Session 1
CMS Interoperability Planning Collaborative

April 5, 2022

CalMHSA
California Mental Health Services Authority

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.

California Health Care Foundation

CMS Interoperability Planning Collaborative

	Meeting Topics and Focus	Schedule
	• CMS Interoperability primer (optional)	March 29
#1	• Program kick-off • FAQs from Primer and Compliance Updates • Market summary and lessons • County considerations	April 5
#2	• DHCS Q&A (invited) • Required Data Elements • FHIR Data Model, Implementation Guides • Deployment Models	April 26 (registration link)
#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 – 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
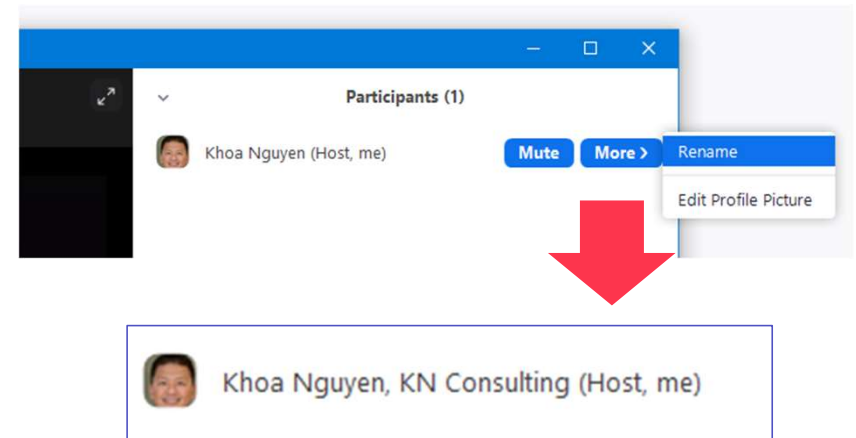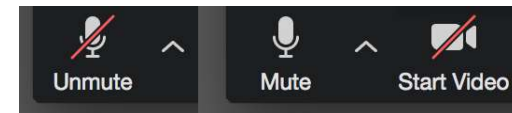Chief Interoperability Officer,
Onyx Health

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

Ryan Howells
Principal,
Leavitt Partners

6

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**

  • 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?
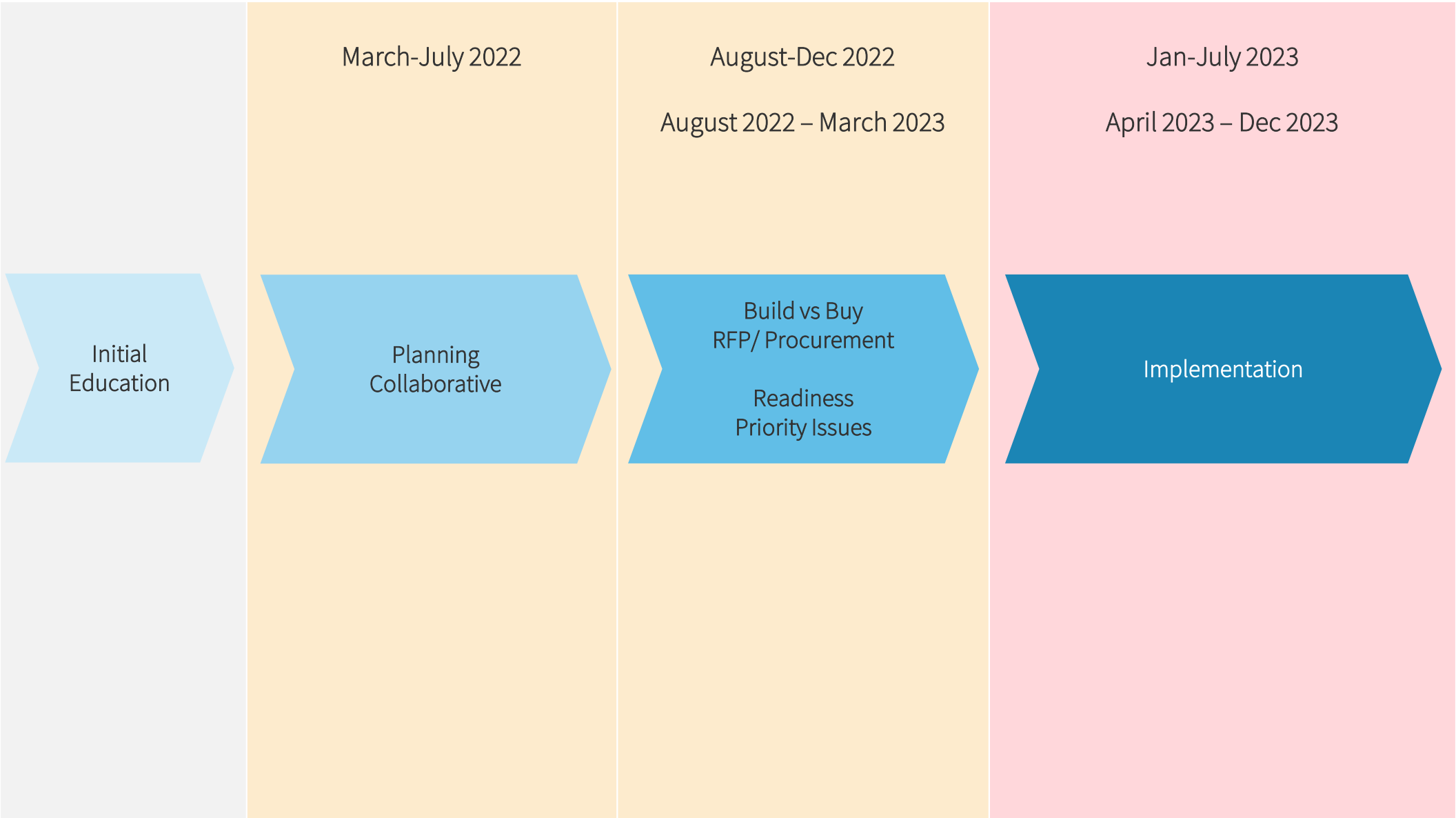
Survey Question: Why did you join?

