CARIN Blue Button® IG
Break Out Session

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If you have questions, please email or send a Zulip chat message!
CARIN Blue Button IG Overview

• This IG describes the CARIN for Blue Button® Framework and Common Payer Consumer Data Set (CPCDS), providing a set of resources that payers can display to consumers via a FHIR API to meet part of the CMS requirements related to the Patient Access API.

• STU1 was published in November 2020, and minor technical corrections were published in early July 2021 as STU1.1.0.

• STU2 was published November 2022 and includes oral and vision types for the first time.
CARIN Blue Button 2023 Updates

- Launched a pilot with the ONC and CMS to include a test kit on the ONC’s Inferno test suite for the CARIN IG for Blue Button®.

- Reviewing Jira tickets and discussing updates to the IG to include non-financial EOBs to meet the CMS Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule proposal, which will make patient claims and encounter data (excluding cost information) available to in-network providers beginning January 1, 2026.
CARIN BlueButton – Ticket Review

FM Approved

FHIR-41173 - Snapshot Table (Must Support) is missing in the profiles
   The Snapshot Table (Must Support) tab on profiles changed to Key Elements

Not Persuasive - This is an HL7 FHIR IG publisher change.

FHIR-40244 - Missing in Change Notes
   Missing Change notes for FHIR-38062 - Update denial reason to adjustment reason (aligning with PCT)
   Persuasive – Make the change

FHIR-40243 - C4BB Adjudication Value Set missing 'paidbypatienthealthaccount' code
   Persuasive – Add to value set

FHIR-40245 - Total Category Discriminator Value Set incorrectly includes C4BBPayerAdjudicationStatus
   Persuasive – Remove benefit payment status VS from total category discriminator VS

FHIR-41498 - Change all Profile meta.profile invariants from type error to type info
CARIN BlueButton – Ticket Review

Discussions with CARIN Community – 8/17/2023

FHIR-41628 – Clarify patient search argument requirement
   Persuasive – The technical Workflow seems to address the concern of scope though the OpenID Connect token (https://build.fhir.org/ig/HL7/carin-bb/Use_Case.html#technical-workflow)

FHIR-41634 – service-date expression should include be different per EOB profile
   Not Persuasive with Modification – Update wording noting that the parameter simplifies search for the client.

FHIR-41791 - Change the ICD-9 CodeSystem to the right URL
   Persuasive

FHIR-35970 - Define TAX ID URI instead of OID.
   Not Persuasive – Already in use by this and other IGs and no alternative defined.
FHIR-31641 - Clarify expectations for Summary Flag usage and consider mobile App rendering constraints

Not Persuasive – Guidance included and summary tags not changeable per profile
FHIR-41687 – Add an extension to Coverage.class:plan called ‘productld’
CARIN BlueButton – Ticket Review
Discussions with CARIN Community – 8/31/2023

FHIR-34260 - Care Team Role Code System
Discuss – Definition

FHIR-38278 - CARIN BB Present on Admission Code System URL different than THO
Are these two code systems the same?
CARIN BlueButton – Ticket Review
Discussions with Financial Management (FM)

**FHIR-41620** - Behavioral Medication Follow Up Visit
  Question Answered – The provider is acting in a rendering role for the visit.

**FHIR-38278** - CARIN BB Present on Admission Code System URL different than THO
  Are these two code systems the same?

**FHIR-40361** - Display element for coded content is required to comply with Transparency Rule
  Discussion about display values for specific Code Systems that provide licensees the ability to share code descriptions

**FHIR-40820** - Create a Non-Financial set of EOB Profiles

**FHIR-41217** - Add Support for Provenance in a Payer to Payer Data Exchange Scenario
  Discussion with US Core on Scope and Use of US Core profile
CARIN BlueButton – Ticket Review

Discussions with Russ Ott lead to an action for Russ to investigate some specific examples and return for us to discuss.

**FHIR-40593** - Allow Practitioners as Provider references for Inpatient and Outpatient EOB profile

For Medicaid claims do/can practitioners file institutional claims?

**FHIR-40441** - Allow null diagnosis values for Professional EOBs

For Medicaid, are there Professional claims without diagnosis?
Provider Access to Non-Financial Claims Data

• Objectives
  – Avoid Data Duplication
  – Avoid heavy post processing in an Orchestration Layer

• What We Have Learned So Far
  – _summary view won’t work due to base resource settings
Draft Intro for CARIN BB Non-Financial Profiles

3.3 Use Case - Provider Access to Non-Financial Claims Data

• 3.3.1 Background
  – The CMS Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule (CMS-0057-P) requires Health Plans to make a Bulk FHIR API available to Providers. The data available via that API would be the information a Health Plan makes available to the member, with one exception: Providers would have access to a member’s claims data with the financial elements redacted. Making Non-Financial versions of Claims and Encounters available to a Provider audience requires three distinct areas to be addressed:
  – 1. The profile or data view.
  – 2. An Attribution control capability - how members are attributed to specific providers.
  – 3. An Access control capability - how providers gain access to an API to retrieve data for their attributed members.

