CMS Interoperability Planning Collaborative

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

**48 COUNTIES 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.
### Meeting Topics and Focus

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  • Market summary and lessons  
  • County considerations | April 5 |
| #2 • Recap and Key Takeaways So Far  
  • Some Questions  
  • Data Requirements | April 26 |
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  • 3rd-party app registration | May 17 or 24 |
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  • RFP template  
  • Lessons from health plan procurement | Early-mid June |
| #5 • Final group discussion  
  • Feedback on draft work plan and next steps | July (2nd week) |
Admin Stuff

Program email
• interoperability@calmhsa.org

Program materials and resources
• https://www.calmhsa.org/cms-interoperability-planning
Program Staff and Guest Speakers

Khoa Nguyen
CEO, KN Consulting LLC
Project Director

Dr. Chris Esguerra
Chief Medical Officer
Health Plan of San Mateo
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**
  - Participants menu
  - Name, county/organization
Today’s Agenda and Discussion Framework

Program Goal – start the planning process

- Welcome and Admin Stuff
- Recap and Key Takeaways So Far
- Some Questions and Implications for Planning
- Data Requirements
Survey Question: County Implementation Status

31 county responses (5 added)

- Haven’t started: 16 counties
  - Alameda, Amador, Calaveras, De Norte, Imperial, Kern, Kings, Marin, Mono, Nevada, Riverside, San Benito, Stanislaus, Tehama, Trinity, Tulare

- Some early analysis or planning: 8 counties
  - Butte, El Dorado, Orange, Sonoma, San Diego, San Luis Obispo, Yolo, Ventura

- Selected Vendor/Consultant: 6 counties
  - Humboldt, Merced, Orange, Shasta, Solano, San Bernardino

- Started Implementation: 2 counties
  - Contra Costa

- Live: 0 counties
### Recap and Key Takeaways So Far

1. DHCS “expectations” not clear – and no urgency

2. Many states and health plans still not live, and little/ no 3rd-party app or consumer engagement

3. Lower priority relative to other implementations and initiatives

4. Lots of questions, still learning, new and complex requirements, counties as “plans”

“Low risk” of noncompliance

Build your work plan and timelines that fit your situation

More education, Q&A and discussion
County Considerations for CMS Interoperability Planning

- Have to do
- “Kinda have to do” -- compelling implications

- Highest Priorities and Timelines consistent with most counties
  - New EHR implementation (July 2023)
  - Cal AIM – both payment (July 2023) and documentation reform
  - BH-QIP interoperability requirement with HIE (Sept 2023)

“Well stated John (CalMHSA). Reverse engineer the timeline – collectively.”
No Earlier than 2024 for CMS Interoperability

- New EHR implementation
- Cal AIM payment reform
- BH-QIP
- CMS Interoperability
Survey Responses: Potential Go-Live Date
22 county responses

2023
January
Butte
Humboldt
Lake
San Diego
Marin
Trinity
Ventura

2024
January
San Luis Obispo
Siskiyou
Orange
Placer

2025
July
Jan
Tehama
Sonoma
Alameda
San Benito
Contra Costa
Nevada

5 counties “not sure yet – need more information”
- El Dorado, Imperial, Kings, Stanislaus, Sutter-Yuba
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• Data Requirements
for those implementing a new EHR or billing system, shouldn't the Interoperability requirements be at least a consideration or part of some of the decisions being made?

For CalMHSA, will there be a future discussion about planning for these CMS Interoperability requirements in regards to the Semi-Statewide EHR project?

if implementing an EHR in a roll out process, how would the timeline be affected. for example, inpatient is live and outpatient is in process?
Is there a way to have a list of where CMS interoperability and ONC requirements differ so we can properly see where EHRs may fall short?

- Follow up: Detailed review of potential role of/for county EHR
  - what do they do now
  - what could they do for CMS interoperability
  - considerations for new EHR implementations
Funding seems like the biggest holdback to successfully implement CMS interoperability. Our County only has 4 IT staff for the entire county.

The costs implement an API alone that access data from our EHR (Cerner) will be a huge. $70K estimate for Cerner to export that data into a CSV file.

