ANSI neither develops standards nor conducts certification programs but instead accredits standards developers and certification bodies under programs requiring adherence to principles of openness, voluntariness, due process and non-discrimination. ANSI, therefore, brings significant, procompetitive benefits to the standards and conformity assessment community.

ANSI nevertheless recognizes that it must not be a vehicle for individuals or organizations to reach unlawful agreements regarding prices, terms of sale, customers, or markets or engage in other aspects of anti-competitive behavior. ANSI’s policy, therefore, is to take all appropriate measures to comply with U.S. antitrust laws and foreign competition laws and ANSI expects the same from its members and volunteers when acting on behalf of ANSI.

Approved by the ANSI Board of Directors May 22, 2014
## Da Vinci 2021 Multi-Stakeholder Membership

### PROVIDERS
- HCA Healthcare
- Kaiser Permanente
- IBM Watson Health
- scan Health Plan
- smile CDR
- OHSU
- Cedars-Sinai
- Sutter Health
- OrthoVirginia
- VAMC
- MultiCare
- Stanford Medicine
- UC Davis Health
- HCA Healthcare
- St. Joseph Health
- Availity
- TMHIN
- Cognizant
- Change Healthcare
- Availity
- Carver
- HealthCare
- Epic
- Cerner
- Athenahealth
- Healow
- Veradigm

### EHRs

### DEPLOYMENT

### Payers
- Anthem
- Blue Cross Blue Shield
- BCBS of Tennessee
- Cambia
- Cigna
- SCAN Health Plan
- UnitedHealthcare
- Independence
- Blue Cross of Idaho

### Vendors
- case.net
- cognosante
- echecs
- Infor
- InterSystems
- Optum
- SureScripts
- IBM Watson Health
- ZeOmega
- smile CDR

### Industry Partners
- HIMSS
- HL7
- NCQA

For current membership: [http://www.hl7.org/about/davinci/members.cfm](http://www.hl7.org/about/davinci/members.cfm)

*Indicates a founding member of the Da Vinci Project. Organization shown in primary Da Vinci role. Many members participate across categories.*
2022 Guidance
• Entering Year Five of the Project
• Grown to over 50 organizational members
• Hundreds of community organizations and implementers
• Funding over 35 contractors, 14 guides
• Continue to shift work to dozens of in-kind resources
• Project Continues to Grow in Complexity and Scope

STOP and ASK Team and Membership
• What do we keep doing/what can we stop, slow down
• Identified and categorize all work in following categories:
  • Maintain
  • Invest
  • Hold
  • Transition
• Core Activities remain:
  • IG Build and Maturity
  • Implementer Support
  • Community Support
  • Governance, Member and Project Support

Da Vinci Is Creating the Foundation to Solve Large Scale Industry Challenges

Program Evolution and Assessment

Risk and Quality Data Sharing in Workflow
Unlocking Data Needed for Patient Cost
Prior Auth Automation

Quality Improvement
Member Access
Clinical Data Exchange

Coverage/Burden Reduction
Process Improvement

- Data Exchange for Quality Measures
- Gaps in Care & Information
- Clinical Data Exchange
- Payer Data Exchange
- Directory
- Formulary
- Coverage Decision Exchange
- Patient Cost Transparency
- Notification
- Payer Data Exchange
- Clinical Data Exchange
- Performing Laboratory Reporting

Proposed CMS Rules
Aligned with final ONC or CMS rule
<table>
<thead>
<tr>
<th></th>
<th>Standard Phase</th>
<th>Future</th>
<th>Build</th>
<th>Ballot</th>
<th>Published/ing</th>
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<td>&gt;4</td>
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**Quality Improvement**
- Data Exchange for Quality Measures
- Gaps in Care & Information

**Coverage/Burden Reduction**
- Coverage Requirements Discovery
- Documentation Templates and Rules
- Prior-Authorization Support

**Member Access**
- Clinical Data Exchange
- Payer Data Exchange
- Directory
- Formulary
- Coverage Decision Exchange
- Patient Cost Transparency

**Process Improvement**
- Member Attribution
- Risk Adjustment

**Clinical Data Exchange**
- Payer Data Exchange
- Clinical Data Exchange
- Formulary Coverage Decision Exchange
- Patient Data Exchange
- Performing Laboratory Reporting

**Use Case Maturity**
- Proposed CMS Rules
- Aligned with final ONC or CMS rule
2022 Year End Highlights

USE CASE PROGRESS:

IG Maturity and Ballot Advancement Process
- Attribution STU1 published in Feb ‘21
- Clinical Data Exchange & HReX nearing STU1 Publication
- Patient Cost Transparency STU1 Ballot Jan ‘22
- Risk Adjustment STU1 Ballot Jan ‘22

Transition:
- Added member leads to 85% use cases
- Begin crossover of day-to-day support DEQM/GIC to industry

Hold/Delay:
- Patient Coverage Decision Exchange Requirement Jan ‘21 until clarified by NPRM
- Burden Reduction and Payer Data Exchange anticipated early May Ballot (begun after Jan 22 ballot)

Community & Implementer Support

Da Vinci IGs are REAL and in ACTIVE use

- Held 5-Day April education event
- Hosted monthly storytelling Community Roundtables
- Onboarded/reintroduced dozens of members and organizations
- Dozens of pilots and go lives across community with PDex suite, Burden Reduction and Quality
- Driving discussion on use of APIs/FHIR in Patient Cost Transparency and Risk Adjustment
- Promoted Da Vinci progress at industry meetings, leveraging bench of over 100+ presenters
Use Case Maturity Model and Transition

