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Creative data technology



**BlueCross
BlueShield
Association**



**BlueCross BlueShield
of Mississippi**
It's good to be Blue.

Leveraging CMS 0057 to Scale ePA and Advance Value-based Care

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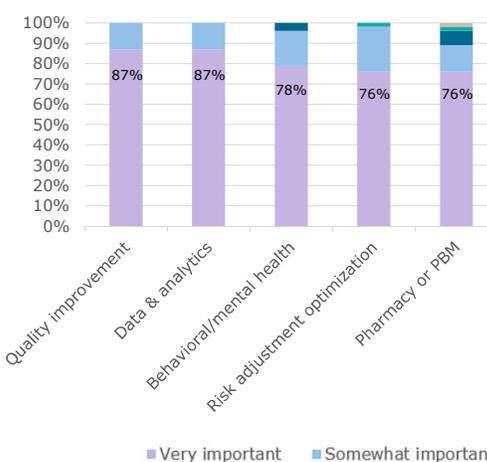
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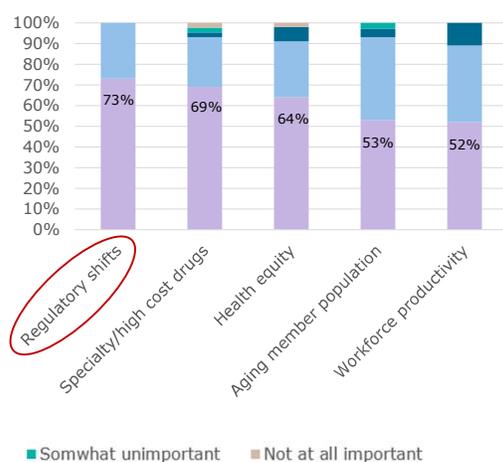
Quantifying the Influence of Regulatory Shifts

Most Important Payer Initiatives (Top 5)
*n=37-46 US Health Plan Leaders**



Initiative	Very important	Somewhat important	Neutral	Somewhat unimportant	Not at all important
Quality improvement	87%	~10%	~3%	~0%	~0%
Data & analytics	87%	~10%	~3%	~0%	~0%
Behavioral/mental health	78%	~15%	~5%	~2%	~0%
Risk adjustment optimization	76%	~15%	~5%	~2%	~0%
Pharmacy or PBM	76%	~15%	~5%	~2%	~0%

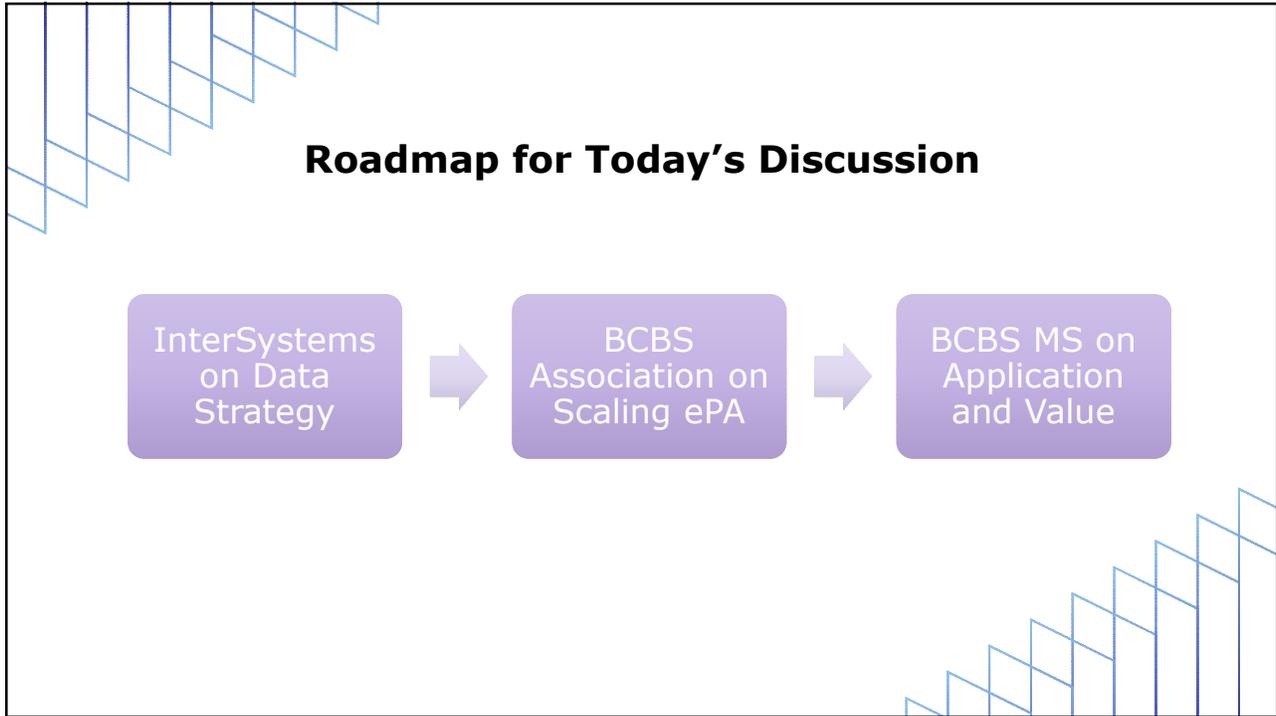
Most Important Factors in Decision Making (Top 5)
*n=35-46 US Health Plan Leaders**



