

CMS Patient Access Rule Use Cases & Opportunities



- <https://1up.health/products/cms-rule>

Contact kyle@1up.health, ricky@1up.health to learn more

Plan to Member

Plan-to-Member: Blue Button 2.0

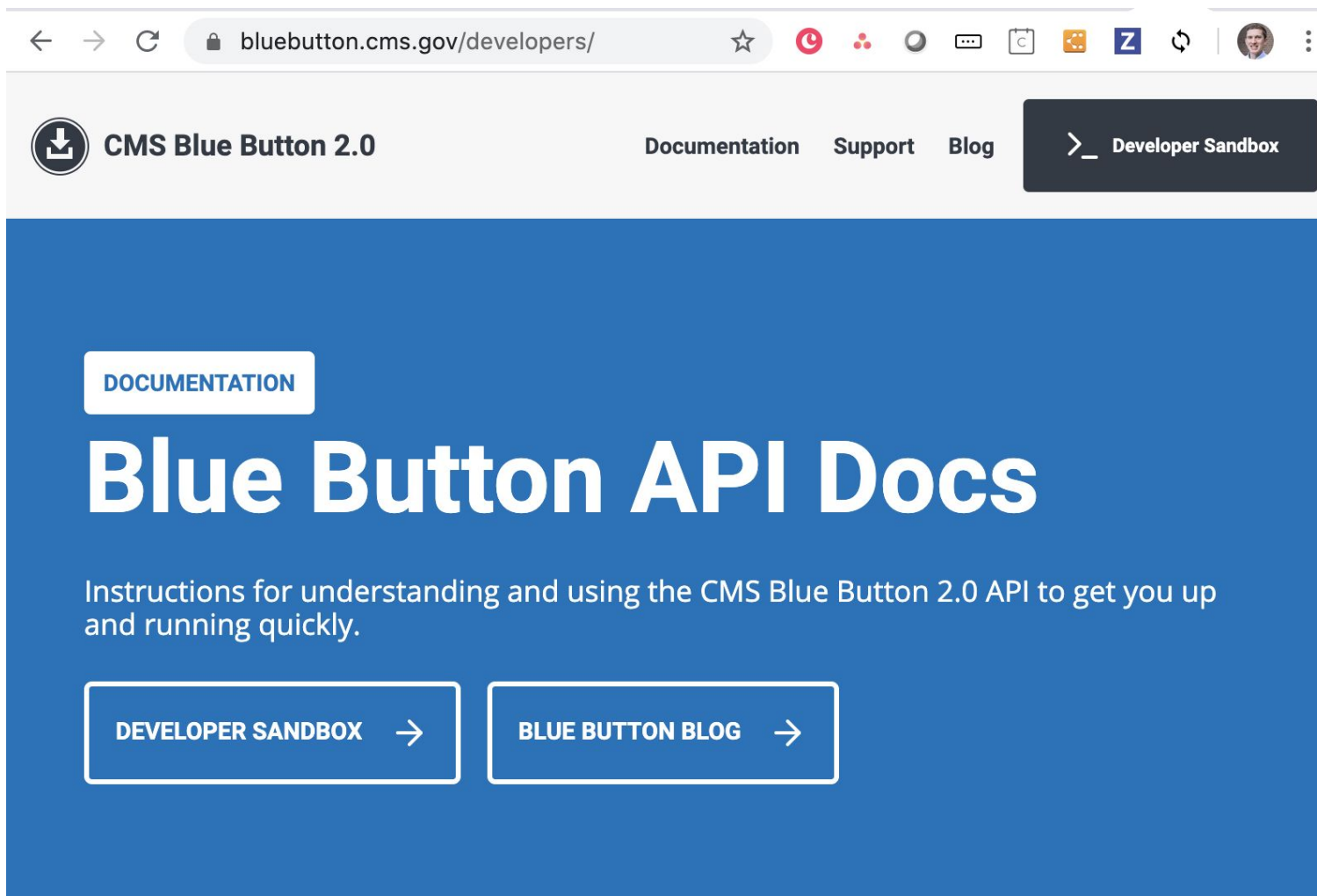


CMS Blue Button 2.0

- A developer-friendly, **standards-based API** that enables Medicare beneficiaries to **connect their claims data to the applications**, services & research programs they trust
- 4 years of Medicare **Part A, B and D data** for **53 million Medicare beneficiaries**
- Type of Medicare coverage, drug prescriptions, primary care treatment and cost. Beneficiaries also have full control over how their data can be used and by whom, with identity and authorization controlled by MyMedicare.gov
- **HL7 FHIR standard** for beneficiary data and the **OAuth 2.0 standard** for beneficiary authorization.

BB 2.0 API Documentation

- Developer-friendly
- Clear documentation
- Apps can request API keys
- Sandbox environment for testing
- Support via Google groups



Blue Button 2.0 Apps

52 approved Blue Button 2.0 Apps support a variety of use cases, including:

- Keep track of the tests and services
- Track medical claims
- Keep medical records & list of medicines in one place
- Make appointments with and sending messages to doctors
- Get personalized info about symptoms and medical conditions.
- Find health and drug plans.
- Keep track of your notes and questions.
- Connect data to research projects.

eClinicalWorks
"Improving Healthcare Together"

 1upHealth

 bwell

 docspera

 Trusty.care

 RUSH

 CAMBIA[®]
HEALTH SOLUTIONS

Auth Flow

1. Medicare beneficiaries download 1 of the approved apps
2. Member takes action in the app to connect their BB 2.0 data
3. Directed to authorize the app by providing **MyMedicare.gov credentials**
4. OAuth Token provided to app
5. Data flows back to app

Medicare.gov

TestApp has asked for some of your data.