From September 2020 Planning Meetings

The HL7 Da Vinci Project has successfully demonstrated the model of a FHIR Accelerator

Membership funding and in-kind resources have been the fuel for our success

We want to build on our successes by

- Supporting the maturation of our use cases
- Efficiently utilizing financial resources
- Transition use cases to the HL7 community in order to free-up resources
- Add additional use cases

In order to transition a use case to the community, we establish:

- A methodology to assess the readiness of a use case for transitioning
- A set of goals/milestones to track progress
- Determine level of support and tracking from DV PMO (eg, Confluence)

Use case considerations (M-A-C):

- Maturity of the IG
- Adoption Level
- Community support

In Fall of 2021 Da Vinci Established transition plans with member leads, CMS (MITRE) and ESAC to begin to transition day to day management of the Data Exchange for Quality Measures IG, including Gaps in Care functionality

- Validated strong support and ownership of IG by industry
- Da Vinci will maintain support through 2022
- Member leads are actively engaged
- DV team and members will monitor process for growing pains, unmet needs

Thank you to Linda Michaelsen, Yan Harris, Gini McGlothin, Bryn Rhodes and their teams for their leadership, diligence and success here!
I removed the link which is only accessible to members. V

Guest User, 12/7/2021
## 2022 Proposed Project/Activity Areas

<table>
<thead>
<tr>
<th>Project</th>
<th>Short</th>
<th>Key Activity</th>
<th>Version</th>
<th>2022 Activity &amp; Version</th>
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<tbody>
<tr>
<td>Burden Reduction</td>
<td>CRD, DTR, PAS</td>
<td>Ballot</td>
<td>STU2</td>
<td>STU2 and HIPAA Exception, Increased EHR testing, support for both payer-stored and EHR-stored context</td>
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<td>HRex</td>
<td>Publish &amp; Maintain</td>
<td>STU1</td>
<td>Publish STU1 – B2B, Security</td>
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<td>CDex</td>
<td>Publish &amp; Maintain</td>
<td>STU1</td>
<td>Test and Feedback, Unsolicited Push of clinical data</td>
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<td>PDex</td>
<td>Ballot &amp; Maintain</td>
<td>STU2</td>
<td>STU2 and Evaluate Transition, Testing P2P, Prior Auth status</td>
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<td>Quality &amp; Gaps</td>
<td>DEQM, GIC</td>
<td>Transition</td>
<td>STU3</td>
<td>Monitor Transition to Public-ESAC, MITRE</td>
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<td>Attribution</td>
<td>ATR</td>
<td>Ballot</td>
<td>STU2</td>
<td>Publish and Evaluate Transition – Support for CMS Data at Point of Care (DPC), Population mode use</td>
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<td>Risk Adjustment</td>
<td>RA</td>
<td>Ballot &amp; Publish, Ballot STU2</td>
<td>STU1</td>
<td>Test and Feedback, Payer to Provider Coding Gaps; then Phase 2</td>
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<td>Maintain and Build Q2</td>
<td>STU2</td>
<td>Test and Feedback – Support Subscriptions</td>
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<td>Patient Cost Transparency</td>
<td>PCT</td>
<td>Ballot &amp; Publish</td>
<td>STU1</td>
<td>Test and Feedback – Good Faith Estimate Provider to Payer, Advanced EOB</td>
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<tr>
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<td>PCDE</td>
<td>Hold</td>
<td>STU1</td>
<td>Hold</td>
</tr>
</tbody>
</table>
Key Projects

Milestone Dates

Expected “early May” offcycle 2022 Ballots
Payer Data Exchange (PDex) STU2
Coverage Requirements Discovery (CRD) STU2
Documentation Templates and Payer Rules (DTR) STU2
Prior Authorization Support (PAS) STU2

Expected Publications
HRex - expected Feb/Mar 2022
CDex - expected Feb/Mar 2022
PDex Plan Net STU 1.1.0 Update- expected 11/21

Resources

- Da Vinci Welcome
- Da Vinci Calendar
- Da Vinci Implementer Support Page
- January 2022 WGM – Where will Da Vinci Be?

Join Us: Birds of a Feather – Da Vinci Today (Tues 1/18) Q5

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**Risk Adjustment (RA)**
- Jan22 Ballot Reconciliation
- Led 3 Connectathons/Testing event tracks

**Patient Cost Transparency (PCT)**
- Jan22 Ballot Reconciliation
- Success at Connectathons: GFE -> AEOB

**Burden Reduction (CRD/DTR/PAS)**
- STU2 Work, prepping for early May Ballot

**Payer Data Exchange (PDex)**
- STU2 Early May Ballot,
- Highlight: Payer to Payer Prior Auth;

**PDex Directory/Plan Net**
- Publish v1.1.0 (STU Update)
- Highlight: Provider Status, Add/Remove

**PDex Formulary**
- STU2 Jan22 Ballot Reconciliation
- Highlight: Structural Improvements

**Member Attribution List**
- Phase 2 Work Complete - Add/Change Members,
  additional scenarios – Foundational IG.
- Testers / Implementations Welcome!

**Clinical Data Exchange (CDex)**
- STU1 publication post Ballot
- Signatures, Work Queues, Draft Unsolicited Push of clinical Data
Industry Call to Action: Implement, Test and Feedback