CMS Interoperability Planning Collaborative

- Collaboration among counties to meet new CMS data sharing requirements
- Create strategic planning roadmap

48 COUNTIES (as of 3/31) participating

Key Program Activities

- Group discussion and sharing
- Subject matter experts, health plan and industry references
- Resources and templates

Special Thank You and Acknowledgement

This program is supported by a grant from the California Health Care Foundation.
## CMS Interoperability Planning Collaborative

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Agenda and Discussion Framework

Goal
Build a knowledge foundation so that counties can engage in the planning process

- Important Context and Key Concepts
- County Perspective
  - Core requirements
  - Key updates and clarifications
  - Timeline and cost considerations
- Other Resources to Get Started
Zoom Logistics

- Everyone will be muted to start
- Submit questions/comments in chat
- Unmute – through Zoom or phone (*6)
- Video is encouraged
- **Zoom name display**
  - Name, health plan/organization
Admin Stuff

Program email
• interoperability@calmhsa.org

Program materials and resources
• https://www.calmhsa.org/cms-interoperability-planning
Agenda and Discussion Framework

- Important Context and Key Concepts

- County Perspective
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- Other Resources to Get Started
Joint CMS-ONC federal regulatory effort to make it easier for patients, health plans, and providers to access, exchange, and use electronic health information (EHI) in order to support better care decisions and health outcomes.

2,000 pages of regulation text released in March 2020
1,621 public comments submitted
What Data to Share?

- **Data Exchange**
  Require select health care entities to share certain electronic health information.

How Data are Shared?

- **Data Interoperability**
  Enable seamless flow of data between organizations and their application systems.

Other Behaviors

- **Information Blocking**
  Prevent practices that restrict authorized access, exchange, and use of electronic health information.
Who Enforces?

Who is Impacted?

- Payers/ Plans
- States
- Providers
- ONC-Certified EHRs
In this rule, similar to CMS’ Blue Button 2.0 approach to Medicare FFS, we propose to require that all … deploy standardized, open APIs to make certain information available to enrollees.
Medicare FFS Claims/Encounters (A + B + D, 4 years)

Common Data Format and API for Data Exchange

55 Mobile App Ecosystem

Authentication, Consent
Medicare FFS Claims/Encounters (A + B + D, 4 years)

Common Data Format and API for Data Exchange

55 Mobile App Ecosystem

Authentication, Consent

“All” Data

Standards, Modern Technologies

Transparent, Pro-competitive

Consumer Directed
345 Unique CMS Payers Impacted

**Medicaid and CHIP**
- State FFS
- Managed care plans (MCOs)
- Prepaid inpatient health plans (PIHPs)
- Prepaid ambulatory health plans (PAHPs)

- Including county behavioral health plans

**Medicare**
- Medicare Advantage

**Exchange**
- QHPs on the Federal Exchange (exemption available)
Access all my health information … in one place
Consumer-Directed Data Exchange
Agenda and Discussion Framework

• Important Context and Key Concepts

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  • Core requirements
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• Other Resources to Get Started
Core Requirements of County Behavioral Health Plans

- Patient access to eHI via application program interfaces (APIs)

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<thead>
<tr>
<th></th>
<th>Effective Date</th>
<th>Data Exchange Partner</th>
<th>Consumer Consent</th>
</tr>
</thead>
</table>
| 1 | Patient Access API  
(similar to Blue Button 2.0) | January 1, 2021  
July 1, 2021 | Plan-to-Client  
(through 3rd-party app) | ✔ |
| 2 | Provider Directory API | January 1, 2021  
July 1, 2021 | | X |
| 3 | Payer-to-Payer* | January 1, 2022  
?? | Payer-to-Payer  
(bi-directional) | ✔ |

* State Medicaid FFS is exempt from Payer-to-Payer requirements.
Core Business Requirements

1. Data
2. Access Management
3. API
Core Data Sharing Requirements

- Map required data to FHIR-based format using “implementation guides”

