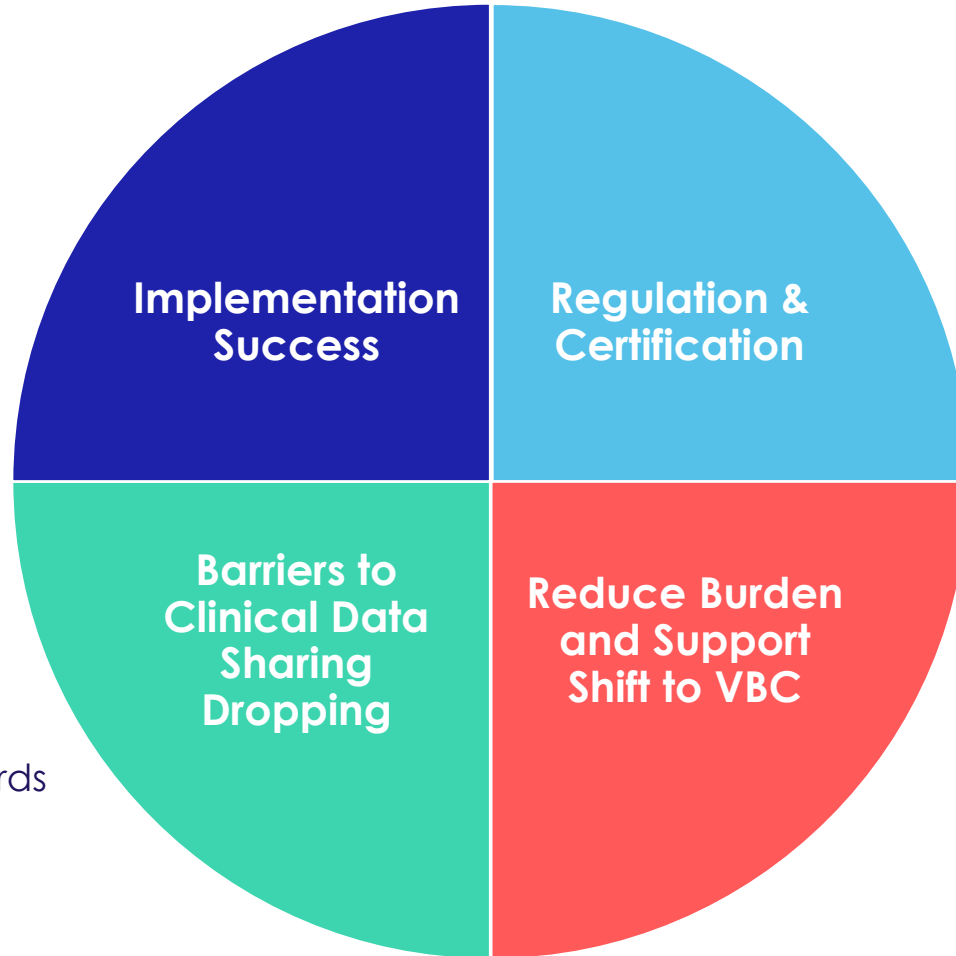


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# Why Now, What Is Different

Real world progress across implementers demonstrating improvement and benefit of automating critical workflows for provider and payer teams alike

Shift driven by ONC and CMS coordinated acceleration to shift the industry to APIs across functional areas across Providers, Payers and Vendors



Payers and Providers include clinical data sharing as base contract agreement with reality better tools to scale. Shared agreement to do this with standards

Real world progress across implementers demonstrating improvement and benefit of automating critical workflows for provider and payer teams alike

**Convergence of Policy, Technology  
and Industry Alignment**

# CMS/ONC Interoperability Mandates

**OPPORTUNITIES FOR MARKET LEADERS:** These regulations are disrupting the entire Healthcare business model and are catalysts for the industry to re-imagine how payers, providers and patients interact with each other.



**CMS 9115F - Interoperability & Patient Access APIs**

- Patient Access
- Provider Directory
- Payer to Payer data exchange



**CMS 9915F - Transparency in Coverage/CAA/NSA**

- Make data file publicly available for consumers to compare costs
- Shopping tool for 500 most shoppable services & items
- Shopping tool for remaining services & items



**Trusted Exchange Framework & Common Agreement (TEFCA)**

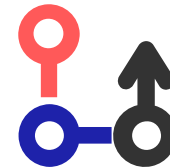
- Relevant, trusted information from Qualified Health Information Networks (QHINs) for:
  - Treatment
  - Payment
  - Operations
  - Public Health
  - Individual Access Services
  - Benefits Determination



**CMS 0057F – Advancing Interoperability & Improving Prior Auth**

- Expand
  - Patient Access
  - Payer to Payer
- Add
  - Provider Access API
  - Prior Auth Requirements, Documentation & Decision (PARDD) API

# Multi-Stakeholder Collaboratives Build Community



## KNOWLEDGE

Right stakeholders,  
right leaders + right  
home (HL7)

## PROCESS

Usable draft standard +  
early adopters across  
stakeholders

## METHODOLOGY

Rapid development of spec  
+ supporting reference  
implementations

## SUCCESS!

# *Da Vinci Patient Cost Transparency Work*



# Da Vinci 2024 Multi-stakeholder Membership

## PROVIDERS



## EHRs



## PAYERS



## VENDORS



## INDUSTRY PARTNERS



\*Indicates a founding member of the Da Vinci Project. Organization shown in primary Da Vinci role, Many members participate across categories.

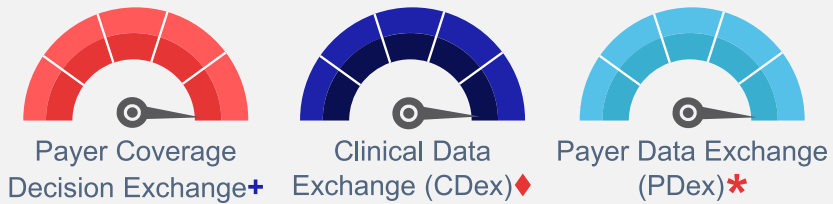
For current membership:  
<https://confluence.hl7.org/display/DVP/Da+Vinci+Project+Members>

The above listed Blue Cross and Blue Shield companies are independent licensees of the Blue Cross and Blue Shield Association.

