More Data. More Challenges. More Opportunities to Transform Healthcare & Your Business

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Point·of·Care PARTNERS | HEALTH IT MANAGEMENT CONSULTANTS

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Session Themes

- Current Landscape and Realities of the Shift to APIs

- Impacts on Individual Organizations

- Consider Larger Transformation vs Technology Project(s)

Who is Point-of-Care Partners?

We Are THE Nation's Leading Data Standards and Interoperability Consultants

Who We Are…

- *National, virtual, consultancy* since 2002 (*35+ states, 110+ Associates) focusing on healthcare* Interoperability across the Payer, Delivery, Health IT Vendor, HIE, Government, and Pharma ecosystem

- We possess a comprehensive staff of widely respected national experts, with most Associates having > *15-25 years* experience in the Interoperability field

- Engaged and leadership roles with **Standards bodies and Accelerators** across the Interoperability spectrum, including HL7, HIMSS, Da Vinci, CARIN, NCPDP, and numerous others

What We Do…

Leading interoperability subject experts working on projects such as:

- Strategy and value engagements for national and regional payers
- Interoperability roadmaps (establishing and adjusting)
- The launch and growth of numerous HIEs
- Development of standards and strategy for implementation
- Automations of Prior Authorization, Patient Cost and Benefits, Specialty Medications, Enrollment

Program, Project Management and use case lead role(s) across *Da Vinci,* CARIN, Codex and FHIR at Scale Taskforce (*FAST*) and other cross-functional industry projects

This is All About Interoperability, and the Data That Rides the Rails

- To be successful with your transformation to ***FHIR API Technology***, you must have a well-documented strategy and execution roadmap
- How will you handle Interoperability needs such as:
  - *Clinical Data Exchange*
  - *Price Transparency?*
  - *Social Determinants of Health?*
  - *Patient Data Redirection?*
  - *Value-based Care?*

Market Realities

All vendors are evaluating which payers and providers they are doing new advance API work with now.

Quality work will be shifting to FHIR/API solutions in the near future, leverage existing vendor end points that don't require long term investment

Roadmaps are heavily driven by regulatory impacts

FHIR is simply the way to move to APIs, and will be underpinning of future rulemaking

We are witnessing the start in a gradual shift in role of integrator as primary intermediary to free the data from EHR/EMR

Shifting to clinical data exchange and notifications about gaps in care and risk adjustment is paramount for business transformation
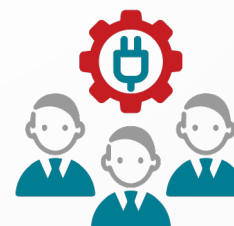
Maximizing API and workflow capabilities today partners, and watching execution success of potential vendors and direct partners is critical

Federal Regulatory Data Transparency and Exchange
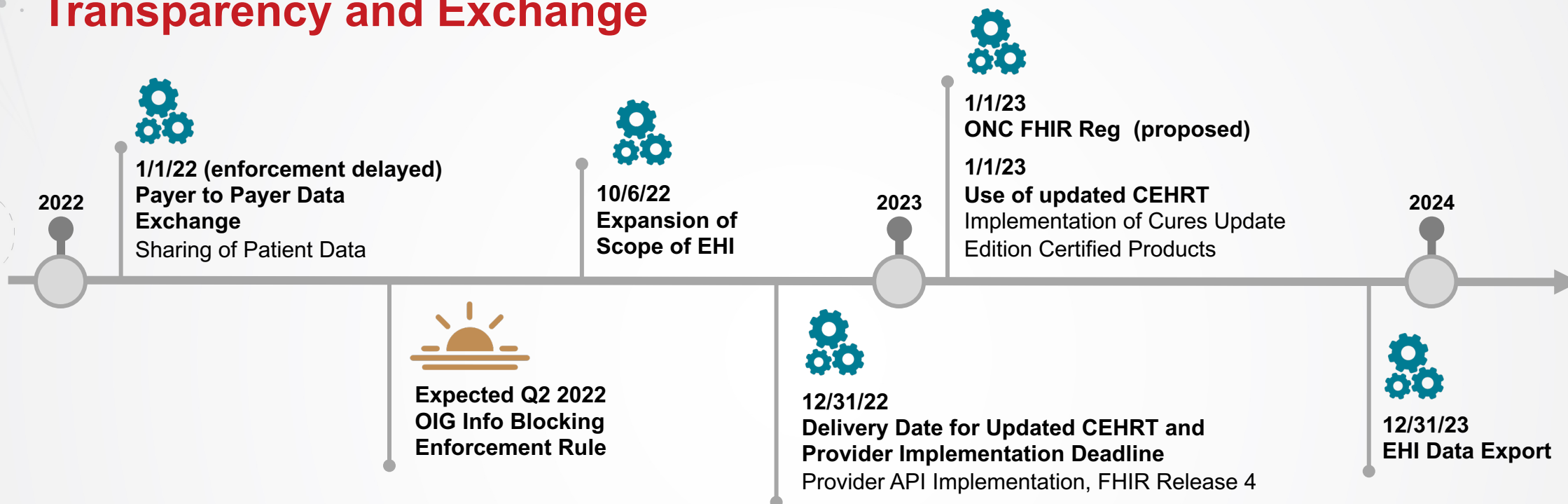
IN EFFECT

