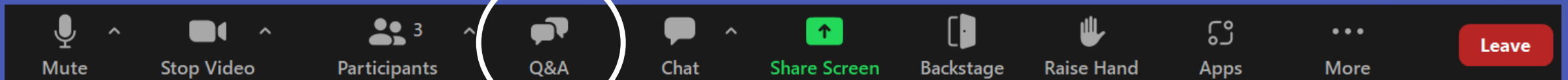


# Advancing Patient Cost Transparency using HL7 FHIR

October 24, 2024

# Webinar Logistics

- Today's session is being recorded.
  - All attendees and registrants will receive a link to the recording after the webinar.
- Your microphones will be muted during the webinar.
- Throughout the session, you may communicate a question via the panel at the bottom of your screen:



# Today's Speakers



**Vanessa Candelora**

*Senior Consultant and Da Vinci  
Patient Cost Transparency Lead*

Point-of-Care Partners (POCP)



**Alice O'Carroll**

*Lead Digital Product Manager:  
Interoperability & Modern Security*

Florida Blue



**Rachel Goldstein**

*Vice President*

CAQH CORE

October 24th

**CORE Overview & Engagement with Price Transparency**

**Rachel Goldstein**  
Vice President,  
CAQH CORE

**Advancing Patient Cost Transparency Using HL7 FHIR**

**Vanessa Candelora**  
*Senior Consultant and Da Vinci Patient Cost Transparency Lead, Point-of-Care Partners (POCP)*

- Cost Transparency Landscape
- Da Vinci Patient Cost Transparency Work

**Alice O'Carroll**  
*Lead Digital Product Manager: Interoperability & Modern Security, Florida Blue*

**Discussion**

**Audience Q & A**

**Call to Action**

# CORE Accelerates Automation and Interoperability

## Committee on Operating Rules for Information Exchange

**10**

CORE Operating  
Rules Mandated  
Under HIPAA

CORE is a **trusted and independent operating rule author**. In addition to mandated operating rules, CORE offers operating rule sets for voluntary adoption.

**\$18.3B**

Industry Cost Savings  
Opportunity Through Fully  
Automated Transactions

The 2023 CAQH Index® estimated that 22% of money spent on administrative transactions could be saved by fully transitioning to electronic transactions. **CORE Operating Rules help facilitate and streamline electronic adoption.**

**100+**

Multi-stakeholder  
Participating  
Organizations

From small provider organizations, to national health plans, CORE has the **unique ability to bring diverse industry stakeholders to the table** to tackle complex administrative problems together.

# CORE Engagement with Price Transparency

**CORE** engages healthcare stakeholders to drive consistent business processes for patients, providers, and health plans and **deliver administrative efficiency and value to the industry.**

In 2021, CORE convened an Advanced Explanation of Benefits Advisory Group and published [industry guidance](#) on provider to payer approaches for Good Faith Estimate exchanges.



Continued industry education via a Price Transparency Webinar Series with industry leading guests.

10/24/24: [Advancing Patient Cost Transparency using HL7 FHIR](#)

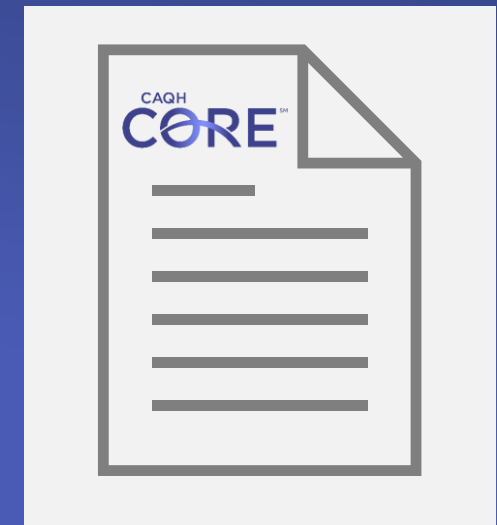
7/13/23: [Price Transparency: The Provider Perspective](#)

10/5/22: [Industry Perspectives on GFE Requirements](#)

6/23/22: [Regulatory Landscape & Industry Progress](#)

11/17/21: [Recommendations from the CAQH CORE AEOB Advisory Group](#)

In 2024, CORE submitted a [response](#) to a Notice of Proposed Rulemaking on the No Surprises Act, addressing the proposal to require the use of CARCs and RARCs.







# Advancing Patient Cost Transparency Using HL7 FHIR

CAQH CORE Webinar

October 24, 2024



# Cost Transparency Landscape





## Patient Story



I thought mammograms were covered as a part of your annual wellness exam?

How can I owe \$700?

How could my doctor refer me to a place who would charge me like this???



Thanks to a mutual understanding of my out-of-pocket costs, my doctor and I were able to find a more affordable, high-quality location for my mammogram!

