Session 5
CMS Interoperability Planning Collaborative

July 19, 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>
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<tr>
<td>• Market summary and lessons</td>
<td></td>
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<tr>
<td>• County considerations</td>
<td></td>
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<tr>
<td>#2 • Recap and Key Takeaways So Far</td>
<td>April 26</td>
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<tr>
<td>• Some Questions</td>
<td></td>
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<tr>
<td>• Data Requirements</td>
<td></td>
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<tr>
<td>#3 • Recap about Data Requirements</td>
<td>May 17</td>
</tr>
<tr>
<td>• Some Questions and Survey Responses</td>
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<tr>
<td>• Consumer consent, 3rd-party App Registration</td>
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<tr>
<td>#4 • Recap about Consent and App Registration</td>
<td>June 29</td>
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<tr>
<td>• FAQs and other updates</td>
<td></td>
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<tr>
<td>• Lessons and feedback from implementations so far</td>
<td></td>
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<tr>
<td>#5 • Final group discussion</td>
<td>July 19</td>
</tr>
<tr>
<td>• Feedback on draft work plan and next steps</td>
<td></td>
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</tbody>
</table>
Program email
• interoperability@calmhsa.org

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

• Summary of Program Deliverables and Resources

• Key Takeaways and Implications for Planning

• Draft Work Plan

• Next Steps
Program Deliverables and Resources

- All webinar recordings and presentation materials
- Written report with recommendations and rationale
- Sample work plan (1-2 pages)
- Primer
- FAQs document with written responses and references
- Interoperability references from CMS and health plans
Today’s Agenda and Discussion Framework

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Key Takeaways

A. Compliance

- Requirements based on federal CMS regulations with July 2021 effective date
- **But no specific deadline** for enforcement or penalty – not DHCS priority and no clear expectations communicated yet
- Still some health plans and state Medicaid (including DHCS) not live yet – very little utilization by 3rd-party apps and consumers

Implications for Planning

Customized, Flexible Work Plan

- **Build work plan that best fits your counties situation and priorities, and follows a good development process**
- No need to rush or set hard deadlines
- Counties can use CMS guidance as reference for approach
Compliance with CMS Interoperability Requirements

**Impacted Payors**
- Medi-Cal Plans

**Who has Regulatory Oversight?**
- DHCS
- CMS

**Medicare Advantage Plans**
- Medicaid State FFS
- Individual Marketplace Plans
Compliance with CMS Interoperability Requirements

CMS Guidance

No penalty for non-compliance (yet), but checking each impacted payor: www.cmscompliancetracker.com

Expectations
1. Have a work plan with specific activities and milestones
2. Make good faith effort
3. Make progress
Key Takeaways

B. Finance and Costs

- Regulations require implementation and ongoing maintenance costs be included in managed care rate setting process (a few states have done so)
- But no update or clarity on how DHCS will cover related costs for counties – since counties do not use rate setting process
- Compared to CMS estimates, health plans saw lower implementation costs, but slightly higher ongoing costs

Implications for Planning

Implement Without Complete Financial Certainty

- Counties pay upfront for CMS interoperability costs with expectation that DHCS and CMS will reimburse counties
- Continue to outreach with DHCS to confirm the financial reconciliation process
- No need to rush or set hard deadlines
Key Takeaways

C. County Considerations

• Staff bandwidth/capacity limited by competing priorities over next 1-2 years
• 23 counties participating in EHR implementation (targeting July 2023)
• Multiple “interoperability” initiatives – ONC, CMS, BH-QIP and statewide HIE
• Existing EHR vendor may be able to support all or some of the requirements
• Most counties have limited experience with FHIR, APIs and 3rd-party apps

Implications for Planning

Phased Approach Towards January 2025

• Consider short-term “wins” to show progress, vs long-term implementation options for 2024-2025
• Work with other counties as much as possible
• Leverage existing capabilities and aligned initiatives
Options to Implement in “Stages”

<table>
<thead>
<tr>
<th>Crawl</th>
<th>Walk</th>
<th>Run</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Directory API</td>
<td>Pt Access API – clinical data, USCDI</td>
<td>Pt Access API – claims and encounter data</td>
</tr>
<tr>
<td>Individual consent</td>
<td>Authorized rep: parent/ guardian and minors</td>
<td>Authorized rep: power of attorney</td>
</tr>
<tr>
<td>Test population, 2021+ data</td>
<td>All clients, 2021+ data</td>
<td>All clients, 2016+</td>
</tr>
<tr>
<td>Test with internal mobile app</td>
<td>Test with 1 3rd-party app</td>
<td>Open for all 3rd-party apps</td>
</tr>
</tbody>
</table>
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>

*Two counties “Not sure yet – need more information”*
Key Takeaways

C. Issues to Discuss Further

- Role of/ use of EHR as potential CMS interoperability solution vendor
- Understand overlap/ differences between ONC, CMS, BH-QHIP and statewide HIE
- Common framework for privacy and security
- Create common definitions and work flows (e.g., claims and encounter, client, consent, app registration)
- Educational opportunities to build FHIR and API expertise

Implications for Planning

Data Strategy and Business Requirements

- Still need to do some critical upfront work – data strategy and detailed business requirements, to support RFP and implementation work
- Work with other counties as much as possible
- Leverage existing capabilities and aligned initiatives
### Survey Question: Feedback on Potential Next Steps

18 county responses

<table>
<thead>
<tr>
<th>Options Identified So Far</th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Not Sure</th>
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</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>
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<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>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>More technical education about FHIR and APIs</td>
<td>12</td>
<td>2</td>
<td></td>
<td>4</td>
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</table>
## Key Takeaways

### C. Lessons Learned So Far

- Complex implementation and a long “journey” – ongoing process
- Still some health plans and state Medicaid (including DHCS) not live yet – very little utilization by 3rd-party apps and consumers
- Extremely helpful working with other health plans and SMEs – and don’t rely solely on vendor for information and recommendations
- Take time to do data strategy and detailed requirements before jumping into vendor selection and implementation

## Implications for Planning

### Don’t Boil the Ocean

- Phased approach
- Work with other counties as much as possible
- Leverage existing capabilities and aligned initiatives
- Ongoing “interoperability” support
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Before: Considerations for Phased Approach

- Provider Directory API
- Patient Access API: Claims/ Encounter Data, Consent Process/ App Registration
- Patient Access API: Clinical/ USCDI Data
Current: Considerations for Phased Approach

- Provider Directory API
- Patient Access API: Clinical-USCDI Data and Consent/App Registration
- Patient Access API: Claims and Encounter Data

- BH-QIP requirement September 2023
- If clinical data based on USCDI and FHIR
- Doesn’t matter what vendor
Variations to Work Plan – Implement Sooner

• DHCS sets clear compliance timeframes before 2025

• EHR vendor can fully support Patient Access API (should still verify and post competitive RFP)

• County does not have new EHR implementation

• Already meets or soon able to meet BH-QIP requirements for HIE exchange (and USCDI and FHIR for clinical data)

• Existing centralized Data Warehouse
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Next Steps

• Review and incorporate draft DHCS notice
• CalMHSA to send out written report and draft work plan
• Submit survey - via email link (by Friday July 29)
  • Submit your questions and feedback about recommendations, work plan, next steps, etc
  • Program evaluation
• Look out for follow up from CalMHSA (August)
THANK YOU!