# Change is Coming in Prior Authorization & Price Cost Transparency: Regulations, Standards & Adoption

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# Acronyms You Might See Today

- **AEOB** – Advanced Explanation of Benefits - The No Surprises Act requires that group health plans and health insurance issuers provide advance cost estimates, called advanced explanations of benefits (advanced EOBs), for scheduled services or upon request
- **API –** Application Programming Interface
- **CAA** - Consolidated Appropriations Act, 2021 or H.R. 133 – Law passed by Congress in Dec. 2020
- **CMS –** Centers for Medicare and Medicaid Services
- **ePA –** Electronic Prior Authorization
- **FHIR –** Fast Healthcare Interoperability Resources
- **GFE** – The Good Faith Estimate is a notification of expected charges for a scheduled or requested item or service
- **HL7 –** Health Level Seven
- **NCPDP -** National Council for Prescription Drug Programs
- **NSA** - No Surprises Act - part of the CAA that is designed to prohibit surprise medical bills
- **ONC –** Office of the National Coordinator for Health IT
- **PCT** – Patient Cost Transparency
- **Period of Care** - the day or multiple days during which the good faith estimate for scheduled or requested item or service are furnished or are anticipated to be furnished
- **RTBC –** Real-time Benefit Check
- **TiC** – Transparency in Coverage – CMS-9915-F Rule that impacts Payers
- **X12 -** American National Standards Institute Accredited Standards Committee electronic data interchange standard

**Additional Terms and Concepts in PCT IG here**
https://build.fhir.org/ig/HL7/davinci-pct/use_cases.html#terms-and-concepts

# Pre-Test

# LQ1: Identify A Key Aspect of the Relationship between NCPDP & HL7

a) HL7 FHIR enables the use of APIs in healthcare

b) NCPDP has an ePA standard

c) NCPDP & HL7 have a partnership agreement and are working together on key transactions

d) NCPDP & HL7 are both standards development organizations

# LQ2: The top drivers progressing cost transparency & ePA are:

a) Providers don't like prior authorization, reducing burden

b) Policy priorities of HHS to reduce burden and increase transparency, a consumer/patient centered shift in healthcare

c) Reducing administrative costs, speed to therapy

# LQ3: Name a Key Component for Progressing Automation for Specialty Prescribing

a) Automate specialty enrollment and expand ePA and RTBC to include treatments under the medical benefit

b) Make specialty drugs less expensive

c) Put all specialty drugs under the pharmacy benefit

# LQ4: Name the top way pharmacists can help progress ePA and RTBC

a) Lobby to do away with prior authorization altogether

b) Advocate for pharmacy to work more closely with EHRs to create transparency & ePA programs

c) Get involved in standards development to represent the challenges and gaps in data exchange for pharmacists & discuss ePA and RTBC features with pharmacy software vendors

d) Write to congress people/representatives demanding more action

# Discussion Topics – Special Focus on ePA & Data & Cost Transparency


**Why Streamlining PA and Improving Cost Transparency Matters**

**Federal-State-Industry - Standards**

**What is Happening Now – Organizational Risk and Opportunity**

**Role of Standards**

**Getting Involved Moving Forward**

# Federal Perspective: Policy & Standards

# CMS's Health Informatics and Interoperability Group

- **Mission**: promote the secure exchange, access, and use of electronic health information to support better informed decision making and a more efficient healthcare system.
- **Vision**: a secure, connected healthcare system that empowers patients and their providers to access and use electronic health information to make better informed and more efficient decisions.

## PATIENT ACCESS

Empowering patients by giving them access to their health information so they can make the best-informed decisions about their care, all while keeping that information safe and secure.

## CONNECTING HEALTHCARE THROUGH DATA EXCHANGE

Driving to value-based care by promoting seamless data exchange across the care continuum.

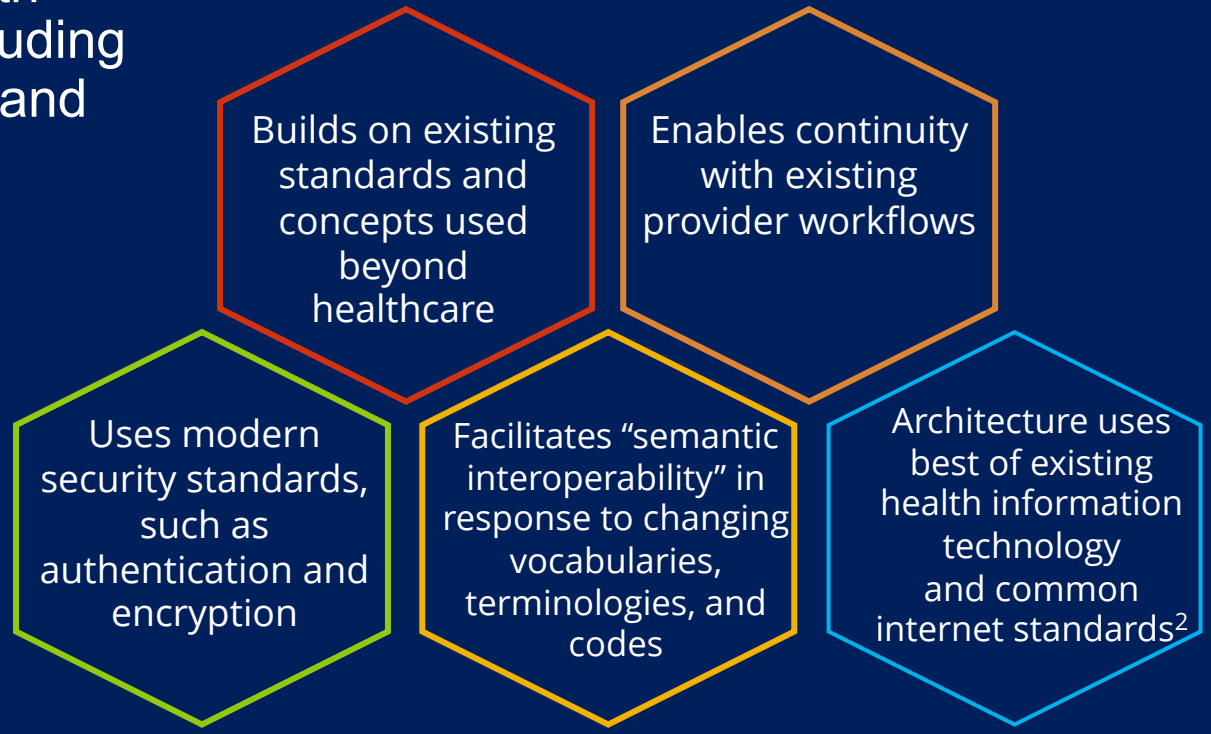
## TECHNOLOGY & STANDARDS

Promoting the use of the latest technology and standards to drive innovation and data exchange in healthcare.

# FHIR Standard for Building Blocks

## Fast Healthcare Interoperability Resources (FHIR)

- The interoperability standard created by Health Level 7 (HL7). FHIR enables health data, including clinical and administrative data, to be quickly and efficiently exchanged.[1]




1. What is HL7 FHIR? (healthit.gov)
2. The FHIR API. (healthit.gov)

# CMS on FHIR

- **CMS Blue Button 2.0**: A standards-based API that delivers Medicare Part A, B, and D data for over 60 million Medicare beneficiaries
- **Data at the Point of Care API**: Enables healthcare providers to deliver high quality care directly to Medicare beneficiaries by making a patient's Medicare claims data available to the provider for treatment purposes
- **Beneficiary Claims Data API**: Enables Accountable Care Organizations (ACOs) to retrieve Medicare Part A, Part B, and Part D claims data for their assigned beneficiaries
- **AB2D (Claims Data to Part D Sponsors) API**: Provides Prescription Drug Sponsors with secure Medicare Parts A and B claims data for their plan enrollees
- **Digital Quality Measurement Blueprint**: Enables a future in which care quality is only measured electronically using standardized, interoperable data by leveraging FHIR API technology
- **Regulations: Interoperability and Patient Access Final Rule (Rule 1)**: Establishes policies that break down barriers in the nation's health system to enable better patient access to their health information, improve interoperability and unleash innovation, while reducing burden on payers and providers

