

eHealth Exchange™

Beyond CMS Requirements

The Hard Work of Payer–Provider Clinical
Data Exchange



**BlueCross
BlueShield**
Association



A Network of Networks



Succeeding With CMS 0057F Requirements

Plan's Responsibilities

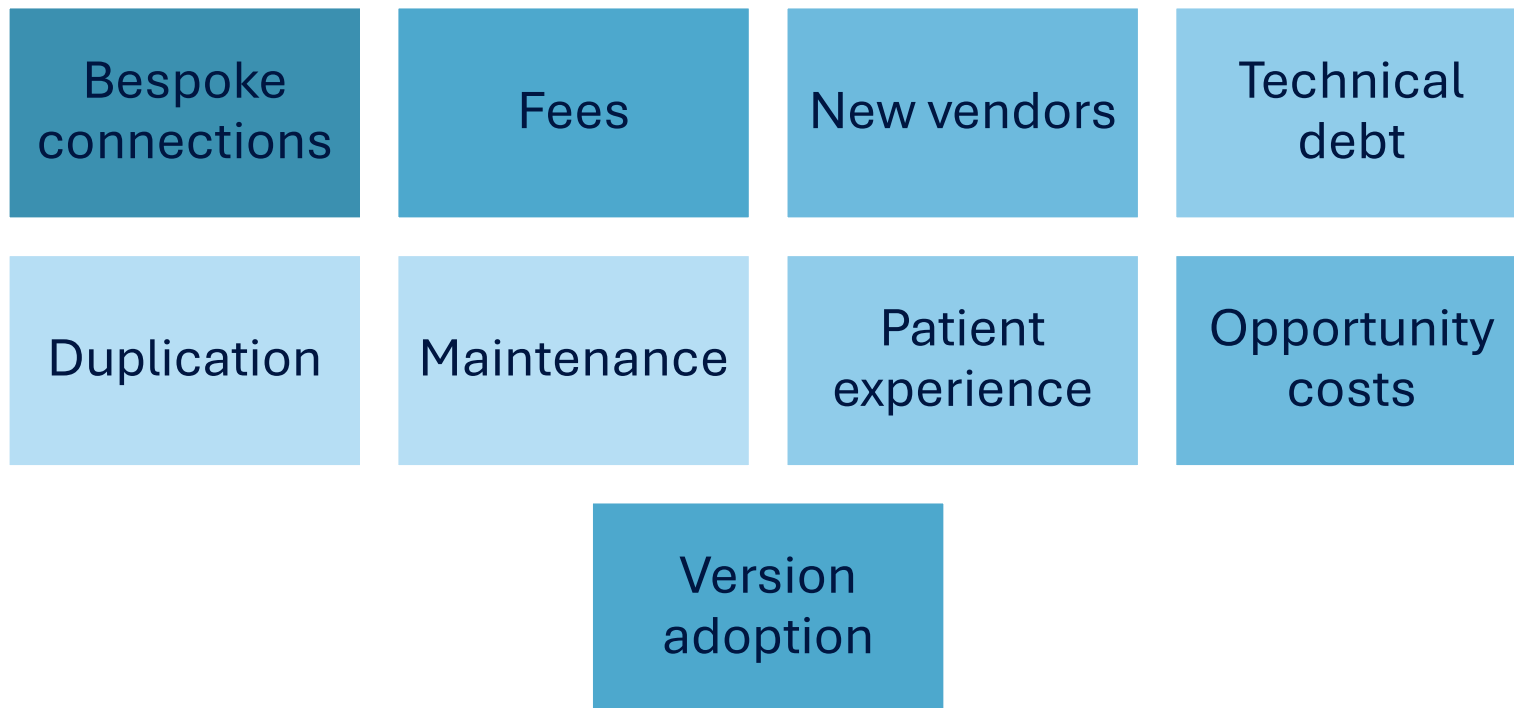
- Enable the APIs/Capabilities
- Connect Technology with Business Processes
- Data Storage and Management
- New Vendor Selection
- Monitor

Network's Responsibilities

- Facilitate Connectivity
- Common Agreement (HIPAA compliance)
- Use-Case Definitions (standardizing data flows)
- Ensure good behavior
- Auditability and transparency
- Pilot and prove new processes



Unintended Consequences of Compliance



Operationalizing Exchange

Patient Access API

Payer to Payer API

Member Attribution API

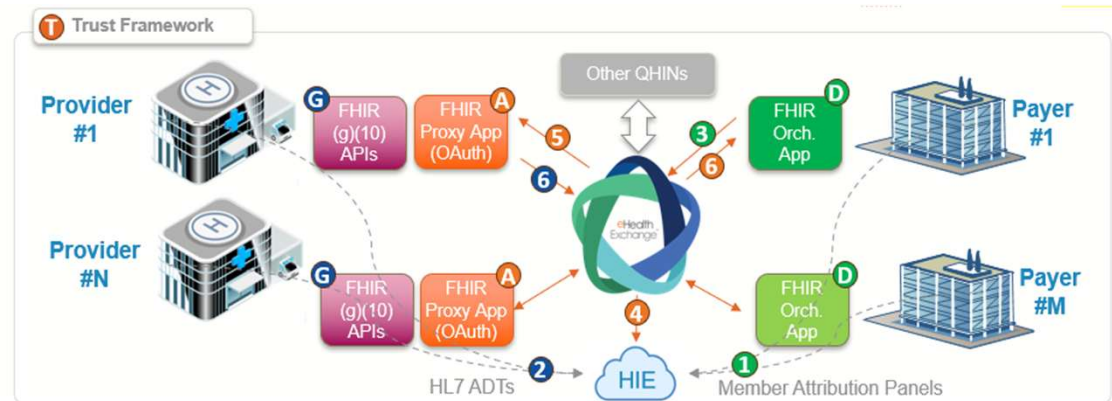
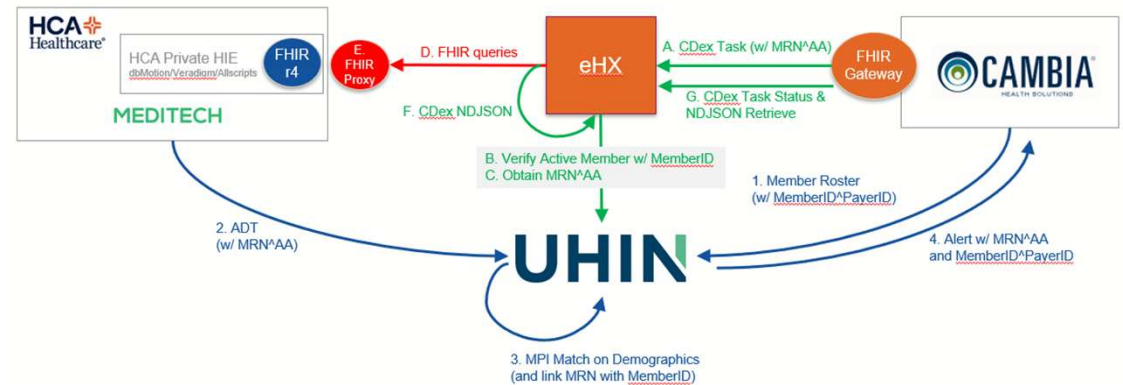
ePA CRD/DTR/PAS APIs

Clinical Data Retrieval (CDEX)



Specifying Use-Cases

- Targeted vs broad data access
- Defining query initiation
- Ensuring trusted exchange

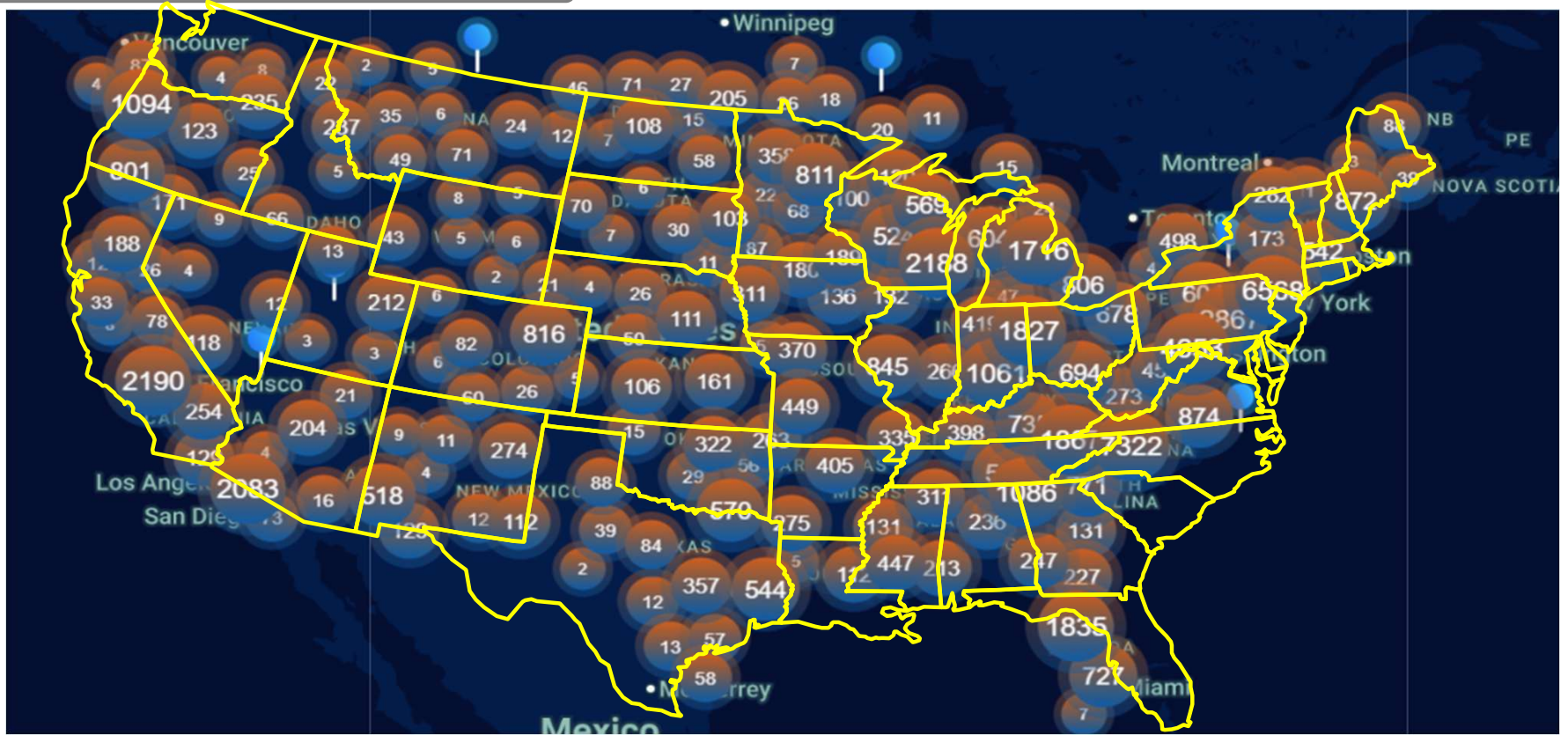


A Plan for Plan Connectivity

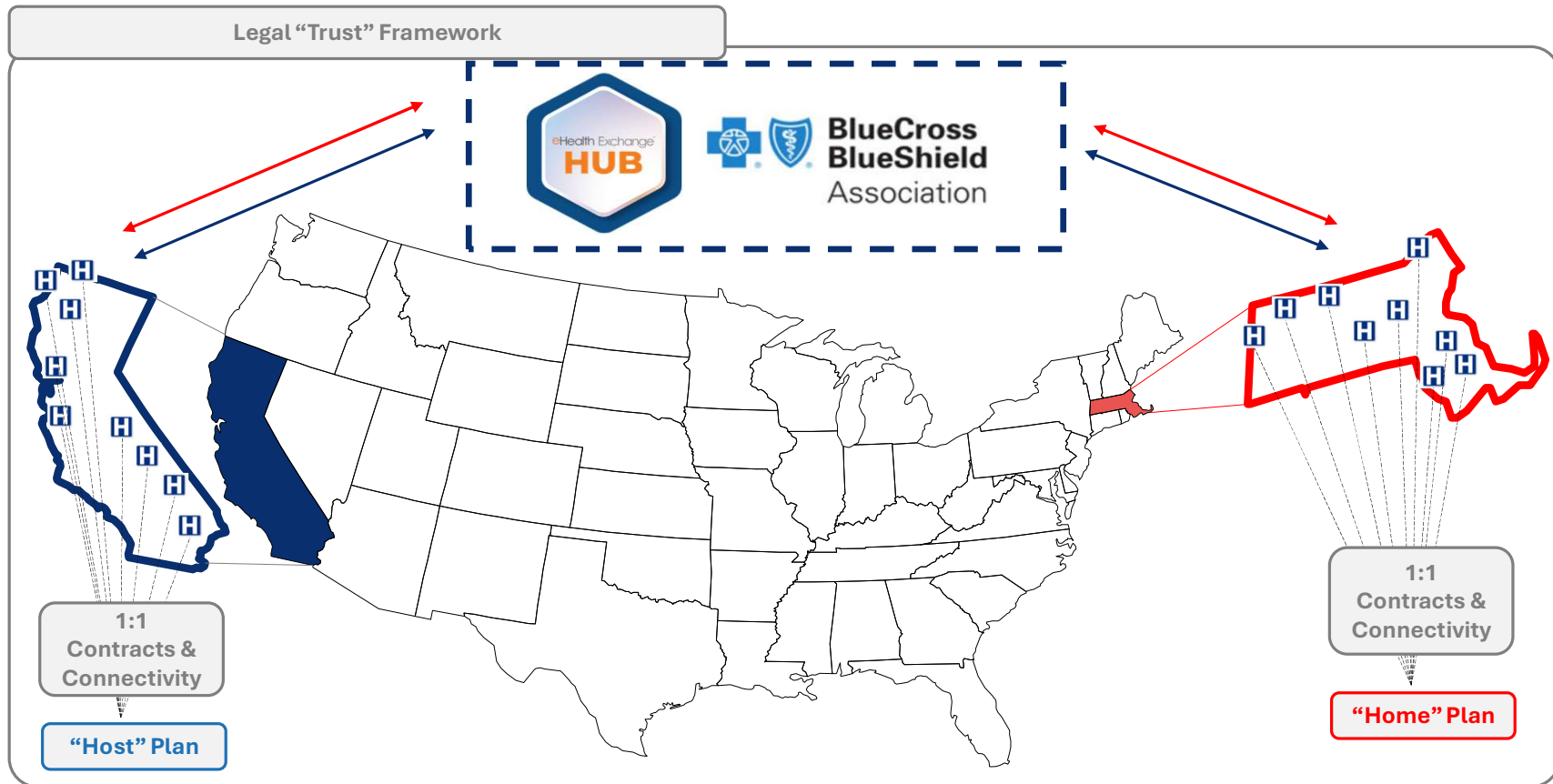


A Plan for Plan Connectivity

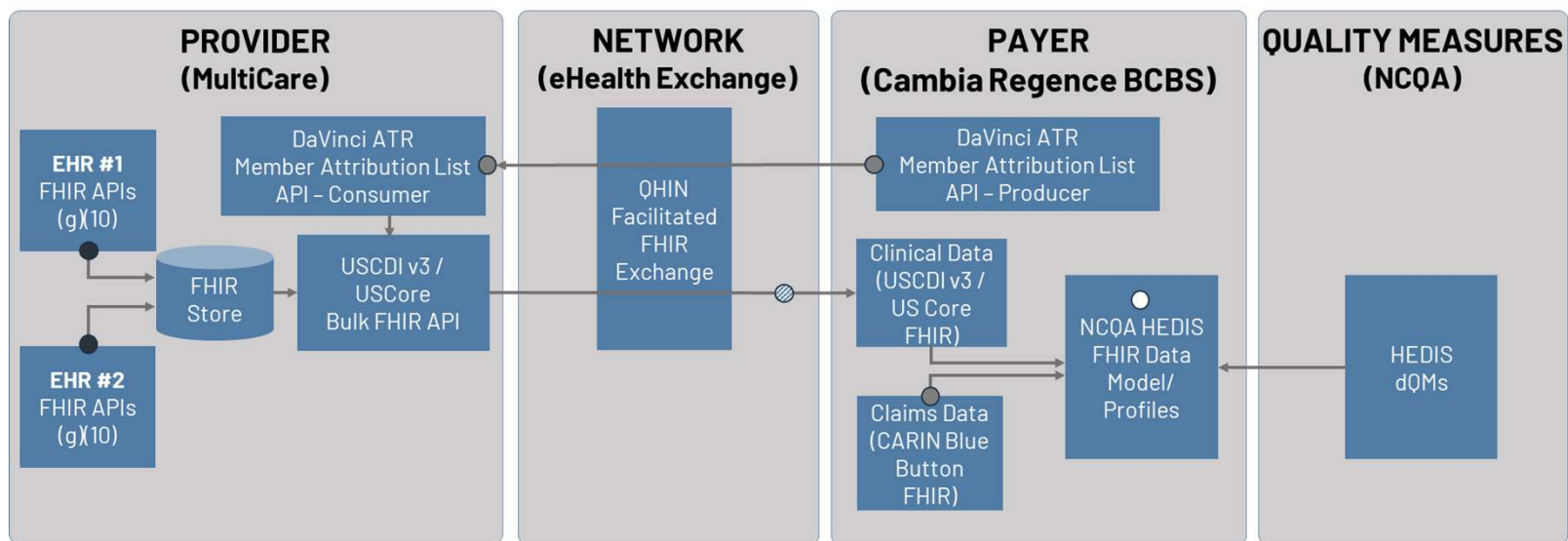
Legal "Trust" Framework



A Plan for Plan Connectivity: “Out of Area Providers” Connections



HEDIS/STARs, Care Gaps, and Care Mgmt



- Regulated endpoints that are part of Certified Electronic Health Record Technology, "CEHRT" (ONC HTI-1) and called out in CMS MIPS (Merit-based Incentive Payment System)
- Regulated endpoints included in CMS-9115 and/or CMS-0057 (either explicitly required, recommended or indirectly inherited)
- ⊗ Data Quality Verification programs (such as Inferno, NCQA Data Aggregator Validation (DAV) or Primary Source Verification (PSV)) that exist today (or improvements thereto)
- White Paper: <https://leavittpartners.com/advancing-digital-quality-reporting-using-regulated-endpoints/>



CMS Aligned Network / Health Tech Ecosystem

- Support for key use-cases
 - Patient Matching
 - Data Querying
 - Claims Data Sharing
 - Payer Clinical Data Exchange
 - Data Response for Use Cases
 - Purpose of Use
 - Response Obligations
 - Provider Directory
 - Auditability
 - IAL2 identity verification
 - Network Pub/Sub via FHIR



Getting Engaged

- Da Vinci Project Trebuchet
 - Join calls to get involved in pilot and production efforts & learn and engage with the community
 - FHIR exchange work ongoing:
 - Payer-to-payer
 - ePA
 - HEDIS/QM
- Direct Projects
 - Leverage eHealth Exchange implementation support to simplify your FHIR connectivity processes



eHealth Exchange Relationship

- **Key relationship within BCBSA's national network strategy**
 - Scalable connectivity with providers and other stakeholders (e.g., VA, DoD, Public Health)
 - Partner to advance non-treatment payer use cases
 - Payer-friendly approach in a TEFCA or non-TEFCA environment
- **Today's reality**
 - Non-treatment use cases not fully baked yet at scale
 - Need Plan engagement to push early use cases toward the future we need – Trebuchet
 - BCBSA is an eHX Participant; Plans can onboard through BCBSA as a Sub-Participant (optional, no requirement)

eHealth Exchange Relationship

- **Target Areas of Value**

- Access to clinical data from providers (provider/payer); Provider Access API for reciprocation
- Prior Authorization messaging (provider/payer)
- Provider Access API messaging (provider/payer)
- Payer-to-Payer API messaging (payer/payer)
- Access to immunization data from registries and CDC (registry/payer)
- ?Patient Access API messaging via Individual Access Services under TEFCA?

- **Call to Action**

- Engage and help us create the payer-friendly national network we need