



Regulatory Resource Center Update

A New Regulatory Path for PA
and Cost Transparency

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Speakers



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Who is Point-of-Care Partners?



Who We Are...

- **National consultancy** since 2002 (35+ states, 110+ Associates) *focusing on healthcare* Interoperability across the Payer, Delivery, Health IT Vendor, HIE, Government, and Pharma ecosystem
- 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 matter experts working on projects such as:
 - Strategy and value engagements for national and regional payers, EHR and HealthIT vendors
 - Establishing and adjusting Interoperability roadmaps
 - Development of standards and strategy for implementation
 - Automations of Prior Authorization, Patient Cost and Benefits, Specialty Medication 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

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



**The Path- Progressing
Interoperability – Federal-
State-Industry- Standards**



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



**Preparing for the
Road Ahead**

THE PATH

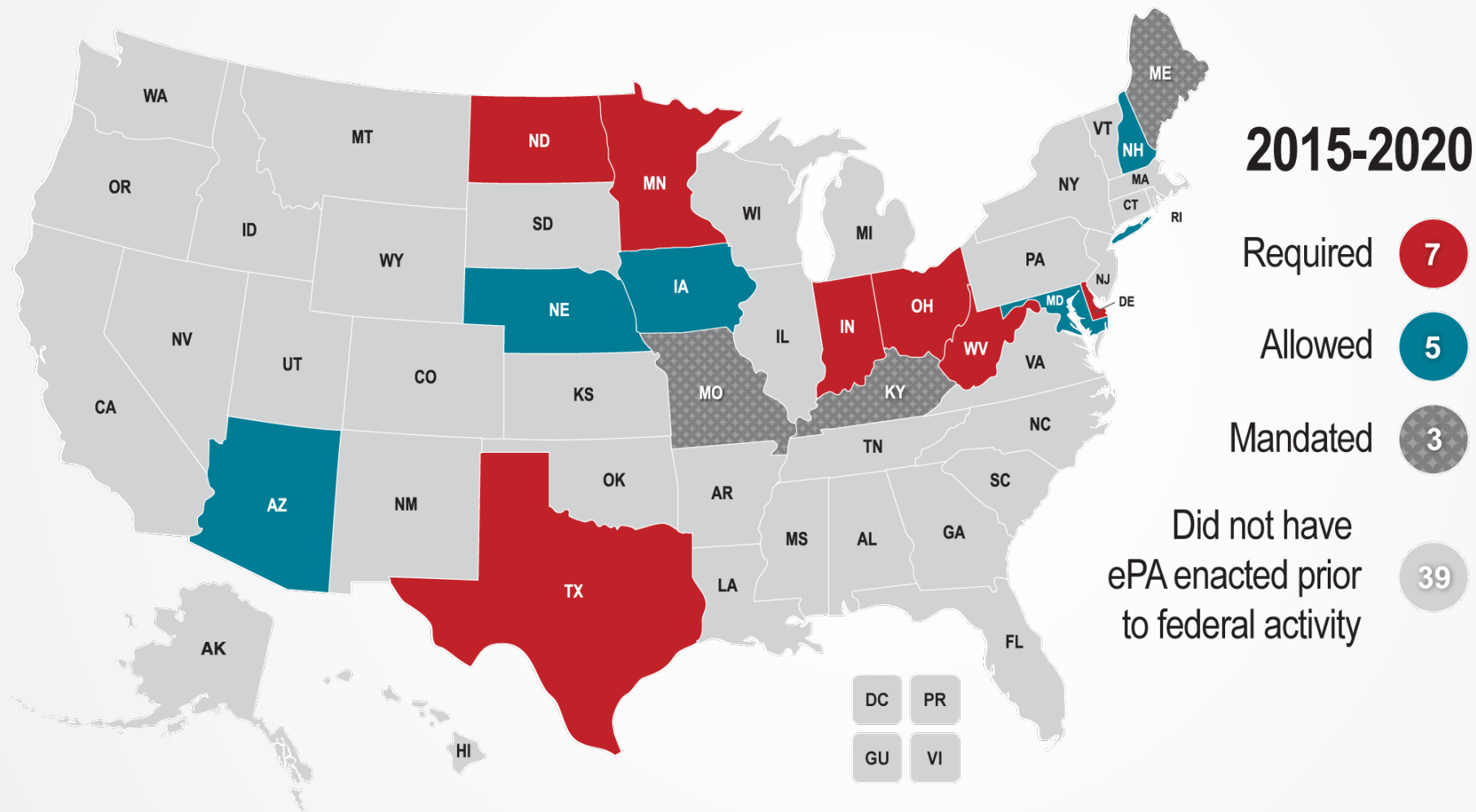
Legislation, Regulations, Industry and Standards



