

# Agenda

- Welcome & Introductions 2:00 2:05 pm
  - Jen Covich Bordenick, Chief Executive Officer, eHealth Initiative & Foundation
- CAQH Overview- 2:05 2:15 pm
  - Robin Thomashauer, President, CAQH
- Endpoint Directories as a Solution to Interoperability- 2:15 2:30 pm
  - April Todd, Senior Vice President, CORE and Explorations, CAQH
- Payer Endpoint Registration Demo- 2:30 2:45 pm
  - Ron Urwongse, Director, Strategy and Innovation, CAQH
- Questions 2:45 3:00 pm



# Housekeeping

 Use the Q&A box to ask a question related to the presentation



 Use the chat box is for technical difficulties and other questions / comments



 Presentation slides are in the eHI Resource Center https://www.ehidc.org/resources



# **Our Work**

eHI conducts education, thought leadership and advocacy around critical issues to support executives transforming healthcare.







# eHealth Initiative Leadership























Booz | Allen | Hamilton

























**American Hospital** 





































































# **Current Focus Areas**



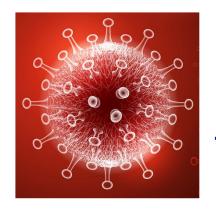
**Consumer Privacy** 



**Virtual Care** 



Analytics, Social
Determinants of Health
(SDOH) & Artificial
Intelligence



Use of Data & Innovation to Address COVID-19



# Recent Educational Programs

#### COVID-19

- Rapidly Deployed Remote Monitoring for COVID-19
- How the Pandemic Influences Consumer Health Behavior
- After the Curve Flattens: What's Next for Healthcare and COVID-19

### Telehealth & Policy

- Addressing Capacity and Cashflow with Virtual Care
- How to Grow Your Practice with Reimbursement Considerations
- Telehealth during COVID-19: New strategies on how physicians are addressing the outbreak

### **Privacy**

- HIPAA: What's Covered and What's Not Covered?
- Changes to Privacy Policies and Regulations in the Face of the Coronavirus Pandemic - eHI Privacy and Security Webinar Series
- Key Survey Findings from the State of Patient Matching in America

### TOMORROW at 1:00 PM

 Results from Recent Healthcare Executive Survey on Readiness to Meet the CMS Interoperability Rule





# Download Our Latest Work

### **Recent Reports:**

- Building a Modern Healthcare System: Recommendations from the COVID-19 Federal Policy Workgroup
- Supporting American Indian and Alaskan Native Communities During COVID-19

### **Upcoming Reports:**

- Applying eHI's Guiding Principles for Ethical Use of SDOH Data During COVID-19: Examples from the Field
- Consumer Framework for Health Policy





# Thank You to Our Sponsor



Email: marcom@caqh.org to follow up directly with CAQH







# CAQH Endpoint Directory

eHealth Initiative Webinar

November 10, 2020

### CAQH initiatives are foundational to healthcare business processes

# **CAOH.**Solutions

Trusted national utilities that streamline healthcare administration and data exchange.

# **CAOH.** Explorations

Research and measurement conducted with the aim to highlight the impact and importance of streamlined business practices in healthcare.

# CAQH. CORE

Industry-led creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.



