Session 3
CMS Interoperability Planning Collaborative

May 17, 2022
CMS Interoperability Planning Collaborative

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

52 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.
# CMS Interoperability Planning Collaborative

<table>
<thead>
<tr>
<th>Meeting Topics and Focus</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CMS Interoperability primer (optional)</td>
<td>March 29</td>
</tr>
<tr>
<td>#1 • FAQs from Primer and Compliance Updates</td>
<td>April 5</td>
</tr>
<tr>
<td>• Market summary and lessons</td>
<td></td>
</tr>
<tr>
<td>• County considerations</td>
<td></td>
</tr>
<tr>
<td>#2 • Recap and Key Takeaways So Far</td>
<td>April 26</td>
</tr>
<tr>
<td>• Some Questions</td>
<td></td>
</tr>
<tr>
<td>• Data Requirements</td>
<td></td>
</tr>
<tr>
<td>#3 • Recap about Data Requirements</td>
<td>May 17</td>
</tr>
<tr>
<td>• Some Questions and Survey Responses</td>
<td></td>
</tr>
<tr>
<td>• Consumer consent, 3rd-party App Registration</td>
<td></td>
</tr>
<tr>
<td>#4 • Recap about Consent and App Registration</td>
<td>Mid June</td>
</tr>
<tr>
<td>• Some Questions and Survey Responses</td>
<td></td>
</tr>
<tr>
<td>• Lessons and feedback from Medi-Cal health plans</td>
<td></td>
</tr>
<tr>
<td>#5 • Final group discussion</td>
<td>Mid/ late July</td>
</tr>
<tr>
<td>• Feedback on draft work plan and next steps</td>
<td></td>
</tr>
</tbody>
</table>
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

Mark Scrimshire  
Chief Interoperability Officer,  
Onyx Health
*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 Responses to Data Requirements
- 3rd-party App Registration and Client Consent
- Some Questions and Implications for Planning
Survey Question: Provider Network Data Requirements

18 county responses

Extremely Easy | Somewhat Easy | Neutral | Somewhat Challenging | Extremely Challenging
--- | --- | --- | --- | ---
1 | 1 | 7 | 8 | 1
Los Angeles | Trinity | San Benito  
Solano  
El Dorado  
Siskiyou  
San Luis Obispo  
Imperial  
Merced | San Diego  
Placer  
Tehama  
Humboldt  
Kern  
Orange  
Nevada  
Sierra | Sonoma
Provider Directory API Data Requirements

1. Name
2. Address
3. Phone #
4. Provider Specialty

- Updated within 30 days of receiving changes (i.e., update every month)
- Publicly available to any 3rd-party app – no client consent
Survey Question: Claims/ Encounter Data Requirements

18 county responses

<table>
<thead>
<tr>
<th>Extremely Easy</th>
<th>Somewhat Easy</th>
<th>Neutral</th>
<th>Somewhat Challenging</th>
<th>Extremely Challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

Los Angeles*
Placer
Trinity

Solano*
El Dorado
Siskiyou
Humboldt
Imperial
Merced

San Benito
San Diego
Tehama
Kern
Orange
Nevada

Sonoma*
San Luis Obispo
Sierra

* County does not have DMC-ODS.
No Earlier than 2024 for CMS Interoperability

2022

- New EHR implementation
- Cal AIM payment reform
- BH-QIP

2023

CMS Interoperability

San Benito, San Diego, Placer, Sonoma, Tehama, Siskiyou, Trinity, Humboldt, Kern, Nevada, San Luis Obispo, Sierra, Imperial, Merced
Considerations for CMS Interoperability Timelines

**Phased Approach**

<table>
<thead>
<tr>
<th>2022</th>
<th>2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Directory API</td>
<td><strong>EHR source data, potential for IDP/ authentication, and new EHR implementations</strong></td>
</tr>
<tr>
<td>Patient Access API: Claims/ Encounter Data and Access Management</td>
<td></td>
</tr>
<tr>
<td>Patient Access API: Clinical/ USCDI Data (new/ current EHR implementations)</td>
<td></td>
</tr>
</tbody>
</table>

- Builds on existing PDF and 274 project
- No consumer consent, no PHI or patient-level data – no issues with privacy
- Low cost to implement
Considerations for CMS Interoperability Timelines

Phased Approach

- 2022: Provider Directory API
- 2023: Patient Access API: Claims/Encounter Data and Access Management, Solano, Los Angeles, Orange
- 2024: Patient Access API: Clinical/USCDI Data
Phased Approach to Implementation of CMS Interoperability

18 county responses

Provider Directory >> Claims/ Encounter Data & Consent/ 3rd-part Apps >> Clinical Data

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

San Benito
Solano
El Dorado
Placer
Trinity
Trinity
Humboldt
Kern
San Luis Obispo
Sierra
Merced
San Diego
Siskiyou
Los Angeles
Nevada
Imperial

* Two counties “Not sure yet – need more information”
Today’s Agenda and Discussion Framework

