A CARIN Alliance webinar

The State of the CMS Patient Access API

Ryan Howells Moderator, Principal, Leavitt Partners • **Brendan Keeler** Head of Product, Flexpa • **Imran Qureshi** CTO & Chief Data Science Officer, b.well Connected Health • **JP Pollak** Co-Founder, The Commons Project • **Jennifer Blumenthal** Co-Founder and CEO, OneRecord; Product Director, Millian IntelliScript • **Patrick Carter** Clinical & Technology Lead, Global Health, The Commons Project

Tuesday, June 4, 2024 • 12-1 ET

Welcome!!
We will begin shortly

MODERATOR

Ryan Howells

Principal,
Leavitt Partners

SPEAKER

Brendan Keeler

Policy and Market Advisor,
Flexpa

SPEAKER

Patrick Carter

Clinical & Technology Lead, Global Health,
The Commons Project

SPEAKER

JP Pollak

Co-Founder, The Commons Project

SPEAKER

Imran Qureshi

CTO & Chief Data Science Officer, b.well Connected Health

SPEAKER

Jennifer Blumenthal

Co-Founder and CEO, OneRecord; Product Director, Millian IntelliScript

The CARIN Alliance

Our Vision

To rapidly advance the ability for consumers and their authorized caregivers to easily get, use, and share their digital health information when, where, and how they want to achieve their goals.

*Sample list of CARIN members. For a full list of the CARIN board and members go to: https://www.carinalliance.com/our-membership/carin-board-participants/

CARIN ALLIANCE ACCOMPLISHMENTS AND PLANS

CARIN WORKGROUP	2022-23 ACCOMPLISHMENTS	PLANS FOR 2024
Trust Framework, Code of Conduct, and App Registration Guide	❖ **Continued to advance the CARIN Code of Conduct with various industry and public sector organizations.** Current adopters include dozens of payers, the VHA, provider organizations, and others. We also have reviewed in detail with the FTC. ❖ **Launched the CARIN Code of Conduct Certification program with EHNAC.** Applications can now get CARIN code of conduct certified with EHNAC. ❖ **Continued discussions with the VHA, CCIIO, & CMS about developing a common public sector application registration process, in relation to the CARIN App Registration Guide.**	❖ Continue to ramp up the CARIN code of conduct certification program with more applications getting certified
Digital Identity & Authentication	❖ **Worked with ONC, CMS, and the HHS team to conduct a year-long OpenID Connect-based Digital Identity Federation Proof of Concept.** The PoC was necessary to implement FHIR-based data exchange at scale. For the PoC, we tested four workstreams (CSP only, CSP with HIEs, CSP with the HHS XMS Identity Broker service, and CSP with UDAP Tiered OAuth which followed the FAST HL7 IG on Interoperable Digital ID and Patient Matching) with the objective of scaling an open framework for federating trusted Identity Assurance Level 2 (IAL2) certified credentials using a person-centric approach. The output of this endeavor was published on our website in March 2023. ❖ **Developed the CARIN Digital Identity Federation Credential Policy, which maps to to NIST 800-63-3A, NIST 800-63-3B, NIST 800-53, and RFC 3467 guidance.** This allows for digital identities to be interoperable. The credential policy is non-proprietary and can be used by anyone.	❖ Incorporate the lessons learned from the Digital Identity Federation Proof of Concept into a production pilot ❖ A new workgroup within CARIN will be addressing an open framework for how to identity proof minors with their consent and their legal guardian's/parent(s) consent