## CAQH collaborates across the healthcare industry

#### Some of Our Partners At-a-Glance









































































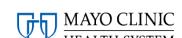




























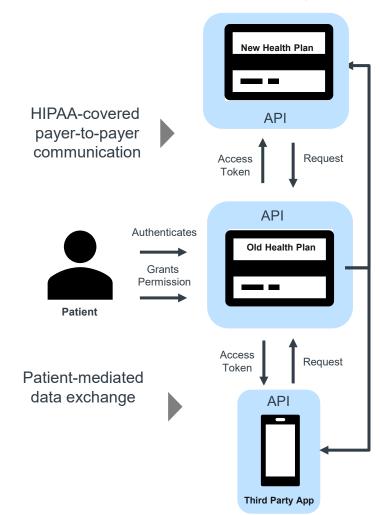
Background



## Background

- Centers for Medicare and Medicaid Services released the Final Rule ("CMS Final Rule") on Interoperability and Patient Access, requiring that CMS-regulated plans:
  - ✓ Implement and maintain openly-published HL7® FHIR® -based APIs in order to provide patients access to their health information.
  - ✓ Permits access to data by third-party applications, with approval from patient (effective Jan 1, 2021; enforceable Jul 1, 2021).
  - ✓ Support electronic exchange of data for care coordination as patients move between plans (effective and enforceable Jan 1, 2022).
  - ✓ Provide information to their members to help them protect the privacy and security of their health information including information on third party apps regarding privacy and security practices and secondary data use.
- ONC's FHIR at Scale Task Force (FAST), Da Vinci, and other organizations have identified endpoint directories as a critical solution to overcome scale barriers.
- Drawing on solution concepts from the ONC FAST foundation, CAQH developed a prototype to capture feedback and understand roadmap priorities from health plans and experts from ONC FAST, Da Vinci, CARIN, and others.

#### **Use Cases Described by CMS Final Rule**



Administrative (adjudicated claims,

capitated provider encounters, provider remittances, enrollee cost sharing)

> Clinical (USCDI)

**Provider Directory** 

# Situation: Unwieldy volume of one-off trusted connections required for plan-to-plan and app vendor-to-plan interaction

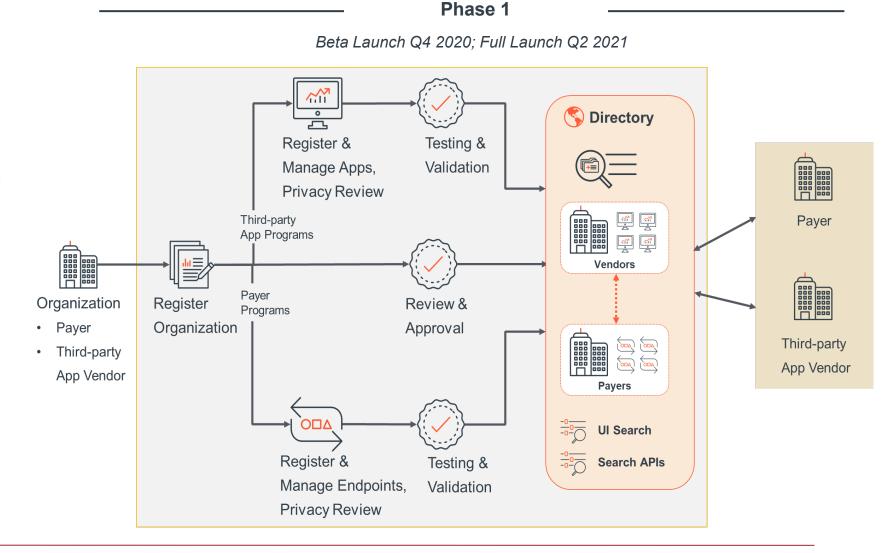
For health plans to implement and comply with the CMS Final Rule... **Trusted connections** must address: security, privacy, **Health Plan A Health Plan E** adherence to and Assuming 689 CMSconformance with regulated payers standards, **Health Plan B Health Plan F** alone, there are over access, 237k possible planuse cases, to-plan trusted modalities. **Health Plan C Health Plan G** connections that technical need to be frameworks. established.\* governance **Health Plan D** Health Plan... Plans are required to grant access to third-party app vendors. Plans may notify members if an app does not seem trustworthy but cannot reject the request unless there App Vendor ... App Vendor 1 **App Vendor 2 App Vendor 3** is a security threat.

Solutions

## Solution: A National Utility for Payer Endpoints & Third-party App Registry

## A national source of truth for validated payer endpoints and third-party apps that:

- Allows payers to share information about endpoints, including capability statement imports. Simplifies, automates manual processes.
- Allows third-party apps to upload information about themselves to make available to payers.
- Allows payers and third-party apps to query payer endpoints for multiple use cases.
- Validates identity of payer and third-party app participants.
- Confirms privacy and security attestations and/or privacy policy, data use agreements.
- Ensures conformance testing and validation of FHIR endpoints and ability to work with endpoints.
- Facilitates connection request between parties.





## CAQH takes a consensus-based approach to industry engagement

# A national payer endpoint directory will require more than just a directory.

It will require governance, consensus building, trusted validation, adoption and a track record of scaling solutions for the vast majority of the healthcare industry.

