Session 1
CMS Interoperability Planning Collaborative

April 5, 2022
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.
### 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><strong>#1</strong> • Program kick-off</td>
<td>April 5</td>
</tr>
<tr>
<td>• FAQs from Primer and Compliance Updates</td>
<td></td>
</tr>
<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><strong>#2</strong> • DHCS Q&amp;A (invited)</td>
<td>April 26 (<a href="#">registration link</a>)</td>
</tr>
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<td>• Required Data Elements</td>
<td></td>
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<tr>
<td>• FHIR Data Model, Implementation Guides</td>
<td></td>
</tr>
<tr>
<td>• Deployment Models</td>
<td></td>
</tr>
<tr>
<td><strong>#3</strong> • Identity management</td>
<td>Mid May</td>
</tr>
<tr>
<td>• Consumer consent</td>
<td></td>
</tr>
<tr>
<td>• 3rd-party app registration</td>
<td></td>
</tr>
<tr>
<td><strong>#4</strong> • Core business requirements and “mini” gap analysis</td>
<td>Early-mid June</td>
</tr>
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<td>• RFP template</td>
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<td>• Lessons from health plan procurement</td>
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<td>• Feedback on draft work plan and next steps</td>
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Goal – start the planning process
Get caught up, learn about health plan implementations, and county feedback/discussion

- Welcome and Admin Stuff
- FAQs from Primer and Compliance Updates
- Market Summary and Lessons from Health Plans
- Key County Considerations
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

Mark Scrimshire
Chief Interoperability Officer,
Onyx Health

Dr. Chris Esguerra
Chief Medical Officer
Health Plan of San Mateo

Ryan Howells
Principal,
Leavitt Partners
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
Strategic Questions – How Does this Impact My County

• How does this impact my county?

• What are the most critical things I should be planning for?

• How does this help us do what we have to do anyways/are doing now?

• How does this help us do what we need (or plan) to do in the future?
Initial Education

March-July 2022
Planning Collaborative

August-Dec 2022
August 2022 – March 2023
Build vs Buy
RFP/Procurement
Readiness
Priority Issues

Jan-July 2023
April 2023 – Dec 2023
Implementation
Survey Question: Why did you join?

- Learn from others. Collaborate.
- Make sure our approach is consistent with other counties.
- See/ hear what others are doing.
- Sounding board for some decisions and plans we are making.
- Better understand the requirements, get up-to-date information.
Components to Drive Collaboration, Program Goals

• Subject matter experts, webinar presentations and Q&A
• Responses to pre-meeting survey questions
• Zoom participation – Q&A and chat questions/ comments
• Email project team at interoperability@calmhsa.org
Agenda and Discussion Framework

- Welcome and Admin Stuff
- FAQs from Primer and Compliance Updates
- Market Summary and Lessons from Health Plans
- Key County Considerations
FAQs from Primer

• ONC 21st Century Cures Act vs CMS interoperability requirements

• Does a portal into our EMR satisfy this at all or is that separate?

• Where does CTEN/ HIEs fit into this?

• Is the consumer data stored in the API?

• Do minors have protections against parents accessing assessments and progress notes from the minor's records thru API 3rd party Apps?
CMS Interoperability Standards --- Foundational

**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

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Foundation for Data Storage, API-based Data Exchange

> Foundation for Privacy and Security

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Foundation for Data
<table>
<thead>
<tr>
<th>CMS Final Rule (345 CMS-regulated payers)</th>
<th>Interoperability based on Common Standards</th>
<th>ONC Final Rule (Health IT ONC Certification)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>FHIR R4</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>USCDI v1</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>Oauth 2.0</td>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
<td>OpenID 1.0</td>
<td>✓</td>
</tr>
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</table>

3rd-Party Developers and Applications

Consumers
Easy Access to all my health information ... in one place
Who Enforces?

Who is Impacted?

<table>
<thead>
<tr>
<th>Payers/ Plans</th>
<th>ONC-Certified EHRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>States</td>
<td></td>
</tr>
<tr>
<td>Providers/ Hospitals</td>
<td></td>
</tr>
</tbody>
</table>
CMS Interoperability Requirements (CMS-9115-F)

- 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>
</thead>
</table>
| 1 | Patient Access API  
(similar to Blue Button 2.0) | January 1, 2021  
July 1, 2021 | Plan-to-Member  
(through 3rd-party app) | ✓ |
| 2 | Provider Directory API | January 1, 2021  
July 1, 2021 | Payer-to-Payer  
(bi-directional) | X |
| 3 | Payer-to-Payer* | January 1, 2022  
?? | Payer-to-Payer  
(bi-directional) | ✓ |