COMPLIANCE ENFORCED

ON THE HORIZON

2022

1/1/22 (enforcement delayed)
Payer to Payer Data Exchange
Sharing of Patient Data

Expected Q2 2022
OIG Info Blocking Enforcement Rule

10/6/22
Expansion of Scope of EHI

2023

12/31/22
Delivery Date for Updated CEHRT and Provider Implementation Deadline
Provider API Implementation, FHIR Release 4

1/1/23
ONC FHIR Reg (proposed)

1/1/23
Use of updated CEHRT
Implementation of Cures Update Edition Certified Products
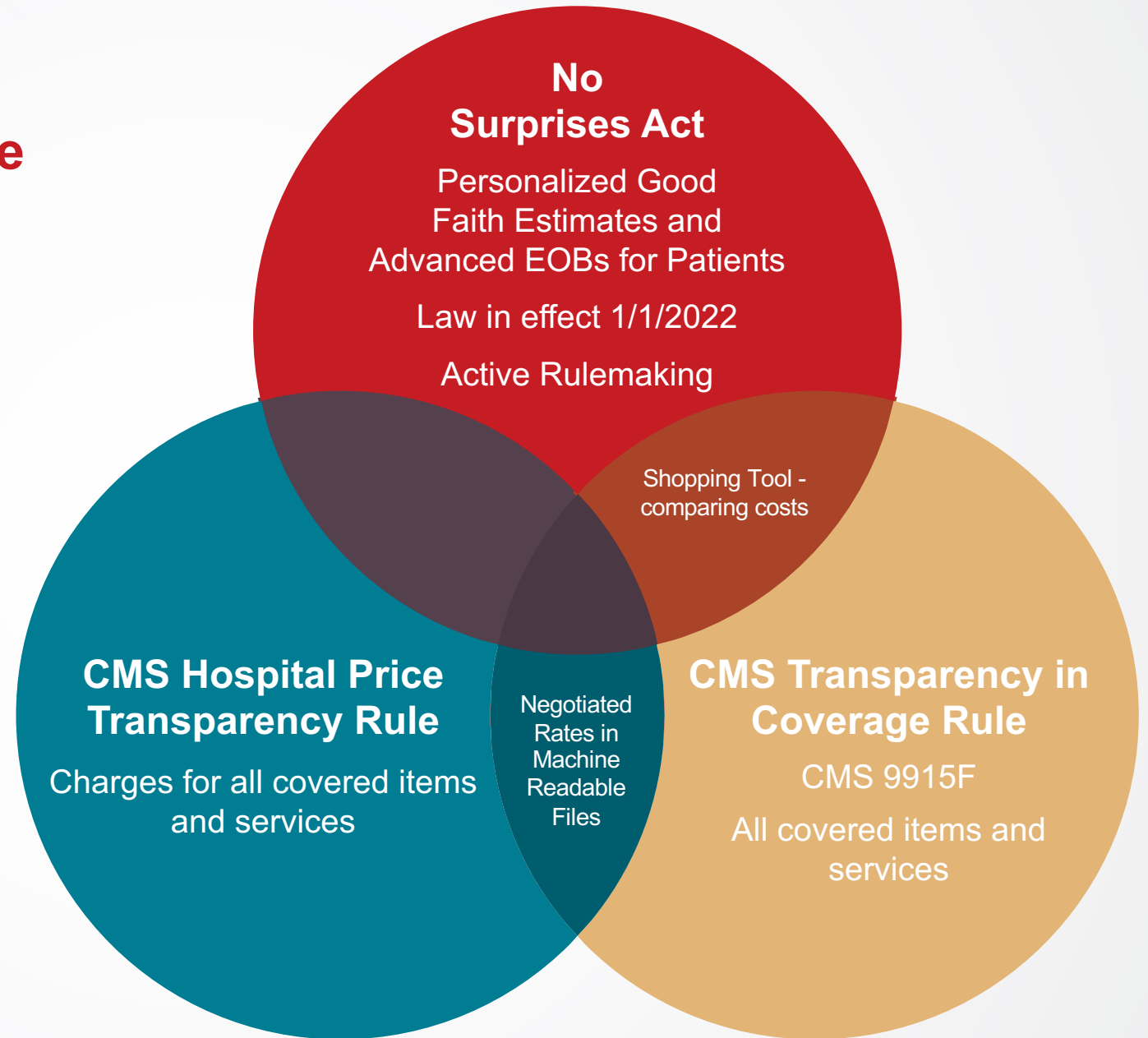
2024