CARIN ALLIANCE ACCOMPLISHMENTS AND PLANS

CARIN WORKGROUP	2022-23 ACCOMPLISHMENTS	PLANS FOR 2024
CARIN IG for Blue Button®	❖ **Published STU2 of the implementation guide, which included oral and vision types for the first time.** This IG describes the CARIN for Blue Button® Framework and Common Payer Consumer Data Set (CPCDS), providing a set of resources that payers can display to consumers via a FHIR API to meet part of the CMS requirements related to the Patient Access API. (STU1 was published in November 2020, and minor technical corrections were published in early July 2021 as STU1.1.0).	❖ Launched with the ONC and CMS a test kit on the ONC's Inferno test suite for the CARIN IG for Blue Button®
CARIN IG for Digital Insurance Card	❖ **The implementation guide was published as an STU1 in July 2022.** The IG develops artifacts (FHIR implementation guides, code mappings, reference implementations, etc.) to enable the digital exchange and digital rendering of the elements found on a person's physical insurance card. The primary use case is to support insurance members who wish to retrieve their proof of insurance coverage digitally via a consumer-facing application. Images, barcodes, and QR codes from the physical card will be considered as optional fields for representation within FHIR, but these elements will be optional and up to the implementer to decide whether they want to provide them. We are working with the SMART Health Cards team to provide a SMART Health Card / SMART Health Link to consumers using the data model outlined in this IG.	❖ Held a developer seminar to discuss an approach for integrating the CARIN IG for Digital Insurance Card with SMART Health Cards ❖ Epic and Humana are live with the API for images only ❖ CARIN is targeting holding a testing event in at the upcoming HL7 Connectathon in September
CARIN IG for Consumer-facing Real-time Pharmacy Benefit Check	❖ **Developed, in conjunction with HL7 and NCPDP, a consumer-facing real-time pharmacy benefit check implementation guide.** This implementation guide meets the CMS requirement to provide a 'Beneficiary real-time benefit tool (RTBT)' to Medicare beneficiaries.	❖ Advance the adoption of our RTPBC standard, including encouraging PBMs to consider this standard in conjunction with the NCPDP standard for MAPD and Part D plans.

Agenda

1. Regulatory History
2. Use Cases
3. Compliance
    a. Many payers are still not yet live
4. App Registration
    a. Some payers are live in name only, with no apps able to register successfully (or only with months or years of effort)
5. Prohibitive Access
    a. Patients are blocked from authorizing access or maintaining access
6. API Variability
    a. Implementations are not uniform or standardized

Regulatory History

Relevant Rules and Laws

Federal

- **CMS Interoperability and Patient Access (CMS-9115):**
  - Required Patient Access APIs for Medicare Advantage, Medicaid, CHIP and federal exchange ACA plans
  - Did not require specific app registration processes, patient processes, implementation guides, or FHIR resources
  - Compliance Date: July 1, 2021
- **CMS Interoperability and Prior Authorization (CMS-0057):**
  - Adds prior authorization data to Patient Access APIs
  - Makes several implementation guides required or recommended (SMART, CARIN)
  - Compliance Date: January 1, 2027
- **No Surprises Act (H.R.3630):**
  - Will likely add advanced EOBs to Patient Access APIs when rule on Good Faith Estimates is finalized

State:

- **California SB-1419:**
  - Extends Patient Access APIs (and other APIs) to all lines of business
  - Compliance Date: January 1, 2025
- **Tennessee SB-2012:**
  - Extends Patient Access APIs (and other APIs) to all lines of business

Use Cases

Why **don’t** patients use these APIs?

Portal replacement

Apps based on the Patient Access APIs aren’t meant to replace a member portal. They serve supplemental and underserved use cases

Login ceiling

Activation of members for patient access will always be lower/lag general member activation rates

Member awareness

Most payers have not informed their members that this capability is available in a “push” method or during open enrollment

Why do patients use these APIs?

Plan selection

A history of claims is useful for choosing the right plan at moments of decision making, such as talking to a Medicare broker.

Reducing cost of care

Reducing cost of care is important to many stakeholders in value based care. Likewise, digital health solutions want to prove their efficacy.

Finding treatment

Claims data is useful in assessing clinical trial eligibility or building real world evidence for novel treatments

Compliance

12%

Nearly three years after the initial date, payers representing over a tenth of the regulated population have no Patient Access solution live.

Compliance landscape

The Good

97% of Medicare Advantage patients can access their claims data

The Bad

87% of ACA patients can access their claims data

The Ugly

82% of Medicaid patients can access their claims data

Non-compliance

Largest payers without active solution

Public:

- State of Arizona
- State of Colorado
- State of Illinois
- State of Indiana
- State of Massachusetts
- State of Mississippi
- State of New York
- State of North Carolina
- State of Pennsylvania
- State of Texas

Private

- Blue Cross Blue Shield of Oklahoma
- Blue Cross Blue Shield of Illinois
- Blue Cross Blue Shield of Montana
- Blue Cross Blue Shield of New Mexico
- Blue Cross Blue Shield of Texas
- Blue Cross Blue Shield of North Dakota
- Sentara Health Plans
- SelectHealth

App Registration

While most payers are compliant on paper, patients are still not able to use the app of their choosing.

