



# CAQH Endpoint Directory Work Group

**Session #3**

December 11, 2020  
3:00 – 5:00pm ET

# Antitrust Guidelines

- Participation at this meeting and any subsequent meetings is voluntary.
- The sponsors are responsible for preparing a written agenda for the meeting and preparing written minutes for the meeting.
- The Chairperson of the meeting or the moderator of each discussion group will ensure that discussion follows the agenda.
- Participants will not discuss matters of a competitive nature, such as nonpublic information regarding pricing, products, or customers.
- Any participant who believes the meeting is covering an area of a competitive nature should raise the issue with the Chairperson or moderator, with counsel for any of the meeting's sponsors, or with the participant's own counsel.

The meeting will be recorded to ensure accurate documentation



# Session Outline

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3:00-3:15pm	<b>Welcome &amp; Update</b>	<ul style="list-style-type: none"><li>▪ Antitrust guidelines, roll call</li><li>▪ Industry engagement update</li><li>▪ Review discussion topics for today</li></ul>
3:15-3:45pm	<b>Discussion: Part I</b>	<ul style="list-style-type: none"><li>▪ Draft Questionnaire for third-party app vendors</li><li>▪ Breadth and depth of app and endpoint testing available within the solution</li><li>▪ Scoring/rating</li></ul>
3:45-4:15pm	<b>Discussion: Part II</b>	<ul style="list-style-type: none"><li>▪ Org IDs and endpoint resolution</li></ul>
4:15-4:40pm	<b>Looking Ahead</b>	<ul style="list-style-type: none"><li>▪ Coming up in 2021</li><li>▪ Future Concept Spotlight: Member matching</li><li>▪ Overview of Beta Testing opportunity</li></ul>
4:40-4:45pm	<b>Next Steps</b>	<ul style="list-style-type: none"><li>▪ Participants discuss beta testing opportunity with their organization; indicate intent to participate</li><li>▪ Be on lookout for scheduling email to find date/time for session in mid-Q1 2021</li></ul>

# Industry Engagement Update



## ONC Webinar

Invited to speak on how the CAQH national endpoint directory will accelerate innovation and compliance in interoperability.



## U.S. Digital Service

Requested by CMS USDS to provide an updates around endpoint directory roll out. Focused questions on third-party app assessments.



## App Vendors

Recruited and secured third-party app vendors to participate in beta testing of the national endpoint directory.

