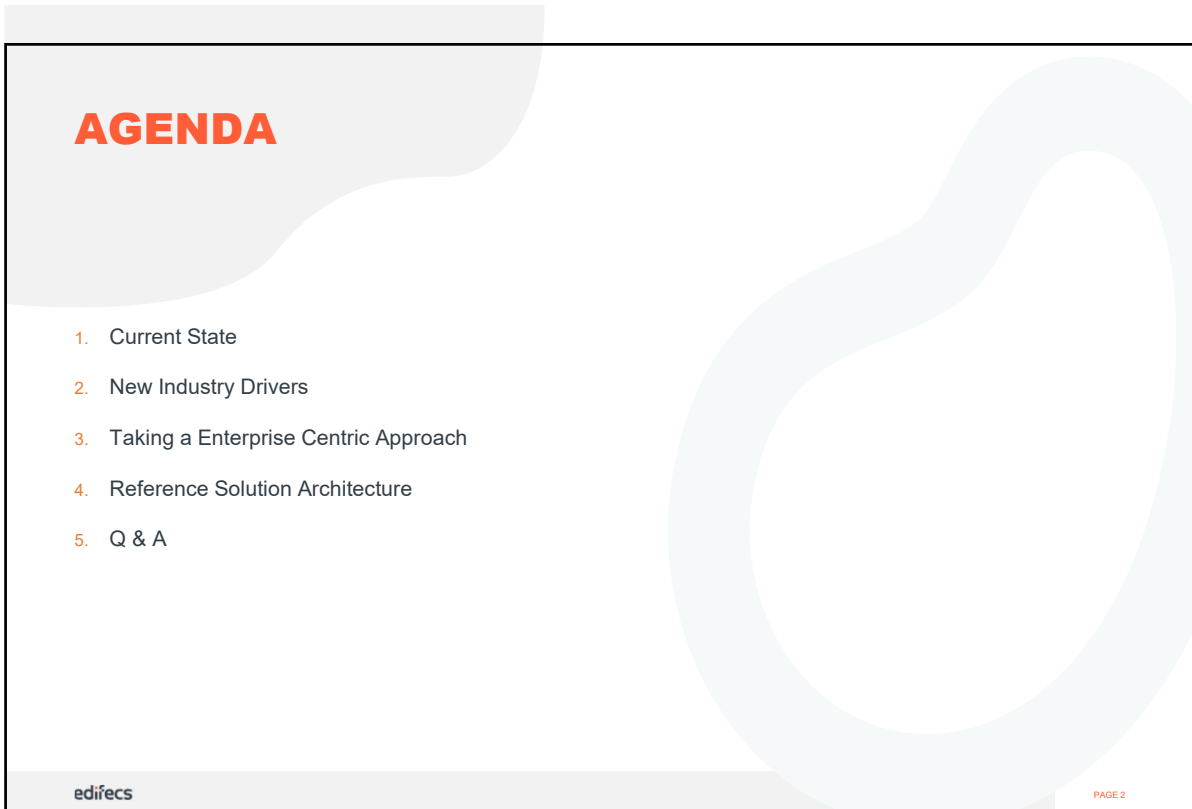


1



2

CURRENT STATE

How is it being done today



- Manual with Phone calls
- Paperwork – mail / faxes
- Multiple plan personnel (CSR, Privacy Officers) with several back-n-forth
- Manual entries into application specific database
- Making changes or removing repeats the process
- Current system only supports one Personal Representative
- Not readily available for use across various parts of the enterprise

3

CURRENT CHALLENGES

Role Based Consent


User Role	Register Account	Consent for Subscriber	Consent For Dependent Spouse	Consent For Dependent Adult	Consent For Dependent Mature Minor	Consent For Dependent Minor	Invite, Add Auth Rep / Personal Rep	Family Members (Subscriber, Dependents)
Subscriber	✔	✔	👁️	👁️	👁️	✔	✔	✔
Dependent Spouse	✔	👁️	✔	👁️	👁️	✔	✔	👁️
Dependent Minor	Guardian to register as Auth Rep/Personal Rep and Manage consents							
Dependent Mature Minor	🚫	👤✔	👤✔	👤✔	✔	👤✔	👁️	👁️
Dependent Adult	✔	👤✔	👤✔	✔	👤✔	👤✔	✔	👁️
Auth Rep / Personal Rep	✔	(subject to who is this user representing)			✔	🚫	🚫	🚫
👁️ View Only		✔ Full Access Create, Revoke, View, Remove		👤✔ View access subject to approval of concerned party or privacy officer		🚫 No Access		

