

Convergence:

HIPAA Standards in an Era of VBC Model Transactions

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Context: Closing Standards Gaps



January 17, 2012

M-12-08

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

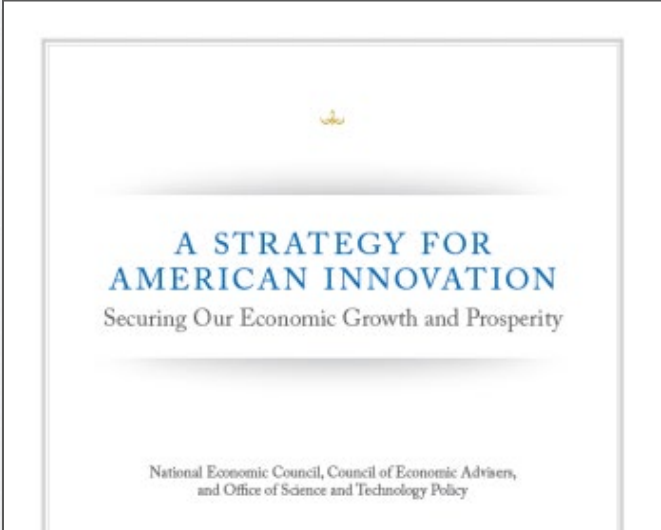
FROM: Aneesh Chopra
U.S. Chief Technology Officer
Office of Science and Technology Policy

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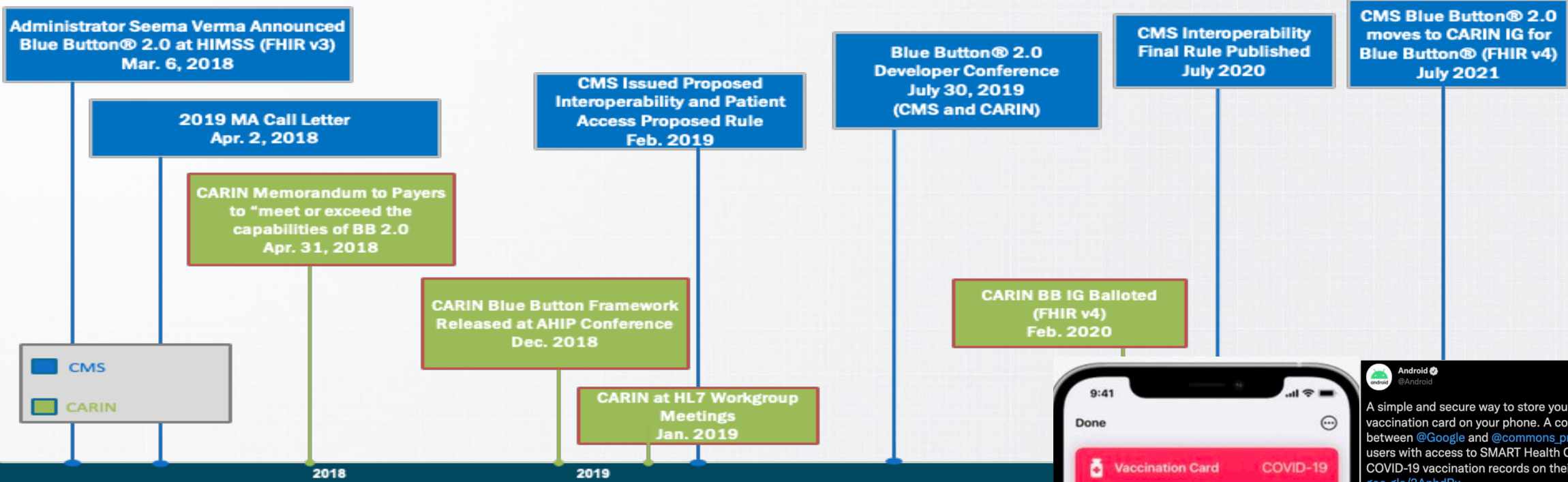
SUBJECT: Principles
National P

On February 4, 2011, the President's *Economic Growth and Prosperity* technology breakthroughs to advance *Innovation*, the Office of Science and Technology Policy (OSTP), the Office of Management and Budget (OMB), and the Office of the United States Trade Representative (USTRA) issued a circular to clarify principles guiding Federal national priorities.

