The Da Vinci Project: Authorization Support

Pre-work – for Authorization Support

Includes HIPAA requirements review

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Current Prior-Authorization Environment

Fax

PA Request

Telephone

Providers

Medical Records

Portals

Payers

Electronic Transactions

Currently providers and payer exchange prior authorization requests and supporting medical records using a number of methods: telephone, fax, portals, and electronic transactions

Current HIPAA / Anticipated Attachment Approach

Must be ASC X12N 278 (PA request) / 275 (attachment with CDA)
(Portal is allowed under the direct data entry exception)
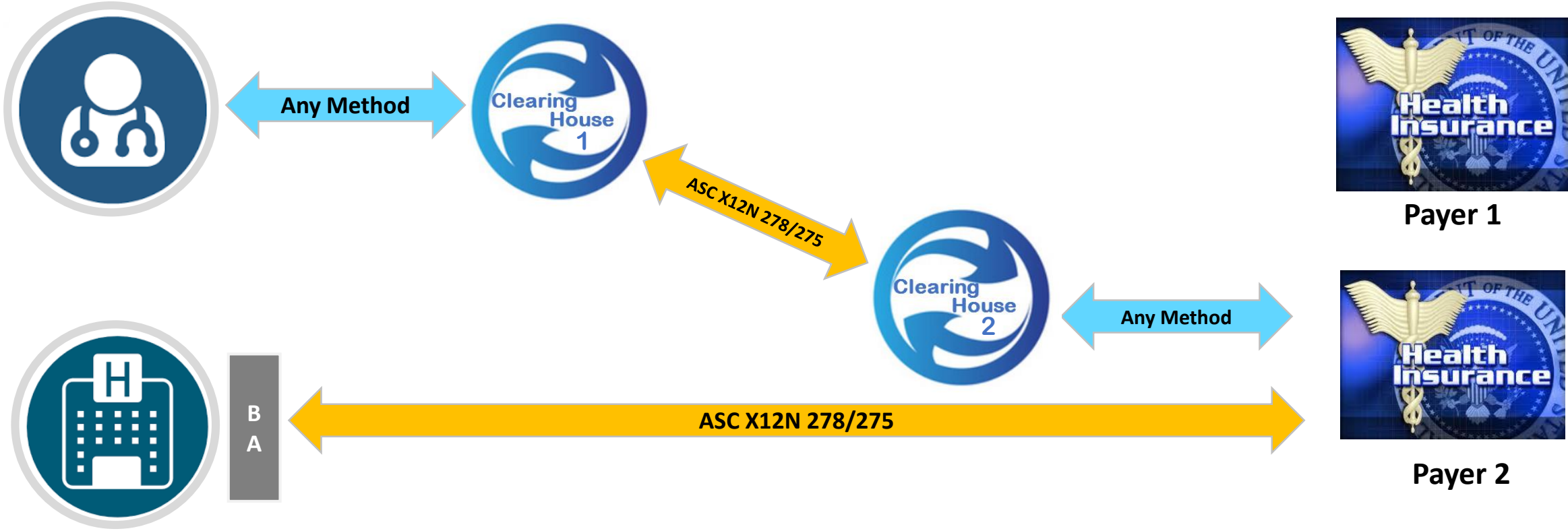
May be any method (including ASC X12N)

Any Method

Clearing House 1

ASC X12N 278/275

Clearing House 2

Any Method

Payer 1

Payer 2

ASC X12N 278/275 (or portal for DDE)