The Path to Interoperability – PA – Data and Cost Transparency

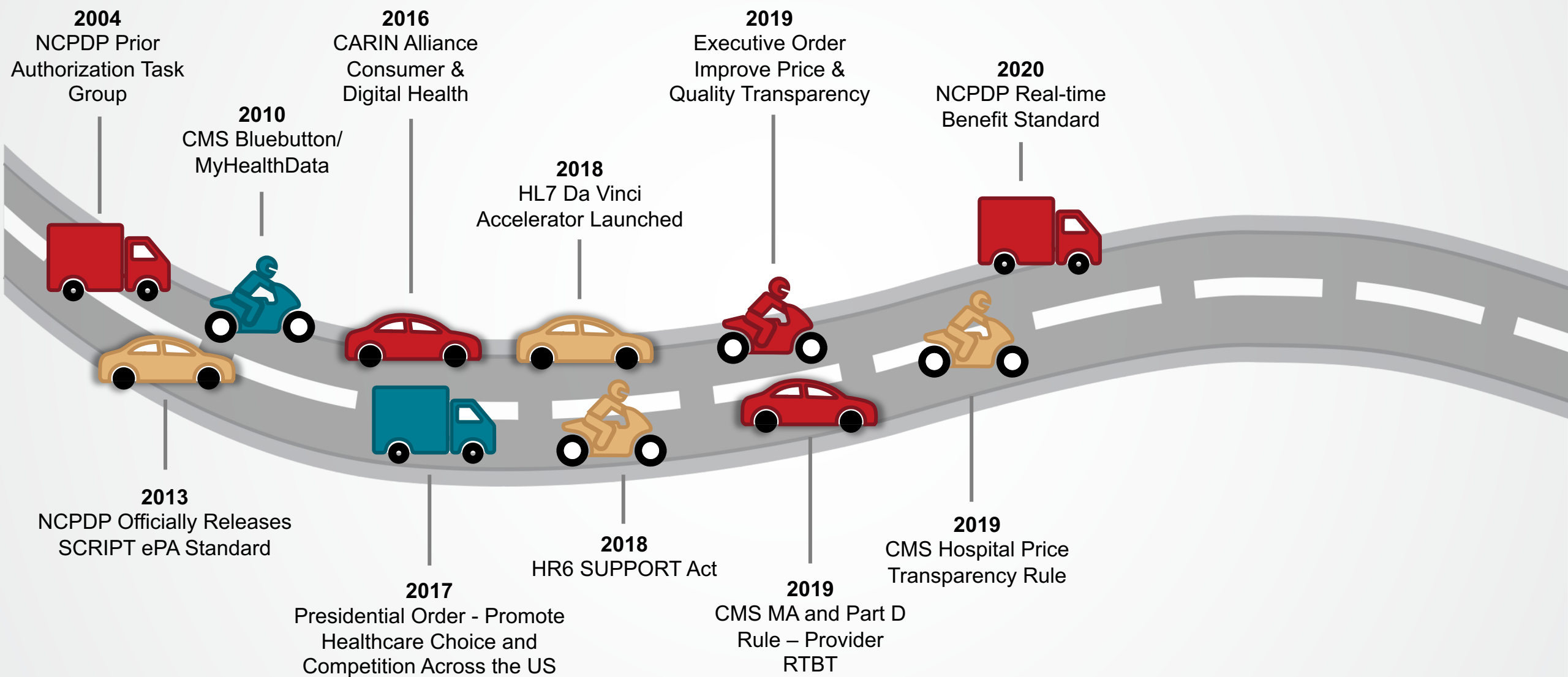


State(s) – Enacting ePA Before Federal



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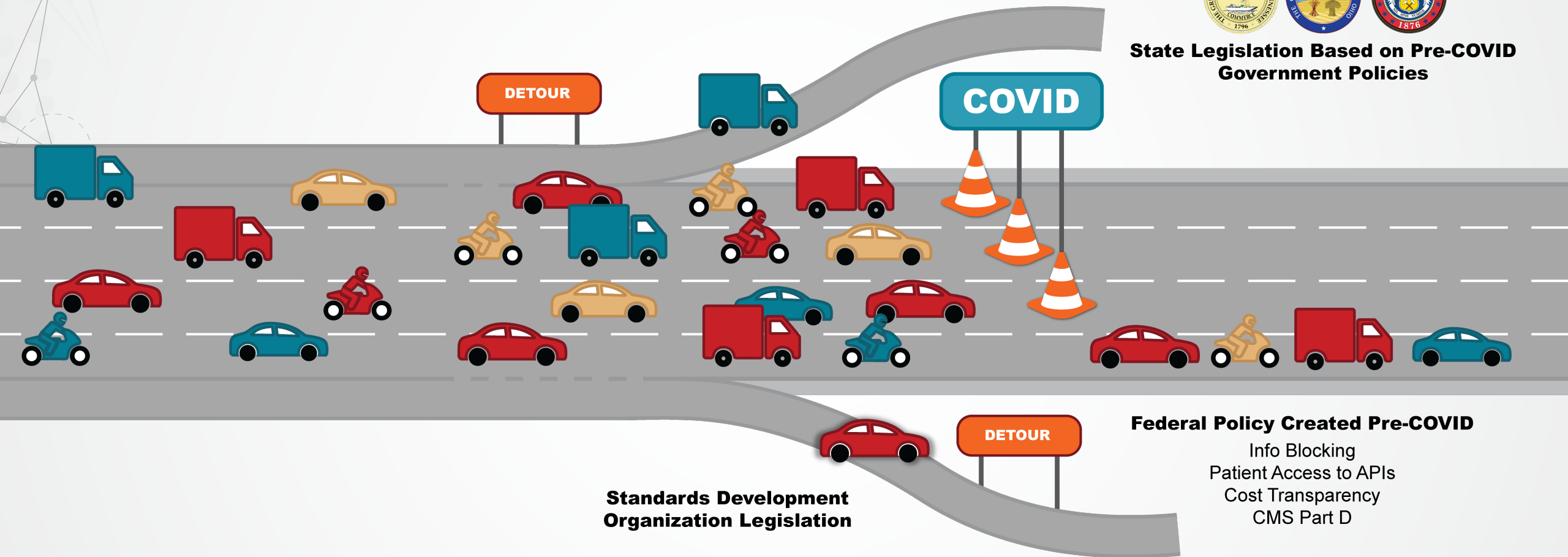
The Path – Zoom, Zoom, Zoom