# Accelerating FHIR

# CMS Interoperability

DEVELOPING REGULATION

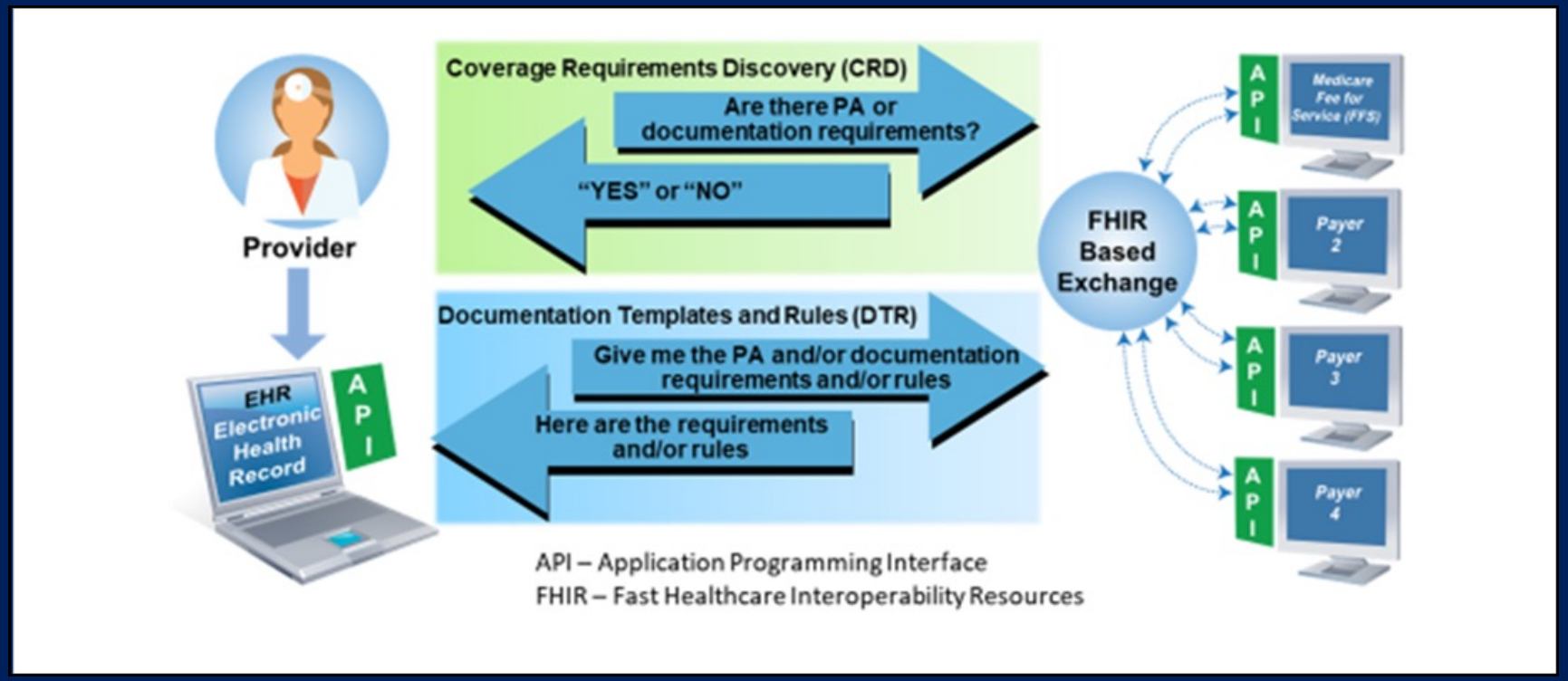
EXPANDING PUBLIC HEALTH INFRASTRUCTURE

SUPPORTING INNOVATION

REFINING IMPLEMENTATION GUIDES

LEADING BY EXAMPLE

# Streamlining Prior Authorization




**Prior Authorization Support**

**Here is my PA Request – Required Documentation/Forms**

**Here is the PA Decision**

# Contact HIIG at CMS

VIEW OUR WEBSITE:

- https://www.cms.gov/About-CMS/Components/HIO/HIO-Landing or
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index

REFERENCE OUR FREQUENTLY ASKED QUESTIONS:

- https://www.cms.gov/about-cms/obrhi/faqs

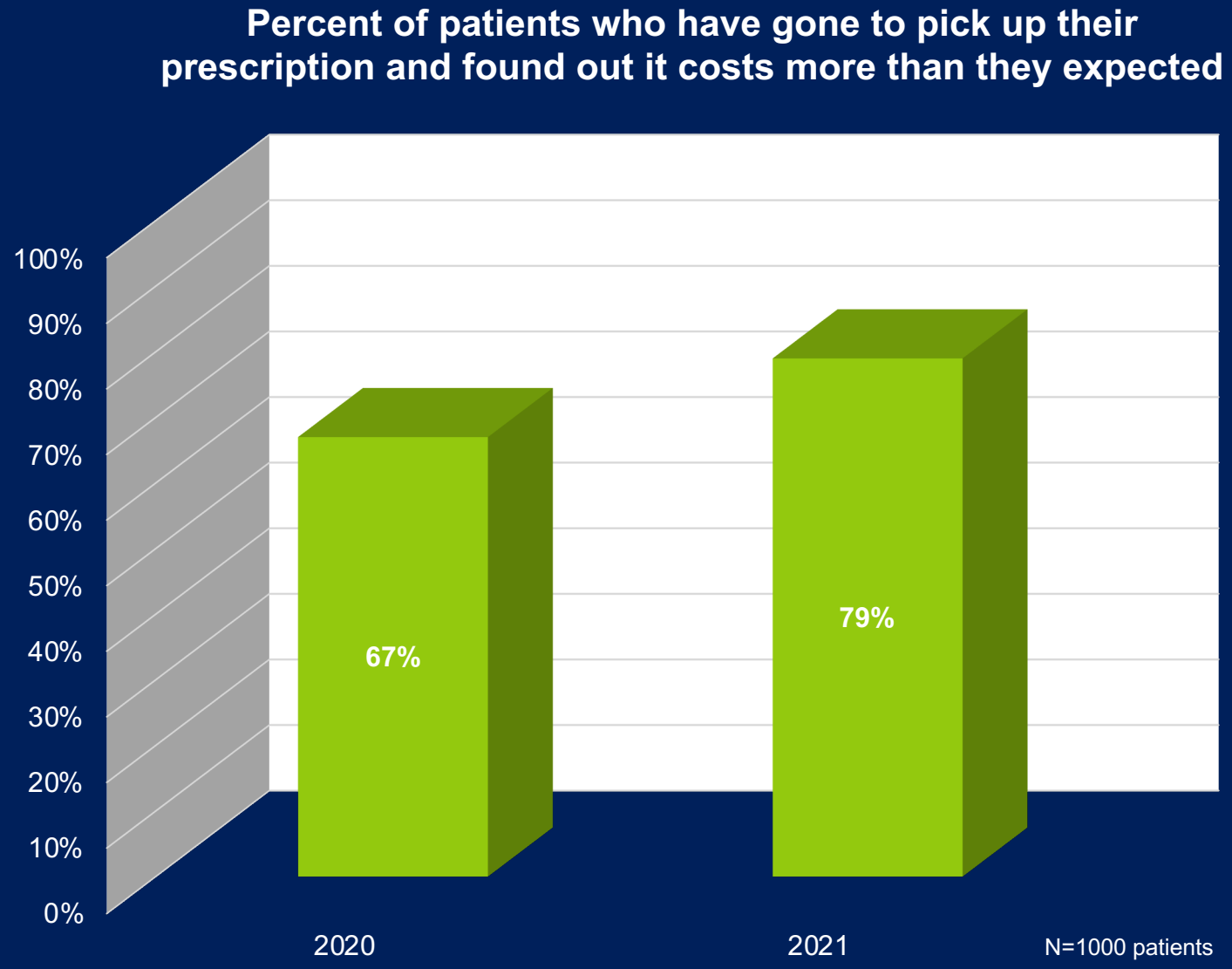
EMAIL US AT:

