Introduction to FHIR for Value Based Purchasing

April 8, 2025, 1-2 pm ET

Q&A will take place at the end of the program

You can submit written questions using the **“Q&A” tab** (not chat) at any time during the webinar.

Webinar is being recorded

The recording and slides will be available on the NAACOS website within 48 hours.

Introduction

Mark Scrimshire was previously the CMS Entrepreneur-In-Residence responsible for the development and launch of CMS Blue Button 2.0 API for 53 million Medicare beneficiaries and the model compliance with the CMS Interoperability and Patient Access Rule. Author of the HL7 Da Vinci Payer Data Exchange (PDex) Implementation Guide that defines the Patient Access API, Provider Access API and Payer-to-Payer API requirements of the CMS Prior Authorization Rule. HL7 Financial Management Co-Chair and Board Member of the FHIR Business Alliance (FHIRBall).

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Overview | April 8, 2025

An Introduction to HL7 FHIR

Simplify compliance, enable innovation and improve care

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Onyx Overview

Our mission is to enable FHIR-based interoperability for health payers, providers, health information exchanges (HIEs) & government agencies.....anyone who needs to access and securely share health data to improve patient care.

History of innovation

API Blue Button 2.0

Built Centers for Medicare & Medicaid Services (CMS) Blue Button 2.0 API, the largest FHIR implementation in the world, supporting **60 million** Americans.

Microsoft

OnyxOS jointly built with Microsoft

Accomplished leadership

Susheel Ladwa
Chief Executive Officer
AHIP IT Workgroup Chair; former health leadership at IBM, HP, EDS

Mark Scrimshire
Chief Interoperability Officer
CMS Blue Button Innovator;
Hl7 Da Vinci Payer Data Exchange Author

Balaji Narayanan
Chief Product Officer
Prior leadership roles with Trizetto and Medecision

Tom DeGemmis
Chief Growth Officer
Prior leadership roles with Oracle, Cigna & Aetna

Naveen Chaudhary
Client Success Officer
Prior leadership roles with CareFirst, Infosys, & Versant Health

Advisory Board

Tony Trenkle
Former CIO, CMS

Aneesh Chopra
First CTO of USA

Judy Murphy
Former Chief Nursing Officer, ONC & IBM

Grahame Grieve
Father of FHIR

BEST IN KLAS CMS PAYER INTEROPERABILITY 2025

RELEVANT. ACCURATE. BLACK BOOK 2025 UNBIASED SOURCE

On Track for 40M Lives on platform!!

Industry Leadership

HL7

DA VINCI HL7 FHIR

carin
Creating Access to Real-time Information Now through Consumer-Directed Exchange

FHIRBall
The FHIR Business Alliance

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What is HL7 FHIR?

- FHIR (Fast Healthcare Interoperability Resources) is a standard developed by Health Level Seven International (HL7).
- Designed to improve how healthcare information is exchanged between systems.
- Think of FHIR as a common language that different healthcare technologies use to communicate effectively and securely.

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Why Does Interoperability Matter?

- Seamlessly Share Data
- Improve Patient Care Coordination
- Reduce duplication of tests and procedures
- Enhance clinical decision-making
- Enable Better Population Management

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How FHIR benefits ACOs

- **Close to Real-time data access:** Immediate access to patient data supports better-informed decisions.
- **Improved quality of care:** Better data sharing means providers have a more complete picture of patient health.
- **Cost efficiency:** Reduced administrative overhead and lower costs due to fewer redundant procedures.
- **Patient engagement:** Empowers patients with easier access to their own health information.

