The Role of HL7 FHIR in Patient Cost Transparency

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HIMSS 22

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Welcome

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Conflict of Interest

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

- HL7® Da Vinci and FHIR® Overview
- Regulatory Landscape – No Surprises Act and more
- Industry Perspectives – Provider, Payer, Patient
- Da Vinci Patient Cost Transparency
- Real World Case Study
- How to Get Involved

Poll Question 1

Have you heard of (or use) HL7® Da Vinci® FHIR implementation guides?

- Yes, I'm familiar with Da Vinci
- Yes, I've heard of Da Vinci
- No, but I'm familiar with HL7
- No, it's all new

Poll Question 2

Is your organization providing (or preparing to provide) Good Faith Estimates (GFEs) for patient costs?

- Yes
- No
- I am not sure
- N/A

Learning Objectives

During this presentation, we will:

- Discover the benefits of a **standards-based approach** to interoperability and how the multi-stakeholder initiative is helping the industry **solve healthcare interoperability problems** and meet federal requirements
- Compare **stakeholder-based perspectives** of the standards-based strategies and lessons learned
- 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
- Identify the **benefits and progress of shifting** from traditional file formats to real-time data **exchange between providers and payers** to unleash the data required for value-based care contracts to be successful

Da Vinci Project Challenge

To ensure the success of the industry's shift to **Value Based Care**

Transform out of Controlled Chaos:

Develop ***rapid multi-stakeholder*** process to identify, exercise, and implement initial use cases.

Collaboration:

Minimize the development and deployment of ***unique solutions.***

Promote industry wide ***standards*** and adoption.

Success Measures:

Use of ***FHIR®, implementation guides,*** and ***pilot projects.***

Da Vinci 2022 Multi-Stakeholder Membership

PROVIDERS

YAMA Medical Group
Cedars-Sinai
HCA Healthcare
Sutter Health
MultiCare Connected Care
OrthoVirginia
OHSU
Providence St. Joseph Health
UC Davis Health
Texas Health Resources
Weill Cornell Medicine
UNC Health Care
Kaiser Permanente

EHRs

athenahealth
*Cerner
*Epic
healow | Insights
*veradigm

PAYERS

*Anthem
*BlueCross BlueShield of Alabama
*BlueCross BlueShield Association
*Blue Cross of Idaho
of Tennessee
*CAMBIA
*Cigna
scan Health Plan
CENTENE Corporation
*CMS
CVS Health
GuideWell
*HCSC Health Care Service Corporation
*Humana
*Independence
*UnitedHealthcare

VENDORS

Availity
CHANGE HEALTHCARE
Cognizant
*edifecs
infor
MiHIN
InterSystems Health | Business | Government
IBM Watson Health
juxly
mcg
*ZeOmega
*OPTUM
*surescripts
smile CDR

INDUSTRY PARTNERS

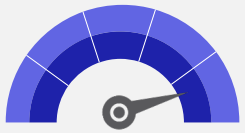
HIMSS
*HL7 International
NCQA Measuring quality. Improving health care.

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

For current membership: *http://www.hl7.org/about/davinci/members.cfm*

Da Vinci Use Case Readiness

Clinical Data Exchange



Clinical Data Exchange (CDex)♦

Payer Data Exchange (PDex)*

Quality & Risk

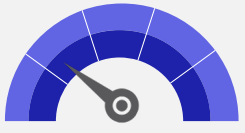
Data Exchange for Quality Measures inc. Gaps In Care (DEQM/GIC)

Risk Adjustment (RA)

Coverage, Transparency & Burden Reduction

Coverage Requirements Discovery (CRD)♦

Documentation Templates and Rules (DTR)♦



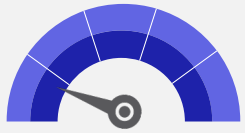
Prior-Authorization Support (PAS)♦

Formulary*

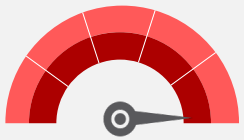
Plan Net/Directory*

Patient Cost Transparency (PCT)♦

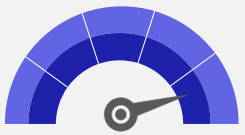
Foundational Assets



Member Attribution List



Notifications*



Health Record Exchange (HRex)

* Referenced in or supports Federal Regulation

♦ Aligned with expected Federal Regulation

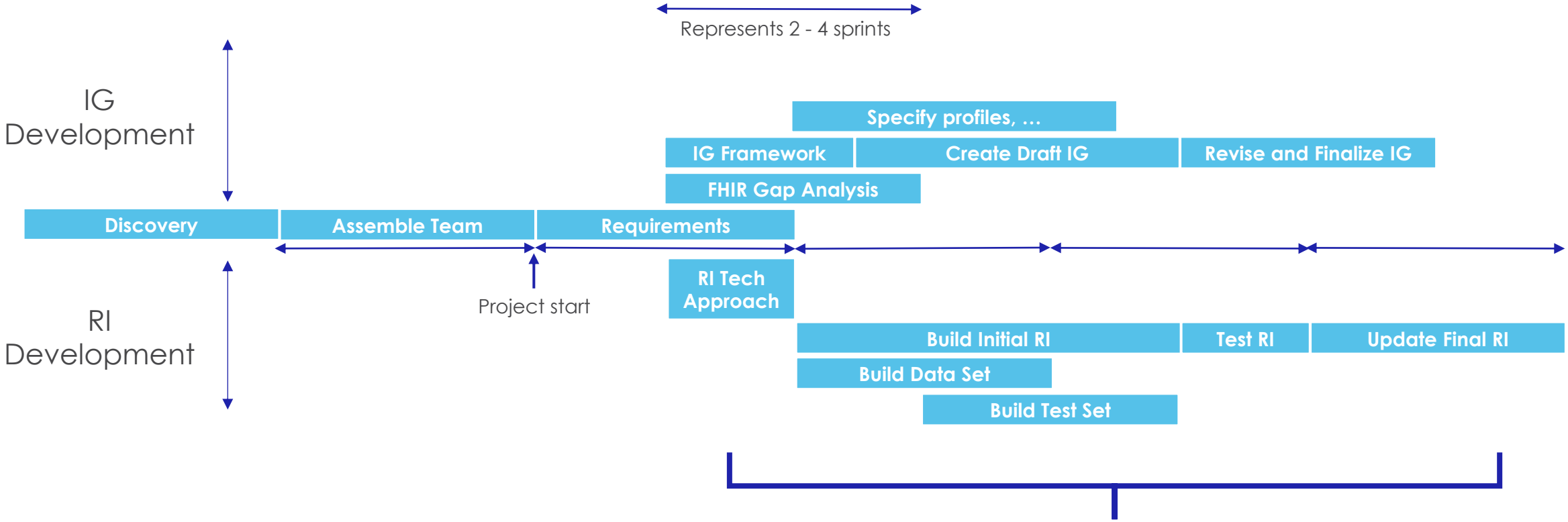
Dial denotes progress in current STU Phase