- CMSHealthInformaticsandInteroperabilityGroup@cms.hhs.gov

# Importance of Streamlining PA and Improving Cost Transparency

# Medication Affordability

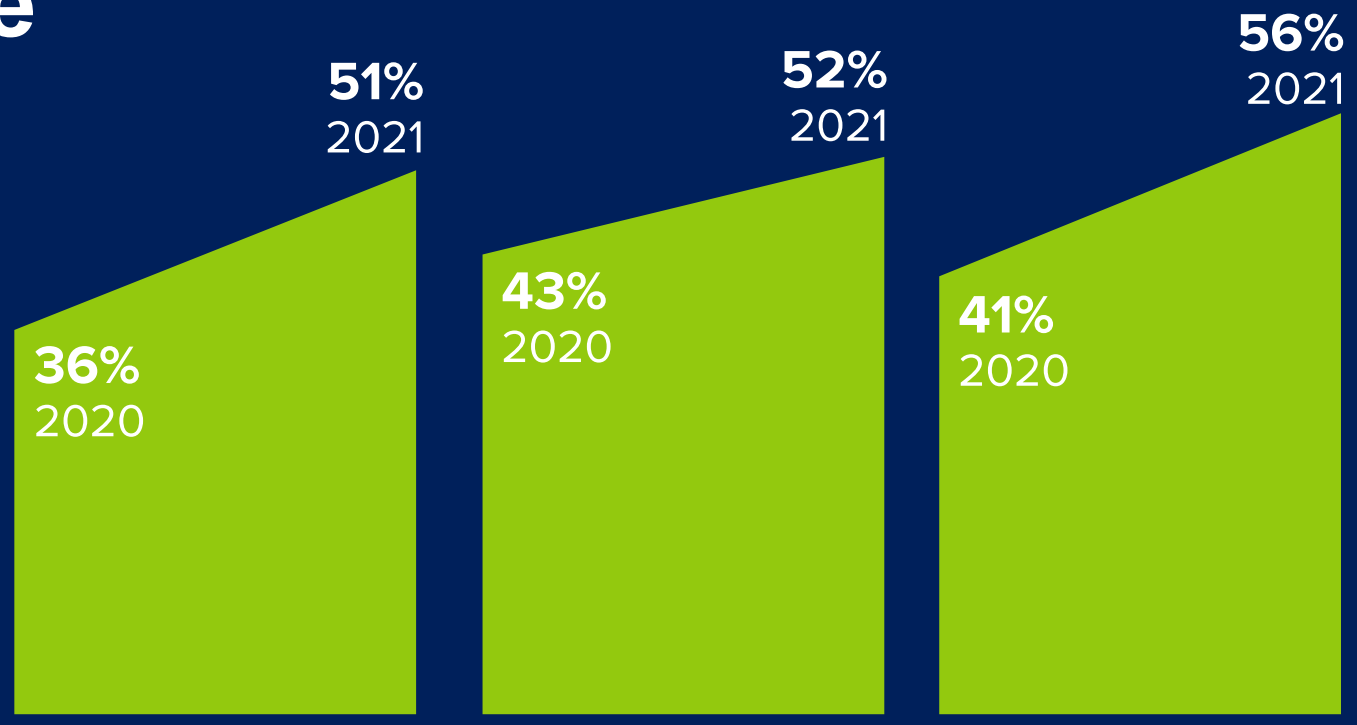
- RTBC is needed more than ever as patient affordability continues to wane
- According to the most recent CoverMyMeds (CMM) Medication Access report, nearly 80% of patients surveyed said they went to pick up their prescription and found out it cost more than they expected




Source: CoverMyMeds, 2021 Medication Access Report

# Medication Affordability: Impact on Adherence

- In 2021, more patients made sacrifices related to their medications and essential items
- Many patients made difficult decisions that may have affected their health and safety




n = 1,000

Source: CoverMyMeds Patient Surveys, 2020 and 2021



Source: CoverMyMeds, 2021 Medication Access Report

# RTBC Encourages Providers to Have Conversations About Medication Cost

Having real-time access to prescription benefit and cost information enables providers to make informed decisions about their prescription choice, including if their patient can afford it.

**Most providers are willing to talk about medication affordability but not all bring it up with every patient**

**Why providers bring up affordability with patients**

42% Actively bring it up with all patients

32% Patient brought up financial concerns

17% Felt the patient may have financial issues

**When providers discuss affordability with patients**

86% At the point of prescribing

12% After the appointment before the patient reaches the pharmacy

10% After the patient has been to the pharmacy

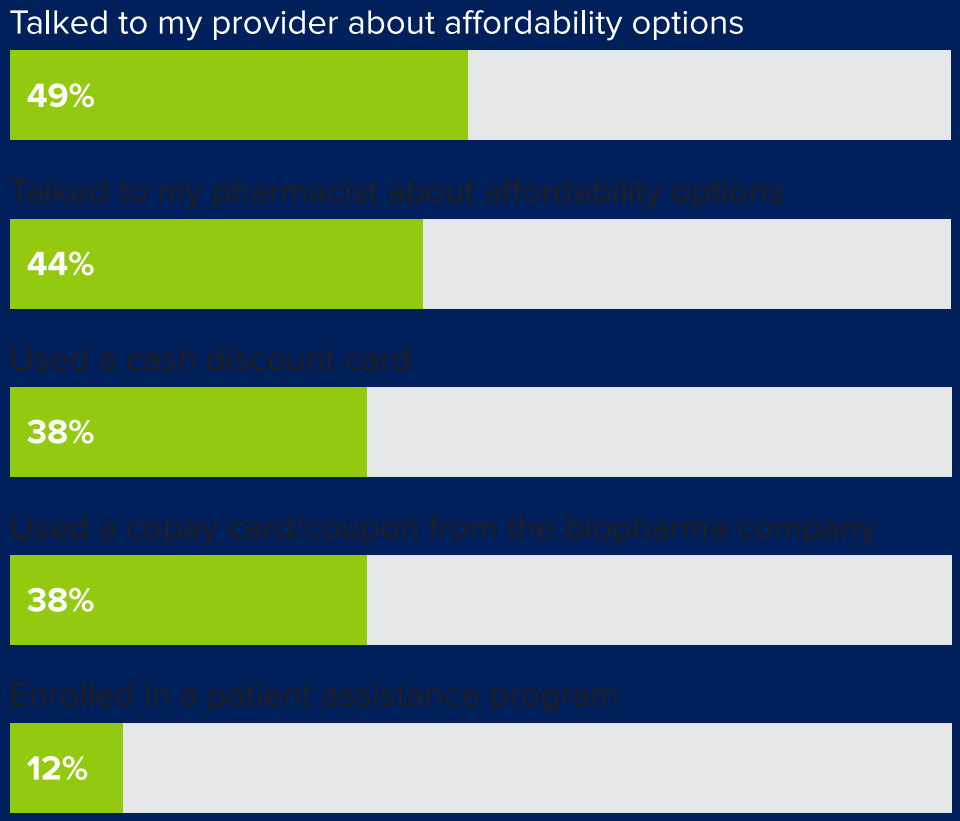
n = 1,000 | respondents could select all that applied

Source: CoverMyMeds, 2021 Medication Access Report

# Patients Are Seeking Out Financial Assistance

- Patients are seeking out financial assistance so that they can afford their medications
- RTBC can be used to inform these patient discussions

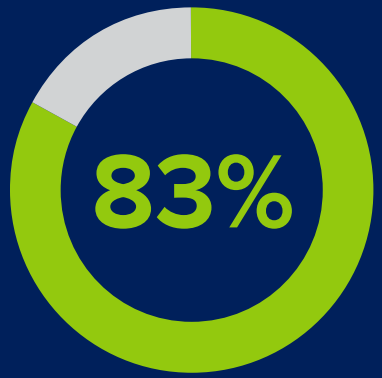
**Patients are reaching out to care teams and biopharma for affordability answers**



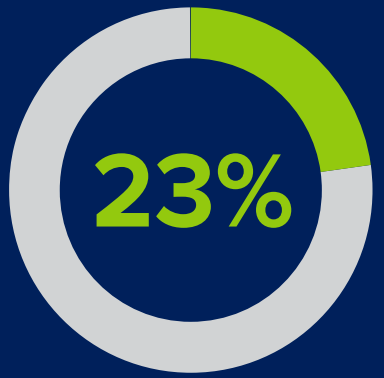

n = 1,000 Respondents could select multiple reasons

Source: CoverMyMeds, 2021 Medication Access Report

# Access to Cost Information: an Industry-Wide Challenge for Providers




of providers have access to medication-specific information within their EHR

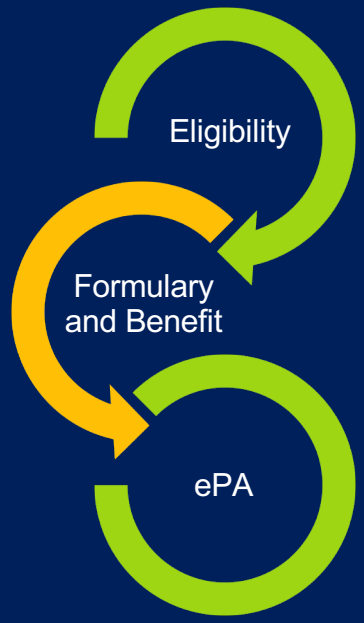



of providers can surface medication cash price information within their EHR

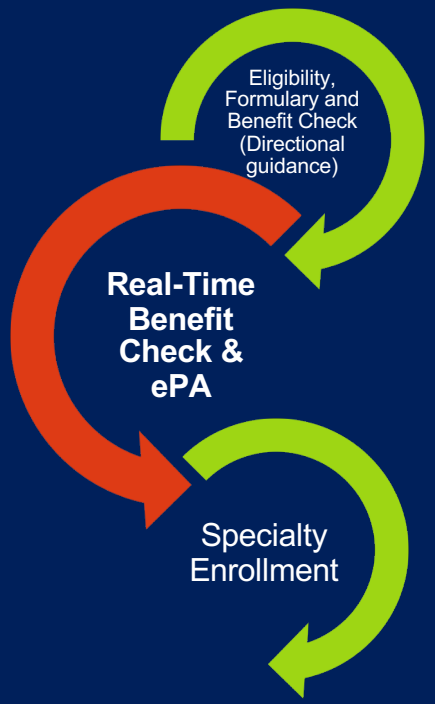
Source: Point-of-Care Partners Real-Time Pharmacy Benefit Check: The Payer Value Proposition Report

