



# 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.



California  
Health Care  
Foundation

# CMS Interoperability Planning Collaborative

	Meeting Topics and Focus	Schedule
	<ul style="list-style-type: none"><li>• CMS Interoperability primer (optional)</li></ul>	March 29
#1	<ul style="list-style-type: none"><li>• FAQs from Primer and Compliance Updates</li><li>• Market summary and lessons</li><li>• County considerations</li></ul>	April 5
#2	<ul style="list-style-type: none"><li>• Recap and Key Takeaways So Far</li><li>• Some Questions</li><li>• Data Requirements</li></ul>	April 26
#3	<ul style="list-style-type: none"><li>• Recap about Data Requirements</li><li>• Some Questions and Survey Responses</li><li>• Consumer consent, 3<sup>rd</sup>-party App Registration</li></ul>	May 17
#4	<ul style="list-style-type: none"><li>• Recap about Consent and App Registration</li><li>• FAQs and other updates</li><li>• Lessons and feedback from implementations so far</li></ul>	June 29
#5	<ul style="list-style-type: none"><li>• Final group discussion</li><li>• Feedback on draft work plan and next steps</li></ul>	July 19

# Admin Stuff

## Program email

- [interoperability@calmhsa.org](mailto:interoperability@calmhsa.org)

## Program materials and resources

- <https://www.calmhsa.org/cms-interoperability-planning>

The screenshot shows a web browser displaying the page <https://www.calmhsa.org/cms-interoperability-planning/>. The page features the CalMHSa logo and navigation menu with links for About Us, Members, Programs, CaAIM, Announcements, and Contact. A search bar and a Members Login button are also present. The main content area has a header image of a rocky coastline at sunset with the title "CMS Interoperability Planning".

The primary purpose of this program is to support a collaborative approach for county behavioral health agencies to begin necessary planning efforts that meet the data interoperability requirements of California Medi-Cal managed care entities serving the Medi-Cal population.

The project will consist of six webinars from the period of March through July 2022 hosted by CalMHSa and KN Consulting with participation from various subject matter experts. The webinars will establish a baseline understanding of the interoperability business requirements, a mini-gap analysis, highlight valuable lessons learned from previous implementation, and move toward helping counties create a planning roadmap to meet their target completion dates.

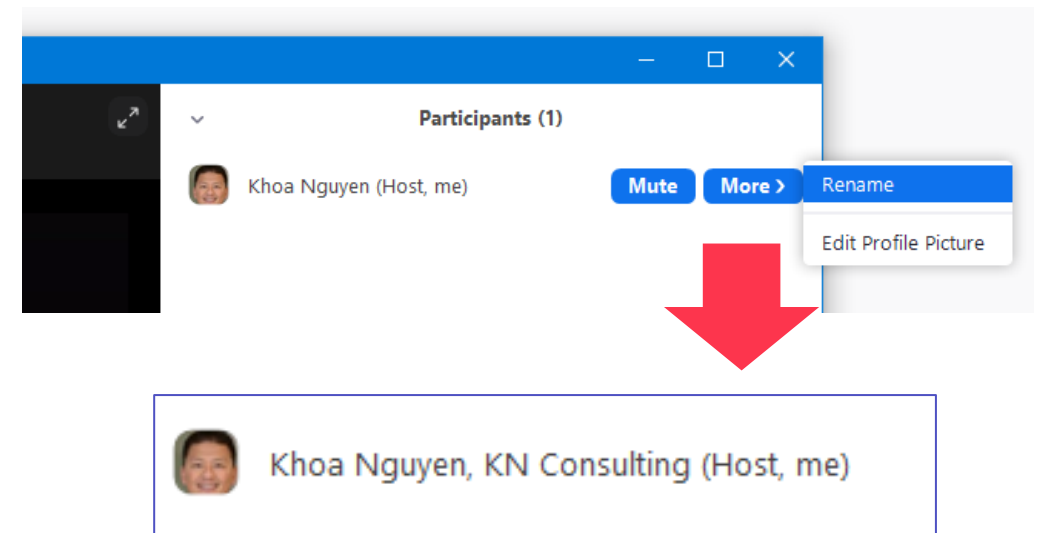
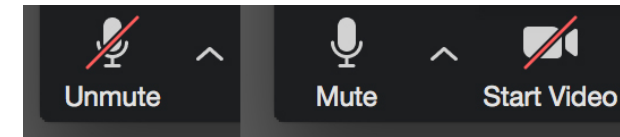
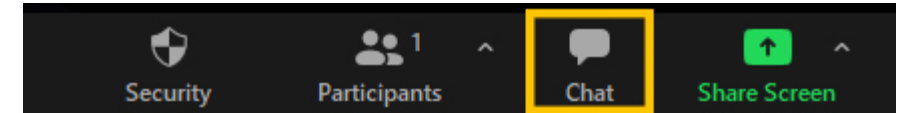
This project is made possible by a grant from the California Healthcare Foundation.