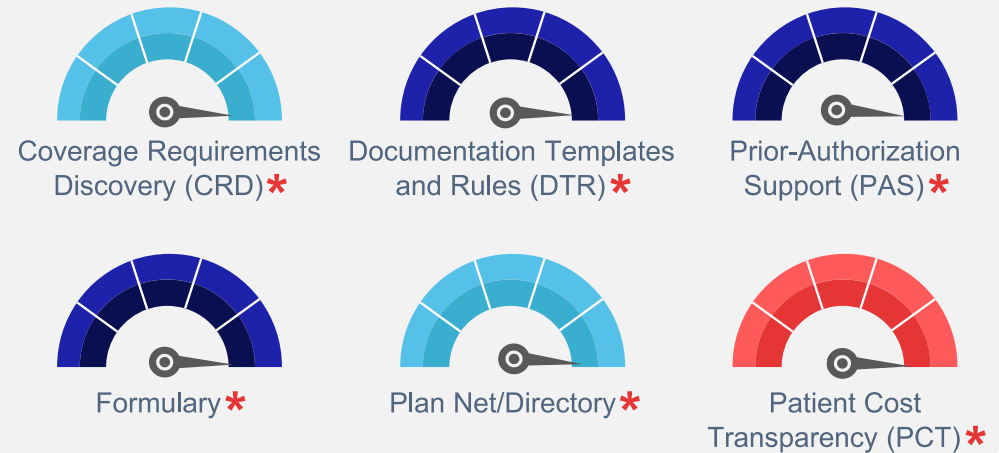
Rev 1/24/24.

# Use Case & IG Readiness

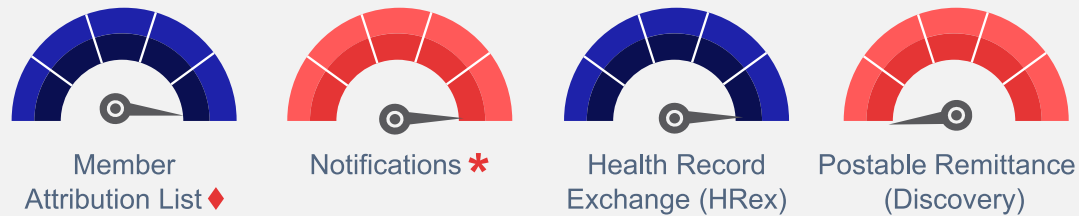
## Clinical Data Exchange



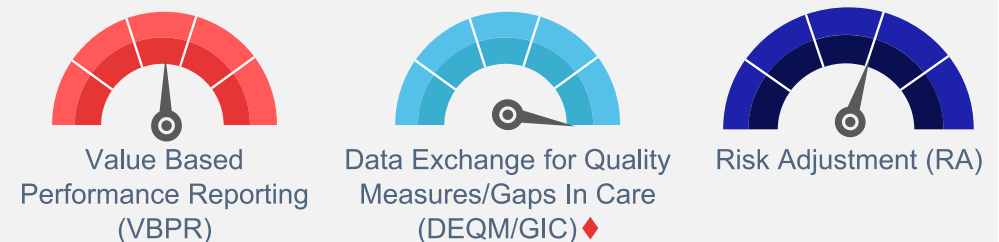
## Coverage, Transparency & Burden Reduction



## Foundational Assets



## Quality & Risk



- \* Referenced in or supports Federal Regulation
- ♦ Aligned with expected Federal Regulation
- + Guide Paused and Core Functionality moved to PDex
- 🕒 Dial denotes progress in current STU Phase

Implementation Guide Dashboard: <https://confluence.hl7.org/display/DVP/Da+Vinci+Implementation+Guide+Dashboard>