COVID SLIDE



State Legislation Based on Pre-COVID Government Policies



**Standards Development
Organization Legislation**

Federal Policy Created Pre-COVID

Info Blocking
Patient Access to APIs
Cost Transparency
CMS Part D



WHAT'S HAPPENING NOW



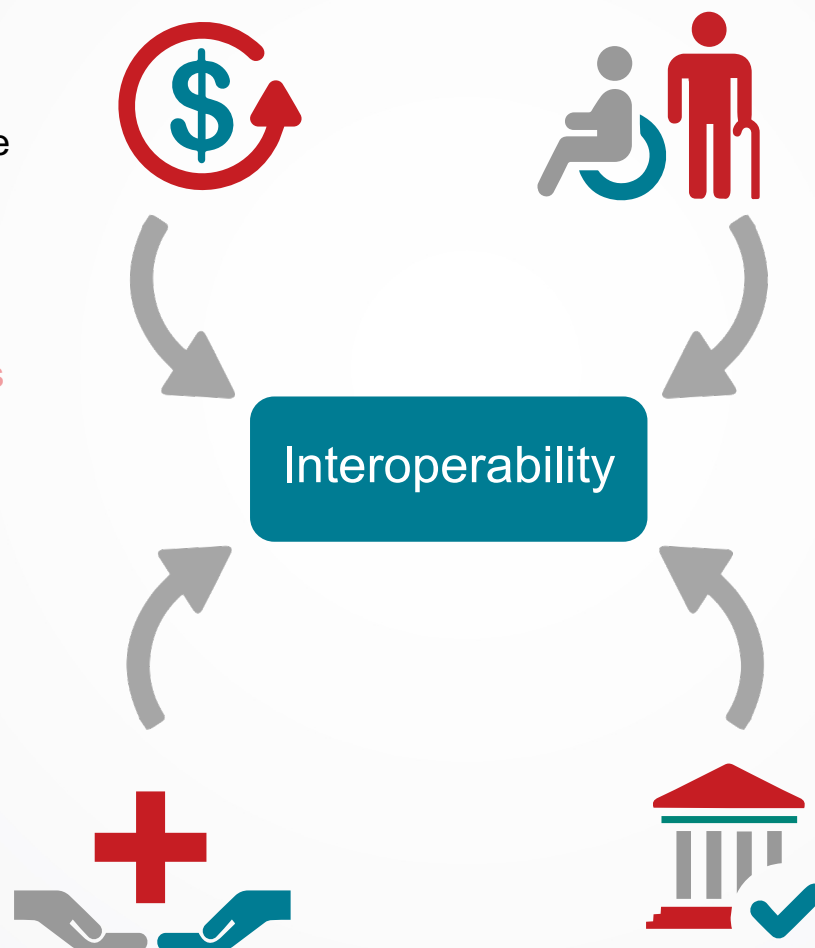
Demand for Interoperable Clinical Data is Growing

Shift to Value-Based Care

- Focus on outcomes
- Innovation in business models and use of technology
- Shared Upside/Downside between payers/providers
- 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
- Price Transparency
- Ensure privacy and security