# Additional Value of RTBC for Providers: ePA Optimization

Traditional eRx Workflow




Real-Time Benefit Check + electronic Prior Authorization = **ePA+**




- RTBC closes a critical gap in pharmacy ePA with a more accurate, reliable indication of prior authorization requirements
  - Pharmacy ePA implementations are not meeting expectations
  - Attributed to poor quality data upstream (formulary, member-specific benefits, coverage restrictions)
- PBMs anticipate RTBC will help direct prescribers away from drugs requiring PA to preferred alternative not requiring PA when available
  - *"We anticipate a 20% reduction in the volume of PAs with the use of RTBC"* – PBM Executive

Source: Point-of-Care Partners Real-Time Pharmacy Benefit Check: The Payer Value Proposition Report

# Pharmacist Role & Benefit of Automation

**84%**

of pharmacists are helping patients with benefit information each week

**21%**

of pharmacists identified checking PA status as most valuable task they can't currently complete

**54%**

of pharmacists report not having enough time to adequately complete their job

## BENEFITS

### Less Friction and Frustration

The more the prescribers know about patient coverage, including cost and any restrictions, the less likely the patient will be frustrated by cost at the pharmacy

### Speed to Therapy

Making off formulary decisions can lead to delays in therapy for patients while waiting for prior authorizations or changes in therapy

### Reduced Administrative Burden

Prior authorizations and phone calls can be eliminated

### Medication Adherence

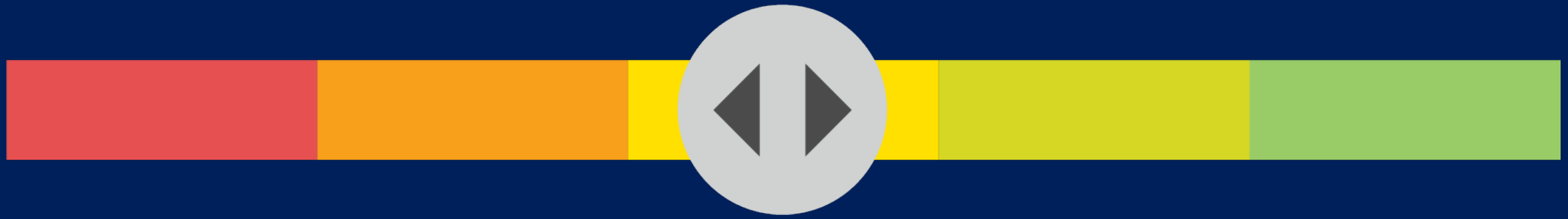
Improved formulary adherence by prescriber can lead to lower costs and increased first-fill adherence by patients

* Statistics from the 2022 CoverMyMeds Medication Access Report

# Agreement Likert Scale

**Automating prior authorization and real-time benefit check will save pharmacists' time**

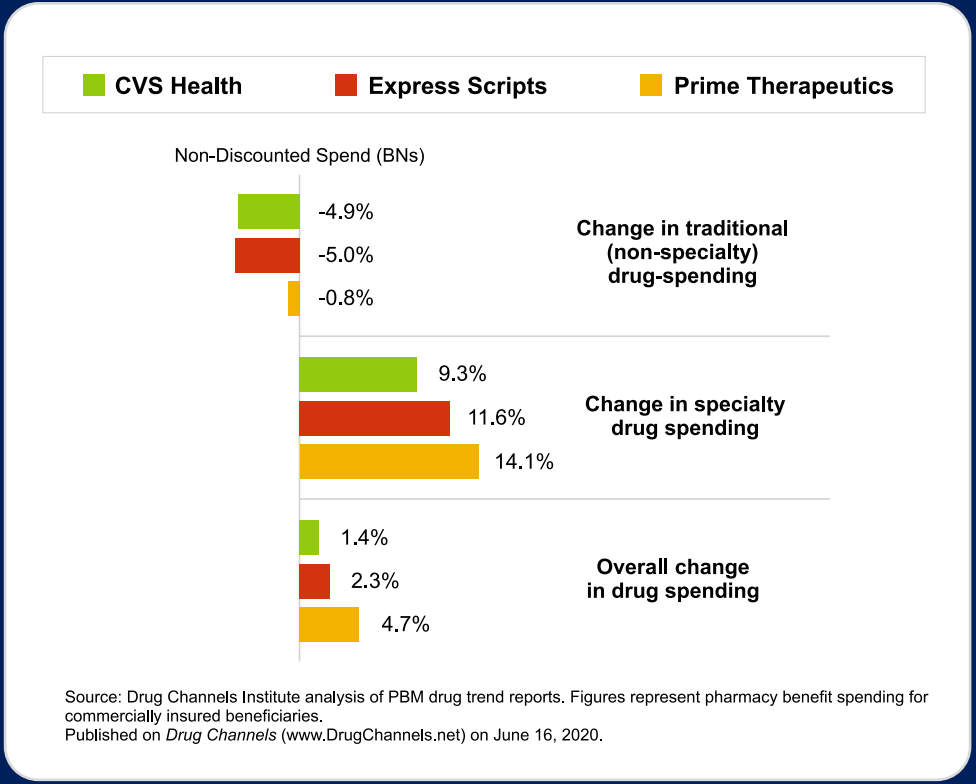
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|



# Special Challenges in Specialty

# Volume of Specialty Medication Intensifies Need to Digitize

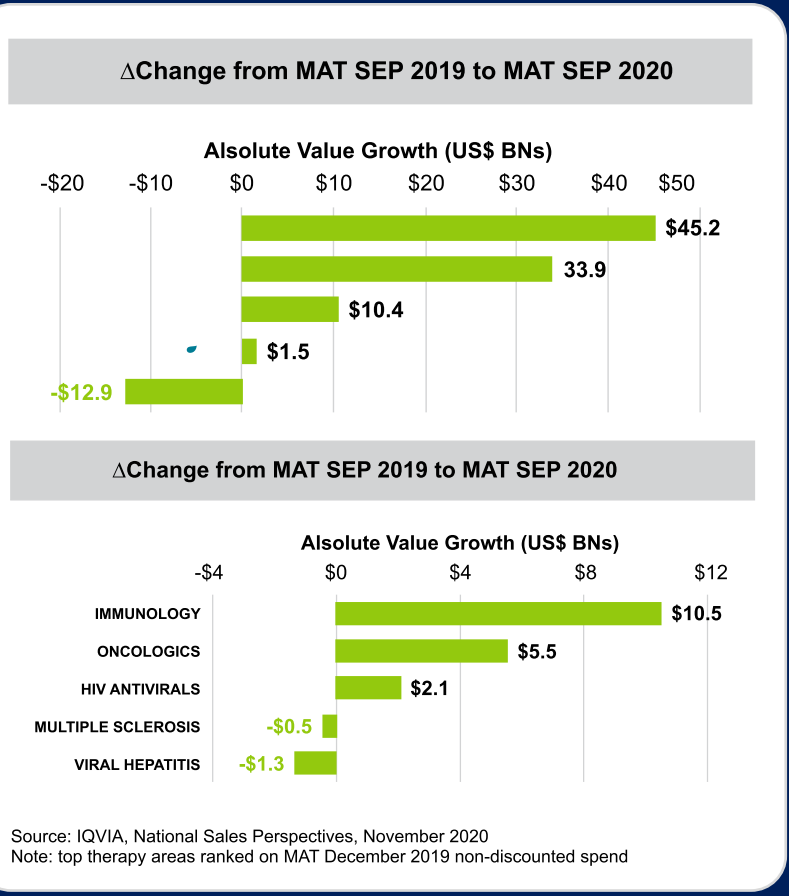
## Change in Commercial Payer Net Drug Spending, Traditional vs. Specialty Drugs, by PBM, 2019




Source: Drug Channels Institute analysis of PBM drug trend reports. Figures represent pharmacy benefit spending for commercially insured beneficiaries.
Published on *Drug Channels* (www.DrugChannels.net) on June 16, 2020.