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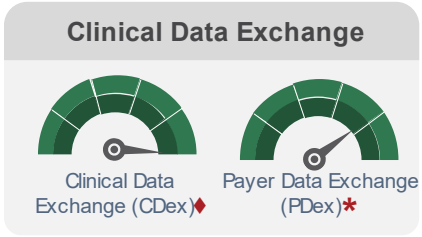
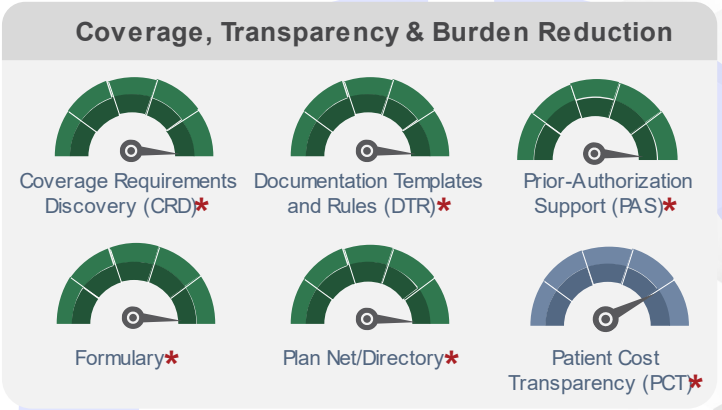
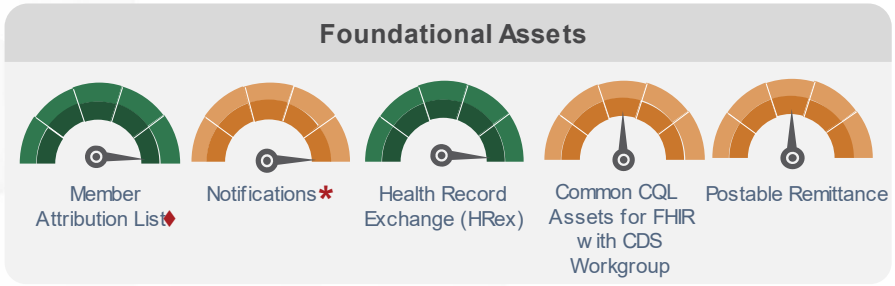
Where Do You Start With FHIR?

- **Its Not the Base Specification**
- **It's the Implementation Guides that matter**







* 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

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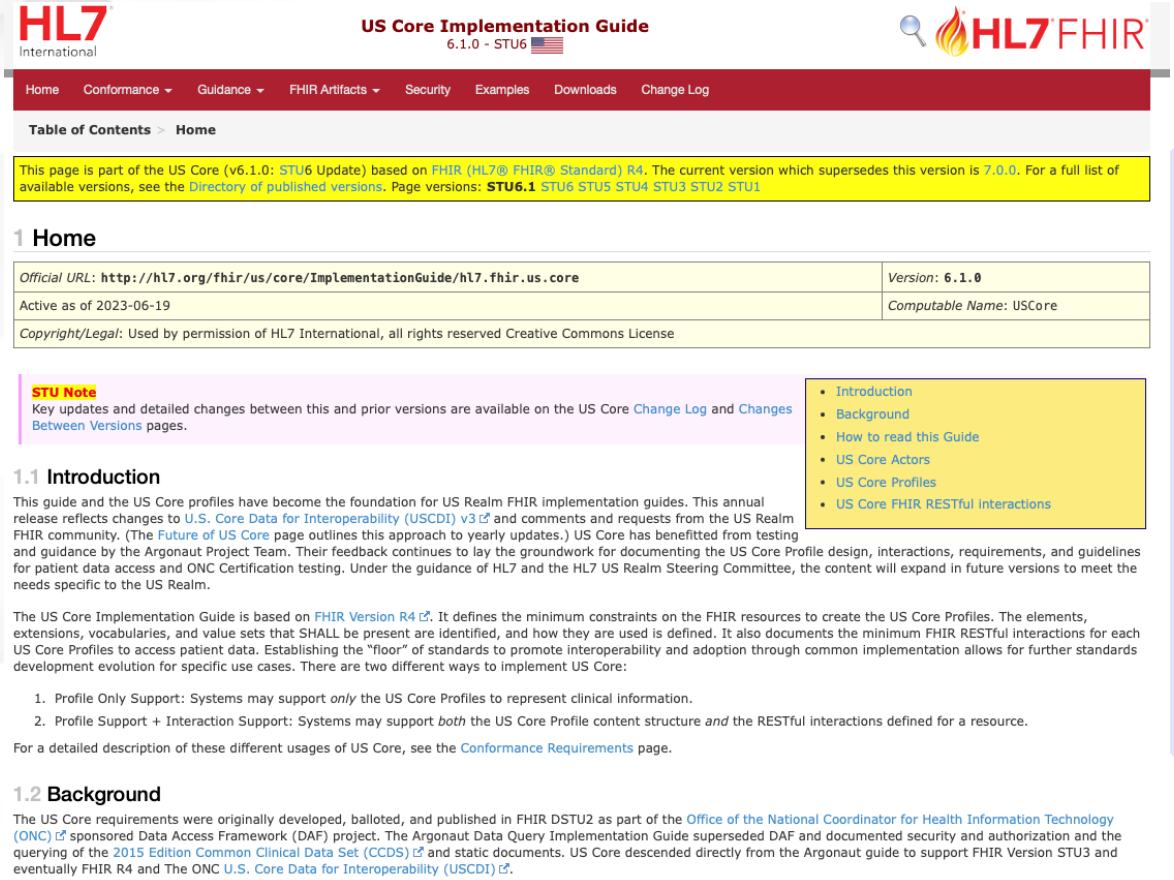
US Core = USCDI