Da Vinci Use Cases
https://confluence.hl7.org/display/DVP/Da+Vinci+Use+Cases

Overall Maturity:

Most Mature	Active Growth	Least Mature

Sample Project Timeline



IG: Implementation Guide
RI: Reference Implementation

Transparency Landscape

Patient Story

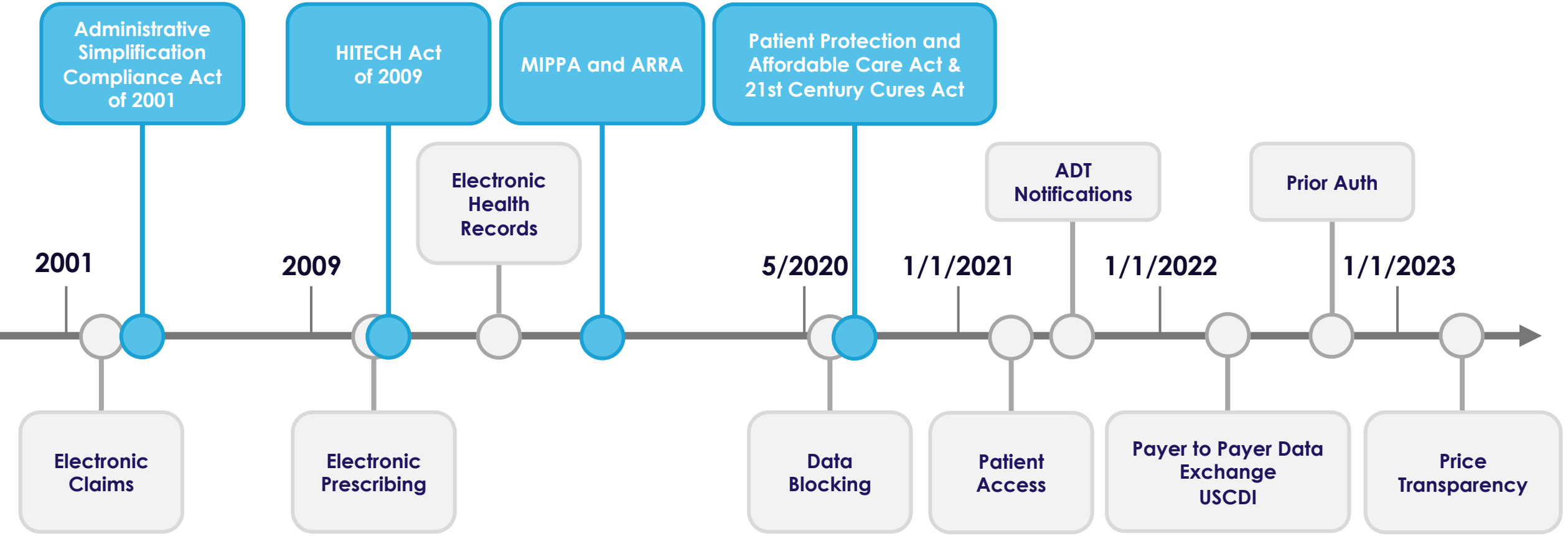
I thought mammograms were covered as a part of your annual wellness exam?

How can I owe $700?

How could my doctor refer me to a place who would charge me like this???

Thanks to a mutual understanding of my out-of-pocket costs, my doctor and I were able to find a more affordable, high-quality location for my mammogram!