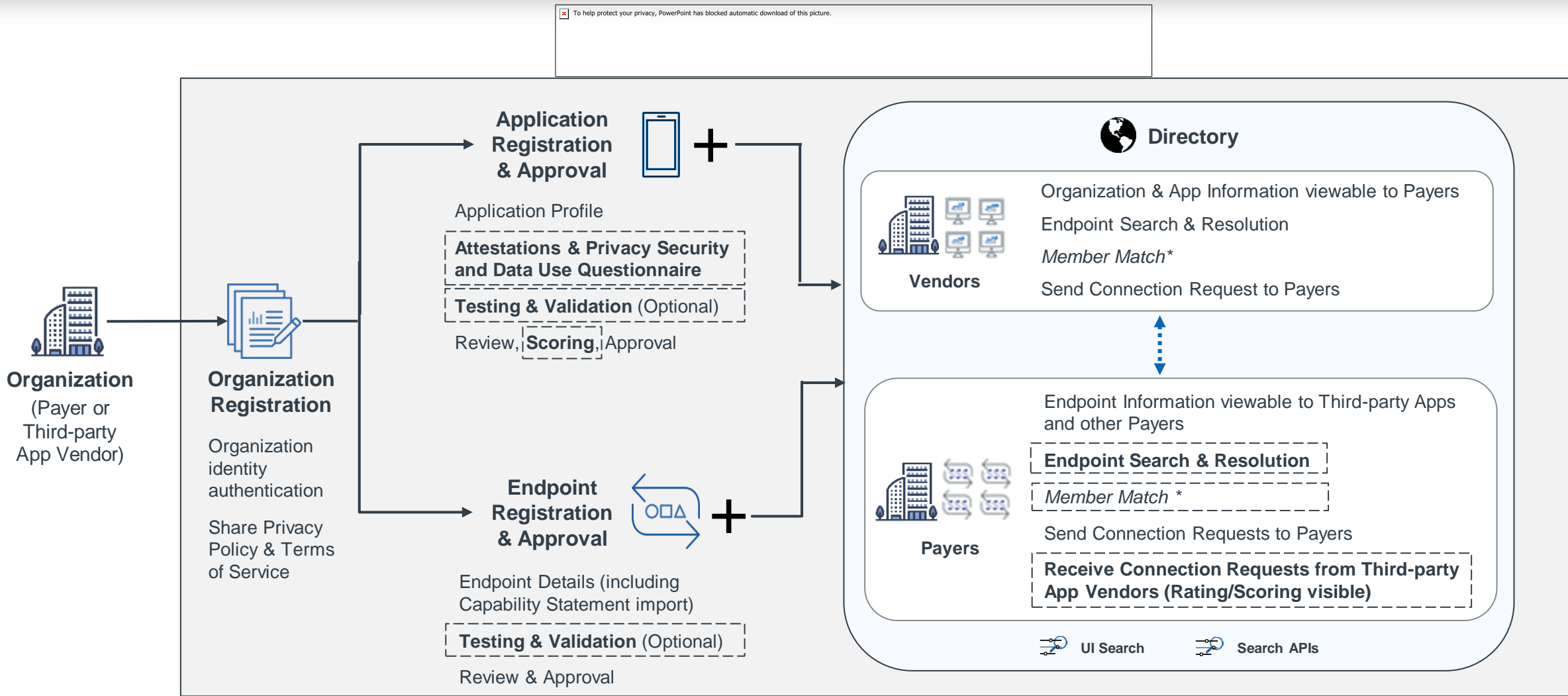


## Other Conferences

eHealthInitiative webinar to 500+ industry leaders  
  
Health Data Unbound panel on Patient Access

**CAQH is continuously raising awareness and educating the industry about its national endpoint directory.**

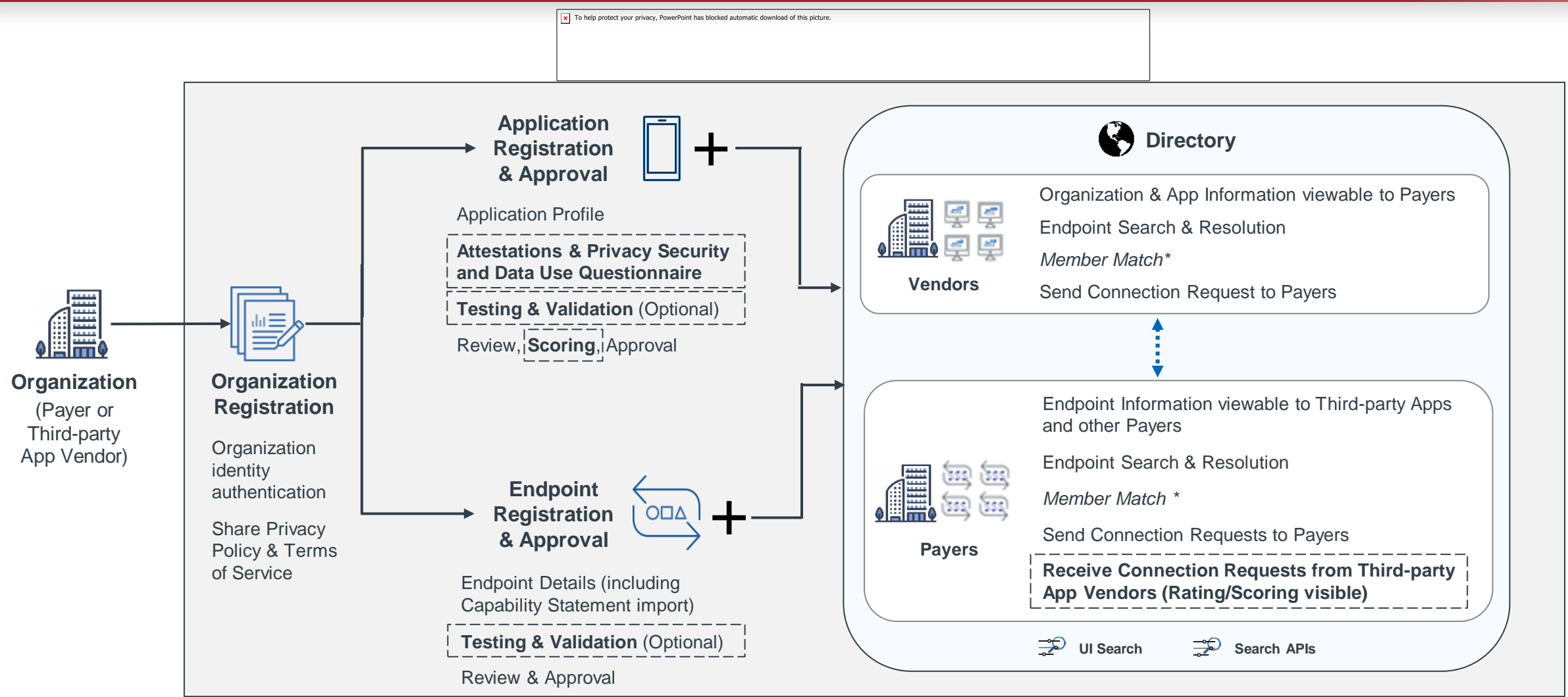
# Today's Discussion Topics



[ ] indicates topic for discussion today. \* indicates future concept (available in Phase 2).

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# Discussion Part I: Questionnaire, Testing and Scoring/Rating



\* indicates future concept (available in Phase 2).



## Questionnaire | Testing | Scoring/Rating

# Privacy, Security and Data Use Questionnaire: Where We Left Off

While the CMS final rule does not allow plans to reject a member-directed third-party app request (unless a severe security threat), the rule language strongly encourages plans to educate their members so they can make informed decisions about potential risks.

## Straw Poll Recap

- Goal: understand what aspects of privacy, security, and data use are important for plans to see about a third-party app and/or another payer.
- For 16 items (related to privacy, security, data use, standards conformance, etc.), participants were asked (A) if it is important for organizations to **upload a document or provide a URL** in support of this item and, (B) if it would be helpful to have organizations answer questions about this item on a **standard attestation questionnaire**.
- Results: Not enough consistency across responses, though many items were indicated as important to see. Focus for Work Group discussion on 11/13/20.