HL7 International

US Core Implementation Guide
6.1.0 - STU6

HL7 FHIR

Home | Conformance | Guidance | FHIR Artifacts | Security | Examples | Downloads | Change Log

Table of Contents > Home

This page is part of the US Core (v6.1.0: STU6 Update) based on FHIR (HL7® FHIR® Standard) R4. The current version which supersedes this version is 7.0.0. For a full list of available versions, see the Directory of published versions. Page versions: **STU6.1** STU6 STU5 STU4 STU3 STU2 STU1

1 Home

Official URL: **http://hl7.org/fhir/us/core/ImplementationGuide/hl7.fhir.us.core**	*Version*: **6.1.0**
Active as of 2023-06-19	*Computable Name*: USCore
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STU Note
Key updates and detailed changes between this and prior versions are available on the US Core Change Log and Changes Between Versions pages.

- Introduction
- Background
- How to read this Guide
- US Core Actors
- US Core Profiles
- US Core FHIR RESTful interactions

1.1 Introduction

This guide and the US Core profiles have become the foundation for US Realm FHIR implementation guides. This annual release reflects changes to U.S. Core Data for Interoperability (USCDI) v3 and comments and requests from the US Realm FHIR community. (The Future of US Core page outlines this approach to yearly updates.) US Core has benefitted from testing and guidance by the Argonaut Project Team. Their feedback continues to lay the groundwork for documenting the US Core Profile design, interactions, requirements, and guidelines for patient data access and ONC Certification testing. Under the guidance of HL7 and the HL7 US Realm Steering Committee, the content will expand in future versions to meet the needs specific to the US Realm.

