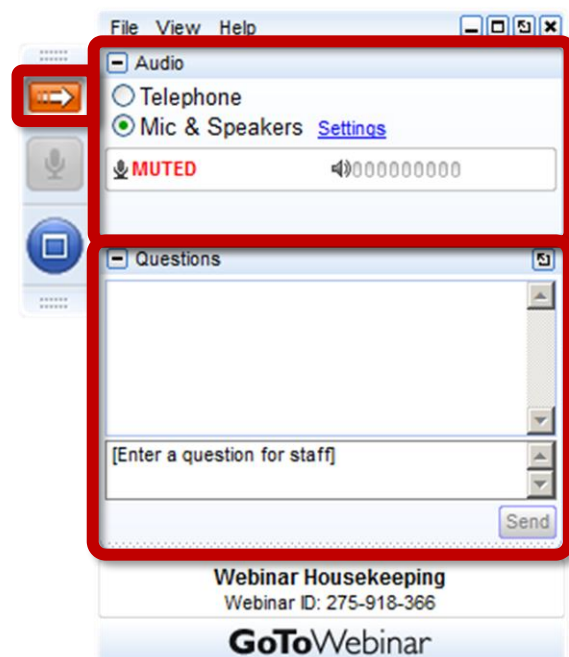




All Participant Call

February 15, 2024

How Do I Participate?



Your Participation

Open and close your control panel

Join audio:

- Choose "Mic & Speakers" to use VoIP
- Choose "Telephone" and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today's presentation is being recorded and will be provided within 48 hrs

Problems or Questions? Contact Dawn Van Dyke
dvandyke@ehealthexchange.org or 703.864.4062

Today's Topics

eHealth Exchange Team Member Spotlight	Jay Johnstone
QHIN Update	Pat Russell & Mike Yackanich
HL7 C-CDA, USCDI and more!	Didi Davis
Public Health Incentive Program	Kathryn Bingman
Prior Authorization Initiative	Scott Rossignol
Events & Other Exciting News	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Everyone

Employee Spotlight

Jay Johnstone

Interoperability Specialist
[Jay Johnstone | LinkedIn](#)



QHIN Update

Approved QHINs

Candidate QHINs

None at this time

Applicant QHINs

eClinicalWorks

 **surescripts®**

Intent to Participate from 11 HIEs

Intent to Participate from **11 HIEs** Operating in **15 States** Serving up to **126 Million Patients**



AL, AK, AZ, CA, CO, CT, GA, IA, IN, MD, NE, TX, VA, WV, and Washington DC

Technical Readiness for TEFCA

Exchanging PHI

In Progress

Planned

1. Review QTF
Requirements

3. Contracting

5. Build

2. Hub Gap
Analysis4. Planning &
Initiation

6. Conformance Testing

7. Refine/
Retest8. Pre-Prod
Testing

9. Designation

10. Exchanging PHI

Phase	Accomplishments
1. Thru 8.	All Phases up to and including non-prod partner testing with other Candidate QHINs completed. Attestation of completion of all requirements for designation submitted to the RCE.
9.	The eHealth Exchange was promoted to Designated QHIN status at the December 12th TEFCA QHIN Designation event !!!
10.	<ul style="list-style-type: none">Monday 2/5<ul style="list-style-type: none">RCE Prod Directory migrated from QTF v1.0 to v1.1 PoU valueset (11:00pm ET) [DONE]Tuesday 2/6<ul style="list-style-type: none">All in-production QHINs migrate to initiate using <i>only</i> the v1.1 PoU valueset [DONE]eHx QHIN ingests RCE Prod Directory [DONE]Monday 2/12<ul style="list-style-type: none">eHx QHIN Exchanging PHI (11:00am ET) [DONE]



eHealth Exchange QHIN Governance Committee



Gary Parker, Chair

Organization

ALOHR

Representing

QHIN Participant



Phil Beckett, Vice-Chair

Organization

C3HIE

Representing

QHIN Participant



Nichole Sweeney

Organization

Crisp Shared Services

Representing

QHIN Participant



Sheena Patel, MD

Organization

CRISP- MD

Representing

QHIN Subparticipant



Allen Daniels

Organization

Huntsville Hospital HS

Representing

QHIN Subparticipant



John Kansky

Organization

Indiana Health
Information Network

Representing

Coordinating Committee



Pam Matthews, RN

Organization

East Tennessee
Health Information
Network

Representing

Healthway Inc., Board



**Pat Russell, RN
(non-voting)**

Organization

eHealth Exchange

Representing

eHealth Exchange

How might I obtain additional information about TEFCA?

How	When	Where
eHealth Exchange Web Site	Any time	https://ehealthexchange.org/what-we-do/tefca-and-ehealth-exchange
Monthly TEFCA Technical Review Meetings	2 nd Tuesday of each month, 3:30-4:30 pm ET	https://ehealthexchange.org/events
TEFCA Office Hours (Q&A)	4 th Wednesday of each month, 9:00-9:30 am ET	https://ehealthexchange.org/events



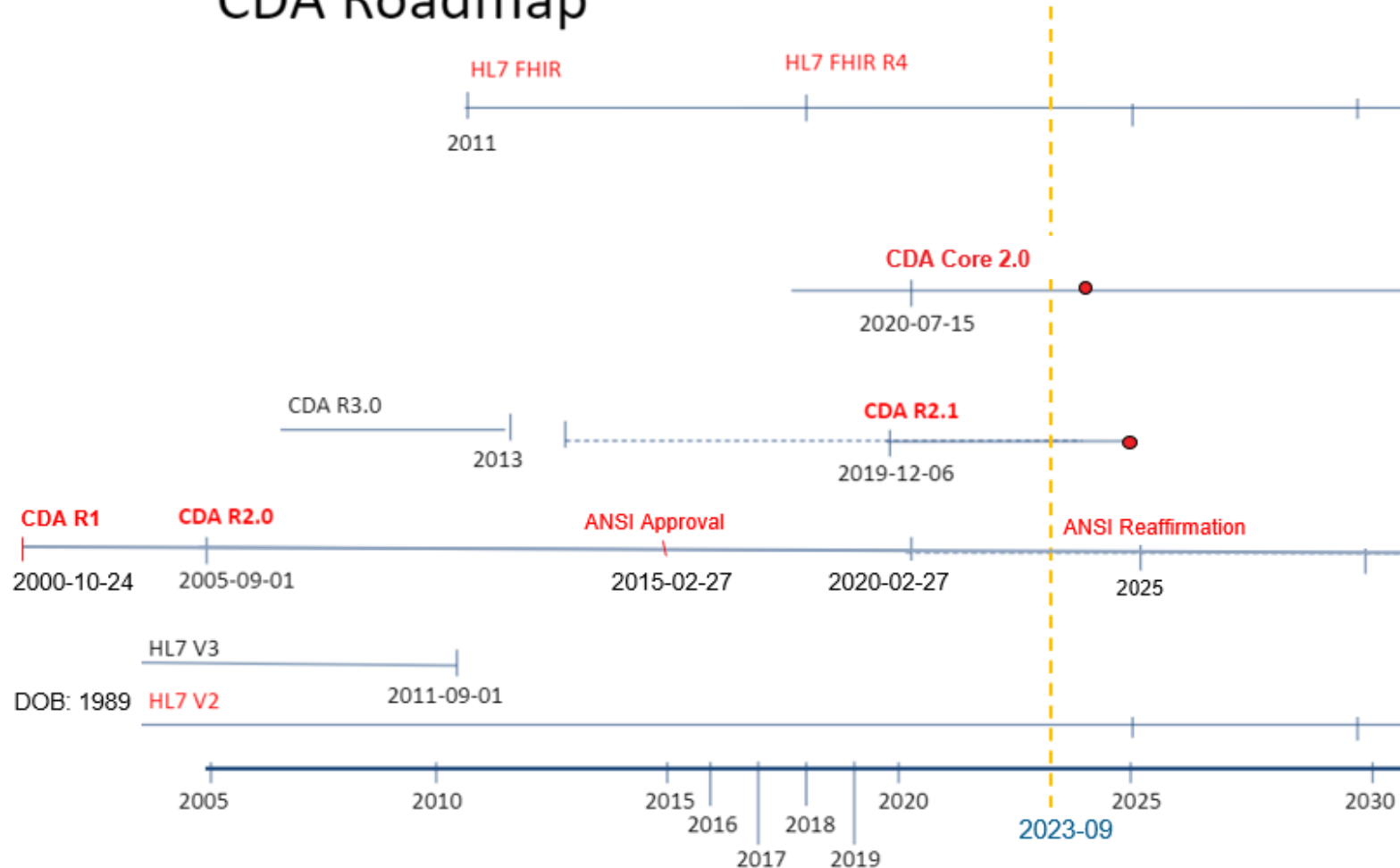
HL7 C-CDA, USCDI, and more!