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

Foundation for Data Storage, API-based Data Exchange

Foundation for Privacy and Security

Foundation for Data

CMS Final Rule (345 CMS-regulated payers)	Interoperability based on Common Standards	ONC Final Rule (Health IT ONC Certification)
✓	FHIR R4	✓
✓	USCDI v1	✓
✓	Oauth 2.0	✓
✓	OpenID 1.0	✓

3rd-Party Developers and Applications

Consumers

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

Who Enforces?

CMS — CENTERS FOR MEDICARE & MEDICAID SERVICES

The Office of the National Coordinator for Health Information Technology
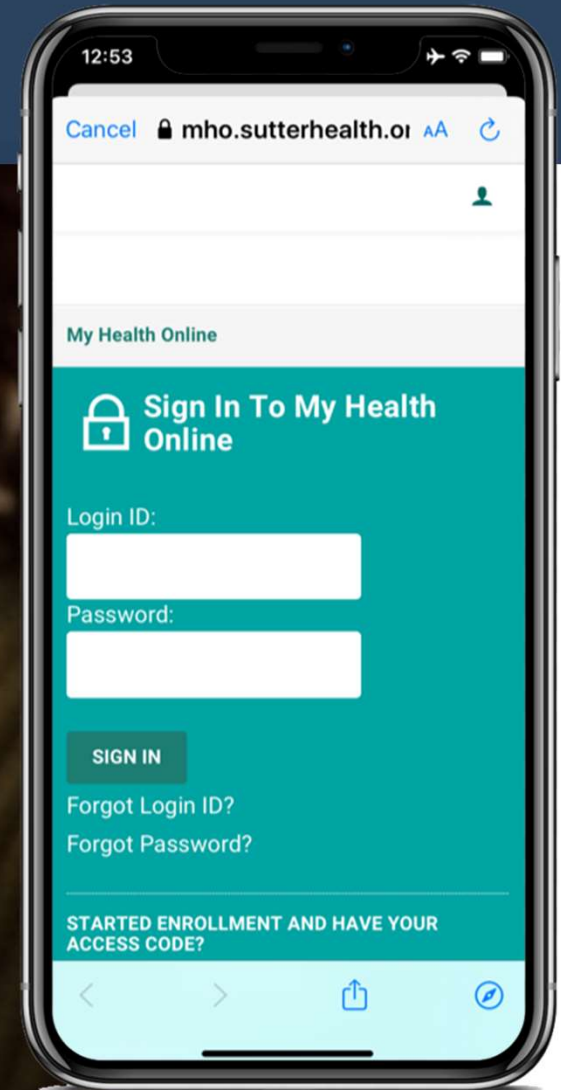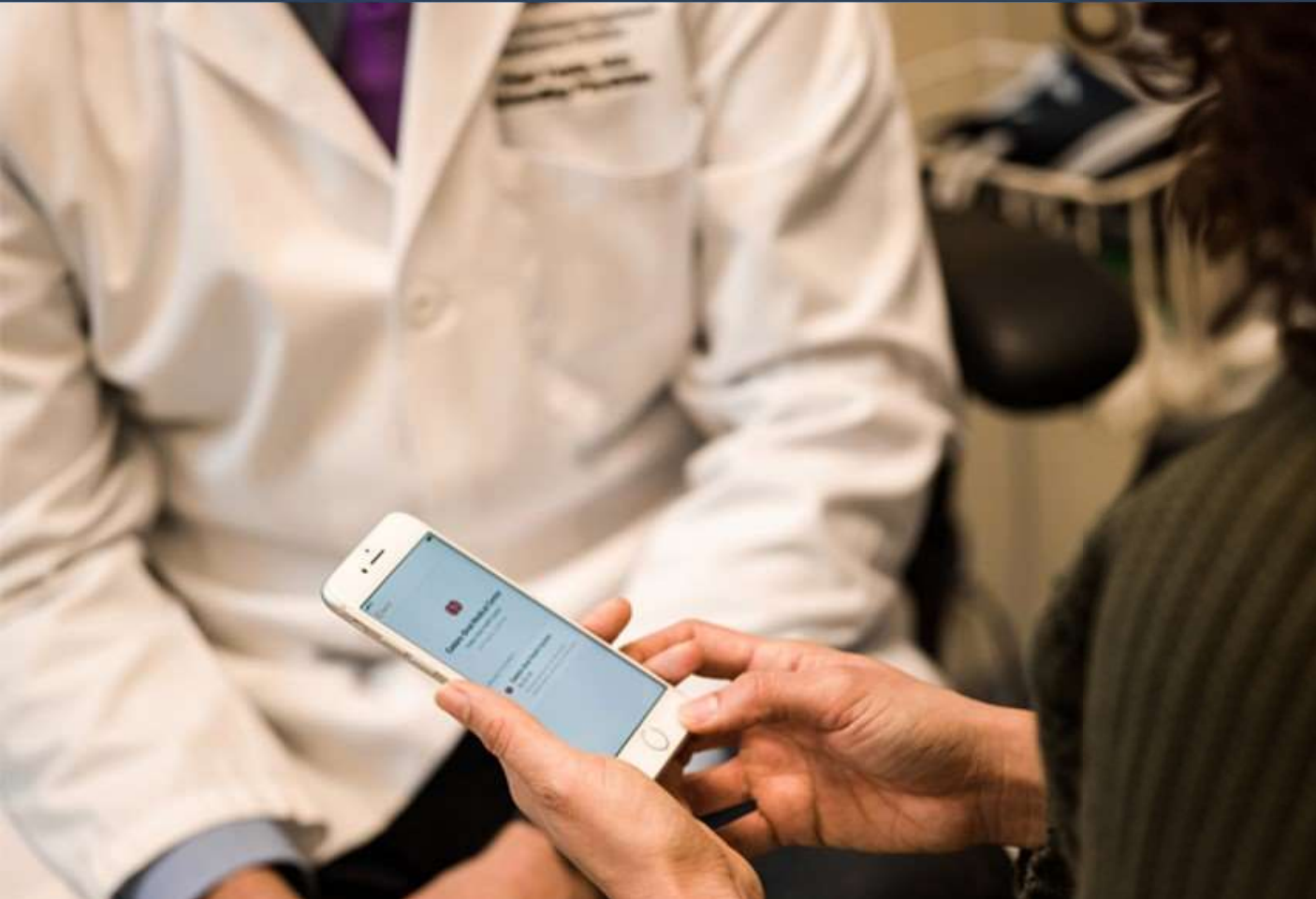
Who is Impacted?