### CMS Interoperability Planning Webinars: (For County Participants Only)

Session	Date
Primer (optional) <ul style="list-style-type: none"><li>• <a href="#">Primer Recording</a></li><li>• <a href="#">Slides</a></li></ul>	March 31, 2022 9AM-10:30AM PST
Session 1 <ul style="list-style-type: none"><li>• <a href="#">Session 1 Recording</a></li><li>• <a href="#">Slides</a></li></ul>	April 5, 2022 11AM-12:30PM PST

# 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

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# CaMHSAs CMS Interoperability Planning Collaborative

## Key Takeaways

### A. Compliance

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- 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

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- *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

Medicare Advantage Plans  
Medicaid State FFS  
Individual Marketplace Plans

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## Who has Regulatory Oversight?



# Compliance with CMS Interoperability Requirements

## CMS Guidance

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

### Expectations

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



# CaMHSAs CMS Interoperability Planning Collaborative



## Key Takeaways



## Implications for Planning

### B. Finance and Costs

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- 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

### Implement Without Complete Financial Certainty

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- *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

# CaMHSA CMS Interoperability Planning Collaborative

## Key Takeaways

### C. County Considerations

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- 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 3<sup>rd</sup>-party apps

## Implications for Planning

### Phased Approach Towards January 2025

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- *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”

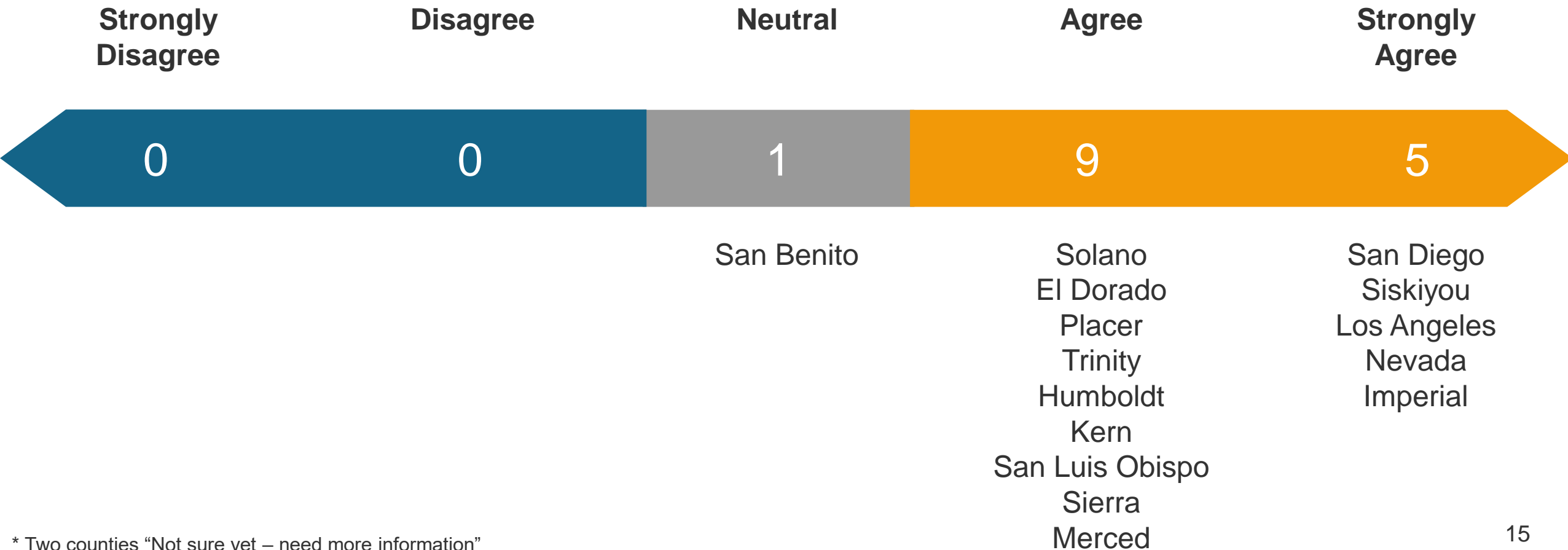


Provider Directory API	Pt Access API – clinical data, USCDI	Pt Access API – claims and encounter data
Individual consent	Authorized rep: parent/ guardian and minors	Authorized rep: power of attorney
Test population, 2021+ data	All clients, 2021+ data	All clients, 2016+
Test with internal mobile app	Test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