Information about your doctor/hospital visits

Information about the prescription medications you take

Personal Information like your name, address, date of birth, race, and gender

Privacy Options

☒ **Share all of your data**
This app will have access to both your healthcare data and some personal information

☐ **Share healthcare data, but not your personal info**
Block some of your personal data like name, address, date of birth, race, and gender

Understand how your data is being used

To understand fully how TestApp will use your data, please read the app's [Privacy Policy](#) and [Terms and Conditions](#).

[Allow](#) [Deny](#)

You can revoke this app's access to your data at any time by logging into your [MyMedicare.gov](#) account or calling us at 1-800-633-427.

CARIN Alliance



Bipartisan, multi-sector collaborative working to advance **consumer-directed exchange of health information**. Goal is to enable consumers and their authorized caregivers to access more of their digital health information with less friction.

CARIN has organized workgroups focused on overcoming barriers to Consumer-Directed Exchange:

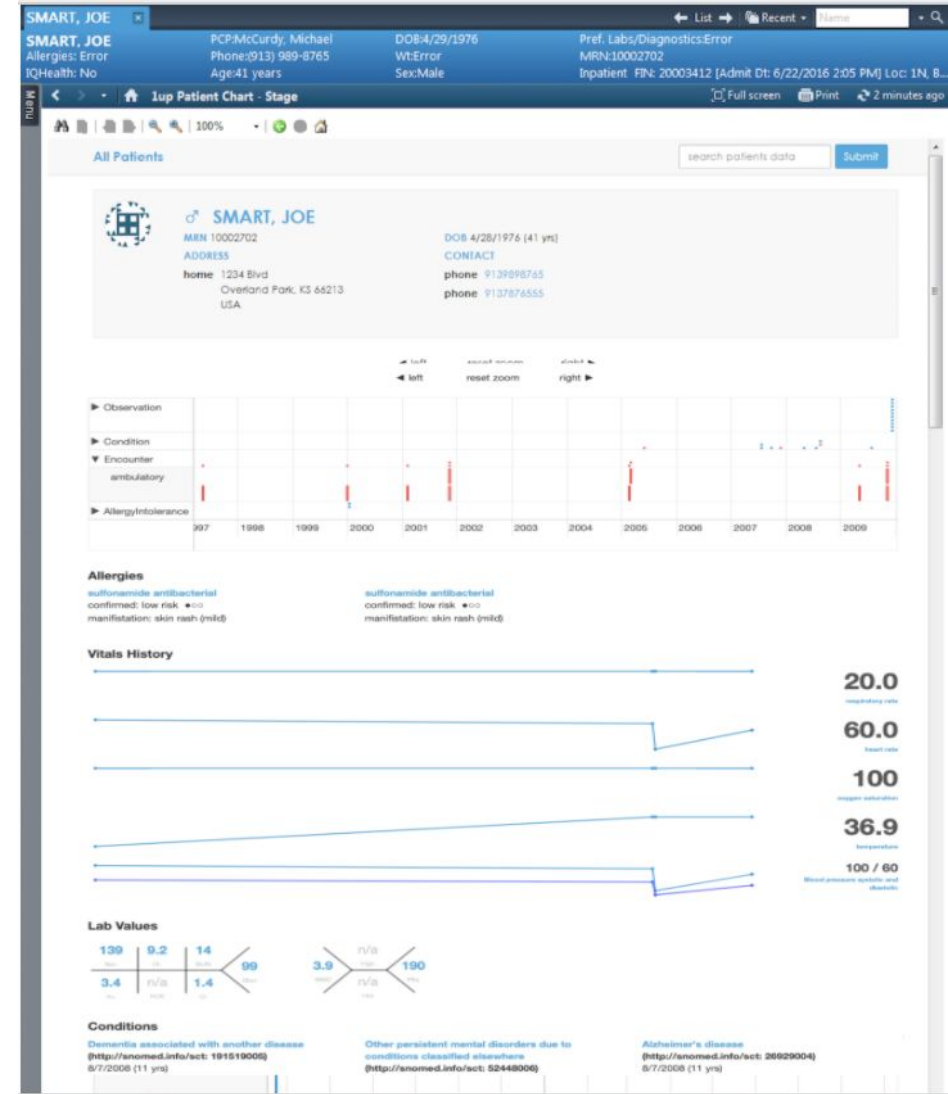
1. Consumer ID & Authentication
2. Health Plan - developing the **CARIN Blue Button® Framework and Common Payer Consumer Data Set (CPCDS) Implementation Guide**
3. Policy & Regulatory
4. Real-Time Pharmacy Benefit Check (RTPBC)
5. Trust Framework and Code of Conduct

1upHealth 360 Patient View

1upHealth 360 Patient View

A longitudinal 360° view of patient data across BB2.X endpoints as well as other payers, and 1upHealth's network of 10k providers

Available free for members for iOS, Android, and the web




1. Find Provider


[Connected Providers](#) [Import](#)


[Submit](#)


Select your provider. You can search by hospital, provider name, health system or doctor.