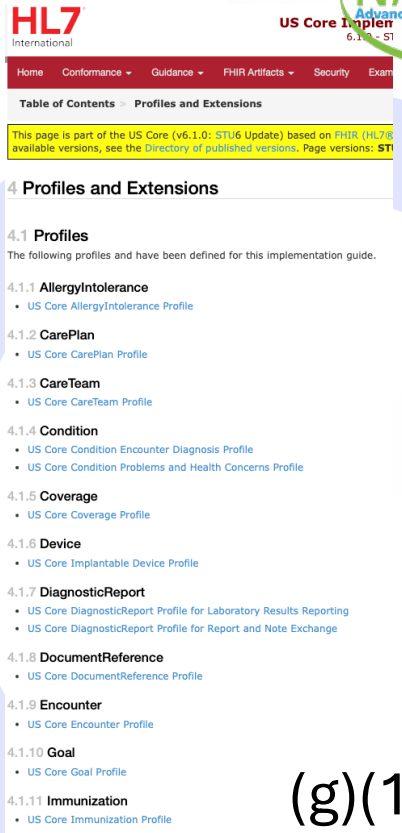
The US Core Implementation Guide is based on FHIR Version R4. It defines the minimum constraints on the FHIR resources to create the US Core Profiles. The elements, extensions, vocabularies, and value sets that SHALL be present are identified, and how they are used is defined. It also documents the minimum FHIR RESTful interactions for each US Core Profiles to access patient data. Establishing the "floor" of standards to promote interoperability and adoption through common implementation allows for further standards development evolution for specific use cases. There are two different ways to implement US Core:

1. Profile Only Support: Systems may support *only* the US Core Profiles to represent clinical information.
2. Profile Support + Interaction Support: Systems may support *both* the US Core Profile content structure *and* the RESTful interactions defined for a resource.

For a detailed description of these different usages of US Core, see the Conformance Requirements page.

1.2 Background

The US Core requirements were originally developed, balloted, and published in FHIR DSTU2 as part of the Office of the National Coordinator for Health Information Technology (ONC) sponsored Data Access Framework (DAF) project. The Argonaut Data Query Implementation Guide superseded DAF and documented security and authorization and the querying of the 2015 Edition Common Clinical Data Set (CCDS) and static documents. US Core descended directly from the Argonaut guide to support FHIR Version STU3 and eventually FHIR R4 and The ONC U.S. Core Data for Interoperability (USCDI).



HL7 International

US Core Implen
6.1.0 - ST

Home | Conformance | Guidance | FHIR Artifacts | Security | Exam

Table of Contents > Profiles and Extensions

This page is part of the US Core (v6.1.0: STU6 Update) based on FHIR (HL7®
available versions, see the Directory of published versions. Page versions: ST

4 Profiles and Extensions

4.1 Profiles

The following profiles and have been defined for this implementation guide.

4.1.1 **AllergyIntolerance**
- US Core AllergyIntolerance Profile

4.1.2 **CarePlan**
- US Core CarePlan Profile

4.1.3 **CareTeam**
- US Core CareTeam Profile

4.1.4 **Condition**
- US Core Condition Encounter Diagnosis Profile
- US Core Condition Problems and Health Concerns Profile

4.1.5 **Coverage**
- US Core Coverage Profile

4.1.6 **Device**
- US Core Implantable Device Profile

4.1.7 **DiagnosticReport**
- US Core DiagnosticReport Profile for Laboratory Results Reporting
- US Core DiagnosticReport Profile for Report and Note Exchange

4.1.8 **DocumentReference**
- US Core DocumentReference Profile

4.1.9 **Encounter**
- US Core Encounter Profile

4.1.10 **Goal**
- US Core Goal Profile

4.1.11 **Immunization**
- US Core Immunization Profile

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Advancing Value in Health Care