<table>
<thead>
<tr>
<th></th>
<th>Claims and Encounters&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Clinical/USCDI&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Cost Data&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Formulary/Preferred Drug List</th>
<th>Provider Directory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patient Access API</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Provider Directory API</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>Payer-to-Payer</td>
<td>X</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

1 Including encounters with capitated or delegated providers. 2 USCDI = US Core Data Interoperability. 3 Provider payment amounts and enrollee cost-sharing amounts.
**US Core Data For Interoperability**

### Allergies and Intolerances *NEW*
- Substance (Medication)
- Substance (Drug Class) *NEW
- Reaction

### Clinical Notes *NEW*
- Consultation Note
- Discharge Summary Note
- History & Physical
- Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative
- Procedure Note
- Progress Note

### Patient Demographics
- First Name
- Last Name
- Previous Name
- Middle Name (incl. middle initial)
- Suffix
- Birth Sex
- Date of Birth
- Race
- Ethnicity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address

### Smoking Status

### Unique Device Identifier(s) for a Patient’s Implantable Device(s)

### Goals

### Health Concerns

### Immunizations

### Laboratory
- Tests
- Values/Results

### Problems

### Procedures

### Provenance *NEW*
- Author Time Stamp
- Author Organization

### Vital Signs
- Diastolic Blood Pressure
- Systolic Blood Pressure
- Body Height
- Body Weight
- Heart Rate
- Respiratory Rate
- Body Temperature
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2-20 Years) *NEW
- Weight-for-length Percentile (Birth - 36 Months) *NEW
- Occipital-frontal Head Circumference Percentile (Birth - 36 Months) *NEW

For more info: [HealthIT.gov/USCDI](http://HealthIT.gov/USCDI)
## Core Data Sharing Requirements

### Update Time Frames and Date Ranges

<table>
<thead>
<tr>
<th>Required Data</th>
<th>Update Time Frame</th>
<th>Date Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Access API</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims and Encounters</td>
<td>&lt; 1 B day</td>
<td>2016+</td>
</tr>
<tr>
<td>Clinical/ USCDI</td>
<td>&lt; 1 B day</td>
<td>2016+</td>
</tr>
<tr>
<td>Preferred Drug List</td>
<td>&lt; 1 B day</td>
<td>Current</td>
</tr>
<tr>
<td>Provider Directory API</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider, Pharmacy Network</td>
<td>&lt; 30 days</td>
<td>Current</td>
</tr>
</tbody>
</table>

If you process claims internally
No later than one (1) business day after claim adjudication

If you receive claims/encounter data from an external source (such as capitated provider, TPA)
No later than one (1) business day after receiving the data

Historical data to include
With a date of service on or after January 1, 2016
Core Access Management Requirements

- For Patient Access API

**Patient/ Member**
1. Member education
2. Identity management
   - Verification (initial set up)
   - Authentication (ongoing)
3. Consent management

**3rd-party Apps**
1. Documentation for onboarding and API connectivity
2. 3rd-party authorization
3. Privacy attestation (optional)
4. Security risk assessment (optional)
Same privacy and security framework
• Existing HIPAA right of access
• Existing federal, state, local laws

3rd-Party Apps regulated by FTC

3. API for Data Exchange
2. Access Management
1. County Data
Same privacy and security framework
• Existing HIPAA right of access
• Existing federal, state, local laws

3. API for Data Exchange
2. Access Management
1. County Data

NO Business Associates Agreement (BAA) or data sharing agreement between County and 3rd-party Apps
Core API Requirements

1. Support FHIR Release 4.0.1
2. API documentation – transparent and publicly accessible
3. Routine testing and monitoring
Agenda and Discussion Framework