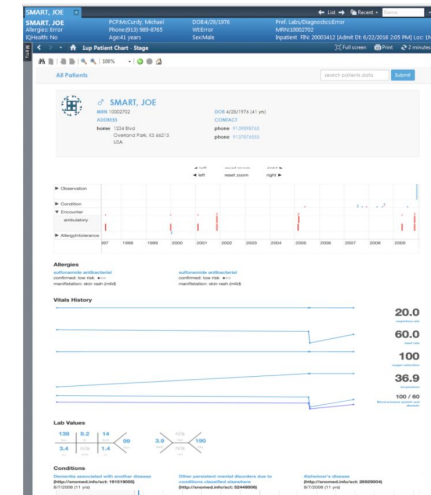
[Search](#)

**CMS Medicare (demo)**
Washington, DC

**CMS Medicare**
Washington, DC

**Aurora Medical Group, Inc.**
8675 N Port Washington Rd Fox Point, Wi

**Cedars-Sinai Pharmacy #5**
310 N San Vicente Blvd 114 West Hollywood, Ca



2a. Authorize Access

Authorizing data access

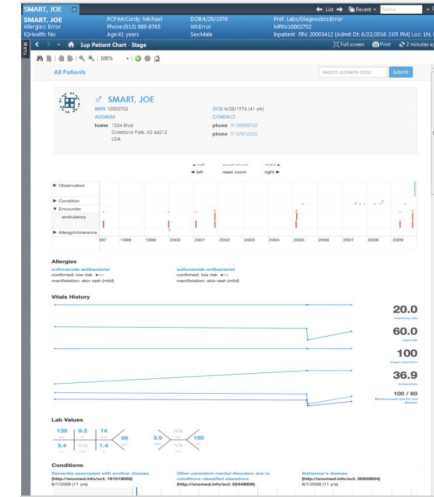
Medicare

BBUser29999

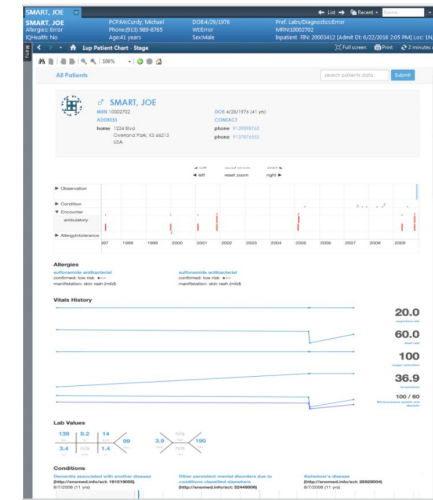
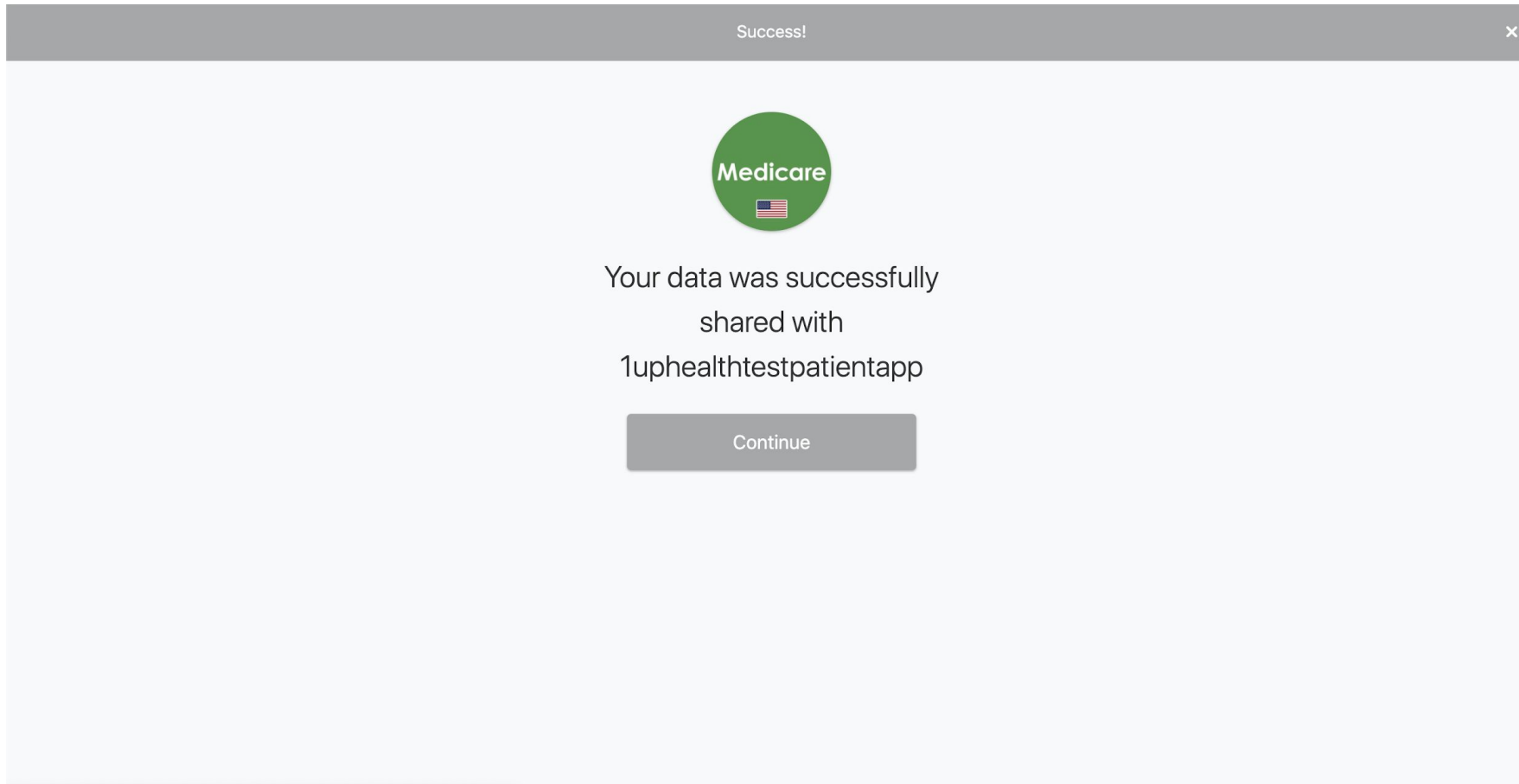
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Forgot password? Click to reset.