# Federal Regulatory Cost Transparency



**PROPOSED**



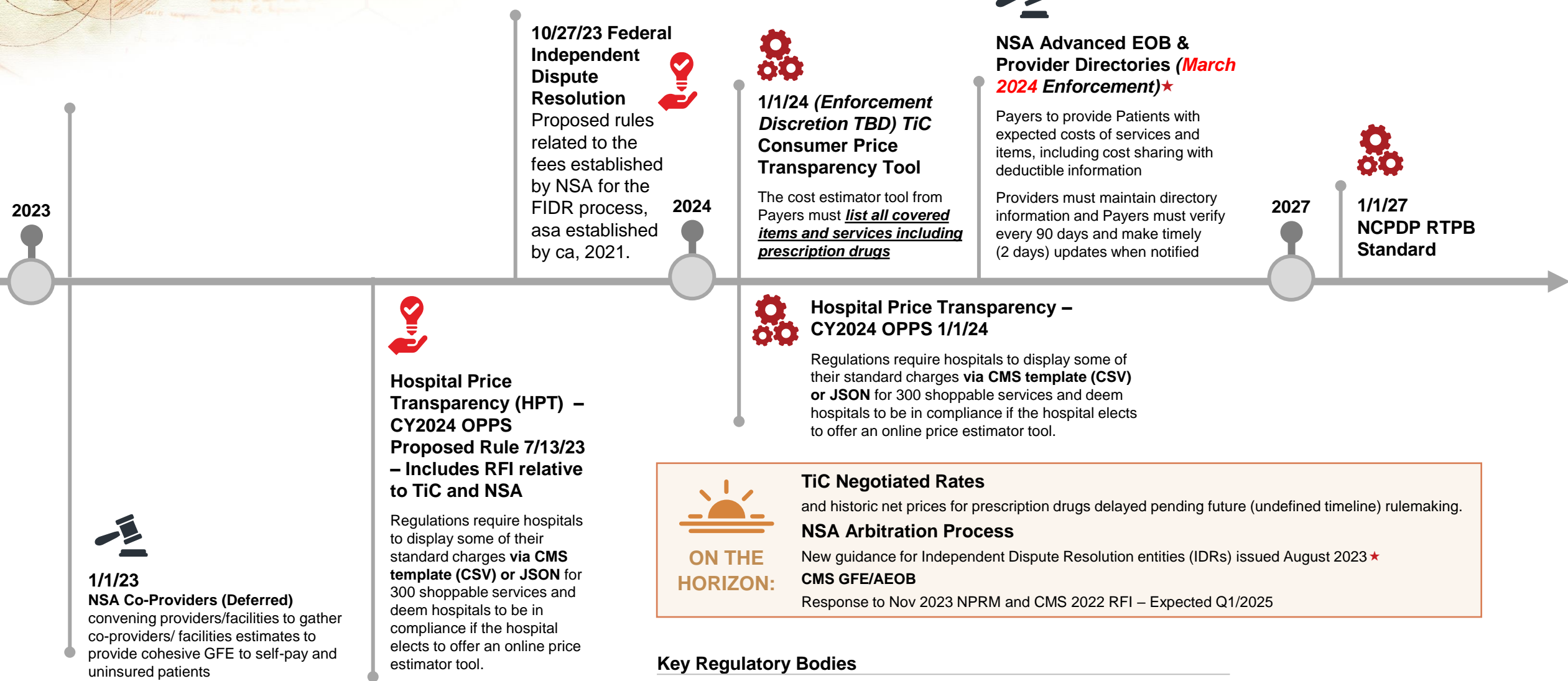
**IN EFFECT**



**COMPLIANCE ENFORCED**



**ON THE HORIZON**



2023



**1/1/23 NSA Co-Providers (Deferred)**  
convening providers/facilities to gather co-providers/ facilities estimates to provide cohesive GFE to self-pay and uninsured patients



**Hospital Price Transparency (HPT) – CY2024 OPPS Proposed Rule 7/13/23 – Includes RFI relative to TiC and NSA**

Regulations require hospitals to display some of their standard charges **via CMS template (CSV) or JSON** for 300 shoppable services and deem hospitals to be in compliance if the hospital elects to offer an online price estimator tool.

**10/27/23 Federal Independent Dispute Resolution**  
Proposed rules related to the fees established by NSA for the FIDR process, as established by ca, 2021.



2024



**1/1/24 (Enforcement Discretion TBD) TiC Consumer Price Transparency Tool**

The cost estimator tool from Payers must **list all covered items and services including prescription drugs**



**Hospital Price Transparency – CY2024 OPPS 1/1/24**

Regulations require hospitals to display some of their standard charges **via CMS template (CSV) or JSON** for 300 shoppable services and deem hospitals to be in compliance if the hospital elects to offer an online price estimator tool.



**ON THE HORIZON:**

**TiC Negotiated Rates**

and historic net prices for prescription drugs delayed pending future (undefined timeline) rulemaking.

**NSA Arbitration Process**

New guidance for Independent Dispute Resolution entities (IDRs) issued August 2023 ★

**CMS GFE/AEOB**

Response to Nov 2023 NPRM and CMS 2022 RFI – Expected Q1/2025



**NSA Advanced EOB & Provider Directories (March 2024 Enforcement)★**

Payers to provide Patients with expected costs of services and items, including cost sharing with deductible information

Providers must maintain directory information and Payers must verify every 90 days and make timely (2 days) updates when notified



2027

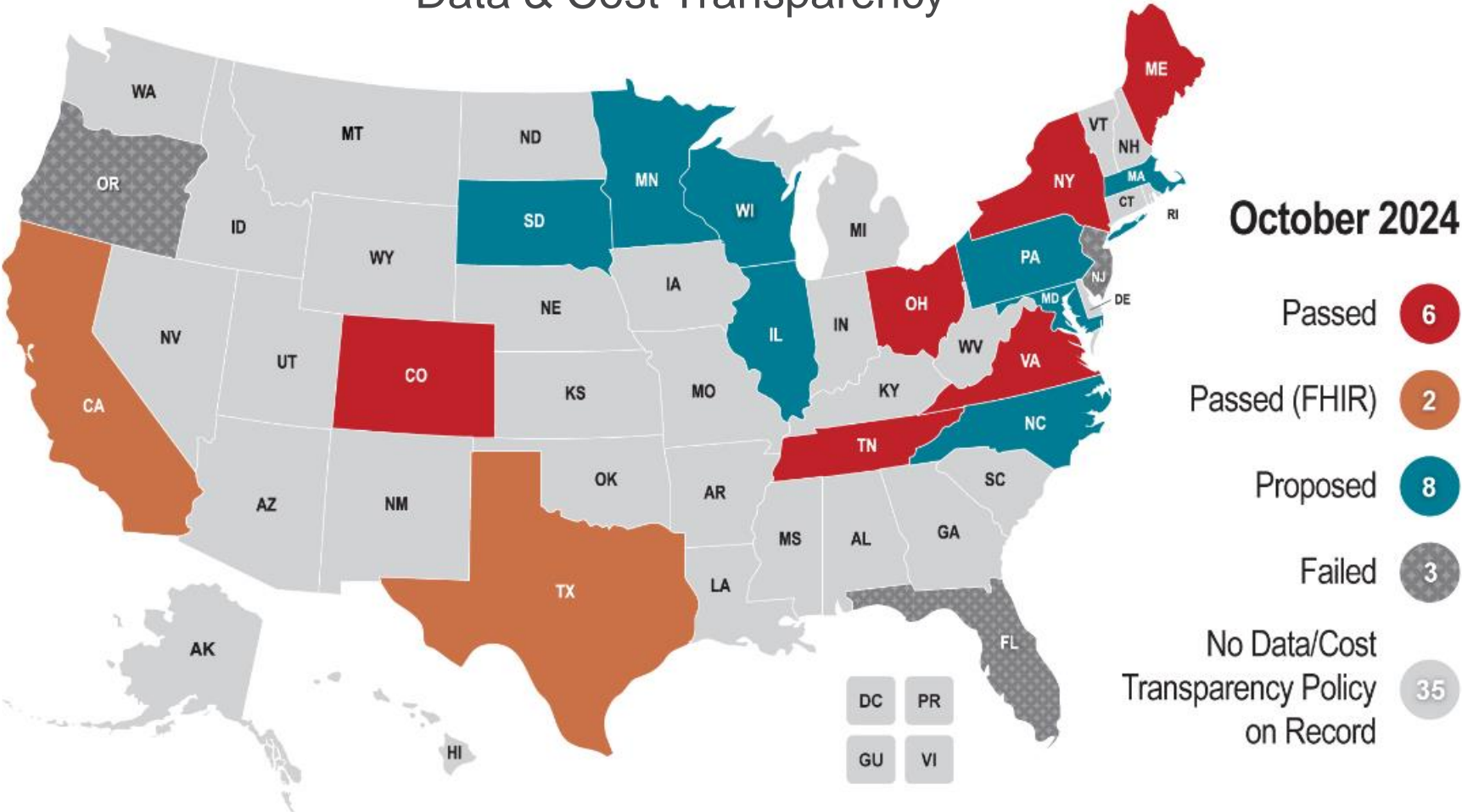
**1/1/27 NCPDP RTPB Standard**

**Key Regulatory Bodies**

- Department of Health and Human Services
- Department of Labor
- Department of the Treasury
- Office of Personnel Management (OPM)