Most Mature

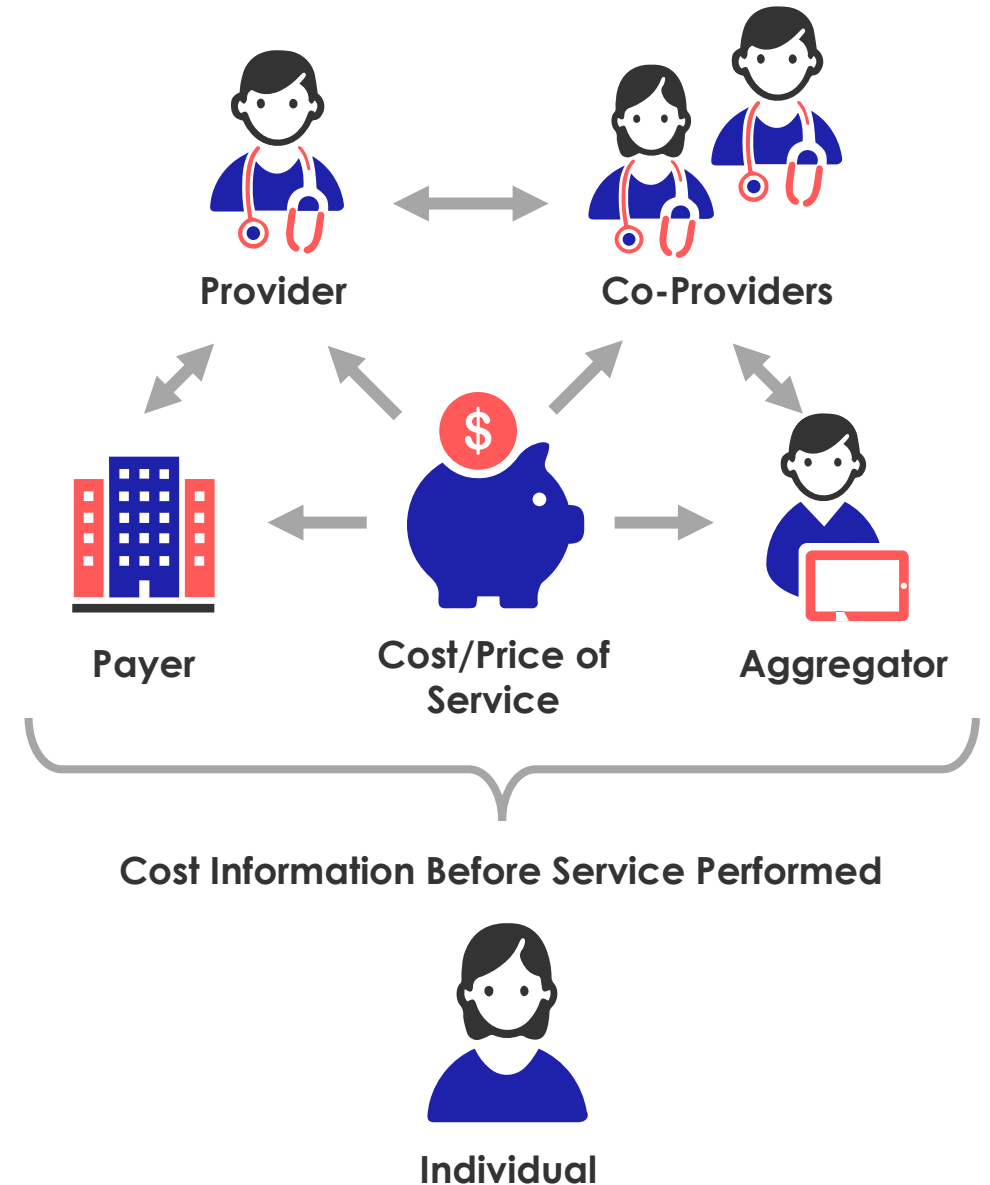
Active Growth

Least Mature

# Da Vinci Patient Cost Transparency (PCT) Use Case Summary

## Goal:

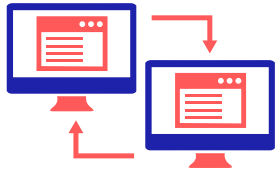
- Develop a standard data exchange in support of payers and providers to share cost information to patients in advance of services
- Support for the Consolidated Appropriations Act HR-133 (portions of No Surprises Act) including the Good Faith Estimates (GFE) and Advanced Explanation of Benefits (AEOB)





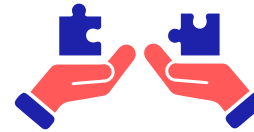
# Da Vinci PCT Objectives and Status

## DEFINE STANDARD FHIR-BASED METHODOLOGY (DATA INPUT, DATA OUTPUT AND FORMAT)



### Standards Defined, Come Test and Implement:

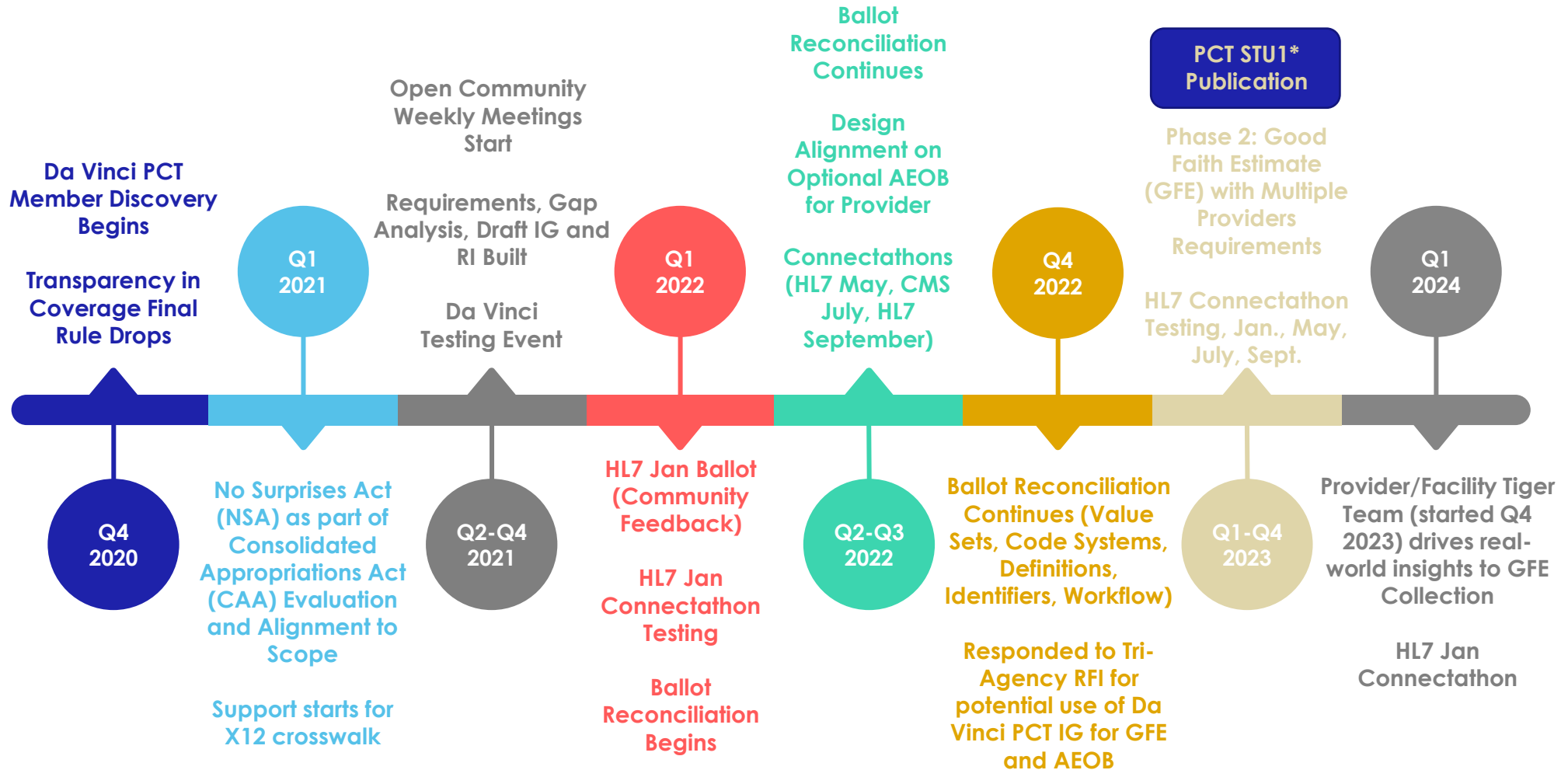
- Ability to communicate good faith estimates (GFE) for single service, collection of services, and items from provider to payer
- Ability to communicate advanced explanation of benefits (AEOB) prior to scheduled service or upon request to patient and optionally, to provider