## 11/13/20 Work Group Takeaways

- Work Group members indicated that **privacy and security questions pertaining to other payers are not necessary**, as those payers are covered entities and comply with HIPAA privacy and security.
- Agreed that while the final rule policy does not allow plans to reject requests from apps, plans are able to **educate their members** regarding certain characteristics of apps, including data use, security, etc.
- Agreed that using the **CARIN Code of Conduct** is a nice place to start for the third-party app vendor questionnaire.

# Approach: Third-Party App Questionnaire

Based on feedback from the Work Group and research on best practices, including CARIN, FTC, ONC and CMS resources, CAQH updated a draft questionnaire for third-party apps and shared it with the Work Group. Additional feedback welcome during beta.

## Summary of Approach

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SUMMARY: THIRD-PARTY APPS QUESTIONNAIRE [DRAFT]

Working document – not for distribution outside of CAQH Endpoint Directory Work Group | last updated 11/18/20

NOTE: Organization identity authentication will happen prior to the Third-party App Vendor completing the Questionnaire.

REQUESTED DOCUMENT UPLOADS/URLS

1 Privacy Policy

2 Terms of Service/Terms & Conditions

NOTE: If a third-party app vendor has already attested to the CARIN Code of Conduct (CoC), the app vendor will answer only a subset of questions, representing unique questions not included in the CARIN CoC (the total # represented in Column 'F' below).

THIRD-PARTY APP ATTESTATION QUESTIONS

Section	# of Questions	# of Questions from CARIN	# of Unique Questions (not from CARIN)
1 Application	4	0	4
2 Privacy Policy	19	14	5
3 Data Security	16	9	7
4 Data Use & User Consent	10	8	2
5 Employees	8	3	5
6 Vendors and Contractors	5	5	0
7 Certifications/Accreditations	3	0	3
8 Miscellaneous	4	3	1
Total # of Questions in Third-Party App Questionnaire	69	42	27

0. Overview

1. APP-Questionnaire Summary

2. APP-Draft Questions

3. References

+

- Following organization identity authentication and basic profile completion, third-party app vendors will be prompted to provide a **URL of their Privacy Policy and Terms of Service** and to complete a **Privacy, Security & Data Use Questionnaire**.
- If a third-party app vendor has already attested to the **CARIN Code of Conduct (CoC)**, the app vendor will answer only a subset of questions, representing unique questions not included in the CARIN CoC.
- Standard questions fall into 8 categories** (App info, privacy policy, data security, data use and user consent, employees, vendors and contractors, certs/accreditations, and misc.). As this understanding develops, the utility can flag certain questions.
- Payers will be able to see the app’s completed questionnaire, and the questionnaire will serve as an input to a standard indication of app maturity in these areas, for patient education. **The Final Rule encourages plans to offer advice and education to patients on potential risks from third-party apps. This utility offers a way to collect this information in a standard fashion.**

Questionnaire | **Testing** | Scoring/Rating

# Results from 11/2020 Straw Poll: Testing & Validation

## Straw Poll Recap

Goal: understand which tests payers would like third-party app vendors to complete, and which tests they would like to see completed by other payers.

### App Tests

Most respondents would like to see the following tests:

- **Connectivity and security test** (test connection using dummy client ID/secret key, etc.)
- **Patient Access API test** (successful and conformant query and display of response in app)
- **Provider Directory API test** (successful and conformant query and display of response in app)
- **Formulary test** (successful and conformant query and display of response in app)

### Endpoint Tests

Most respondents would like to see the following tests:

- **Connectivity and security** (test connection using dummy client ID/secret key, etc.)
- **Basic endpoint status test** (test that a payer's API is available)

Some respondents indicated interest in Patient Access API, Provider Directory API, and Payer-to-Payer tests as well.

# Recommended Approach: Testing & Validation

## Summary of Approach

- Tests available in Phase 1 relate broadly to Patient Access.
- Additional tests related to the final rule will follow shortly.
- Tests related to other voluntary use cases can be added to support entities in their overall FHIR adoption as well.
- While tests are optional, percent completion will be visible to other entities to encourage third-party app vendor test execution and positive signaling.

Initial focus

### App Testing



- **Connectivity and security test** (test connection using dummy client ID/secret key, etc.)
- **Patient Access API test** (successful and conformant query and display of response in app)
- Additional various tests related to query and display of EOB, Care Plan, Condition, Care Team, Observation resources, etc.

### Endpoint Testing



- **Verify payload response test**
- **Basic endpoint status test** (e.g., test that a payer's API is available)
- **HTTPS status code tests**

Upcoming

- **Provider Directory API test** (successful and conformant query and display of response in app)
- **Formulary test** (successful and conformant query and display of response in app)