• 3.3.1.1 Data View
  – The CARIN Consumer Directed Payer Data Exchange (CARIN IG for Blue Button) has defined the claims profiles available for the Patient Access API. It is therefore appropriate for this IG to define the Non-Financial versions of these profiles.

• 3.3.1.2 Attribution Control
  – Access to the Non-Financial Claims and Encounters profiles will be managed using a Group resource. The Da Vinci Member Attribution IG provides capabilities to manage attribution to providers and support bulk data API access.

• 3.3.1.3 Access Control
  – The Payer Data Exchange IG, in a planned STU2 update, is working on defining the access method for leveraging Member Attribution for bulk access by providers to Patient Access API data for attributed members. This will define the Provider API required by the Prior Authorization Proposed Rule. It will utilize the Da Vinci Data Export operation defined in the Da Vinci Member Attribution IG.

• In summary, Enabling Provider Access to non-financial versions of claims and encounter data will require the combined focus of IGs from both the CARIN Alliance and Da Vinci Accelerators.

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CARIN IG for Blue Button Non-Financial Flow

Provider
- Provider API Endpoint Access (Da Vinci PDex IG)
- Da Vinci Member ATR (DaVinci-data-export operation)

Consumer
- Patient Access API Endpoint Access (CARIN IG For Blue Button)

Blue Button EOB Full Profile (Institutional, Professional etc.)
- EOB Non-Financial (Removes Amount Fields)
- Blue Button EOB All Profile Abstract

Base EOB Profile

View Record via Non-Financial or Full Profile

Full Profile

Non-Financial Profile

Load Data to this Profile
USCDI and USCDI+ Quality

• The CARIN Alliance previously submitted new Data Class and Element recommendations for USCDI versions 2, 3, and 4.

• CARIN suggested the inclusion of core administrative data found in the CPCDS and CARIN IG for Blue Button that did not exist in USCDI, but are necessary to further the ONC’s mission of “a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange.”
Many of the submitted Data Element recommendations have been included within the Health Insurance Information and Patient Demographics/Information Data Classes in USCDI v3 or v4.

However the Explanation of Benefits (EOB) Data Class and Data Elements associated with the CARIN IG for Blue Button were not included as part of USCDI v3 or v4 and were instead added to the ONC USCDI Comment level and are currently in the new Level 0 category.
USCDI and USCDI+ Quality

• To meet the CMS *Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule* January 1, 2026 requirement, the next version of the CARIN Blue Button IG will include a new set of non-financial EOB Data Elements.

• The proposed rule requires “impacted payers build and maintain a Provider Access API to share patient data with in-network providers with whom the patient has a treatment relationship” including “patient claims and encounter data (excluding cost information).”

• CARIN recently submitted comments to USCDI v5 to again ask for ONC to consider including EOBs (or at least the non-financial EOBs) in the next published version of USCDI.
Coverage Resource

- US Core 6.0.0 includes the CoverageProfile, which is based upon the core FHIR Coverage Resource and implements the US Core Data for Interoperability (USCDI) v3 Health Insurance Information requirements.

- In USCDI v3, this Data Element captures the “category of health care payers. (e.g., Medicare, TRICARE, Commercial Managed Care - PPO).” This Data Element in US Core v6 points to an SOP, which includes a mixture of different types of concepts. We recommend splitting this resource to have separate resources for plans and products.
Weekly Meetings

• We invite you to join the weekly discussion to review Jira tickets, which will likely lead to updates to the STU2 of the CARIN Blue Button IG. The meetings occur weekly **Thursday at 1-2 pm ET**.

• The invite can be found on the HL7 Conference Call Center, Confluence, and Zulip or you can join using this Zoom information:

  https://leavittpartners.zoom.us/j/99456976904?pwd=MlhmODhSUFRldDIDVU9rYW9NZGxMZz09&from=addon

  Password: 807486
CARIN WGM Sessions

• Monday 9/11
  – Q3 (1:45 pm) CMS Provider Access API Regulation Requirements Discussion @ FM WG

• Tuesday 9/12
  – Q2 (11 am) CARIN IG for Digital Insurance Card and SMART Health Cards/SMART Health Links and CARIN Blue Button Update @ PIE and FM WGs