### Standards Development in Process, Contribute Expertise

- Ability for **providers and facilities** to communicate cost and planned service(s) or item(s) information for **multi-provider good faith estimates (GFE)**
- Ability to communicate that to a Patient (for un-insured/self-pay) or Payer (for Insureds)

# Da Vinci Patient Cost Transparency (PCT) Timeline Review



# Community Consensus Building

## INDUSTRY PERSPECTIVES, EXPECTATIONS, AND CHALLENGES



### This Workflow Is not Happening Today

Providers will need to send GFEs to Payers (Insureds) and Patients (Uninsured/Self-Pay)

Payers will need to send AEOBs to Patients; Providers are uneasy about the impact to the Patient relationship

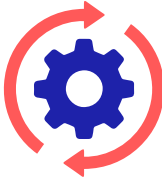


### This Is not Easy

There are many barriers and significant burden to producing accurate, timely GFEs as outlined in the No Surprises Act



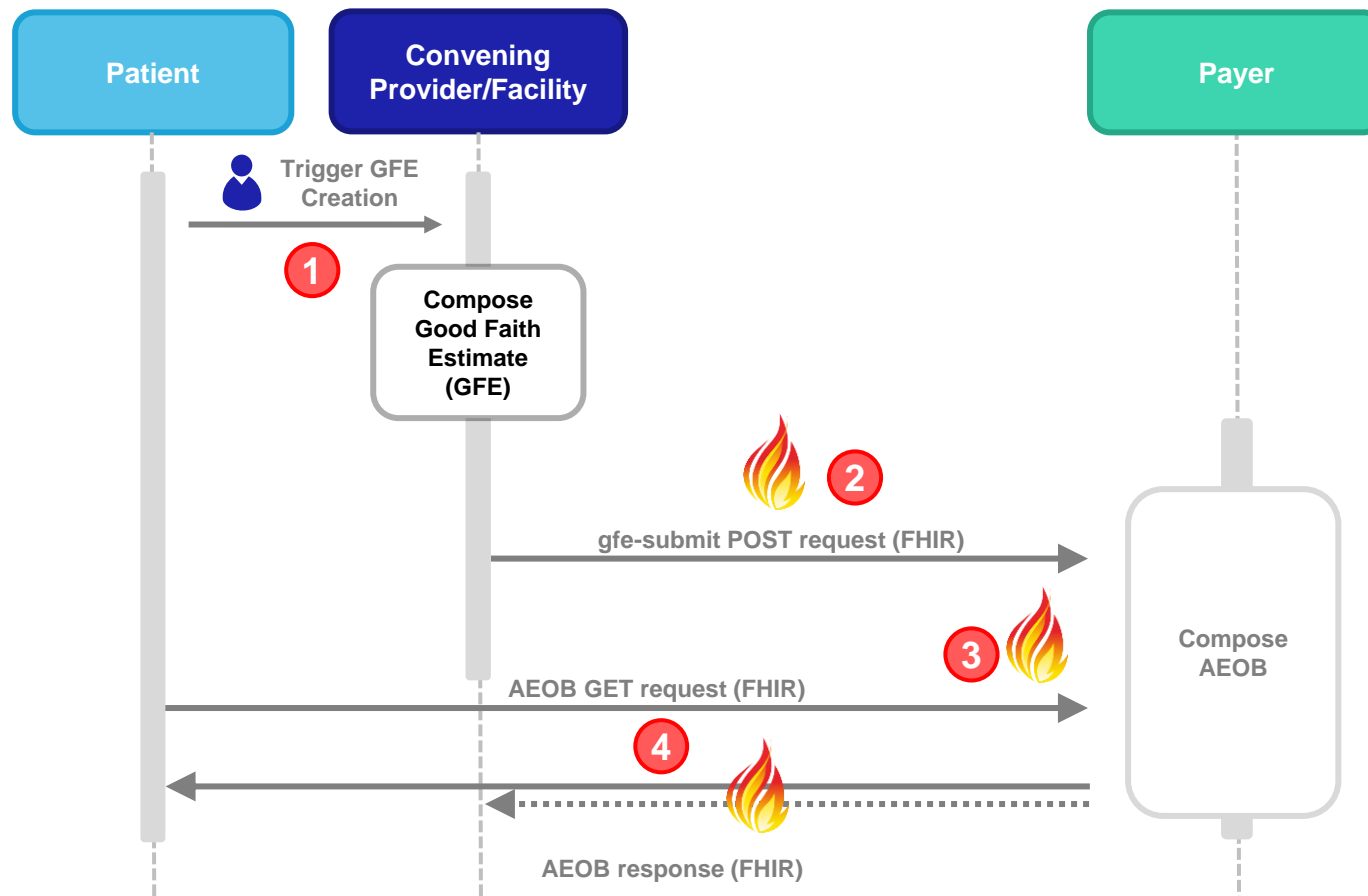
### Provider and Payer Systems Will Need Investment



### Business Processes Will Need to Change

Operational processes will need to change (eg, Providers will need to plan more during patient scheduling)

