

Relevant technologies for CMS-0057-P and CMS-0053-P

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Firely Server
Power your online portal, app or database

- Turnkey
- Cloud-agnostic
- Integration

Firely .NET SDK
The open source FHIR Software Development Kit

simplifier.net
The FHIR registry

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Agenda

- Highlight the relevant technologies used in each of the CMS-0057-P related Implementation Guides (IGs).
- Provide insight into if using newer versions of the implementation guides is allowable
- Focus on technology; operations, behaviors, and new software.
 - Highlight items possibly never implemented to-date.
 - Mention interesting profiles
- Discuss briefly the related CMS-0053-P regulation
- Not covered:
 - The implementation guide workflows
 - The many common dependencies used across IGs
 - SMART, US Core 3.1.1, Terminology, Bulk Data. Also, all IGs are built on FHIR 4.0.1.

CMS and use of “updated” Implementation Guides

- Read this later:
 - Under this proposal, **impacted payers could upgrade to newer versions** of the required standards, subject only to those limiting conditions, as previously noted, at any pace they wish. However, we reiterate that when using updated standards, a payer **must continue to support connectivity** for end users and may only use an updated version of the standard instead of the standard specified in the applicable regulation, if it **does not disrupt an end user's ability to access the data available** through the API. We are proposing to allow the use of updated standards, specifications, or Implementation Guides for each of the API requirements at the CFR sections identified in Table 9. We note that any existing or proposed cross-references apply current requirements to the newly proposed APIs.
- Summary:
 - Implementers can use newer standards
 - Must not disrupt end user's ability to access data

CMS and use of “updated” Implementation Guides

- Da Vinci RFI proposes many times over to allow updated IGs
- For this presentation we will assume, at the very least, that the IG list will be updated to the latest version for the final rule.
- Unless modified in the final rule, the IGs are not required, can be updated as necessary, and might be included in future SVAP updates.
- *Therefore:*
 - *This message will self destruct at the conclusion of this presentation.*



CMS 0057-P Implementation Guides



CARIN for Blue Button

- Behaviors
 - ExplanationOfBenefit:*
 - Status 400 for invalid search parameters

STU 1/2
Complete

Patient
Access

Provider
Access

Payer to
Payer

PARDD

Provider
Directory

Da Vinci Payer Data Exchange (PDEX)

- Dependencies
 - Da Vinci Health Record Exchange (HRex)
 - \$member-match & Coverage Profile
 - [NDH](#)
 - Profiles for mTLS Payer to Payer
- Operations
 - \$member-match (HREX)
 - \$docref SHALL – reference to CCD
 - Patient Everything or Bulk Date Export for exchanging member data
- Technology
 - CDS Hooks – to start exchange between Provider and Health Plan by initiating member match

STU 2
JulyPatient
AccessProvider
AccessPayer to
Payer

PARDD

Provider
Directory

Da Vinci Payer Data Exchange - Drug Formulary

- Dependencies
 - Da Vinci PDEX Plan Net
 - Value sets for insurance products
 - Da Vinci Health Record Exchange (HREx)
 - Bulk Data Export
 - GraphDefinition
 - Inherit certain conformance expectations
- Operations
 - (DRAFT) Possible inclusion of Bulk Data Export \$export
 - InsurancePlan, Basic, MedicationKnowledge, Location
 - Graph parameter for Bulk Data Export \$export?graph=PayerInsurance

STU ?
JulyPatient
AccessProvider
AccessPayer to
Payer

PARDD

Provider
Directory

Da Vinci Payer Coverage Decision Exchange (PCDE)

- Dependencies
 - Da Vinci Health Record Exchange (HRex)
 - \$member-match
 - Task Workflow
 - Subscriptions R5 Backport - SHOULD
 - Da Vinci Payer Data Exchange (PDEX)
 - suggested use of auth and member identification
 - Da Vinci Prior Authorization Support (PAS)
 - claim/claim response
 - extensions
- Technology
 - CDS Hooks (PDEX indirect)