CAQH is a **non-profit** and one of the few **neutral trusted multi-stakeholder intermediaries** between payers, providers, vendors, and government entities.

CAQH Focus	Details
Governance	<ul> <li>Multi-stakeholder boards and councils representing significant share of industry</li> <li>Consensus-driven initiatives</li> </ul>
Working Groups	<ul> <li>Industry work groups convene to align on initiative scope and approach</li> </ul>
Solution Development	<ul> <li>Cost sharing across multiple organizations</li> <li>One-to-many transaction model</li> <li>Best of breed technology vendors</li> <li>Solutions built on trusted validation</li> </ul>
Rules and Standards Alignment & Validation	<ul> <li>Collaborative development of business operating rules that support standards</li> <li>Test, iterate, educate, certify and drive adoption: facilitate trusted connections</li> </ul>



### Milestones

Nov 2018 May 2020 June 2020 June 2019 ONC FAST CARIN ONC **ONC** Draft v2 Alliance FAST Healthcare Code of Solution Sept 2020 **SME** Directory ONC FAST Conduct Document Sessions Workshop Workshop January 2022 Feb 2019 Jan-Feb 2020 Jan 2021 Oct 2020 Mar-Aug 2020 Q1 2021 Jan 2018 **CMS** Payer to Payer **CAQH** built **Patient Access** CAQH POC Testing, **Endpoint** Validated Proposed Data Exchange **Endpoint** and Provider Customer Announces **Directory** Healthcare **Effective Date** Rule on Directory **Directory API** Development Go-Live Discovery, Directory IG **POC** with Inter-**Effective Date** of Endpoint Solution operability Edifecs (July 1, 2021 Directory and Design and Patient Enforced) Convenes Access Payer Work Group

> CAOH. Solutions

Ongoing
Participation, testing, and feedback at HL7 & Da Vinci Connectathons, Continuous industry collaboration

# Challenge #1: Inquiring on an organization-by-organization basis on the location of payers' FHIR endpoints

If health plans had to comply with the Final Rule today, the endpoint discovery and connection process would be inefficient, uncertain, and present a barrier to endpoint usage and interoperability...





Health Plan B wants to connect

with Health Plan A to enable

and streamline data requests

Health Plan A to Health Plan B.

May be triggered by request

from member to retrieve data

from Health Plan A.

for members moving from

Health Plan B wishes to get information via APIs, but needs Health Plan A's endpoint to do so.

Health Plan B searches web sites to find endpoint, unsure if it even has an endpoint.

Health Plan B must make a request to Health Plan A for API access. Both plans must prove identity to each other.

Health Plan B is not confident in Health Plan A's endpoint (or is conformant to IGs) to obtain patients' treatment information. Health Plan A wishes to establish "rules of the road" with Health Plan B around security, data access, privacy, technical standards, use cases supported, and other data exchange issues.

These must go through each Plans' legal department.

Once a trust agreement is established, Health Plan B troubleshoots technical issues as it attempts to implement.

Implementation is successful, but only after weeks of technical, legal, and operational hurdles being overcome.

Repeat 100 times.



Similar challenges apply to third-party app developers that need to find payer endpoint information on behalf of members.

## Challenge #2: Giving access to payer APIs to third party apps will be burdensome



### **Authenticating Vendors**

- Checking business credentials of hundreds of applications
- Verification of privacy and data protection policies



#### **Education and Training**

- Ensuring that vendor understands and is proficient with FHIR standards and security
- Training and educating vendor on Certification and Testing needs and process



### **Testing and Certification**

- Ensuring that application follows the laid down security protocols
- Test and Certify applications for various FHIR use-cases
- Ensuring that applications do not mislead members



### **Operational Hurdles**

- Testing and Certification of applications at scale
- Keeping administrative costs low, while meeting members' expectations in terms of applications of their choice



## Items that are out of scope; items that could be potential for Phase 2

----- Out of Scope

- Obtaining patient authorization/ consent
   Issuing of client IDs and secret keys
   Routing capabilities
  - Conduit of patient data between payers or between payers and third-party apps