12/31/23
EHI Data Export

ON THE HORIZON: **Prior Authorization 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*

- *Medicare Promoting Interoperability Program and for Merit-based Incentive Payment System (MIPS) eligible clinicians under the Promoting Interoperability performance category of MIPS. Be on the lookout in Q2 2022 for the official NPRM*

- *Attachments Rule | Quality Rules*

- *Anticipating proposed changes in HIPAA privacy rules from OCR forthcoming later in 2022 including how HIPAA begins to integrate FHIR*

Cost Transparency Regulation Landscape

- Increased regulatory activity at Federal level

- Aimed at delivering unprecedented cost transparency for healthcare services

- Industry waiting for clarification on timelines and shopping tool synergies from regulators

- No Surprises Act is three agency rule

- Solutions will require multiple standards (NCPDP, FHIR, X12)

- Need to master contract data in a standard way

No Surprises Act

Personalized Good Faith Estimates and Advanced EOBs for Patients

Law in effect 1/1/2022

Active Rulemaking

Shopping Tool - comparing costs

CMS Hospital Price Transparency Rule

Charges for all covered items and services

Negotiated Rates in Machine Readable Files

CMS Transparency in Coverage Rule

CMS 9915F

All covered items and services

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

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

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

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*

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 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

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.

Why is Shift to APIs from Documents Important?