# Phased Approach to Implementation of CMS Interoperability

18 county responses

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



\* Two counties "Not sure yet – need more information"

# CaIMHSA CMS Interoperability Planning Collaborative

## Key Takeaways

### C. Issues to Discuss Further

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- 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

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- *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

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

# CaMHSA CMS Interoperability Planning Collaborative

## Key Takeaways

### C. Lessons Learned So Far

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- 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

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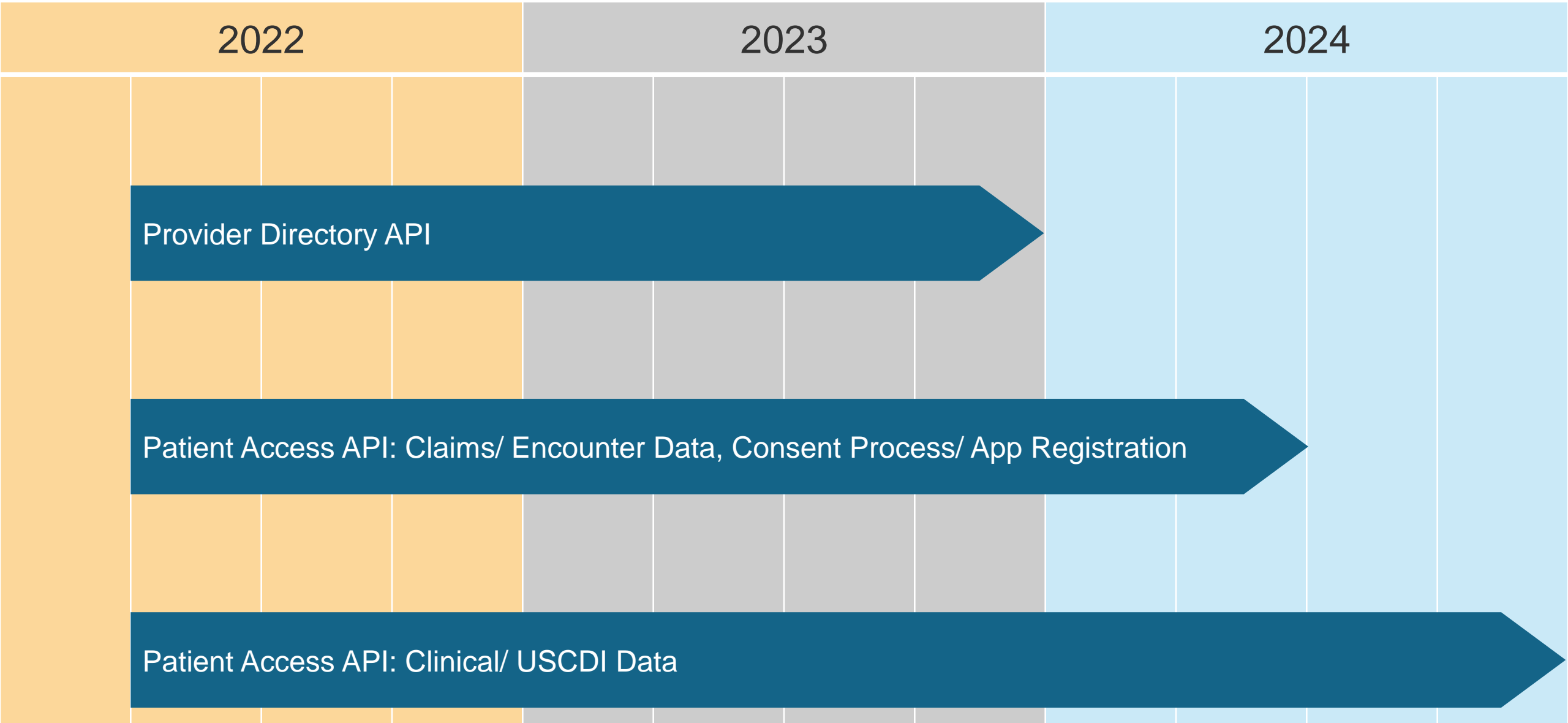
- Phased approach
- Work with other counties as much as possible
- Leverage existing capabilities and aligned initiatives
- Ongoing “interoperability” support