# State Regulation

## Data & Cost Transparency

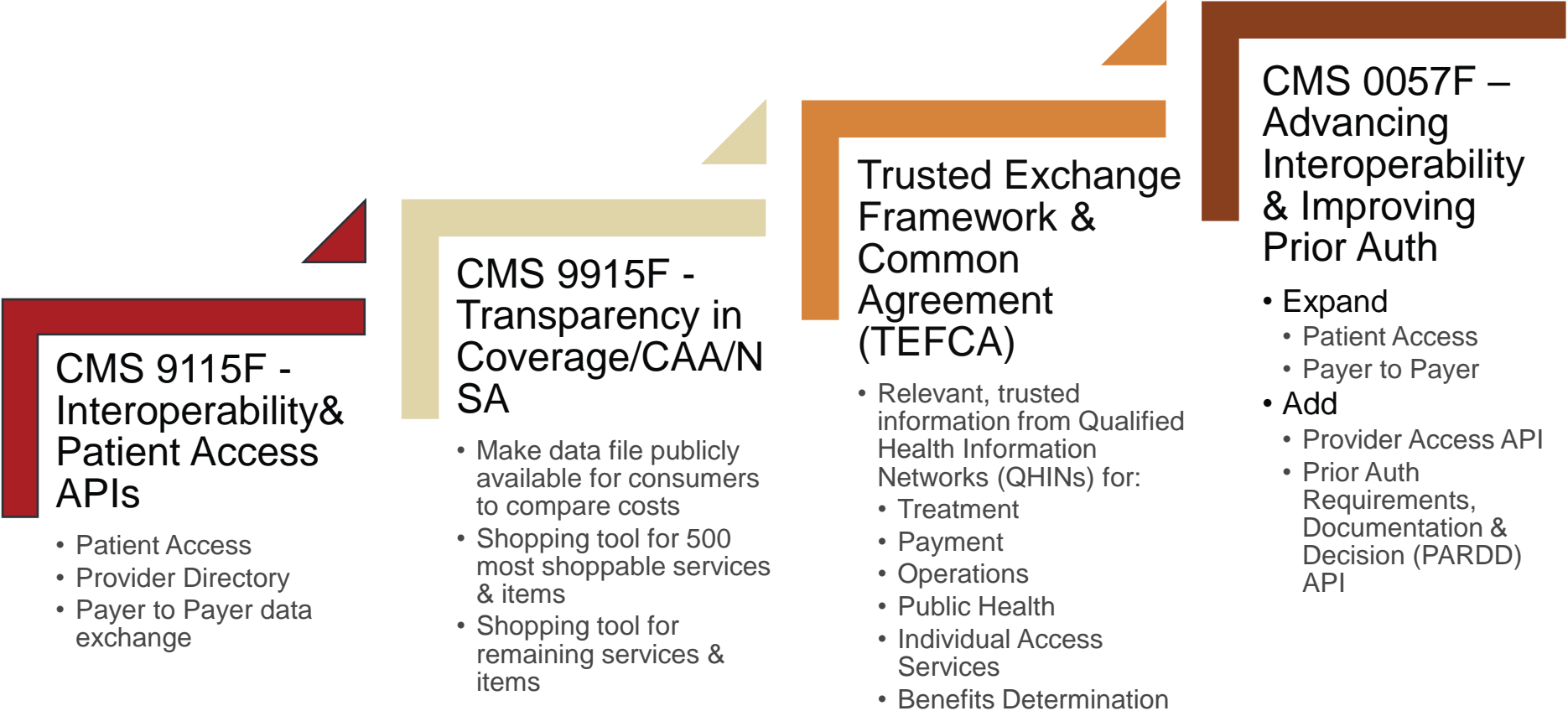


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# CMS/ONC Interoperability Mandates

**OPPORTUNITIES FOR MARKET LEADERS:** These regulations are disrupting the entire Healthcare business model and are catalysts for the industry to re-imagine how payers, providers and patients interact with each other.





# No Surprises Act – Summary

**Effective 1/1/2022:** No Surprises Act was enacted as part of the Consolidated Appropriations Act, 2021.

“The No Surprises Act (NSA) establishes new **consumer protections from unexpected medical bills**. The NSA protections include requirements that help consumers by giving them information about expected out-of-pocket costs for health care items and services before care is provided.”

The No Surprises Act specifically requires that a provider or providers share a **Good Faith Estimate (GFE)** with a patient when the patient is self-pay/uninsured or with a payer for insured patients when the patient schedules a service or requests an estimate. When the payer receives a GFE, the payer must make an **Advanced Explanation of Benefits (AEOB)** available to a patient in advance of the service. (Summarized)

Regulation to enforce implementation is being released in parts, with the self-pay/uninsured GFE already in effect.

“As previously expressed by the Departments and OPM, the **HL7 FHIR standard** holds potential for supporting the **interoperable exchange** of insured GFE and AEOB information between providers, payers, and patients.”

CMS Update, April 23, 2024: [Progress Toward Advanced Explanation of Benefits \(AEOB\) Rulemaking and Implementation](#)





# Multi-Stakeholder Collaboratives Build Community



## KNOWLEDGE

Right stakeholders,  
right leaders + right  
home (HL7)

## PROCESS

Usable draft standard +  
early adopters across  
stakeholders

## METHODOLOGY

Rapid development of spec +  
supporting reference  
implementations

## SUCCESS!

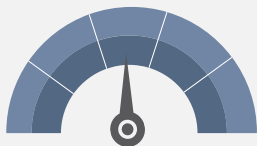
# Da Vinci Patient Cost Transparency Work



# HL7 Da Vinci Patient Cost Transparency (PCT)

## IG Snapshot

### Coverage, Transparency & Burden Reduction



Patient Cost Transparency (PCT)

Provide data exchange standard in support of payers and providers to share cost information to patients in advance of services.

Support for the Consolidated Appropriations Act HR-133 (portions of No Surprises Act) including the **Good Faith Estimates (GFE) and Advanced Explanation of Benefits (AEOB)**.

