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# Status of State Medicaid Agency Implementation of the CMS Interoperability and Patient Access final rule (CMS-9115-F)

February 25, 2021

*Compiled by NESCSO on behalf of the Systems Technical Advisory Group Interoperability Workgroup.*

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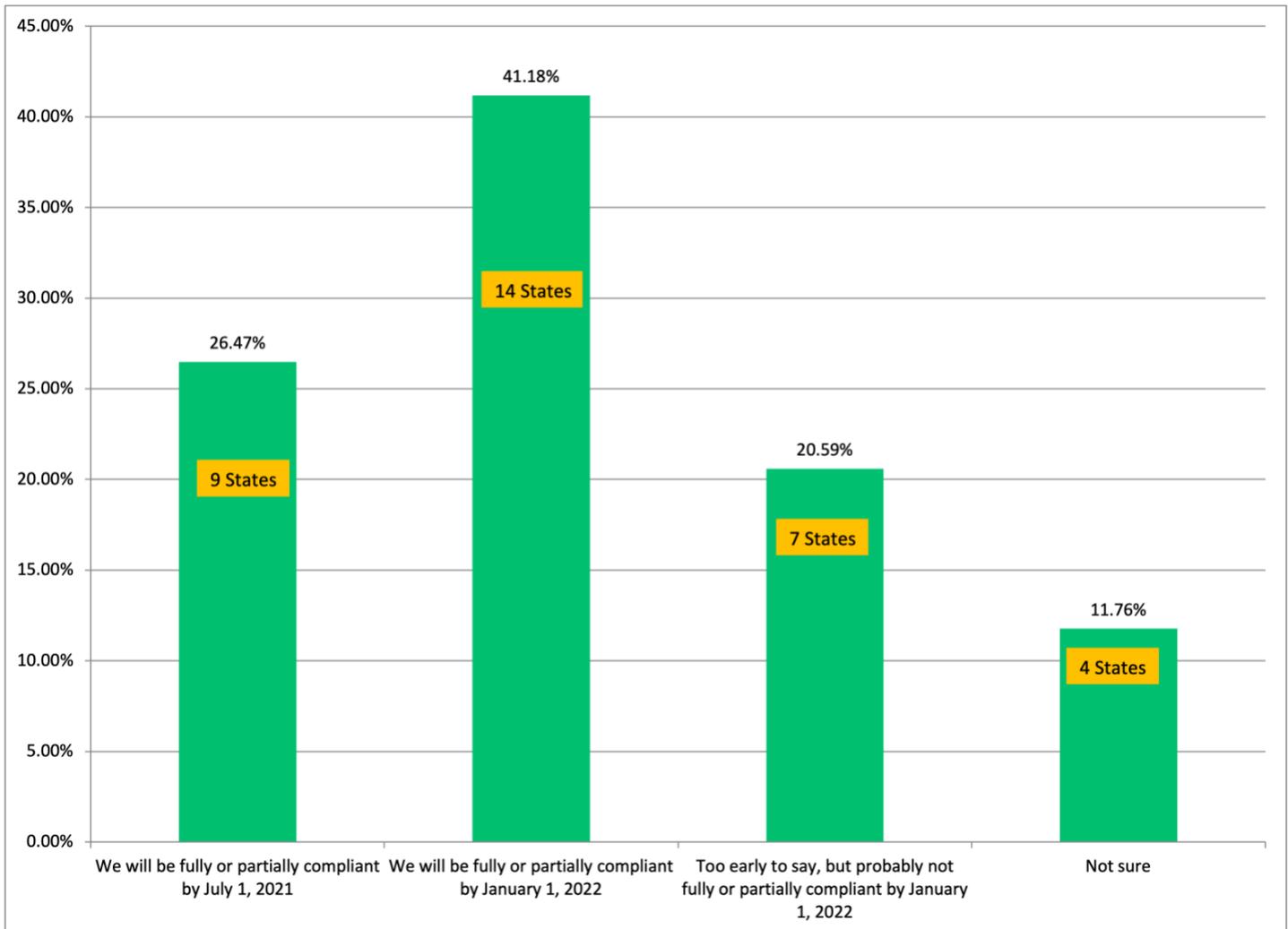
This survey was issued to State members of the Systems-Technical Advisory Group between January 21 and February 5, 2021. We received 34 responses. Many thanks to those who responded!