Authorizing with valid credentials will share your medical data from **CMS Medicare (demo)** with **1uphealthtestpatientapp**



2b. Authorize Access



3b. Patient View - EOB

ExplanationOfBenefit

TYPE (PDE)
Pharmacy (pharmacy)

JSON

SERVICES

Service	Service date	Quantity
Amlodipine Besylate - AMLODIPINE BESYLATE (68180075103)	2016-05-01	90

INFORMATION

	Status
Dispense as Written (DAW) Product Selection Code (https://bluebutton.cms.gov/resources/variables/daw_prod_slctn_cd)	No Product Selection Indicated (may also have missing values) (0)
Dispensing Status Code (https://bluebutton.cms.gov/resources/variables/dspnsng_stus_cd)	Partial fill (P)
Drug Coverage Status Code (https://bluebutton.cms.gov/resources/variables/drug_cvrg_stus_cd)	Covered (C)
Prescription Origination Code (https://bluebutton.cms.gov/resources/variables/rx_orgn_cd)	Electronic (3)
Brand-Generic Code Reported by Submitting Plan (https://bluebutton.cms.gov/resources/variables/brnd_gnrc_cd)	Generic Null/missing (G)
Pharmacy service type code (https://bluebutton.cms.gov/resources/variables/phrmcy_srvc_type_cd)	0
Patient Residence Code (https://bluebutton.cms.gov/resources/variables/ptnt_rsdnc_cd)	Group home (e.g., congregate residential foster care) (06)

3c. Patient View - Coverage

Coverage

Coverage Identifier part-a--20140000010000

[JSON](#)

COVERAGE from: 1983-03-24

TYPE OF COVERAGE (Part A)

EXTENSION Aged without end-stage renal disease (ESRD) (10)

Old age and survivor's insurance (OASI) (0)

Old age and survivor's insurance (OASI) (0)

the beneficiary does not have ESRD (0)

Not Terminated (0)

Part A and Part B state buy-in (C)

Coverage Identifier part-c--20140000010000

[JSON](#)

TYPE OF COVERAGE (Part C)

EXTENSION (C)

(C)

(C)

3d. Patient View - Conditions

Conditions

HYPOTHYROIDISM NOS active JSON	9999999 active JSON
ROTATOR CUFF SYND NOS active JSON	ELEVATED PROSTATE SPECIFIC ANTIGEN PSA active JSON
9999999 active JSON	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE active JSON
9999999 active JSON	9999999 active JSON
NOCTURIA active JSON	9999999 active JSON

3e. Patient View - Encounters

Encounters

Other Place of Service. Other place of service not identified above. finished

JSON

START DATE 2016-06-01

END DATE 2016-06-01

PARTICIPANTS

Role	Name	Date
-	Sameer Sharma M.D. Practitioner/9bbfcfd1e8a	2016-06-01

Other Place of Service. Other place of service not identified above. finished

JSON

START DATE 2015-02-01

END DATE 2015-02-01

PARTICIPANTS

Role	Name	Date
-	Sameer Sharma M.D. Practitioner/9bbfcfd1e8a	2015-02-01

Other Place of Service. Other place of service not identified above. finished

JSON

START DATE 2016-02-01

END DATE 2016-02-01

PARTICIPANTS

3f. Patient View - Footer

This service does not provide or replace the consultation, guidance, or care of a health care professional or other qualified provider. This service provides a supplement for informational and educational purposes only. Health care professionals and other qualified providers should continue to consult authoritative records when making decisions.

[Privacy Policy](#) | [HIPAA](#) | [Terms of Service](#) | © 1upHealth2020

4. Patient View - Connected Providers

Connected Providers



Atrius Health

Address

Boston, MA,

Patient

dcwusa@gmail.com

Connected On

Thursday, 3/5/2020,
11:13 AM



eClinicalWorks (demo)

Address

Westborough , MA, 01581

Patient

AdultMaleFHIR

Connected On

Thursday, 1/30/2020,
3:41 PM



NYU Langone

Address

150 55th St, Brooklyn, NY, 11220

Patient

faithwilson

Connected On

Monday, 2/24/2020,
2:18 PM



eClinicalWorks (demo)

Address

Westborough , MA, 01581

Patient

AdultFemaleFHIR

Connected On

Monday, 3/30/2020,
11:02 AM



EPIC Medical Center (demo)

Address

Scottsdale, AZ,

Patient

JasonArgonaut

Connected On

Friday, 1/24/2020, 1:11
PM

A Cancer App on 1up: CureSoft

360 View - Single patient with data from 6 health systems



Old Way

- No visibility across health systems
- Siloed lab results
- Duplicate / ineffective treatments
- Frustrated patients and providers

