



FEB - 5 2019

Charles Jaffee, MD PhD  
Chief Executive Officer  
Health Level Seven International (HL7)  
3300 Washtenaw Avenue, Suite 227  
Ann Arbor, MI 48104

Dear Dr. Jaffee:

Thank you for collaborating in accelerating standards. Recognizing the importance of your work in moving forward to a truly collaborative, interoperable health system that supports patients in seeking low cost, high quality care, the Centers for Medicare & Medicaid Services (CMS) is excited to contribute our priorities for the upcoming year. Top of mind for CMS is ensuring the seamless flow of data, not only from provider to provider, but also including payers, beneficiaries and the opportunity to facilitate innovation by unleashing data for use by researchers, application developers and others. The CMS priorities that will continue to be highlighted in our work this year are:

#### **ADT for Discharge Notification, Patient and Physician**

CMS is interested in continued progress in maturing admission, discharge, and transfer (ADT) message transmission. ADT is done today almost exclusively using HL7 v2 files, but can be accommodated in the fast healthcare interoperability resources (FHIR) using the MessageHeader and Patient FHIR resources and some transformations. Can the flow of ADT information be made easier for developers to implement FHIR-based solutions, leading to more innovation?

#### **Claims Data from Payers**

With the launch of Blue Button 2.0 in March 2018, CMS published a Blue Button 2.0 Implementation Guide encompassing the Patient, Coverage and ExplanationOfBenefit resources. With FHIR R4 we see enhancements to the ExplanationOfBenefit resource and are tracking work being done by the Carin Alliance and others on establishing a Blue Button Framework and Common Payer Consumer Data Set. We are excited for Argonaut to continue to identify opportunities for improvement in implementation and use.

CMS continues to participate in the HL7 DaVinci project for payer-to-provider use cases. In support of empowerment of patients through access to data, CMS believes expansion of this work and overlap with Argonaut is important to ensuring the standards based seamless transmission of data that can in the future include cost, quality and network information.

### **Real-time Benefit Check (RTBC)**

CMS would like to help further RTBC in FHIR providing real-time, patient-specific formulary and benefit information at the point of prescribing or enrollment. These benefit checks may build on work that is currently being performed by the DaVinci project for Prior Authorization using CDS Hooks, but it should be generalized to encompass a wider range of benefit types.

### **Provider Directories**

From the current application programming interfaces APIs and/or flat files hosted by health systems to a potential future decentralized or distributed industry solution, CMS wants to help iterate on the Provider Directory IG so the information is stored and shared in a consistent way.

### **Bulk Data Access**

CMS is following the FHIR Bulk Data Access draft specification in a new API that will deliver Medicare claims data to ACOs faster than the current CMS Claims Line Feed (CCLF) approach. We are looking forward to helping mature this specification. Although not part of the Argonaut project, we wanted to highlight our work in this area and welcome opportunities for collaboration in the future.

### **Price Data from Payers and Providers**

*“While CMS previously required hospitals to make publicly available a list of their standard charges or their policies for allowing the public to view this list upon request, CMS has updated its guidelines to specifically require hospitals to post this information on the Internet in a machine-readable format. The agency is considering future actions based on the public feedback it received on ways hospitals can display price information that would be most useful to stakeholders and how to create patient-friendly interfaces that allow consumers to more easily access relevant healthcare data and compare providers.”*

CMS is interested in helping the FHIR community better understand how to represent financial information through resources like ChargeItem, ChargeItemDefinition, and Contract.

### **Quality Data**

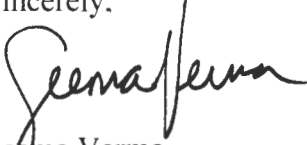
Various organizations have contributed to the FHIR Measure and MeasureReport resources as a potential path for representing Electronic Clinical Quality Measures (eCQMs) using the FHIR standard. CMS is interested in maturing both the definitions and usage of these FHIR resources in an attempt to provide a RESTful alternative to the current CDA-based quality reporting document architecture representation of eCQMs.

### **Access to Expanded Clinical Data**

In support of a move towards value-based care and a healthcare ecosystem where patients are empowered with their data to make choices around their care, CMS is interested in exploring potential opportunities for increasing the availability and richness of data that is made accessible via standards based APIs. Of particular interest is developing a machine readable, standards-based format of the Health Insurance Portability and Accountability Act Designated Record Set.

CMS applauds your work to further standards development and looks forward to a successful, innovative year ahead. We will continue in collaboration to empower patients through access to information, moving towards improved outcomes and decreased cost for the entire health system.

Sincerely,

A handwritten signature in black ink, appearing to read "Seema Verma". The signature is fluid and cursive, with the first name "Seema" being more prominent and the last name "Verma" following in a similar style.

Seema Verma

Page 4 - Charles Jaffee, MD PhD

cc: Micky Tripathi