HL7 C-CDA R2.1 Background

Consolidated Clinical Document
Architecture (C-CDA)

CDA turns 24 in 2024!

CDA Roadmap



CDA DOB: 10/24/2000

Thanks for all you do to make interoperability a reality today!





HL7's CDA vs. C-CDA

- CDA – the schema for structured documents
 - The HL7 Clinical Document Architecture (CDA) is a document markup standard that specifies the structure and semantics of “clinical documents” for the purpose of exchange.
- C-CDA – defines a set of CDA documents
 - The HL7 Consolidated CDA is an implementation guide which species a library of templates and prescribes their use for a set of specific document types.
 - Priority is patient care, facilitate sharing of data to healthcare applications
 - Minimize technical barriers to implementation
 - Promote longevity of clinical records
 - Scoped by exchange, independent of transfer or storage
 - Enable policy-makers to control information requirements



**Did you
know?**

* C-CDA Volumes reported **over 7 Billion** CDA documents exchanged from Carequality and US national networks, and even more shared through international, regional and administrative exchange.



CDA means **Clinical Document Architecture**

Since you started reading this slide, **over 500 CDA documents** have been exchanged. It's over 100 documents per second* in the United States alone!!

C-CDA Provides Semantic Building Blocks!



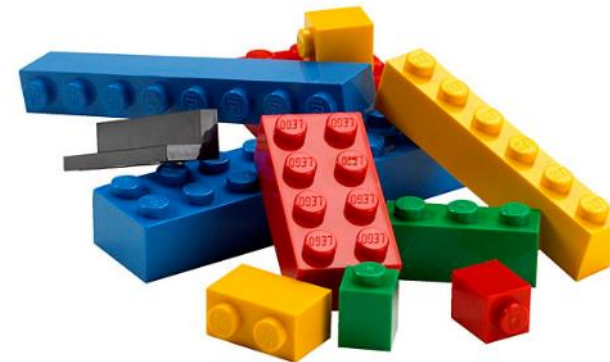
That we can reconfigure for specific purposes





C-CDA R2.1 Document Types (12 Total)

- C-CDA R1.0/R1.1
 - Consultation Note
 - Continuity of Care Document (CCD)
 - Diagnostic Imaging Report
 - Discharge Summary
 - History and Physical
 - Operative Note
 - Procedure Note
 - Progress Note
 - Unstructured Document
- New as of C-CDA R2.0/R2.1
 - Care Plan
 - Referral Note
 - Transfer Summary



70 Document Sections in C-CDA R2.1

	Admission Diagnosis	Admission Meds	Advance Directive	Allergies & Intolerances	Anesthesia	Assessment & Plan	
Assessment	Chief Complaint Reason for Visit	Chief Complaint	Complications	Course of Care	DICOM Object Catalog	Discharge Diagnosis	Discharge Diet
Discharge Medications	Encounters	Family History	Fetus Subject Context	Findings	Functional Status	General Status	Goals
Health Concerns	Health Status Eval/Outcomes	History Past Illness	History Present Illness	Hospital Consultations	Hospital Course	Hosp. Disch. Instructions	Hosp. Disch. Physical
Hosp. Disch. Studies Sum.	Immunizations	Implants	Instructions	Interventions	Medical (Gen) History	Medical Equipment	Medications Administered
Medications	Mental Status	Nutrition	Objective	Observer Context	Operative Note Fluids	Op Note Surgical Proc.	Payers
Physical Exam	Plan of Treatment	Planned Procedure	Postoperative Diagnosis	Postprocedure Diagnosis	Preoperative Diagnosis	Problem	Procedure Description
Procedure Disposition	Procedure Est. Blood Loss	Procedure Findings	Procedure Implants	Procedure Indications	Procedure Specimens	Procedures	Reason for Referral
Reason for Visit	Results	Review of Systems	Social History	Subjective	Surgery Description	Surgical Drains	Vital Signs

HL7 C-CDA R2.1 CCDS and USCDI Versioning

Common Clinical Data Set (CCDS) and
US Core Data for Interoperability (USCDI)

Common Clinical Data Set (CCDS) = 2015 Edition MU

The Office of the National Coordinator for Health Information Technology

2015 Edition Common Clinical Data Set (CCDS) Reference Document

Version 1.3—Last Updated 2/22/18

Please consult the Final Rule entitled: *2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications* for a detailed description of the certification requirements. We also encourage developers to consult the Certification Companion Guide as they provide clarifications that may be useful for product development and testing.

Requirements

The following table is a complete list of the 2015 Edition of the Common Clinical Data Set (CCDS) and their associated standards. The complete list of the 2015 CCDS and the associated standards may be found in [Table 8](#) of the Final Rule.

Standard(s):

- § 170.205(a)(4) [HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes, Draft Standard for Trial Use, Release 2.1](#)
- § 170.207(a)(4) [International Health Terminology Standards Development Organization \(IHTSDO\) Systematized Nomenclature of Medicine Clinical Terms \(SNOMED CT®\), U.S. Edition, September 2015 Release](#)
- § 170.207(b)(2) Current Procedural Terminology/Healthcare Common Procedure Coding System [CPT-4/HCPCS](#)
- § 170.207(b)(3) Current Dental Terminology [\(CDT\)](#)
- § 170.207(b)(4) International Classification of Diseases [ICD-10-PCS](#)
- § 170.207(c)(3) [Logical Observation Identifiers Names and Codes \(LOINC®\) Database version 2.52, Released June 2015, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc.](#)
- § 170.207(d)(3) [RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, September 8, 2015 Release](#)
- § 170.207(e)(3) [HL7 Standard Code Set CVX—Vaccines Administered, updates through August 17, 2015](#)
- § 170.207(e)(4) [National Drug Code \(NDC\) Directory—Vaccine NDC Linker, updates through August 17, 2015](#)
- § 170.207(f)(1) [The Office of Management and Budget Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, as revised, October 30, 1997](#)
- § 170.207(f)(2) [CDC Race and Ethnicity Code Set Version 1.0 \(March 2000\)](#)
- § 170.207(g)(2) [Request for Comments \(RFC\) 5646, "Tags for Identifying Languages", September 2009](#)
- § 170.207(h) Smoking status must be coded in one of the following SNOMED CT® codes:
 - (1) Current every day smoker. 449868002
 - (2) Current some day smoker. 428041000124106
 - (3) Former smoker. 8517006
 - (4) Never smoker. 266919005
 - (5) Smoker, current status unknown. 77176002

1

https://www.healthit.gov/sites/default/files/ccds_reference_document_v1_1.pdf

USCDI V1



https://www.healthit.gov/isa/sites/isa/files/2020-10/USCDI-Version-1-July-2020-Errata-Final_0.pdf



HL7 C-CDA R2.1 Meaningful Use to USCDI v1.0 Background

- Meaningful Use 2015 Edition – Common Clinical Data Set (CCDS)
 - CCDS was the foundation for USCDI v1.0
 - https://www.healthit.gov/sites/default/files/ccds_reference_document_v1_1.pdf
- **21st Century Cures Act transitions from CCDS to adopt USCDI v1.0**
- **USCDI V1.0** Added 3 Data Classes and Expanded Patient Demographics
 - Allergies and Intolerances
 - Clinical Notes
 - Expanded Patient Demographics (Current/Previous Address, Phone Number and Type, Email Address, Previous Name)
 - Provenance