## Get Involved



### Test

(Join Connectathon, Find Partners, Leverage [HL7 Foundry](#))



### Adopt

(Pick up the IG and Implement)



### Contribute

(Engage in Phase 2 Activities)

## Recent Updates

- Published Standard for Trial Use 1 (STU1) in March 2023
- Balloted STU2 in 2024. New content focused on supporting Good Faith Estimate data exchange via FHIR APIs when multiple providers are involved, GFE Summary, AEOB Summary enhanced approach with subscriptions for enabling AEOB delivery for patients and providers, and other fixes and improvements.

[Patient Cost Transparency Confluence](#)

## Looking Ahead

- **Expecting regulation** to support No Surprises Act law specific to GFE and AEOB for insured patients and will make IG adjustments to meet the requirements, as needed
- Complete STU2 ballot reconciliation and publish
- Align with US Core 6.1.0 and US Core 7.0.0
- Continue HL7 Connectathon testing of STU1 and STU2 in 2025
- Support broader adoption and implementation

[Patient Cost Transparency \(PCT\) STU2 Ballot](#)



## Da Vinci Project: **Why**

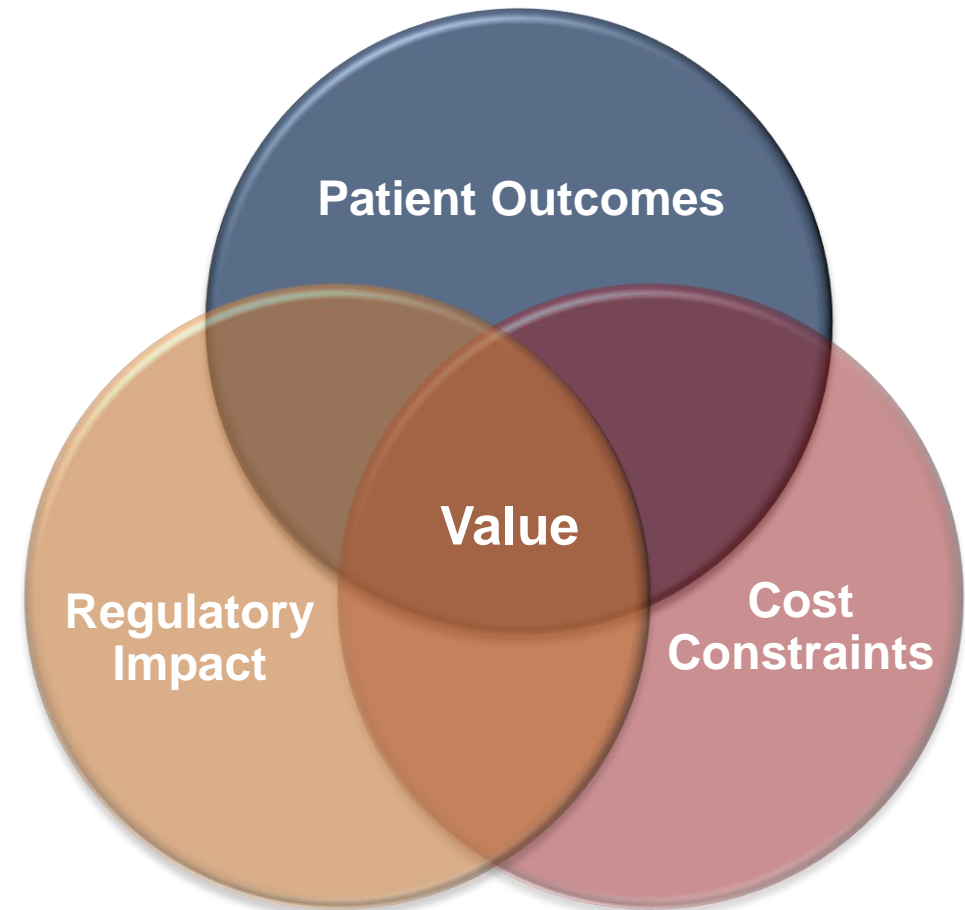
### **VBC Programs Drive Focus to Patient Outcomes**

Da Vinci members are industry leaders and health IT technical experts who are working together to accelerate the adoption of HL7 Fast Healthcare Interoperability Resources (HL7<sup>®</sup> FHIR<sup>®</sup>) as the standard to support and integrate value-based care (VBC) data exchange across communities.

VBC programs enable providers to see right data at right time for specific patient coverage, benefits and care coordination.

#### **Focus:**

Use cases linked to high volume, manual activities that would benefit from automation of portions of the workflow that collect and exchange critical data to improve outcomes.





# Da Vinci Project: Project Challenge

To ensure the success of the industry's **shift to Value Based Care**



## Transform out of Controlled Chaos

Develop **rapid multi-stakeholder** process to identify, exercise and implement initial use cases.



## Collaboration

Minimize the development and deployment of **unique solutions**. **Promote** industry wide **standards** and adoption.