*What other tests are valuable to have available for voluntary use?*

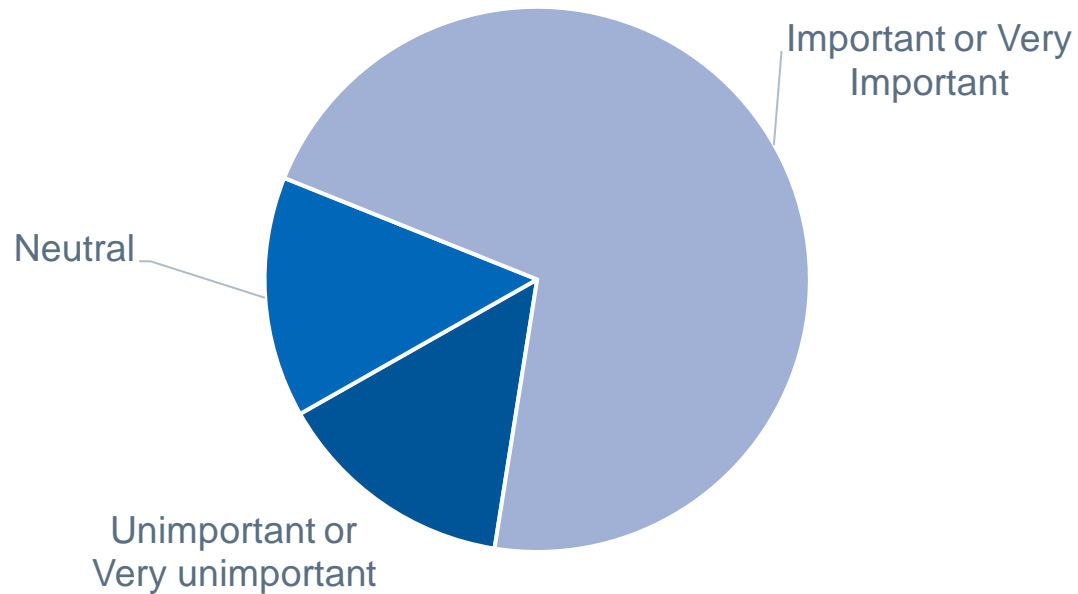
*Are plans interested in having tests available for patient access & provider directory API?*

## Questionnaire | Testing | **Scoring/Rating**

# Results from 11/2020 Straw Poll: Importance of Showing a Rating

## Straw Poll Recap

*How important is it to your organization to be able to see an overall rating that indicates how organizations scored in areas related to privacy, security, and data use, and conformance testing?*

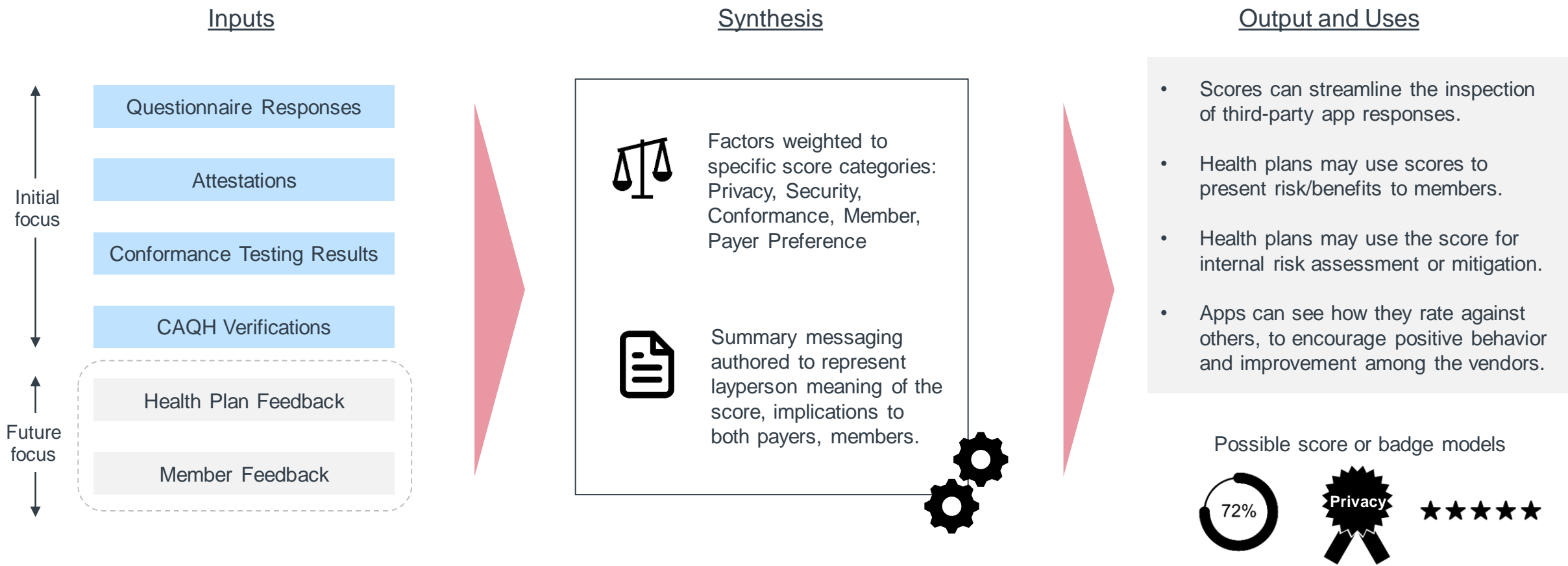


Most respondents felt it was **important or very important** to be able to **see an overall rating** that indicates how organizations scored in areas related to privacy, security, and data use, and conformance testing.