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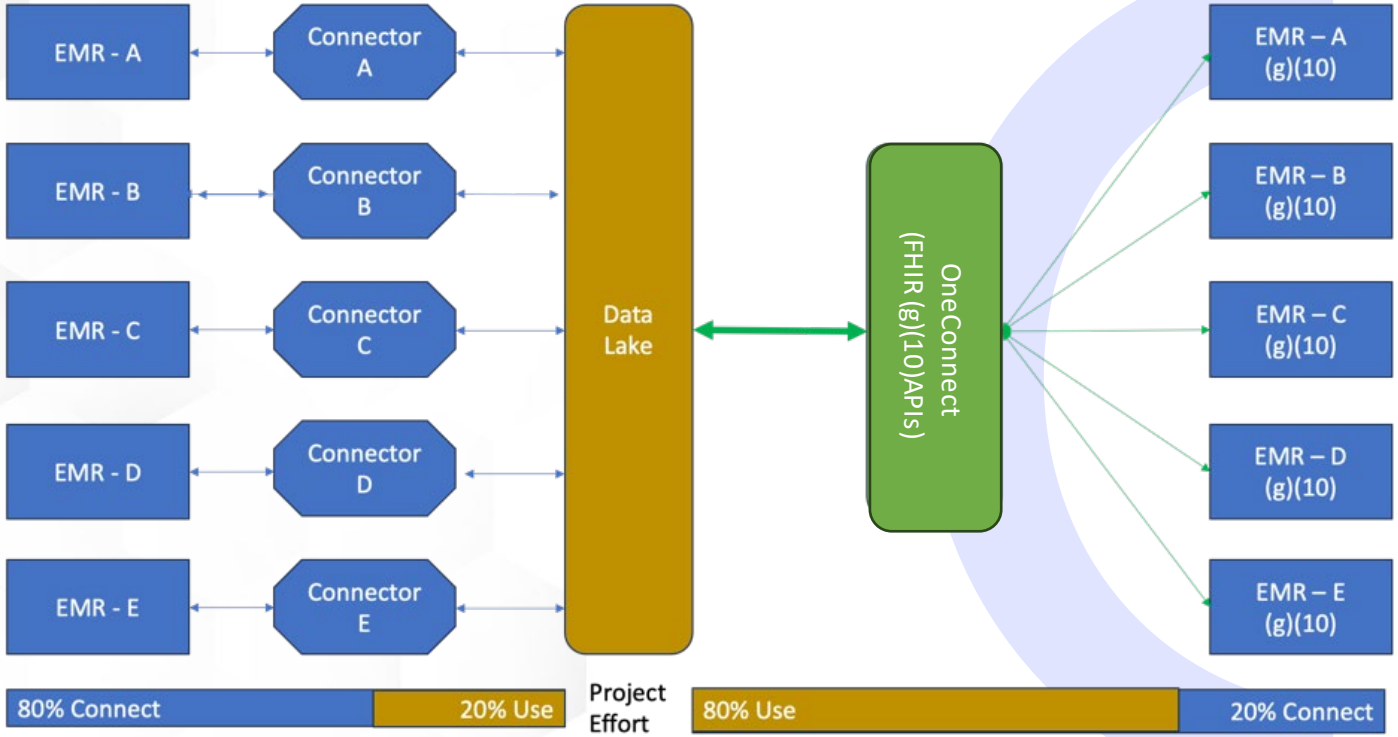