Cures Act Final Rule Information

- All ONC Cures Rule Materials can be found at www.healthit.gov/topic/oncs-cures-act-final-rule
- USCDI V1 available at www.healthit.gov/uscdi
- ONC Cures Act Final Rule
 - <https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification>



Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Final Rule

- Adopts USCDI v3 as new baseline as of January 1, 2026
 - Combined 42 new data elements from V2 (18) and v3 (24)
 - C-CDA Companion Guide
- C-CDA Companion Guide
 - [HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 4.1-US Realm](#)



TEFCA & Concise Consolidated CDA: Deploying Encounter Summary and Patient Summary Documents with Clinical Notes



Concise Consolidated CDA – Version History

Guide developed through a joint effort of Carequality and CommonWell

- Initial Release – February 2018
- Version 1.1 Release – February 2019
 - Clarified use of IHE query parameters, added conformance verbs, moved content to appendix
- Version 2.0 Release – March 2022
 - Added document sharing details, dynamic generation, versioning, labs, pain points, reorganized content.
 - Renamed document to add "and Patient"
 - Concise Consolidated CDA: Deploying Encounter Summary **and Patient** Summary Documents with Clinical Notes



Qualified Health Information Network (QHIN) Technical Framework (QTF) V2.0 references to Concise CDA Whitepaper

- **QTF-051** - Responding QHINs **SHOULD** provide C-CDA 2.1 documents that follow recommendations as presented in Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes
- **QTF-058** - \$XDSDocumentEntryServiceStartTimeTo and \$XDSDocumentEntryServiceStopTimeFrom are optional parameters that **MAY** be included in the FindDocuments query to limit the number of documents returned. Usage **MUST** follow the guidance of Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes Appendix A.3 IHE XDS Query Parameters. serviceStartTime and serviceStopTime are defined ITI TF-3 Table 4.1.3.2-1. These query parameters are among the metadata parameters that **MUST** be returned with objects in all LeafClass Query for Documents responses. serviceStartTime and serviceStopTime **MUST** be requested as UTC in DTM format.
- **QTF-098** - A Responding Actor **SHOULD** provide C-CDA 2.1 documents that follow recommendations as presented in Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes²⁶, when the information held by that Responding Actor is organized around a clinical encounter construct.



QTF V2.0 C-CDA R2.1 and USCDI V1 References

- **QTF-048:** When a Responding Source is unable to generate C-CDA 2.1 format documents, QHINs **MAY** offer document conversion services, except where the use of another format is consistent with QTF-050 and QTF-052.
- **QTF-049:** A QHIN converting a document to C-CDA 2.1 format **MUST** convert to one of the templates as defined in HL7 CDA® R2 Implementation Guide: Consolidated CDA Templates for Clinical Notes - US Realm.
- **QTF-052:** All C-CDA 2.1 format documents adhering to the Continuity of Care Document template **MUST** include all appropriate data classes and elements from the United States Core Data for Interoperability (USCDI) V1 when data are available.²³ The RCE will update the QTF to enable the use of future versions of USCDI that are consistent with ONC rules for health IT certification compliance.
- **QTF-100:** All C-CDA 2.1 format documents adhering to the Continuity of Care Document template **MUST** include all appropriate data classes and elements from USCDI V1²⁷ when data are available. The RCE will update the QTF to enable the use of future versions of USCDI that are consistent with ONC rules for health IT certification compliance.
- **QTF-117:** The test patient data **MUST** include at least one C-CDA 2.1 document with fictional clinical data that can be queried and retrieved.
- **QTF-118:** All QHINs **SHOULD** create at least one C-CDA Discharge Summary and Progress Note template document for the test patient. QHINs serving outpatient clinics and inpatient hospitals **MUST** create such documents. Any encounters, etc. **MUST** be linked to the clinician created for QTF-122.
- **QTF-123:** A “Document Query Nominal Flow” of the test data per QTF-113 **MUST** return the C-CDA 2.1 document(s) associated with a test patient.

HL7 CDA/C-CDA Future Publication Roadmap



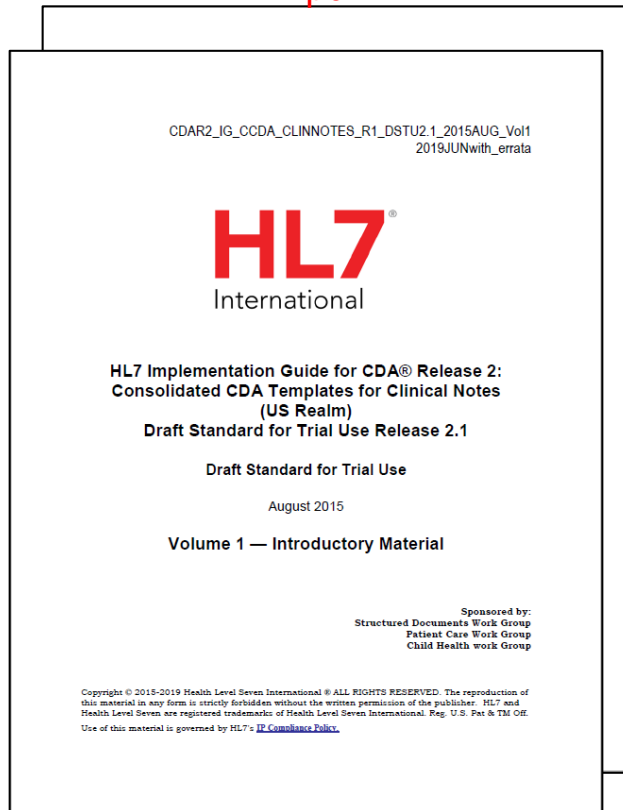


FHIR – FAST Healthcare Interoperability Resources

- FHIR is fast for implementers, why?
 - Community and based on modern IT standards
 - Licensing issues/web-based standard which is searchable with examples
 - Reference implementations
 - Test servers
 - Validation Tools
 - Publishing Tools
- How this can be applied to implement CDA with FHIR tool stack?

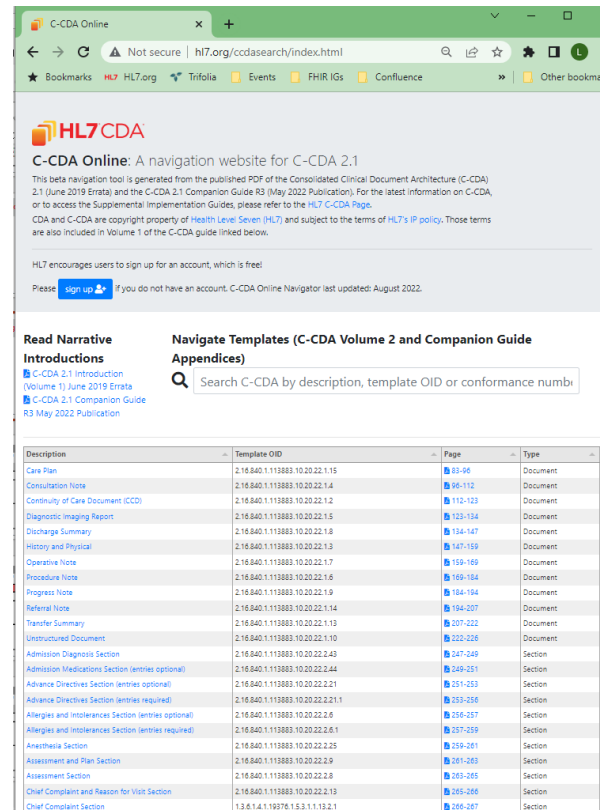
C-CDA R2.1 Web IG Publishing: Bridging Strategy