Questions & Comments

Plan to Provider

HL7 Da Vinci Project



- Private sector initiative comprised of 45+ **providers, payers & technology vendors** working together to accelerate the adoption of FHIR to support VBC data exchange
- Defines business problems, identify the corresponding data exchange requirements to create draft standards, which are in the form of **implementation guides** and **sample software code**

Use Cases



Multi Stakeholder Membership

PROVIDERS



INDUSTRY PARTNERS



EHRs



PAYERS



VENDORS



DEPLOYMENT



For current membership: <http://www.hl7.org/about/davinci/members.cfm>

*Indicates a founding member of the Da Vinci Project.
Organization shown in primary Da Vinci role, Many members participate across categories.

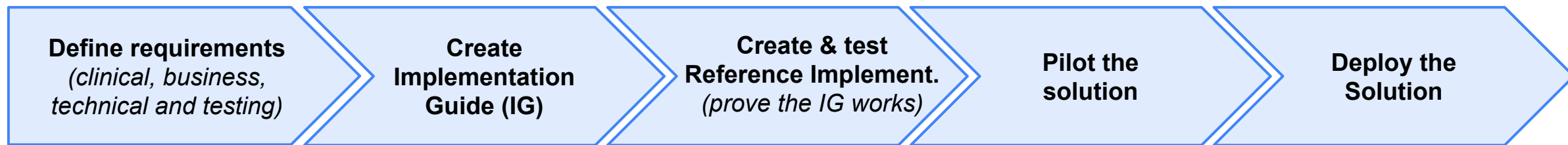
Da Vinci Use Case Process Overview

Da Vinci use cases are interrelated, currently with five categories that have emerged:

- Quality Improvement
- Coverage/Burden Reduction
- Member Access
- Process Improvement
- Clinical Data Exchange.

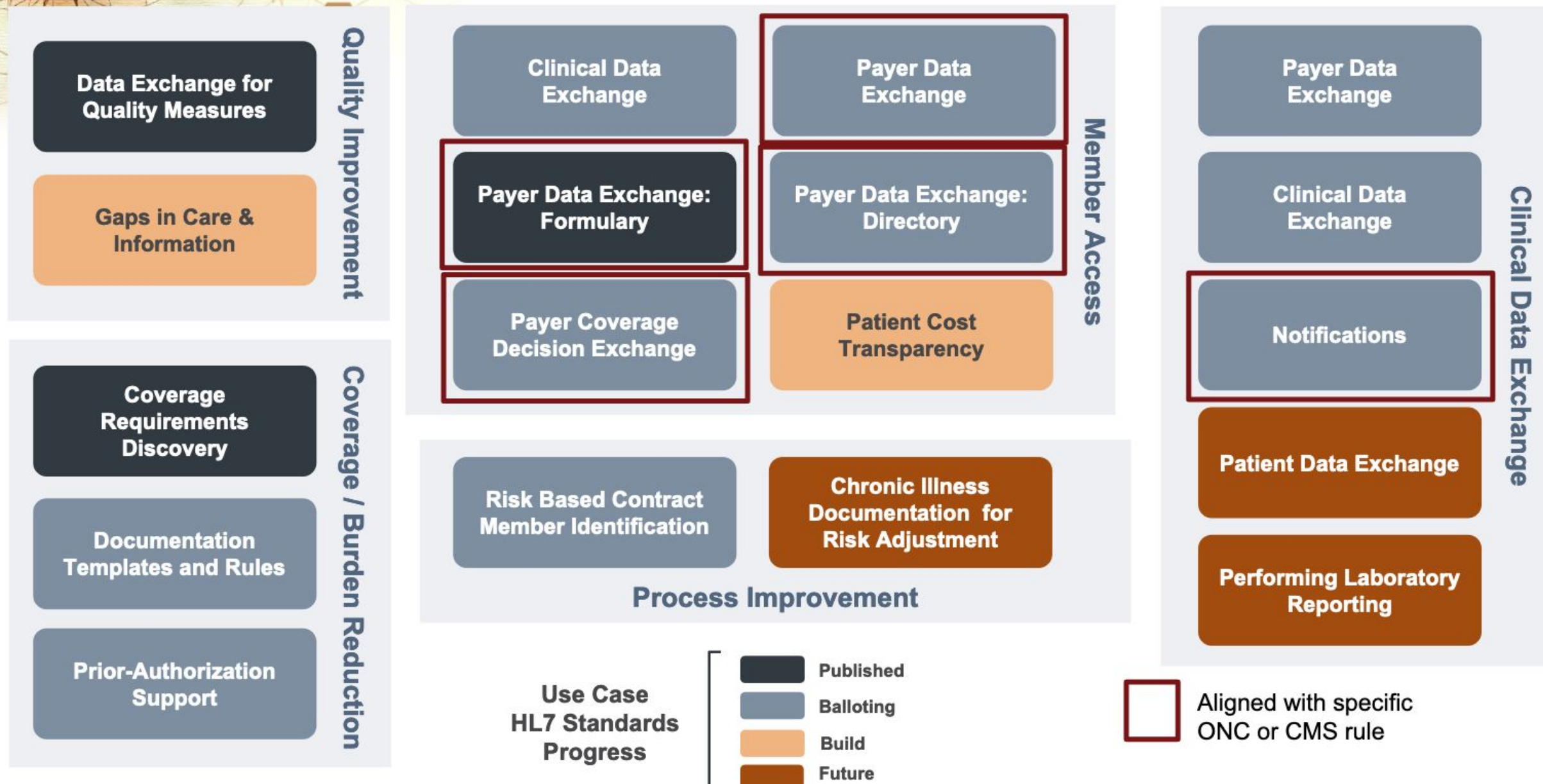
Early use cases create building blocks and a framework upon which incremental improvements and additional content can be added over time.