Registration processes for payers are opaque, slow, and time-consuming at best.

At worst, they are simply inaccessible.

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Payers have Patient Access APIs that no app has been able to connect to

App Registration Blockers

There are major blockers to apps scaling connectivity across all payers, meaning that patients have limited choice of apps and payers see low usage.

- No developer documentation or portal
- No test patients in sandbox or production
- Unresponsive approval administrators with no SLA
- Missing CapabilityStatement
- Missing Well-Known SMART Configuration
- Endpoint discovery

Prohibitive Access

Payers deliberately or accidentally implement blockers to patient success

Patient API use is hindered by a variety of obtuse processes

Prohibitive Access

Patients must jump through many hoops to successfully authorize and maintain access, hindering conversion and use of apps.

- Some payers require creation of new digital accounts separate from portal accounts
- Patients must find hidden consents in their member portal before they can authorize for some payers
- Patients’ data is not available after authorization and needs 24 hours to sync to server
- Access periods may be too limited to actually pull a patient’s data
- Many payers do not support long-lived access through refresh tokens

Access blockers

Duplicate registration

- 1up Health payers
- Commonwealth Care Alliance
- Devoted Health
- Certain Edifecs payers
- Payers using ID.me as their IDP

Hidden consents

- Capital Blue Cross
- Molina

Delayed data

- Independent Health
- Molina

Access periods

- 52/321 payers support a usable access token period
- 79/321 payers support refresh tokens

API Variability

Custom implementations are the norm

SMART IG

- Only 53 payers are comformant with basic SMART features
- 17 unique locations to parse FHIR Patient ID

CARIN IG

- At least 29 payers missing EOB support
- At least 35 payers missing Coverage support

USCDI IG

All payers should support at least CareTeam, Condition, MedicationRequest, and Procedure.

Only 7 do in practice

Future improvement

Future Improvement

Rules and Laws - Future

- Apps struggle to be relevant if they cannot help all Americans.
- Patients on employer based plans account for over half of Americans.
- Tri-agency work to expand to all lines of business or
- State by state expansion to all lines of business

Compliance

- Require listing endpoints in Lantern
- Framework for listing FHIR endpoints Endpoint directory implementations and frameworks - FHIR - Confluence (hl7.org)

Future Improvement

App Registration

- Reporting by payers to CMS of usage (required in CMS-0057)
- Requirements in CMS-0057 for use of SMART (should mean CapabilityStatements and well known SMART config are available)
- Attestation by payer and/or validation by CMS of app registration SLA

Prohibitive Access

- Attestation by payer and/or validation by CMS that end-to-end flow includes has no hidden consents, no data synchronization delays, and includes refresh token

API Variability

- Requirements in CMS-0057 for use of SMART
- Attestation by payer of Inferno results (www.inferno.healthit.gov)
- Require CARIN IG, specific resources

Patient Access APIs are here

But we need to do so much more to make them useful.

Flexpa

The State of Payer Patient Access APIs

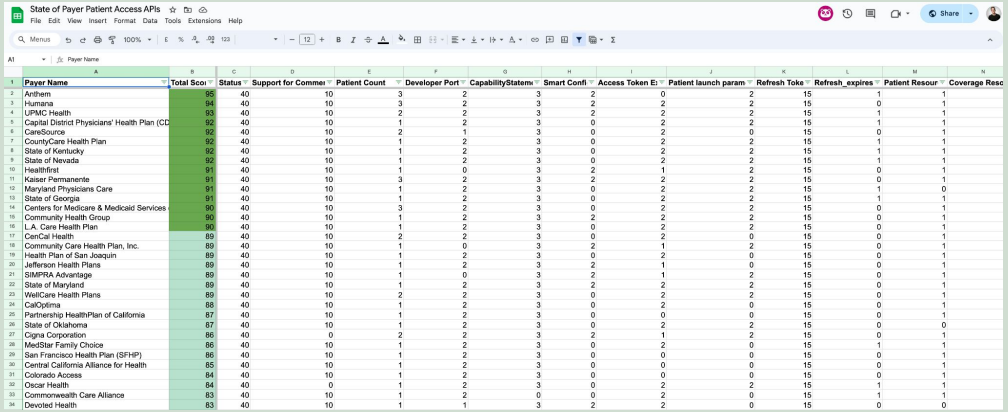
A scorecard for payers, vendors, and developers to understand the CMS-9115 landscape

BRENDAN KEELER
MAY 08, 2024

7 Share

> Are you more interested in results and less interested in background? Skip ahead to the "Payer Analysis" and "Vendor Analysis" sections to see who's doing well and who has room to improve.