C-CDA R2.1
pdf



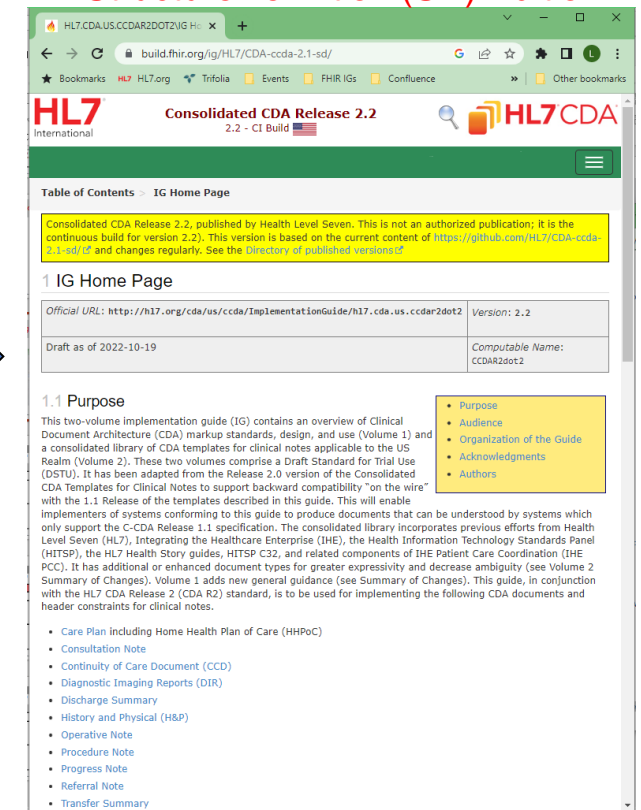
2005 - now

C-CDA R2.1
Online Edition



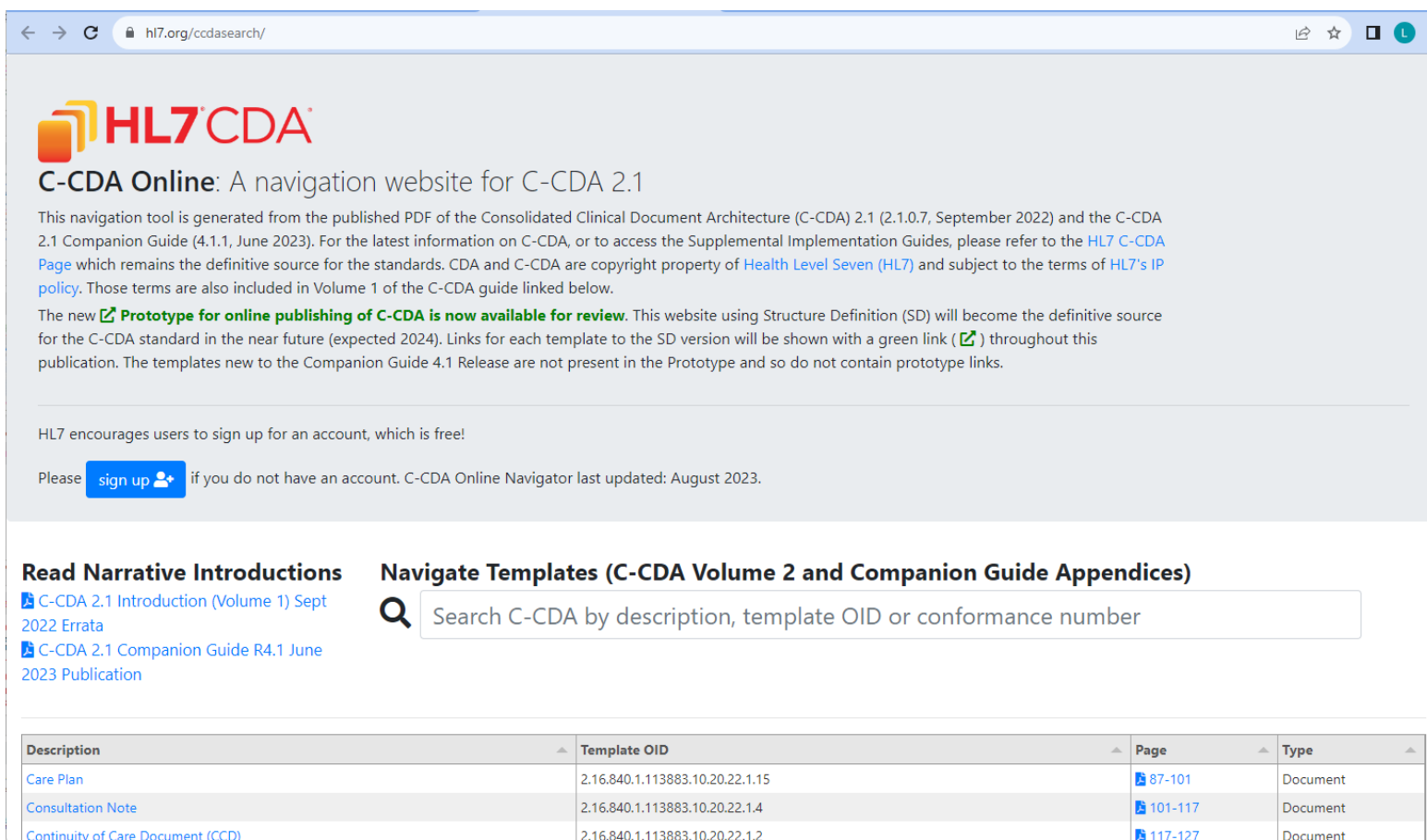
2020 - 2023
Only Available for C-CDA R2.1 ,
Companion Guide 4.1

C-CDA
StructureDefinition (SD) Edition



Jan 2024 Ballot
For C-CDA 3.0

C-CDA On-Line: A navigation website for C-CDA R2.1



HL7 CDA
C-CDA Online: A navigation website for C-CDA 2.1

This navigation tool is generated from the published PDF of the Consolidated Clinical Document Architecture (C-CDA) 2.1 (2.1.0.7, September 2022) and the C-CDA 2.1 Companion Guide (4.1.1, June 2023). For the latest information on C-CDA, or to access the Supplemental Implementation Guides, please refer to the [HL7 C-CDA Page](#) which remains the definitive source for the standards. CDA and C-CDA are copyright property of [Health Level Seven \(HL7\)](#) and subject to the terms of [HL7's IP policy](#). Those terms are also included in Volume 1 of the C-CDA guide linked below.

The new [Prototype for online publishing of C-CDA is now available for review](#). This website using Structure Definition (SD) will become the definitive source for the C-CDA standard in the near future (expected 2024). Links for each template to the SD version will be shown with a green link ([🔗](#)) throughout this publication. The templates new to the Companion Guide 4.1 Release are not present in the Prototype and so do not contain prototype links.

HL7 encourages users to sign up for an account, which is free!

Please [sign up](#) if you do not have an account. C-CDA Online Navigator last updated: August 2023.

Read Narrative Introductions

- [C-CDA 2.1 Introduction \(Volume 1\) Sept 2022 Errata](#)
- [C-CDA 2.1 Companion Guide R4.1 June 2023 Publication](#)

Navigate Templates (C-CDA Volume 2 and Companion Guide Appendices)

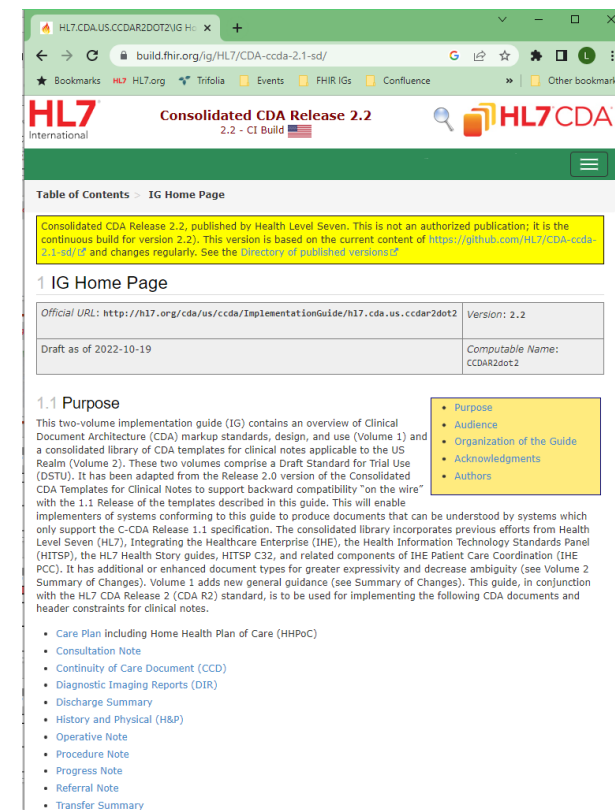
Search C-CDA by description, template OID or conformance number

