HTI-1 Final Rule:
Looking into 2025

DRUMMOND

Is it DRUMMOND CERTIFIED™ ?

Start Preparing Now

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End of 2024:
(b)(11) Decision Support
Interventions
(g)(10) API updates and
maintenance

End of 2026
Electronic Prior Authorization
Add'l Insights Reporting

End of 2025:
USCDI v3 and minimum code sets, Insights
(phase 1), (f)(5), (a)(5) demographics, (e)(1)
requests for restrictions, all new standards
& implementation specifications...

Migrate to USCDIv3

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5
New
Data Classes

46
New
Data Elements

Implementation Specs, Min. Code Sets (SNO-MED, LOINC, etc.)
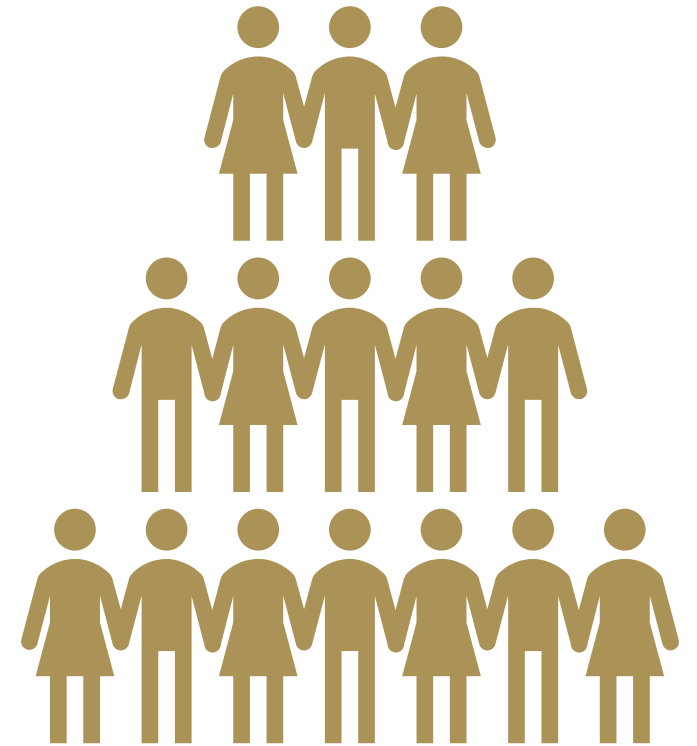
USCDIv4 considerations in strategy

Migrate to USCDIv3

Impacted certification criteria involving data sharing:

(b)(1) Transitions of care

(b)(2) Clinical information reconciliation and incorporation

(b)(9) Care plan

(b)(11) Decision support interventions

(e)(1) View, download, and transmit to 3rd party

(g)(6) Consolidated CDA creation performance

(g)(9) Application access—all data request

(g)(10) Standardized API for patient and population services

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(a)(5): Demographics & Observations
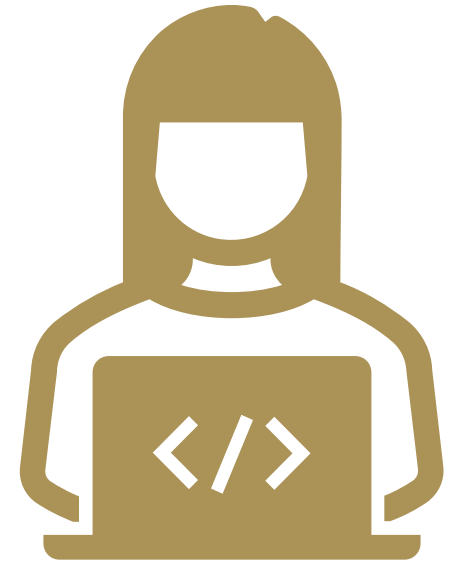
BaseEHR Requirement: record, change, access

- Race
- Ethnicity
- Preferred language
- Sex
- Sex parameter for clinical use
- Sexual orientation
- Gender identity
- Name to use
- Pronouns
- Date of birth

Insights Condition of Certification

Who Is Impacted? And When?

- Larger EHR Developers must report
  - >50 hospitals, 500 clinicians

- (g)(10), (e)(1), (f)(1) transaction data

Insights Condition of Certification

Who Is Impacted? And When?