Left box: PAYER — CUSTOM INTEGRATION, EXCEL FILES, FAXES, MANUALLY FOCUSED — PROVIDER

Right box: PAYER — API ↑↓ / INTEGRATORS — API ↑↓ / INTEGRATORS — PROVIDER — Emerging Standards, Real Time Information, Applications
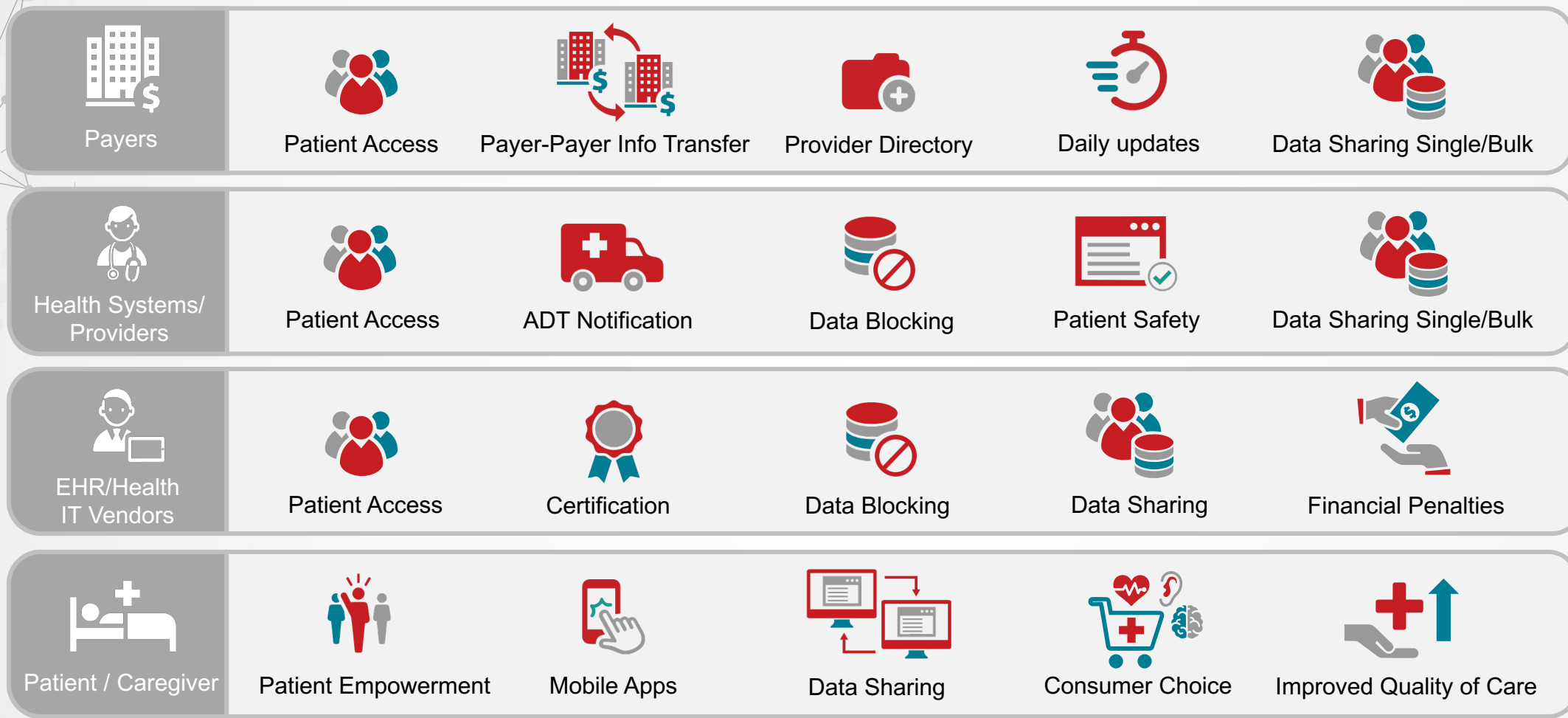
Impact of Industry and Market Shifts on Organizations

The Pervasive Stakeholder Impact of API Technology

Payers	Patient Access	Payer-Payer Info Transfer	Provider Directory	Daily updates	Data Sharing Single/Bulk
Health Systems/ Providers	Patient Access	ADT Notification	Data Blocking	Patient Safety	Data Sharing Single/Bulk
EHR/Health IT Vendors	Patient Access	Certification	Data Blocking	Data Sharing	Financial Penalties
Patient / Caregiver	Patient Empowerment	Mobile Apps	Data Sharing	Consumer Choice	Improved Quality of Care

HL7 FHIR API

Tools & Capabilities from HL7® FHIR® Accelerator Programs

- Argonaut Project: **Exchange and foundational tools** to move data in/out EHRs and other HIT vendors

- CARIN Alliance: **Consumer-facing exchange of data** (Blue-Button and Consumer facing RTPBC)

- Da Vinci: **Data sharing and workflows needed for value-based care**, provider and payer led

- Gravity Project: Focused on **data exchange of social risk factor data**

- CodeX: Focused on creation of **national platform for interoperable cancer data modeling**

- Vulcan: Focused on **exchange of data** in order to bridge existing gaps between clinical care and clinical research

- *FAST*: Foundational tools, standards and best practices to scale FHIR across industry

