Primer: CMS Interoperability Requirements

March 31, 2022

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

California Health Care Foundation

CMS Interoperability Planning Collaborative

|	Meeting Topics and Focus	Schedule
	• CMS Interoperability primer (optional)	March 29
#1	• Kick-off & program intros • Regulatory and compliance updates • Market summary and lessons • Key county considerations (target date)	April 5 (registration link)
#2	• Data requirements	April 26
#3	• Identity management • Consumer consent • 3rd-party app registration	Mid May
#4	• Core business requirements and "mini" gap analysis • 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)

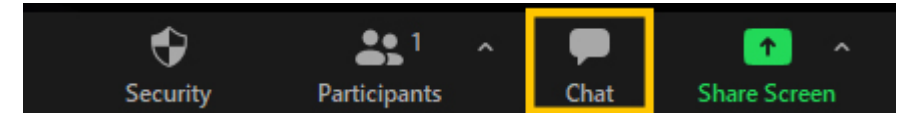# Agenda and Discussion Framework

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

o Everyone will be muted to start

o Submit questions/comments in chat

o Unmute – through Zoom or phone (*6)

o Video is encouraged

o **Zoom name display**

  • Name, health plan/ organization
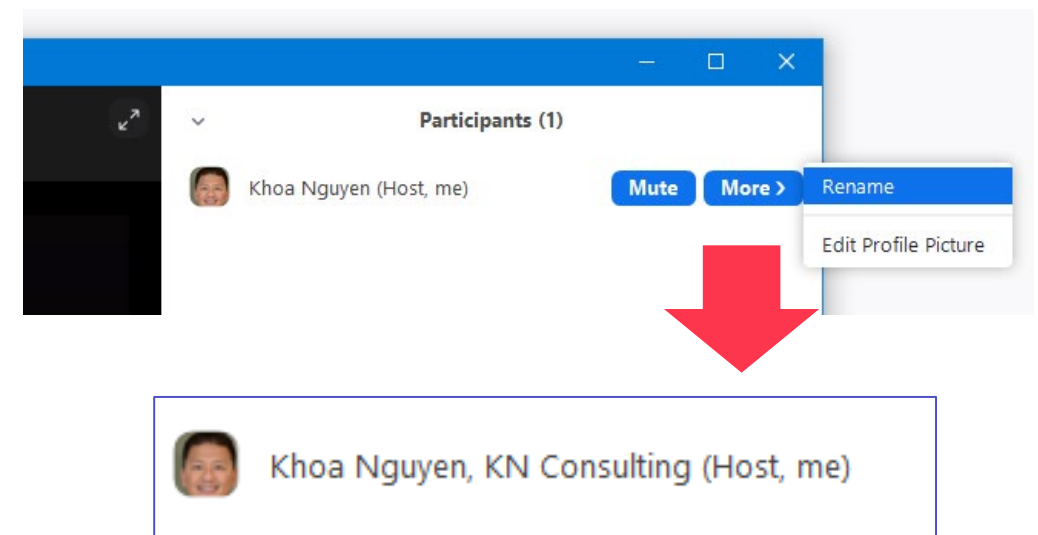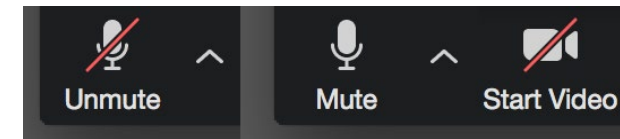
Admin Stuff

Program email
- interoperability@calmhsa.org

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

Agenda and Discussion Framework

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What?

Joint CMS-ONC **federal regulatory effort** to make it easier for patients, health plans, and providers to

| Access | Exchange | 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?

How Data are Shared?

Other Behaviors

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

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

Information Blocking
Prevent practices that restrict authorized access, exchange, and use of electronic health information.

Who Enforces?

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The Office of the National Coordinator for
Health Information Technology

Who is Impacted?