Federal Regulatory Cost Transparency



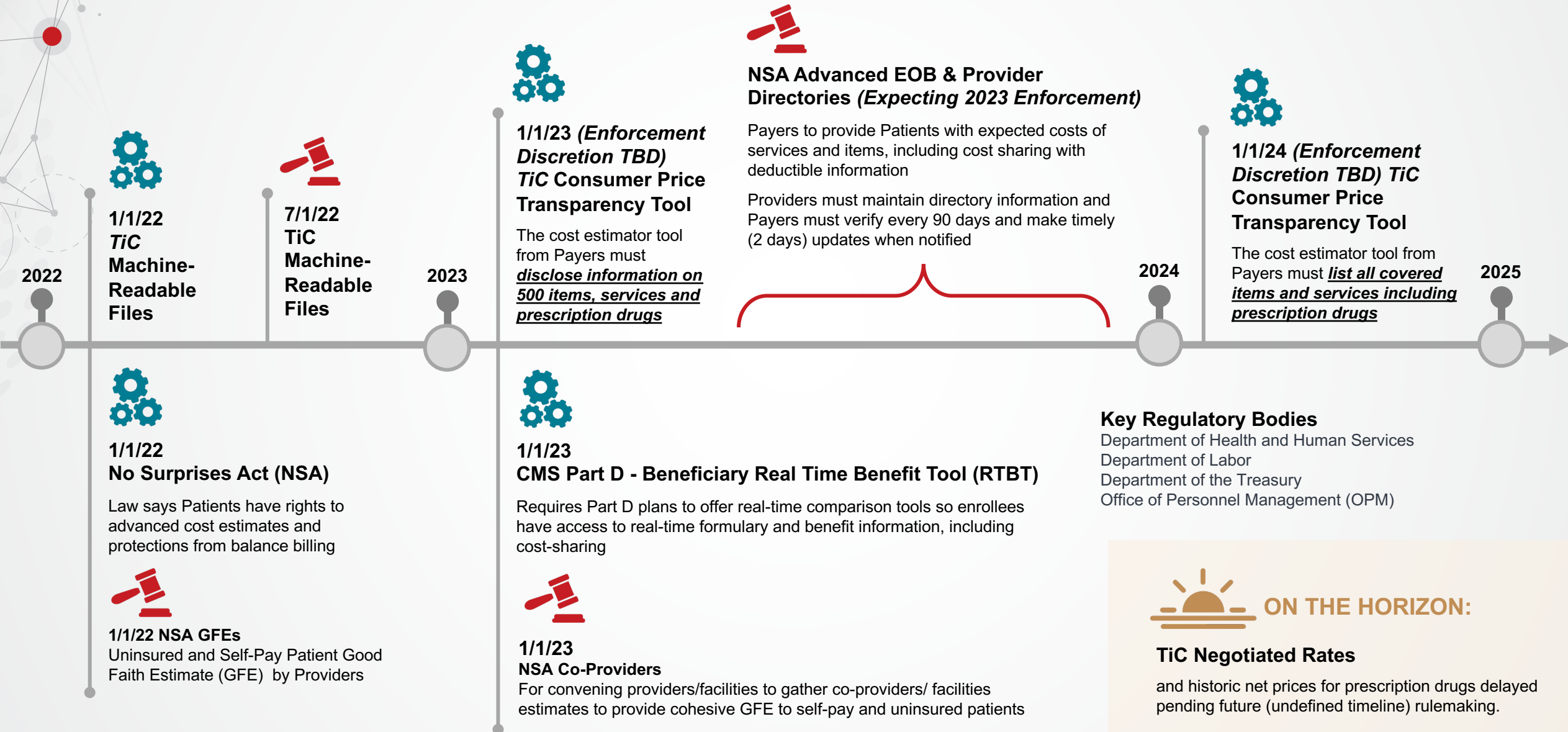
IN
EFFECT



COMPLIANCE
ENFORCED



ON THE
HORIZON



Federal Regulatory Data Transparency and Exchange