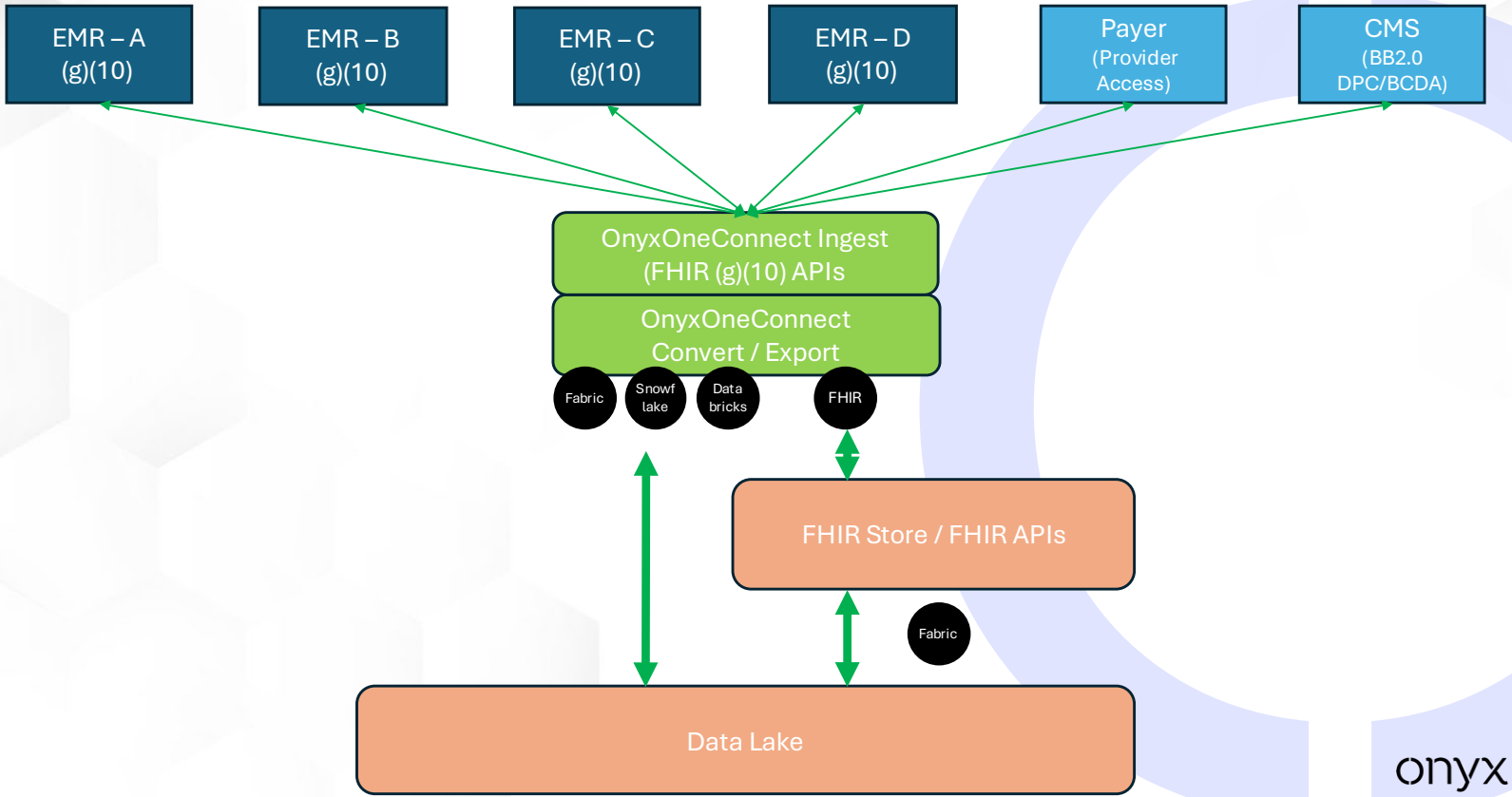
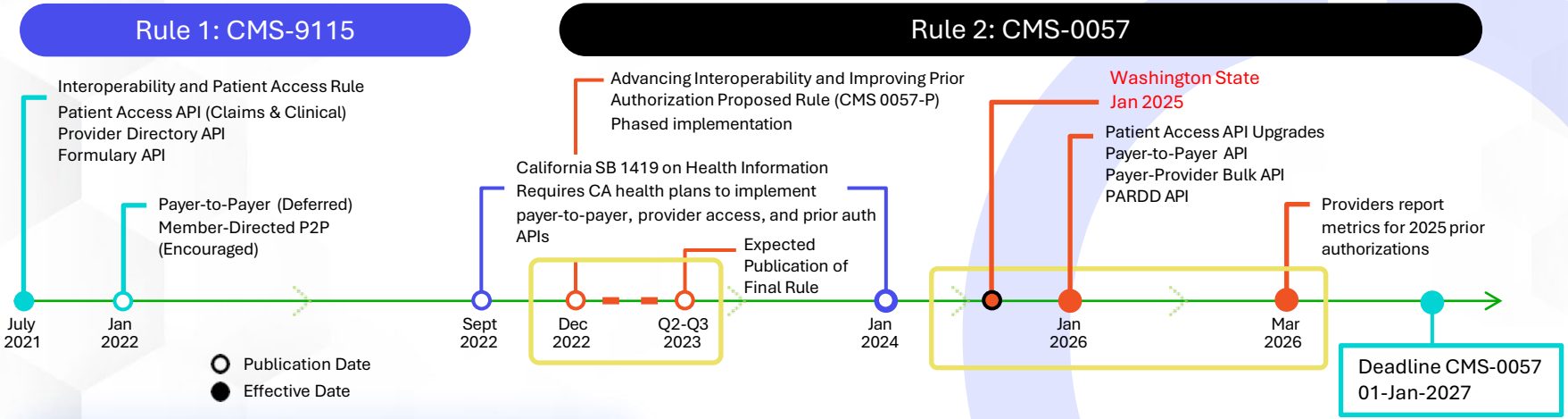
FHIR “Flips the Script” on Integration