Factor	Very important	Somewhat important	Neutral	Somewhat unimportant	Not at all important
Regulatory shifts	73%	~15%	~5%	~5%	~0%
Specialty/high cost drugs	69%	~15%	~5%	~1%	~0%
Health equity	64%	~15%	~5%	~1%	~0%
Aging member population	53%	~20%	~5%	~2%	~0%
Workforce productivity	52%	~20%	~5%	~2%	~0%

* "Don't know" responses excluded. Source: Gartner, Inc. (January 2024 Survey)

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CMS-0057 Provisions for Provider ePA Use

Federal Register/Vol. 89, No. 27 p.8760

B. Summary of Major Provisions

"As detailed in section II.F. of this final rule, we are finalizing a modification to our proposal for the Electronic Prior Authorization measure that will require a MIPS eligible clinician, eligible hospital, or CAH to report a yes/no attestation of (if applicable) and exclusion, rather than a numerator and denominator."

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New ePA Criteria for ASTP/ONC Health IT Certification



HTI-4 Final Rule: Electronic Prescribing, Real-Time Prescription Benefit and Electronic Prior Authorization
Fact Sheet: Overview of HTI-4

ASTP Advanced Specialty Technology Program

Electronic Prior Authorization

The HTI-4 final rule adopts **three new certification criteria** to support more efficient management of electronic prior authorization tasks and reduce administrative burden for providers. These criteria are based on Fast Healthcare Interoperability Resources (FHIR®) implementation specifications developed by the HL7® Da Vinci project.

ONC Health IT Certification Program Updates

These updates enable improvements to workflow automation, reduce the manual effort for authorizations, improve operational workflow, and support more timely and transparent care. These efficiencies will save millions of hours of clinician time annually, totaling \$19 billion in labor cost savings over ten years. In turn, that time savings can be used to spend more time with patients and less time on paperwork.

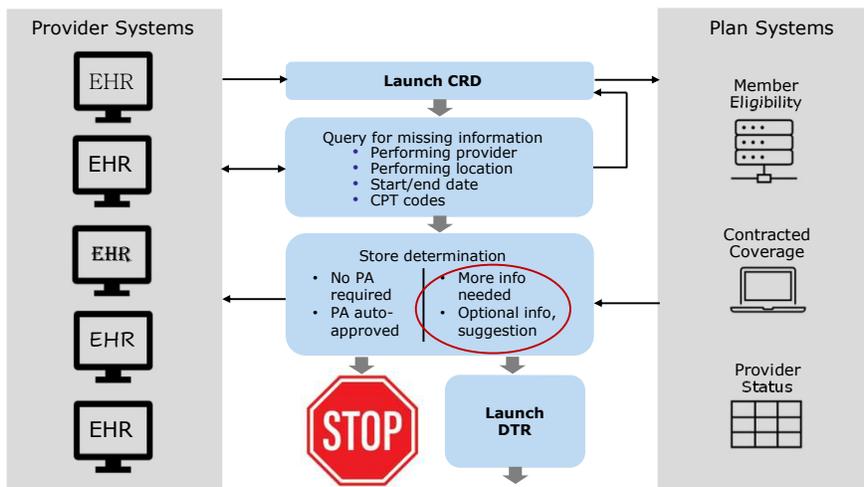
established for impacted payers in the 2024 CMS Interoperability and Prior Authorization Final Rule. These criteria will also support healthcare providers participating in the Medicare Promoting Interoperability program and the MIPS Promoting Interoperability performance category – who will be required to report on an electronic prior authorization measure beginning in 2027.