Project Process





Use Case Focus Areas



ABOUT THE USE CASES

QUALITY IMPROVEMENT

Data Exchange for Quality Measures enables automation of quality measure reporting.

Gaps In Care & Information exchanges open and closed gaps in care and notifies providers and payers of those gaps.

COVERAGE/BURDEN REDUCTION

Coverage Requirements Discovery gives providers real-time access to payer approval requirements, documentation and rules at point of service to reduce provider burden and support treatment planning.

Documentation Templates and Payer Rules creates electronic versions of administrative and clinical requirements, including payer coverage criteria, by pre-populating data requirements using existing EHR data in provider workflow.

Prior-Authorization Support enables provider, at point of service, to request authorization (including all necessary clinical information to support the request) and receive prompt adjudication responses from the payer.

MEMBER ACCESS

Clinical Data Exchange is the sharing of clinical data generated by providers with payers or other industry partners

Patient Cost Transparency standardizes the method of requesting and exchanging cost information at the point of decision making among payers, providers and patients.

Payer Coverage Decision Exchange shares information between payers to support continuity of care and coverage, and minimize documentation and reporting burdens for patient and providers.

Payer Data Exchange shares clinical data generated by payers with providers.

Payer Data Exchange: Directory provides a listing of addresses of payers and providers to support identification of in-network providers.

PROCESS IMPROVEMENT

Risk Based Contract Member Identification enables payers and providers to exchange information that identifies members of a patient population associated with a particular risk-based contract.

Chronic Illness Documentation for Risk Adjustment shares information between provider and payer to provide supporting documentation of chronic illnesses with regard to determining risk.

CLINICAL DATA EXCHANGE

Health Record Exchange Framework establishes general overarching framework for Health Record Exchange. HRex includes any Da Vinci profiles that may be used across multiple implementation guides.

Health Record Exchange: Patient Data Exchange is the sharing of clinical data generated by providers with patients

Notifications (formerly known as Alerts) support the real-time exchange of messages that impact patient care, such as being admitted to the hospital, and value-based or risk-based services.

Performing Laboratory Reporting enables labs to share results with providers and payers in real time.

Da Vinci Use Cases Supports CMS Final Rule Requirements

1. Payer Data Exchange
2. Payer Data Exchange: Formulary
3. Payer Data Exchange: Directory
4. Payer Coverage Decision Exchange
5. Notifications