Payers/ Plans

ONC-Certified EHRs

States

Providers

Medicare FFS Claims/Encounters (A + B + D, 4 years) → Common Data Format and API for Data Exchange → 55 Mobile App Ecosystem (AskSophie, MYFHR FAMILY HEALTH RECORD, bwell, mycareAI BETTER DATA. BETTER OUTCOMES., Project Baseline by verily) → 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

Mandate

345 Unique CMS Payers Impacted

Medicaid and CHIP

- State FFS
- Managed care plans (MCOs)
- Prepaid inpatient health plans (PIHPs)
- Prepaid ambulatory health plans (PAHPs)

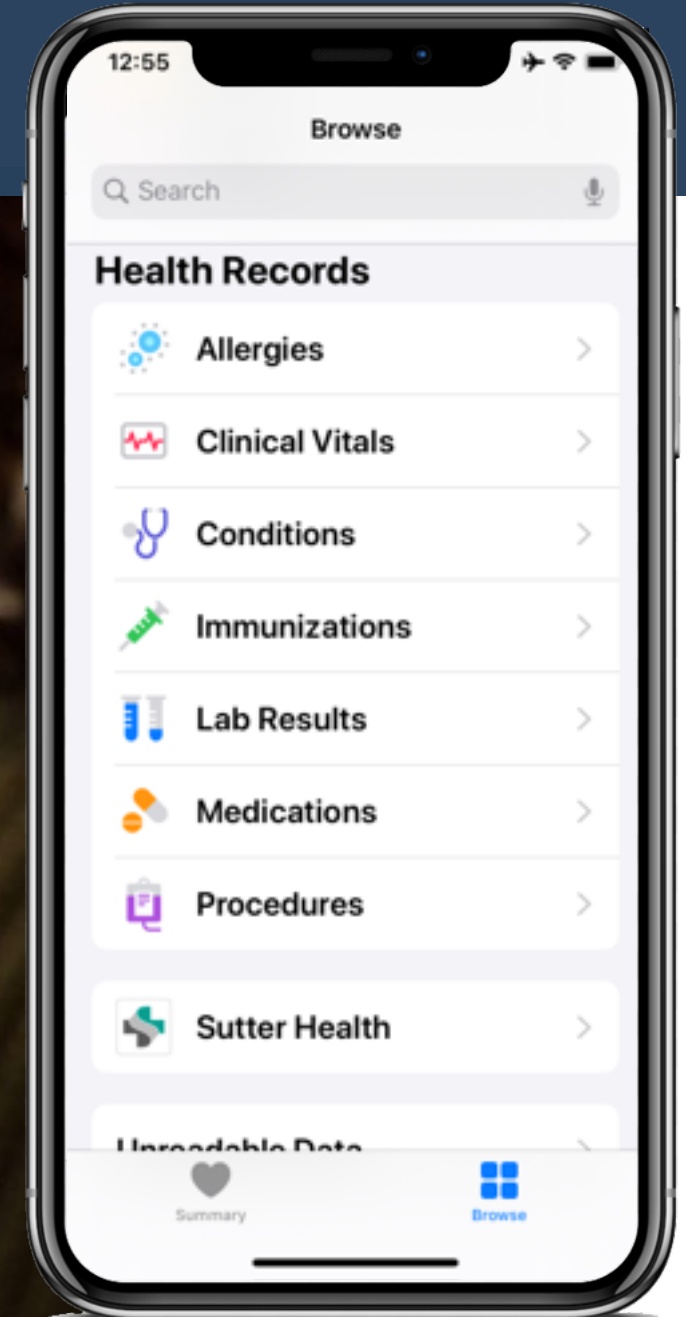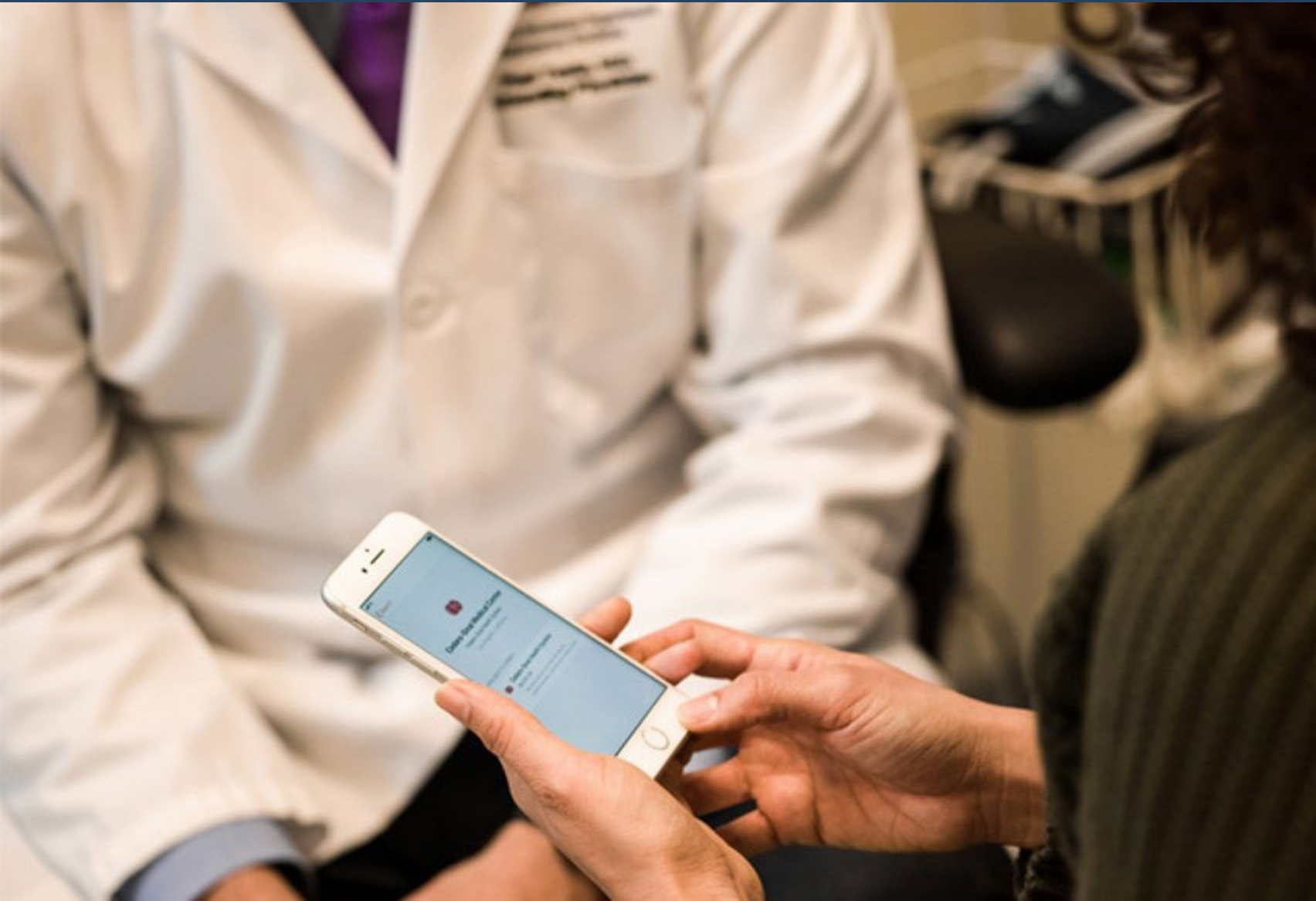- Including county behavioral health plans