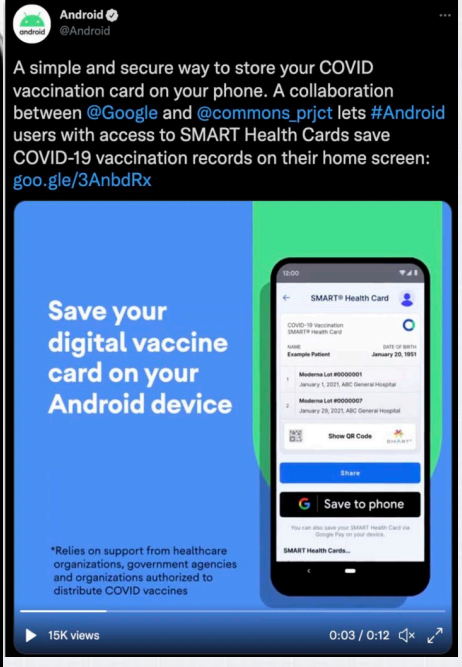


b. Does this policy establish a preference between voluntary consensus standards and other types of standards? Consistent with Section 12(d)(1) of the NTTAA, this policy establishes a preference for the use of voluntary consensus standards in lieu of government-unique standards. The Circular does not preclude the use of other standards in rulemaking, procurement, or other program activities in cases where voluntary consensus standards do not exist or use of existing voluntary consensus standards would be inconsistent with law or otherwise impractical, including where use of a voluntary consensus standard would not be as effective at meeting the agency's regulatory, procurement or program needs. The Circular also recommends that the agency consider allowing the use of other standards as alternative means for complying with agency regulatory, procurement, or program requirements that incorporate voluntary consensus standards, where such other standards are also found to be suitable under the agency's analysis. See Section 51 concerning the selection of multiple standards.

Case Study: Blue Button 2.0, SMART Cards



CMS issues call to action, industry responds (voluntarily) to meet it via standards, commits to real-world testing, validation; CMS scales via regulation (rinse, repeat)



Source: CARIN Alliance; argonautproject.org; SMART Health Cards

Convergence on the FHIR Data Model

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop DO-01-10
Baltimore, Maryland 21244-1850



Date: February 28, 2024

GL-2024-02

Subject: Statement of Enforcement Discretion for Referral Certification and Authorization Transaction Standard at 45 CFR § 162.1302 for HIPAA Covered Entities Subject to the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) that Implement an All-FHIR-Based Prior Authorization API

Submissions Application Programming Interface (API)

When you report data via the API, CMS will provide immediate, clear, and actionable feedback. By providing immediate feedback, the API enables customers to be confident that they reported their data successfully. The API will also return the preliminary composite score for your submission.

The “Heart” of the Cures Act: “The way I interpret the law, the only way to have ‘no special effort’ is by achieving substitutability through an open, standard API,”
– Dr. Ken Mandl (Politico, 7/17)

- 1 Coverage (Benefits)
- 2 Clinical Data (Payment)
- 3 Bulk FHIR Networks
- 4 Price Transparency
- 5 Consumer Navigation

#1: SDOH Data Standards

The image displays two overlapping screenshots. The top screenshot is from MyChart, showing a 'Social Drivers' section with a question: 'Attached to a message from Jared received 10/18/2023. In the past 12 months, has lack of transportation kept you from medical appointments or from getting medical care?' with 'Yes', 'No', and 'Decline' options. The bottom screenshot is from findhelp.org, showing a patient profile for Ali Hackett (Female, 36 y.o., 1/15/1987, MRN: 202497) and a search for social care programs. A 'Financial' section is highlighted in orange, with a question: 'How hard is it for you to pay for the very basics like food, housing, medical care, and heating?' with a 'Hard' option selected.