Patient Access API

Provider Directory API

Payer-to-Payer

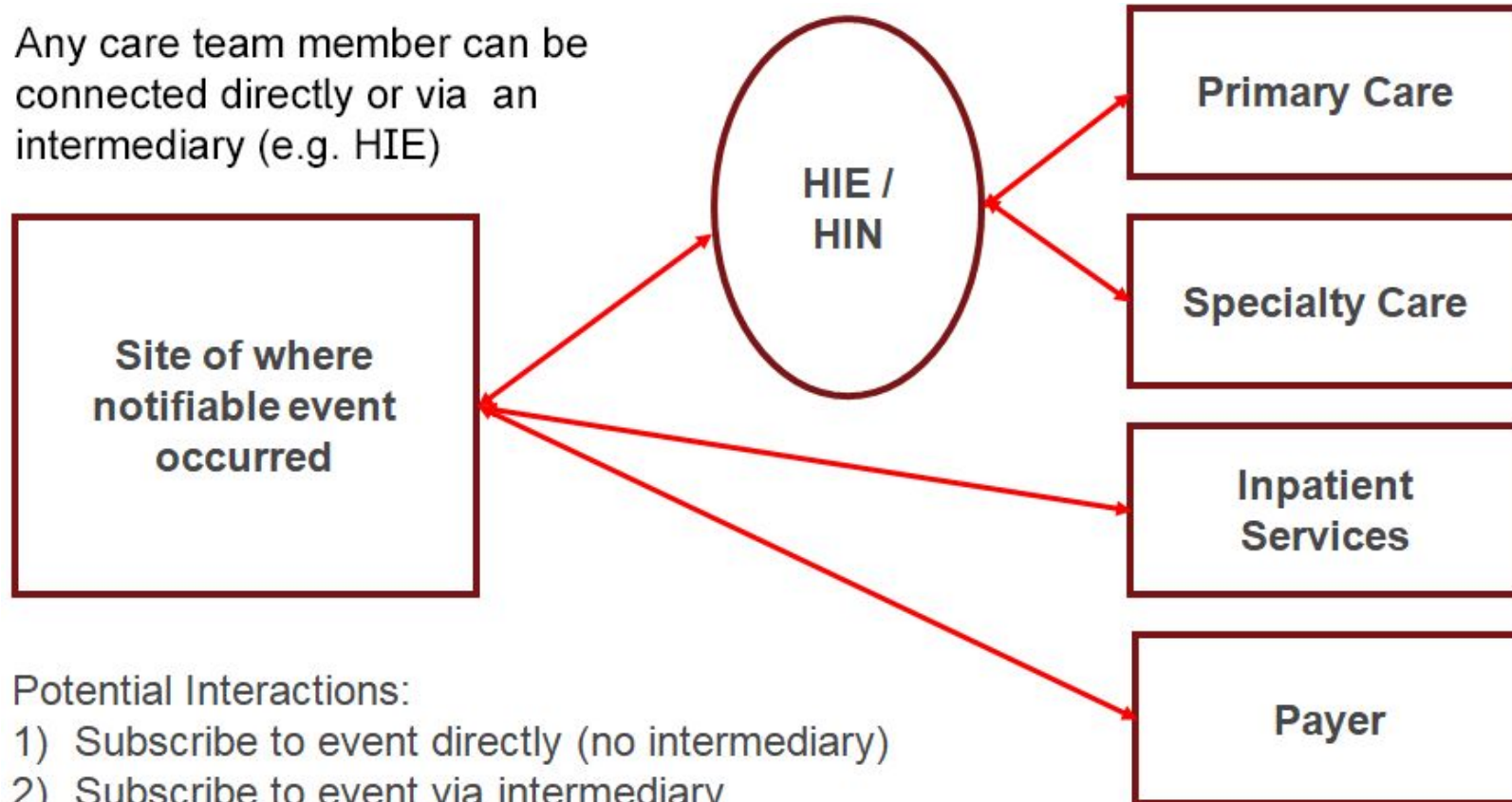
ADT Event Notifications

Overview of Select Use Cases

- Notifications
- Data Exchange for Quality Measures
- Prior Authorization
- Gaps in Care and Information

Alerts/Notifications

Admit/Discharge Notifications, Clinical and Administrative Events



Potential Interactions:

- 1) Subscribe to event directly (no intermediary)
- 2) Subscribe to event via intermediary
- 3) Push to "registered" member (perhaps via payer care team information)
- 4) Push to intermediary

Gaps in Care & Quality Measure Reporting



Data Exchange for Quality Measures

Medication Reconciliation Post-Discharge

Proof of 30-day medication reconciliation post-discharge is increasingly required for value based care incentives.

Providers and care coordinators face the challenge of collecting accurate and complete patient medication records across care settings.

30 day medication reconciliation consists of multiple steps:

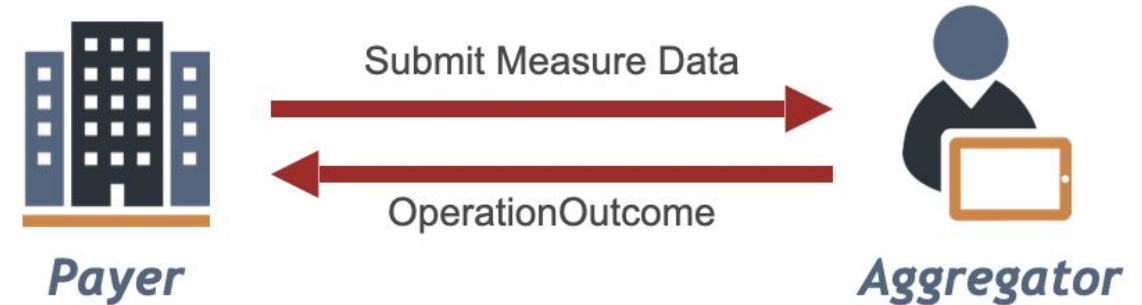
- In-patient discharge
- Discharge medication list
- Exchange of the medication list with the responsible provider (may be via payer)
- Including discharge medications in responsible providers HER
- Reconciliation of all medications
- Attestation to the reconciliation (focus of the current use case)

Quality Data Quality Measures

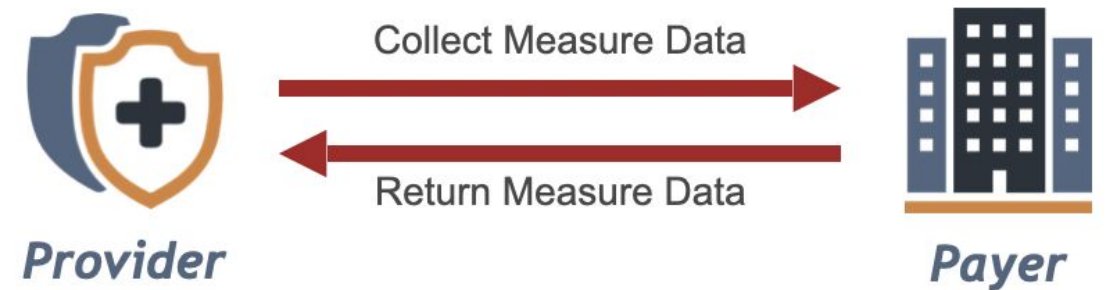
Use case creates a common framework for quality data exchange

- Enables the exchange of raw quality measure data between quality measurement Teams and Care teams that provide patient care
- Timely exchange of key data is critical to evaluate and capture quality
- Additional Scenarios underway to expand measure patterns in framework