Medicare

- Medicare Advantage

Exchange

- QHPs on the Federal Exchange (exemption available)

Access all **my** health information … in one place

Consumer-Directed Data Exchange

Image source: www.humanapi.co

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Core Requirements of County Behavioral Health Plans

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

		Effective Date	Data Exchange Partner	Consumer Consent
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		✗
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

3. API

2. Access Management

1. Data
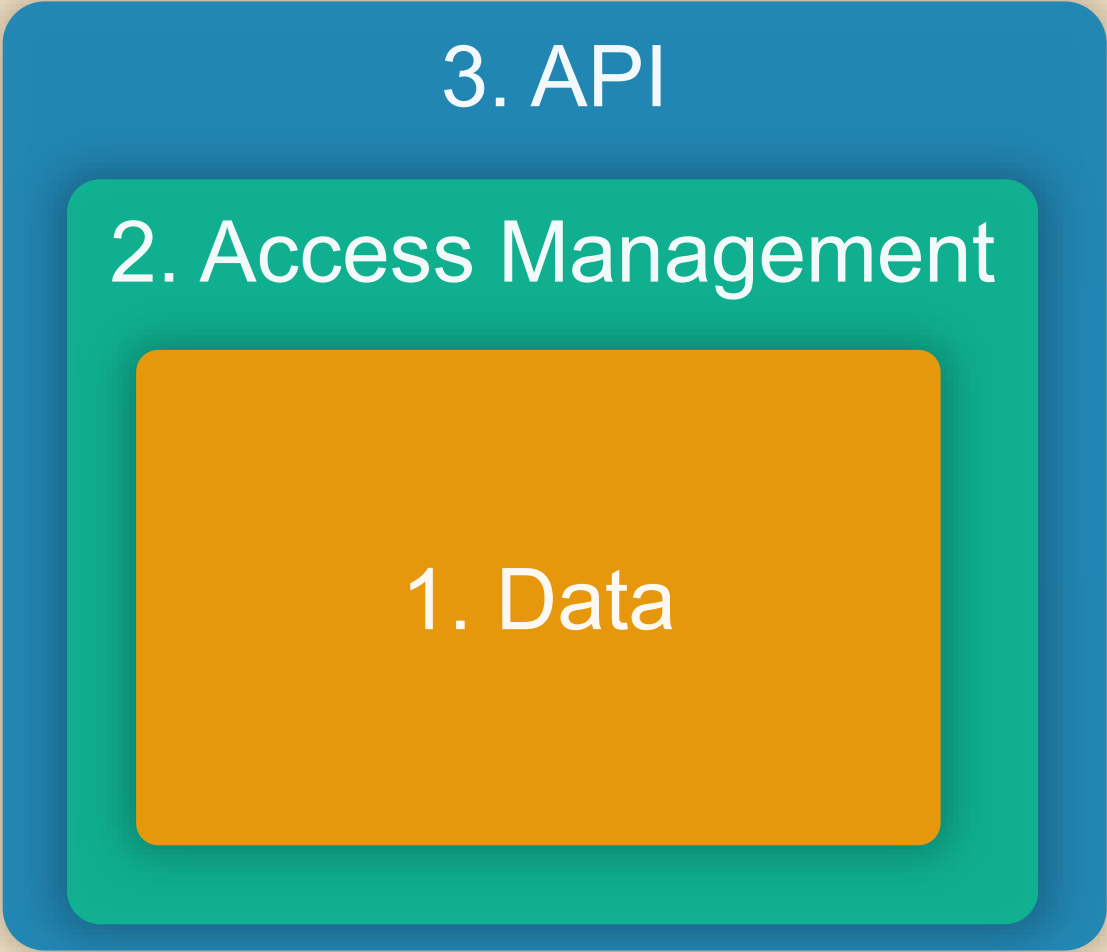
Core Data Sharing Requirements

- Map required data to FHIR-based format using "implementation guides"

		Claims and Encounters[1]	Clinical/ USCDI[2]	Cost Data[3]	Formulary/ Preferred Drug List	Provider Directory
1	Patient Access API	✔	✔	✔	✔	✘
2	Provider Directory API	✘	✘	✘	✘	✔
3	Payer-to-Payer	✘	✔	✘	✘	✘

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

USCDI — US Core Data For Interoperability

The Office of the National Coordinator for Health Information Technology

Allergies and Intolerances *NEW

- Substance (Medication)
- Substance (Drug Class) *NEW
- Reaction *NEW

Assessment and Plan of Treatment

Care Team Members

For more info:
HealthIT.gov/USCDI

Clinical Notes *NEW

- Consultation Note
- Discharge Summary Note
- History & Physical
- Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative
- Procedure Note
- Progress Note