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: February 21, 2024

TO: All Medicare Advantage Organizations, Cost Plans, PACE Organizations, and Demonstration Organizations

FROM: Jennifer R. Shapiro, Director, Medicare Plan Payment Group

SUBJECT: Submission of Supplemental Benefits Data on Medicare Advantage Encounter Data Records

challenges were identified related to submitting EDRs for supplemental dental benefits and non-medical items and services:

1. MA organizations do not receive information from providers in such a way that an X12 837 Version 5010 record can be populated and successfully accepted by the EDS. In particular, MA organizations lack information necessary to populate required EDR fields, such as National Provider Identifiers (NPIs), procedure codes, diagnosis codes, and/or revenue codes.

SYNC FOR SOCIAL NEEDS COALITION: Will coordinate real world testing of a Fast Healthcare Interoperability Resources-based approach to defining a universal taxonomy for human services and code sets to support assessment conclusions, discovering social services organizations in the community, facilitating consumer-mediated "closed loop" referrals, and enabling consumer and clinician application access to supplemental benefits data.

#2: Clinical Data for VBC Payment

MARCH 05, 2024

Improving Cancer Care Through Better Electronic Health Records: Voluntary Commitments and Call to Action

“Commitments to adopt the core EOM data elements...were made by Epic; Oracle; Ontada, a McKesson business; Meditech; Flatiron; and ThymeCare. CVS Health and Athenahealth are working to promote these steps in their work as well.”

Table 3: EOM CDE Names by Reporting Option

HDR Excel Template Data Element Name	HL7 FHIR-Based API Data Element Name (mCODE)
ICD-10 Diagnosis Code	Primary (Initial) Cancer Condition
Initial Date of Diagnosis	Primary (Initial) Cancer Diagnosis Date
Patient Deceased	Patient Deceased
Date Patient Died	Date Patient Died
Recurrence/Relapse Clinical Status	Condition Clinical Status
Current Clinical Status Trend	Current Cancer Condition's Trend
	Current Cancer Observation Status
Current or History of Metastatic Disease*	Not Available
Current Clinical Status Date	Cancer Disease Status Observation Effective Date
	Primary Tumor Staging Observation
Primary Tumor (T) Stage	Primary Tumor Staging Observation - AJCC
	Primary Tumor Staging Observation Status
	Nodal Disease Observation
Nodal Disease (N) Stage	Nodal Disease Observation - AJCC
	Nodal Disease Observation Status
	Distant Metastases Observation
Metastasis (M) Stage	Distant Metastases Observation- AJCC
	Distant Metastases Observation Status
	Estrogen Receptor (ER) Test Result
Tumor Marker - Estrogen Receptor Observation Code	
Tumor Marker - Estrogen Receptor Observation Value	
	Tumor Marker - Progesterone Receptor Observation Status

#3: TEFCA for Population Health



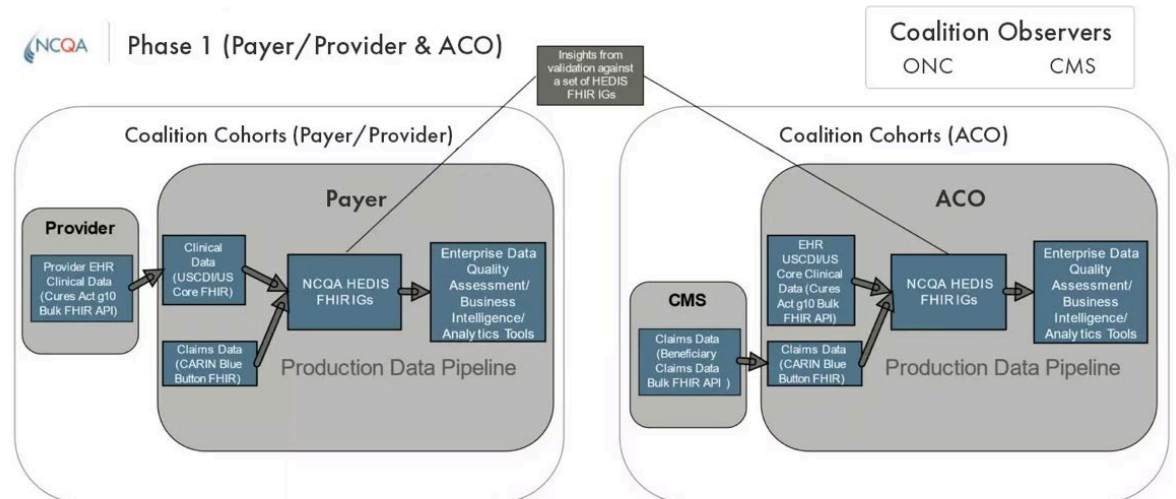
Exchange Purpose (XP) Implementation SOP: Health Care Operations SubXP-1