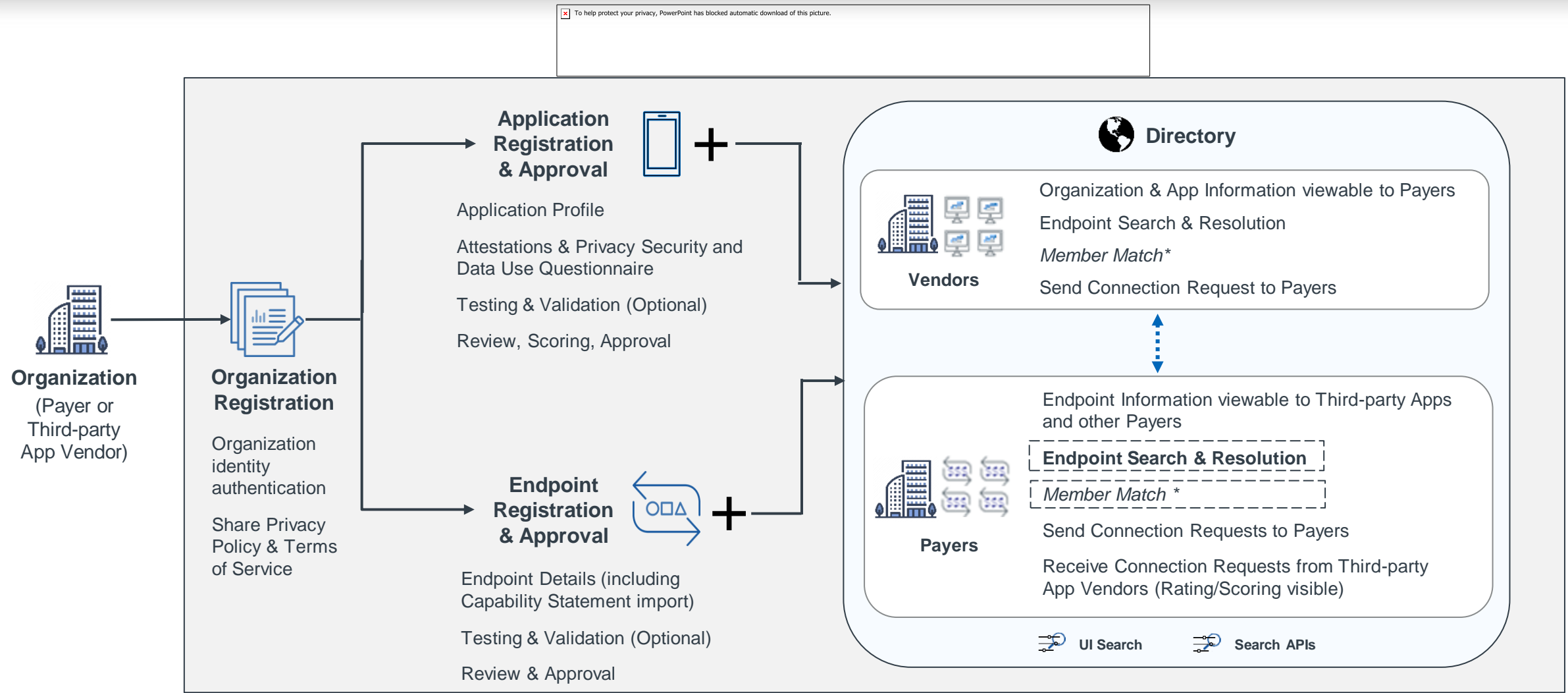
# Solution Concept: Assign scores or badges to third-party apps across key dimensions

## Third-Party App Scoring Concept



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# Discussion Part II: Endpoint Resolution & Member Matching



\* indicates future concept (available in Phase 2).

## Endpoint Resolution

# Health Plan Identifiers and Endpoint Organizational Hierarchy: Where We Left Off

## Straw Poll Recap

- Most respondents have **endpoints organized by**:
  - Payer/Carrier
  - Line of Business (LOB)
  - Functional Department (e.g. claims system, provider network, etc.)
  - Use Case
- Most respondents indicated that the following **organization IDs** are necessary (for third-party apps and other payers) to identify and query payers in the directory:
  - Federal Tax Identification Number (TIN/EIN)
  - Health Plan/Trading Partner ID
- There was **no clear consensus** to the question: “As a responding payer, would you consider using Member ID, Group ID, or other information on a member’s insurance card to resolve to the correct Endpoint?”
- Most respondents were **neutral** when asked: “How important is it to know or represent that an endpoint is operated by an intermediary?”

***CAQH used feedback from the straw poll and work group session to inform how endpoint attributes should be used to support organization and endpoint resolution***

## 11/13/20 Work Group Takeaways

- Some plans have **too many products** in their organization to track payer IDs at the plan-product level.
- Querying by **carrier & line of business is enough**, however some patients do not know their line of business.
- It is important to have as **few endpoints as possible**; some plans are presenting unified endpoint API across their org.
- Some plans will only ask members for first name, last name, member id, and the plan name (**not line of business**).
- Some plans suggested **probabilistic data matching** that allows members to enter various identifying data points, however there is discussion on probabilistic versus deterministic approaches for org and endpoint resolution.
- The solution could use a **pre-defined list of use cases** to query on, but there is no pre-existing taxonomy for this.