PROPOSED



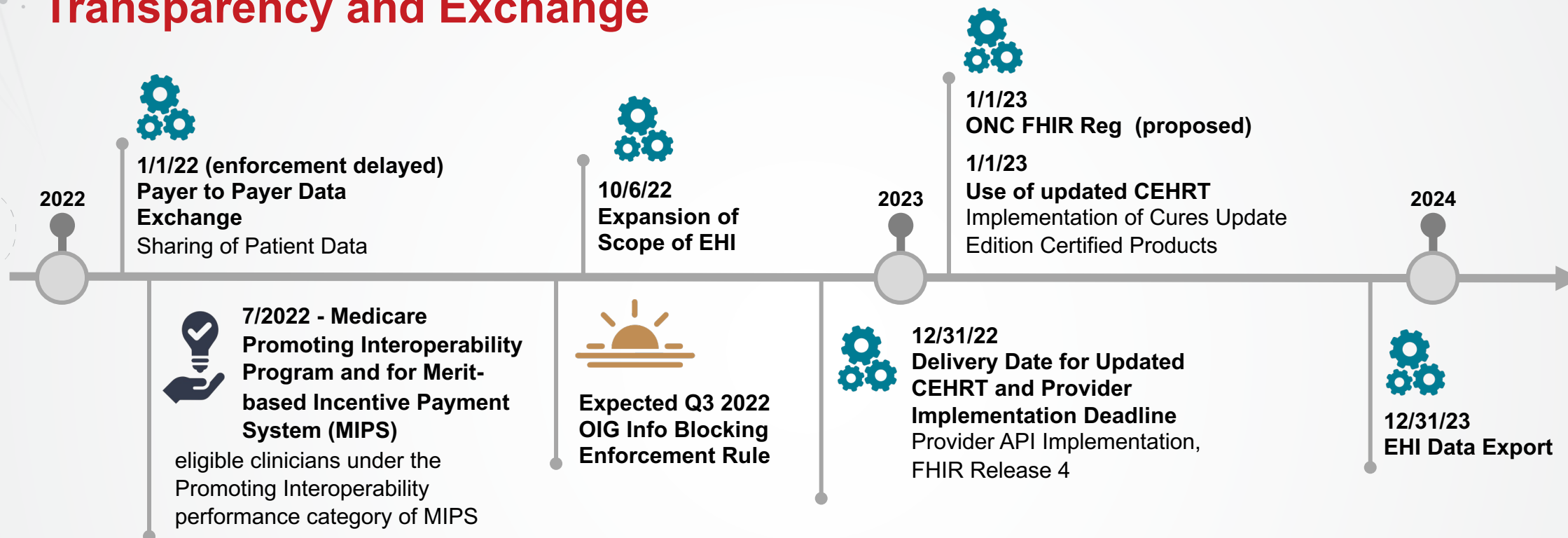
IN EFFECT



COMPLIANCE ENFORCED



ON THE HORIZON



ON THE HORIZON: Prior Authorization and Medicare Promoting Interoperability Program