# Supporting GFEs and AEOBs With FHIR®



## Published Standard for Trial Use Implementation Guide

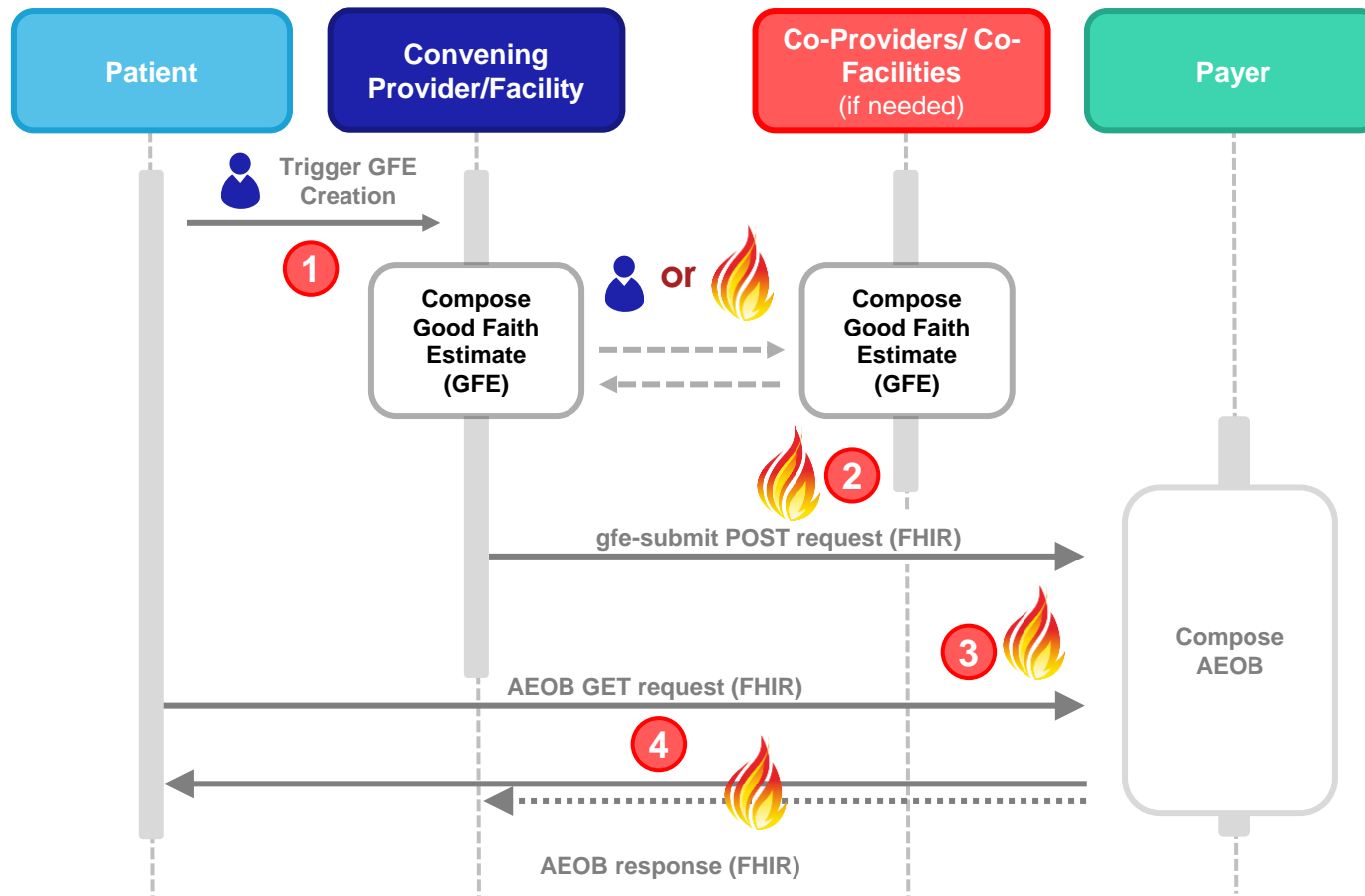
- Good Faith Estimate (Provider to Payer)
- Advanced Explanation of Benefits (Payer to Patient)
- Support for the Return AEOB to Provider is not outlined in CAA Law but Da Vinci agrees it's critical for information equity
- Starting Trigger for Phase 1 IG is the GFE Submit to the Payer

Note: There are no HIPAA mandated transactions for PCT. There are transactions that HIPAA mandates for other transactions (claims) that may support cost estimate transactions too.

AEOB = Advanced Explanation of Benefits

# Supporting GFEs and AEOBs With FHIR

## MULTI-PROVIDER



### Current In Process

Supports Providers and Facilities composing the GFE when multiple providers are involved in the patient's care.

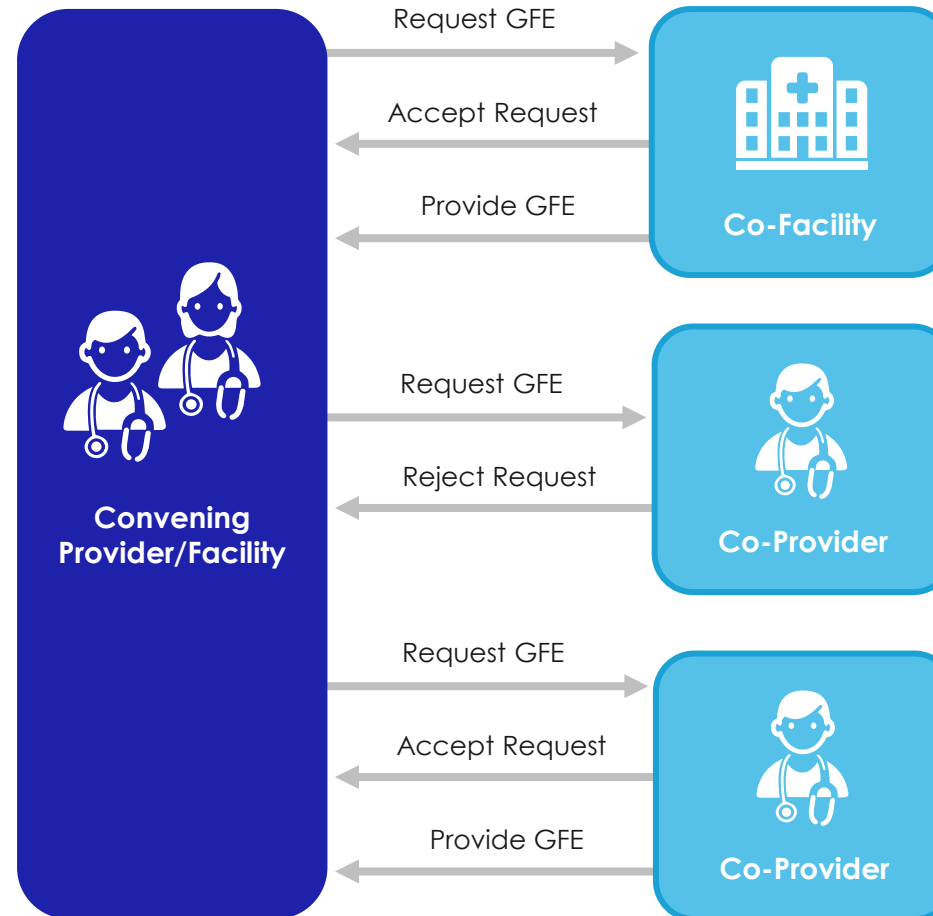
\*The Request and Response for GFE information may involve additional actors beyond what's depicted here.