- **Follow up:** DHCS feedback about interoperability cost recognition and oversight/audit plan
- **Planning Considerations:** Provider Directory API before Patient Access API – lower costs, no reliant on EHR
Data Privacy Protections

How do you do compliance with CFR 42 PART II for Substances Abuse Data for the API?

• **CMS guidance**: existing HIPAA right of access, and existing federal, state and local laws

• **Follow up**: Better understanding and framework for privacy considerations unique to behavioral health – 42 CFR Part 2, parents/minors, etc (foundation for P&Ps and vendor business requirements)
Where can I learn more about the FHIR data and API standards?

• Some references
  - FHIR overview (https://www.hl7.org/fhir/)

• Follow up: FHIR education/bootcamp for IT staff and data analysts
Agenda and Discussion Framework

• Welcome and Admin Stuff

• Recap and Key Takeaways So Far

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• Data Requirements
Core Requirements of County Behavioral Health Plans

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

<table>
<thead>
<tr>
<th></th>
<th>Effective Date</th>
<th>Data Exchange Partner</th>
<th>Consumer Consent</th>
</tr>
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<tr>
<td>1</td>
<td>Patient Access API</td>
<td>January 1, 2021; July 1, 2021</td>
<td>Plan-to-Client (through 3rd-party app)</td>
</tr>
<tr>
<td></td>
<td>(similar to Blue Button 2.0)</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Provider Directory API</td>
<td>January 1, 2021; July 1, 2021</td>
<td>Payer-to-Payer (bi-directional)</td>
</tr>
<tr>
<td>3</td>
<td>Payer-to-Payer*</td>
<td>January 1, 2022; ???</td>
<td>Payer-to-Payer (bi-directional)</td>
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* State Medicaid FFS is exempt from Payer-to-Payer requirements.
## Core Data Sharing Requirements

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

### API Requirements Table

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<th>Provider Directory API</th>
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### Notes

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

3. API

2. Access Management

1. Data
Overview of Data Flow (Health Plans)

County BH Health Plan

External Entities

Current System(s)

Access Management

FHIR Data “Repository”

3rd-party apps Access Management

FHIR API
FHIR Data Repository

Data transformation/ ingestion using open sourced, "implementation guides"

- Patient Access API
  - Claims and Encounters, with cost data
  - Clinical/ USCDI
  - Formulary

- Provider Directory API
  - Providers, Pharmacies

* Not required for Counties
The CPCDS is a logical data set that meets CMS Blue Button 2.0 API content.

Aids implementers in understanding the data representation requirements of each EOB Profile and the referenced resources used by these profiles.

Based on CPCDS, define the minimum mandatory elements, extensions and terminology requirements that must be present in the FHIR resource.
Considerations for Data Requirements

• By relevant data categories
  • Mental health vs DMC-ODS
  • County providers vs contracted providers
  • Others?

• Meets “maintains definition”
  • Access to, Control of, Ability to share via API

• Data Acquisition: method, format, frequency
• Where/ Who: primary data source for FHIR data
Provider Directory API

- Updated no later than 30 calendar days after a health plan receives the provider directory information or updates to the provider directory information
- Consent and authentication requirements do no apply – already public information

**Required for Counties**

<table>
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<tbody>
<tr>
<td>1. Name</td>
</tr>
<tr>
<td>2. Address</td>
</tr>
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<td>3. Phone number</td>
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<td>4. Specialty</td>
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**Pharmacy Network**

Not Required for Counties because Medi-Cal pharmacy is carved-out and managed by DHCS
Considerations for CMS Interoperability Timelines
Phased Approach

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## Considerations for CMS Interoperability Timelines

### Phased Approach

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- **No consumer consent, no PHI or patient-level data** – no issues with privacy, low costs

- **EHR source data, potential for IDP/ authentication, and new EHR implementations**
for those implementing a new EHR or billing system, shouldn't the Interoperability requirements be at least a consideration or part of some of the decisions being made?

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**CMS Interoperability Planning Collaborative**

This document outlines the meeting topics and focus, along with their respective schedules. The topics range from discussing FAQs and primer updates to identity management and core business requirements. The meetings are scheduled from March to July, providing a structured approach to interoperability planning.

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