Description	Template OID	Page	Type
Care Plan	2.16.840.1.113883.10.20.22.1.15	87-101	Document
Consultation Note	2.16.840.1.113883.10.20.22.1.4	101-117	Document
Continuity of Care Document (CCD)	2.16.840.1.113883.10.20.22.1.2	117-127	Document

- <https://www.hl7.org/ccdasearch/>
- Latest C-CDA R2.1 Errata Release
 - Consolidated Clinical Document Architecture (C-CDA) 2.1 (2.1.0.7, September 2022)
- Latest C-CDA R2.1 Companion Guide
 - Everything needed for USCDI V3
 - 2.1 Companion Guide (4.1.1, June 2023)
- Viewable pdf pages for C-CDA R2.1 Volume 1 and Volume 2
- Link to the Prototype for the new web-based publishing format for C-CDA

2024 IG Creation Capabilities

- C-CDA Web IG Publishing – Validation Capabilities
- Build cross-paradigm IGs that include companion CDA Templates mapped to FHIR Profiles
- HL7 Imperative – alignment with FHIR
 - Fund resources for Profiles on Composition, Bundle (Document), DocumentReference, Provenance
 - Fund additional USCDI advancement work
 - Data element design work: FHIR→CDA→V2 for alignment
 - Value Set alignment; transitioning toward FHIR value sets
- Fund 2 Virtual Implementation-a-thons (IAT's) in 2024
 - **Save the Dates: April 17-18, 2024 and August 7-8, 2024**
 - Add task for Cross-Community collaboration (Data Usability Taking Roots)
 - Expand task for Outreach to engage specialty EHRs



A mature, productive, thriving product within the HL7 family of interoperability standards



Sequoia Data Usability - eHealth Exchange Participant Considerations

Data Usability Taking Root Movement vs. Data Usability Workgroup?



Data Usability Workgroup
Develops Guidance



Taking Root Movement
Implements Guidance

An initiative co-sponsored by **AHIMA**

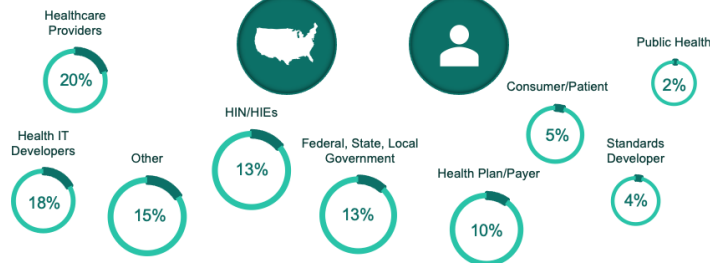
Deployment Guidance

Development Feedback

Workgroup Members

391 Organizations

488 Participants



Community of Practice



Roundtables



Technical Assistance



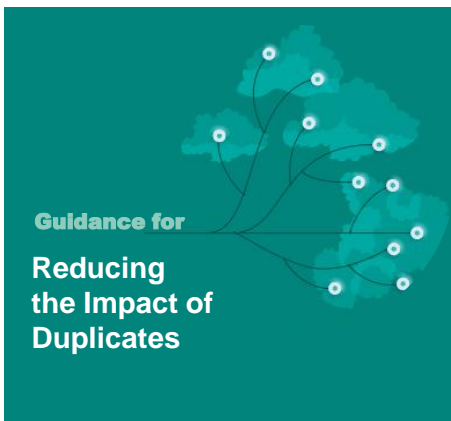
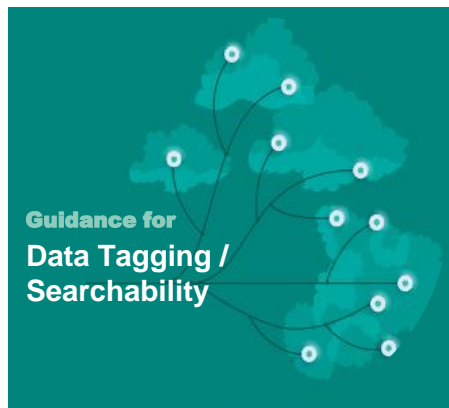
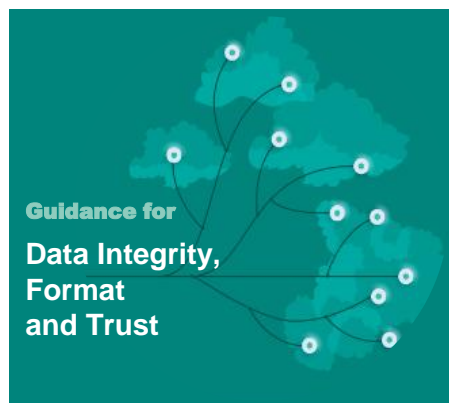
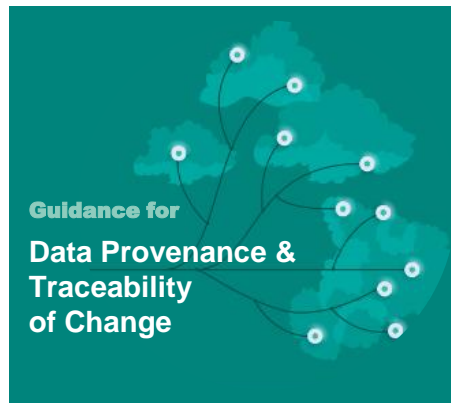
Testing Platform



In-person Convenings

Participation Levels





Pragmatic Guidance

V1.0 Implementation guidance on clinical content for information exchange

- provider-to-provider
- provider-to-public health
- healthcare entity-to-consumer

Data Usability Taking Root

Supporter

Pledges to support the data usability movement as a member of the data usability community of practice. Grants right to Sequoia to include logo in its Taking Root member directory. Participates in Data Usability Roundtables. Supporters that are also Sequoia members are invited to Taking Root Summits.

Implementer

Pledges to implement V1.0 data usability guidance across one or more topics within a defined timeline. Invited to participate in the data usability community of practice, the Data Usability Taking Root Planning Committee, and the Taking Root Summits. Grants right to Sequoia to include logo in its Taking Root member directory.

Sponsor

Pledges to provide sponsorship of the Taking Root Summit(s). Socializes and evangelizes the purpose and power of this work. Co-hosts Taking Root Summits and participates in The Data Usability Taking Root Planning Committee, Roundtables, and Summits.



Levels of Engagement

The Data Usability Taking Root Movement – January 2024



Azuba
Bwell
Celeste
Clinical Architecture
Delaware Health Information Network
Epic
Health Gorilla
National Institutes of Health, National Institute of Diabetes & Digestive & Kidney Diseases
New York eHealth Collaborative
Opala
Santa Cruz Health Information Exchange

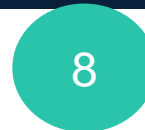


ADVaultinc
American Medical Association
Austin Regional Clinic
Banner
Brevard Health Alliance
Civitas
Claim Clarity
DirectTrust
eHealth Exchange
Elevance Health
First Genesis, Inc.
Foothold Technology
Hawaii Pacific Health
HCA Healthcare
Health Services of North Texas (HSNT)
HealthEence
Johnson and Johnson
Kaiser Permanente
Kno 2
Meditech
MTC Group LLC

Netsmart
NextGen Healthcare
Optum
Particle Health Inc.
Patientory
PeaceHealth
Premiere Pointe Podiatry
Social Security Administration
Surescripts
Texas A&M
Texas Department of State Health Services
Texas Health Services Authority
Texas State University
The Picture of Health
The University of Texas Health Science Center
University of Washington
Verinovum
Veterans Health Information Exchange
Wolters Kluwer Health, Health Language
Zus Health



OTHER ROUNDTABLE PARTICIPANTS



Carequality
HIMSS EHRA Association
IHIE
OCHIN
Oracle
Stanford Health
Sutter Health
Veterans Administration

Optionally: Participants could Implement Additional Guidance Into Practice Individually

- **Identify where to start**
 - Which V1.0 sections are priorities? (Provenance included with USCDI v1)
 - Which can be done quickly?
 - What is the timeframe?
- **Track progress**
 - Potential self-reported score card promotes transparency and healthy competition from Implementers/Vendors/HIEs
 - # elements supported
 - % of customers supporting
- **Incremental approach**
 - Enables rollout in conjunction with other IT projects
 - Elevates data usability for all IT projects - UAP
- **Other Considerations**
 - Leverage for governmental programs (e.g., EHR certification, USCDI, TEFCa, etc)
 - Feedback as part of Data Usability Monthly Round Table

Participants
choose their
own
implementation
pathway and
pace...