AEOB = Advanced Explanation of Benefits

# Current PCT Development: Multi-Provider Good Faith Estimate

Support Provider/Facility to  
Provider/Facility  
communication to compose  
the GFE when multiple  
providers are involved in the  
patient's care.

\*The Request and Response for GFE  
information may involve additional  
actors beyond what's depicted here.



# Coordination Platform

Coordination Platform – The system designated by the convening provider to aggregate the GFE information across providers.

Examples of systems that could serve as GFE coordination platforms in the future



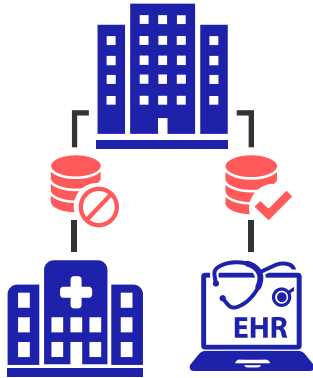
Practice Management System



EHR



Cost Estimator



Clearinghouse



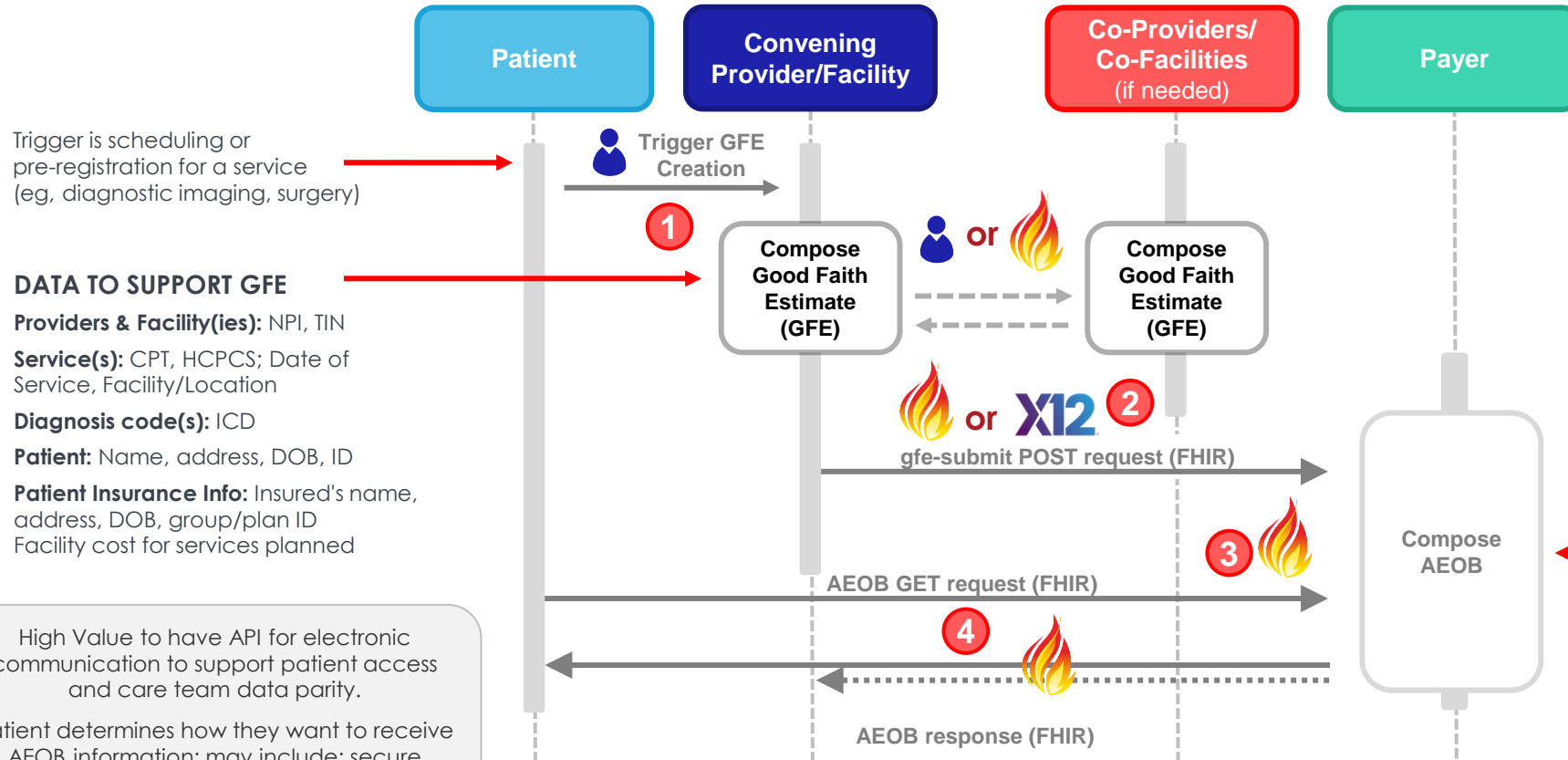
Billing Services



Payer

# Supporting GFEs and AEOBs With FHIR

## MULTI-PROVIDER



**CHALLENGES**

- Rule requires a list of all services and a comprehensive summary of patient cost
- Batch-based claims processes is likely too slow to meet the turnaround time for GFEs and AEOBs without an API

### PATIENT AEOB INFORMATION

- Patient
- Insurance Coverage
- Payer
- Date of service
- Diagnosis (ICD)
- Services Description
- Provider(s) charges
- Amount owed by patient
- Expected Adjudication Amounts
- Specific remarks about the costs, charges (eg, Prior Auth needed)

GFE = Good Faith Estimate; AEOB = Advanced Explanation of Benefits



# Da Vinci Patient Cost Transparency (PCT) Implementation Guide

## Published Standard for Trial Use (STU) Implementation Guide:

<https://hl7.org/fhir/us/davinci-pct/STU1.1/>

### Benefits:

- Interoperability
- Easier implementation
- Align your internal processes/technology/data with future industry standards
- Setup for success with coming regulation

**HL7 DA VINCI International** **HL7 FHIR** **Patient Cost Transparency Implementation Guide** 1.1.0 - STU 1 **HL7 FHIR**

IG Home Table of Contents Background Specification FHIR Artifacts Security Downloads Change Log

Table of Contents > Patient Cost Transparency Implementation Guide Home Page

This page is part of the Da Vinci Patient Cost Transparency Implementation Guide (v1.1.0: STU 1) based on FHIR (HL7® FHIR® Standard) R4. This is the current published version in its permanent home (it will always be available at this URL). For a full list of available versions, see the Directory of published versions.