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“Using health IT certified to these criteria will enable providers to interact with Prior Authorization requirements...in the 2024 CMS...Final Rule. These criteria will also support healthcare providers participating in the Medicare Promoting Interoperability program and...MIPS...who will be required to report on an electronic prior authorization measure beginning in 2027.”

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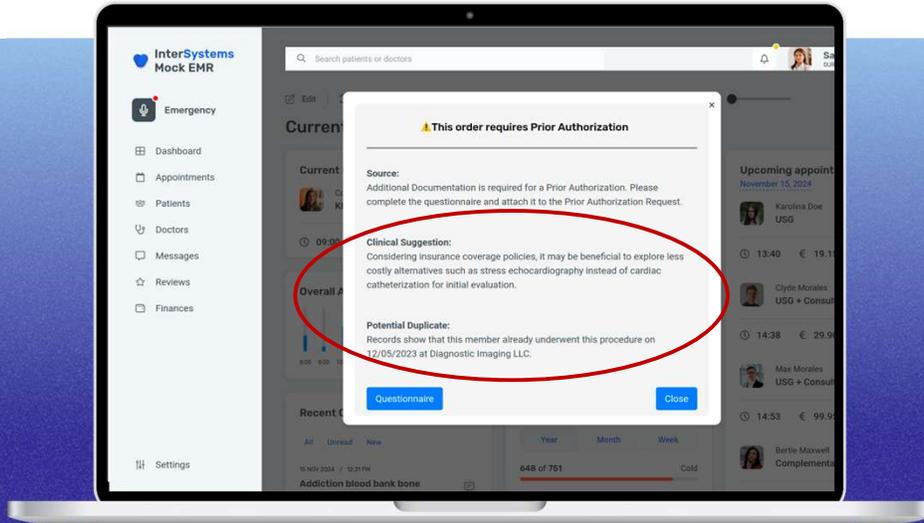
CRD Workflow for Prior Authorization



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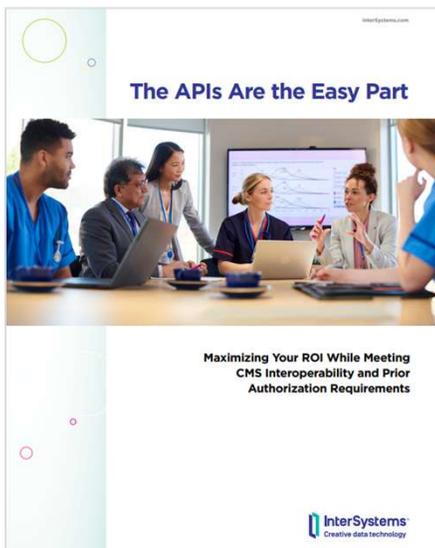
CDS Hooks "Card" Supports Plan Suggestions



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For Further Information on CMS 0057