# Informed by health plan feedback, CAQH will adapt captured and queryable endpoint attributes in the utility to support organization and endpoint resolution

1

## Carrier and Subsidiary Names

- Ability to capture organization name and indicate parent organization
- Organization name presented in portal and queryable via API

2

## Line of Business

- Ability to capture line of business associated with the endpoint
- Leverages the 'Insurance Product Type' value set used in Plan-Net IG
- These will be presented in the portal and queryable via API

3

## Organization IDs

- Ability to capture multiple org IDs
- Can include TIN, Clearinghouse IDs
- ID types are currently free text
- These will be presented in the portal and queryable via API

4

## Use Case

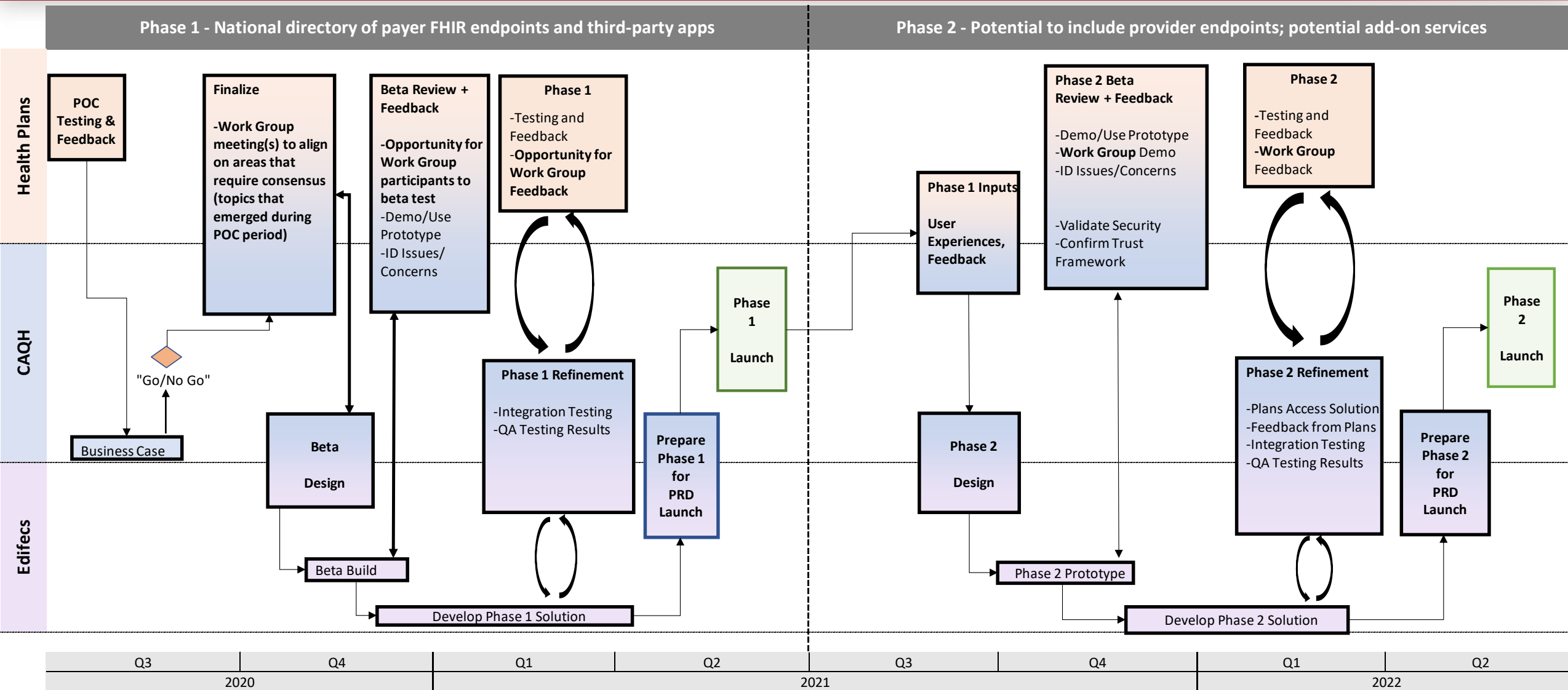
- Ability to capture multiple use cases
- Value set will be a combination of use cases described in the CMS Final Rule and IG names
- These will be presented in the portal and queryable via API

Note: CAQH has been asked to provide input to forthcoming implementation guides around Endpoint Querying, Attestation, and Validated Healthcare Directory.

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4:35-4:40pm	<b>Next Steps</b>	<ul style="list-style-type: none"> <li>▪ Participants discuss beta testing opportunity with their organization; indicate intent to participate</li> <li>▪ Be on lookout for scheduling email to find date/time for session in mid-Q1 2021</li> </ul>

# Roadmap

*Beta Launch Q4 2020, Phase 1 Full Launch Q2 2021*





## **Future Concept Spotlight: Member Matching**

# Problem Statement: Member matching is important to support the exchange of patient data, and there is currently an emergent solution landscape

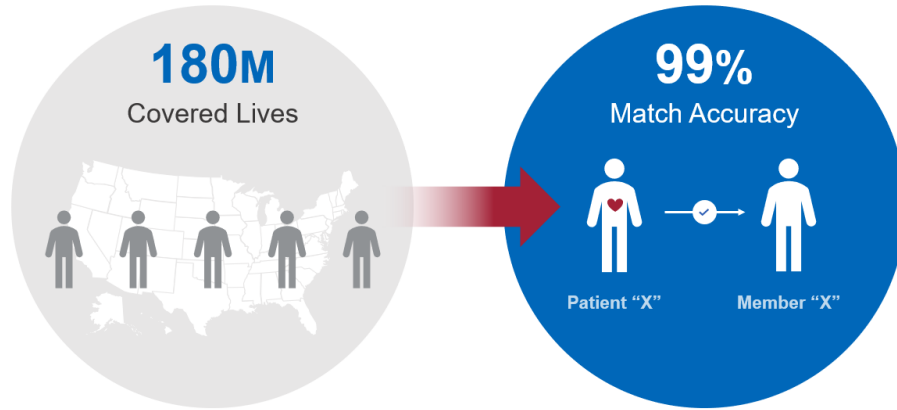
## CONTEXT:

- CMS Final Rule does not require payers to utilize a specific solution for patient matching, but authors of the rule indicated they would consider requiring the use of solutions that exceed a threshold of accuracy.  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index>
- HL7 Da Vinci has authored guidelines for a member match operation to support PDex IG that requires a new payer to submit patient identifiers and coverage details to support a member match.  
<https://confluence.hl7.org/display/DVP/HL7+Da+Vinci+PDex+%24member-match>
- ONC FAST has convened industry stakeholders to define concepts around patient identity and matching.  
<https://oncprojecttracking.healthit.gov/wiki/display/TechLabSC/Identity+Tiger+Team#identity>
- Multiple initiatives in industry are emerging to pilot and test capabilities around patient and member matching (e.g., Blue Cross Blue Shield Association, Sequoia, LexisNexis, CARIN Alliance, MedEx, Verato).

What is your organization's intended approach to address and automate member matching for payer-to-payer data exchange? What is your current progress and status?

# Solution Concept: Leverage CAQH data assets within its coordination of benefits identification utility to support member matching across payers

## CAQH Data Assets around Payer Membership



- CAQH operates a utility that leverages membership data from payers to identify coordination of benefits
- Over 180M covered lives, greater than 76% of commercially covered lives in US inclusive of Medicaid managed care, Medicare Advantage, and Marketplaces.
- 40 participating payers, including all national plans.

## Solution Concepts These Could Enable

- **Member/Patient Matching** – With rich member data sourced from a large share of health plans and a performant, accurate algorithm, CAQH could provide member/patient matching capabilities to support payer coverage decision exchange.
- **Membership Record Index** – When coverage is not known, a membership record index could support the identification of current and previous coverage. This can assist both payers and patients to identify payers from which they may request data for the payer coverage decision use case.

Could CAQH data assets around coordination of benefits help accelerate industry-wide member matching?

## Beta Testing

# Endpoint Directory Beta Testing Goals

- Validate ability for health plans and app vendors to accomplish key tasks via utility.
- Identify priority changes that need to be addressed for the production launch in Q1 2021.
- Identify priority enhancements that can be addressed as part of the 2021 roadmap.
- Give early adopters a preview of functionality to inform production implementation approach.
- Build a critical mass of early adoption to drive use at scale to broader industry.

# Scope of Testing

	Health Plan Testing	App Vendor Testing
Expected Resourcing	6 person hours for testing and feedback (1 FTE)	6 person hours for testing and feedback (1 FTE)
Test Scenarios	<ol style="list-style-type: none"><li>1. Organization registration into utility</li><li>2. Entry of payer FHIR endpoints</li><li>3. Discovery of third-party apps</li><li>4. Receiving and responding to connection requests from third-party apps</li><li>5. Review of submitted app meta-data (i.e., privacy and security, testing results)</li><li>6. Discovery of other payer endpoints</li></ol>	<ol style="list-style-type: none"><li>1. Organization registration into utility</li><li>2. Entry of third-party app information</li><li>3. Responding to privacy, security and data use questionnaire</li><li>4. Technical conformance testing against a payer's APIs in a generic test environment</li><li>5. Discovery of payer endpoints</li><li>6. Requesting connection to a payer's endpoint</li></ol>

Beta testers will be provided with testing instructions and a feedback form

# Opportunity to participate in beta testing

## Timing\*



**12/28/20:** Receive beta instructions from CAQH

**12/28/20 to 1/22/21:**

- Identify key information to submit to CAQH
- Execute test scenarios
- Document test results
- Mid-testing CAQH check-in

**1/22/21:** Submit results to CAQH

**Early February 2021:** CAQH review beta results with Endpoint Directory Work Group

\* Subject to change

## Expectations



- Intent for production commitment.
- Timely completion of beta test scenarios.
- Reporting on success of specific test scenarios.
- Feedback on ease of use, completeness of solution.
- Feedback on level of automation possible.

## Next Steps



- Confirm beta testing participation and identify participating individuals.