### 1 Patient Cost Transparency Implementation Guide Home Page

Official URL: <a href="http://hl7.org/fhir/us/davinci-pct/ImplementationGuide/hl7.fhir.us.davinci-pct">http://hl7.org/fhir/us/davinci-pct/ImplementationGuide/hl7.fhir.us.davinci-pct</a>	Version: 1.1.0
IG Standards status: Trial-use	Computable Name: PatientCostTransparency

Page standards status: Informative

**STU Note**

This specification is a Standard for Trial Use. It is expected to continue to evolve and improve through HL7® FHIR® Connectathon testing and feedback from early adopters.

Criteria regarding what payers must verify in a good faith estimate (GFE) will be evaluated during the next phase of the project after the project stakeholders receive feedback on error handling during testing and implementation.

Feedback is welcome and may be submitted through the [FHIR change tracker](#) indicating "US Da Vinci PCT" as the specification.

This implementation guide (IG) is dependent on other specifications. Please submit any comments you have on these base specifications as follows:

- Feedback on the FHIR core specification should be submitted to the [FHIR change tracker](#) with "FHIR Core" as the specification.
- Feedback on the US core profiles should be submitted to the [FHIR change tracker](#) with "US Core" as the specification.

Individuals interested in participating in the Patient Cost Transparency project or other HL7 Da Vinci projects can find information about Da Vinci [here](#).

- Overview
- Credits
- Terms and Concepts

#### 1.1 Overview

This IG provides detailed guidance to support providers and payers exchanging financial information for specific services and items using FHIR-based standards. This exchange involves a provider submitting a Good Faith Estimate (GFE) to a payer, and the payer generating an Advanced Explanation of Benefits (AEOB) for a patient (which may optionally be returned to the submitting provider). This information about the cost of healthcare items or services may enable better decision making by the patient in consultation with the provider. Note: This exchange will be triggered via a "request" or "scheduled service". The AEOB will also include the GFE used to inform the AEOB generation. This IG describes system interactions using the FHIR standard. This IG will reference where possible the "standards" defined by the Health Record exchange (HREx) Library/Framework IG, other FHIR IGs, and other industry standards where applicable.

There is no requirement or HIPAA mandate to use administration/payment transmission standards. However, HL7 and X12 work collaboratively to support implementers to align requirements with claim submission standards to ease the burden of implementation where possible.

This IG is informed by the No Surprises Act (see Division BB, Title I, Sections 111 and 112), which was enacted as part of the Consolidated Appropriations Act, 2021. The No Surprises Act specifically requires that a provider share GFEs with a payer and that a payer make an AEOB available to a patient in advance of service. The initial scope of this IG was inspired by this general requirement.

The IG supports different methods of information sharing between payers and providers and payers and patients. In this way, the IG can support providers and payers as they work to meet the legislative and future regulatory requirement as well as enable information sharing valuable to supporting patient care. Since the law does not require an API to share

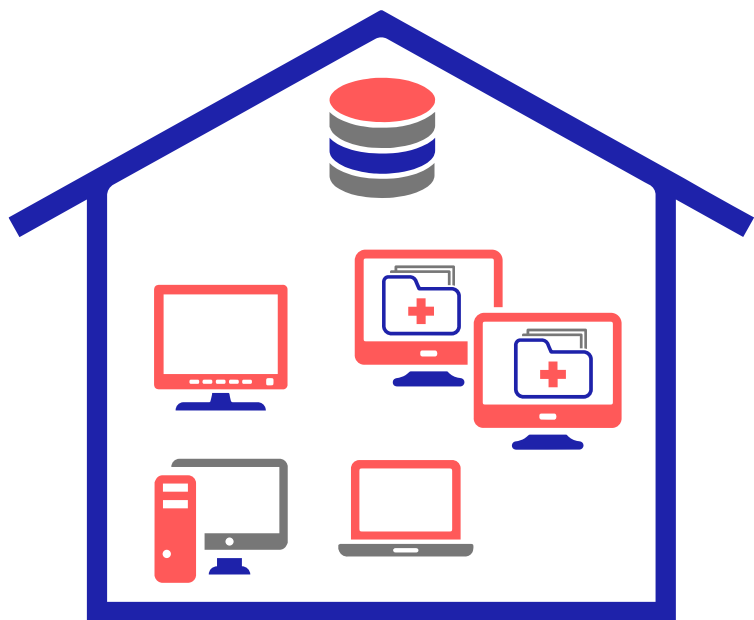
# Emerging Pilots

- Implementations in Progress (now, not future)
- Based on Da Vinci Patient Cost Transparency (PCT) IG
- End-to-End Demonstration GFE through Payer Claims Adjudication System to produce AEOB