Year 1												Year 2											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Collect Data for Year 1 measures/metrics (Year 1: Jan–Dec)

Assemble Data (Year 2: Jan–Jun)

Report (Year 2: Jul)

Collect Data for Year 1 and 2 measures/metrics (Year 2: Jan–Dec)

$(f)(5)$ – Key Changes

OLD RULE	NEW RULE
Functional requirements	Expanded use cases
Primarily for the creation of reports	Standards-based
	Consume and process trigger points
	Report creation
	Receive, consume, and process report responses

(e)(1) Change: Patient-Requested Access Restrictions

NEW: "Internet-based method" enabling patient requests from data access restrictions

No specifications for <u>handling</u> the requests – open to product design decisions

Beyond HTI-1
Electronic Prior Authorization

CMS-MIPS Deadline for Providers: Conduct Transactions in 2027

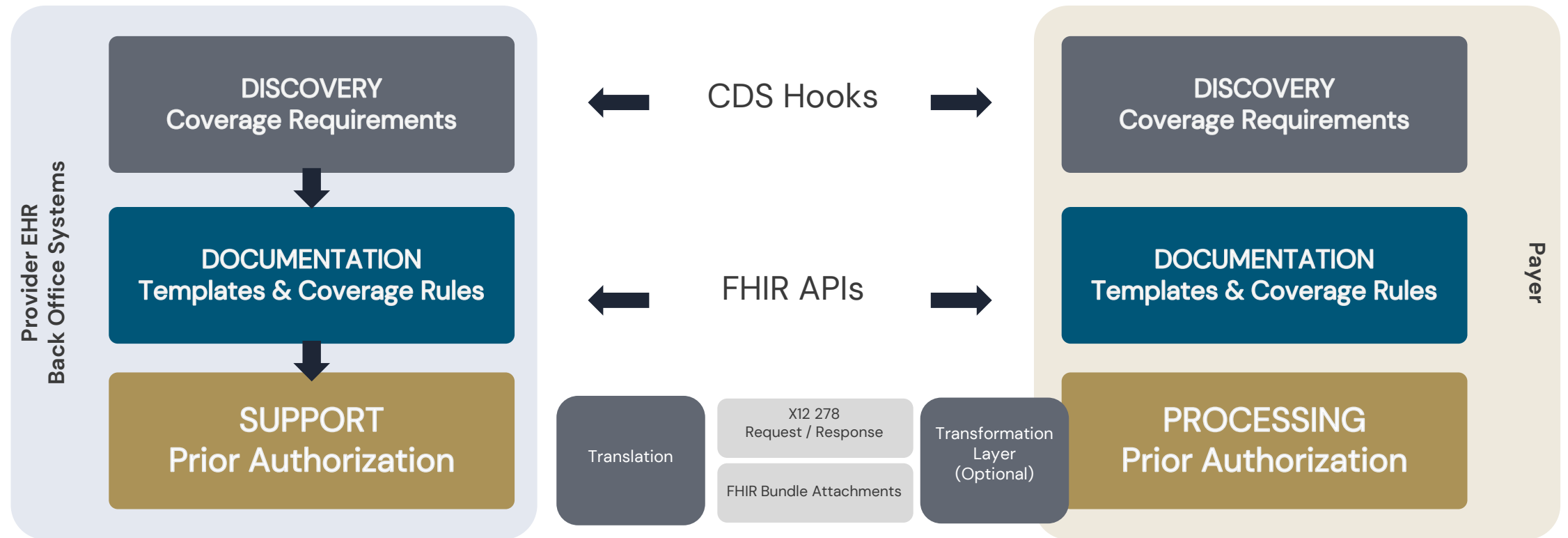**HTI-2 proposed rule deadline for EHR functionality**: 1-1-2027

2-year window to develop and test EPA capability
- Complex, multi-use-case workflows
- Testing with payer systems
- Key focus area for Drummond, starting NOW.

EPA Workflow
Prior Authorization – Burden Reduction

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Provider EHR Back Office Systems

DISCOVERY
Coverage Requirements

← CDS Hooks →

DISCOVERY
Coverage Requirements

DOCUMENTATION
Templates & Coverage Rules

← FHIR APIs →

DOCUMENTATION
Templates & Coverage Rules

Payer

SUPPORT
Prior Authorization

Translation

X12 278
Request / Response

FHIR Bundle Attachments

Transformation
Layer
(Optional)

PROCESSING
Prior Authorization

Improve Transparency
Reduce Effort for Prior Authorization
Leverage Available Clinical Content and Increase Automation