* State Medicaid FFS is exempt from Payer-to-Payer requirements.
Survey Question: County Implementation Status

26 county responses

- Haven’t started: 12 counties
  - Alameda
  - Amador
  - Butte
  - Contra Costa
  - De Norte
  - El Dorado
  - Kern
  - Kings
  - Marin
  - Nevada
  - Orange
  - San Benito
  - San Bernardino
  - San Diego
  - San Luis Obispo
  - San Benito
  - Solano
  - Trinity
  - Tulare
  - Yolo
  - Ventura

- Some early analysis or planning: 8 counties
  - Humboldt
  - Orange
  - Shasta
  - Sonoma
  - Solano
  - Tri-City

- Selected Vendor/ Consultant: 5 counties

- Started Implementation: 2 counties

- Live: 0 counties
Compliance with CMS Interoperability Requirements

**Impacted Payors**
- Medi-Cal Plans
- Medicare Advantage Plans
- Medicaid State FFS
- Individual Marketplace Plans

**Who has Regulatory Oversight?**
- DHCS
- CMS (Centers for Medicare & Medicaid Services)
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
**CMS Proposed Additional Interoperability Requirements in Dec 2020**

New CMS Administration withdrew proposal - status unclear

<table>
<thead>
<tr>
<th></th>
<th>Data Exchange Partner</th>
<th>Consumer Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patient Access API</td>
<td>Payor-to-Consumer (3rd-party app)</td>
</tr>
<tr>
<td>2</td>
<td>Provider Directory API</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Payer-to-Payer</td>
<td>Payor-to-Payor</td>
</tr>
<tr>
<td>4</td>
<td>Provider Access API</td>
<td>Plan-to-Provider</td>
</tr>
<tr>
<td>5</td>
<td>Prior Auth APIs</td>
<td></td>
</tr>
</tbody>
</table>

Note: CMS Proposed Additional Interoperability Requirements in Dec 2020

- New CMS Administration withdrew proposal - status unclear.
Agenda and Discussion Framework

- Welcome and Admin Stuff
- FAQs from Primer and Compliance Updates
- Market Summary and Lessons from Health Plans
- Key County Considerations
CMS Interoperability Implementation Status
23 safety net health plans responding – February 2022

<table>
<thead>
<tr>
<th>API</th>
<th>Live</th>
<th>Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Access API</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Provider Directory API</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>74%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Reference: Interoperability Weblinks
Full list will be available at ACAP/ LHPC interoperability program resource webpage

* Required by regulation

1. Documentation for 3rd-party app developers*  
   https://www.chgsd.com/about-CHG/fhir-developer-api

2. App developer portal to register and connect to plan’s Patient Access API*  
   https://1up.health/docs/

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
Very Little Activity with 3\textsuperscript{rd}-Party Apps, Member Engagement
23 safety net health plans responding – February 2022

<table>
<thead>
<tr>
<th># of Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>3\textsuperscript{rd}-Party App(s) with Production Access</td>
</tr>
<tr>
<td>Member Engagement</td>
</tr>
</tbody>
</table>
Most Safety Net Health Plans Choose to “Buy”
26 safety net health plans responding

<table>
<thead>
<tr>
<th># of Plans</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner with Vendor Solution</td>
<td>24</td>
</tr>
<tr>
<td>Internal/ Custom Build</td>
<td>2</td>
</tr>
</tbody>
</table>

92% of plans partner with a vendor solution, while 8% build internally or custom.
## Deployment Models

26 safety net health plans responding

<table>
<thead>
<tr>
<th></th>
<th># of Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cloud</strong></td>
<td>22 (85%)</td>
</tr>
<tr>
<td><strong>On-premise</strong></td>
<td>4 (15%)</td>
</tr>
<tr>
<td><strong>Data Repository</strong></td>
<td>All</td>
</tr>
<tr>
<td>(dedicated FHIR database)</td>
<td></td>
</tr>
<tr>
<td><strong>Facade</strong></td>
<td>None</td>
</tr>
<tr>
<td>(real-time FHIR translation of source data)</td>
<td></td>
</tr>
</tbody>
</table>
Experience with “Member Portal” and Identity Provider (IDP) Impacts Implementation Timelines and Vendor Procurement

