Carequality
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Expanding Care Coordination

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Background

- Payment and Health Care Operations (HCO) have always been supported permitted purposes within Carequality. Unfortunately, utilization by both Initiators and Responders has been scarce.
- In investigating the root causes of this disparity, many Responders indicated that they are hesitant to reply for a variety of reasons including:
  - A lack of specificity in the definition of Health Care Operations
  - Technical limitations
  - An inability to address minimum necessary concerns

Use Case Priority Survey

- In order to better assess the Implementer community's priorities, the group developed a survey that asked the community to rank the subcategories of Payment and HCO from 1-23 with 1 being the use case of highest interest
  - Blank responses were given a neutral score of 11
- The variety of options presented reflected the broad spectrum of terms used in the industry

Prioritization Survey Results

- 9 Implementer responses
- Responders were asked to rank 23 use case options from **highest interest (1) to least (23)**
  - Cumulative scores ranged from 41-151
- Top HCO
  - Care Coordination
  - Risk Adjustment
  - Quality Management (HEDIS/Stars/ GIC)
- Top Payment
  - Prior Authorization
  - Adjudicating Claim
  - Determining Eligibility or Coverage

HCO Use Case	Score
Care Coordination	41
Risk Adjustment	55
Quality Management	56

Payment Use Case	Score
Prior Authorization	58
Adjudicating Claim	70
Determining Eligibility or Coverage	86

Framework Polices Document Updates

- **Care Coordination Highlights**
  - Care Coordination Definition - Care Coordination as defined in the Carequality context
    - References established Health Care Operation definition.
  - New Permitted Purpose - The preferred way to convey to a query's purpose to a Responder is to label the query itself at the Permitted Purpose level.
  - Transaction Logs - Defines data required to be conveyed by Initiators in order to facilitate transaction logs.
  - Requirements added apply to the Treatment, Health Care Operations, and Care Coordination purposes.

Care Coordination in the Carequality Context

- **Care Coordination Permitted Purpose Definition:**
  - An Implementer or CC that initiates queries for the Permitted Purpose of Care Coordination, a subcategory of Health Care Operations as defined in 45 C.F.R. Part 164, Subpart E, may only do so if their query is a request for data initiated by a non-provider covered entity or BA to determine how to deliver care for a particular patient, group or community by performing one or more actions in order to organize the provision and case management of an individual's healthcare, including: Monitoring a patient's goals, needs, and preferences; acting as the communication link between two or more participants concerned with a patient's health and wellness; organizing and facilitating care activities and promoting self-management by advocating for, empowering, and educating a patient; and ensuring safe, appropriate, non-duplicative, and effective integrated care.

Response Fees

- **Draft Language**
  - Query Responders may decline to honor queries for the Permitted Purpose of Care Coordination in cases where an Initiator does not have the ability to respond with data and/or a response fee agreement has not been agreed to. Query Responders may only charge a response fee(s), as allowed by Applicable Law, to Initiators that cannot respond with data in the form of a CDA, CCDA, PDF, or FHIR resource via Carequality Use Case(s)
  - Payer Query Initiators seeking exemption
    - Payers MUST minimally offer data, based on the USCDI version currently required for ONC certification, in a computable format in response to queries.
    - Payers that are not able to respond with data and have fewer than 25K lives covered across all plans are exempt from Responder fees for the first 6 months of their Live Production exchange.

Audit Logs

Permitted Purpose	Minimum Request Data
Treatment	Date/time, Local Patient ID, Request Audit ID, patient last name, DOB, Document title, requesting ORG, requesting system OID, On behalf of organization OID
Payment	N/A
Health Care Operations	Date/time, Local Patient ID, Request Audit ID, patient last name, DOB, Document title, requesting ORG, requesting system OID, On behalf of organization OID
Public Health Activities	N/A
Coverage Determination	N/A
Care Coordination	Date/time, Local Patient ID, Request Audit ID, patient last name, DOB, Document title, requesting ORG, requesting system OID, On behalf of organization OID, NAIC code
Other Authorization-based Disclosures	N/A

Next Steps

- **Community Feedback**
  - Framework Policies Document Update - TBD
    - Initial notice at least 60 calendar days prior to the proposed effective date
      - Feedback on the draft from all Implementers for 21 calendar days
      - Provide final text of Element to all Implementers no later than 30 calendar days prior to the effective date
  - Rollout Survey
    - We acknowledge that some of the proposed changes will take time to implement.
    - A rollout survey will be sent along with the draft policy that will ask Implementers about the time they will need to implement a variety of the changes in the Framework Policy Document

Discussion

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Thank you for your participation

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