Regardless of transaction path, covered transactions must be in the "standard" format at some point between covered entities
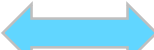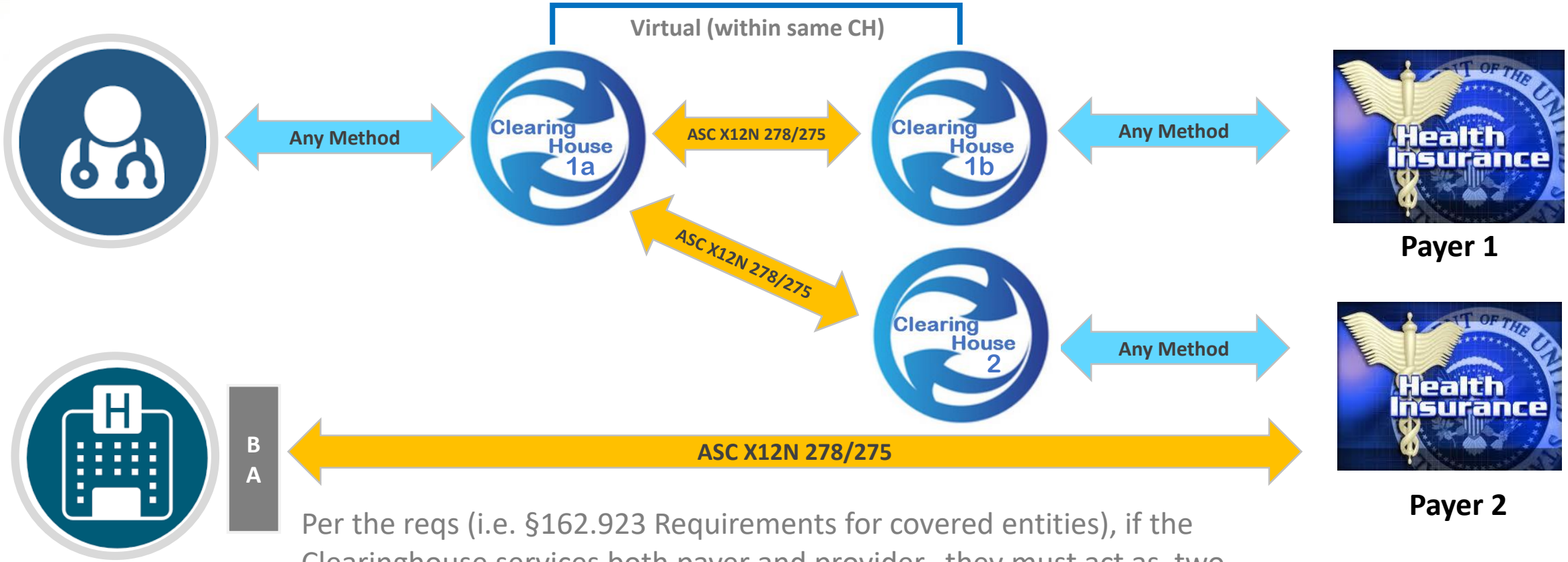
Current HIPAA / Anticipated Attachment Approach

Must be ASC X12N 278 (PA request) / 275 (attachment with CDA)

May be any method (including ASC X12N)

Any Method

Clearing House 1

ASC X12N 278/275

Clearing House 2

Any Method

Payer 1

Payer 2

BA

ASC X12N 278/275

Covered entity may use a Business Associate (BA) to satisfy HIPAA requirements
HIPAA requirements pass to the BA

Current HIPAA / Anticipated Attachment Approach

Must be ASC X12N 278 (PA request) / 275 (attachment with CDA)

May be any method (including ASC X12N)

Virtual (within same CH)

Clearing House 1a

Clearing House 1b

Clearing House 2

Any Method

ASC X12N 278/275

ASC X12N 278/275

Any Method

Any Method

Payer 1

Payer 2

B A

ASC X12N 278/275

Per the reqs (i.e. §162.923 Requirements for covered entities), if the Clearinghouse services both payer and provider, they must act as two virtual clearinghouses and must provide the transaction as a HIPAA compliant standard transaction internally – not currently enforced by CMS
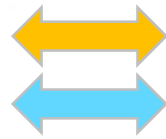
Must be ASC X12N 278 (PA request) / 275 (attachment with CDA)

May be any method (including ASC X12N)