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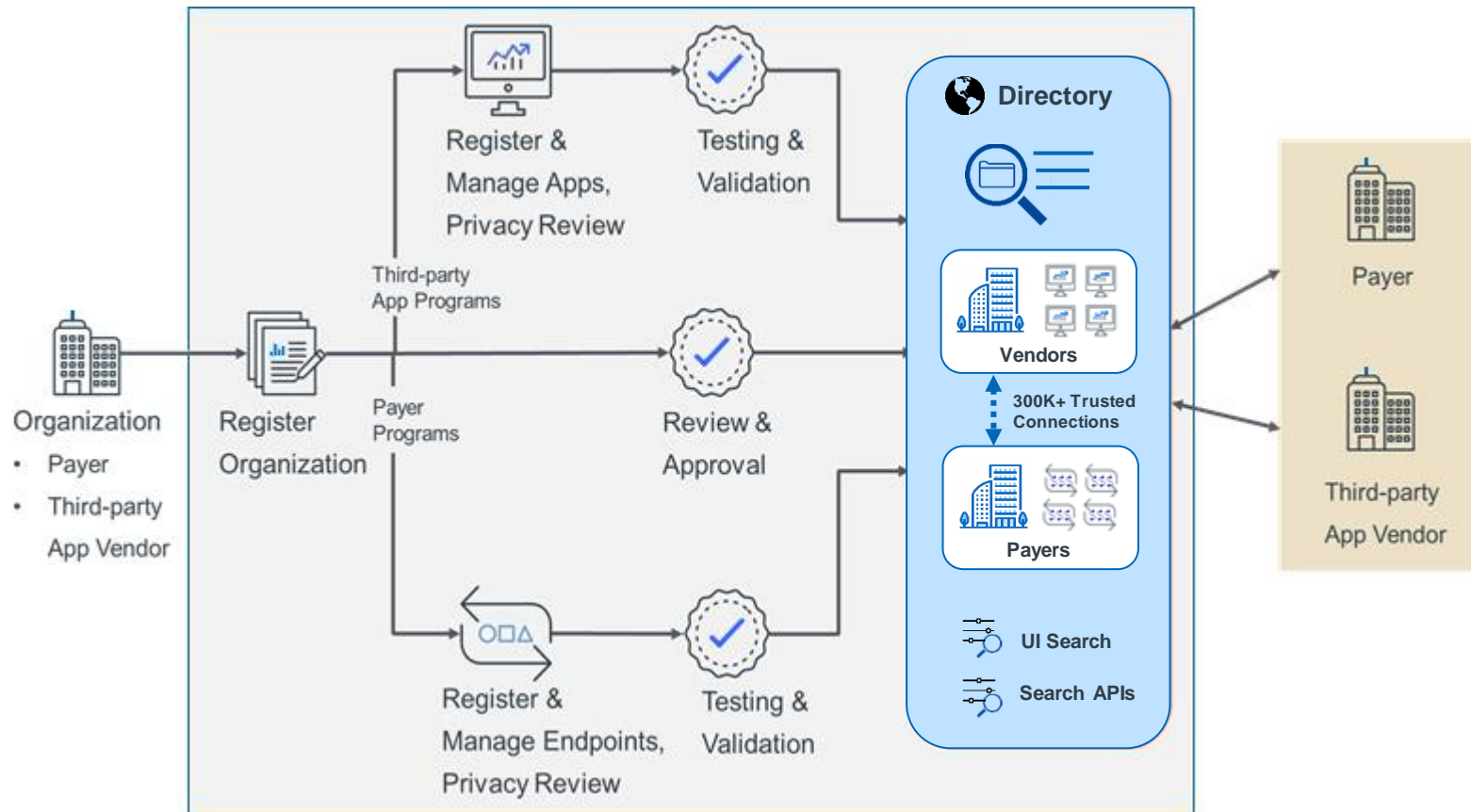
1. Work Group participants discuss beta testing opportunity with their organization; indicate intent to participate by emailing [endpointdirectorywg@caqh.org](mailto:endpointdirectorywg@caqh.org).
2. CAQH staff send email to find date/time for a Work Group session in mid-Q1 2021.
3. Participate in the HL7 Connectathon, January 13-15.

# APPENDIX

## Solution Scope

# Scope of endpoint directory and third-party app registry

To help protect your privacy, PowerPoint has blocked automatic download of this picture.



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

- Allows **payers** to share information about **endpoints**, including capability statement imports.
- 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 including **patient access APIs, provider directory APIs, payer to payer data exchange, and more.**
- **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.

**Beta Launch December 2020 - Full Launch March/April 2021**

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

## 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:
  - Provider endpoints
  - A more formalized trust framework
  - Automated client-server request/ credential check
  - Potential support for UDAP Dynamic Client Registration
  - Add-on optional services to support accurate patient matching and identification of prior coverage

## Work Group & Call Information

# Today's Call Documents

## Document Name

CAQH Endpoint Directory Work Group\_Session 3 Deck\_20201211

CAQH Staff	Email Address
April Todd <i>Senior Vice President, CORE &amp; Explorations</i>	<a href="mailto:atodd@caqh.org">atodd@caqh.org</a>
Ron Urwongse <i>Director, Strategy &amp; Innovation</i>	<a href="mailto:rurwongse@caqh.org">rurwongse@caqh.org</a>
Rachel Goldstein <i>Senior Manager, CORE</i>	<a href="mailto:rgoldstein@caqh.org">rgoldstein@caqh.org</a>
Justin Edelman <i>Manager, Strategy &amp; Innovation</i>	<a href="mailto:JEdelman@caqh.org">JEdelman@caqh.org</a>
Dasia Rogers <i>Program Assistant, Solutions – Technology &amp; Product</i>	<a href="mailto:drogers@caqh.org">drogers@caqh.org</a>

# CAQH Endpoint Directory Work Group – Core Roster (as of 12/11/20)

Health Plan	Participant Name
<b>Aetna</b>	Hari Viswanathan
	Shivani Patel
<b>Anthem</b>	Brandon Raab
	Christol Green
	Kenneth Williams
	Sam Sander
	Sarah Young
<b>BCBS FL</b>	Amit Shah
	Court Collins
	Heather Kennedy
<b>BCBS KS</b>	Kevin Jones
<b>BCBS NC</b>	Rajiv Malik
	Phani Cherukuri
	William Moore

Health Plan	Participant Name
<b>CareFirst</b>	Julie Billman
<b>Cigna</b>	Patrick Haren
	Paul Oates
	Sandeej Kottal
	Ashley Maples
<b>Horizon</b>	Siobhan Matsagas
	Jacqueline Victory
<b>Humana</b>	Patrick Murta
<b>Kaiser</b>	Bryan Matsuura
	Kevin Isbell
	Radha Murakami
<b>United</b>	Nick Radov
	Sagran Moodley