## Immunology, Oncology, and HIV Lead Specialty Absolute Value Growth

*Absolute Value Growth for Top Specialty Therapy Areas*




Source: IQVIA, National Sales Perspectives, November 2020
Note: top therapy areas ranked on MAT December 2019 non-discounted spend

# High Variability in Ownership of Specialty Medication Coverage

**Factors that may influence whether a medication or product is covered under pharmacy vs. medical benefit:**

### Location

- Facilities, ambulatory practices and third-party ancillary centers predominantly contract with payers, not PBMs
- Use of X12 standards and practice management, revenue cycle management vendors that rely on X12


### Coverage Complexity

- Cost, disease state and availability of drug alternatives/administration complexity
- Payers will more tightly control utilization management
- Biosimilars, new product introductions or off-label use

### Product Form/ Administration Method

- Pill based medications often remain on pharmacy benefit
- Infusions, injections and products that require skilled administration and additional service billing rely on a facility or provider office, so often remain on medical benefit
- Compounded products can be found on both
- Self-administered medications that can be dispensed at a retail pharmacy or shipped to patient directly are more likely to be covered on pharmacy benefit
- Coverage of non-durable medical equipment and durable medical equipment (DME) that supports a medication may vary by line of business for a payer

*The lack of industry standard definition makes the ability to crosswalk patient by patient between medical and pharmacy benefit even more critical.*

# Specialty Medication Prescribing Has No Clean Entry Point to Automation


1. Provider does not have sufficient benefit detail to determine coverage, pricing, and health plan requirements for a prescribed medication
2. Provider lacks insight into the available support programs for the prescription from Hub to patient financial support
3. Indicator of need for prior authorization requires call to payer; no adoption of existing X12 standards in Specialty for medical benefit; provider pushed to portal submission with fax for supplemental data
4. Lack of clarify in Limited Distribution Network, best price, in-network pharmacies in existing eRx or Computerized Provider Order Entry (CPOE) workflows leave burden on patient and pharmacy

# Scale of 1 to 10

**Level of difficulty or challenge filling specialty medications**
**(1 not difficult – 10 excruciating)**

1 - 10

# Policy & Standards

# THE PATH
## Legislation, Regulations, Industry and Standards

# The Path – Zoom, Zoom, Zoom

**2004**
NCPDP Prior Authorization Task Group

**2010**
CMS Bluebutton/ MyHealthData

**2013**
NCPDP Officially Releases SCRIPT ePA Standard

**2016**
CARIN Alliance Consumer & Digital Health

**2017**
Presidential Order - Promote Healthcare Choice and Competition Across the US

**2018**
HL7 Da Vinci Accelerator Launched

**2018**
HR6 SUPPORT Act

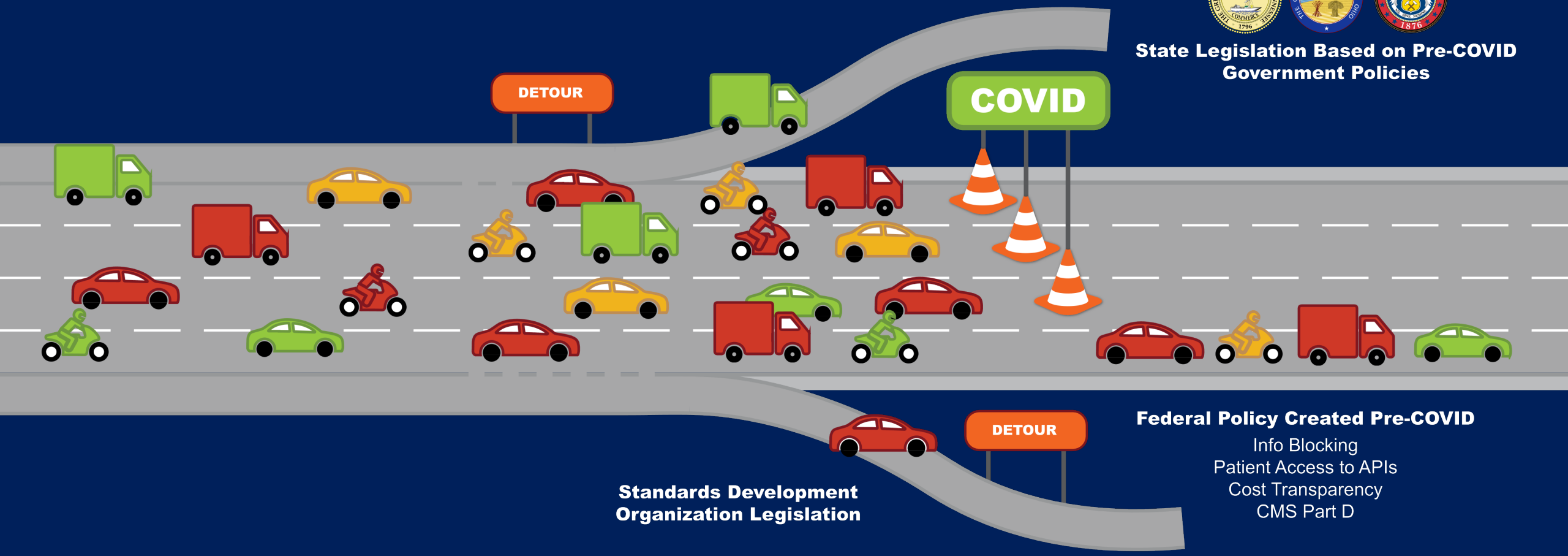
**2019**
Executive Order Improve Price & Quality Transparency

**2019**
CMS MA and Part D Rule – Provider RTBT

**2019**
CMS Hospital Price Transparency Rule

**2020**
NCPDP Real-time Benefit Standard

# Impact of COVID on Progress



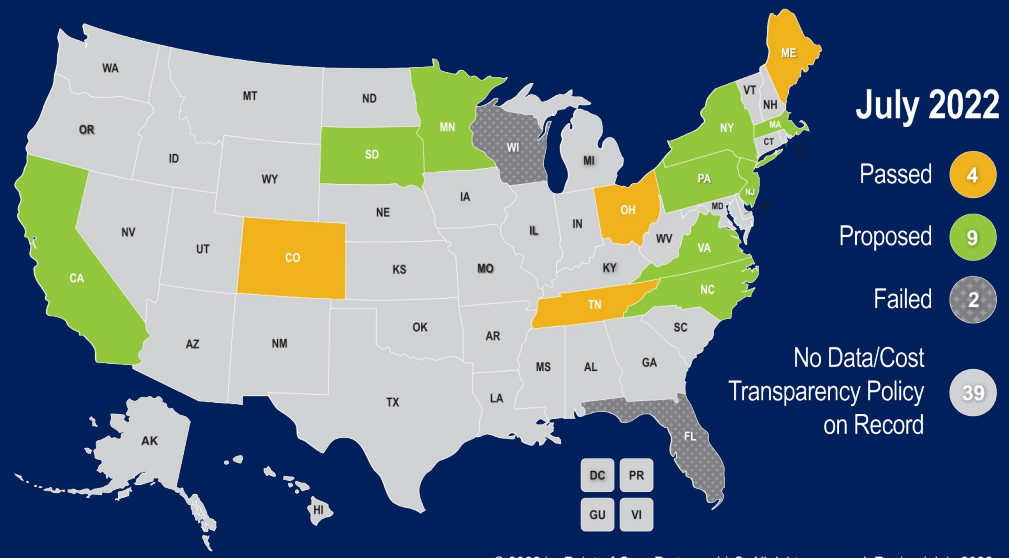

**State Legislation Based on Pre-COVID Government Policies**

**Federal Policy Created Pre-COVID**

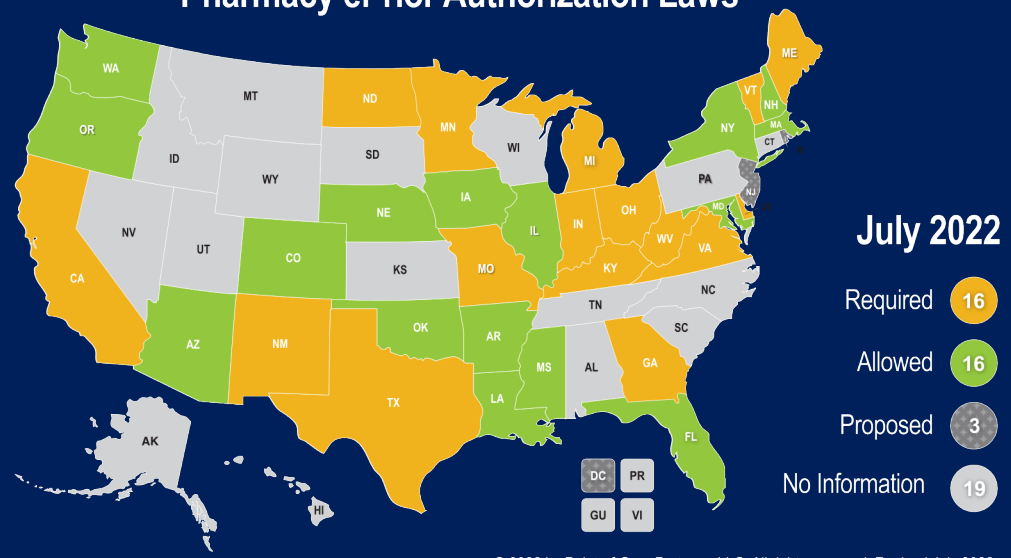
Info Blocking
Patient Access to APIs
Cost Transparency
CMS Part D