EHR

Any Method

Clearing House 1

ASC X12N 278/275

Clearing House 2

Any Method

Payer 1

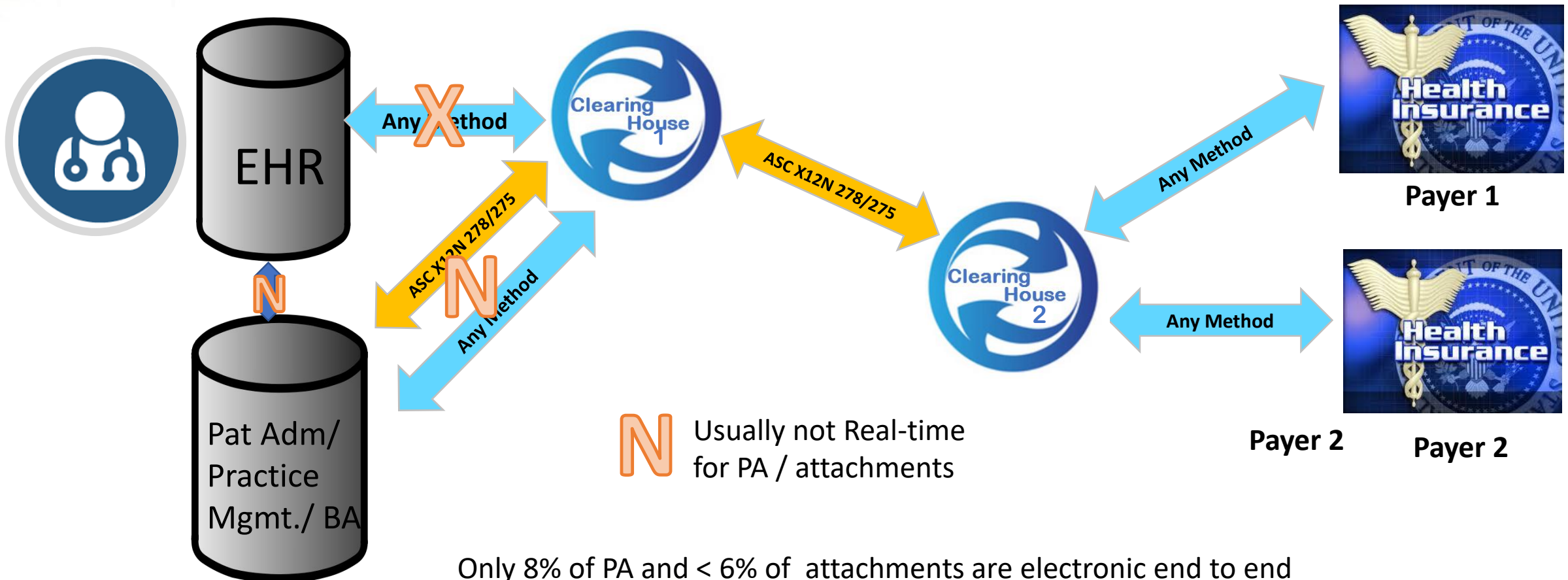Any Method

Payer 2

Most EHRs do not directly support ASC X12N 278 / 275

Challenge

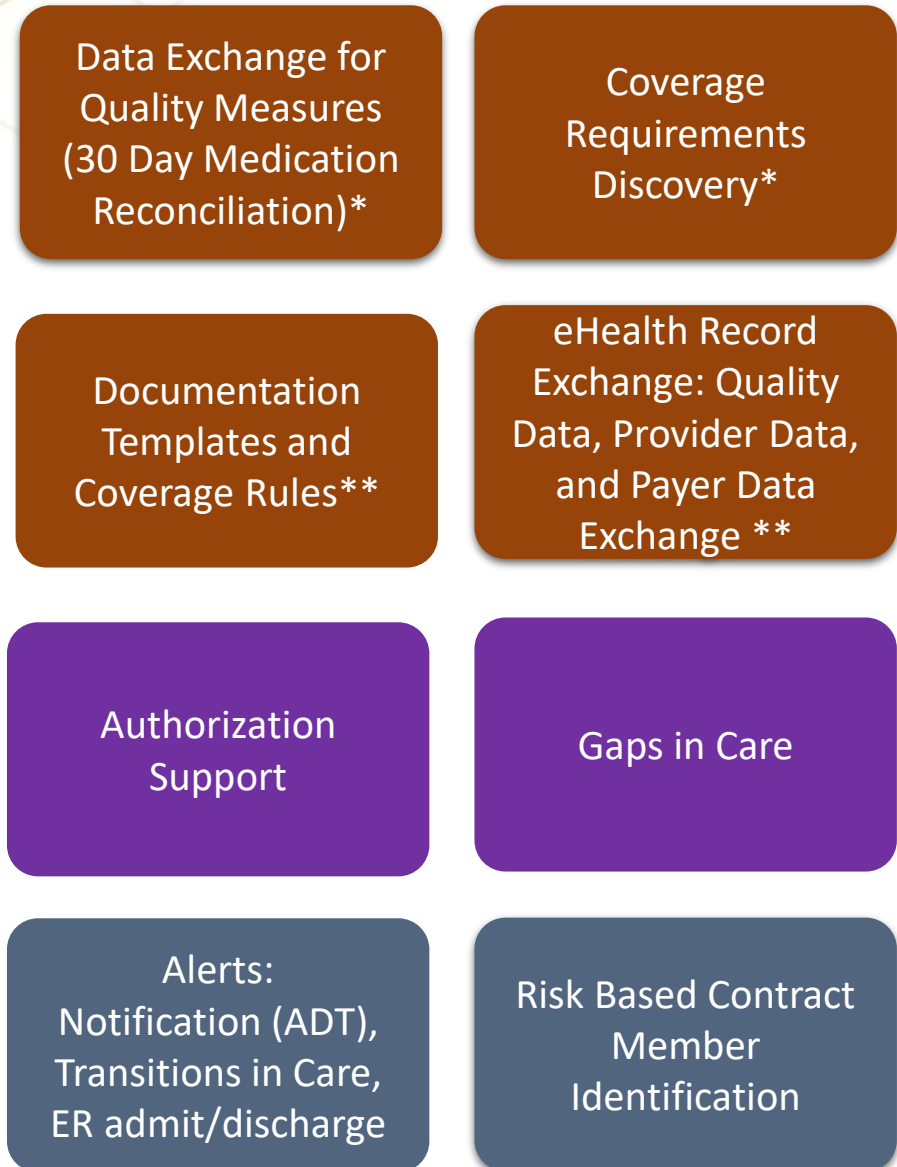Must be ASC X12N 278 (PA request) / 275 (attachment with CDA)

May be any method (including ASC X12N)

EHR

Pat Adm/ Practice Mgmt./ BA

Clearing House 1

Clearing House 2

Any Method

ASC X12N 278/275

Any Method

ASC X12N 278/275

Any Method

Any Method

Any Method

Payer 1

Payer 2

Payer 2

N Usually not Real-time for PA / attachments

Only 8% of PA and < 6% of attachments are electronic end to end (based on 2017 CAQH INDEX Report)

2018/2019 Use Cases and Project Deliverables

Data Exchange for Quality Measures (30 Day Medication Reconciliation)*

Coverage Requirements Discovery*

Documentation Templates and Coverage Rules**

eHealth Record Exchange: Quality Data, Provider Data, and Payer Data Exchange **

Authorization Support

Gaps in Care

Alerts: Notification (ADT), Transitions in Care, ER admit/discharge

Risk Based Contract Member Identification

Project Deliverables

- Define requirements (technical, business and testing)
- Create Implementation Guide
- Create and test Reference Implementation (prove the guide works
- Pilot the solution
- Deploy the solution