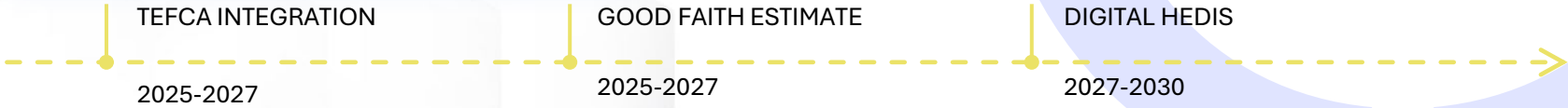
How FHIR Makes Sense



Timeline for payers to implement interoperability and electronic prior authorization



Future Rules



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CMS-0057: Advancing Interoperability & Electronic Prior Auth

Complex 50+ New Requirements for Payers and Providers

Patient Access API - Data Upgrades

- Explanation of Benefits (Carin BB)
- Formulary (STU1)
- Provider Directory (STU1.0)
- US Core – Clinical – Upgrade to 6.1.0
- Formulary (STU2)
- Explanation of Benefits (Carin BB STU2.0) - Vision and Dental
- Provider Directory (STU1.1)
- Prior Authorization Info (1 Day Deadline)

Patient Access API - Usage Metrics

- Data needs to be de-Identified and aggregated
- Annual reporting to CMS (data transferred via API to app)
- Total unique patients
- Patients with data transferred more than once

KEY

- Existing - 9115
- New for payers
- New for providers

Provider Access API

- New provider FHIR API (Bulk FHIR)
- Explanation of Benefits (Carin BB) - Excludes cost data
- US Core 6.1.0 – Clinical
- Encounter data
- Active Prior authorizations
- Prior authorization with status change within 1 year
- Supporting Structured Clinical Data
- Manage Provider API access

Opt-Out for Members

- Members should be able to **opt out** of sharing

Patient Education Resources

- Plain Language Benefits of Provider Access API
- Opt-out rights
- Instructions for opting out

Provider Education Resources

- How to make a request to payer
- API details for providers

Attribution Process

- Attribution process to map members to providers
- Checks to ensure provider/patient relationship

Payer-to-Payer API

- Create a New FHIR Bulk API
- Multiple Member match operation
- US Core 6.1.0 Clinical
- Claims & Encounter data (excl. costs)
- Active Prior authorizations
- Prior authorization (status change <1yr)
- Supporting Structured Clinical Data
- Data with service date within 5 years

Data Exchange Timeline

- New payer - Within 1 week of enrollment
- Old payer - 1 day on request
- Include this data in patient record
- Access **allowed for non-impacted** payers

Concurrent Coverage

- Applicable if patient has multiple payer coverages
- Make patient data available to concurrent payers (at least quarterly)

Patient Opt-In Process

- Capture patient opt-in preference prior to start of coverage
- Educate patients on benefits of data sharing

