

INTEROPERABILITY GUIDANCE¹

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I. Technical

[Acknowledgement: The Greater Houston Coalition on SDOH's Data Sharing Ecosystem Workgroup provided the guidance in this section]

Following the Interoperability and Patient Access final rule published by the Centers of Medicare and Medicaid Services, the Greater Houston Social Determinants of Health Coalition focuses on the interoperability to empower patients by giving them access to their health information to move the healthcare systems toward greater interoperability. A comprehensive interoperability system is composed of: 1) Patient Access API; 2) Provider Directory API; 3) Payer to Payer Data Exchange; 4) Public Reporting and Information Blocking; 5) Digital Contact Information; 6) Admission, Discharge and Transfer Event Notification. Payers regulated by CMS, excluding issuers offering only stand-alone dental plans (SADPs) or Federally-facilitated Small Business Health Options Program (SHOP) plans, are expected to implement and maintain a secure, standards-based Patient Access API that that allows patients to easily access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice. They are also expected to make provider directory information publicly available via a FHIR-based Provider Directory API.

Payer and developers are expected to use the following standards:

- Technical standards: FHIR, SMART, and OpenID Connect
- Content and vocabulary standards: USCDI
- Resource directory information exchange standards: Human Services Data Specifications (HSDS)

CMS provides additional links to specific implementations guides (IG) and other resources for both the Patient Access API and the Provider Directory API that provide valuable guidance to further support sharing the needed data using the required standards. Use of these implementation guides is not required, but they provide information payers can use to meet the requirements of the policies being finalized in this rule without having to develop an approach independently, saving time and resources. And, the reference implementations allow payers to see the APIs in action and support testing and development. These links can be found at CMS website (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index>).

¹ Nothing in this document should be considered legal advice; this document should be used as guidance as individual organizations develop RFPs/contracts that meet the needs, legal and otherwise, for their respective organization.

II. RFP/Contract Language

[Acknowledgement: Advice/contributions came via Open Referral CEO, Greg Bloom, who provided the bulk of this section]

Community Resource Directory Language (for consideration):

Any directory data about community resources generated by activities associated with this [grant/contract] should be made available in bulk in a machine-readable, non-proprietary format. Such bulk distribution should be offered to the public via Internet without fee and without any use restrictions on the data.

Any resource directory information system deployed or developed in part through use of funds from this [grant/contract] should include a published, documented, non-proprietary API that can be made interoperable with other key resource directory information systems' APIs in the region (such as but not exclusive to 2-1-1).

[Grantee/Contractor] should specify the resources — both technical and operational — that will support the establishment and maintenance of interoperability with, and the circulation of resource directory data among, other resource directory information systems used by institutions in the region. Please indicate which of those resources will be supported by [funder's] funds.

Resource/Care Coordination Platform Interoperability Language (for consideration):

The language below conveys the following elements to consider for inclusion in your organization's RFP/contracts (though not exhaustive):

- Overarching statement for patient/client-centric seamless care coordination
- Multilateral capacity for care coordination, including referrals among non-clinical organizations
- Shared identification/matching process across platforms
- Interoperability across platforms regardless of proprietary interests external and internal to the organization seeking a resource platform as the default (not as a later modification)
- Mandatory support and integration across external resource platforms and/or related technology whether from the same or differing vendor, organization, users, etc.
- Resource platform EHR/EMR integration capability & HIPAA compliance requirements
- Integration between resource platform and CBO resource platforms and/or related technology
- Resource capability of integrating with care management technology/platforms internal and external to the organization
- [specific to RFP] What the vendor should be able to demonstrate with the RFP submission

[sample language]

The Resource Platform must have the ability to connect community service providers to promote efficient and coordinated social service delivery and provide a “no wrong door” for an individual to get the resources they need. This means that healthcare providers will not be the only ones able to refer people to community organizations, but community

organizations should be able to refer an individual to other community organizations – any of which may be using different software systems. This cross-platform functionality should include the ability to create OR reference externally a shared patient record. The vendor’s technical support should be able to facilitate connections to and from other existing technical platforms that are in the community, using open standards and nonproprietary protocols for exchanging personal information via cross-platform referrals.

Toward that end, the Resource Platform must support integration via published APIs that allow users to access the platform’s capabilities from another tool. The Platform should be able to demonstrate its ability to interoperate with the regional Health Information Exchange as well as other resource referral platforms—meeting all HIPAA requirements and into the CBOs’ technology (e.g. Salesforce), if they have one. The vendor does not need to have working integrations upon submission of its proposal, but must demonstrate the platform’s ability to fulfill this requirement, for example, by providing API documentation detailing which capabilities are and are not accessible via APIs. The vendor should also describe the specific human and technical resources it will allocate to support interoperability throughout the lifecycle of the contract.

III. REFERENCES

- **FHIR**
Health Level 7 (HL7) Version 4.0.1 Fast Healthcare Interoperability Resources (FHIR) Specification Release 4, October 30, 2019. FHIR Release 4.0.1 provides the first set of normative FHIR resources. This normative designation means that the future changes will be backward compatible. These resources define the content and structure of core health data, which can be used by developers to build standardized applications.
<http://hl7.org/fhir/R4/>
- **SMART IG / OAuth 2.0**
SMART Application Launch Framework Implementation Guide Release 1.0.0, November 13, 2018. SMART on FHIR provides reliable, secure authorization for a variety of app architectures through the use of the OAuth 2.0 standard. This Authorization Guide supports the four use cases defined for Phase 1 of the Argonaut Project. This profile is intended to be used by app developers that need to access FHIR resources by requesting access tokens from OAuth 2.0 compliant authorization servers. The profile defines a method through which an app requests authorization to access a FHIR resource, and then uses that authorization to retrieve the resource.
<http://hl7.org/fhir/smart-app-launch/history.html>
- **OpenID Connect**
OpenID Connect Core 1.0 Incorporating Errata Set 1, November 8, 2014. OpenID Connect 1.0 is a simple identity layer on top of the OAuth 2.0 protocol. It enables clients to verify the identity of the end-user based on the authentication performed by an authorization server, as well as to obtain basic profile information about the end-user in an interoperable and REST-like manner. This specification defines the core OpenID Connect functionality: authentication built on top of OAuth 2.0 and the use of claims to communicate information about the end-user. It also

describes the security and privacy considerations for using OpenID Connect.

http://openid.net/specs/openid-connect-core-1_0.html

- **USCDI**

United States Core Data for Interoperability (USCDI), February 2020, Version 1 (v1). The USCDI is a standardized set of health data classes and component data elements for nationwide, interoperable health information exchange. CMS has required that payers share the USCDI data they maintain with patients via the Patient Access API, and with other payers via the Payer-to-Payer Data Exchange.

<https://www.healthit.gov/isa/us-core-data-interoperability-uscdi>

- **HSDS**

The Human Services Data Specification (HSDS; aka, the Open Referral format) is an exchange format for publishing machine readable data about health, human, and social services, their locations, and the organizations that provide them. HSDS provides a format for bulk resource data exchange, and the HSD API protocols (HSDA) provide standardized methods of accessing and editing resource data in real-time. <http://docs.openreferral.org>