Roadmap

2024

- Expand participation; develop V2 to include FHIR
- Establish Community of Practice
- Technical Assistance
- Implementation & Conformance Testing begins
- Movement grows and 2nd Taking Root Summit

2025

- Community of Practice expands to include v2.0
- Technical Assistance expands
- Conformance Testing Continues
- Develop of V3 Begins
- Movement grows and 3rd Taking Root Summit

2026

- Community of Practice expands to include v3.0
- Conformance Testing Continues
- Develop of V4 Begins
- Movement grows and 4rd Taking Root Summit

Join the Movement Now!

<https://sequoiaproject.org/data-usability-taking-root-movement/>

Public Health Incentive Program

Incentive for HIEs and Public Health Agencies to Exchange via eHealth Exchange

To accelerate public health interoperability using scalable solutions, and to recognize the investments needed to innovate, eHealth Exchange is offering a financial incentive for the first **5** early adopter Health Information Exchanges or state/local Public Health Agencies who:

1. Commit by **4/30/2024** to exchanging clinical data for an agreed-upon public health use case via eHealth Exchange,
2. Begin testing by **6/30/2024**, and
3. Go-live in Production exchanging this public health data with other eHealth Exchange Participants or TEFCA QHINs by **12/30/2024**.

Financial Incentive*

- Year 1: Network Participation Fee Waived for New & Existing** Participants
- Year 2: Network Participation Fee Waived for New Participants if Production data is still exchanged through 12/31/2025
- Year 3: Network Participation Fee Waived for New Participants if Production data is still exchanged through 12/31/2026

*This is a one-time offer that does not entitle Participants to any subsequent fee waivers.

**Existing Participants refers to Participants who were part of eHealth Exchange as of 1/1/2024.

As a non-profit focused on public good, eHealth Exchange transparently calculates fees based upon utilization and other actual costs

Announcements

Landing Page

Information, qualifications
and a way to apply for
consideration:

[HIE and Public Health Incentive
Program - eHealth Exchange](#)

Press Release

Public announcement
released 2/14/24:

<https://ehealthexchange.org/ehealth-exchange-launches-incentive-program-for-exchanging-public-health-data/>

Social & Email

Shared on LinkedIn and X
(Twitter)

Email distributed on 2/15/24

Prior Authorization Initiative

Payor Initiatives

- Da Vinci Participation
- Da Vinci “Burden Reduction”
 - Prior Authorization automation for procedures
- Da Vinci “CDEX”
 - Clinical Data Exchange requests from Payors
- “Project Trebuchet” Leadership

CMS Prior Authorization Final Rule

- Published Jan 17, 2024
- Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f>
- Establishes Payor requirements to enable access for:
 - Patients: adds Prior Authorization lookup and reporting on top of existing Patient Access API
 - Providers: reciprocity! Adds requirements to allow providers access to claims and prior auth data
 - Not remittances/payments, just the claims themselves
 - Other Payors: adds requirements for data sharing
- Suggests Da Vinci Burden Reduction standard for use in Prior Auth workflows
- All requirements in effect by 1/1/2027 (some by 1/1/26)
- ... among other things

USE CASE & IG READINESS

Clinical Data Exchange



Payer Coverage
Decision Exchange+



Clinical Data
Exchange (CDex)♦



Payer Data
Exchange (PDex)*

Foundational Assets



Member
Attribution List♦



Notifications*



Health Record
Exchange (HREx)



Remittance Advice
(Discovery)

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)*

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
- + Guide Paused and Core Functionality moved to PDex
- 📌 Dial denotes progress in current STU Phase



Overall
Maturity:

Most Mature

Active Growth

Least Mature

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.

For current membership:
<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 1/24/24.




Burden Reduction Overview

Title	CRD ✓	DTR ✓	PAS ✓
Name	Coverage Requirements Discovery	Documentation Templates and Rules	Prior Auth Submission
Description	Enables a provider to trigger a “CDS Hooks” request to a payor’s pre-defined endpoint to check for a patient’s coverage requirements for a given procedure and communicate if the procedure requires a PA.	Enables the lookup of FHIR Questionnaires from the payor, and the clinical data used to complete the questionnaire from the provider. CQL provides logic to parse the FHIR data to automate questionnaire response	Providers submit prior authorizations using FHIR or an X12 message with a FHIR wrapper. The specification defines the response/determination communication process and PA status lookup.
Outcome	Establishes if a patient has coverage for a procedure from that payor. Used as a precursor to DTR	The questionnaire produces a Boolean output defining if a PA is required for the procedure	A PA response, that can often be automated and instantaneous
eHealth Exchange Implementation	The SMART on FHIR Proxy allows us to host SMART apps that enable these processes. EHRs could alternatively provide the functionality directly, and leverage eHx network to enable communication with the Payors in our network.		



Clinical Data Exchange (CDEX) Overview

Title	Direct Query	Task-based 	Signatures
Name	Direct Query	Task-based FHIR Pull	Data Source Attestation
Description	A synchronous FHIR query between a requestor and responder.	A payor submits a Task record to a FHIR endpoint. The Task is “worked” and the status is set to completed, and the payor retrieves the result by polling the Task	Archaic payor laws require that data used by payors must be “signed” by the provider. This signature must be explicitly documented. No EHRs support this today
Outcome	FHIR response	Provision of FHIR data back to the payor through the Task record	Documents are produced with a signature
eHealth Exchange Implementation	We intermediate the query enabling networked connectivity between participants while retaining the synchronous nature of the query	We leverage the FDA BEST concept where we use the Task to track and manage the Task. We leverage Bulk FHIR to return FHIR data back to the requestor	Leverage the FHIR CCDA (Binary) resource which includes a signature

SMART on FHIR Proxy for Burden Reduction

Summary

Isolation: None
Infection: COVID 19

Location: FH 3 ICU

Allergies:
Penicillin (hives)

Last Vitals:
BP: 116/80
HR: 80
Temp: 37C

Recent Labs:
WBC: 5112/mm3
RBC: 5m/mm2
Hgb: 14g/dL
Hct: 48%

Example, Patient

UnSelected, Patient



Summary

Accounts

Coverage

ePA

← Electronic Prior Authorization

Account ID	Status	Admission Date	Primary Payor
011234A	Not Billed	01/01/2023	Anthem BCBS
0112298	Paid	10/01/2022	Anthem BCBS
0112344	Paid	07/09/2022	Anthem BCBS
1104951	Paid	05/01/2021	Anthem BCBS
011234C	Paid	03/01/2019	Anthem BCBS

Account Overview

Patient Name: Example, Patient

DOB: 01/01/1967

Balance: \$0

Last activity date: 01/01/2023

Coverage Overview

Primary Coverage: Anthem BCBS

Member ID: 177492

Group ID: 0224

Secondary Coverage: Arkansas Medicaid

Member ID: 884032

Group ID: A1234



Summary ▾

Isolation: None
Infection: COVID 19

Location: FH 3 ICU

Allergies:
Penicillin (hives)

