Da Vinci Clinical Documentation Exchange (CDex) Track

July 2022 CMS Connectathon
Date: July 20, 2022
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• CDex Overview
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CDex Overview
• CDEX support specific exchanges of clinical data between providers and payers (or other providers).

• The anticipated benefits include more efficient and effective exchange of health record information in several areas such as:
  – claims management
  – care coordination
  – risk adjustment
  – quality reporting
Example Scenarios: Provider to Payer

- Payer requests *attachments* for a claim submission or prior authorization.
  - For example, additional documentation to support medical necessity or a coverage rule.
- Payer requests additional documentation to support a claims audit.
- Payer requests patient health record information to support their Risk Adjustment submissions to Centers for Medicare and Medicaid Services (CMS).
- Payer requests patient health record information to support a [HEDIS](https://www.hedis.org) or CMS Five-Star Quality Measure Rating quality program.
Example Scenarios: Provider to Provider

– Referred-to provider solicits additional clinical information from referring provider to support performing the requested service.
– Referring provider needs the results from the referred-to provider.
The CDex guide documents three types of transactions for requesting and sending information.

- Direct Query
- Task Based
- Attachments for Claims and Prior Authorization
Cdex Direct Query vs Task based Approach

**Direct query**

- Synchronous “Out of the Box FHIR Transaction”
- Client (e.g., Payer) executes the basic FHIR RESTful search on the FHIR Server (e.g., Provider) to fetch patient data
- The FHIR Server (e.g., Provider) synchronously returns the patient data

**Task Base Approach**

- Asynchronous
- Client (e.g., Payer) creates a Task to request data and executes a basic FHIR RESTful create to POST it to the FHIR Server (e.g., Provider)
- The FHIR asynchronously fetches the data and updates the Task. When the Task is complete, the Data Consumer reads the document referenced by the Task. (or use attachments for claims attachments)
Direct Query vs Task based Approach

1. Payer or External Provider System Initiates Request

eg, What are the patient's active conditions?

eg, What are the patient's HbA1C results after 2020-01-01?

2. Provider System Retrieves Data

eg, Send the patient's latest History & Physical

3. Practitioner Intervention (if required)

Direct Query or Task Based Approach

Task Based Approach

4. Provider System Returns Data
Cdex: Attachments for Claims and Prior Authorization

Cdex Attachments for Claims and Prior Authorization

- Using a FHIR based approach for requesting and sending attachments for claims or prior authorization.
  - requesting attachments **newest** CDex Functionality
- This transaction may be used for both *solicited* and *unsolicited* attachments.
- It is intended to be compliant with HIPAA Attachment rules for CMS and an alternative to the X12n 275 transaction.
CDex: Unsolicited Attachments for Claims and Prior Authorization

2. Provider System Submits Attachments

- e.g., documents such as History & Physical
- study report (pathology, radiology, etc.)
- missing information (provider details)
CDex: *Solicited* Attachments for Claims and Prior Authorization

1. Payer System Requests Attachments

2. Provider System Submits Attachments

- e.g., documents such as History & Physical
- study report (pathology, radiology, etc.)
- missing information (provider details)
• Data Consumers such as a CMS may require signatures from a Provider to attest to the information being exchanged.
• To comply with these signature requirements, Cdex documents how to create and verify FHIR Digital Signatures when using CDex Transactions.
Cdex Implementation Guide Links

• **Current published version**
  - Da Vinci Clinical Data Exchange (CDex) 1.0.0 - STU R1

• **Soon to be published version and what Reference implementation is base upon.**
  - Da Vinci Clinical Data Exchange (CDex) 1.1.0 – STU2
  - Temporary url until published at end of this month: [http://build.fhir.org/ig/HL7/davinci-ecdx/](http://build.fhir.org/ig/HL7/davinci-ecdx/)
Connectathon Activities
Testing will Focus on Submitting Attachments For Claims and Prior Authorization

- Testing New Functionality Described in the CDex Implementation Guide.
- Using a FHIR based approach for sending attachments for claims or prior authorization directly to a Payer.
- This transaction may be used for both solicited and unsolicited attachments.
- It is intended to be compliant with HIPAA Attachment rules for CMS and an alternative to the X12n 275 transaction.
Unsolicited Attachments

Connectathon Focus

CDex addresses this interaction

CDex addresses this interaction

Disclaimer
Solicited Attachments

Provider files a claim that documents the services performed and the cost

Payer reviews the claim and all the documents

Claim and documentation complete? no yes

Payer processes the claim

Payer requests attachments (e.g., more information) from the Provider

Provider submits requested attachments to the Provider

Payer associates submitted attachments with the claim

CDex addresses this interaction

Connectathon Focus
Objectives

- To write/test code, **give feedback on specification**
  - technical requirements
  - functional requirements
- Build on this experience for future Connectathons to provide more testing of CDex

System roles

- Attachments Data Source (Provider)
- Attachments Data Consumer (Payer)
Demonstrations

Cdex Reference Implementation (HealthLX)
- Jason Buys
- Karell Ruiz Rodriguez

CDex TestScripts (Aegis)
- Carie Hammond

Edifecs
- Artem Sopin

Anthem
- Christol Green
CDex Reference Implementation

- Logica Sandbox Provider and Payer App
  - Direct Query
  - Task Based Query
  - Submit Attachments
Implementations conforming to the DaVinci FHIR Profiles following the Cdex Implementation Guide

DaVinci Use Case over the wire FHIR Profiles for the Cdex Implementation Guide

Implementations conforming to the DaVinci FHIR Profiles following the Cdex Implementation Guide
• **In-Scope (Ability to …)**
  - create the provider document Bundle for an Attachment by selecting appropriate documents and resources
  - Specify metadata associated with the Attachment (type, tracking number, …)
  - send the document Bundle to a Payer operation endpoint
  - return HTTP status and OperationOutcome where appropriate
  - Store the bundle resources in the payer FHIR server

• **Out-of-Scope**
  - Provider UI
  - Payer UI
  - Request to Provider for an Attachment
References
- Logica Sandbox: https://sandbox.logicahealth.org
  - will need to establish an account: Contact me for more information
For Questions Contact me at: ehaas@healthedatainc.com