Prior Authorization API

- New FHIR API for Prior Authorization
- List of covered items needing Prior Auth (excluding medications)
- List of services needing Prior Auth
- List of documentation needed
- API to communicate decision

Reason for Denial

- Details of specific reasons for denial
- If approved, how long to be mentioned
- If not, request for more information

Timeframes for ePA

- Standard Prior Auth - 7 days
- Expedited Prior Auth - 72 hours

Annual Prior Auth Decision Metrics

- Metrics for Standard & Expedited
- Aggregated Prior Auth decisions
- % of Prior Auths approved
- % of Prior Auths denied
- % of Prior Auths approved after appeal
- Average time between submission & decision

Prior Authorization Measures

New Portal for Reporting Measures

- Attestation to use of Prior Authorization APIs
- EXCLUSION: Did not order any item/ service 1) requiring prior auth or 2) requiring prior auth from a payer that does not offer an API consistent with Prior Authorization API requirements.

Prior Authorization Transactions

- FHIR-only through HHS HIPAA enforcement discretion
- FHIR/X12 Mixed Protocols with transformation between protocols
- X12-only (278 Transaction)

CMS Estimates 30 Months to Implement

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FHIR Do I Build or Buy?

- Standards Compliance is Key for Interoperability
- CMS Continues to Promote Use of FHIR
- FHIR Specifications Continue to Evolve
- Products with Certified APIs are Available
- Industry is Collaborating on New Use Cases

Thank You

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Save the Date!

Spring 2025 Conference

April 22–24, 2025

Hilton Baltimore Inner Harbor

Registration is Open!

Affinity Groups: Recently Restructured

- Affinity Groups : peer-to-peer role-focused discussion groups our members can join to exchange information, ideas, and brainstorm on current issues.
  - **Operations and Executive Affinity Group**
    Meets: January 21, 2025, July 22, 2025, and January 20, 2026, from 3–4 pm ET
  - **Data and Analytics Affinity Group**
    Meets: January 28, 2025, July 29, 2025, and January 27, 2026, from 3–4 pm ET
  - **Clinical and Performance Improvement Affinity Group**
  - Meets: February 11, 2025, August 12, 2025, and February 10, 2026, from 3–4 pm ET
  - **Compliance and Legal Affinity Group**
    Meets: February 18, 2025, August 19, 2025, and February 17, 2026, from 3–4 pm ET.
  - **Federal Government Lobbying Affinity Group**
    Meets: February 20, 2025, April 17, 2025, June 18, 2025**, August 21, 2025, October 16, 2025, December 18, 2025, from 2–3 pm ET.
    - Participation is limited to NAACOS members and business partners that are registered federal lobbyists or policy professionals.

Deep Dive Roundtables

- **Deep Dive Roundtables** Topic-focused discussion groups for members to share best practices and design policy solutions on key topics across value.

  - **Patient and Community Engagement**
    Meets: February 4, April 1, June 3, August 5, December 2, 2025 (1st Tuesday, bimonthly) from 2–3 pm ET.
  - **High Needs Patients**
    Meets: February 18, April 15, June 17, August 19, October 21, December 16, 2025 (3rd Tuesday, bimonthly) from 2–3 pm ET.
  - **Medicare Advantage**
    Meets: January 14**, March 18, May 20, July 15, September 16, November 18, 2025 (3rd Tuesday, bimonthly) from 1–2 pm ET.
  - **ACO REACH**
    Meets: January 23, March 27, May 22, July 24, September 25, November 20**, 2025 (4th Thursday, bimonthly) from 12–1 pm ET.
  - **Rural and Underserved**
    Meets: February 13, May 8, August 14, November 13, 2025 (2nd Thursday, quarterly) from 2–3 pm ET.
  - **Quality Implementation**
    Meets: February 12, March 12, April 9, May 14, June 11, July 9, August 13, September 10, October 8, November 12, December 10 (2nd Wednesday, monthly) from 2–3 pm ET.