If you are interested in additional information, please contact [Elena.Nicolella@nescso.org](mailto:Elena.Nicolella@nescso.org).

*The Systems Technical Advisory Group (S-TAG) is a CMS-sponsored monthly forum to discuss issues relevant to Medicaid Enterprise Systems.*

*NESCSO ([www.nescso.org](http://www.nescso.org)) is a non-profit organization dedicated to supporting State HHS government agencies. NESCSO provides administrative support to the S-TAG.*

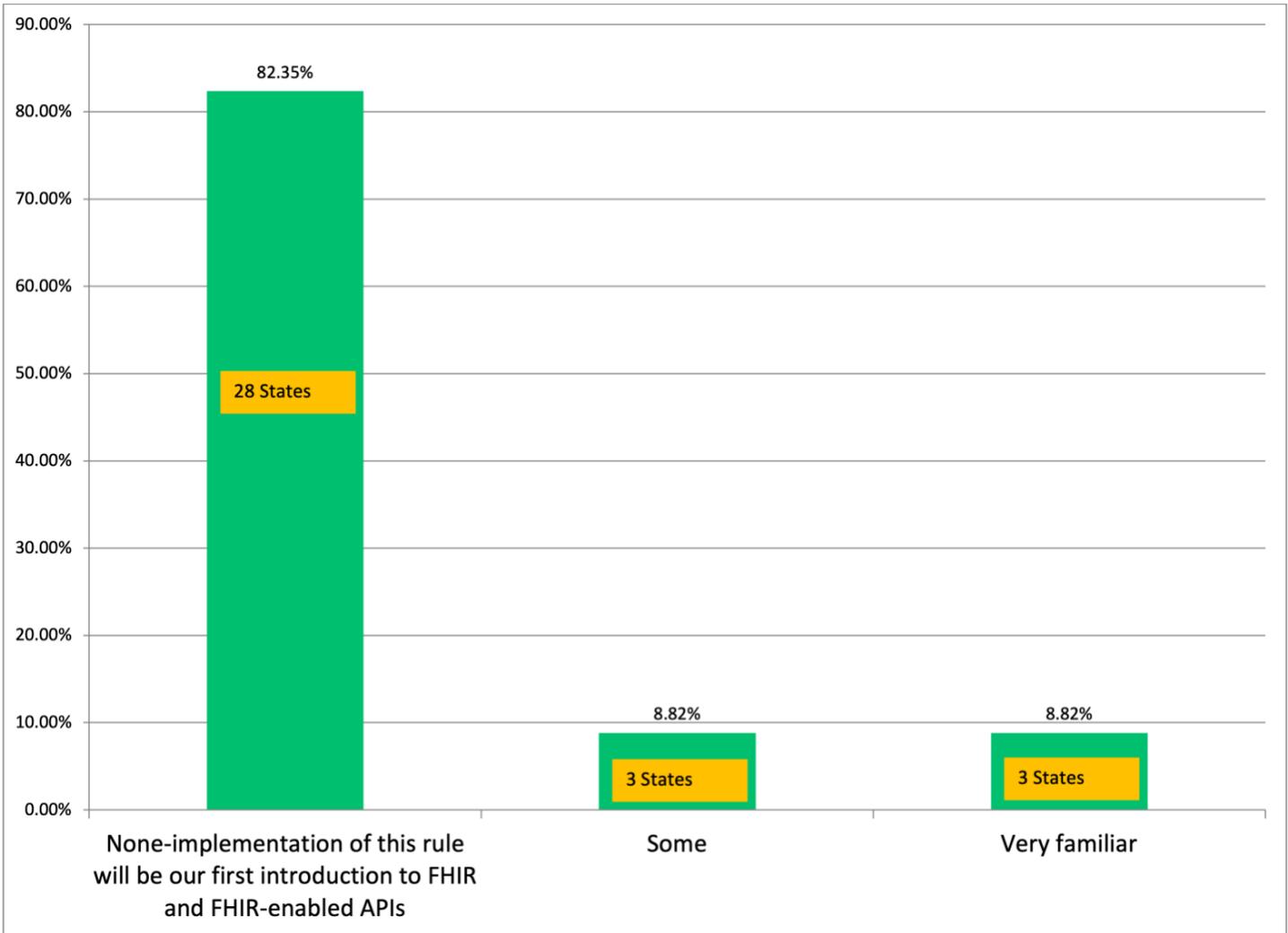
## State Medicaid/CHIP Agency Implementation Timeframe