20 Years of Information Technology Advancement in Healthcare



Source: *Point-of-Care Partners*

CMS/ONC Interoperability Mandates

Disrupting the Healthcare Business Model

January 2021 – January 2022

CMS 9115F - Interoperability APIs

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

January 2022 – January 2024

CMS 9915F - Transparency in Coverage

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

January 2023 – January 2024

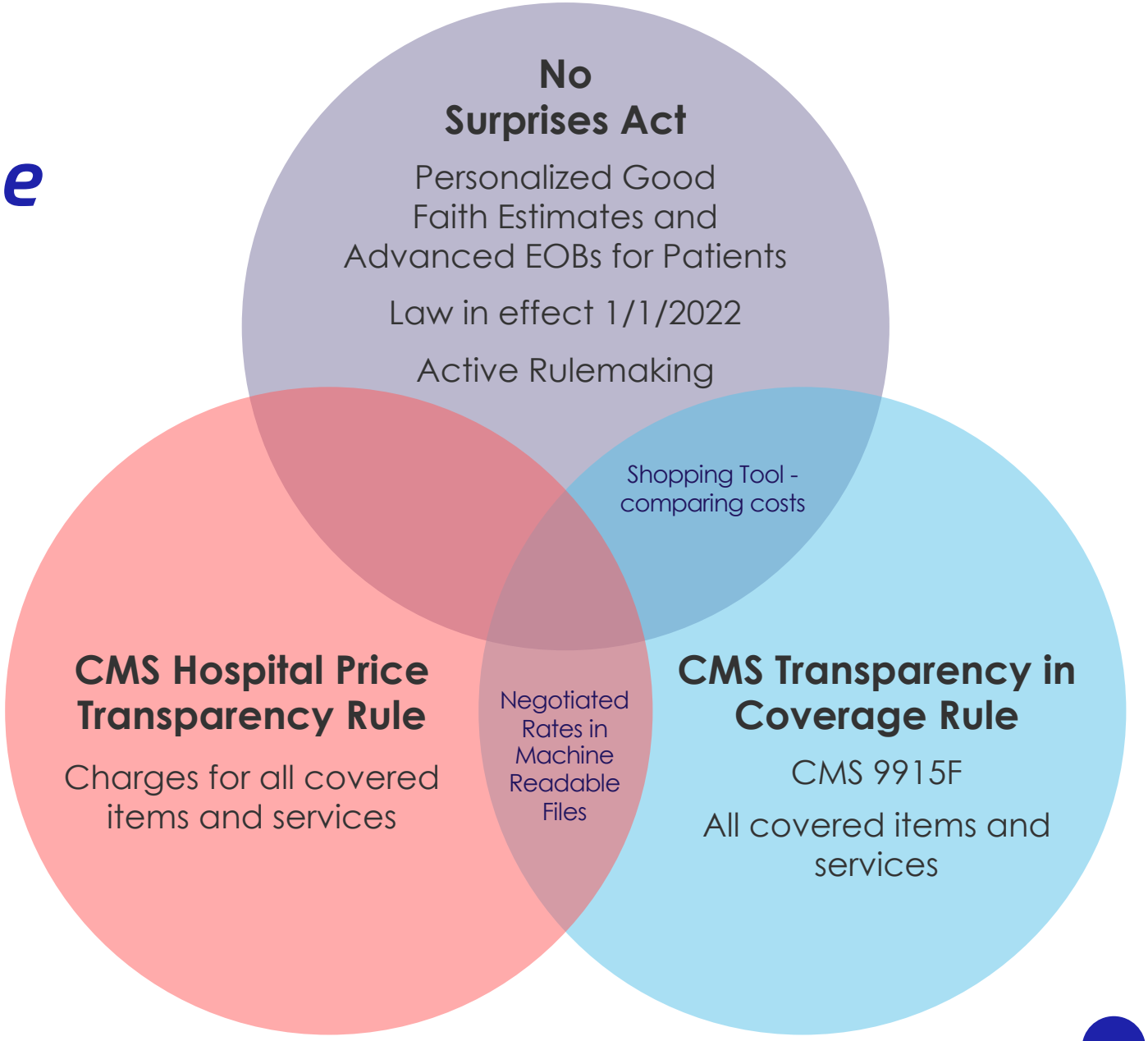
CMS 9123 Pended – Reducing Provider & Patient Burden

- Expand
  - Patient Access
  - Provider Directory
  - Payer to Payer
- Add
  - Provider Access API
  - Prior Auth Document Lookup Service
  - Prior Auth Support API

Source: *Florida Blue/GuideWell*

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



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.