Payers/ Plans

States

Providers/ Hospitals

ONC-Certified EHRs

CMS Interoperability Requirements (CMS-9115-F)

- 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-Member (through 3rd-party app)	✓
2	Provider Directory API	~~January 1, 2021~~ July 1, 2021		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	Some early analysis or planning	Selected Vendor/ Consultant	Started Implementation	Live
12	8	5	2	0

Haven't started	Some early analysis or planning	Selected Vendor/ Consultant	Started Implementation
Alameda	Butte	Humboldt	Contra Costa
Amador	El Dorado	Orange	Tri-City
De Norte	Orange	Shasta	
Kern	Sonoma	Solano	
Kings	San Diego	San Bernardino	
Marin	San Luis Obipso		
Nevada	Yolo		
Riverside	Ventura		
San Benito			
Stanislaus			
Trinity			
Tulare			

19

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

Medicare Advantage Plans
Medicaid State FFS
Individual Marketplace Plans

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Proposed Additional Interoperability Requirements in Dec 2020

New CMS Administration withdrew proposal - status unclear

#	API	Data Exchange Partner	Consumer Consent
1	Patient Access API	Payor-to-Consumer (3rd-party app)	Yes
2	Provider Directory API	Payor-to-Consumer (3rd-party app)	No
3	Payer-to-Payer	Payor-to-Payor	Yes
4	Provider Access API	Plan-to-Provider	No
5	Prior Auth APIs	Plan-to-Provider	No

Agenda and Discussion Framework

- Welcome and Admin Stuff

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- Market Summary and Lessons from Health Plans

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CMS Interoperability Implementation Status

23 safety net health plans responding – February 2022

	Live	Testing
Patient Access API	15 65%	8 35%
Provider Directory API	17 74%	6 26%

Reference: Interoperability Weblinks

Full list will be available at ACAP/ LHPC interoperability program resource webpage

* Required by regulation

Community Health Group

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 3rd-Party Apps, Member Engagement
23 safety net health plans responding – February 2022

	# of Plans
3rd-Party App(s) with Production Access	7
Member Engagement	1

Most Safety Net Health Plans Choose to "Buy"
26 safety net health plans responding

# of Plans

	# of Plans
Partner with Vendor Solution	24 92%
Internal/ Custom Build	2 8%

Vendor Examples
1upHealth
Edifecs
Citius Tech
Cognizant
HiPaas
HealthLX
Health Samurai
SmileCDR
ZeOmega

Deployment Models

26 safety net health plans responding

	# of Plans
Cloud	22 (85%)
On-premise	4 (15%)
Data Repository (dedicated FHIR database)	All
Facade (real-time FHIR translation of source data)	None

Experience with "Member Portal" and Identity Provider (IDP) Impacts Implementation Timelines and Vendor Procurement