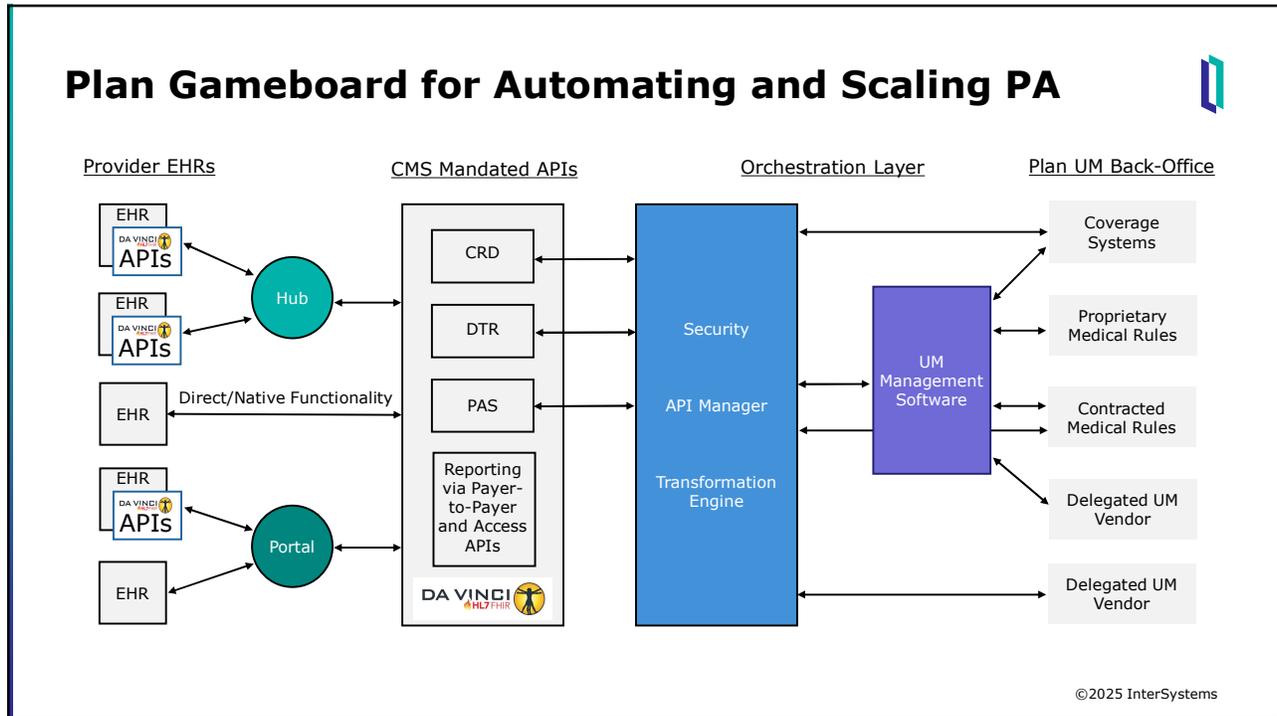
Download the InterSystems white paper at <https://www.intersystems.com/resources/maximize-roi-cms-interoperability-prior-authorization-requirements-whitepaper/>



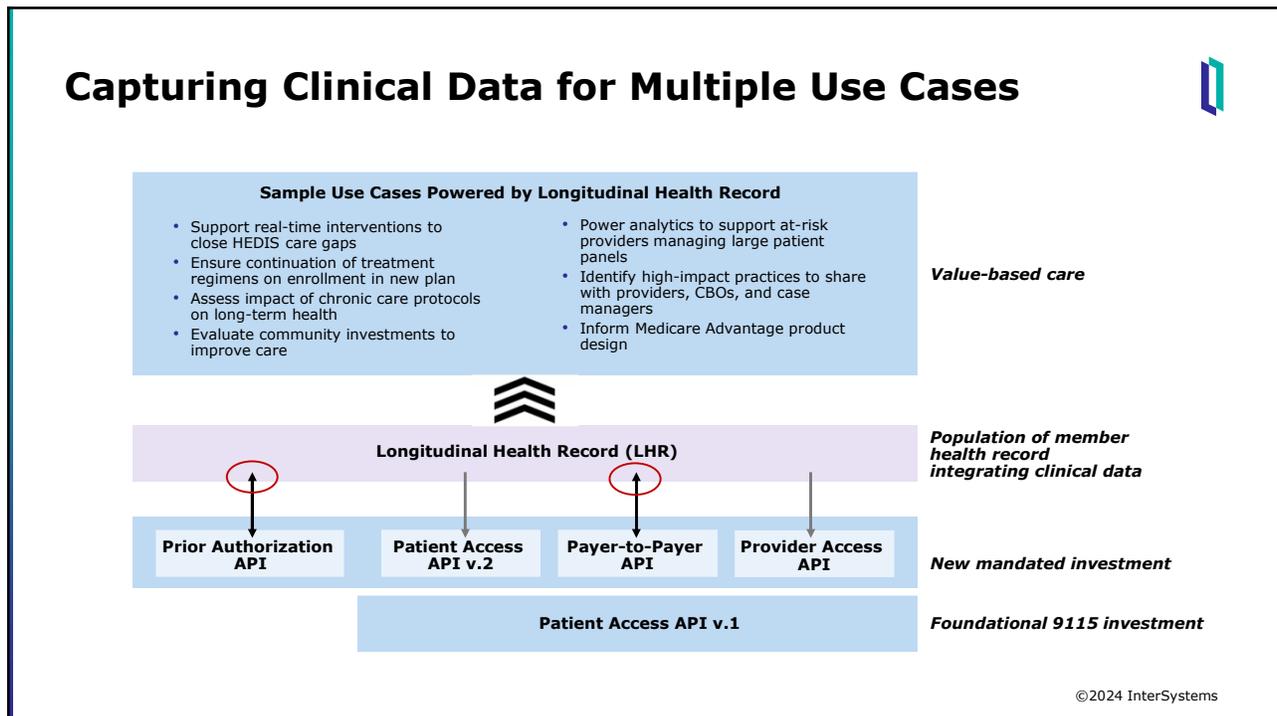
Learn more about InterSystems [Payer Services](https://www.intersystems.com/products/healthshare/payer-services/), our solutions for plan regulatory compliance, at <https://www.intersystems.com/products/healthshare/payer-services/>