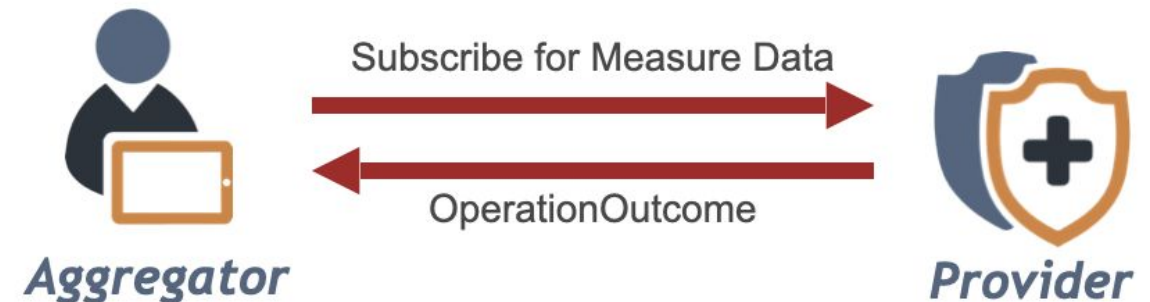
1. Submit



2. Collect



3. Subscribe



Gaps in Care and Information

To succeed in population health and value-based care, gaps in care and information must be addressed efficiently and in a timely manner. Anticipating or closing gaps in care, at point of care, is an opportunity to improve care quality and cost of care.

- **Gaps in Care Information:** Disparities in claims vs. clinical information which makes it difficult to assess if best practices are being followed: e.g. a diabetic member with no A1C or a member being prescribed insulin with no diabetes diagnosis.
- **Incomplete Healthcare Information:** For example, a request for cancer treatment without providing date of diagnosis or stage of illness at time of diagnosis to support effective care coordination.

Gaps in Care and Information

Gap in Care Definition: A “**Gap In Care**” is **defined** as a discrepancy between recommended best practices and the **services** that are provided and documented.

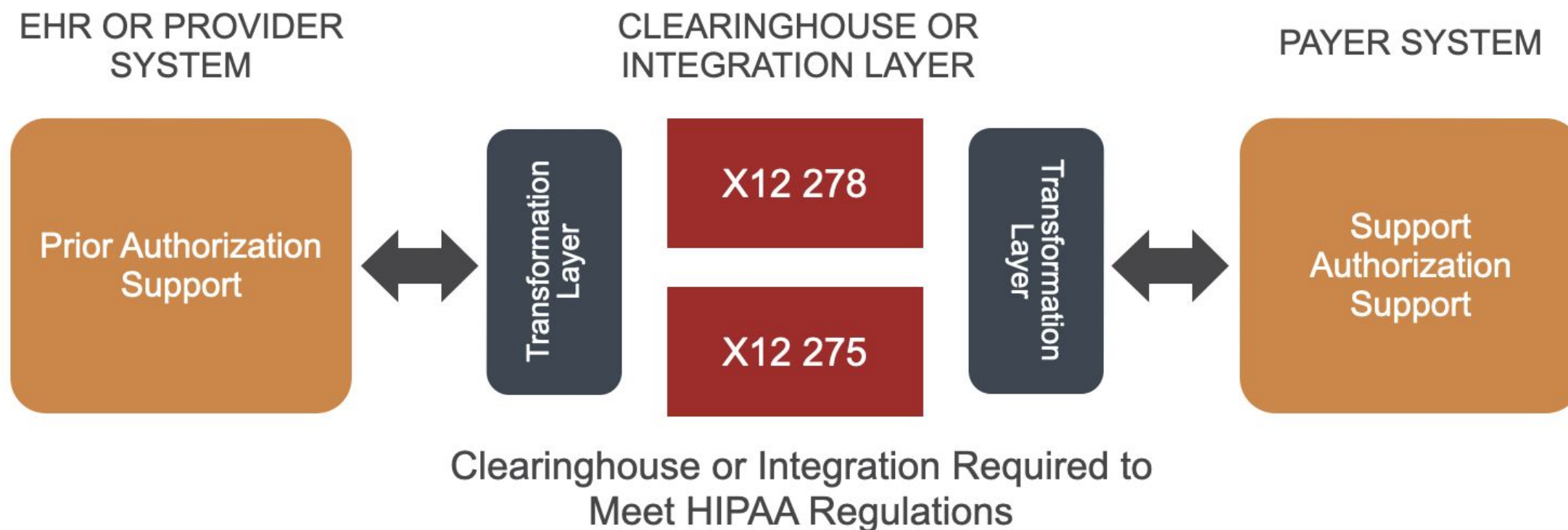
Goals/Scope:

- Represent gaps open and closed gaps in care
- Define how providers can be informed of gaps and closings
- Define how payers can be informed of gaps and closings
- Define a close the loop framework between authorities and providers
- Project Scope Statement: Added to [FHIR Implementation Guide for Data Exchange for Quality Measures \(#1429\)](#)
- Sponsoring HL7 Workgroup: [Clinical Quality Information \(CQI\)](#)

Prior Authorization Support

- Goal is define API services to enable provider, at point of service, to request authorization (including all necessary clinical information to support the request) and receive immediate authorization.
- The assumption is that this use case will leverage the ASC X12N 278 and 275 for compliance with HIPAA.
- Clearinghouses can continue to route and translate data as appropriate.
- Investigate ability to enable translation layer to convert FHIR resources to HIPAA format.

Prior Authorization Support



Takeaways

- **Da Vinci Project** - an open industry collaborative to define use cases and implementation guides for payer-to-provider use cases
- **Building on CMS Rules** - by investing in FHIR for the CMS Rule, you directly benefit from other Da Vinci use cases (alerts, quality, etc.). CMS Rule sets **a floor not a ceiling**

Questions & Comments