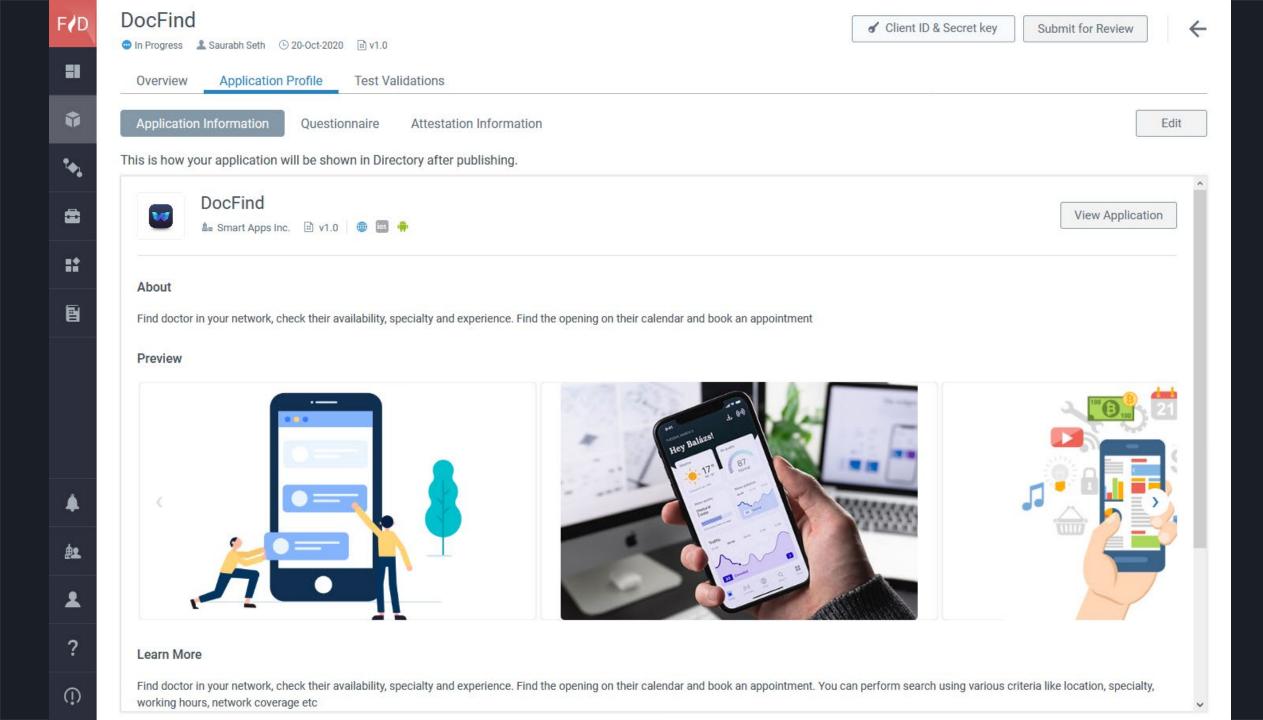
#### **Potential Phase 2 Scope**

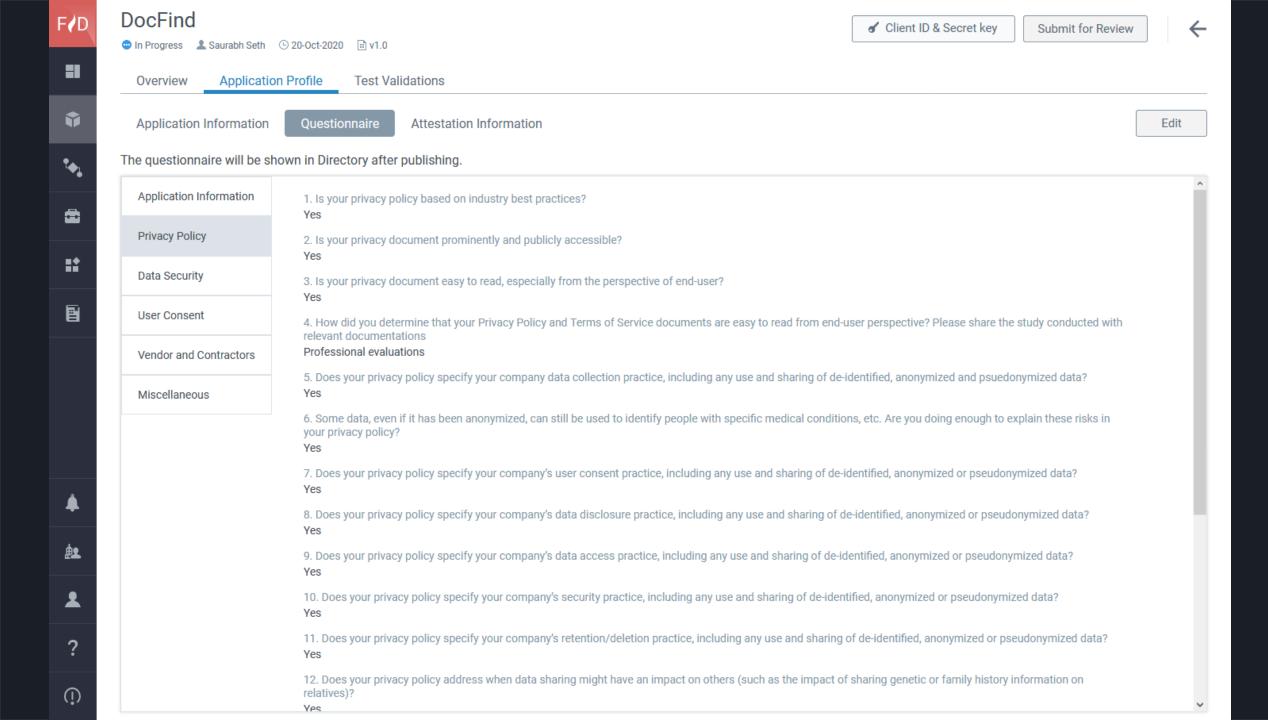
- Phase 2, which would beta launch Q4 2021 and fully launch Q2 2022, could include the following:
  - A more formalized trust framework
  - Automated client-server request/ credential check