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Starter Scorecard for Assessing LHR Capabilities



Extract

- ❑ Ingests wide **range of data**
 - ❑ Different formats (e.g., FHIR, bulk FHIR, HL7, CDA, XML, flat files)
 - ❑ Different data types (e.g., clinical, claims, enrollment, attribution, SDOH, PGHI)
- ❑ Ingests data via **protocol and modality** preferred by senders
 - ❑ Transfer protocol (e.g., IHE, HL7 MLP)
 - ❑ Transfer modality (e.g., push or pull, real-time or batch, single or bulk)
- ❑ **Evaluates** ingested data for missing elements and expands feeds to capture them

Transform

- ❑ **Parses** ingested files into individual data elements
- ❑ **Indexes** parsed data to individual members or patients
- ❑ **Deduplicates** data
- ❑ **Harmonizes** data (transform proprietary applications of formats into canonical formats)
- ❑ **Normalizes** data (translate harmonized data into one universal format)

Load

- ❑ Includes healthcare-specific, **extensible data model**
- ❑ Stores data in **relational tables** needed to fuel analytics
- ❑ Supported by no/low-code tools for authoring **business rules**
- ❑ Integrates with preferred **end-user interfaces** (e.g., APIs and data viewers)

Foundational Requirements

- ❑ **Speed**—Can ingest and output useable data in near real-time
- ❑ **Scalable**—No erosion in performance with change in volumes
- ❑ **Secure**
 - ❑ Consent management
 - ❑ Identity and access management
 - ❑ Access logs

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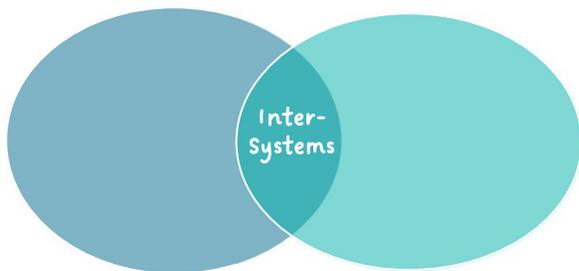
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InterSystems Unlocks the Power of Clinical Data



Expert in managing clinical data

Expert in healthcare interoperability



“InterSystems is **spearheading the transition to enterprise interoperability** through smart data fabrics that...access, transform, and harmonize data from multiple sources, on demand, to make it useable and actionable.”

Frost Radar™: Healthcare Data Interoperability, 2024

5 Things Plan Leaders Should Know about Our Solutions

- 1. Built to Overcome Data Siloes.** Multi-lingual, multi-model transformation engine integrates all relevant information by member, regardless of source or format, in extensible health data model.
- 2. Modularized to Minimize Costs.** Products synch with legacy systems and build on each other, so you can tailor immediate investment to most pressing needs without compromising larger aims.
- 3. High Performance No Matter the Scale.** Applications powered by our technology manage sensitive health data for 220M+ US citizens and over 1B health records globally.
- 4. On FHIR!** Never-ending upgrades translate evolving FHIR standards and Da Vinci Implementation Guides into action.
- 5. Backed by Singular Customer Focus.** Private company with no outside investors nor debt, which has grown consistently since 1978 and serves two-thirds of the largest health plans.