21 safety net health plans responding

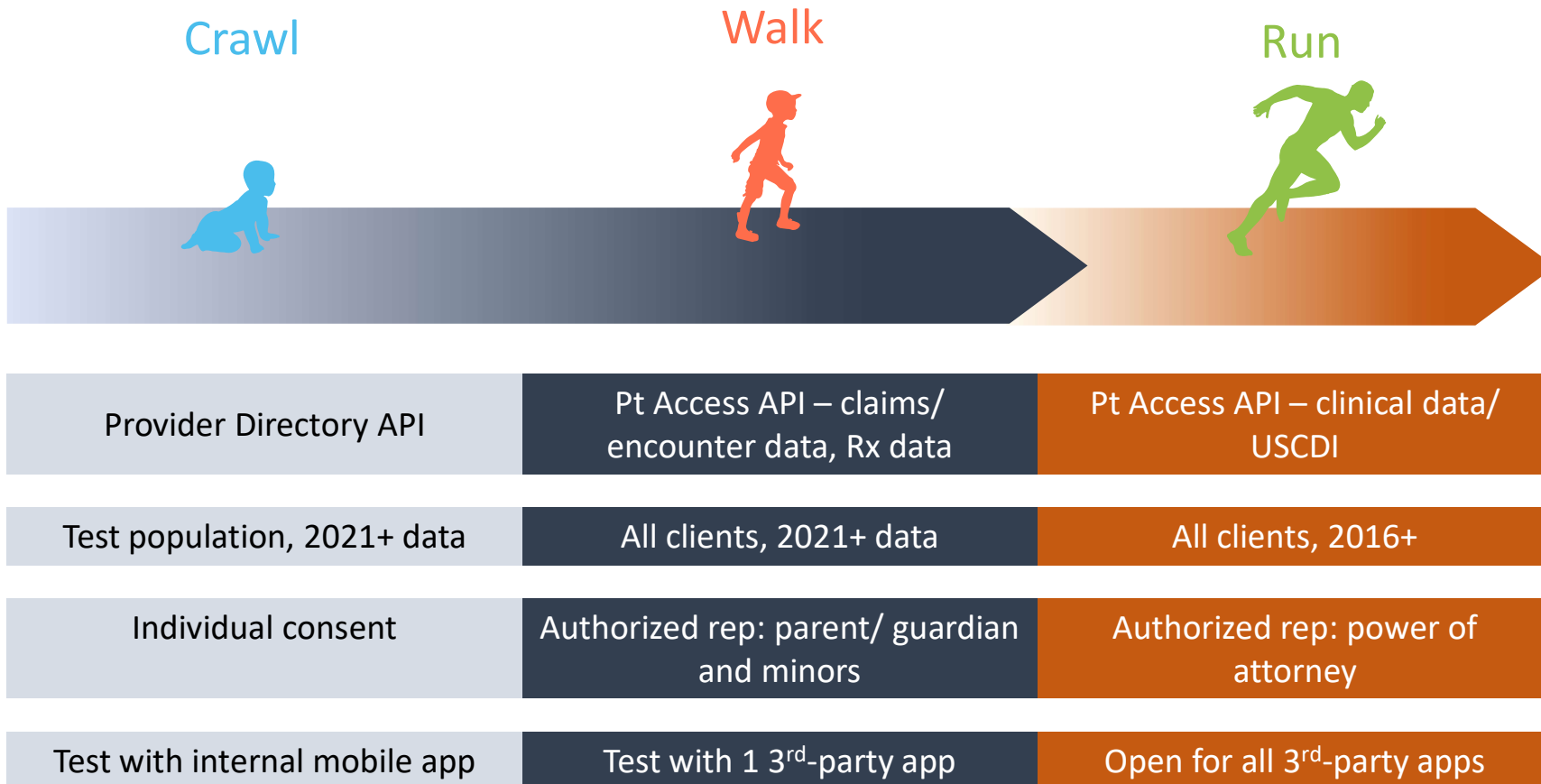|	# of Plans
Existing Member Portal Experience	7 33%
No Experience	14 66%

Don't Boil the Ocean

Consider implementation in "stages"

Crawl **Walk** **Run**

Provider Directory API	Pt Access API – claims/ encounter data, Rx data	Pt Access API – clinical data/ USCDI
Test population, 2021+ data	All clients, 2021+ data	All clients, 2016+
Individual consent	Authorized rep: parent/ guardian and minors	Authorized rep: power of attorney
Test with internal mobile app	Test with 1 3rd-party app	Open for all 3rd-party apps

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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

Foundation for Data

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

| Survey Responses	Initial Thoughts, Implications for Planning
• Unknown funding resources and costs • Staffing support/ capacity • Technical expertise	• Get clarity from DHCS • County collaborative • Learn from health plan implementation • Critical decision: choosing the right CMS interop solution partner