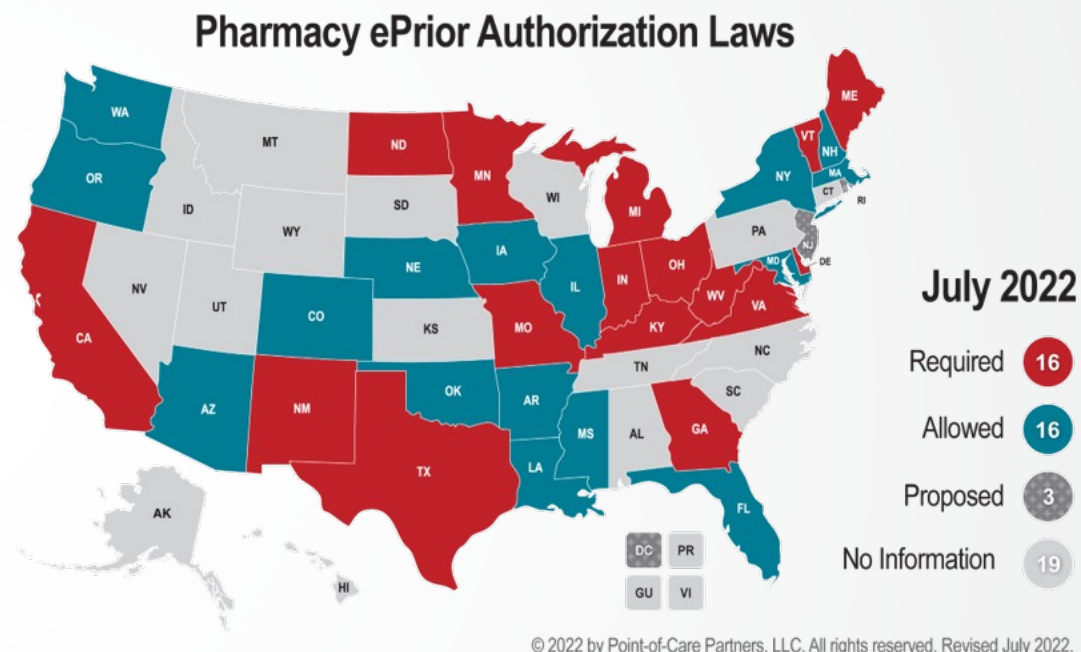
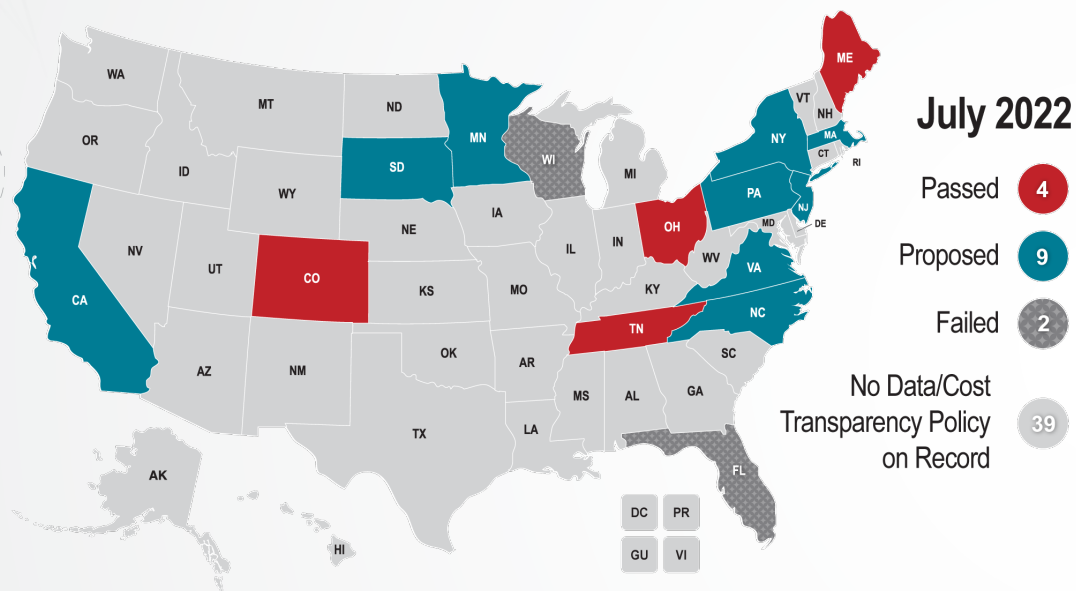
- CMS published Jan '21, then pulled back Proposed Rule mandating use of Da Vinci Guides for Prior Authorization (PA) CMS moved a new proposed rule into Consolidated Agenda signally PA rulemaking underway – **Q3/Sept 2022**
- Attachments Rule | Quality Rules | OMB received notice on 8.2.22 from CMS. 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**