Goals

Health Concerns

Immunizations

Laboratory

- Tests
- Values/Results

Medications

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 *NEW
- Previous Address *NEW
- Phone Number *NEW
- Phone Number Type *NEW
- Email Address *NEW

Problems

Procedures

Provenance *NEW

- Author Time Stamp
- Author Organization

Smoking Status

Unique Device Identifier(s) for a Patient's Implantable Device(s)

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

Core Data Sharing Requirements

Update Time Frames and Date Ranges

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 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

|	Required Data	Update Time Frame	Date Ranges
Patient Access API	**Claims and Encounters**	**< 1 B day**	**2016+**
	Clinical/ USCDI	**< 1 B day**	**2016+**
	Preferred Drug List	**< 1 B day**	**Current**
Provider Directory API	**Provider, Pharmacy Network**	**< 30 days**	**Current**

23

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
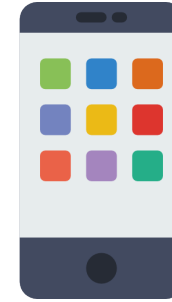
3rd-party Apps

1. Documentation for onboarding and API connectivity
2. 3rd-party authorization
3. Privacy attestation (optional)
4. Security risk assessment (optional)
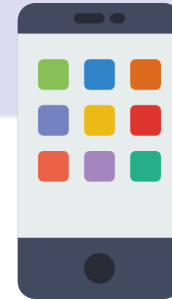
24

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

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

3. API for Data Exchange

2. Access Management

1. County Data

Core API Requirements

1. Support FHIR Release 4.0.1

2. API documentation – transparent and publicly accessible
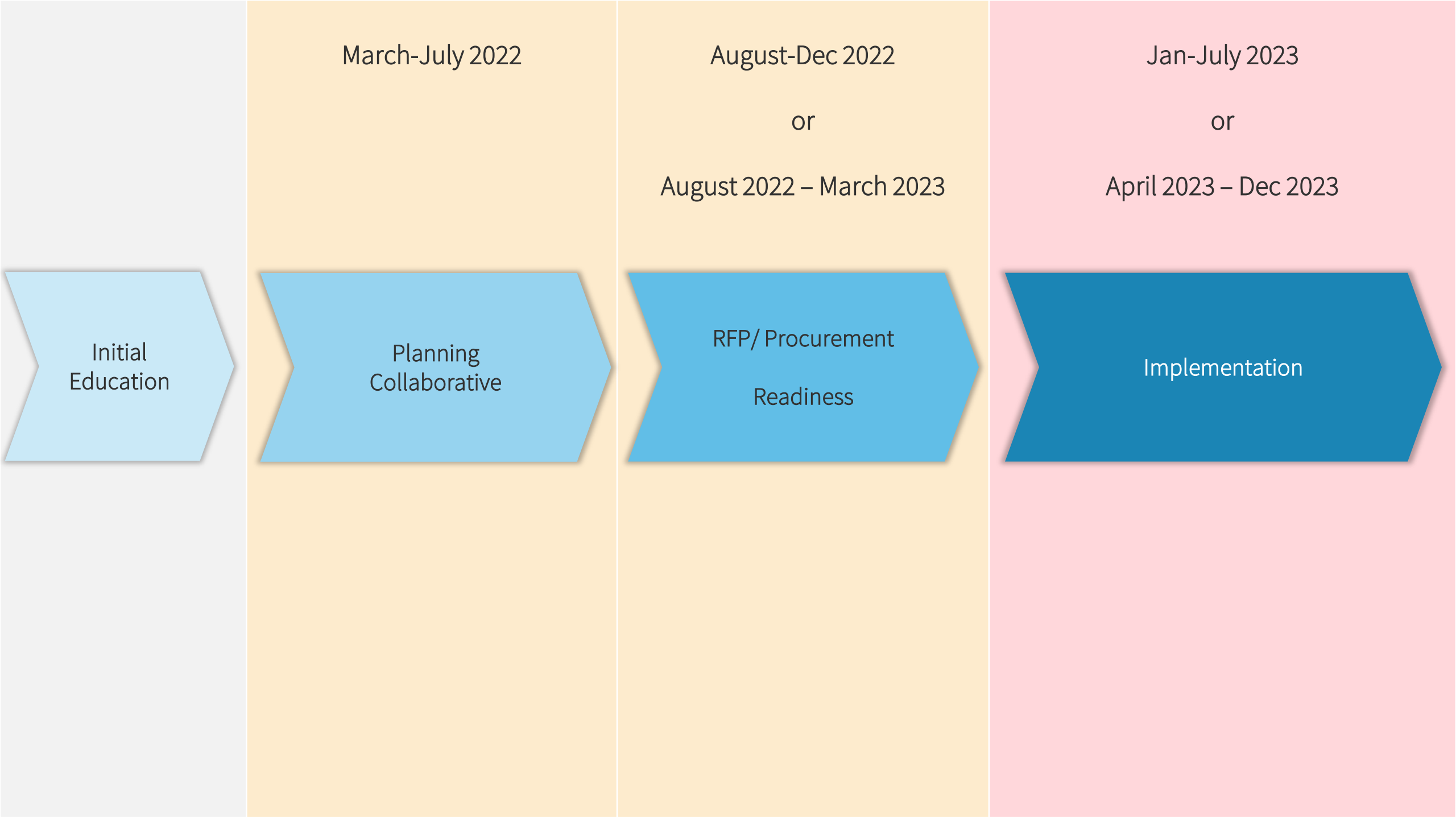
3. Routine testing and monitoring