Program Goal – start the planning process

• Welcome and Admin Stuff
• Recap and Responses to Data Requirements
• 3rd-party App Registration and Client Consent
• Some Questions and Implications for Planning
County BH Plan

Current System(s) → Provider Directory API → FHIR Data "Repository" → FHIR API → 3rd-party apps Access Management

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

*For all county and contracted BH providers
County BH Plan

For 3rd-party Apps

- API Documentation on county website
  - 1a. App Registration
  - Optional
    - 1b. Sandbox for testing
    - 1c. Privacy/security attestation
    - 1d. Security risk assessment

- County Admin Portal

For Clients

- Education and awareness on website
  - 2. Download/install app (app gallery)

- Client Portal
  - 3a. Identity verification (new account)
  - 3b. Login authentication
  - 3c. Consent – authorize 3rd-party app

3rd-party apps

FHIR API

Authorization Server

Client Accounts

FHIR Data “Repository”
Consumer Apps and Developer Registration

Mark Scrimshire
Chair, HL7 Da Vinci Payer Data Exchange Workgroup
Chief Interoperability Officer, Onyx Technology, LLC

@ekivemark | Mark.Scrimshire@onyxhealth.io
What Do Developers need?

• Discoverability
  👉 How do I find your API?

• Endpoint Information
  👉 Where Do I connect?

• Credentials
  👉 How do I get authorized?

• API Documentation
  👉 How does the API work?
What do Members Need

- What Apps Can I use?
- How do I know an app has been approved?
- Where do I get an App from?
By creating application registration, it will show the interaction between Payer and the Developer.
The application will connect to the health plan where the beneficiary will use the application to connect to their health plan.

Below are the data elements that are required for a new application: Application Name
- Description
- Callback URLs
- Privacy Policy URL
- Terms of Service URL
- Transparency security attestations and certifications
- Customer Support Email
- Customer Support Phone
- Implementation Guides
In the role of third-party app developer, a developer can request access from different payers for specific IGs.
Once a developer submits a new application a Payer will be able to view a new request.
Payer have the capability to view Application Details for each new request.

Application Details

- **Logo**: Pictorial logo
- **Application Name**: myCareAI
- **Payer Name**: Ruby Health
- **Description**: myCareAI is a consumer-controlled application built to comply with the CARIN Blue Button 2.0 implementation guide.
- **Callback URLs**:
  - https://mycareapi-uat.mycareai.com/api/v1/payer/callback
  - https://www.mycareai.com/privacy-policy
  - https://www.mycareai.com/terms-of-use
- **Customer Support Email**: support@mycareai.com
- **Customer Support Phone**: 800-999-9999
- **Transparency security attestations and certifications**: https://www.mycareai.com/certs
- **ImplementationGuideName**: CarinBB 2.0
- **Current Status**: Pending
Once the application is approved, developer’s dashboard is divided into four sections:

1. **Approved Applications**
2. **Pending Applications**
3. **Rejected Applications**
4. **Revoked Applications**
After the approval, developers have the capability to view Application Details by clicking on the “View” button.
Consumer App (myCareAI) Connecting to Your API

1. Click confirm below to connect to your health plan.
2. Securely import claims or clinical data from your health plan.

**NOTE:** You must have an account with the health plan member portal you intend to connect to.

3. Allow your health plan to share information with myCareAI.
4. You may need to reauthorize your health plan connection at later time. It’s to update

You are attempting to connect with Diamond Health

Confirm

“myCareAI” Wants to Use “b2login.com” to Sign In
This allows the app and website to share information about you.

Cancel  Continue
First the Consumer Authenticates

Login is typically handled by the same Identity Provider that authenticates access to a member portal.

After successful login, an authentication token is created. This includes an Identifier to do the hand off: SubjectID, MemberID or FHIRID.
An Identified Member Then Chooses to Authorize Sharing

Many members will access via apps on Smartphones.

Think about complexity of the Authorization language and the visibility and clarity within the display context.

Authorization is granted for longer than the current session. CMS shares for multiple users. Many payers are setting the time limit at 1 year.
An Access Token is passed to the App

Authorization hands an Access Token and Refresh Token back to the App

These Tokens are used on every call to the API and limit access to the information elements the Member authorized the App to access.

Diamond Health

myCareAI is asking for access to your data

Information about:
• your doctor/hospital visits
• the prescription medications you take
• Personal information like your name, address, date of birth, race and gender

Understand how your data is used

To understand fully how MyCareAI will use your data, please read the app's Privacy Policy and Terms and Conditions.