**Standards Development Organization Legislation**

# 2022 – State Statuses ePA and Data and Cost Transparency








Rx ePA in 32 states

- 16 require/mandate payers to support ePA
- 16 states specifically ALLOW ePA, but do not mandate it
- 15 states specify NCPDP standard

*DC, NJ and RI have pending bills*


BURDEN REDUCTION
ePA FINAL RULE
10 miles
COVID
TEFCA
Public Health on FHIR
No Surprises Act Rulemaking

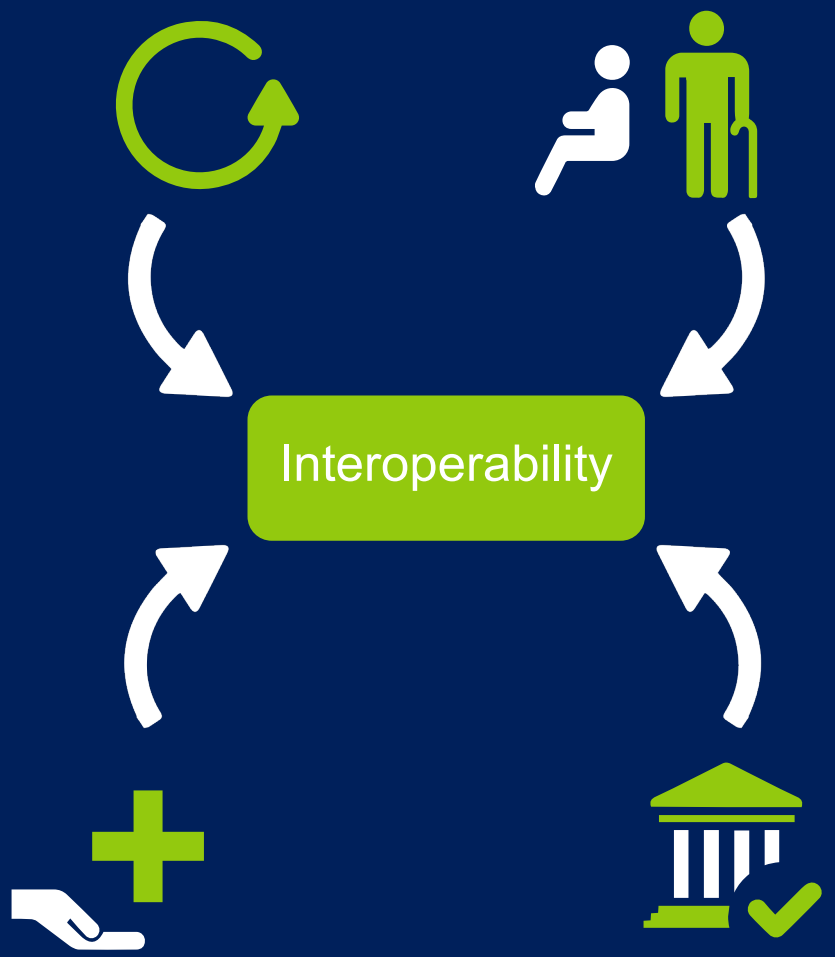
# Demand for Interoperable Clinical Data is Growing

## Shift to Value-Based Care

- Focus on outcomes
- Innovation in business models and use of technology
- Shared Upside/Downside between payers/providers
- NCPDP strategic plan focused on supporting pharmacist in value-based agreements
- Medical and Prescription Benefit Pilots in Play

## Quality and Safety

- Improve information and attestation in workflow
- Follow agreed upon best practices
- Unlock payer data to care givers
- Future requirements for digital quality measures




## Consumer Demand

- Ease of Access
- Clear understanding of benefit and coverage
- Ability to see cost/quality data
- Patients manage own data
- Growth in Consumer Applications
- Ensure privacy and security

## Regulatory Requirements

- Data Blocking/Information Sharing
- Coverage Portability
- Clinical Decision Support
- Prior Authorization Automation, Workflow
- Cost Transparency
- Ensure privacy and security

# Federal Regulatory Cost Transparency

IN EFFECT | COMPLIANCE ENFORCED | ON THE HORIZON

2022 | 2023 | 2024 | 2025

**1/1/22**
***TiC* Machine-Readable Files**

**7/1/22**
**TiC Machine-Readable Files**

**1/1/22**
**No Surprises Act (NSA)**

Law says Patients have rights to advanced cost estimates and protections from balance billing

**1/1/22 NSA GFEs**
Uninsured and Self-Pay Patient Good Faith Estimate (GFE) by Providers

**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***

**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**
For convening providers/facilities to gather co-providers/ facilities estimates to provide cohesive GFE to self-pay and uninsured patients

**NSA Advanced EOB & Provider Directories *(Expecting 2023 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

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

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

**Key Regulatory Bodies**
Department of Health and Human Services
Department of Labor
Department of the Treasury
Office of Personnel Management (OPM)

## ON THE HORIZON:

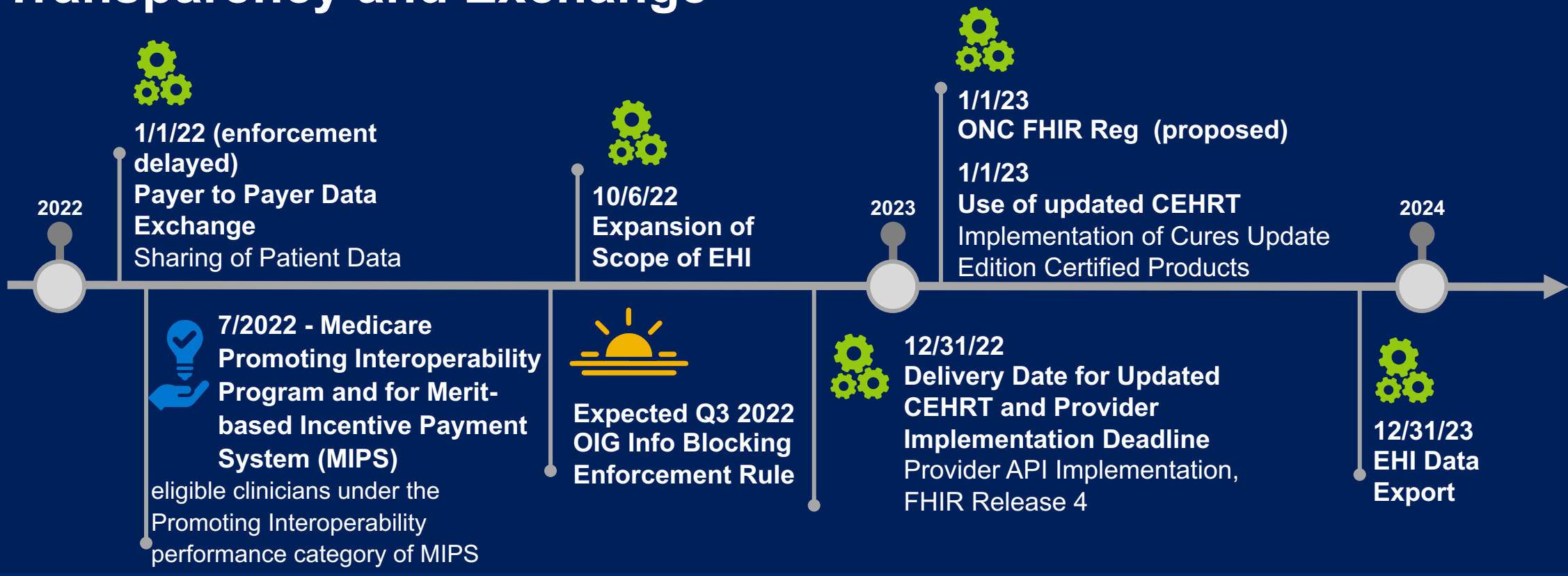
**TiC Negotiated Rates**

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

NPRM on AEOB expected Jan ‘23, Likely longer rulemaking process with effective no earlier than 2024