On May 1, 2020, the CMS published CMS-9115, the CMS Interoperability and Patient Access Rule, affecting Medicare Advantage, Medicaid, CHIP, and ACA payers nationwide. Inspired by the 21st Century Cures Act and the ONC's Cures Rule (but not gifted any additional authority or mandate), it represented the first foray by the agency into roles it hadn't necessarily assumed previously - steward of health plans' technical



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Payer Name	Total Scor	Status	Support for Commer	Patient Count	Developer Port	CapabilityStatem	Smart Confi	Access Token E	Patient launch param	Refresh Toke	Refresh_expires	Patient Resour	Coverage Resc
2	Anthem	95	40	10	3	2	3	2	0	2	15	1	1	
3	Humana	94	40	10	3	2	3	2	2	2	15	0	1	
4	UPMC Health	93	40	10	2	2	3	2	2	2	15	1	1	
5	Capital District Physicians' Health Plan (CD	92	40	10	1	2	3	0	2	2	15	1	1	
6	CareSource	92	40	10	2	1	3	0	2	0	15	0	1	
7	CountyCare Health Plan	92	40	10	1	2	3	0	2	2	15	1	1	
8	State of Kentucky	92	40	10	1	2	3	0	2	2	15	1	1	
9	State of Nevada	92	40	10	1	2	3	0	2	2	15	1	1	
10	Healthfirst	91	40	10	1	0	3	2	1	2	15	0	1	
11	Kaiser Permanente	91	40	10	3	2	3	2	2	2	15	0	1	
12	Maryland Physicians Care	91	40	10	1	2	3	0	2	2	15	1	0	
13	State of Georgia	91	40	10	1	2	3	0	2	2	15	1	1	
14	Centers for Medicare & Medicaid Services	90	40	10	3	2	3	0	2	2	15	0	1	
15	Community Health Group	90	40	10	1	2	3	2	2	2	15	0	1	
16	L.A. Care Health Plan	90	40	10	1	2	3	0	2	2	15	0	1	
17	CenCal Health	89	40	10	2	2	3	0	2	0	15	0	1	
18	Community Care Health Plan, Inc.	89	40	10	1	0	3	2	1	2	15	0	1	
19	Health Plan of San Joaquin	89	40	10	1	2	3	0	2	0	15	0	1	
20	Jefferson Health Plans	89	40	10	1	2	3	2	1	0	15	0	1	
21	SIMPRA Advantage	89	40	10	1	0	3	2	1	2	15	0	1	
22	State of Maryland	89	40	10	1	2	3	2	2	2	15	0	1	
23	WellCare Health Plans	89	40	10	2	2	3	0	2	2	15	0	1	
24	CalOptima	88	40	10	1	2	3	0	2	0	15	0	1	
25	Partnership HealthPlan of California	87	40	10	1	2	3	0	0	0	15	0	1	
26	State of Oklahoma	87	40	10	1	2	3	0	2	2	15	0	0	
27	Cigna Corporation	86	40	0	2	2	3	2	1	2	15	0	1	
28	MedStar Family Choice	86	40	10	1	2	3	0	2	0	15	1	1	
29	San Francisco Health Plan (SFHP)	86	40	10	1	2	3	0	0	0	15	0	1	
30	Central California Alliance for Health	85	40	10	1	2	3	0	0	0	15	0	1	
31	Colorado Access	84	40	10	1	2	3	0	0	0	15	0	1	
32	Oscar Health	84	40	0	1	2	3	0	2	2	15	1	1	
33	Commonwealth Care Alliance	83	40	10	1	2	0	0	2	0	15	1	1	
34	Devoted Health	83	40	10	1	1	3	2	2	0	15	0	0	

Full report available here

Questions

Contact Information

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