Last Vitals:
BP: 116/80
HR: 80
Temp: 37C

Recent Labs:
WBC: 5112/mm3
RBC: 5m/mm2
Hgb: 14g/dL
Hct: 48%

≡ eHealth Exchange Smart on FHIR Proxy ⋮

- Preferred Payer Providers
- Configured Payer Providers
 - Standard Flow
 - Administration ▾

ZeOmega
SMART Authorization
Gateway

LAUNCH

Mettle Solutions
Electronic Prior
Authorization

LAUNCH



Example, Patient

UnSelected, Patient



Summary

Summary

Accounts

Coverage

ePA

eHealth Exchange Smart on FHIR Proxy

HealthUnity

Place holder for Nuggets to add additional information



Orders

Lorem ipsum dolor



Prior Auth Check Response

Lorem ipsum dolor



Prior Auth Request Submit

Lorem ipsum dolor



Prior Auth Response

Lorem ipsum dolor



Prior Auth Request Details

Lorem ipsum dolor

In-progress Orders

ID	Procedure Code	Description	Start Date	End Date	Priority	Requested Units	Actions
100002	CPT-27130	Arthroplasty, Acetabular and Proximal femoral prosthetic replacement (total hip arthroplasty) with or without Autograft or Allograft	4/5/2022	4/18/2022	Routine	1	Continue

Orders

ID	Procedure Code	Description	Start Date	End Date	Priority	Requested Units	Actions
100002	CPT-27130	Arthroplasty, Acetabular and Proximal femoral prosthetic replacement (total hip arthroplasty) with or without Autograft or Allograft	4/5/2022	4/18/2022	Routine	1	Prior Auth Check

Isolation: None
Infection: COVID 19

Location: FH 3 ICU

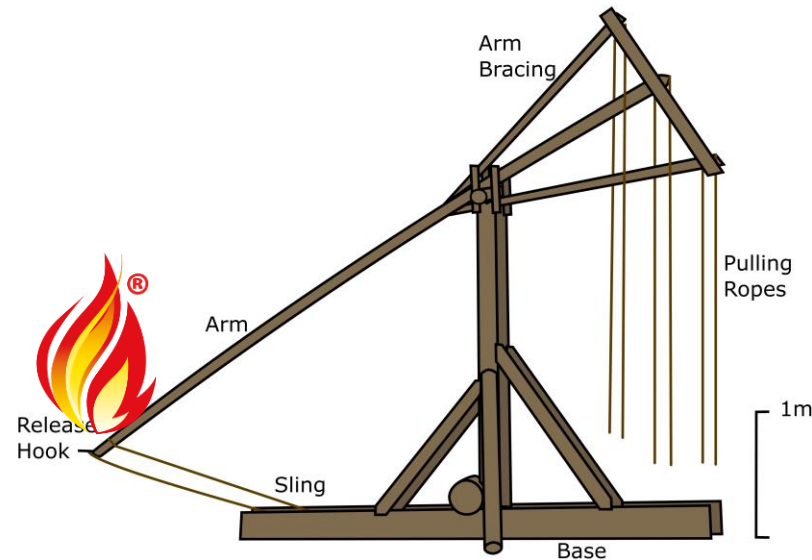
Allergies:
Penicillin (hives)

Last Vitals:
BP: 116/80
HR: 80
Temp: 37C

Recent Labs:
WBC: 5112/mm3
RBC: 5m/mm2
Hgb: 14g/dL
Hct: 48%

Project Trebuchet

- Working to implement Da Vinci standards using current technologies
- Collaboration of payors, providers, eHealth Exchange, other QHINs, and app vendors





Current Live Participant List

Payor Organizations:

1. CMS (prior auth only)
2. Cambia/Regence Blue Cross
3. AR Blue Cross (CDEX only)

Active onboarding conversations with 3 national and several regional Payors

Provider Organizations:

1. University of California – Davis
2. Multicare

Providers participating in OneUtah and OneWashington initiatives to be onboarded in 2024.

eHealth Exchange is also exchanging FHIR data with 12 Epic health systems for Public Health purposes



Why Join Project Trebuchet?

Connectivity:

- Access to all payors in the network as it grows
- Access to “Provider API” data hosted by Payors (including claims and Prior Auth information) as they become available
- Access Prior Authorization applications with no technical implementation effort

Burden Reduction:

- A single app implementation enables connectivity to submit Prior Authorizations for any eligible payor
- Reduce reporting costs by enabling Payors to connect with your FHIR APIs directly

Economics:

- No additional fees for participation in this program
- As a Pilot member you may be eligible for discounts on your current eHealth Exchange membership fees; participation should lead to an overall reduction in costs for several years



Q1 and 2 Activities

Onboarding

- Bring participants up on FHIR functionalities
- Bring on more payors
- Add more application options to the SoF Proxy
- Expand to more EHRs

Industry Leadership

- Make TEFCA-style FHIR workflows following Da Vinci standards available to participants
- Push for adoption now – Don't wait until 2027

Events & Other News

ViVE 2024

- February 25-28, 2024
- Los Angeles Convention Center
- InteropNOW! Pavilion Booth #V-2627

CASE STUDY PRESENTATION

Streamline and Automate Your Public
Health Case Report Submission

Kathryn Bingman and Michael Marchant from UC Davis
Theater B, Booth #2624

MONDAY | MARCH 11 | 1:45 PM - 2:30 PM EST



HIMSS 2024

- March 11–15, 2023
- Orange County Convention Center, West Building, Orlando, FL
- **Booth #4781**

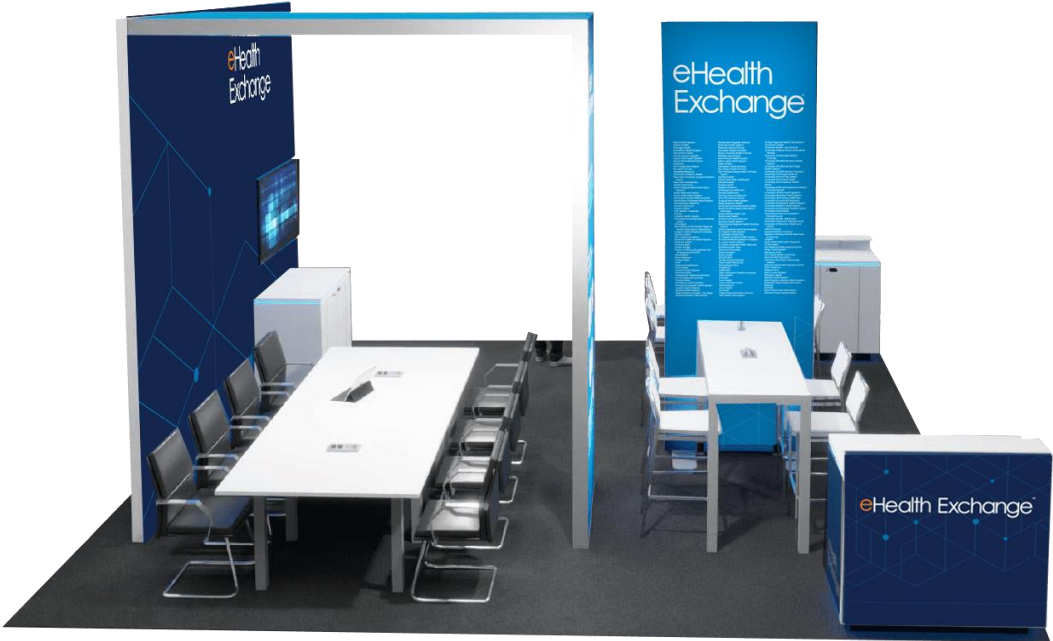
Landing page:

<https://ehealthexchange.org/himss24/>



eHealth Exchange

Booth #4781



Let's Meet Up at **Booth # 4781**



- Exclusive gift for all eHealth Exchange Participants!



- [Schedule time](#) to learn more about eHealth Exchange connectivity and use cases.