*   Initial use cases
** Current use cases
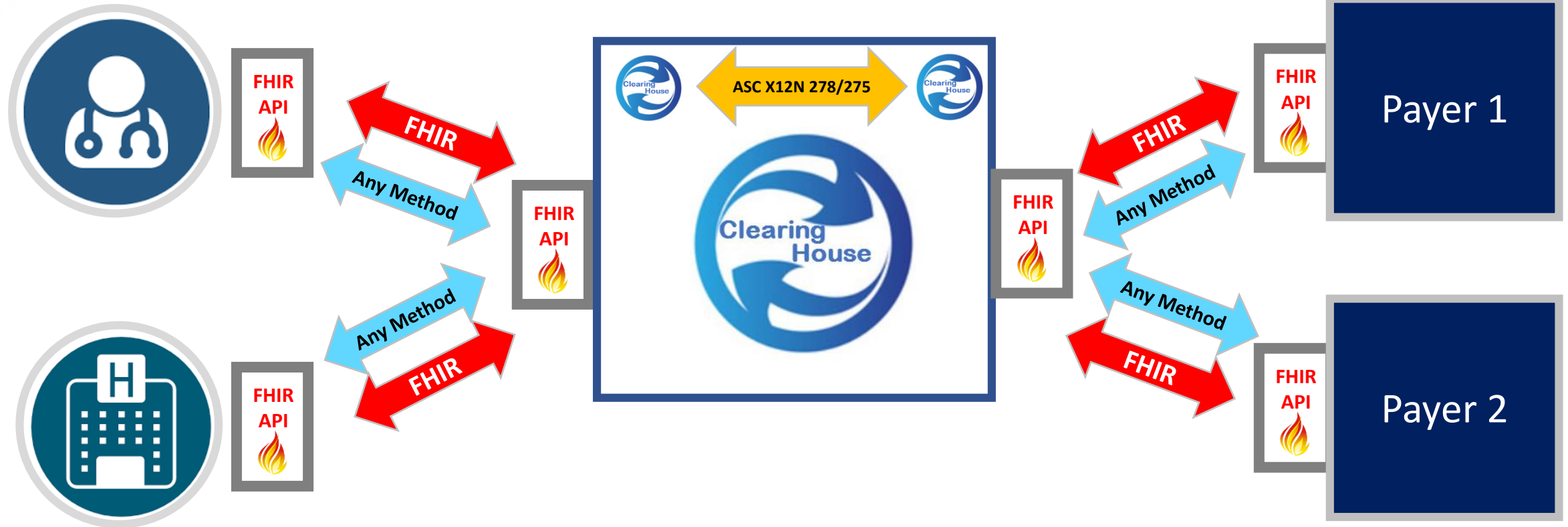
Authorization Support

SUMMARY

- A FHIR-based B2B process to allow implementers to use existing IT infrastructure resources for exchanging prior authorization. Existing business agreements can also be reused.

- This use case assumes that the goal is define API services to enable provider, at point of service, to request authorization (including all necessary clinical information to support the request) and receive immediate authorization.

- The assumption is that this use case will leverage the ASC X12N 278 and 275 for compliance with HIPAA.

- Clearinghouses can continue to route and translate data as appropriate.

- Investigate ability to enable translation layer to convert FHIR resources to HIPAA format.

Category	Level of Effort
Effort	Medium-High
Complexity	High
Time to Ref Imp	9-12 limited scope, 12-24 full scope
Source/HL7 WG	Finance
FHIR Fitness	Good-Excellent
Standards Dev Scope (including IG)	Complex
Implementation Challenges	Complex

FHIR Supported Prior-Authorization Environment

Future FHIR Enabled Solution

Must be ASC X12N 278 (PA request) / 275 (attachment with CDA)

May be any method (including ASC X12N)

HL7 FHIR

Virtual (within same CH)

