

# Convergence:

HIPAA Standards in an Era of VBC Model Transactions

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@aneeshchopra



# Context: Closing Standards Gaps



January 17, 2012

M-12-08

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

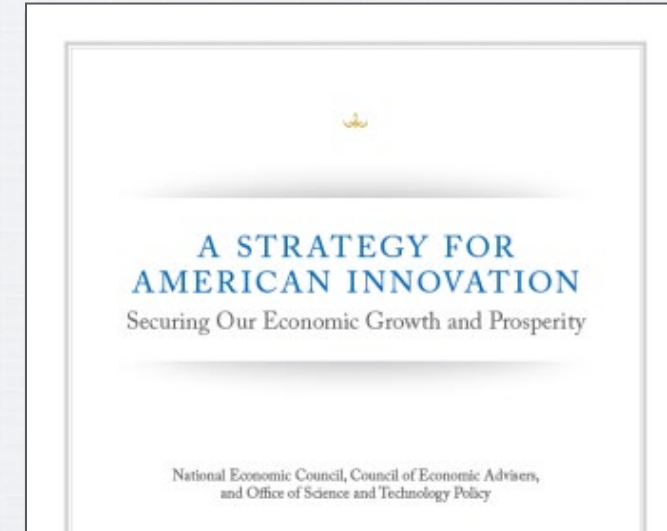
FROM: Aneesh Chopra  
U.S. Chief Technology Officer  
Office of Science and Technology Policy

Miriam S. ...  
Deputy  
United States

Cass R. ...  
Administrative  
Office of

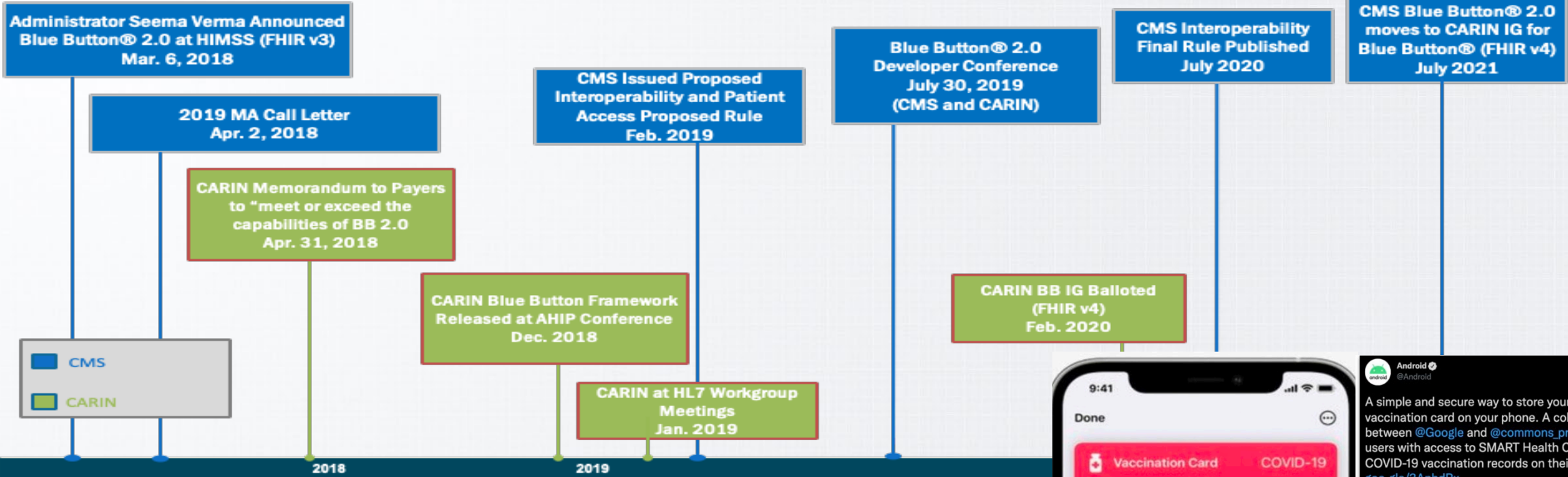
SUBJECT: Principles  
National Policy

On February 4, 2011, the President released *Economic Growth and Prosperity*<sup>1</sup> 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) to clarify principles guiding Federal technology priorities.