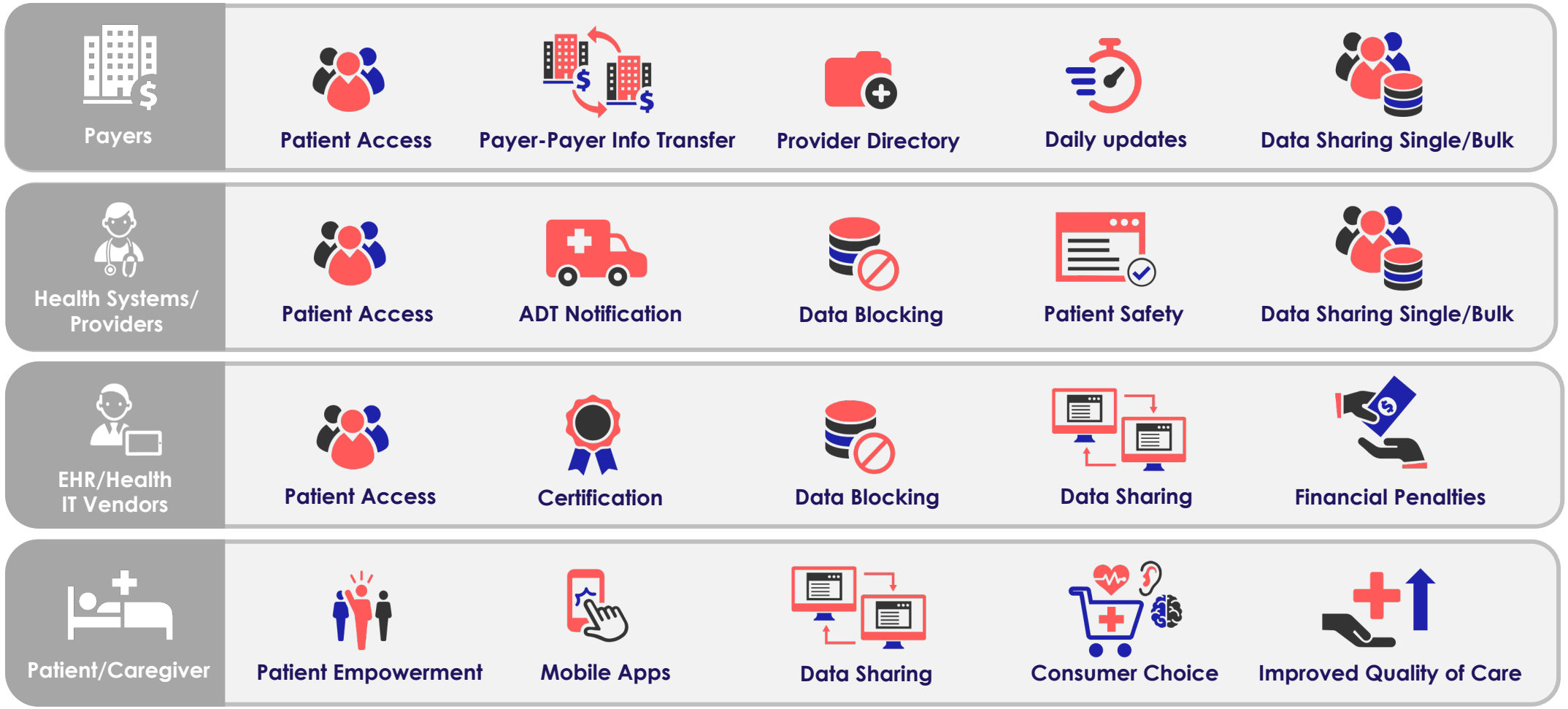
Saves Money

Saves Time

Removes Barriers

Required by Policy & Regulation

Ecosystem Stakeholder Impact



Source: *Point-of-Care Partners*

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

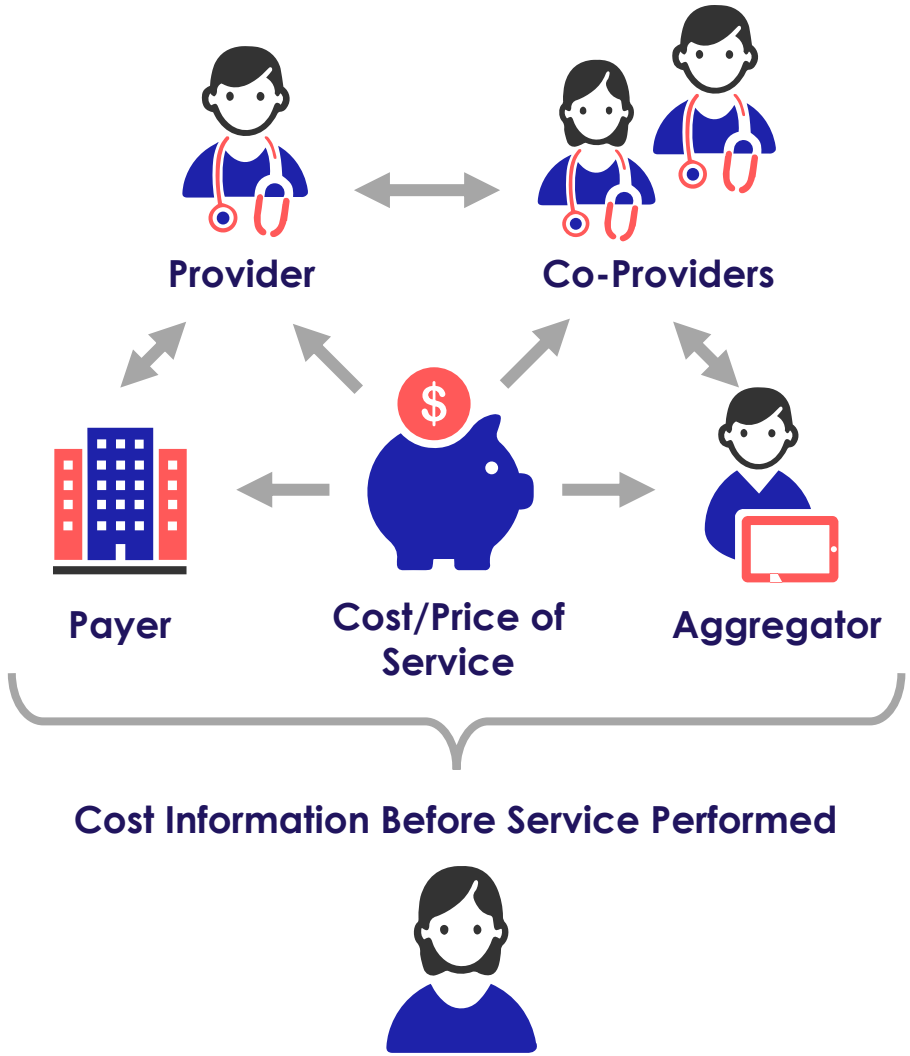
Da Vinci Patient Cost Transparency (PCT) Use Case Summary

Goal:

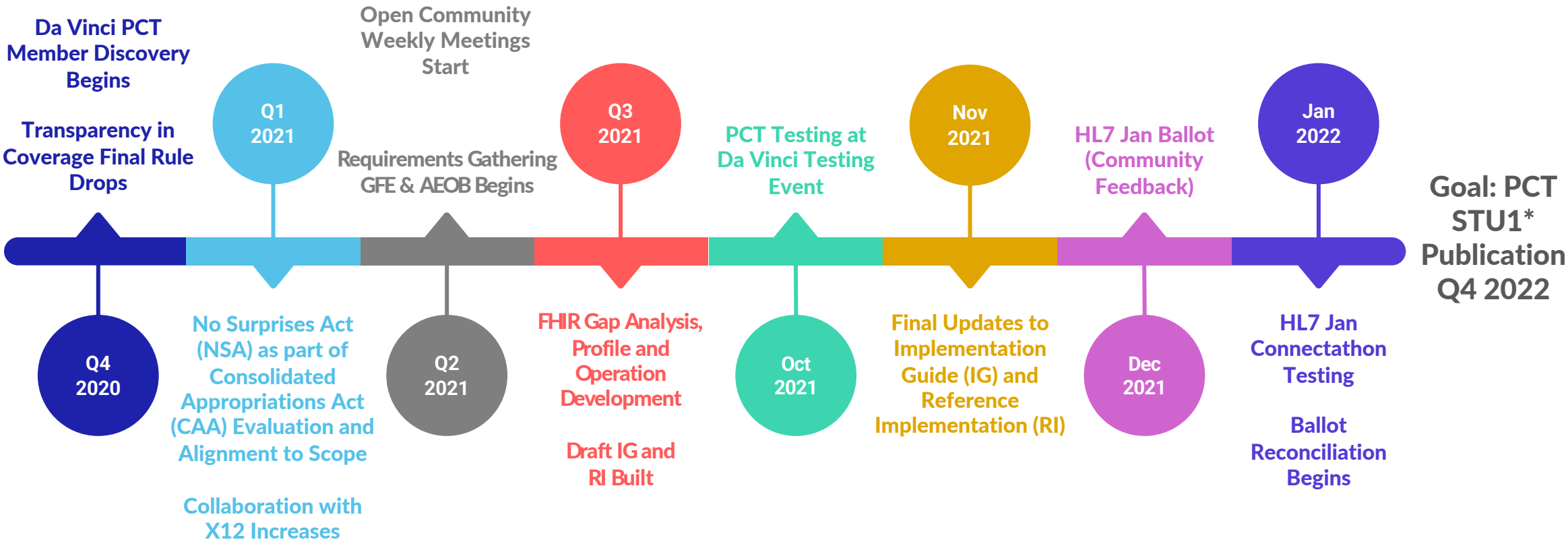
- Develop a **standard data exchange** in support of patient cost transparency for devices, services and collection of services using **FHIR APIs** for near real-time exchange of data