21 safety net health plans responding

<table>
<thead>
<tr>
<th># of Plans</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Member Portal Experience</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>33%</td>
</tr>
<tr>
<td>No Experience</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>66%</td>
</tr>
</tbody>
</table>
Don’t Boil the Ocean
Consider implementation 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 – claims/ encounter data, Rx data</td>
<td>Pt Access API – clinical data/ USCDI</td>
</tr>
<tr>
<td>Test population, 2021+ data</td>
<td>All clients, 2021+ data</td>
<td>All clients, 2016+</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 with internal mobile app</td>
<td>Test with 1 3rd-party app</td>
<td>Open for all 3rd-party apps</td>
</tr>
</tbody>
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CMS Interoperability Standards --- Foundational

Technical Standards

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Content and Vocabulary Standards

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

Evolving Standards

- FHIR draft R5 released 2020
- USCDI v2 released 2021
- USCDI draft v3 just released

- Solution that is flexible, scalability, and dedicated
- Ongoing management, support and costs
Cost Considerations

CMS Estimates

- 6+ month implementation process
- $788K - $2.5 million implementation costs per impacted payor

Health Plan Experience So Far

- Long RFP and contracting process if “new” vendor
- 6-12 month implementation process (don’t believe vendors who promise 3 months!)
- Implementation costs much less than CMS estimates (based on “enrollment size”)
- Ongoing costs higher than CMS estimates (based on “enrollment size”)

Key Takeaways

- New and challenging implementation for everybody
- Slow and steady: have a plan, make progress
- Ongoing implementation - and investments
- Weak short-term benefits (consumer engagement), but significant long-term potential for more efficient data exchanges
  - County-to-provider/ county/ health plan/ HIEs
  - Internal data management, program/organizational goals
- CMS (and ONC) interoperability standards becoming industry standards
- Approach to interoperability solution: compliance vs core system
Agenda and Discussion Framework

• Welcome and Introductions
• Key Regulatory and Compliance Updates
• Market Summary and Lessons
• Key County Considerations
## County Considerations – Concerns and Challenges

<table>
<thead>
<tr>
<th>Survey Responses</th>
<th>Initial Thoughts, Implications for Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unknown funding resources and costs</td>
<td>• Get clarity from DHCS</td>
</tr>
<tr>
<td>• Staffing support/capacity</td>
<td>• County collaborative</td>
</tr>
<tr>
<td>• Technical expertise</td>
<td>• Learn from health plan implementation</td>
</tr>
<tr>
<td></td>
<td>• Critical decision: choosing the right CMS interop solution partner</td>
</tr>
</tbody>
</table>
County Considerations – Overlap with Other Critical System Implementation

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<thead>
<tr>
<th>Survey Responses</th>
<th>Initial Thoughts, Implications for Planning</th>
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<tbody>
<tr>
<td>• New EHR</td>
<td>• CMS interop target Go-Live after other core system implementation – especially if impacting data sources</td>
</tr>
<tr>
<td>• New billing/ claims system</td>
<td></td>
</tr>
<tr>
<td>• New enterprise datawarehouse</td>
<td>• If July 2023 for new EHR, then target Jan 2024 for CMS interop</td>
</tr>
</tbody>
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Initial Education

Planning Collaborative

March-July 2022

August-Dec 2022
August 2022 – March 2023

Build vs Buy
RFP/ Procurement
Readiness
Priority Issues

Jan-July 2023
April 2023 – Dec 2023

Implementation
County Considerations – Multiple, New “Interoperability” and Data Requirements

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<tr>
<td>• CMS</td>
<td>• Part of next steps, inventory and alignment between multiple data requirements – use to inform requirements document and procurement process</td>
</tr>
<tr>
<td>• ONC</td>
<td>• Assess and decide “Who Does What” – existing/ new EHR, HIE, new CMS interop vendor, or internal/ custom build</td>
</tr>
<tr>
<td>• New CalAIM claiming requirements</td>
<td></td>
</tr>
<tr>
<td>• 274 provider network</td>
<td></td>
</tr>
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## County Considerations – Strategic Alignment with Other Concurrent Programs and Initiatives

<table>
<thead>
<tr>
<th>Survey Responses</th>
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<tbody>
<tr>
<td>“All” Cal AIM</td>
<td>• Dedicate time and thinking before making decisions about CMS interop</td>
</tr>
<tr>
<td>BH-QIP</td>
<td>• How does this help us do what we have to do anyways/ are doing now?</td>
</tr>
<tr>
<td>Pop Health</td>
<td>• How does this help us do what we need (or plan) to do in the future?</td>
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### County Considerations – What Does the Past Teach Us?

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<tr>
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<tbody>
<tr>
<td>• Meaningful Use</td>
<td>• High costs, limited utility and sustainability</td>
</tr>
<tr>
<td>• Medicaid Mega Regs</td>
<td>• Important partnership with DHCS</td>
</tr>
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<td></td>
<td>• Learn from health plan experience</td>
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