FHIR

Any Method

Clearing House 1a

ASC X12N 278/275

Clearing House 1b

FHIR

Any Method

Payer 1

ASC X12N 278/275

Clearing House 2

FHIR

Any Method

Payer 2
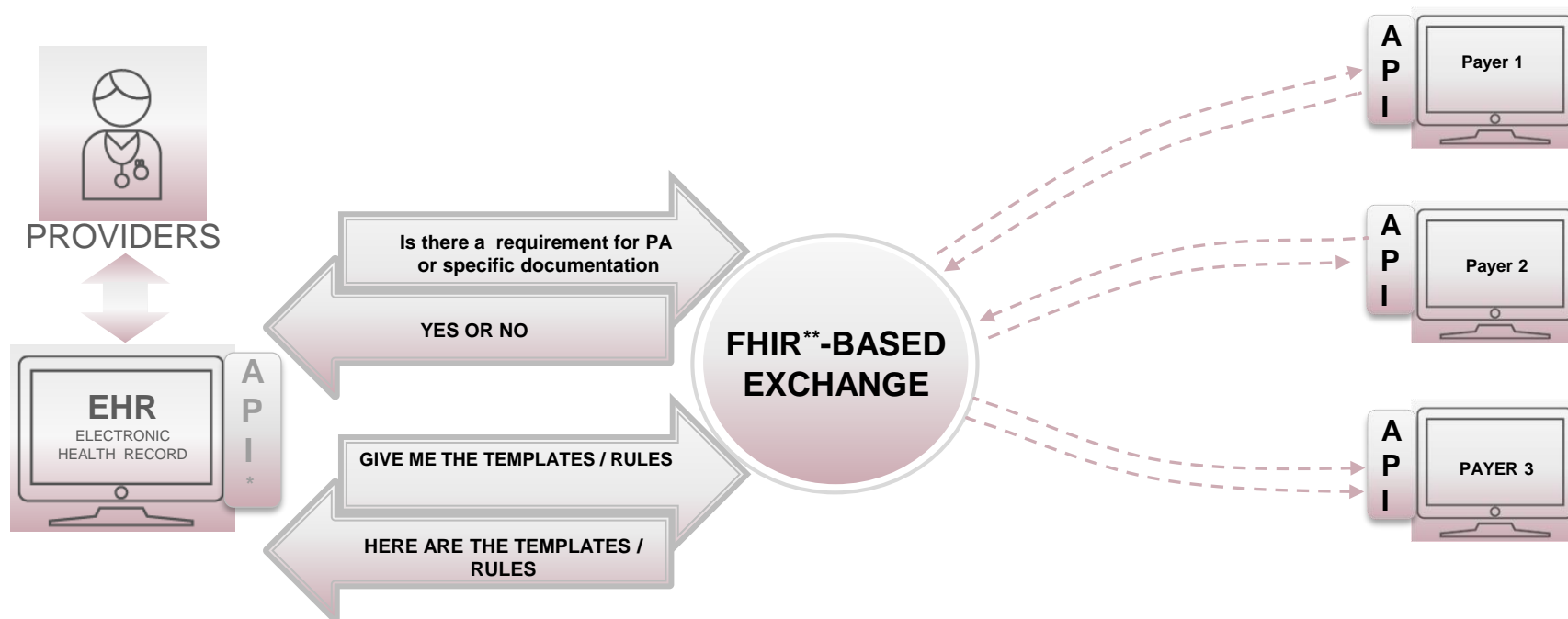
B A

ASC X12N 278/275 or portal for DDE
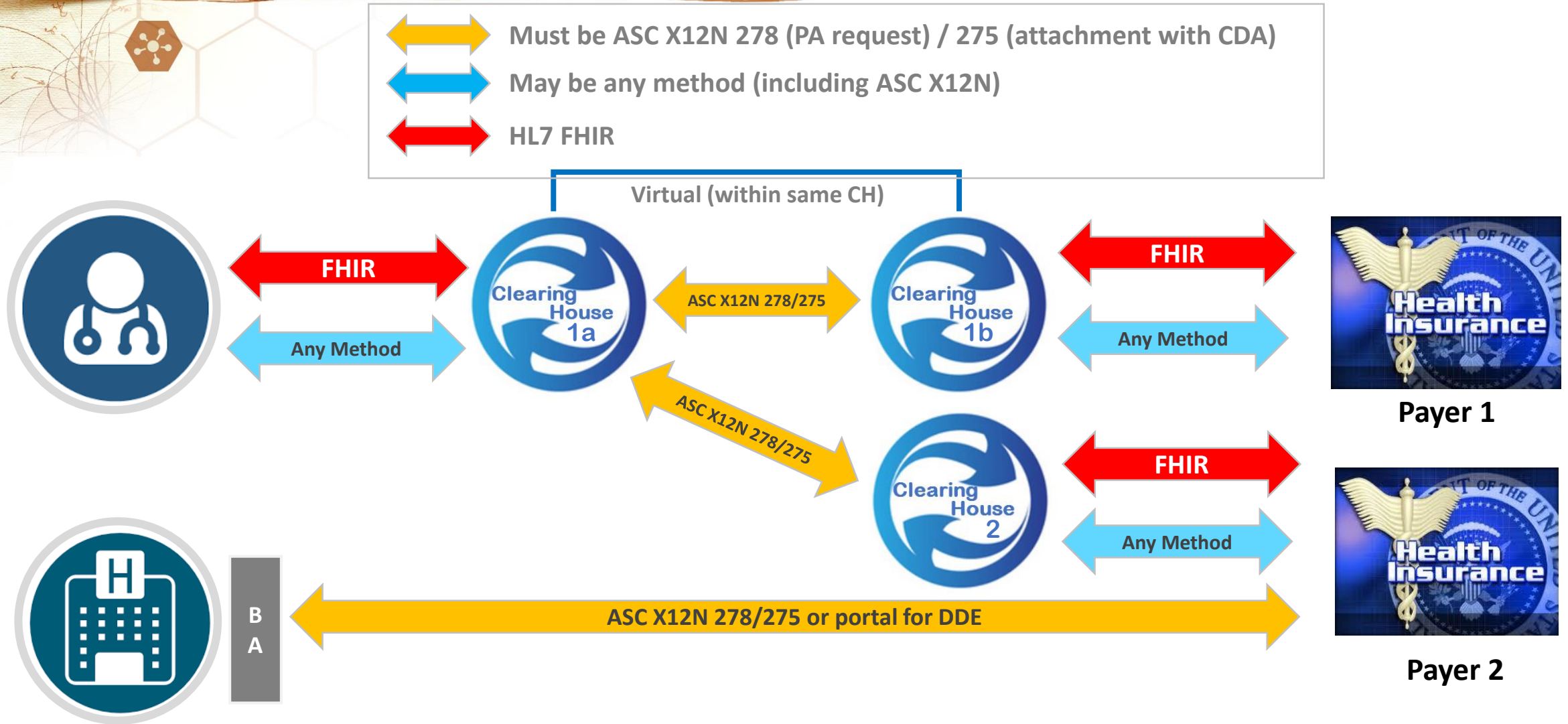
(BA is optional)