Challenges to meeting July 1, 2021 implementation date include:

- Overall scope of regulation
- Competing priorities such as COVID-19;
- Delays in contract amendment approvals;
- Lack of funding;
- Lack of vendor preparedness;
- Lack of clear guidance

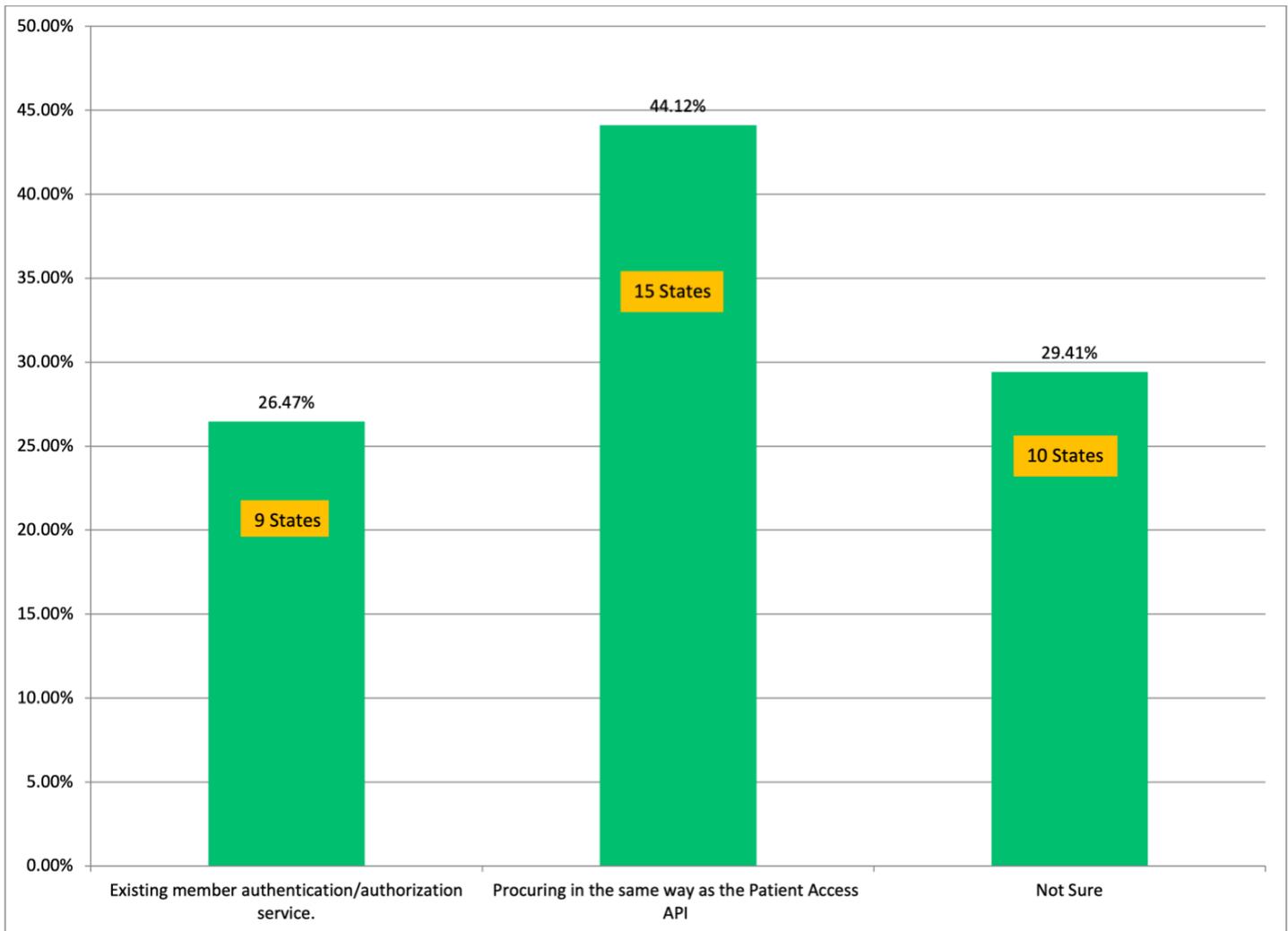
## State Medicaid/CHIP agency familiarity/use of APIs and/or FHIR-enabled APIs.