Objectives:

- 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**



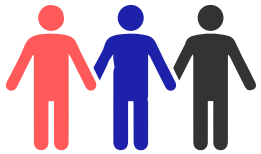
Da Vinci Patient Cost Transparency (PCT) Timeline Review



*STU = Standard for Trial Use

Note: in 2019, Da Vinci Members gained approval for the PCT Project Scope Statement (PSS)

Dimensions of Patient Cost Transparency



Perspective (Patient, Provider, Payer)

Information Gap (e.g., Providers more likely to know specifics than Patient)

Timing (where in the process are requirements available)

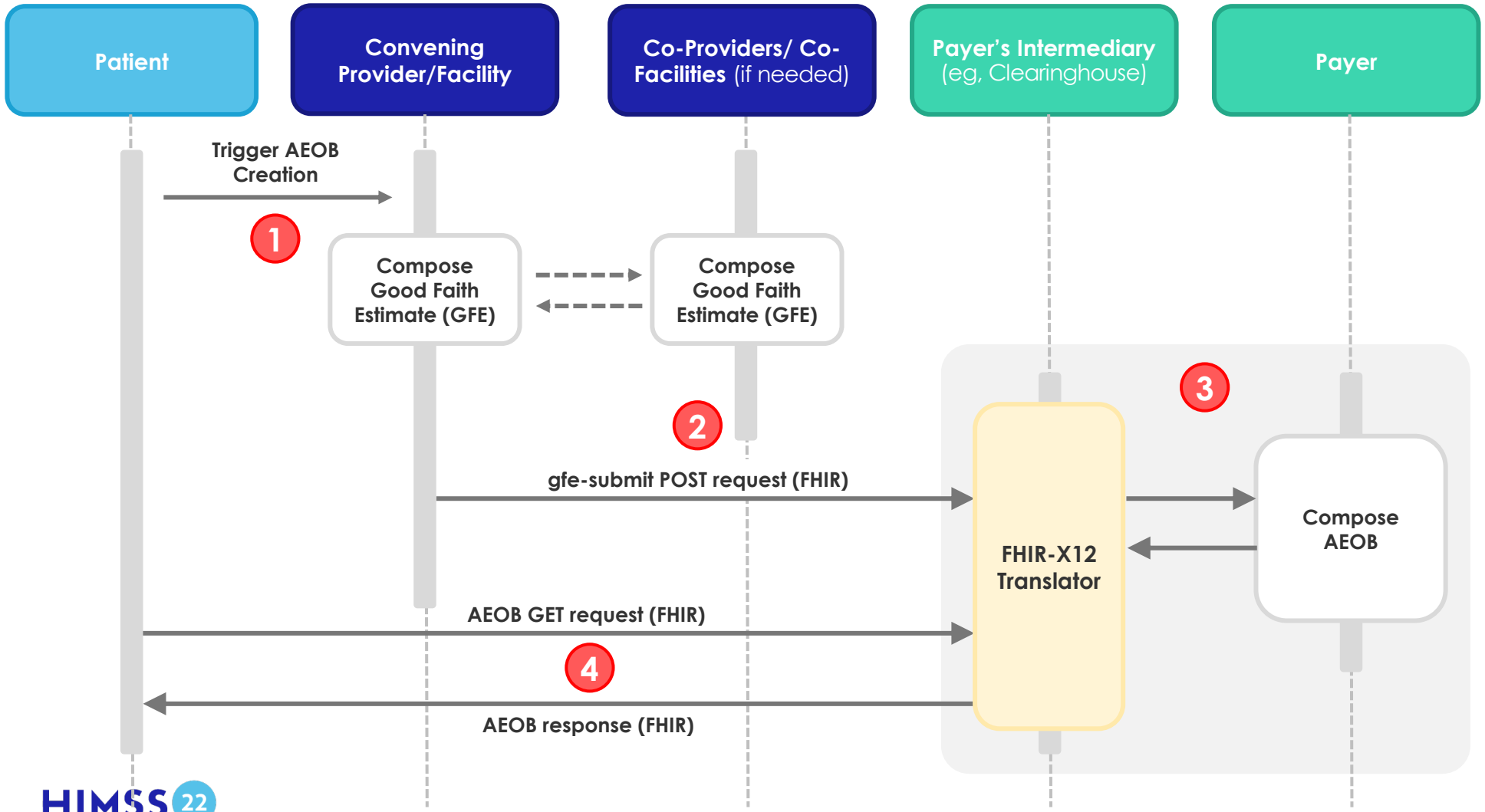
Technology (currently available and future opportunities)

Industry Solution Readiness (Balance of fast and future proof)

Collection of Services (varied definitions challenge true comparison shopping)