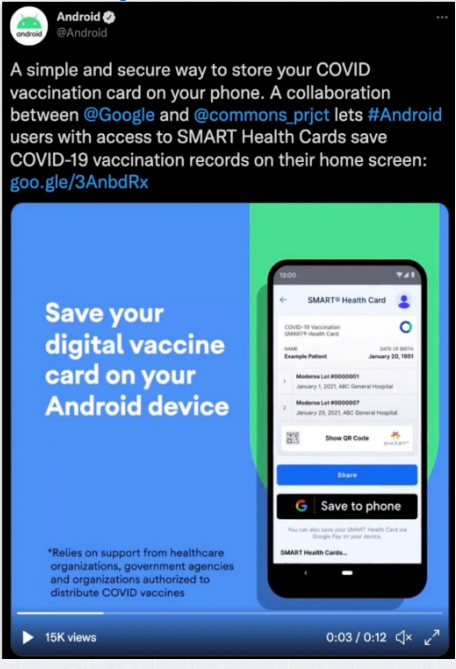


- b. Does this policy establish a preference between voluntary consensus standards and other types of standards?** Consistent with Section 12(d)(1) of the NTTAA, this policy establishes a preference for the use of voluntary consensus standards in lieu of government-unique standards. The Circular does 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)





# 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



**Go to  
Guidance**  
BRINGING YOU CLARITY  
AND TRANSPARENCY

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 shows a composite of two digital interfaces. On the left is the 'MyChart' patient portal, displaying a 'Social Drivers' section with questions about transportation and financial status. On the right is the 'findhelp.org' interface, showing a patient profile for Ali Hackett and a list of social care programs. Below these, a 'Financial' section is partially visible with a question about paying for basics like food and housing.

**MyChart Social Drivers**

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?

Yes No Decline

In the past 12 months, how hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Not hard at all Hard

Within the past 12 months, have you ever been homeless?

Never true

Within the past 12 months, have you ever been in a shelter or other temporary housing?

Never true

In the past 12 months, have you ever been in a hospital or skilled nursing facility?

Yes No

**findhelp.org** | The Social Care Network

Currently helping Ali Hackett

Search (Ctrl+Space)

Michael Jones, MD  
PCP - General

CURRENT PROGRAMS  
No active programs

SOCIAL DETERMINANTS

**Financial**

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

✓ Hard

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 (T) Stage	Primary Tumor Staging Observation
	Primary Tumor Staging Observation - AJCC
	Primary Tumor Staging Observation Status
Nodal Disease (N) Stage	Nodal Disease Observation
	Nodal Disease Observation - AJCC
	Nodal Disease Observation Status
Metastasis (M) Stage	Distant Metastases Observation
	Distant Metastases Observation- AJCC
	Distant Metastases Observation Status
Estrogen Receptor (ER) Test Result	Tumor Marker - Estrogen Receptor Observation Status
	Tumor Marker - Estrogen Receptor Observation Code
	Tumor Marker - Estrogen Receptor Observation Value
	Tumor Marker - Progesterone Receptor Observation Status



# #3: TEFCA for Population Health



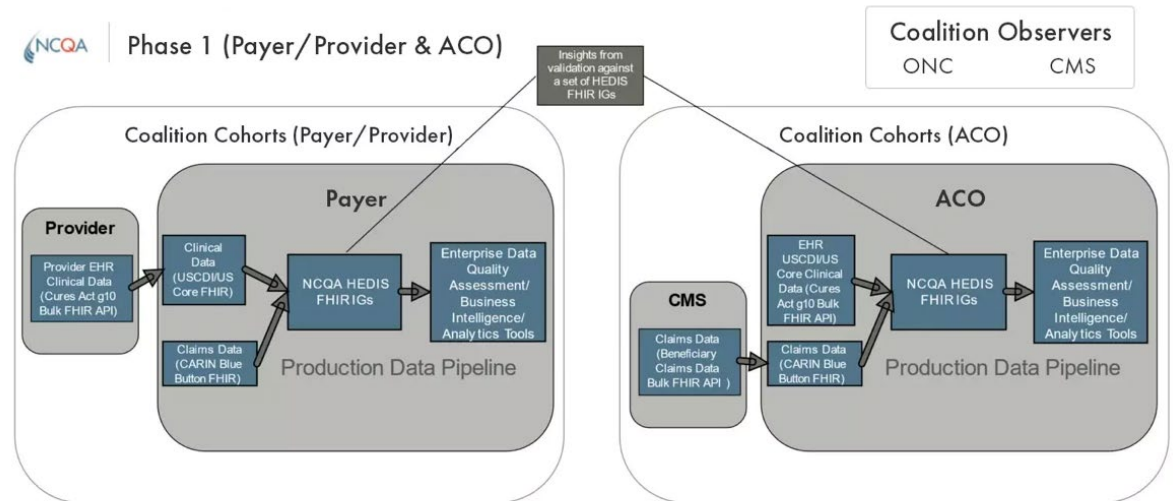
## Exchange Purpose (XP) Implementation SOP: Health Care Operations SubXP-1

**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.<sup>1</sup>



## 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 S 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 want to make sure that you are getting the most out of your Medicare benefits. We want to make sure that you are getting the most out of your Medicare benefits.

\_\_\_\_\_ 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 a Medicare beneficiary. We want to make sure that you are getting the most out of your Medicare benefits. We want to make sure that you are getting the most out of your Medicare benefits.

These services include:

- Home Visits: Medicare will send a team of healthcare professionals to your home to help you with your care.

**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 Balso