PREPARING FOR THE ROAD AHEAD





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

SDOs: Multi-Stakeholder Collaborative Activity



- 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'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
- RTPB –
 - Coordination and alignment with F&B standard, data content for copay and assistance details
 - Adding data elements - Preferred Specialty, Preferred Mail Order and Preferred Retail

- 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

There is still more to come...



CMS PA Burden Reduction NPRM

- Focus on medical and FHIR Resources coming out of Da Vinci
- Patients at the center



PA Certification?

- Support PA functional capabilities offering in different systems
- New criteria for ePA performed on behalf of payers, compliant to standards
- Existing workflow
- Update eRX to change NCPDP SCRIPT ePA from optional to mandatory



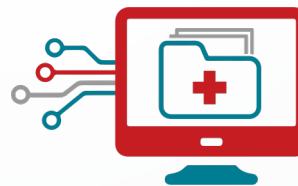
Price Transparency

What's next after Transparency in Coverage and Prescription price transparency



Public Health – Drivers of Health

- USCDI v2 added standards for exchange of SDoH and SOGI; v3 health insurance and health status
- Establish access to interoperability tools to Health departments, Social services agencies, and others



Interoperability Supports Advances in ML, AI

- Cloud-systems
- Machine learning
- Artificial Intelligence
 - Simplified processes
 - Quicker to production environment

Risks and Opportunities



Payers

RISKS

- Incomplete strategy to tackle complicated, variable rules
- Privacy and security, sharing with patient Apps
- Continued gaps in care for patients
- Provider network degradation
- Enforcement and possible fines

OPPORTUNITIES

- Granular, holistic view of population of covered patients
- Create benefit design addressing SDoH
- Strengthen brand
- Vast efficiencies, reduce burden and costs



Health Systems/Providers

RISKS

- Mergers & Acquisitions
- Major shift in mindset required related to patient data
- Increased competition around the shop-ability of healthcare services
- Enforcement (possible fines)

OPPORTUNITIES

- Administrative simplification/burden reduction
- Merger & Acquisitions
- Better care coordination
- Vast efficiencies
- Accountable Care Organizations (ACOs) can access needed patient data



EHR / Health IT Vendors

RISKS

- Mergers & Acquisitions
- Potential burden on development roadmap
- Increased competition for provider customers
- Enforcement (possible fines)

OPPORTUNITIES

- Partnership and revenue opportunities
- Product Differentiation
- Mergers & Acquisitions
- Vast efficiencies
- Standardization of APIs and data sets help to minimize development costs



Patient / Caregiver

RISKS

- Must carry the burden of protection of their own data
- Proliferation of “bad actors” in the marketplace
- Possible gaps in care due to lack of compliance that results in lack of information

OPPORTUNITIES

- Higher quality of care at a lower price
- Empowerment to manage own healthcare data
- Access to expedited care, personalized care
- Ability to complain about gaps in care and identify info blockers

How Does your Organization Plan for the "New Interoperability"?





Questions and Takeaways to Bring Back to Your Organization

The PA, Transparency and Interoperability Journey...

- ☐ **How are you prioritizing now and how will you prioritize in the future?**
 - Regulatory Mandates – market demand – value - feasibility
- ☐ **Do you have the right subject matter experts to support internal disruption required to make real progress towards your interoperability goals?**
- ☐ **How will you Design and build a sustainable roadmap? What is your strategy?**
 - Build, buy, partner - Minimally Viable Product vs Fully Featured - Product Differentiation - Revenue potential
- ☐ **How can/will this change my market?**
 - Competition - Product design - Network demands
- ☐ **How can you support provider and patient access and interoperability?**
 - Look at everything through a provider/patient lens



Questions?

Thank You

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