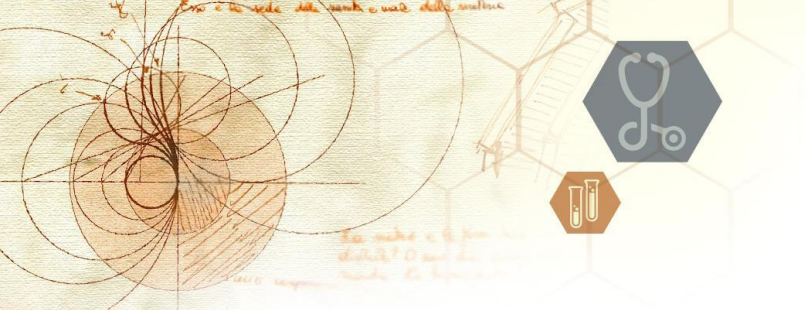


## Success Measures

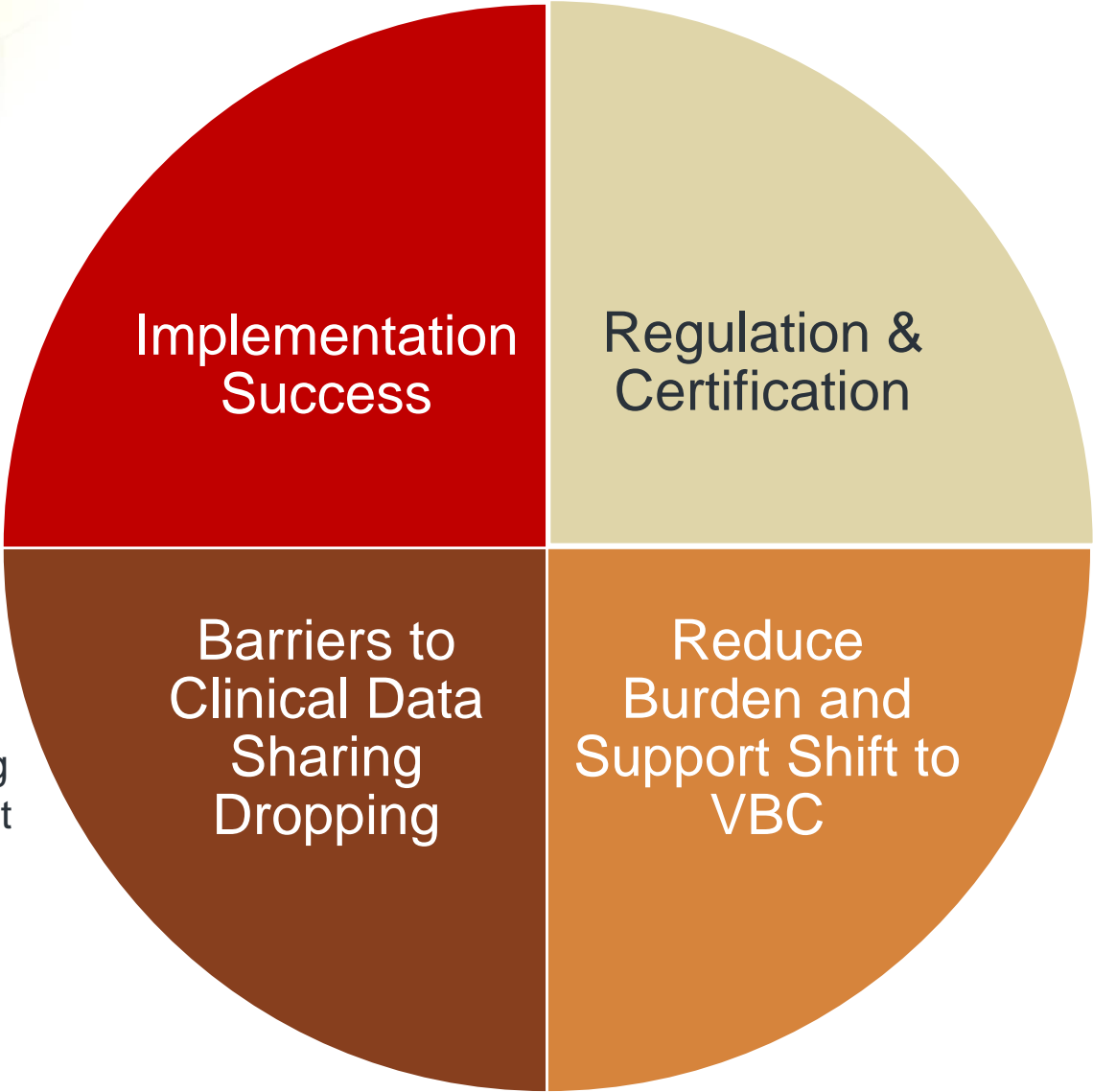
Use of FHIR®, **implementation** guides and pilot projects.



# Why Now, What is Different?



Real world progress across implementers demonstrating improvement and benefit of automating critical workflows for provider and payer teams

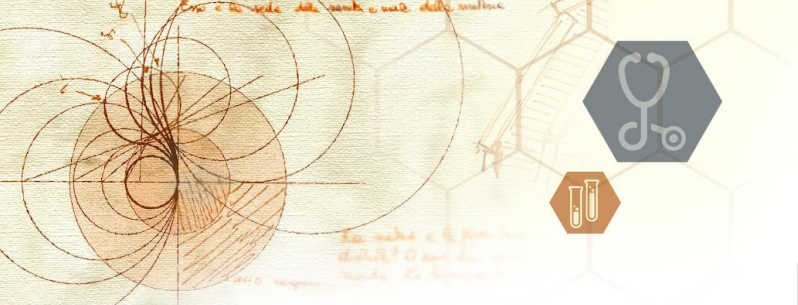


Shift driven by ONC and CMS coordinated acceleration to shift the industry to APIs across functional areas across Providers, Payers and Vendors

Payers and Providers include clinical data sharing as base contract agreement with reality being better tools to scale. Shared agreement to do this with standards

Real world value achieved by implementers demonstrating improvement and benefit of automating critical workflows for provider and payer teams alike

## Convergence of Policy, Technology and Industry Alignment



# Use Case & IG Readiness

### Clinical Data Exchange

Clinical Data Exchange (CDex) ◆

Payer Data Exchange (PDex) \*

### Coverage, Transparency & Burden Reduction

Coverage Requirements Discovery (CRD) \*

Documentation Templates and Rules (DTR) \*

Prior-Authorization Support (PAS) \*

Formulary \*

Plan Net/Directory \*

Patient Cost Transparency (PCT) \*

### Foundational Assets

Member Attribution List ◆

Notifications \*

Health Record Exchange (HRex)

Postable Remittance

### Quality & Risk

Value-Based Performance Reporting (VBPR)

Data Exchange for Quality Measures/Gaps In Care (DEQM/GIC) ◆

Risk Adjustment (RA)

- \* Referenced in or supports Federal Regulation
- ◆ Aligned with expected Federal Regulation
- 🕒 Dial denotes progress in current STU Phase

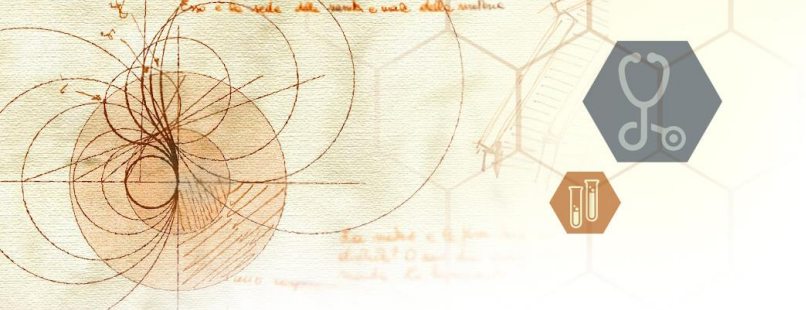
Implementation Guide Dashboard: <https://confluence.hl7.org/display/DVP/Da+Vinci+Implementation+Guide+Dashboard>



Overall Maturity:



# Da Vinci Patient Cost Transparency (PCT) Timeline Review



**Da Vinci PCT Member Discovery Begins**

**Transparency in Coverage Final Rule Drops**

**Q4 2020**

**2021**

**NSA Evaluation and Alignment to Scope**

**Open Community Weekly Meetings**

**Requirements, Gap Analysis, Draft IG and RI Built**

**Da Vinci Testing Event**

**STU1 HL7 Jan Ballot**

**Design Alignment on AEOB for Provider(s) (Optional)**

**Nov: Responded to Tri-Agency RFI for potential use of PCT IG**

**Testing at Connectathons (HL7 Jan, May, CMS July, HL7 September)**

**2022**

**Mar: PCT STU1 Publication**

**HL7 Connectathon Testing, Jan., May, July, Sept.**

**2023**

**Feb: STU2 Work Begins Good Faith Estimate (GFE) with Multiple Providers Requirements**

**Jan: Provider/Facility Tiger Team drives real-world insights to GFE Collection**

**Jan: STU2 Ballot (Community Vote Passed)**

**Ballot Reconciliation**

**2024**

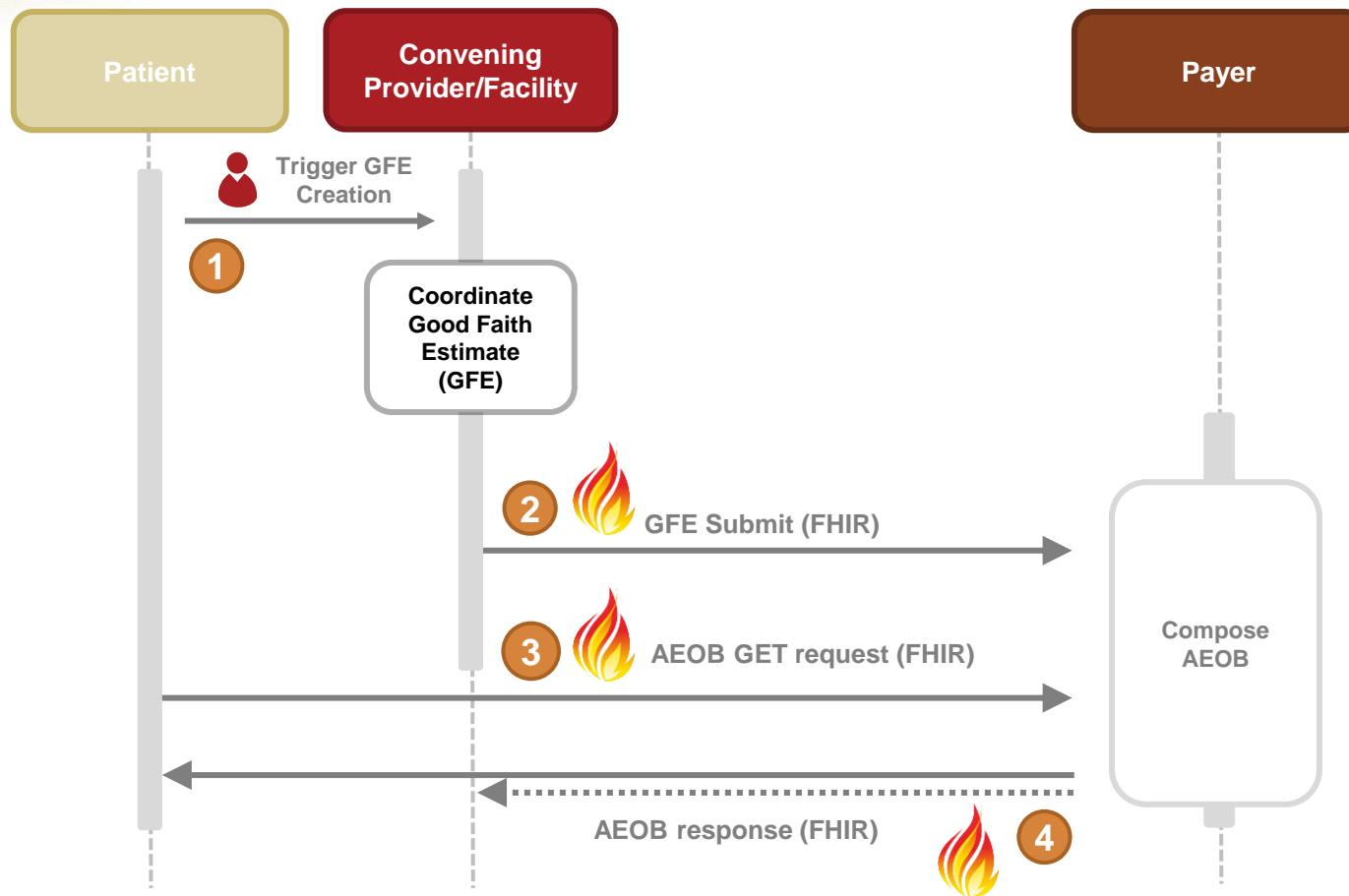
**Next: STU2 Publication!**

STU = Standard for Trial Use  
 NSA = No Surprises Act  
 CAA = Consolidated Appropriations Act

**Note:** in 2019, Da Vinci Members gained approval for the PCT Project Scope Statement (PSS)

# Supporting GFEs and AEOBs with FHIR®

## Insured Patients / Members

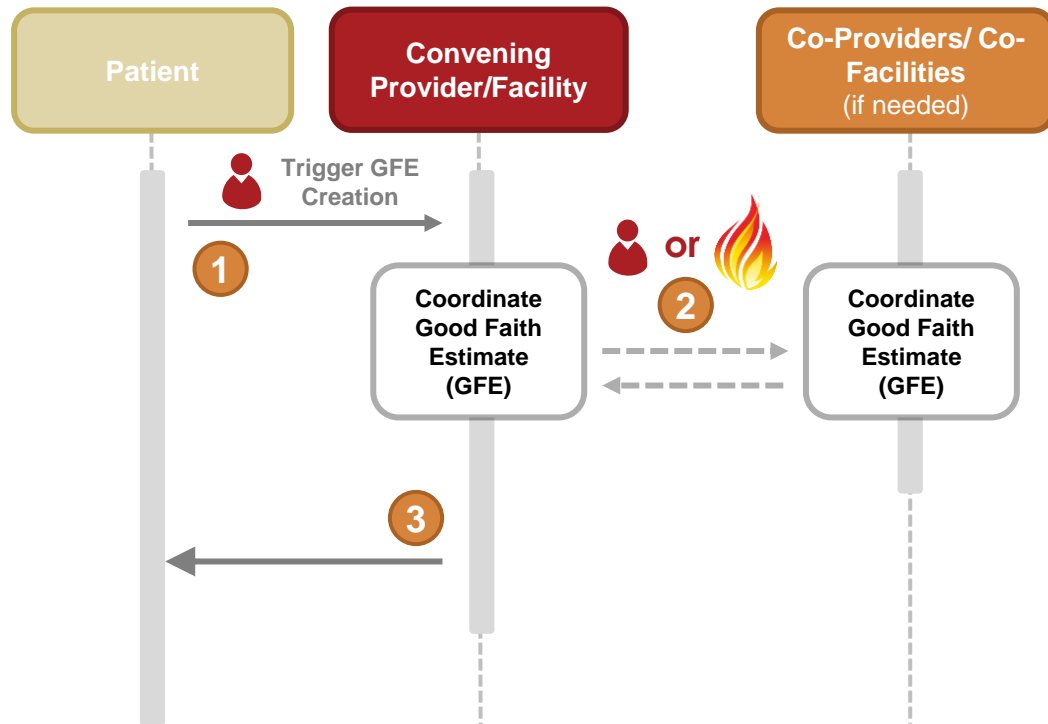


### Published Standard for Trial Use Implementation Guide

- Good Faith Estimate (GFE) Provider to Payer
- Advanced Explanation of Benefits (AEOB) Payer to Patient
- Support for the Return AEOB to Provider is not outlined in CAA Law but Da Vinci agrees it's critical for information equity
- This exchange will be triggered via a "request" or "scheduled service".
- Note: There are no HIPAA mandated transactions for patient cost estimates. There are HIPAA mandates for other transactions (claims) that may support cost estimate transactions too.
- Good Faith Estimates and AEOBs do not serve as a replacement for eligibility, prior authorization or other financial and administrative use cases. (PCT does not determine medical necessity)