• Important Context and Key Concepts

• County Perspective
  • Core requirements

• Key updates and clarifications

• Timeline and cost considerations

• Other Resources to Get Started
CMS Estimates

• 6+ month implementation process

• $788K - $2.5 million implementation costs per impacted payor
Initial Education

March-July 2022

Planning Collaborative

August-Dec 2022

RFP/Procurement Readiness

or

August 2022 – March 2023

Implementation

Jan-July 2023

or

April 2023 – Dec 2023
Key Clarifications

- Data requirements
- Access Management
- Privacy and security
- Standards
## Data Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Dental and vision claims and encounter data                                | Required        | - Implementation guides for mapping dental and vision claims and encounter data to FHIR are not ready  
|                                                                             |                 |   - Probably by end of 2022                                        |
| Clinical/ USCDI data in Patient Access API if “maintained” by the plan      | Required        | - Evaluate your data for all 3 parts:                                   
|                                                                             |                 |   1. Access to the data                                                |
|                                                                             |                 |   2. Control over the data                                             |
|                                                                             |                 |   3. Authority to make the data available through the Patient Access API |
| Unstructured data                                                          | Optional        | - Exclude data that can not be identified as a discrete data element   |
|                                                                             |                 |   - Such as PDFs or scans of provider faxes                            |
| Audit, validate or correct data that comes from another source              | Optional        | - Do not need additional audit or review beyond current practice       |
|                                                                             |                 |   - Do not need to change current county-provider contract language or current data exchange processes |
## Access Management

<table>
<thead>
<tr>
<th>Description</th>
<th>Required/Can’t Do</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>Behavioral health data</td>
<td><strong>Required</strong></td>
<td>• If authorized by consumer (HIPAA right of access)</td>
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</table>
| Current “enrollee” + authorized representative                            | **Required**     | • Optional for “former” enrollee – implications for authentication support, and vendor costs  
|                                                                            |                  | • Such as parent, guardian, medical power of attorney |
| Data Segmentation                                                           | **Can’t Do**     | • “all or nothing” for the plan – based on consumer consent  
|                                                                            |                  | • 3rd-party app and consent may request limited data |
| Charge 3rd-party apps or consumers for access to APIs                      | **Can’t Do**     | • “Free” for consumers and 3rd-party apps |
Privacy and Security

Deny or Discontinue API Access (“vetting”)

- Optional
- (recommended)
- Based only on security risk assessment, and unacceptable security risk to data systems
- Must be objective criteria applied consistently

3rd-Party App Attestation

- Optional
- (recommended)
- May request attestation to certain privacy and security provisions – can disclose to patients
- Cannot be used to delay or deny API access
## Standards

### Required

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. FHIR Release 4.0.1</td>
</tr>
<tr>
<td>2. SMART on FHIR Application Launch Framework 1.0.0 (Oauth 2.0 for 3rd-party app authorization)</td>
</tr>
<tr>
<td>3. OpenID Connect, version 1.0, incorporating errata set 1 (for member authentication)</td>
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<th>Content and Vocabulary Standards</th>
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<tr>
<td>4. U.S. Core for Data Interoperability, version 1</td>
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- Foundation for API Data Exchange
- Foundation for Privacy and Security
- Foundation for Data
## Standards

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<td>FHIR</td>
<td>Oauth OpenID</td>
<td>USCDI</td>
</tr>
<tr>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Required</td>
<td>Can’t Do</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Optional</td>
<td>????</td>
<td>Required</td>
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• Other Resources to Get Started
Interoperability Resources to Get Started

CMS Interoperability Primer – 90-minute webinar
• Materials will be posted to the CalMHSA program webpage

CMS Interoperability Resources

**Reference: Community Health Group (San Diego)**

**Interoperability weblinks**

- *Required by regulation*

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<tr>
<td>1.</td>
<td>Documentation for 3rd-party app developers*</td>
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<tr>
<td></td>
<td><a href="https://1up.health/docs/">https://1up.health/docs/</a></td>
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<tr>
<td>2.</td>
<td>App developer portal to register and connect to plan’s Patient Access API*</td>
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<td><a href="https://www.chgsd.com/about-CHG/fhir-developer-api">https://www.chgsd.com/about-CHG/fhir-developer-api</a></td>
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<td>Webpage with consumer education about privacy and security practices*</td>
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<td><a href="https://www.chgsd.com/members/access-your-data">https://www.chgsd.com/members/access-your-data</a></td>
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