# Federal Regulatory Data Transparency and Exchange

PROPOSED | IN EFFECT | COMPLIANCE ENFORCED | ON THE HORIZON




**ON THE HORIZON: Prior Authorization, TEFCA, RTPB/ RTBC and Medicare Promoting Interoperability Program**

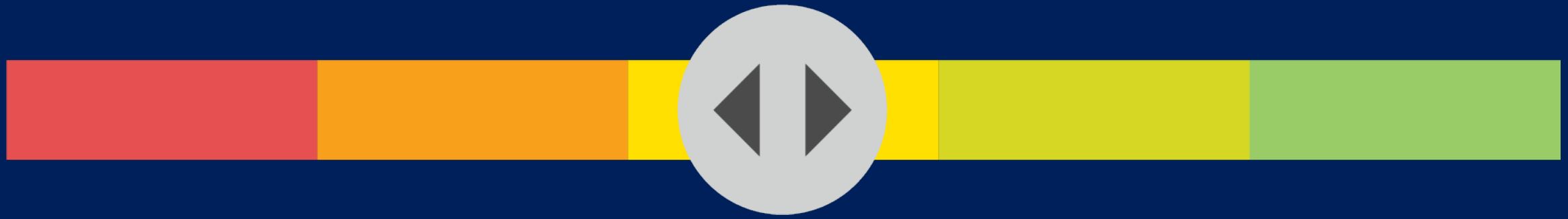
- *CMS published Jan '21, then pulled back Proposed Rule mandating use of Da Vinci Guides for Prior Authorization (PA) CMS moved a new proposed rule into Consolidated Agenda signally PA rulemaking underway* – ***Q4 2022***
- *ONC Proposed Rule – EHR Reporting; Voluntarily adopt and attest to TEFCA and ePA and RTBT certification* – ***Q4/Oct 2022***

- *Attachments Rule | Quality Rules | OMB received notice on 8.2.22 from CMS. This recent notice is a precursor to the 12/2023 expected NPRM.*
- *Anticipating proposed changes in HIPAA privacy rules from OCR including how HIPAA begins to integrate FHIR* ***likely 2023***

# Agreement Likert Scale

**Recent policies have made a positive impact on cost transparency and automating prior authorization**

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|



# Why Are Standards So Important?

- Standards are agreed-upon methods for connecting systems together and may pertain to
  - security
  - data transport
  - data format or structure
  - the meanings of codes or terms
- Standards are defined, updated, and maintained by standards development organizations (SDOs) through a collaborative process involving the audience that will be using the standards

Saves money

Saves time

Removes barriers

Required by Policy & Regulation

# Industry Enablers: Primary Payer/Provider Data Exchange Standards

| | Benefit Type | Focus | Support Standards |
|---|---|---|---|
| **HL7** |  **Medical** | Primary focus for existing HL7 transaction set has been to set standard to move clinical data intra and inter organization ie, Medical Devices to EHR<br><br>With move to FHIR, XML like standard further focus on intra organization exchange and support for real time vs batch processing | • HL7 V2 and V3<br>• Clinical Care Documents, CCD, CCDA, CCD-1<br>• FHIR XML-based API standard<br>• Medical Prior Authorization (CRD, DTR, PAS IGs)<br>• Consumer-facing RTPB aligned with NCPDP RTPB<br>• Dually created Specialty Enrollment (NCPDP/HL7) |
| **NCPDP** |  **Pharmacy** | Primary focus is for unique commercial solutions for RTPB in market. There is a balloted standard for RTPB. Accurate benefit data will increase prospective ePA and there is joint work on RTPB and Enrollment with HL7 FHIR | • ePrescribing<br>• Electronic Prior Authorization (ePA)<br>• Formulary & Benefit (F&B)<br>• Real Time Prescription Benefit (RTBP)<br>• Specialty Enrollment |
| **X12** |  **Supplement** | Primary focus is Administrative Data. Named standards by HIPAA to be the only way Covered Entities transact with other Covered Entities | • Claims<br>• Eligibility & Benefits<br>• Explanation of Benefits<br>• Prior Authorization<br>• Attachments |

# Multi-stakeholder Initiatives Focused on ePA & Cost Transparency

## HL7 Da Vinci Project

- Continued development of FHIR-based price transparency solutions ahead of further regulatory activity
- Successful Patient Cost Transparency (PCT) demonstration
- Live testing - Coverage Requirements Discovery (CRD) and Documentation Templates and Rules (DTR) testing with payers and EHRs

## NCPDP PharmTechnology Innovation (PTI) Accelerator

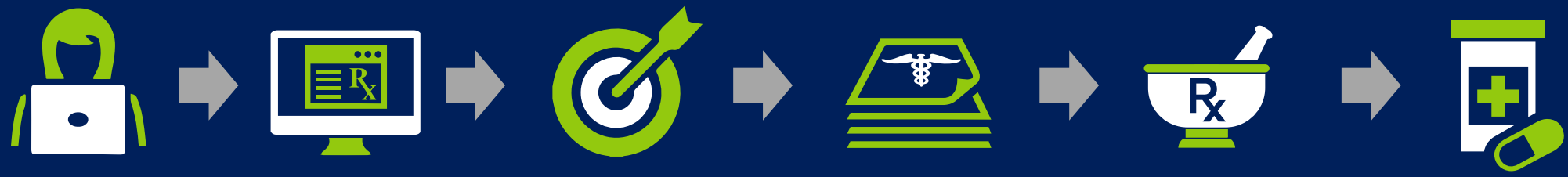
- NCPDP's PharmTechnology Innovation (PTI) Accelerator collaborating on FHIR and NCPDP standards convergence
- Advancing Value Based Care and real-time clinical data exchange between physicians, pharmacists & health plans
  - Progressing toward a use-case pilot

## CARIN Alliance

- Advancing standard for Consumer Facing RTPB – Collaboration with NCPDP
- Working with CMS/ONC/HHS and private sector partners to develop a patient digital identity federation ecosystem that can be adopted in a FHIR networked environment

# Specialty Medication Workflow – Standards Landscape

AMCP



| Drug or Service Selection | Prescription or Order Routing | Benefits & Prior Authorization | Documentation Information Gathering | Dispense or Prepare for Care | Administer or Provide Service |
|---|---|---|---|---|---|
| • Drug or regiment in mind, practice standard of care<br>• Formulary or benefit reviewed | • eRx to retail, or faxed to specialty pharmacy or HUB<br>• Sent via EHR or fax to service provider | • Pharmacy Benefit<br>• Medical Benefit<br>• Manufacturer or provider site enrollment<br>• PA | • Co-Pay Assistance<br>• Patient Assistance Programs | • Dispense<br>• Site prepped<br>• Schedule service<br>• Schedule Service | • Care provided<br>• Co-Pay collected/billed<br>• Coverage verified |
| X12 270/1 | FHIR Enrollment | | X12 270/1 | FHIR Enrollment | |
| X12 270/1 | F&B/RTBC | ePA | Test Claim | ePA | X12 Claim |
| | FHIR CRD & DTR | FHIR PAS & X12 278 | FHIR Cost | X12 278 | X12 Claim |

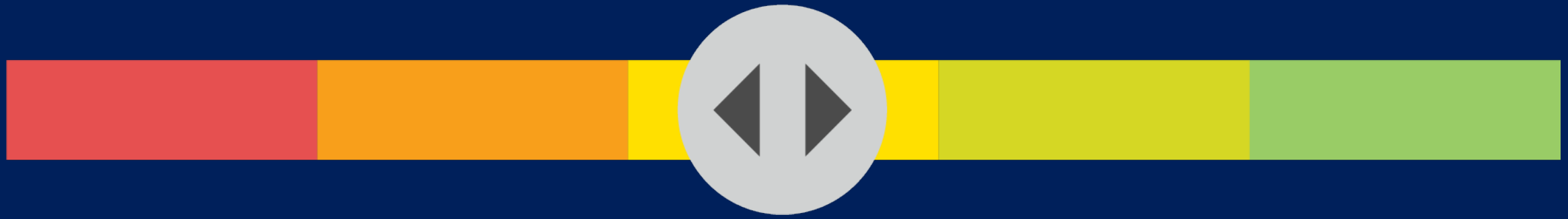
Medical Pharmacy

Source: Point of Care Partners

# Likeliness Likert Scale

**Likeliness that you will personally get more involved in standards development**

Not Likely | Slightly Likely | Likely | Fairly Likely | Most Likely



# Post-Test

# LQ1: Identify A Key Aspect of the Relationship between NCPDP & HL7

a) HL7 FHIR enables the use of APIs in healthcare

b) NCPDP has ePA and Real-Time Prescription Benefit standards

c) NCPDP & HL7 have a partnership agreement and are working together on key standards development initiatives

d) NCPDP & HL7 are both standards development organizations

# LQ2: The top drivers progressing cost transparency & ePA are:

a) Prior authorization is costly and burdensome for all and reduces primary compliance for patients

b) Policy priorities of HHS to reduce burden and increase transparency, a consumer/patient centered shift in healthcare

c) Reducing administrative costs, expediting access to care

d) Growth in patient “consumerism”