AEOB = Advanced Explanation of Benefits

# Supporting Multi-Provider GFEs with FHIR Self-Pay and Uninsured Patients



## PCT IG Updates Balloted in May 2024

Supports Providers and Facilities composing the GFE when multiple providers are involved in the patient's care.

Providers and facilities will determine what role they play. Providers and facilities may need to be prepared to play the convening provider or co-provider, depending on their role in the patient's service and based on state requirements.

The Request and Response for GFE information may involve additional actors beyond what's depicted here.



# Good Faith Estimate (GFE) Coordination Platform

Coordination Platform – The system designated by the convening provider to aggregate the GFE information across providers.

Examples of systems that could serve as GFE coordination platforms in the future



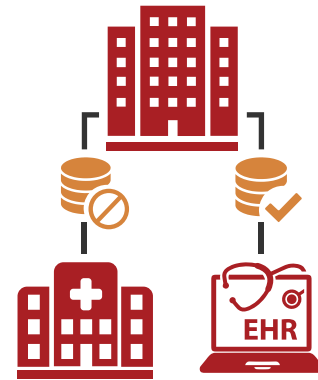
**Practice  
Management  
System**



**EHR**



**Cost Estimator**



**Clearinghouse**



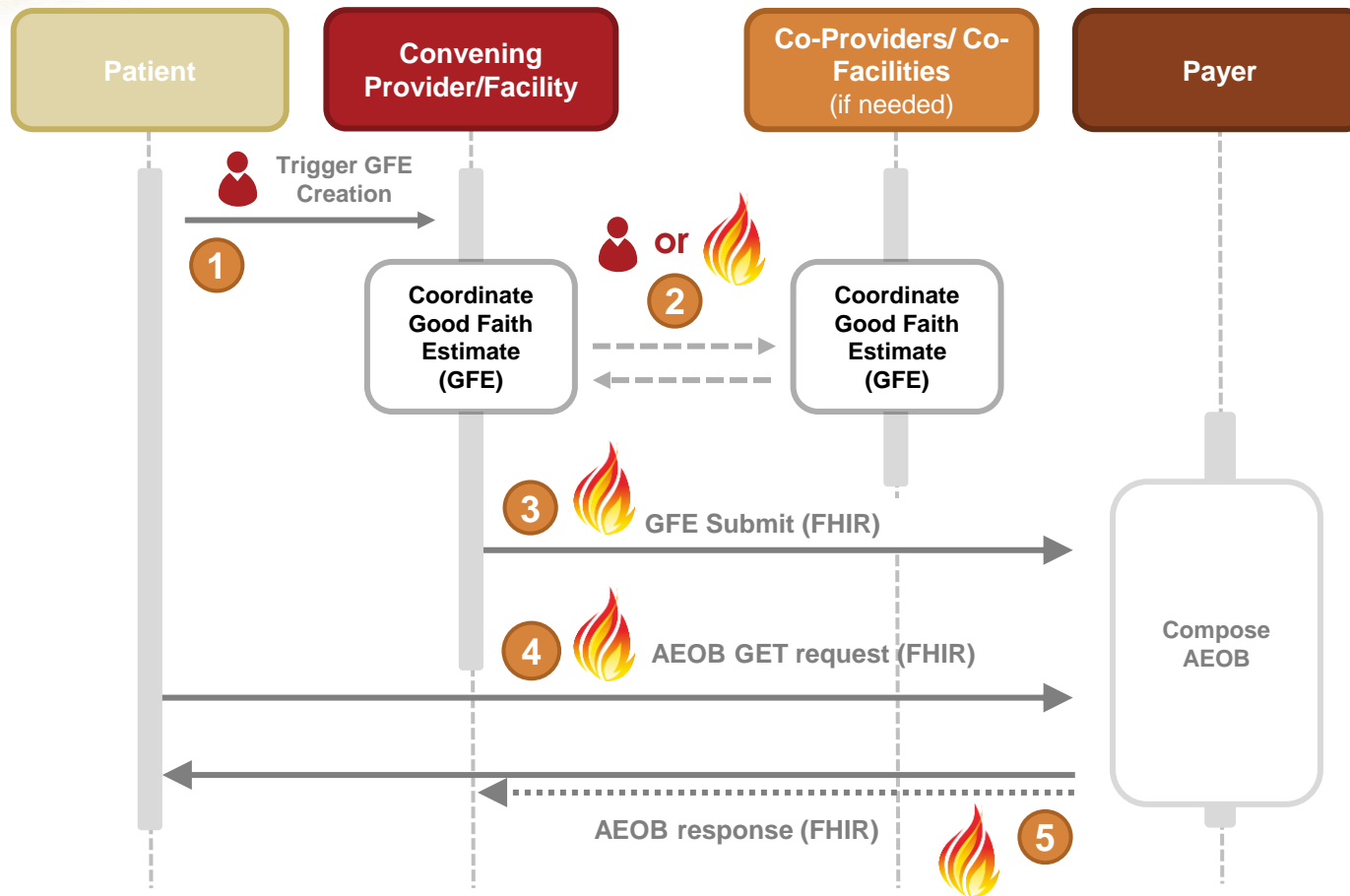
**Billing Services**



**Payer**

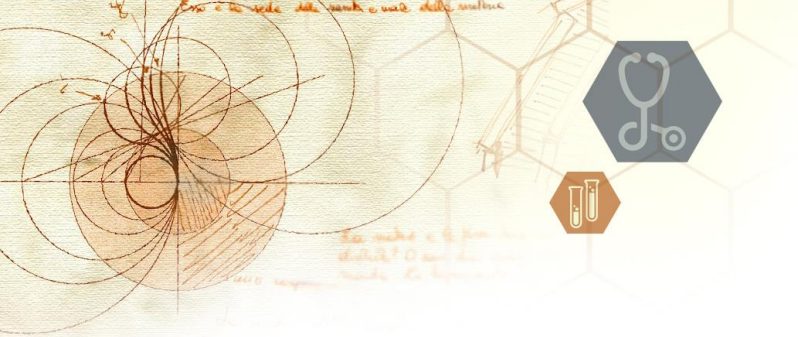
# Supporting All GFEs and AEOBs with FHIR

## Same workflow option for all Patients



- End-to-End Solution Option
- One or more providers involved (works with or without Coordination, supports on ramp/glidepath approach)
- PCT IG provides detailed guidance to support providers and payers using FHIR-based standards.
- Exchange involves a provider or group of providers submitting a Good Faith Estimate (GFE) to a patient (if self-pay or uninsured) or a payer.
- A payer can then generate an Advanced Explanation of Benefits (AEOB) for a patient (which may optionally be returned to the submitting provider).