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CMS Estimates

- 6+ month implementation process

- $788K - $2.5 million implementation costs per impacted payor

Initial Education	Planning Collaborative	RFP/ Procurement Readiness	Implementation
	March-July 2022	August-Dec 2022 or August 2022 – March 2023	Jan-July 2023 or April 2023 – Dec 2023

Key Clarifications

Required	Optional	Can't Do

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

Data Requirements

Dental and vision claims and encounter data	**Required** (out-of-scope for July 1)	• 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** (out-of-scope)	• 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

Behavioral health data	**Required**	• If authorized by consumer (HIPAA right of access)
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 <u>only</u> 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

Technical Standards

1. FHIR Release 4.0.1

2. SMART on FHIR Application Launch Framework 1.0.0 (Oauth 2.0 for 3rd-party app authorization)

3. OpenID Connect, version 1.0, incorporating errata set 1 (for member authentication)

Content and Vocabulary Standards

4. U.S. Core for Data Interoperability, version 1

Foundation for API Data Exchange

Foundation for Privacy and Security

Foundation for Data

Standards

	FHIR	Oauth OpenID	USCDI
1. Patient Access API	Required	Required	Required
2. Provider Directory API	Required	Can't Do	Not applicable
3. Payer-to-Payer Data Exchange	Optional	???	Required

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Interoperability Resources to Get Started

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

CMS Interoperability Resources
https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index

- **Final Rule**: https://www.govinfo.gov/content/pkg/FR-2020-05-01/pdf/2020-05050.pdf

- **FAQs**: https://www.cms.gov/files/document/cms-9115-f-interoperability-and-patient-access-final-rule-compiled-faqs.pdf

- **Best practices for payors and app developers**: https://www.cms.gov/files/document/best-practices-payers-and-app-developers.pdf

- **Privacy and security resources**: https://www.cms.gov/files/document/patient-privacy-and-security-resources.pdf

Reference: Community Health Group (San Diego)

Interoperability weblinks

* Required by regulation	Community Health Group
1. Documentation for 3rd-party app developers*	https://1up.health/docs/
2. App developer portal to register and connect to plan's Patient Access API*	https://www.chgsd.com/about-CHG/fhir-developer-api
3. Webpage with consumer education about privacy and security practices*	https://www.chgsd.com/members/access-your-data
4. Developer sandbox to test data and connectivity (optional)	https://1up.health/docs/start/cms-patient-access-rule-for-developers/getting-started-with-cms-r4-apis#testing-with-demo-health-plan-sandbox-env

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