  - Provider endpoints
  - Add-on optional services to support accurate patient matching and identification of prior coverage



Live Demo of Payer Endpoint Registration (CAQH)

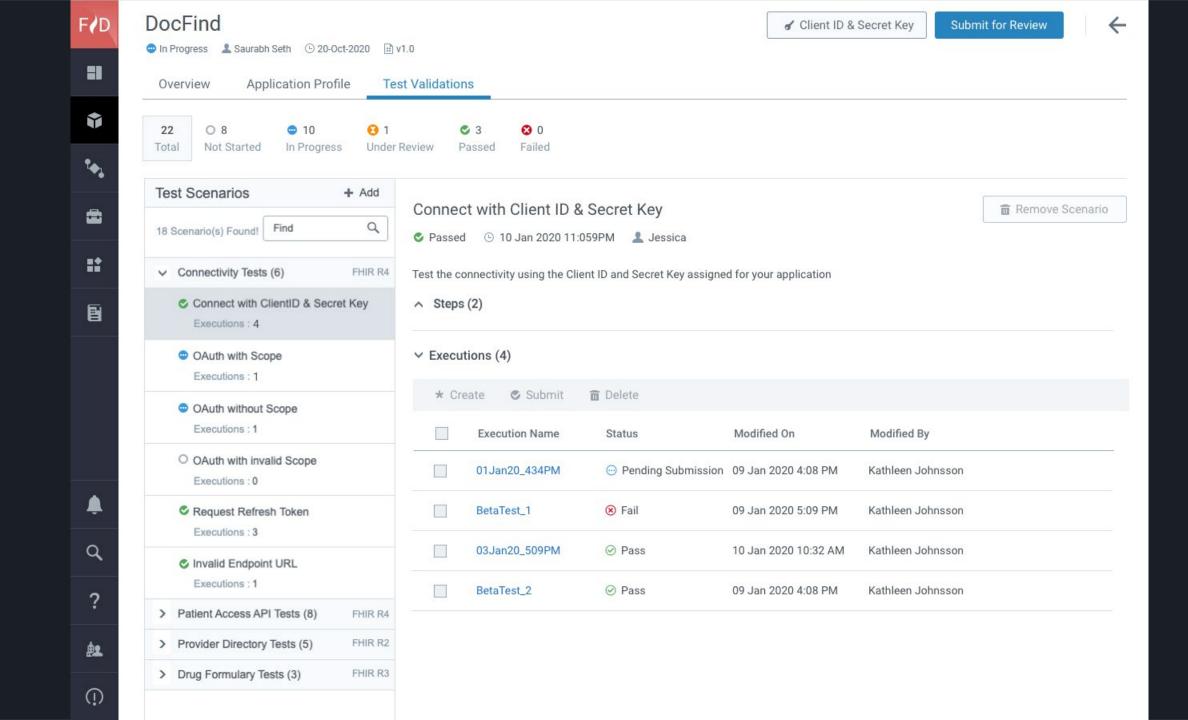
Wireframe (1 of 3)
Registering a Third-Party App