STU ?
July

Patient
Access

Provider
Access

Payer to
Payer

PARDD

Provider
Directory

Da Vinci Coverage Requirements Discovery (CRD)

- Dependencies
 - Structured Data Capture 3.0.0
 - For populating CDS Hook Cards and Task
 - Da Vinci Health Record Exchange (HRex)
 - Claim response and security
- Behaviors – multiple capability statements
 - CRD Server – CDS hook respond
 - CRD Client – CDS hook initiate, HREX claim response
- Technology
 - CDS Hooks

STU2
SeptPatient
AccessProvider
AccessPayer to
Payer

PARDD

Provider
Directory

Da Vinci Documentation Templates/Rules (DTR)

- Dependencies
 - Structured Data Capture 3.0.0
 - Adaptive questionnaire profile
- Behaviors
 - Coverage resource contains payer endpoint extension
- Operations
 - \$questionnaire-package
 - Input – coverage/orders from CRD
 - Output – questionnaire, logic (CQL, FHIRPath or x-fhir-query), and value sets
- Technology
 - CQL execution – execute logic from questionnaire-package
 - CDS Hooks (CRD) – query payer to determine documentation existence

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AccessProvider
AccessPayer to
Payer

PARDD

Provider
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Da Vinci Prior Authorization Support (PAS)

- Dependencies
 - Use CDEX submit-attachment to pass along additional information when claim is pending awaiting documents via CommunicationRequest.method
 - Subscriptions to monitor “pended” requests
- Operations
 - Claim/\$inquire
 - Inquiry for a previously-submitted Pre-Authorization.
 - Claim/\$submit
 - Submit a Pre-Authorization Claim Request for adjudication as a Bundle containing the PASClaimRequest and other referenced resources for processing
 - This is a variant of the FHIR Core Claim \$submit operation.
- Technology
 - Converting X12 to and from FHIR (Payer or Payer’s intermediary)

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SeptPatient
AccessProvider
AccessPayer to
Payer

PARDD

Provider
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Da Vinci Payer Data Exchange – Plan Net

- Behaviors
 - Built on [VHDir](#)
 - Profiles used by copying with items removed or constraints modified
 - Code Systems copied
- Bulk Data suggested for future use.

STU ?
July

Patient
Access

Provider
Access

Payer to
Payer

PARDD

Provider
Directory

Dependency Matrix

				IMPLEMENTATION GUIDE																		
				C4BB	PDEX	PDEX-F	PCDE	PAS	CRD	DTR	PDEX-P	SDC	HREX	NDH	UDAP	SUBS	VHDIR	CDEX	CQL	HOOK		
PAYER TO PAYER	PATIENT ACCESS PROVIDER ACCESS	CARIN for Blue Button	C4BB																			
		Da Vinci PDex	PDEX										D	D	I							D
		Da Vinci PDex U.S. Drug Formulary	PDEX-F								D		D		I							
PARDD		Da Vinci Payer Coverage Decision Exchange	PCDE		D			D					D	I	I	D		I			I	
		Da Vinci Prior Authorization Support	PAS																D			
		Da Vinci Coverage Requirements Discovery	CRD										D	D		I						D
PROVIDER DIRECTORY		Da Vinci Documentation Templates/Rules	DTR									D									D	
		Da Vinci PDex Plan Net	PDEX-P																			I

D - Dependency

I - Inferred Dependency

CMS0053-P Attachments

- Attachment of
 - X12
 - Digital signatures using CDA formats
- Davinci recommends withdrawal of the standard in favor of CDEX
 - CDex IG supports various healthcare processes: claims, prior authorization, payer operations, quality programs, risk adjustment, and clinical data exchange between referring providers.
 - CDex is compliant with HIPAA and Affordable Care Act requirements, supports RESTful exchange, and aligns with FHIR standards adopted by ONC via the 21st Century Cures Act final rule.

Contact

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Q&A

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