States note some or extensive experience with FHIR and/or APIs through:

- API to provide interface from our eligibility system to our eligibility vendor.
- Early exploration of FHIR HL7 standards to facilitate clinical data via regional health information exchanges.
- Some FHIR standards to exchange data between potential future modules through MMIS Vendor
- In conjunction with Health Information Exchange, implemented a JSON API for alerts etc. for two years as the API for the HIE to have access to all residents' Medicaid Data in Realtime.
- APIs for systems to systems data integration but not using FHIR.
- Enterprise Service Bus is FHIR enabled but we have not had a need to turn it on.
- Using some APIs for our provider enrollment system.

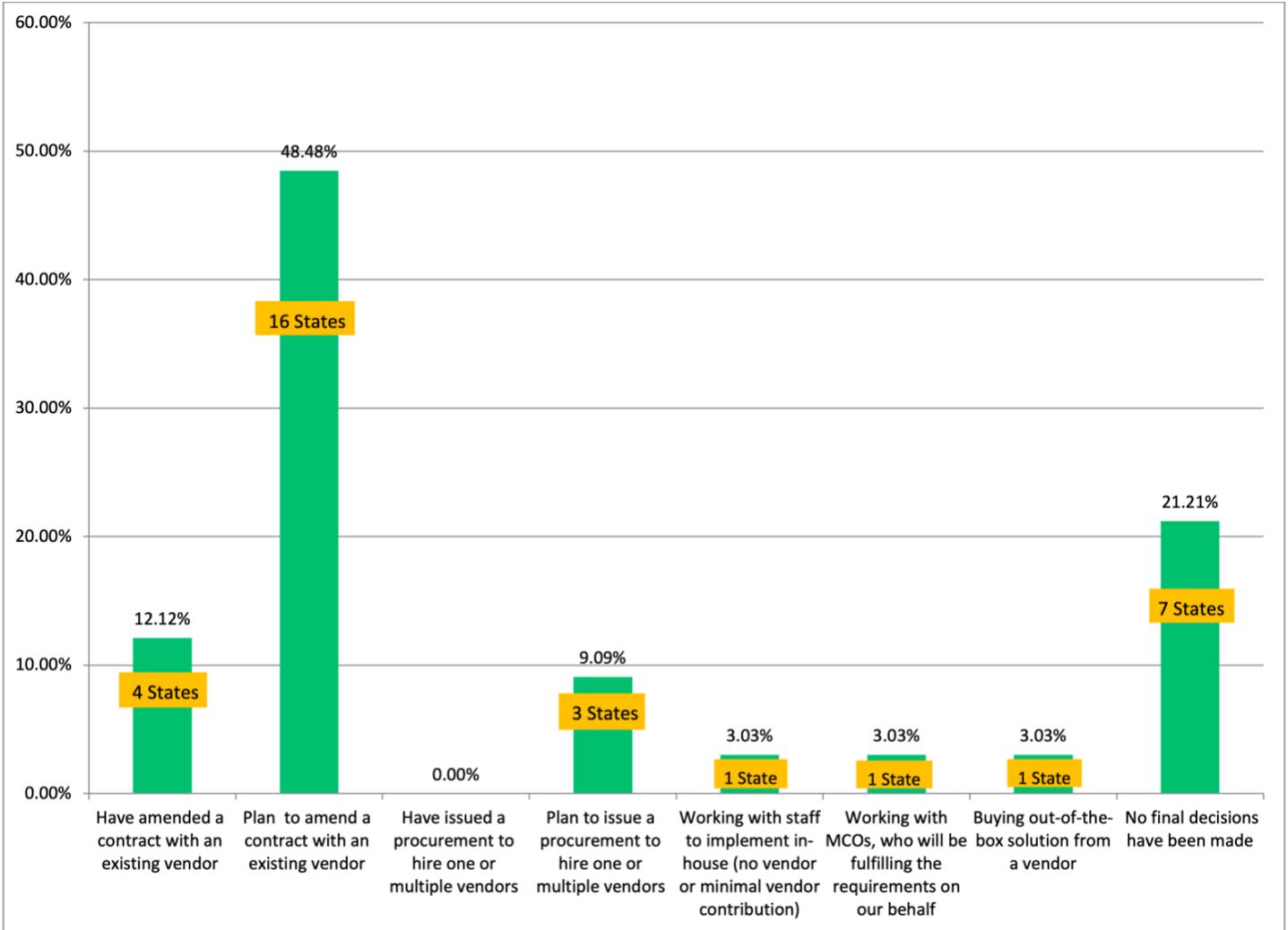
## Patient Identity Authentication/Authorization/Consent Management Implementation