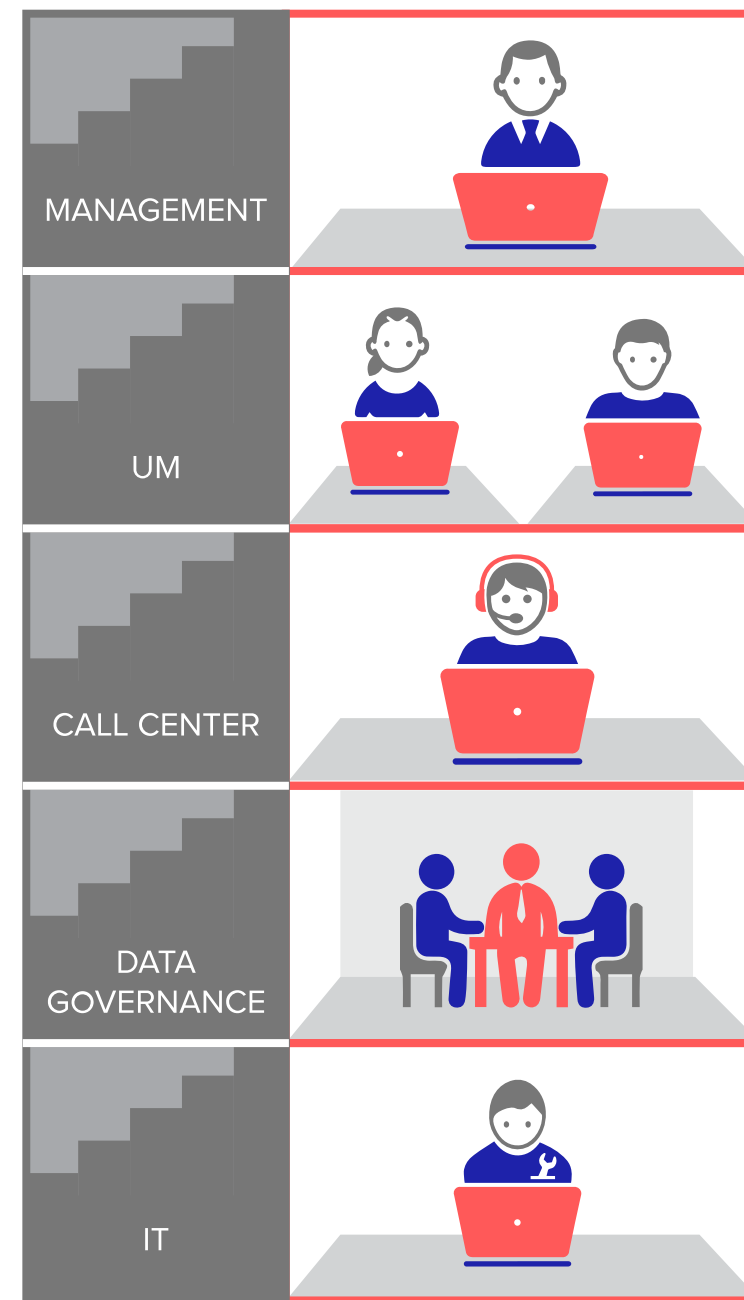




## Not Just a Technology Project... Interoperability and Organizational Impact



Interoperability certainly  
requires technology,  
but it has broad  
implications across your  
entire business



# Get Involved!

## Da Vinci Community Resources

### Patient Cost Transparency Da Vinci Project Confluence

[confluence.hl7.org/display/DVP/Patient+Cost+Transparency](https://confluence.hl7.org/display/DVP/Patient+Cost+Transparency)

### Implementation Guide:

<https://hl7.org/fhir/us/davinci-pct/STU1.1/>

### Community Calls

Wednesdays 12:00 pm – 1:00 pm ET

[HL7 Calendar Meeting Event](#)

(<http://www.hl7.org/concalls/CallDetails.cfm?concall=60411>)

Join us!

The screenshot shows a Confluence page for 'Patient Cost Transparency'. The page header includes navigation links for Spaces, People, Blueprints, Glossaries, and Calendars, along with a search bar and user profile. The page content is organized into several sections:

- Goal:** Develop a standard data exchange in support of patient cost transparency for devices, services and collection of services using FHIR APIs for near real-time exchange of data.
- Objectives:**
  - Define standard FHIR-based methodology (data input, data output and format) to support **near real-time** requests and responses for patient cost
  - Ability to communicate good faith estimates for single service, collection of services, and items from provider to payer
  - Ability to communicate Advanced Explanation of Benefits in advance of scheduled service or upon request to patient and optionally, to provider.
- The STU1 Implementation Guide**
- Project Scope Statement:** HL7 Project Scope Statement (PSS) for Patient Cost Transparency
- Sponsoring Workgroup:** Financial Management
- Co-Sponsoring Workgroup:** Attachments
- PCT Implementation Guide:**
  - STU1 Ballot Version (Jan 2022)
- STU1 Ballot Reconciliation:**
  - JIRA Dashboard - DaVinci PCT STU1 Balloting Dashboard
- Reference Implementation:**
  - <https://github.com/HL7-DaVinci/test-pct-payer>
  - Endpoint for testing: <https://davinci-pct-payer.logicahealth.org/>
- Test Scripts:** Touchstone Da Vinci PCT Test Scripts
- Zulip Channel:** <https://chat.fhir.org/#narrow/stream/301151-Da-Vinci.20PCT>

On the right side, there are two tables:

- Project Milestones:**

Milestone	Timeframe
Requirements	June - July 2021
FHIR Gap Analysis	July 2021
Profile and Operation Development	July - Nov 2021
Test Case Development	Sept - Oct 2021
Connectathon	DV Oct 2021, January 2022
Reference Implementation	Aug - Nov 2021, ongoing
STU Ballot	Jan 2022
Ballot Reconciliation	Jan 2022 - Sept 2022
Publication of STU1	Dec 2022
Phase 2 Work	TBD
- Ballot Milestone Goals:**

Milestone	Ballot Deadlines
Notice of Intent to Ballot (NIR)	Oct 31, 2021

At the bottom, there is a section for **Conference Call Schedule & Dial-Ins** with the text: 'Occurs weekly on Friday from 11:00 AM to 12:00 PM ET. Please join my meeting from your computer, tablet or smartphone.'

# *Questions*



Reminder to complete an online evaluation for this session.

*Thank you!*



**Vanessa Candelora**

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**Alice O'Carroll**

[alice.o'carroll@floridablue.com](mailto:alice.o'carroll@floridablue.com)



# Glossary

*Note: Definitions may evolve as we learn more throughout the Phase 2 work. Providers and facilities will determine what role they play. Providers and facilities may need to prepare to play the convening provider or co-provider, depending on their role in the patient's service.*

- Good Faith Estimate (GFE) - The Good Faith Estimate is a notification of reasonably expected charges and billing codes for a scheduled or requested item or service. For a complete breakdown of what needs to be included in the GFE see [42 U.S. Code 300gg-136](#)
- Collection of services - The list of services expected to be performed during the period of care as part of gathering the Good Faith Estimate for the expected charges, billing and diagnostic codes for one or multiple providers
- Convening provider or facility – The provider or facility who is scheduling the primary item or service and who is responsible for submitting the GFE to the patient (if self-pay/uninsured) or the payer (if the patient is insured).
- Co-provider or co-facility - The provider(s) or facility(s) who are supplying items or services reasonably expected to accompany the primary item or service scheduled. These providers must share estimates with the convening provider to include in the GFE
- Coordination Platform – The entity designated by the convening provider to aggregate the GFE information across providers. This could be the convening provider's practice management system, EHR, Cost Estimator tool, clearinghouse, billing services, payer, or other third party)