# LQ3: Name a Key Component for Progressing Automation for Specialty Prescribing

a) Automate specialty enrollment and expand ePA and RTBC to include treatments under the medical benefit

b) Make specialty drugs less expensive

c) Put all specialty drugs under the pharmacy benefit

d) Free up pharmacists to focus on patient care

e) Informed patient care decisions

# LQ4: Name the top two ways pharmacists can help progress ePA and RTBC

a) Lobby to do away with prior authorization altogether

b) Advocate the pharmacy work more closely with EHRs to create transparency & ePA programs

c) Get involved in standards development to represent the challenges and gaps in data exchange for pharmacists & discuss ePA and RTPB features with pharmacy software vendors

d) Write to congress people/representatives demanding more action

# Disclaimer

All Faculty in this education session have obtained the appropriate permission to use copyright materials.

Sources of all images are provided in citations.

# APPENDIX

# Da Vinci Adoption & Testing

Da Vinci Community has embraced and actively implementing portions or all the guides in product roadmaps. Here is a sampling of publicly available activity and updates of activity from member implementers.

| Count of Connectathons/ Testing Events with Tracks for CRD, DTR, PAS | |
|---|---|
| 2018 | 1 |
| 2019 | 5 |
| 2020 | 7 |
| 2021 | 5 |
| 2022 | 2 (2 more planned) |

## Current Member Activity

| | BURDEN REDUCTION | | |
|---|---|---|---|
| | Coverage Requirements Discovery | Documentation Templates and Payer Rules | PA Support |
| Anthem | • | • | • |
| athenahealth | • | • | • |
| Availity | | | • |
| Blue Cross and Blue Shield of Alabama | | | |
| Blue Cross and Blue Shield of Idaho | • | | • |
| Blue Cross Blue Shield of Michigan | | | |
| Blue Cross Blue Shield of Tennessee | | | |
| Cambia Health Solutions | • | • | • |
| Cedars-Sinai | | | |
| Cerner | • | • | • |
| Change Healthcare | • | • | • |
| Cigna | • | • | • |
| CMS | • | • | • |
| Cognizant | • | • | • |
| Edifecs | • | • | • |
| Epic | • | • | • |
| GuideWell | • | • | • |
| HCA Healthcare | • | • | • |
| Healow Insights | | | • |
| Humana | • | • | • |
| IBM Watson Health | | | |
| Independence BC | | | |
| InterSystems | • | • | • |
| MCG Health | • | • | • |
| MiHIN | • | • | • |
| MultiCare | • | • | • |
| OHSU | • | • | • |
| Optum | | | |
| Providence | • | • | • |
| Smile CDR | • | • | • |
| Sutter Health | | | |
| Surescripts | • | • | • |
| United Healthcare | | | |
| UC Davis | • | • | • |
| Veradigm | | | |
| ZeOmega | • | • | • |

Source of Member Activity: Da Vinci at a Glance

| Links to Connectathon History & Activity for Da Vinci Burden Reduction | | |
|---|---|---|
| FHIR Connectathon 18 | May 2018 - Cologne, Germany | |
| FHIR Connectathon 19 | Sep 2018 - Baltimore, MD, USA | CRD |
| FHIR Connectathon 20 | Jan 2019 - San Antonio TX, USA | CRD |
| FHIR Connectathon 21 | May 2019 - Montreal, Quebec, CA | CRD, DTR, PAS |
| FHIR Connectathon 22 | Sep 2019 - Atlanta, GA, USA | CRD, DTR, PAS |
| Other Connectathons: Florida (Guidewell) | May 2019, Philadelphia - November 2019 | Tested all |
| CMS Connectathon | Jan 2020 - Baltimore, MD, USA | CRD, DTR, PAS |
| FHIR Connectathon 23 | Jan 2020 - Sidney, Australia | CRD, DTR, PAS |
| FHIR Connectathon 24 | May 2020 - Virtual | CRD, DTR, PAS |
| CMS Connectathon 1 | CMS 2020 - Virtual | CRD, DTR, PAS |
| FHIR Connectathon 25 | Sep 2020 - Virtual | CRD, DTR, PAS |
| Da Vinci FHIR Implementation | Oct 2020 - Virtual | CRD, DTR, PAS |
| FHIR Connectathon 26 | Jan 2021 – Virtual | CRD, DTR, PAS |
| FHIR Connectathon 27 | May 2021 – Virtual | CRD, DTR, PAS |
| CMS Connectathon 2 | CMS 2021 – Virtual | CRD, DTR, PAS |
| FHIR Connectathon 28 | Sep 2021 – Virtual | CRD, DTR, |

# Acronyms

- **AEOB** – Advanced Explanation of Benefits - The No Surprises Act requires that group health plans and health insurance issuers provide advance cost estimates, called advanced explanations of benefits (advanced EOBs), for scheduled services or upon request
- **CAA** - Consolidated Appropriations Act, 2021 or H.R. 133 – Law passed by Congress in Dec. 2020
- **CMS –** Centers for Medicare and Medicaid Services
- **ePA –** Electronic Prior Authorization
- **FHIR –** Fast Healthcare Interoperability Resources
- **GFE** – The Good Faith Estimate is a notification of expected charges for a scheduled or requested item or service
- **HL7 –** Health Level Seven
- **NCPDP -** National Council for Prescription Drug Programs
- **NSA** - No Surprises Act - part of the CAA that is designed to prohibit surprise medical bills
- **ONC –** Office of the National Coordinator for Health IT
- **PCT** – Patient Cost Transparency
- **Period of Care** - the day or multiple days during which the good faith estimate for scheduled or requested item or service are furnished or are anticipated to be furnished
- **TiC** – Transparency in Coverage – CMS-9915-F Rule that impacts Payers
- **X12 -** American National Standards Institute Accredited Standards Committee electronic data interchange standard

**Additional Terms and Concepts in PCT IG here**
https://build.fhir.org/ig/HL7/davinci-pct/use_cases.html#terms-and-concepts

# Patient Cost Transparency (PCT)

**Implementation Guide (STU1)**

- http://hl7.org/fhir/us/davinci-pct/2022Jan/
- https://github.com/HL7/davinci-pct

**Hosted Reference Implementation**

- https://davinci-pct-payer.logicahealth.org/

**Reference Implementation Code (Apache 2.0 license)**

- https://github.com/HL7-DaVinci/test-pct-payer
- https://github.com/HL7-DaVinci/pct-client

**Test Scripts**

- https://touchstone.aegis.net/touchstone/testdefinitions?selectedTestGrp=/FHIRSandbox/Da[…]i/FHIR4-0-1-PCT&activeOnly=false&contentEntry=TEST_SCRIPTS

**Confluence**

- https://confluence.hl7.org/display/FHIR/2022-05+Da+Vinci+Patient+Cost+Transparency
- https://confluence.hl7.org/display/FHIR/2022+-+05+Connectathon+30

# Da Vinci Use Case Working Sessions – Join Us!

| Use Case | Schedule |
|---|---|
| Burden Reduction (CRD/DTR/PAS) - Wednesday | Wednesdays at 11am Eastern |
| Notifications | First Wednesday of the month at 12pm Eastern |
| Clinical Data Exchange (CDex)<br>Health Record Exchange Framework (HRex) included | Wednesdays at 2pm Eastern |
| Member Attribution List (ATR) | Wednesdays biweekly at 3pm Eastern |
| Risk Adjustment (RA) | Thursdays at 3pm Eastern |
| Patient Cost Transparency (PCT)* | Fridays at 11am Eastern* |
| Payer Data Exchange (PDex, Formulary, PlanNet) | Fridays at 12pm Eastern |
| PDex Formulary STU2 | Fridays at 2pm Eastern |
| Burden Reduction (CRD/DTR/PAS) - Friday | Fridays at 3pm Eastern |

**Conference Call Sign Up**

- HL7 Conference Call Center - check the HL7 calendar for cancellations/changes!
- Da Vinci Conference Call Sign Up Instructions
- Note: There is no invitation, add to your own calendar
- HL7 Da Vinci General Inquiries:

  DaVinciPMO@pocp.com

*2 hours per week