Good Faith Estimate and Advanced EOB

Triggered by Request or Scheduled Service



Phase 1

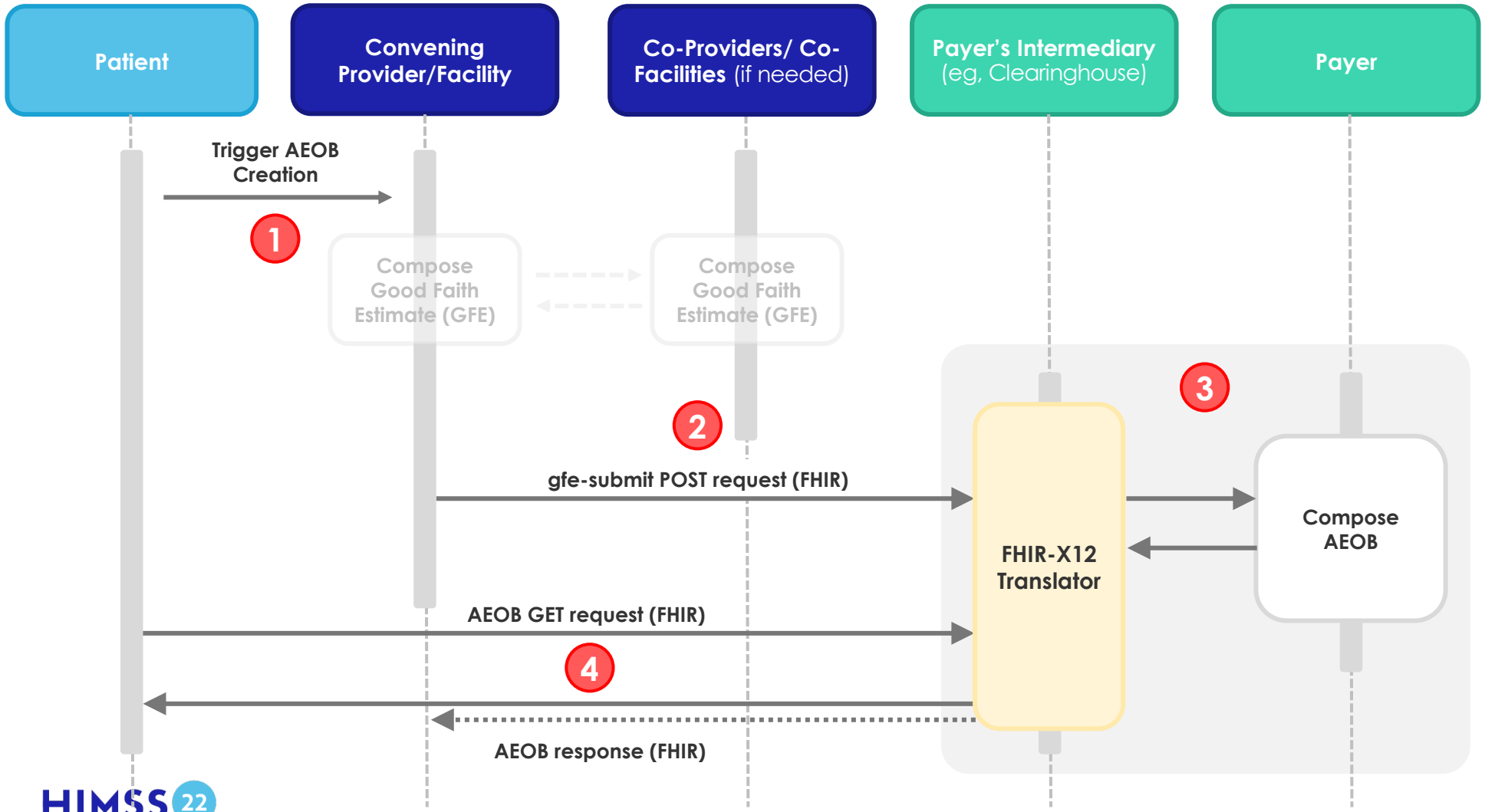
- Good Faith Estimate (to Payer) and Advanced Explanation of Benefits (Payer to Patient)
- Starting Trigger for Phase 1 IG is the GFE Submit to the Payer
- Support for the Return AEOB to Provider is not outlined in CAA Law but Da Vinci agrees it's critical for health equity
- FHIR<>X12 mapping (supported and published by X12)

Note: There are no HIPAA mandated transactions for PCT. There are transactions that HIPAA mandates for OTHER transactions (claims) that can support PCT transactions too.

AEOB = Advanced Explanation of Benefits

Good Faith Estimate and Advanced EOB

Triggered by Request or Scheduled Service



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AEOB = Advanced Explanation of Benefits

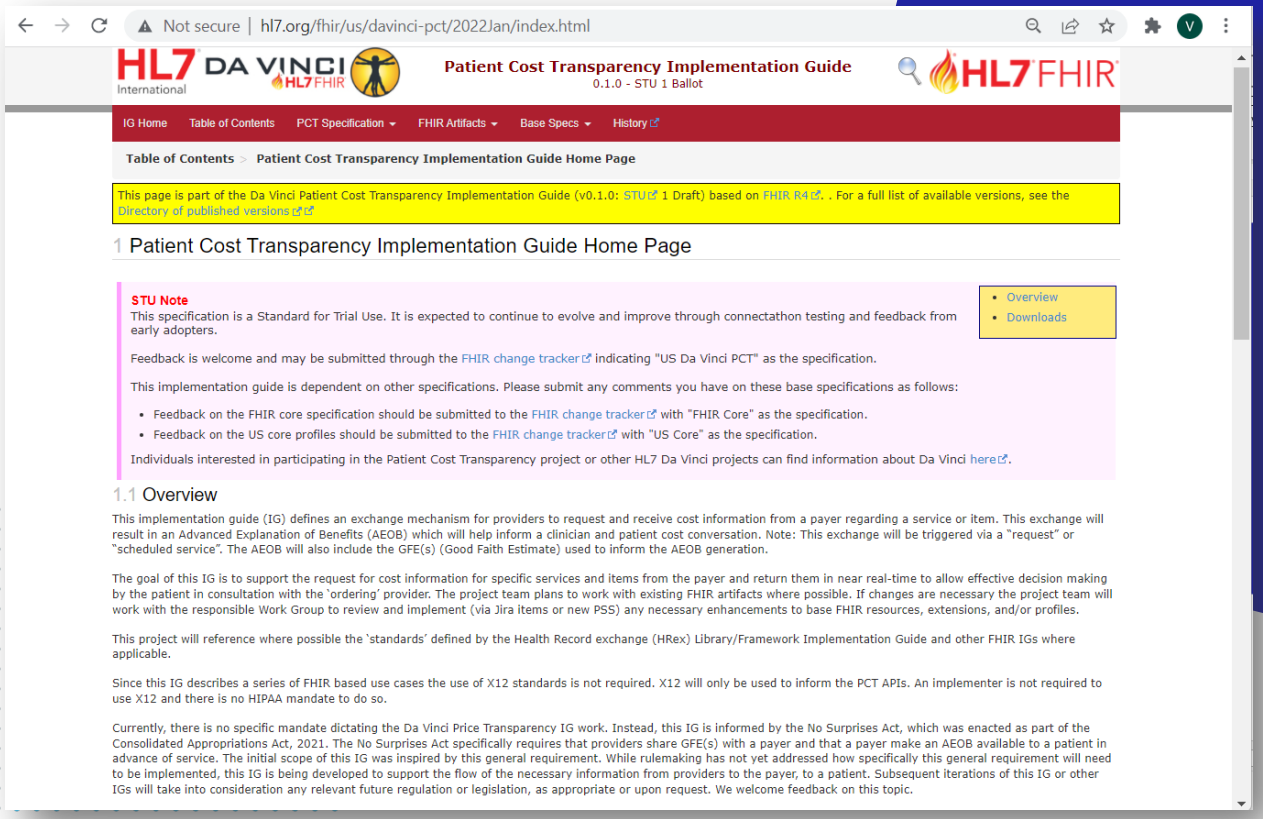
Da Vinci Patient Cost Transparency (PCT) Implementation Guide