# Today's Agenda and Discussion Framework

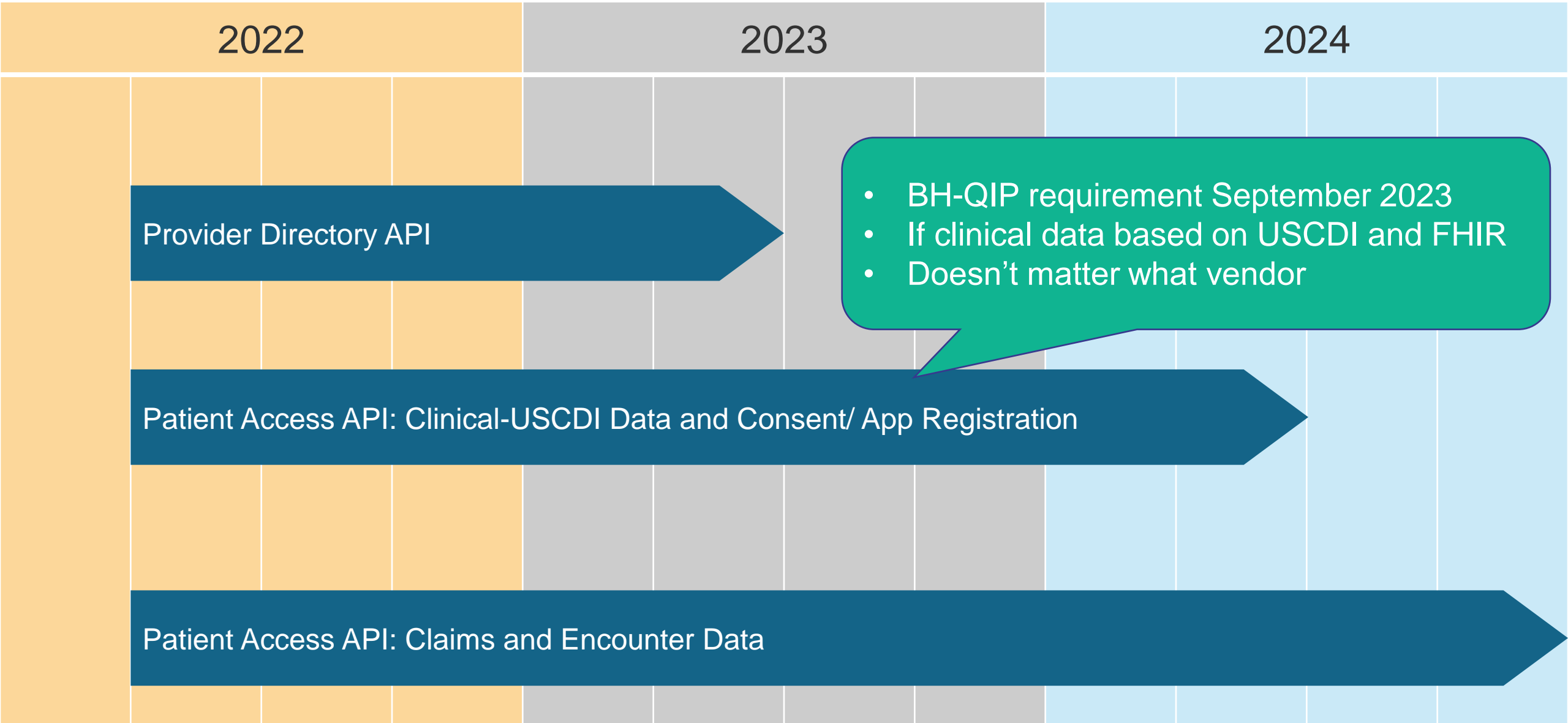
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# Before: Considerations for Phased Approach



# Current: Considerations for Phased Approach



2022

2023

2024

Provider Directory API

- BH-QIP requirement September 2023
- If clinical data based on USCDI and FHIR
- Doesn't matter what vendor

Patient Access API: Clinical-USCDI Data and Consent/ App Registration

Patient Access API: Claims and Encounter Data

# 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!