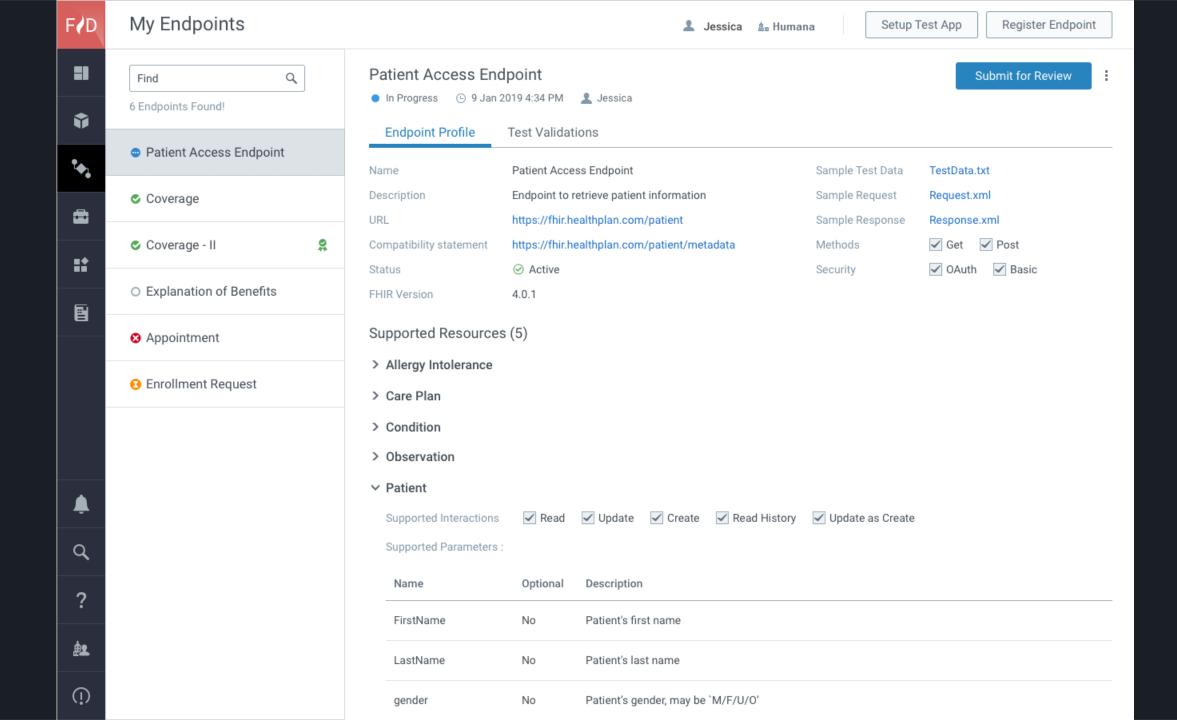


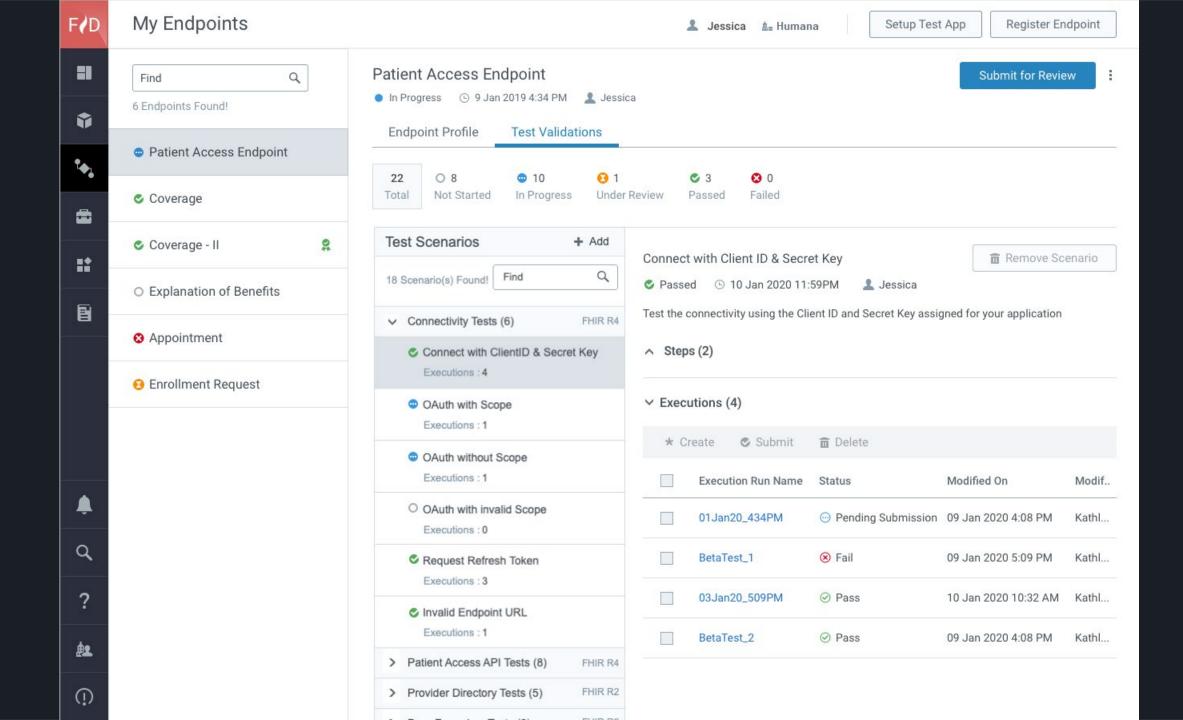


Wireframe (2 of 3)

Testing a Third-Party App (to demonstrate ability to integrate with Payer APIs)