Authorized User (AU): Invited by Member. Does not require approval from Privacy Officer, E.g. Spouse

Personal Representative (PR): Required to submit proof of personal representation. Account requires approval from Privacy Officer. Has same access as Member. E.g. Guardian


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NEW INDUSTRY DRIVERS



INTEROPERABILITY RULES


- CMS-9115-F: Patient Access API: consent to share data with 3rd party applications. Including personal representative who is someone authorized under state or other applicable law to act on behalf of the individual in making health care related decisions (such as a parent, guardian, or person with a medical power of attorney)
- CMS-0057-P: Payer-To-Payer: Opt-In requires consent from patient to share data with other payers.
- CMS-0057-P: Provider Access API: Opt-Out consent to not share data with providers.



FEDERAL REGULATIONS

- NPRM 45 C.F.R. § 164.502 on using or disclosing PHI for use or disclosure is for a criminal, civil, or administrative investigation against any person in connection with seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for the purpose of initiating an activity described above

e.g if a Florida health insurance company received PHI about the reproductive health care that lawfully occurred in Washington, then the Florida health insurance company would violate HIPAA by disclosing the PHI to a Florida or Idaho court for purposes of criminal proceedings related to the reproductive health care



STATE REGULATIONS

Age & state specific regulations:

- AZ - Patients 12 years of age and older can consent to their own care for treatment of drug problems.
- CA - "A minor may consent to medical care related to the prevention or treatment of pregnancy," except sterilization. (Cal. Family Code § 6925)
- FL - Florida state law requires most young people under 18 to involve a parent or legal guardian in their abortion decision.

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ADJACENT REGULATIONS

Consumer Health Data Rights

FTC Enforcement Action to Bar GoodRx from Sharing Consumers' Sensitive Health Info for Advertising

Under proposed order, GoodRx will pay a \$1.5 million civil penalty for failing to report its unauthorized disclosure of consumer health data to Facebook, Google, and other companies

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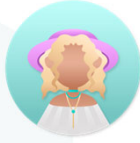
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ADDITIONAL USE CASES

Family



Elderly Parent



Background:

- Live in AZ
- John: Primary subscriber
- Jane: Adult dependent
- Tiffany: Minor age 10
- Connor: Minor age 15
- Elise: Minor 17, started college in FL in Aug 2022
- Martha: On Medicare Advantage, suffers from dementia; agreed to have Jane manage her health information

Going beyond member directed consent:

Consent Use Cases:

- Jane - manages health for the entire family, will require consent from John to be his Authorized User
- John – willing to share all health information, except for certain sensitive health codes such as substance abuse
- Connor – Based on state regulations, no drug treatment information should be shared with parents since he is 15 (older than 12 years per AZ law)
- Elise – Now resident of FL, she is not yet 18
- Martha – Jane needs to become Personal Representative to access Martha's medical information

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ADDITIONAL COMPLEXITIES

Just some of the complexities that plans need to manage....

❖ Legal, Audit & Compliance

- *Paperwork for authorized representative and personal representative that needs to be filled-out, verified, approved and stored in document management system*
- *Ability to store consent and effective dates in case improper use or data sharing is implied, including what, when and how based on what consent rules*
- *Ability to educate and prove proper consent policies are in place*