Health Care Operations (HCO) SubXP-1: means transactions for any of the following activities, under TEFCA Exchange, to the extent permitted by Applicable Law and the Common Agreement:

Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 CFR 3.20); population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.¹

Leverage Regulated FHIR Data for HEDIS Measures



Business Use Case – Leverage regulated FHIR Data (including Bulk FHIR USCDI) for HEDIS Measures

#4: Request Price (Bundle) Estimates

OMB Control Number [XXXX-XXXX]
ExpirationDate [MM/DD/YYYY]

[NAME OF PROVIDER OR FACILITY]

Good Faith Estimate for Health Care Items and Services

Patient		
Patient First Name	Middle Name	Last Name
Pa		
Pa		
Pa		
St		
Cit		
Ph		
En		
Pa		
Pa		
Primary Service or Item Requested/Conducted		
Patient Primary Diagnosis	Primary Diagnosis Code	
Patient Secondary Diagnosis	Secondary Diagnosis Code	

MS033

Total Hip Replacement with Optional Grafting Surgeries

PROJECT CLARITY SUPPORTED ■ MSK

SSP Beta Short Consumer-Friendly Description

Total Hip Replacement with Optional Grafting Surgeries

Facility Fees		27 Fees
Total Hip Replacement with Optional Grafting Surgeries 100% Association Index \$17818 Estimated Charge	27130	CPT
Dynamic One-on-one Therapeutic Activity to Improve Functioning, 15 Minutes Each 100% Association Index \$490 Estimated Charge	97530	CPT
Implantable Joint Device For Motion Restoration 89% Association Index \$19119 Estimated Charge	C1776	HCPCS
Operating Room Services - General 84% Association Index \$20766 Estimated Charge	0360	Revenue Code
Medical/surgical Supplies and Devices (also See 062x, an Extension of 027x) - Other Implants 82% Association Index \$13596 Estimated Charge	0278	Revenue Code
Professional Fees		2 Fees
Total Hip Replacement with Optional Grafting Surgeries 100% Association Index \$5057 Estimated Charge	27130	CPT

“FHIR is already being used to support electronic data exchanges among providers, payers, and patients, and **may allow a consumer friendly AEOB** to be produced that could encourage important discussions between patients and their care teams regarding cost and value.” – Administrator Brooks-LaSure

#5: “Opt-In” for Navigation, Alignment

MARCH 08, 2024

FACT SHEET: Biden Cancer Moonshot Announces Commitments from Leading Health Insurers and Oncology Providers to Make Navigation Services Accessible to More than 150 Million Americans



Confirmation of Your Primary Care Physician
Please complete the below form to select your primary care physician.

Medicare has started an initiative to help you get the most out of your Medicare benefits. We know that getting the most out of your Medicare benefits can work together with your health insurance. We are working with leading health insurers and oncology providers to make navigation services accessible to more than 150 million Americans. _____ is voluntarily participating in this program. We think it will help us provide you with the best care possible. You are receiving this letter because you are currently not receiving care coordination services. These services include:

- Home Visits: Medicare

Provider Name

✓ Select Provider

Organizations

- Allied Health Care Associates
- Columbia Medical Center Limited
- Dr. Mary Tilak
- Duneland Internal Medicine
- Family Medicine & Wellness Center
- Indiana Sports & Medical Science Institute, PC
- Meyer Family Medicine Associates LLC
- Minesh Patel, P.C.
- Primary Care Medical Associates, Ltd
- Primecare Family Physicians, Ltd
- Progressive Medical Center, S.C.
- Winfield Family Medicine, LLC

Providers

- Londa Aldridge
- Amie Barry
- Jodi Bult
- Naina Chhokar
- Arnold Del Bino

of goals aimed at improving your care. We are professionals in a Direct Primary Care and services. We are a Direct Primary Providers ACO because we want to make sure you get the best care possible. We think you might be interested in our Direct Primary Providers ACO. We would like to come to your home to help you