Examples of existing resources that will or may be leveraged include:

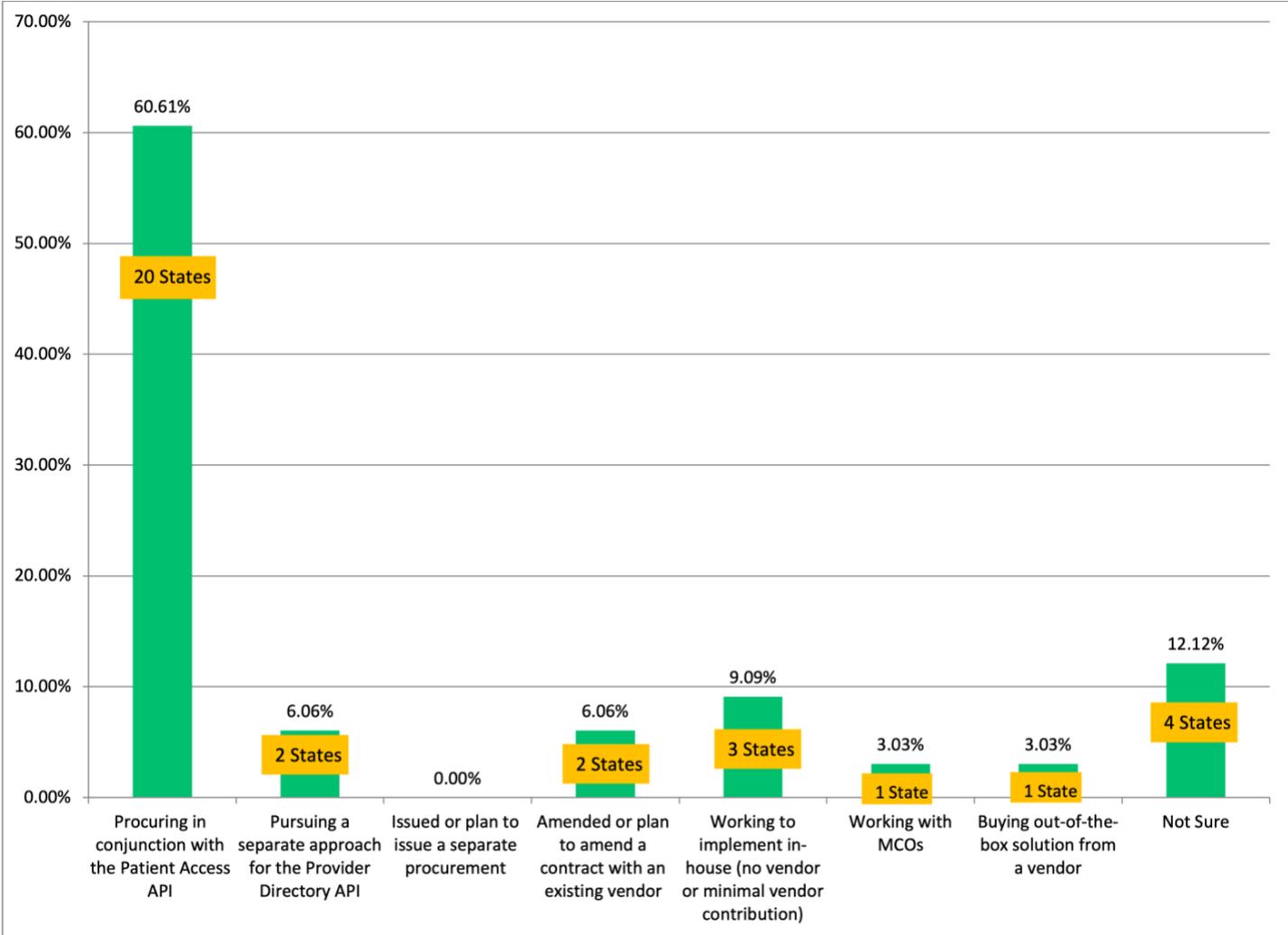
- Enterprise-wide Identity, Credential, and Access Management solution
- Data warehouse vendor
- Health Information Exchange
- Planning to use the authentication built in MMIS for Explanation of Medical Benefits.
- Existing Medicaid Client Portal
- Procuring a Master Patient Index