AEOB = Advanced Explanation of Benefits



## Challenging Requirements Community Consensus-Driven FHIR Open-Source Standard

- ✓ **Multi-Provider GFE Coordination**
- ✓ **Timing**, APIs enable real-time (NSA 1-day/3-day delivery)
- ✓ **Information Gap**, Providers knowable knows prior to service
- ✓ **Workflow**, PCT trigger in parallel to other APIs, e.g. CMS 0057 Prior Auth, at time of scheduling a service
- ✓ **Storage** – GFE available for patient medical record, vendor agnostic
- ✓ **Accuracy**, claim standards-based GFE, adjusted for “faux adjudication”, e.g. future service dates
- ✓ **AEOB Contents, e.g.**
  - Benefit Balances, out-of pocket
  - Subject to medical management (e.g. Prior Auth),
  - Disclaimers/Notes,
  - Consumer-friendly cost summary across providers,
  - Reference to Provider(s) GFE,
  - OON Flag, In Network Options
- ✓ **Holistic Estimate**, Provider(s) GFE bundled, AEOB Summary
- ✓ **Missing/Delayed Provider**
- ✓ **Delivery to Patient**, APIs enable Patient delivery method of choice (Progression on CMS 9115F)

*NSA = No Surprises Act; OON = Out of Network*

# Patient Cost Transparency (PCT) Pilot Opportunities



**The Da Vinci PMO is coordinating pilot opportunities!**

**Pilot will test Da Vinci PCT STU2 to validate:**

- The FHIR-based methodology (data input, data output, format) to support requests and responses for patient cost estimates.
- The ability to communicate GFE from provider to payer.
- The ability to communicate AEOB in advance of scheduled service or upon request from payer to patient and, optionally, to provider.

**Pilot objectives:**

- Perform sufficient testing of the HL7 Da Vinci PCT IG standard to demonstrate successful implementation.
- Identify problems and summarize lessons learned to make iterative improvements through real-world testing with clinicians and administrative staff.
- Gain insights through the implementation of GFE and AEOB statutory requirements that could help guide future policy decisions.

**Consider participating in the pilot, bringing your exchange partners to the pilot as well**

**Contact Da Vinci PMO for more information to participate in the pilot, [davincipmo@pocp.com](mailto:davincipmo@pocp.com)**





# Discussion

# Audience Questions

# Call to Action

# How to Engage

- Join Us!
  - Open Public Patient Cost Transparency standards development
  - Wednesday from 12:00 noon to 1:00 pm ET!
  - Current Topics: Multi-Provider GFE Coordination; Notification methods to Patients and optionally to Provider, additional guidance in response to community questions
  - Read the current [Patient Cost Transparency Implementation Guide](#) (STU2)
  - Learn more at our confluence space: [Patient Cost Transparency \(PCT\)](#)
- Test and Pilot! Contact [Da Vinci PMO at davincipmo@pocp.com](#) for more information to participate in the pilot.

## Conference Call Sign Up

- [HL7 Conference Call Center](#) - check the HL7 calendar for cancellations/changes! (it takes time to load)
- [Da Vinci Conference Call Sign Up Instructions](#)
- Note: There is no invitation, add to your own calendar
- HL7 Da Vinci General Inquiries: [DaVinciPMO@pocp.com](mailto:DaVinciPMO@pocp.com)

**Join Us: Weekly community calls on Wednesdays, 12noon – 1pm ET**



# DA VINCI 2024 MULTI-STAKEHOLDER MEMBERSHIP

## PROVIDERS



## EHRs



## PAYERS



## VENDORS



## INDUSTRY PARTNERS



\*Indicates a founding member of the Da Vinci Project.  
Organization shown in primary Da Vinci role, Many members participate across categories.

<https://confluence.hl7.org/display/DVP/Da+Vinci+Project+Members>

The above listed Blue Cross and Blue Shield companies are independent licensees of the Blue Cross and Blue Shield Association.  
Rev 09/09/24

# Get Involved with CORE!



## Become a CORE Participant

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.



## Get CORE Certified

Does your organization use standard transactions on a day-to-day basis?  
Demonstrate conformance and commitment to streamlining administrative data exchange.



## Participate in Pilot Initiatives

Work with CORE to measure the impact of operating rules and corresponding standards on organizations' efficiency metrics.



## Be an Advocate

Stay up to date on new policy initiatives and send in comment letters to provide support and feedback.

*E-mail [core@caqh.org](mailto:core@caqh.org)*

# Appendix



# Public Confluence Resources

- [Da Vinci](#) has publicly available Confluence resources!
- [Da Vinci Welcome](#) – Confluence page to learn about Da Vinci project and sign up for Listserv
- [Da Vinci Implementation Guide Dashboard](#) – Confluence summary view of information and links per use case
- New to Da Vinci? Check out the [Implementer Resource Page](#)
- [Da Vinci Use Cases](#) – Confluence parent page to each use case containing meeting meetings and use case materials
- [Da Vinci Video Presentations](#) – Confluence page to view past slides, recordings from Community Roundtable and more!
- [Request an Account](#) – HL7 Jira/Confluence accounts are free and available to anyone (including non-members)
- Quick Links have presentation slides for community to leverage

The screenshot displays the Confluence interface for the 'Da Vinci' space. The top navigation bar includes 'Confluence', 'Spaces', 'People', and 'Glossaries', along with a search bar and a 'Log in' button. The left sidebar shows the 'Da Vinci' space with a 'Pages' menu and a 'PAGE TREE' listing various documents like 'Da Vinci Welcome' and 'Da Vinci 2022 - Calendar'. The main content area features the 'Da Vinci' page header, a 'Learn More' section with introductory text and a 'Join us for the monthly public Community Roundtable' section listing the next session on October 26th. Below this is a 'Da Vinci Use Cases at a Glance' section with a grid of icons. The right sidebar contains 'Quick Links' for presentations and status reports, and a 'Team' section listing members Viet Nguyen and Jocelyn Keegan.