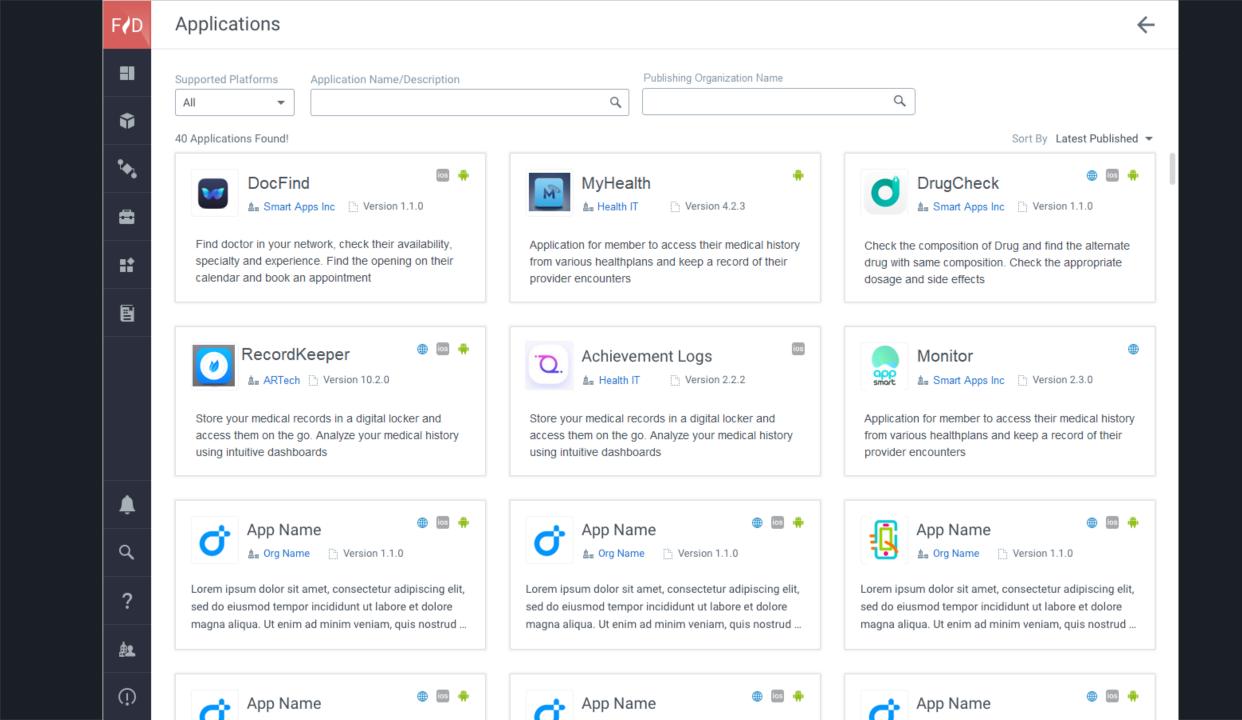


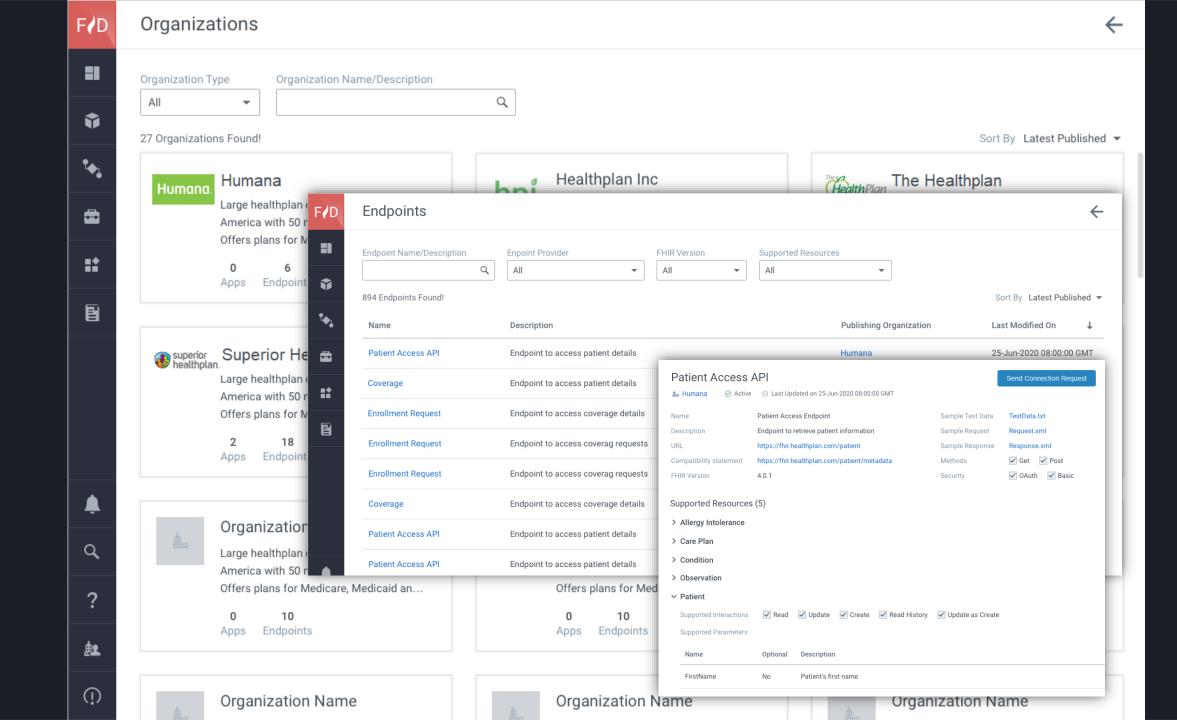


Wireframes (Part 3 of 3):

Payer Endpoint and Third-Party App Discovery







## Ongoing engagement

CAQH is gathering feedback from app vendors and facilitating a targeted work group of health plan early adopters/ beta testers to agree on common requirements that could benefit from discussion and consensus.



### Solution Design and Consensus

- Endpoint and use case taxonomies
- Payer organizational hierarchy and ID
- Evaluation criteria (identity, privacy, testing)



### Beta Testing

- Payer publishing and querying workflows
- App publishing and connection workflows
- End-to-end multi-party workflows

To learn more and stay up to date on our progress, please visit caqh.org/endpoint-directory



# Thank you

## Questions?