- Helios: Focused on strengthening the **data-sharing capabilities of public health systems**
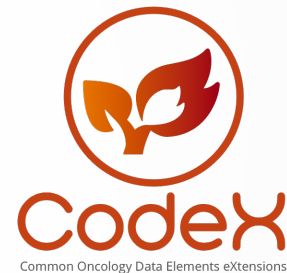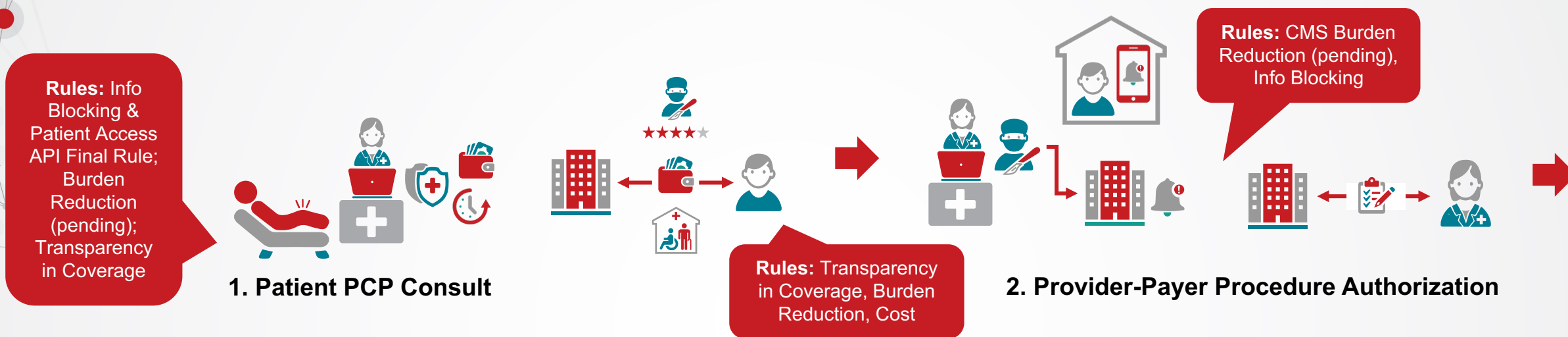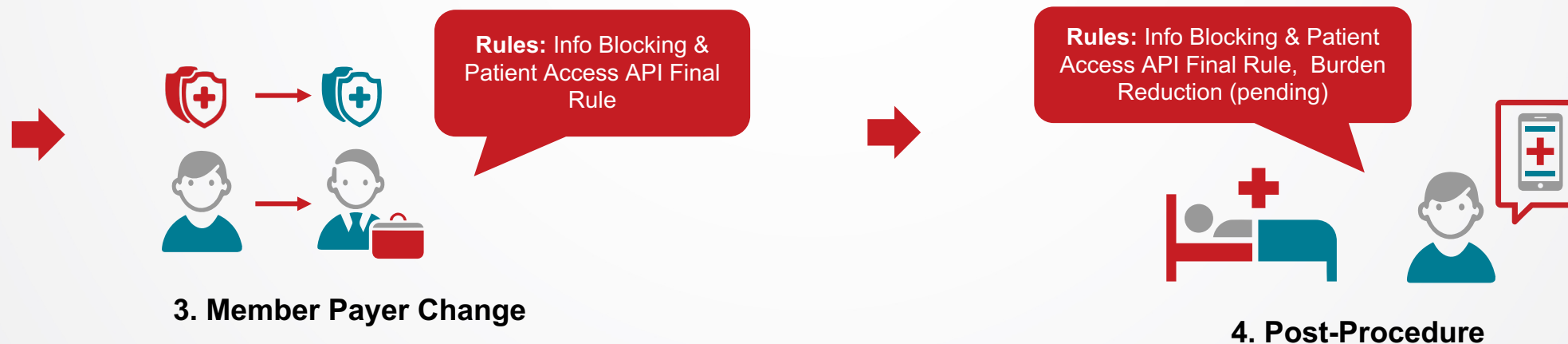
Interoperability and Organizational Impact