Balloted STU Implementation Guide:

build.fhir.org/ig/HL7/davinci-pct/

Benefits:

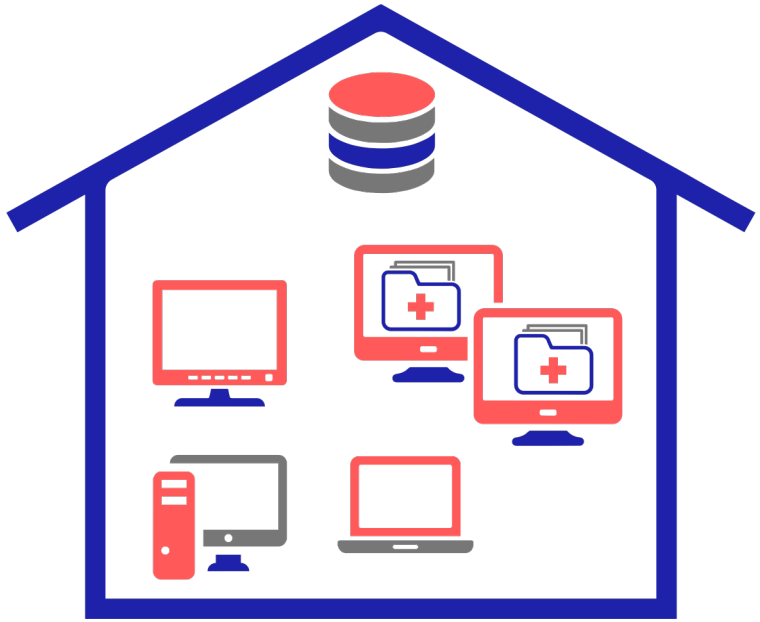
- Interoperability
- Easier implementation
- Align your internal processes/technology/data with future industry standards
- Setup for success with coming regulation



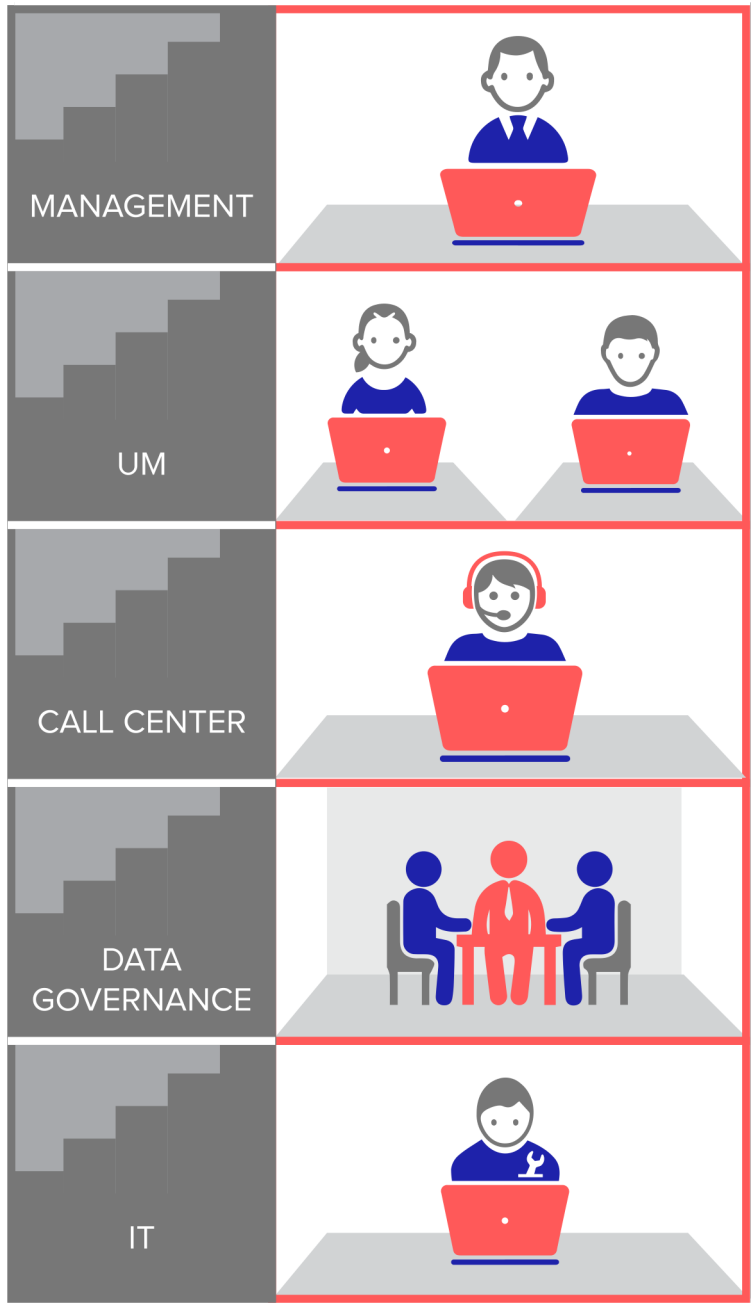
Real World Case Study

- 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



Source: *Point-of-Care Partners*

Get Involved!