## Approach to Patient Access API Implementation



**33 States Responded**

# Provider Directory API Implementation



**33 States Responded**

## Have you conducted outreach to the Application Developer Community?

We received 23 Responses to this Question:

- 19 Responses were “No,” indicating no outreach has been made
- 1 Response was “Not sure”
- 2 States have had preliminary conversations

## Interest in a Multi-State Collaborative to Work with the Application Developer Community

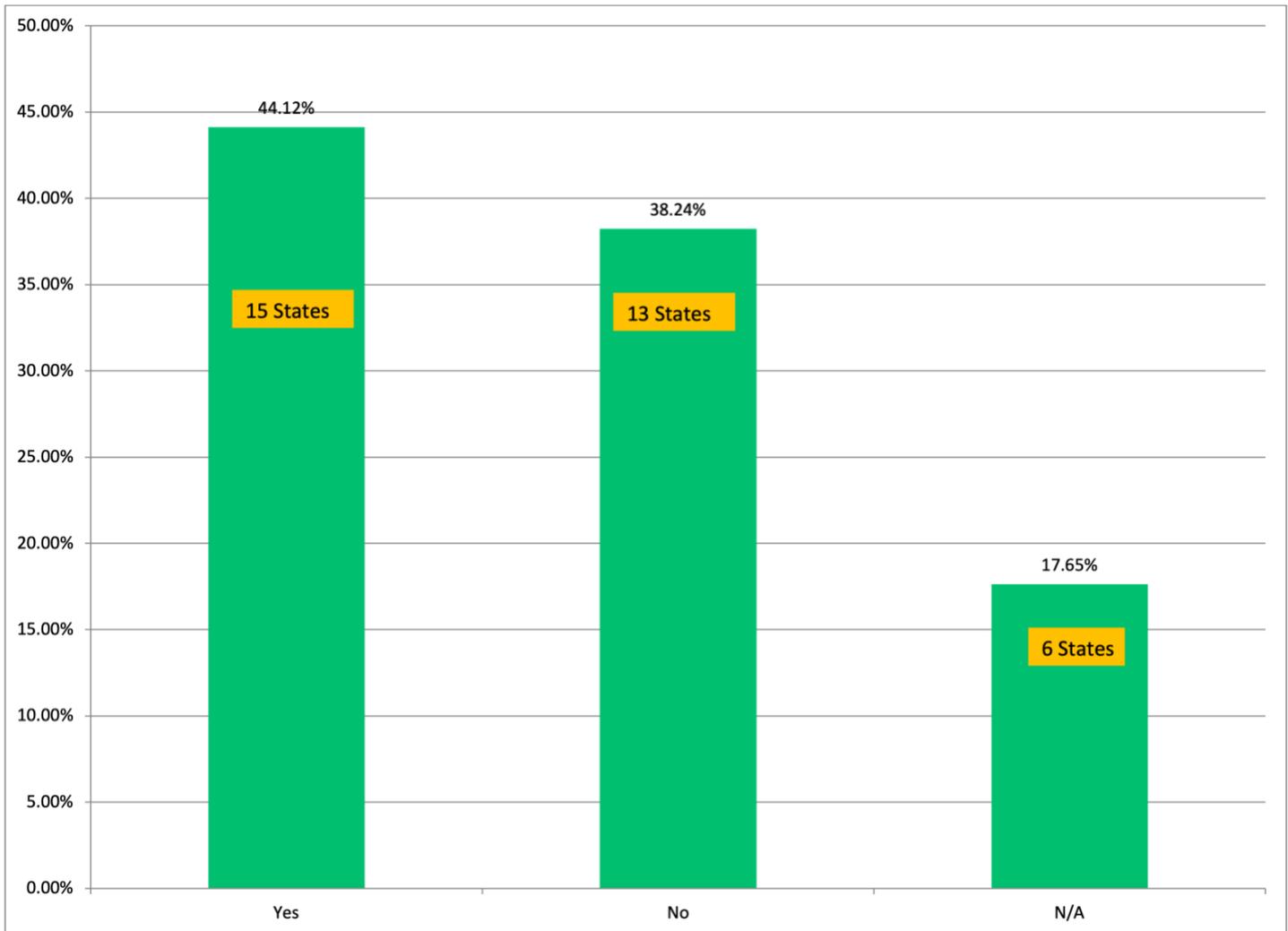
The state of Colorado is spear-heading a multi-state collaborative to facilitate communication with App Developers. The survey asked if States were interested in participating and if yes, which areas were of the greatest interest.