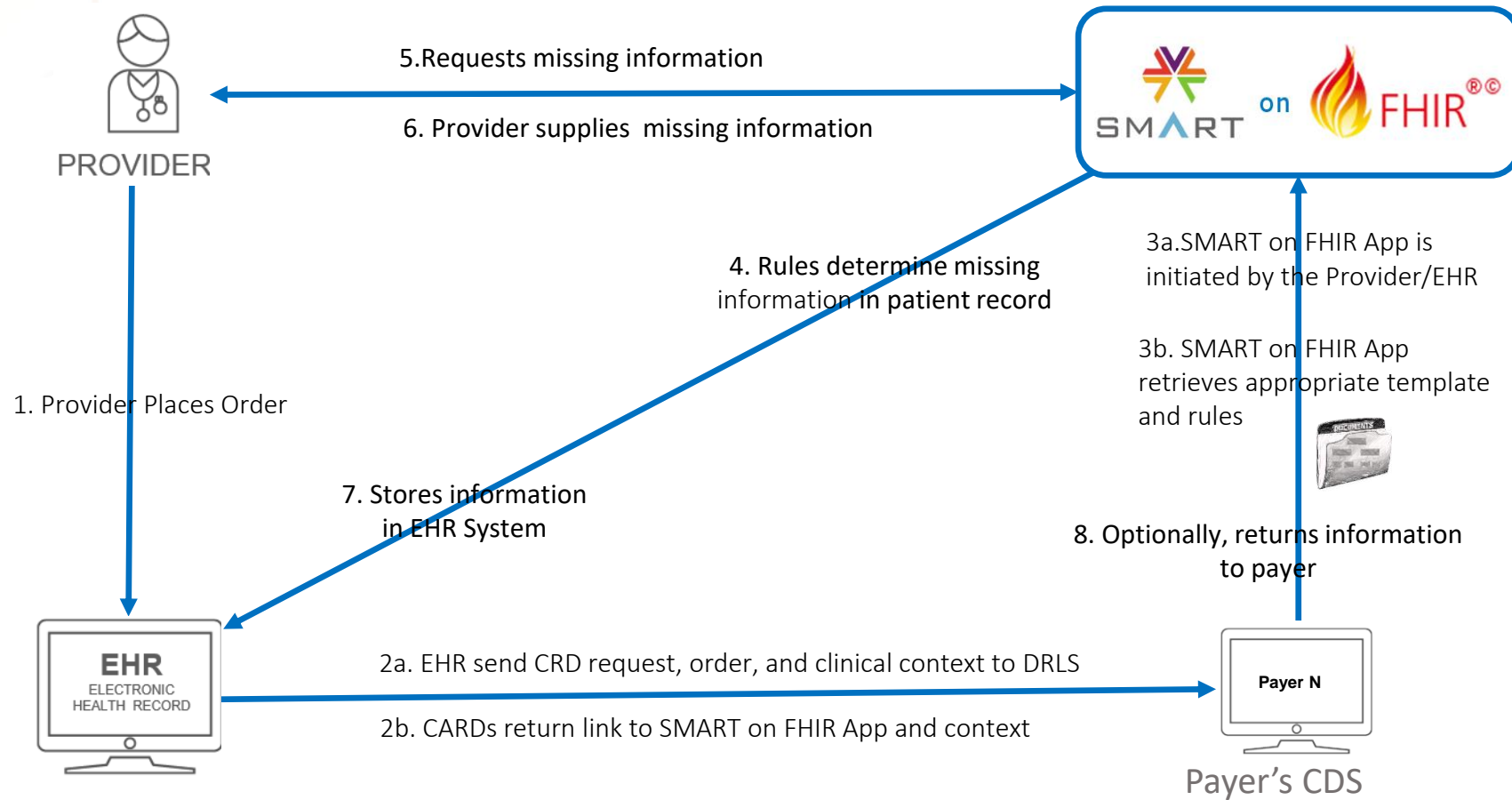# Documentation Requirements Look-up Service (DRLS)

<u>Based on a specific clinical workflow event:</u>

- scheduling
- start of encounter
- ordering or planning treatment
- discharge

DRLS is the CMS instantiation of the Da Vinci Coverage Requirements Discovery (CRD) use case
Graphic taken from the CMS Special Open Door Forum (SODF) presentation

Concept for Documentation Templates and Rules (DTR)

5.Requests missing information

6. Provider supplies missing information

PROVIDER

3a.SMART on FHIR App is initiated by the Provider/EHR

4. Rules determine missing information in patient record

3b. SMART on FHIR App retrieves appropriate template and rules

1. Provider Places Order

7. Stores information in EHR System

8. Optionally, returns information to payer

EHR
ELECTRONIC
HEALTH RECORD

2a. EHR send CRD request, order, and clinical context to DRLS

Payer N

2b. CARDs return link to SMART on FHIR App and context

Payer's CDS

Note: The SMART standard was created by Boston Children's Hospital Computational Health Informatics Program and the Harvard Medical School Department for Biomedical Informatics.

Questions?