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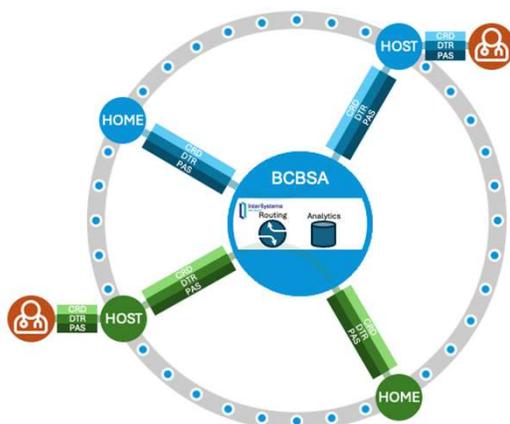
Interoperability Areas of Focus



- Regulatory & industry engagement
- Clinical Data Exchange: inter-Plan & with 3rd parties
- CMS API Requirements:
 - ❖ Prior Authorization
 - ❖ Data Exchange–Provider Access, Patient Access, Payer-to-Payer
- Challenges:
 - ❖ Fragmented business, technical and data environment
 - ❖ Immaturity of IGs
 - ❖ Efficient national scalability
 - ❖ Purpose of use alignment

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BCBSA Interoperability Hub Built on InterSystems



- Serves as a broker for seamless ePA exchanges between BCBS Host and Home Plans, particularly for members receiving care outside their home plan's service area.
- Manage Provider Access requests from providers caring for "out-of-area" members, with requests going through the member's BCBS Host Plan and responses coming from their Home Plan.
- Tracks and reports on all FHIR API transactions for both senders and responders for plan SLA reporting.
- Supplements Blue data as needed.

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Expectations and Assumptions



- Plans adhere to the DaVinci implementation guides
- Plans set up connections (APIs) with local providers as well as internal systems, vendor application, and third-party vendor partners
- BCBSA routes out-of-area ePA and Provider Access API requests between Plans using FHIR
- BCBSA talking to targeted EMR vendors and national provider networks about connecting directly to the Hub to drive efficiency and scale

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Application & Value in Mississippi



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Mississippi Prior Authorization Reform Act

Senate Bill 2140 | Mandates in Brief

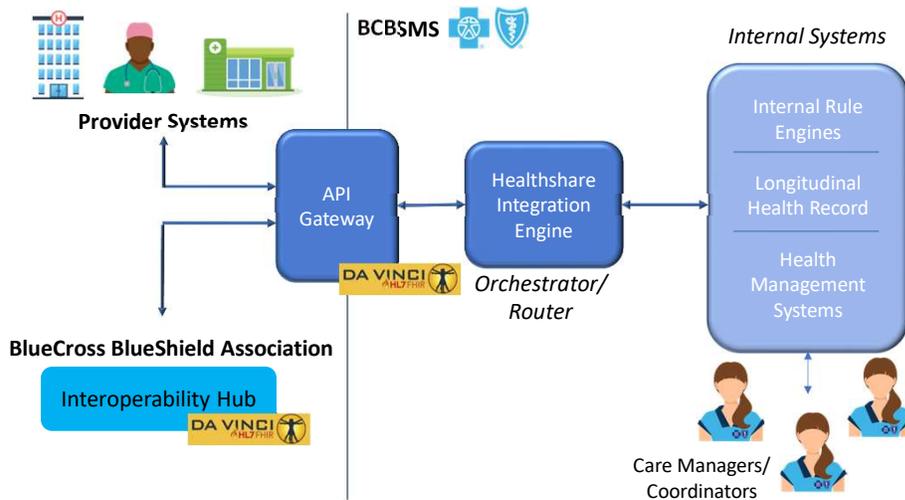
- Disclosure of PA Requirements
- Standardized electronic Prior Authorization
- Determination Timelines
- Requirements for Adverse Determinations
- Reporting
- Continuity of Prior Approvals



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Blueprint for ePrior Authorization



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ePA Implementation Roadmap

Open Epic pilot underway

Discovery & Development

Connect to BCBSA Interoperability Hub

Test & Pilot with Provider Partners

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Architecture of Longitudinal Member Record

Source Data

- BCBS Member & Enrollment
- Provider EMRs
- ADT, Lab
- C-CDA

Interoperability and Longitudinal Member Record

HealthShare

Integration/ESB

Unified Care Record
 Patient Index
 Health Insight

Analytics
 Custom APIs
 Alerts/Notifications
 FHIR

Data Consumers

- Care Management
- Population Health
- Quality Measures
- Partners and Internal Systems

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Unified Care Record Benefits

Use Cases

- Care Management/Coordination
- Value-based Care Initiatives
- Gaps in Care Closure
- Real-time Alerts
- Population Health Analytics
- Trustworthy Fuel for AI LLMs

Measure of Success

- Decrease in chart chasing
- Improve clinical outcomes
- Increase in HEDIS scores
- Increase in case management population
- Improving administrative efficiency

 MISSISSIPPI

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Thank you!

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