We received 23 Responses to this Question.

- 7 States or 22% indicated they were not interested or were not sure of their interest.
- The remaining 16 States responded with interest in the following areas:
  - Consent/Privacy/Legal: 10 States
  - Security/Developer Attestation: 3 States
  - Developer Support: 3 States
- Several comments indicated an interest in all 3 areas.

## Managed Care Plan Coordination

The survey asked States if they were coordinating any implementation activities with Managed Care Plans



### 34 States Responded

Collaboration ranges from leveraging MCO resources for all MCO participants to some degree of coordination.

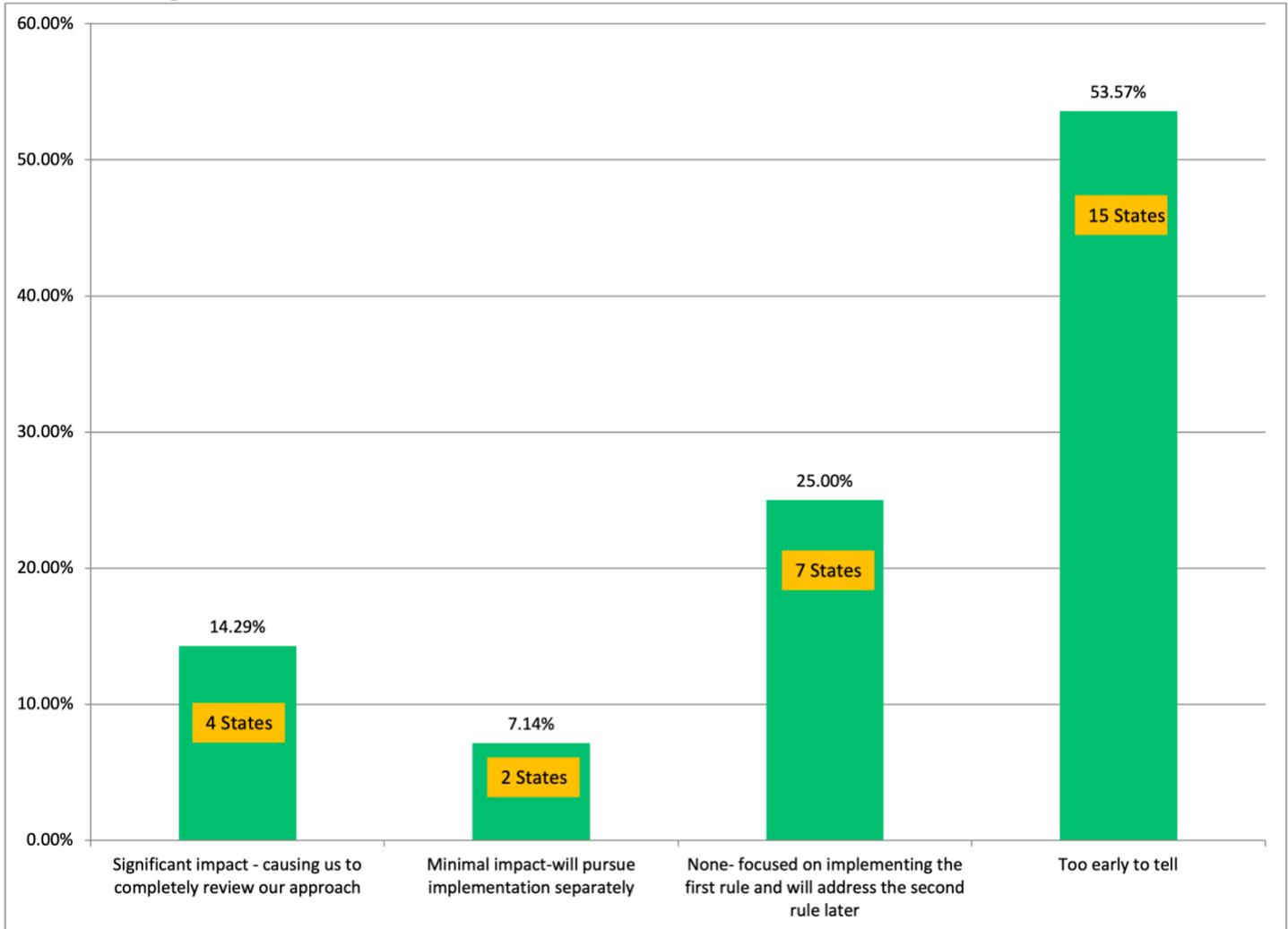
## Willingness to Share Managed Care Plan Contract Amendments and other Documents

The survey asked if States had developed any MCO contract amendments and if yes, would they be willing to share.

- 24 States responded:
  - 1 State had drafted amendments and would be willing to share
  - 3 States had drafted amendments but are unable to share
  - 20 States will need amendments but had not yet drafted; would be interested in receiving model language.

## Potential Impact of CMS-9123-F Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information

Most States responded to this question prior to the notification that rules that had not yet been published in the Federal Register are under review.<sup>1</sup>



**28 States selected an option**

<sup>1</sup> <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/regulatory-freeze-pending-review/>

## Identified Needed Resources and Other Comments

### Identity Management/Privacy and Security

- Member authentication and how states can determine the member has authorized the state to share the data with a third part developer.
