

HIMSS23

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HL7 Da Vinci Project: FHIR Solutions for Interoperability Needs Named in Proposed Federal Regulations

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"Interop 3" NPRM

Advancing Interoperability and Improving Prior Authorization Processes (<u>CMS-0057-P</u>):

- Impacted Payers
 - Medicare Advantage, Medicaid and CHIP FFS, Medicaid and CHIP Managed Care, QHPs on the FFEs
- Proposed APIs and Recommended IGs (more information)
 - Patient Access API CARIN IG for Blue Button, Da Vinci PDex IG, Da Vinci PDex US Drug Formulary IG, HL7 US Core IG
 - **Provider Access API** same set as Patient Access API (+ HL7 FHIR Bulk Data Access IG)
 - **Payer-to-Payer API** same set as Patient Access API (+ HL7 FHIR Bulk Data Access IG)
 - **Prior Authorization Requirements, Documentation, and Decision (PARDD) API** -- Da Vinci Coverage Requirements Discovery (CRD) IG, Documentation Templates and Rules (DTR) IG, and Prior Authorization Support (PAS) IG
- Proposed Required Standards
 - HL7 FHIR Release 4.0.1, US Core 3.1.1/USCDI v1, SMART IG/OAuth 2.0, OpenID Connect 1.0, FHIR Bulk Data Access 1.0.0
- Proposed Compliance Date:
 - January 1, 2026 (or relevant rating period or plan year beginning on or after January 1, 2026



"Interop 3" NPRM

Advancing Interoperability and Improving Prior Authorization Processes (CMS-0057-P):

- Da Vinci Community Response
 - Da Vinci IGs provide the tools to support the functional requirements as finalized
 - Da Vinci IGs will be updated to ensure full compliance
- Opportunities to Advance Da Vinci IGs
 - PDex full support of documentation exchange for prior authorization information sharing
 - Bulk member match / Bulk asynchronous exchange for multiple members
 - Attribution
- Technical Considerations
 - Limitations of SMART/OAuth 2.0 and Open ID Connect for Payer-to-Payer API
 - Advancing IG versions
- Policy Considerations
 - Prior authorization decision reason codes and a standard set of denial reason codes
 - Endpoint discovery
 - API-driven versus non-API-driven prior authorization metrics
 - Support incentive via MIPS to include PARDD API in CEHRT

Administrative Simplification: Adoption of Standards for Health Care <u>Attachments</u> Transactions and Electronic Signatures, and Modification to Referral Certification and Authorization Transaction Standard Proposed Rule Components:

- a set of HIPAA "Attachment" standards and related definitions for the electronic exchange of clinical and administrative data to support prior authorizations and claims adjudication.
 - The proposed Attachment definition changes the original HIPAA scope for Attachments by proposing to include prior authorization related requests in addition to claims.
 - The proposed Attachment HIPAA standards would name implementation guides using X12 EDI for transport and HL7 CDA for payload.
- proposed modification to existing HIPAA standards for Referral Certification and Authorization transaction ("278").
- electronic signature policy.



Da Vinci Project Core Themes for Attachments NPRM Comment Response Submission:

- ✓ Alignment with Da Vinci Project purpose and objectives
- ✓ Collison with "Interop 3" NPRM PARDD requirements
- ✓ Da Vinci's and Industry's real-time Clinical Data Exchange and Prior Authorization standards work, advancements in-flight, and testing/project efforts
- ✓ Risks and realities, <u>if finalized</u>, as written:
 - Disconnect with 21st Century Cures capabilities and related investments to support interoperability, reduced burden, and better patient outcomes
 - Investment leads to hardwiring and redirecting industry focus
 - Boots on the ground choices (previous, current and future)
 - Challenges with speed of technology vs. policy advancements
 - Improve clarity of Attachment definition ("kitchen sink" vs. "specific transactions")
 - Update Implementation Guide Standards (§ 162.2002) that are outdated versions or missing



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Visit us at the Interoperability Showcase! Learn more by scanning the code.

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