Allow Deny
Consent-based Data Sharing Framework – Known and Unknown apps

“Known” applications who have followed the CARIN Trust Framework

“Unknown” applications who have not followed the CARIN Trust Framework
Allow Access

The mobile app identified below ("App") has requested a transfer of the data elements listed below from an electronic health record to the App. By selecting "I accept", the listed data elements will be transferred to the App as you have requested, and you agree: Kaiser Permanente does not control the App or App provider and is not responsible for the integrity, privacy, security or breach of data transferred or stored in the App, or the use or disclosure of data by the App or the App provider once the data is released by Kaiser Permanente. We encourage you to carefully review the terms of use and privacy policy and settings that apply to the App and the App provider and approve release of data only to those Apps and App providers that you trust. This release may either be a one-time or an on-going data transfer as determined by the App provider. If this is a one-time transfer, the data provided to the App will not be automatically updated (for example, if your conditions change). If you want Kaiser Permanente to provide updated health data to the App, you will need to authorize a new data transfer. If this is an on-going transfer, the data provided to the App will be automatically updated at the frequency and for the duration required by the App, unless you disable it or you reset your KP.org password. If your device is shared, lost, stolen, App may be viewable by others, and, if ongoing transfer is enabled, data may continue to transfer to the App or App provider unless you disable it or you reset your KP.org password.

FOR CLARITY, YOUR USE OF THIS FUNCTIONALITY IS ALSO SUBJECT TO THE KAISER PERMANENTE WEBSITE TERMS AND CONDITIONS

Please select whose data you want to access:

[ ] Khoa Nguyen
Where does this app save your data?
This app is funded by the business ventures of Apple Inc.

Does the app developer allow you to obtain a record of the data that has been collected about you?
This app can save your data locally on your device. This app offers you an option to store data on servers, outside of your device.

Does the app developer allow you to obtain a record of the data that has been collected about you?
Other than you, the following people and groups may have access to the data that you provide this app consistent with the privacy policy and statements of Apple Inc.: People and groups you authorize, Apps that you authorize. You authorize access and sharing of your information generally. Circumstances and your user preferences may impact whether or not you will be notified.

Does this app allow you to delete the data that has been stored about you?
The app developer allows you to
Today’s Agenda and Discussion Framework

Program Goal – start the planning process

• Welcome and Admin Stuff
• Recap and Responses to Data Requirements
• 3rd-party App Registration and Client Consent
• Some Questions and Implications for Planning
**Survey Question: Feedback on Potential Next Steps**
18 county responses

<table>
<thead>
<tr>
<th>Options So Far</th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed review of potential role of/ for EHR system in meeting the CMS interoperability requirements</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Common framework for understanding and applying privacy and security</td>
<td>11</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Create common definitions and workflows (e.g., claim, client, consent, app registration)</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Overlap and differences in data requirements between multiple county interoperability -- such as ONC, CMS, BH-QIP and new statewide HIE</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>More technical education about FHIR and APIs</td>
<td>12</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
We assume that many of the requirements will be met through the EHR as an API at some point in the future. However, it's difficult for us at this point to see where the end line of support is from the EHR and whether an interoperability solution/partner may be required.

Additionally, as we anticipate many counties will participate within the EHR project, there might be an interest in pooling resources/efforts to create a single solution across all participating counties.
The challenge for Kern is Cerner has no capabilities to exchange data the way it is. We have joined the CalMHSA EHR project -- so the question I have is should we focus on trying to meet some CMS interoperability requirements with our current EHR system via a separate data warehouse or should we just focus on setting up an HIE once we have our new EHR online.
## Survey Question: Feedback on Potential Next Steps

18 county responses

<table>
<thead>
<tr>
<th>Options So Far</th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed review of potential role of EHR system in meeting CMS interoperability</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common framework for understanding and applying privacy and security</td>
<td>11</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Create common definitions and workflows (e.g., claim, client, consent, app reg</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>registration)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overlap and differences in data requirements</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>between multiple county interoperability -- such as ONC, CMS, BH-QIP and new</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>statewide HIE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More technical education about FHIR and APIs</td>
<td>12</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
# CMS Interoperability Planning Collaborative

<table>
<thead>
<tr>
<th>Meeting Topics and Focus</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CMS Interoperability primer (optional)</td>
<td>March 29</td>
</tr>
<tr>
<td>#1 • FAQs from Primer and Compliance Updates</td>
<td>April 5</td>
</tr>
<tr>
<td>• Market summary and lessons</td>
<td></td>
</tr>
<tr>
<td>• County considerations</td>
<td></td>
</tr>
<tr>
<td>#2 • Recap and Key Takeaways So Far</td>
<td>April 26</td>
</tr>
<tr>
<td>• Some Questions</td>
<td></td>
</tr>
<tr>
<td>• Data Requirements</td>
<td></td>
</tr>
<tr>
<td>#3 • Recap about Data Requirements</td>
<td>May 17</td>
</tr>
<tr>
<td>• Some Questions and Survey Responses</td>
<td></td>
</tr>
<tr>
<td>• Consumer consent, 3rd-party App Registration</td>
<td></td>
</tr>
<tr>
<td>#4 • Recap about Consent and App Registration</td>
<td>Mid June</td>
</tr>
<tr>
<td>• Some Questions and Survey Responses</td>
<td></td>
</tr>
<tr>
<td>• Lessons and feedback from Medi-Cal health plans</td>
<td></td>
</tr>
<tr>
<td>#5 • Final group discussion</td>
<td>Mid/ late July</td>
</tr>
<tr>
<td>• Feedback on draft work plan and next steps</td>
<td></td>
</tr>
</tbody>
</table>