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

MANAGEMENT

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CALL CENTER

DATA GOVERNANCE

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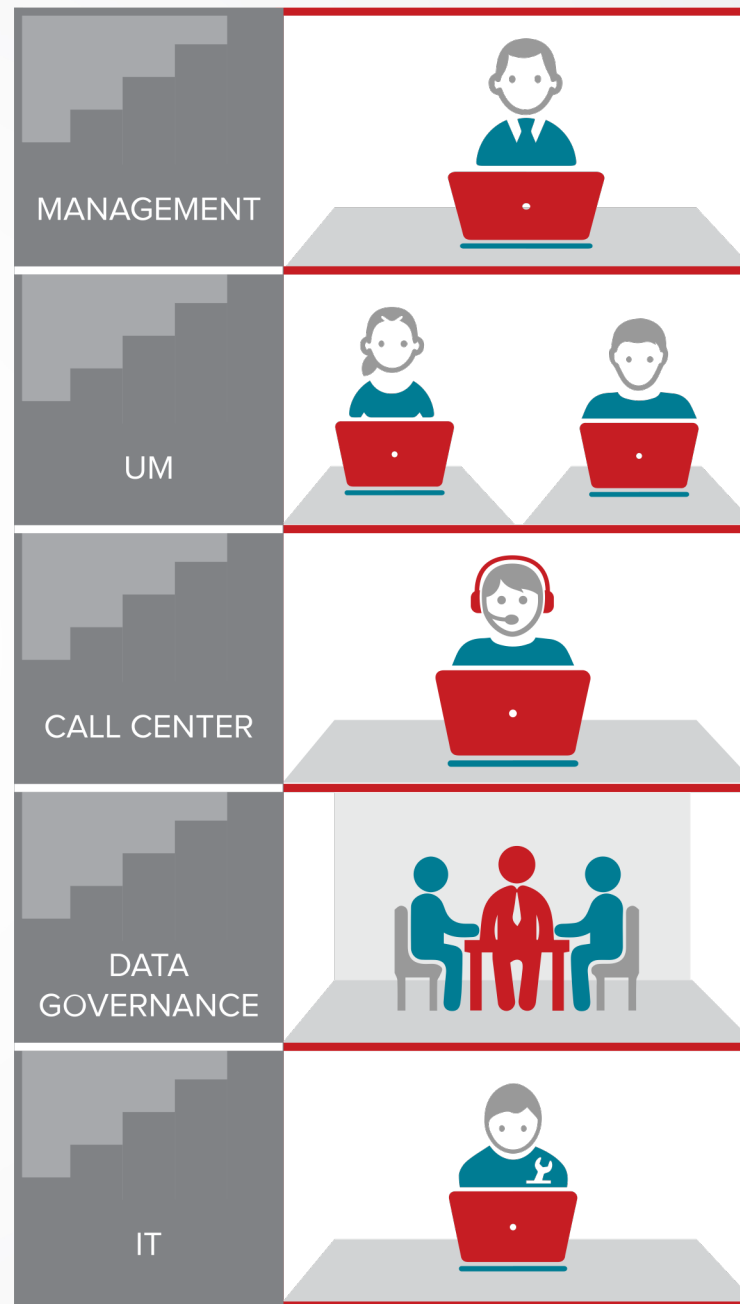
Sampling of APIs in Workflow

Rules: Info Blocking & Patient Access API Final Rule; Burden Reduction (pending); Transparency in Coverage