Da Vinci Community Resources

Patient Cost Transparency Da Vinci Project Confluence

confluence.hl7.org/display/DVP/Patient+Cost+Transparency

Implementation Guide:

build.fhir.org/ig/HL7/davinci-pct/

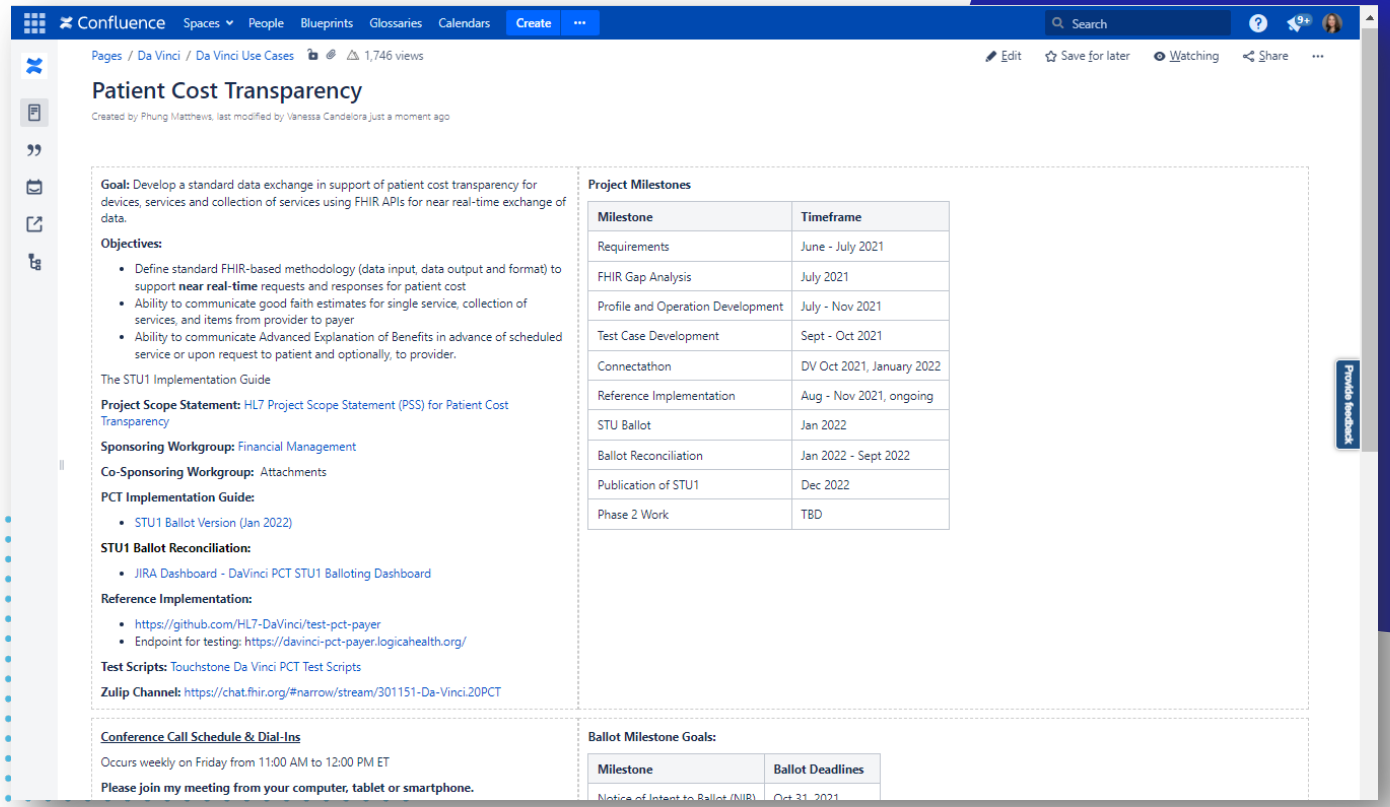
Community Calls

Fridays 11:00 am – 1:00 pm ET

HL7 Calendar Meeting Event

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

Join us! Fridays at 11am ET



Questions

Thank you!

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Appendix

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Acronyms

PCT – Patient Cost Transparency

CAA - Consolidated Appropriations Act, 2021 or H.R. 133 – Law passed by Congress in Dec. 2020

NSA - No Surprises Act - part of the CAA that is designed to prohibit surprise medical bills

GFE – The Good Faith Estimate is a notification of expected charges for a scheduled or requested item or service

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

TiC – Transparency in Coverage – CMS-9915-F Rule that impacts Payers

Convening Provider / Convening Facility - provider or facility who receives the initial request for a good faith estimate from an individual and who is or, in the case of a request, would be responsible for scheduling the primary item or service

Co-Provider / Co-Facility - provider or facility other than a convening provider / facility that furnishes items or services that are customarily provided in conjunction with a primary item or service

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

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

Cost Transparency Summary of Policy: Laws and Regulation

CMS Hospital Price Transparency Rule — U.S. Hospitals required to provide clear, accessible pricing information (gross charges, discounted cash prices, payer-specific negotiated charges, and de-identified minimum and maximum negotiated charges) online for items and services, *Effective* 1/1/2021

CMS Transparency in Coverage Rule (TiC) - CMS-9915-F - Requires **health plans** to offer an **online shopping** tool that will allow **consumers** to see the negotiated rate between their provider and their plan, as well as a personalized estimate of their out-of-pocket cost for items and services – *Effective* Rolling Requirements 1/1/2022 (Deferred Enforcement 7/1/22), 1/1/2023, 1/1/2024

Consolidated Appropriations Act (CAA), No Surprises Act (NSA)

- Section 111 and 112 – Good Faith Estimate and Advanced EOB
- Section 114 – Payers to provide a member price comparison tool – **Per FAQ, HHS "intend[s] to propose rulemaking and seek public comment" to align TiC and CAA requirements, focused on 1/1/2023.**
- Section 116 – think "Maintenance of Provider Directories"

Enforcement: Interim Final Rules with Comment Period (IFR)s

- Part I – Goal to protect patients from surprise medical bills by out-of-network providers for emergency, air ambulance, and non-emergency at in-network facilities in certain circumstances. – eff: January 1, 2022
- Air Ambulance NPRM – Fact Sheet (released Sept. 10)
- Part 2 – Outlines the good faith estimate requirements for uninsured (or self-pay) individuals, some dispute resolution processes and external review provisions
  - Deferred enforcement for GFE from Providers to Payers (eff 1/1/2022)
  - Deferred enforcement and intend to undertake notice and comment rulemaking for AEOB (eff 1/1/2022)

http://www.cms.gov/newsroom/fact-sheets/transparency-coverage-final-rule-fact-sheet-cms-9915-f
https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets
FAQS - https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf