

InterSystems HealthShare CMS Solution Pack




A Robust Solution to the Interoperability and Patient Access Challenges of CMS Rule 9115-F

Meeting the requirements of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule (9115-F) can be a challenge, especially for payers. Although the rules are final, CMS is still issuing guidance on implementation. And payers have little experience with use of the HL7 FHIR® standard for information exchange, or with clinical data. The InterSystems HealthShare® CMS Solution Pack™ provides a simplified way to meet the final rule requirements for payers and providers, supporting the rule's use cases for 2021 and 2022:

- For Payers
 - Patient Access APIs – Giving patients access to their own claims, clinical, and pharmacy benefit information (2021)
 - Provider Directory API – Online provider and pharmacy directory access (2021)
 - Payer-to-Payer Data Exchange (2022)
- For Providers
 - Admission, Discharge, and Transfer Event Notifications

Introducing the HealthShare CMS Solution Pack

The HealthShare CMS Solution Pack provides an efficient means to access required claims, clinical, and pharmacy benefit data, regardless of its format, and transform it into FHIR 4.0.1 representations. Third-party applications using FHIR application programming interfaces (APIs) provide access to this data.



For payers subject to the rule, the HealthShare CMS Solution Pack provides a turnkey solution to support the Patient Access APIs and Provider Directory in 2021, and Payer-to-Payer Data Exchange in 2022. The Solution Pack is based on all of the implementation guides referenced in the final rules and includes a FHIR 4.0.1. gateway, full support for the USCDI clinical data set, and the required privacy and security standards.

For providers, InterSystems HealthShare CMS Solution Pack addresses the Event Notification requirement that hospitals must implement by May 2022.

Deployment

Provisioned in your cloud, on premise, or as a managed service, a HealthShare CMS Solution Pack deployment includes InterSystems implementation services to get you up and running with minimal burden on your IT staff. The solution currently is available for use by customers in the United States only.

Customer Support

When you select InterSystems HealthShare CMS Solution Pack you get more than technology. You also get our acclaimed customer support. Our best people are on the front lines 24/7. Every one of our customers gets help from somebody who really cares, immediately, without having to go through layers of people or process.

PAYER USE CASES

Patient Access APIs

The power of the FHIR standard is its simple, web-like method of data access and updating. The power of the HealthShare CMS Solution Pack is its scalability plus advanced data aggregation, transformation, and normalization capabilities. It enables you to deliver up-to-date, clean, and reliable information via HL7 FHIR 4.0.1, regardless of the data's original source or format.

Claims Data Mapping

InterSystems HealthShare CMS Solution Pack ingests administrative data including claims, encounters with capitated providers, provider remittances, and enrollee cost-sharing into the HealthShare database, and exposes it based on HL7 FHIR 4.0.1 using the CARIN Alliance Blue Button 2.0 implementation guide.

Clinical Data Mapping

InterSystems HealthShare CMS Solution Pack also covers clinical data mapping to USCDI v1 data types based on FHIR US Core. It provides accurate and trustworthy information to members through its data aggregation, normalization, and de-duplication processes.

Pharmacy Benefit Data

For Medicare Advantage Plans with a Part D benefit, and Medicaid plans, InterSystems HealthShare CMS Solution Pack ingests the appropriate data from the health plan and exposes it through FHIR 4.0 APIs based on the Da Vinci PDeX:Formulary implementation guide.

Authorization and Authentication

The solution supports the required SMART IG/OAuth 2.0 standards for authorization, which permit third-party apps to access FHIR resources. It then verifies the end-user identity via OpenID Connect and uses that authentication to retrieve the resources.

WE'VE BEEN RECOGNIZED.



FORRESTER®

New Healthcare Interoperability Rules Will Widen The Gap Between Digital Innovators And Digital Laggards, Jeff Becker, May 17 2020

- InterSystems markets an interoperability platform, HealthShare, that addresses all criteria outlined in the CMS interoperability rule and meets CMS technical specifications.

Gartner

Prepare for CMS Interoperability and Patient Access API Compliance for U.S. Healthcare Payers, 15 June 2020, Mandi Bishop

- InterSystems is mentioned in a list of representative vendors offering purpose-built solutions compliant with the CMS rule.



Eight Drivers for Payer Interoperability Implementation, Now!, #US46539920, Jeff Rivkin, June 2020

- In this IDC report InterSystems HealthShare is listed as vendor that has reacted to the CMS mandate in their move toward a customer-360 platform that satisfies enterprise needs and recognizes that data homogenization and curation are a necessary component of payer infrastructure. This curation is also a requirement for legitimate interoperability.

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Identity Management

Many payers don't have a single unique ID for their members. Once you add in clinical data, it's critical that all of the data is mapped to one unique member identifier. Powered by the proven InterSystems Enterprise Master Patient Index (EMPI), the CMS Solution Pack provides identity management to match member data from multiple source systems, creating a unified longitudinal care record.

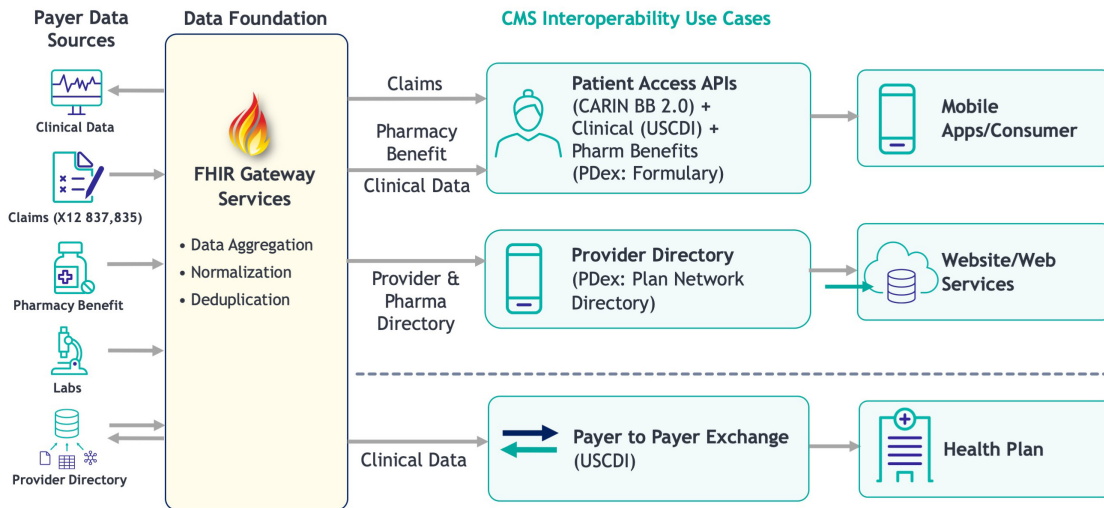
Member Consent Management

Health plan members and others can choose to allow or deny access to all of their information, as required by 9115-F. More granular access control is available as an additional purchase.

Provider Directory API

InterSystems HealthShare CMS Solution Pack transforms your provider directory data to FHIR, including plan, names, network status, addresses, phone numbers and specialties, as well as pharmacy directory data for Medicare Advantage and Medicaid Plans. The necessary publicly available provider directory API is part of the solution. Our Da-Vinci PDEX Plan-Net FHIR APIs make the detailed care landscape of provider and pharmacy directory information accessible via FHIR APIs as required by the rule.

HEALTHSHARE CMS SOLUTION PACK



Payer-to-Payer Data Exchange

Although not a requirement until 2022, the CMS Solution Pack supports data ingestion from another payer (as directed by the member) in any electronic format, for the data specified by the USCDI standard. It can store a member-centric longitudinal record for the member's past and current data and can securely send that data along to another payer (as directed by the member) in the same format as received, or any other required format.

PROVIDER USE CASE

Event Notification Services

InterSystems HealthShare CMS Solution Pack includes a configurable platform for managing the delivery of notifications from emergency department visits, discharges and transfers, as well as inpatient admissions and discharges. The solution includes message routing, notification logging, and other key features to support the CMS audit requirements.

For Payers and Providers, HealthShare Provides Solutions Beyond CMS 915-F

InterSystems HealthShare CMS Solution Pack provides a path to address broader use cases using our full InterSystems HealthShare product suite. For payers, InterSystems HealthShare provides the data and analytics required to support use cases such as HEDIS reporting and Risk Adjustment. For providers, use cases include value-based care, population management, and COVID-19 dashboards.

Learn More

You'll find more information about InterSystems HealthShare CMS Solution Pack at [InterSystems.com/CMSsolutionpack](https://www.intersystems.com/CMSsolutionpack) for information on all the products within the suite of HealthShare connected health solutions, go to [InterSystems.com/products/healthshare/](https://www.intersystems.com/products/healthshare/).