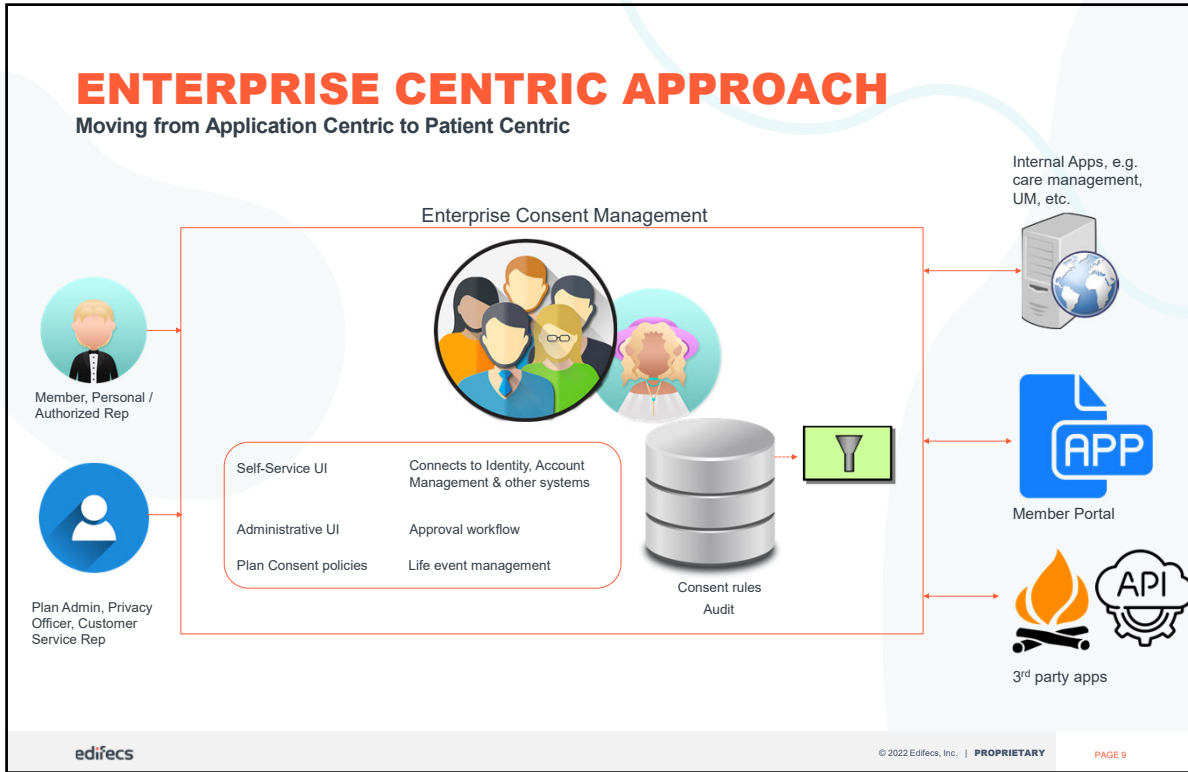
❖ Capturing and Sharing consent

- *When and how to capture consent, enrollment seems to be the logical choice. How should the enrollment process be changed and how often should consent be required to be verified or updated?*
- *How to share consent externally, especially for the new proposed Payer-to-Payer data exchange – Da Vinci HRex Consent Profile?*
- *How to use consent across different applications – member portals, patient access API, provider access API, payer-to-payer API?*

❖ Change Management

- *What happens when consent is changed by patient, how does notification work to downstream systems?*
- *What happens when federal or state regulation policies change?*
- *Life event changes – crossing age thresholds, adoptions, etc.?*

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ENTERPRISE CENTRIC APPROACH

Types of Consent

The screenshot shows the MCS dashboard with the following sections:

- Dashboard:** Includes 'Authorized Representative Consents', 'Payer Consents', and 'Provider Consents'.
- Provider Consents:** A table listing provider consents with columns for Name, Address, NPI, Permissions, Provider Type, and Consent ID. A 'Revoke Consent' button is visible next to the 'New York Hospital' entry.

Name	Address	NPI	Permissions	Provider Type	Consent ID
New York Hospital	10029,2002 2ND AVE,NEW YORK,...	1902268162	Permit	Hospital	532
Easy Access Pharmacy	10017,120 E 42ND ST,NEW YORK,...	1609149582	Permit	Hospital	533

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SOLUTION APPROACH

Leveraging FHIR

Health Plan

Sd|huvrQsd|hu# DSL

SchwngwDffhvw# DSL

FHIR Server

Requestor (who) & Requestee (whom)

F rqvhpq# Uhvzxufh

Suryghu#Dffhvw# DSL

F rqvhpq# Uhvzxufh

Khdok#Sdq F xvwrp #Dssv

F xvwrp # P relhZ he# Desv

3rd party apps

Suryghu

F xvwrp # P relhZ he# Desv

Why FHIR?
 Avoids proprietary solution and leverages industry standard; HL7 FHIR is already designed to be patient (member centric), HL7 FHIR has defined consent resource making it easy to exchange between apps, used by apps and with partners (e.g. payer-to-payer); allows us to apply requestor (FHIR user) & requestee (FHIR Patient), HL7 FHIR resource for audit