- Better understanding or a solution for User authentication to validate a user to the State system
- How to protect the security of beneficiaries' data.
- Information about Privacy, Security and Authorization to confirm the approach implemented by vendors.

### Model Language

- Vendor Contract language, RFP language, MCO contract language
- Any sample documentation (RFP, SOW, Communications, etc.)
- Client education materials

### Technical Assistance- Standards

- Provide CMS standards expert and developer of FHIR to help in meeting compliance from beginning to end making sure we are using and following the guidance necessary.
- Training sessions on APIs and FHIR
- Early notification of any changes or new guidance. Any API standards that are widely adopted across healthcare segments.

### Data

- Understanding the scope of which claims/encounters need to be part of the patient access API.
- Clear guidance on the minimum data set to provide.

### Vendor Marketplace

- A better understanding of available solutions in the marketplace and a best practices approach to implementation

### Prior Authorization

- For the new rule - how other states already do or plan to meet the requirement for 7 day turnaround time for prior authorization decisions. Looking for workforce/technology best practices to reduce turnaround time - ours is 30 days max.

### Payer-to-Payer Data Exchange

- Participation in meetings with states actively pursuing payer-to-payer exchange would be appreciated.

### External Resources

- Determine effective ways for States to participate in or learn from workgroups such as HL7 DaVinci and the CARIN Alliance.