1. Patient PCP Consult

Rules: Transparency in Coverage, Burden Reduction, Cost

Rules: CMS Burden Reduction (pending), Info Blocking

2. Provider-Payer Procedure Authorization

Sample API Services: Payer Data, Coverage, Rules, Quality, Risk and Gaps, Prior Auth, Referring Provider Data, SDOH, Patient Created Data, Clinical Trials, etc…
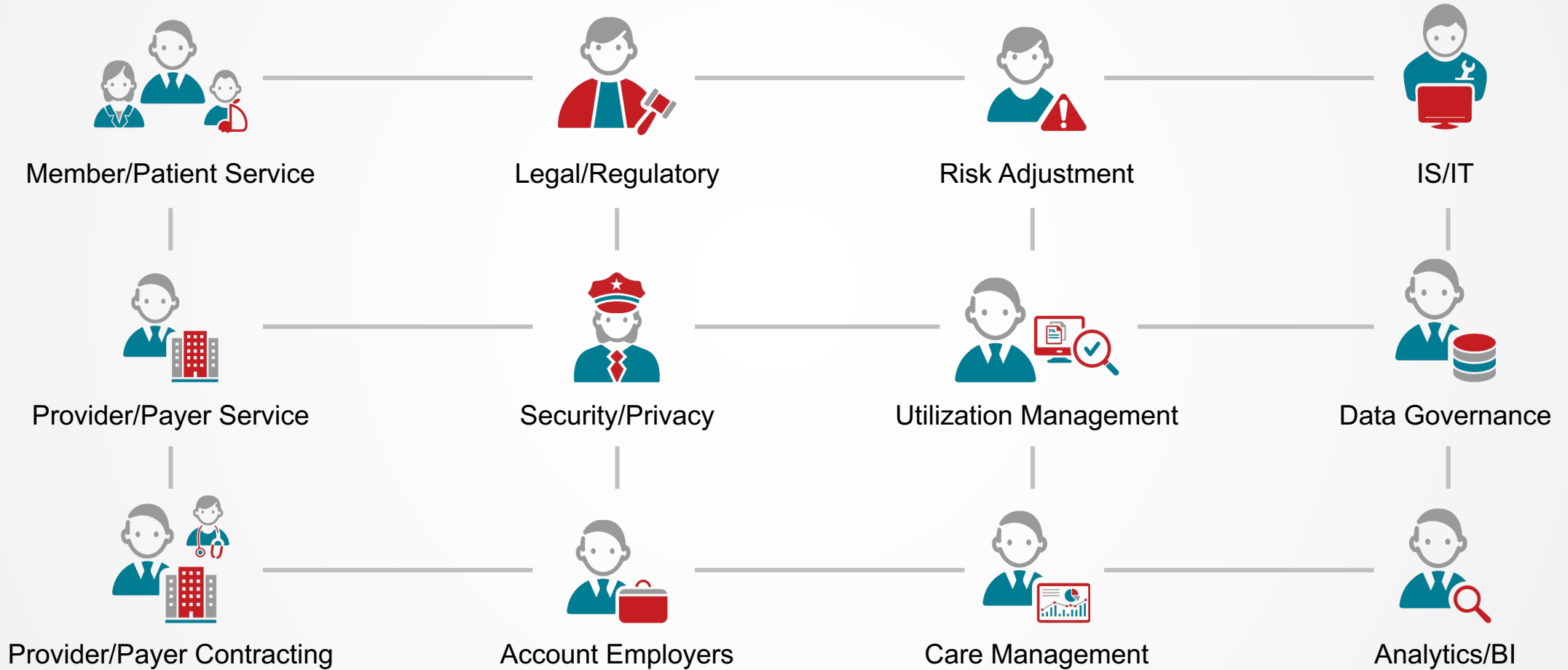
Rules: Info Blocking & Patient Access API Final Rule

3. Member Payer Change

Rules: Info Blocking & Patient Access API Final Rule, Burden Reduction (pending)

4. Post-Procedure

View Shift through Business Challenges and Solutions vs Technology Adoption

Ensure Shift is Not Just a "Technology" Project

Member/Patient Service

Legal/Regulatory

Risk Adjustment

IS/IT

Provider/Payer Service

Security/Privacy

Utilization Management

Data Governance

Provider/Payer Contracting

Account Employers

Care Management

Analytics/BI

Align Existing Assets, Available Tools and Extend/Find New Partners

Create the Right Checklists and ROI Models

❑ **What is your strategy?**

- Business – organizational - competitive

- Operational – technical

❑ **How will you prioritize?**

- Mandates – market demand – value - feasibility

❑ **How will you keep up with everything that is going on?**

- Regulations - Multi-stakeholder collaboratives - Competition

- Innovation and technology advancements

❑ **How will you drive/manage change and communication?**

- Internal - Consumers - Partners

❑ **How will you impact your front-line providers?**

❑ **How will you drive adoption and utilization?**

- Provider – Member – Patient - Community

❑ **How can/will this change my market?**

- Competition - Product design - Network demands

- Employer – Consumer – Government Programs demands

Thank You

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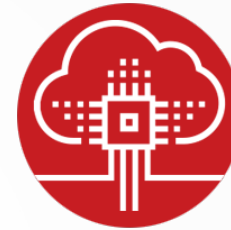
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