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ANATOMY OF CONSENT FHIR RESOURCE

```

Consent
-----
Id= {fhir resource id}
version = 1
lastUpdated = {datetimestamp}
Status = active
scope=patient-privacy
category=authorizedRepresentative
policyRules={consent policy id}
dateTime={datetimestamp}
-----
Patient
{reference = Patient/1}
Performer
{reference=Patient/1}
-----
Provision
type = permit
period = {start - end}

Provision
type = deny
class=observationF19.20

Provision
type = deny
securityLabel=GOV

Provision
type = deny
class=Procedure
Code=96164
                    
```

Consent metadata

Requestor (Jane) and for whom (John)

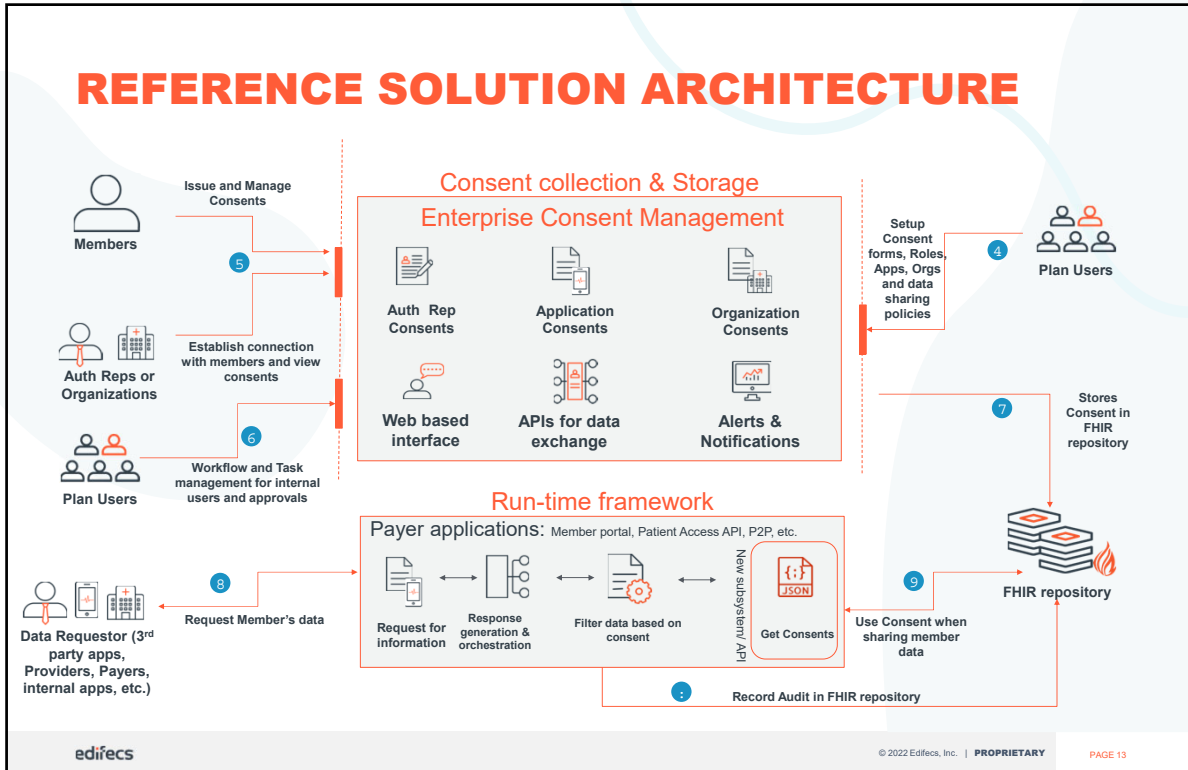
Consent period and data sharing rule

Exception rules to the overall data sharing rule provided by the consent
e.g. Deny access to with diagnosis code F19.20 (diagnosis code for substance abuse dependency)