County Considerations – Overlap with Other Critical System Implementation

Survey Responses	Initial Thoughts, Implications for Planning
• New EHR • New billing/ claims system • New enterprise datawarehouse	• CMS interop target Go-Live after other core system implementation – especially if impacting data sources • If July 2023 for new EHR, then target Jan 2024 for CMS interop
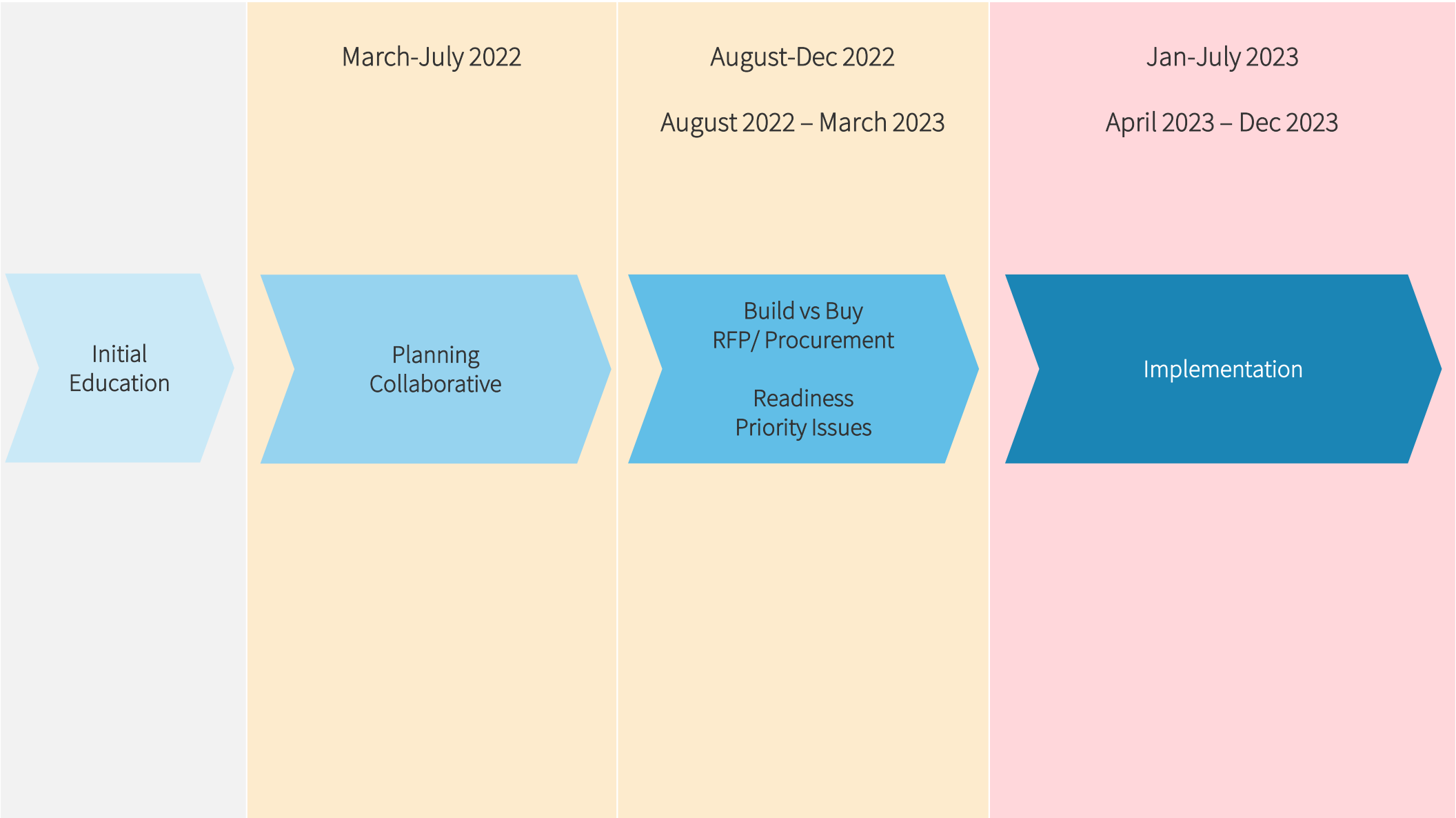
| | March-July 2022 | August-Dec 2022 | Jan-July 2023 |
| | | August 2022 – March 2023 | April 2023 – Dec 2023 |

Initial Education → Planning Collaborative → Build vs Buy / RFP/ Procurement / Readiness / Priority Issues → Implementation

County Considerations – Multiple, New "Interoperability" and Data Requirements

Survey Responses	Initial Thoughts, Implications for Planning
• CMS • ONC • New CalAIM claiming requirements • 274 provider network	• Part of next steps, inventory and alignment between multiple data requirements – use to inform requirements document and procurement process • Assess and decide "Who Does What" – existing/ new EHR, HIE, new CMS interop vendor, or internal/ custom build

County Considerations – Strategic Alignment with Other Concurrent Programs and Initiatives

Survey Responses	Initial Thoughts, Implications for Planning
• "All" Cal AIM • BH-QIP • Pop Health	• Dedicate time and thinking before making decisions about CMS interop • 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?

County Considerations – What Does the Past Teach Us?

Survey Responses	Initial Thoughts, Implications for Planning
• Meaningful Use • Medicaid Mega Regs	• High costs, limited utility and sustainability • Important partnership with DHCS • Learn from health plan experience

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