HIMSS Speakership

- Decoding the QHIN Maze: A Masterclass with Key Leaders – Kathryn Bingman
MONDAY | MARCH 11 | 1:45 PM - 2:30 PM EST
- Networked FHIR Exchange: Maximizing the Value of Standardized Data Exchange – Bill Howard
TUESDAY | MARCH 12 | 1:45 PM- 2:05 PM EST
- Improving and Expediting Biologics Adverse Event Surveillance Using FHIR – Michael McCune
THURSDAY | MARCH 14 | 11:30 AM - 12:30 PM EST

eHealth Exchange

eHealth Exchange is participating at

HIMSS[®] 24



11-15 March | Orlando, FL
ORANGE COUNTY CONVENTION CENTER

DESIGNATED
QHIN

Join Us in Orlando

We hope to see you at HIMSS24

More than 40,000+ professionals affiliated with the healthcare industry participate in HIMSS every year. This year eHealth Exchange will be attending as a newly Designated Qualified Health Information Network (QHIN).

We hope you'll join eHealth Exchange and our team at this years event from March 11-15. Also our team is available for one-on-one discussions, schedule a meeting below.

[Schedule a Meeting](#)

**We're Also Speaking
Participating in the Following Sessions**

MONDAY | MARCH 11

**Decoding the QHIN Maze:
A Masterclass with Key
Leaders**

9:30 AM - 10:15 AM EST

Location: W306A

[LEARN MORE ABOUT SESSION](#)



Kathryn Bingman
Vice President of
Interoperability Adoption

THURSDAY | MARCH 14

**Improving and
Expediting Biologics
Adverse Event
Surveillance Using FHIR®**

11:30 AM - 12:30 PM EST

Location: W330A

[LEARN MORE ABOUT SESSION](#)



Mike McCune
Senior Solutions Engineer

Don't miss out, join us in Orlando, FL. Be sure you register for HIMSS24 today.

[Register for the Event](#)

eHealth Exchange

We're Hiring!

[Product-Manager-PD-11-6-2023_eHealth-Exchange.pdf \(ehealthexchange.org\)](#)

Reports to VP of Interoperability Adoption
Exempt, Full Time

Email resumes to hr@ehealthexchange.org



eHealth ExchangeTM

Follow @eHealthExchange



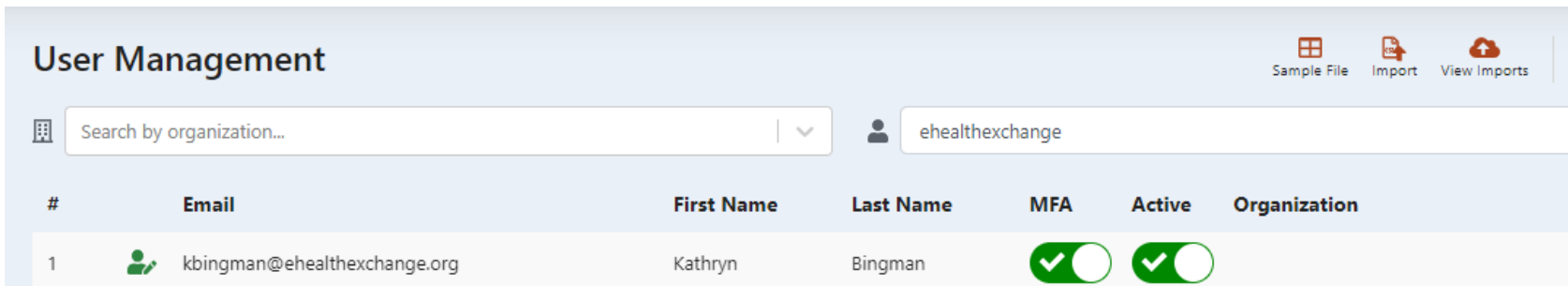
Information & Resources


Contacts for Your Organization

We want to ensure that we are reaching the right people at your organization with our communications.

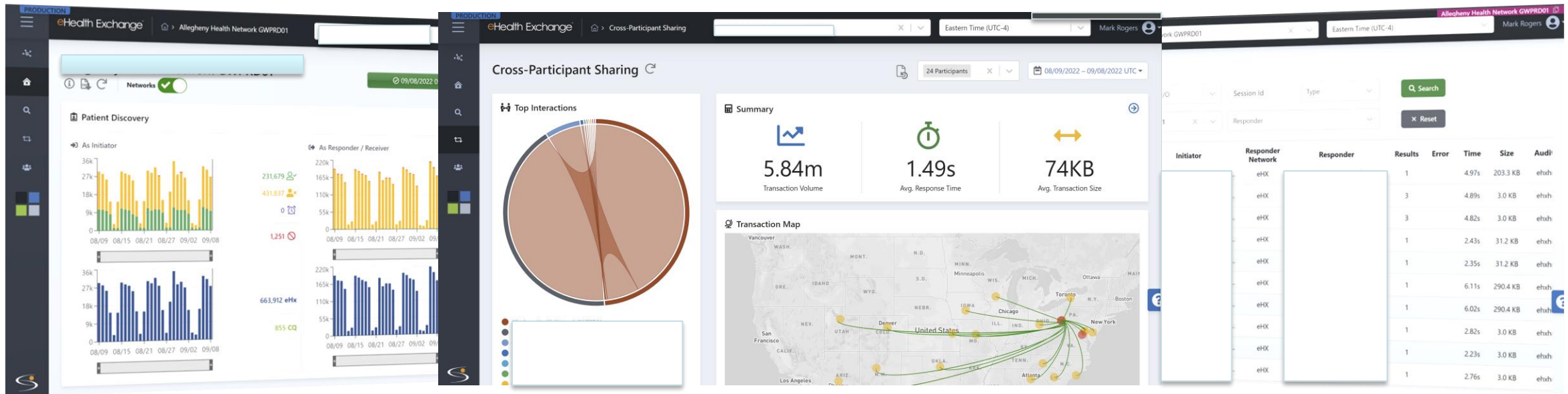
- If you have had recent or past changes and are unsure if we have an updated list: email administrator@ehealthexchange.org requesting the Contact List Template to complete and return.
- The template asks name, title, phone number, email address, and what type of emails the resource should receive.
- This will assist eHealth Exchange and each Participant in knowing that the communication we send is received appropriately.

Don't forget to maintain your Hub Dashboard accounts! If nobody at your organization currently has the rights to add/remove Dashboard accounts, please reach out to us at administrator@ehealthexchange.org.



#	Email	First Name	Last Name	MFA	Active	Organization
1	 kbingman@ehealthexchange.org	Kathryn	Bingman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Your Hub Dashboard – Your web portal providing interoperability insights.



- Identify transaction volume, response times, drill-down, & download.
- Who is querying your organization?
- Where are your clinicians searching?
- How much care occurs outside your organization?

Access Hub Dashboard: <https://insightsprod.ehealthexchange.org/#/hub>

Technical Work Group

Thursdays 4-5pm Eastern: email administrator@ehealthexchange.org for an invite

Typical Topics:

1. Technical Specification Creation
 - a) Push notifications
 - b) Populating directory with hospital locations
 - c) Broadcast query
 - d) FHIR Directory
 - e) Consumer access
 - f) Carequality harmonization
 - g) Controlled Unclassified Information (CUI) Marking
2. Testing
3. Hub Updates
4. Capacity planning [\[Final Thursday each month\]](#)

How might I obtain additional information?

How	When	Where
Visit eHealth Exchange Website	Any time	https://ehealthexchange.org
Monthly All Participant Web Meetings	3rd Thursday of Each Month 1-2 pm ET	https://ehealthexchange.org/events
Weekly Technical Workgroup	Thursdays 4-5 ET	https://ehealthexchange.org/events

How might I obtain assistance?

How	Who	Where
Certificates	DirectTrust Support	support@directtrust.zohodesk.com
Hub and Hub Dashboard Assistance	Hub Service Desk	servicedesk@hub.ehealthexchange.org
Directory Assistance, setup, changes	Tech Support	techsupport@ehealthexchange.org
Testing Questions	Testing Team	testing@ehealthexchange.org
Questions about DURSA/OPP's	Administrator	administrator@ehealthexchange.org
All other Questions	Administrator	administrator@ehealthexchange.org



eHealth ExchangeTM