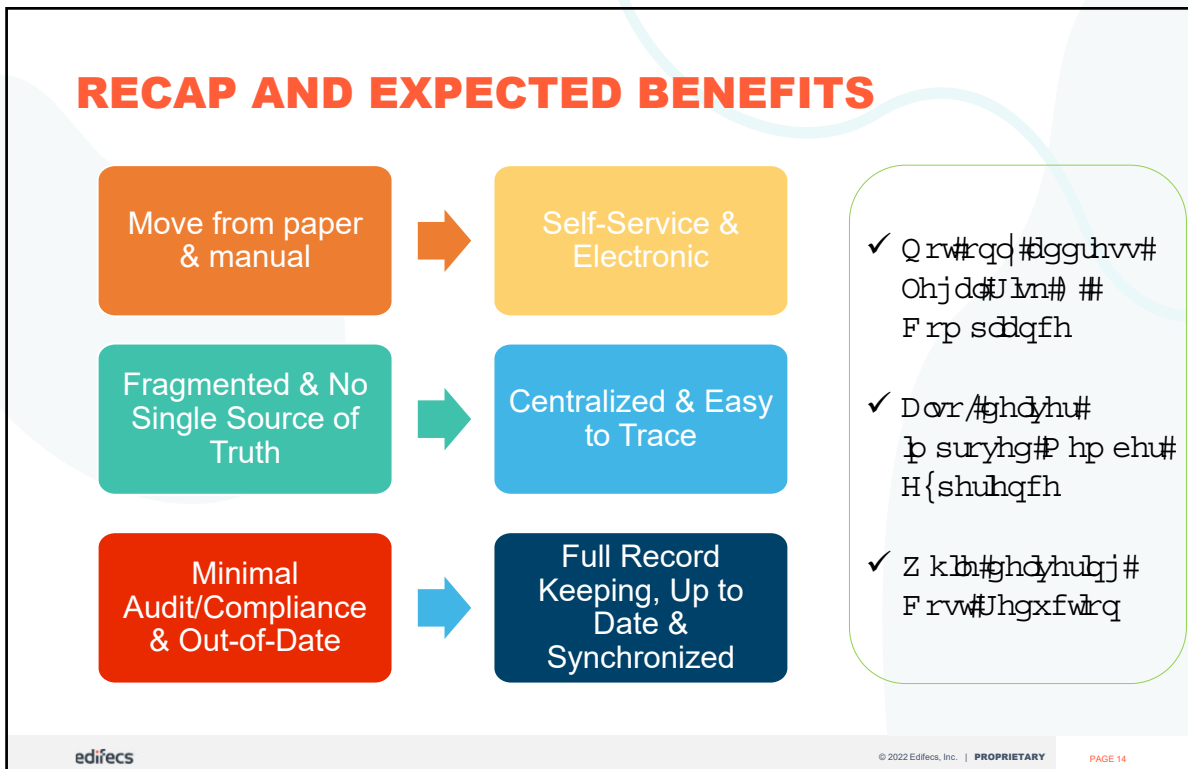
Exception rules to the overall data sharing rule provided by the consent
e.g. Deny access to Procedure code 96164 Addiction Treatment

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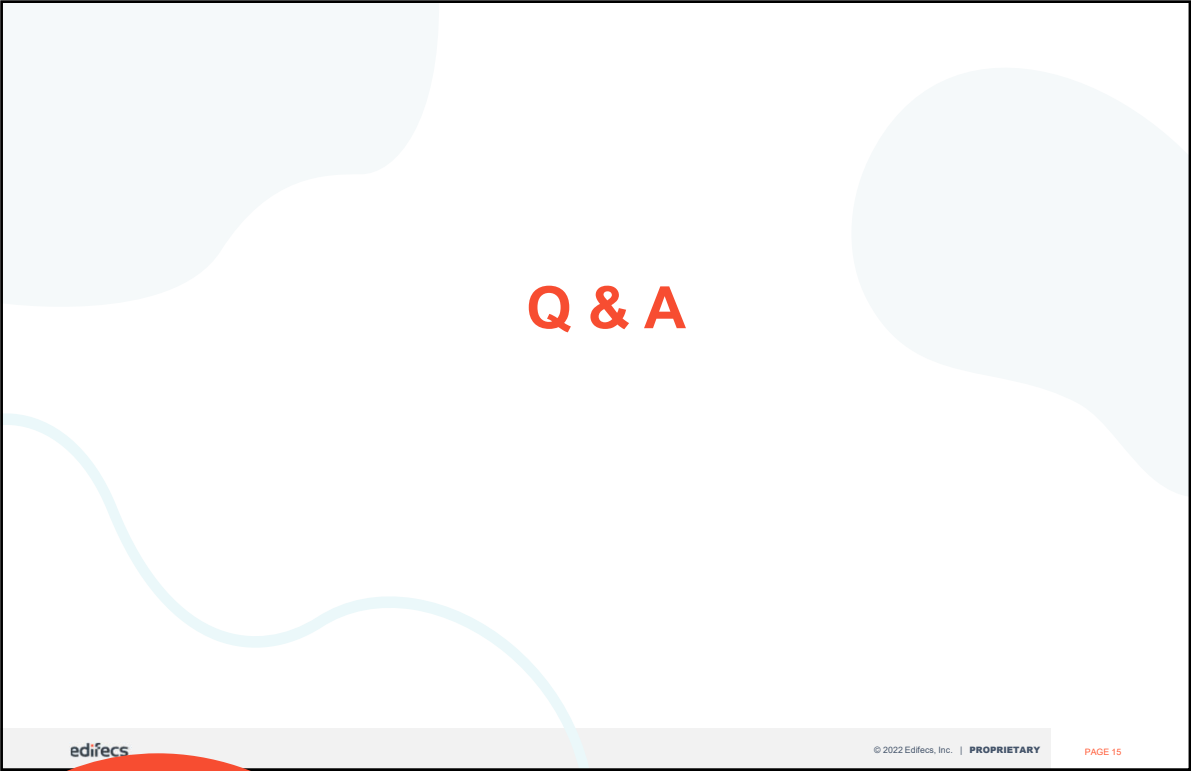
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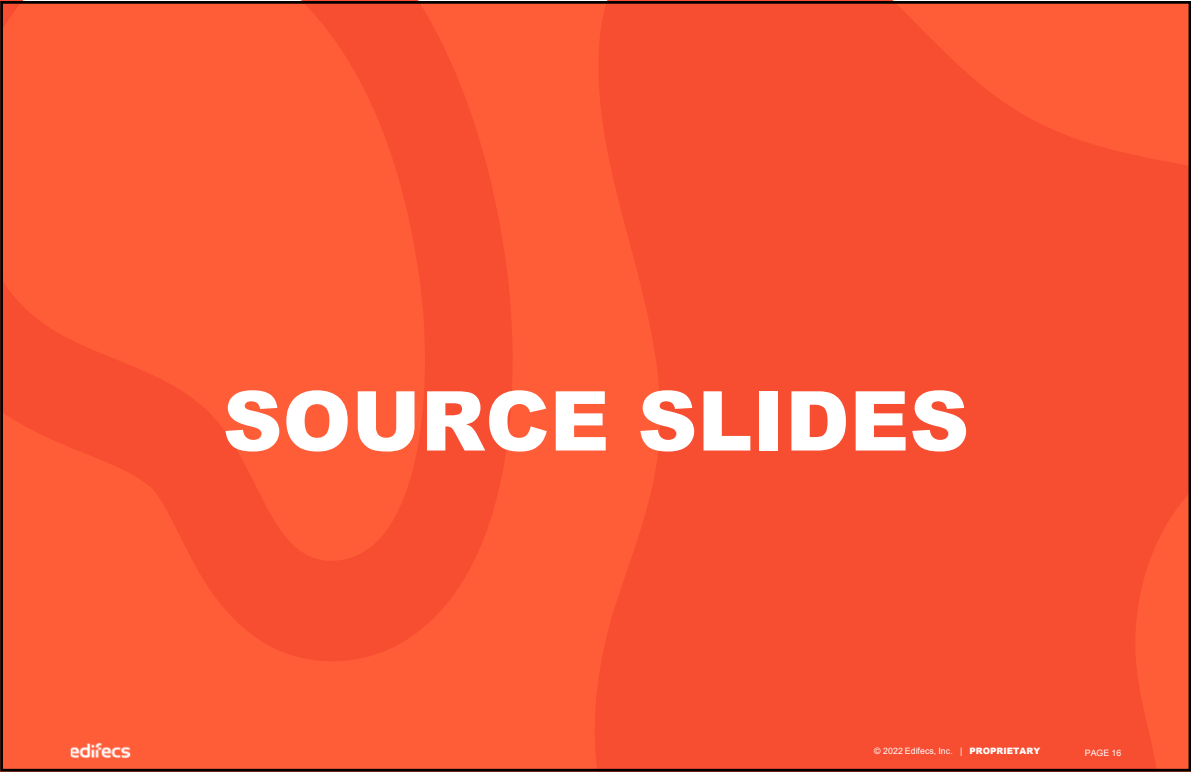
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