



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services  
Center for Beneficiary Choices and Office of eHealth Standards and Services  
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Baltimore, Maryland 21244-1850

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DATE: February 1, 2007

TO: Current Medicare Advantage Organizations, Part D Plan Sponsors

FROM: Abby L. Block, Director, Center for Beneficiary Choices, CMS  
Tony Trenkle, Director, Office of eHealth Standards and Services

RE: Invitation for Plans to participate in national study of Personal Health Records (PHR) for Medicare Beneficiaries – Responses due by February 28, 2007.  
Projected Project Start Date: June 3, 2007

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We are pleased to invite all interested Medicare Advantage Organizations and Part D Sponsors to participate in a study involving Medicare Beneficiary use of Personal Health Records (PHRs). As you know, the Centers for Medicare & Medicaid Services (CMS) supports programs designed to improve health outcomes and enhance the involvement of the individual in his or her own care management. We believe that PHRs can have a significant impact on consumer engagement and improve communication between individuals and their providers. Furthermore, the American Health Information Community's (AHIC) Consumer Empowerment Work Group has charged CMS with testing the use and value of certain PHR features as an early indicator of the potential for these tools – specifically providing Beneficiaries with a registration summary and medication history.

Project Overview:

By June 3<sup>rd</sup> of this year, CMS wishes to make PHR tools available to a subset of beneficiaries through participating Medicare health plans (Medicare Advantage Organizations and/or Part D Sponsors) that meet certain requirements (see **Attachment A**), including being able to provide access to the PHR information to providers who participate with the plan and care for Medicare Beneficiary members as their patients. We envision a study in which the URLs for participating plans would be “linked” to the MyMedicare.Gov site (the Medicare Beneficiary Portal - [www.mymedicare.gov](http://www.mymedicare.gov)) where a Beneficiary could find their plan, select the URL and be immediately linked to the plan's member or Beneficiary portal (where member log-in takes place) or directly to the PHR itself, with appropriate authentication. Beneficiaries will also be able to access the PHR directly from the plan's own website, without going through MyMedicare.gov. CMS and health plans will both promote use of PHRs on their websites.

Project Evaluation:

In accordance with the goals of the AHIC and Consumer Empowerment Work Group, the goal of the study is to develop an understanding of how to gain widespread adoption of a PHR that is easy to use, portable, longitudinal, affordable and consumer-centered. The key components of PHRs deemed to

be most desirable at the outset, are the registration information (the medical clipboard) and the medication history. Thus, we wish to gain information regarding actual Beneficiary uptake and use of the PHRs in general, and identify the specific features that are most used by individuals for themselves, and for sharing information with their providers.

Throughout the study, CMS will compile data regarding links to the plans through MyMedicare.gov, and plans will provide data to CMS on log-ins – both indirect (through MyMedicare.gov) and directly through their sites. All participating plans will provide additional data to CMS regarding uptake and utilization as part of the initial evaluation, and some plans will be selected for a more comprehensive qualitative evaluation, including Beneficiary and provider surveys (as appropriate) as part of the second phase of the study. This second phase will provide important information regarding how the PHRs were used, and if they were perceived to improve the quality of the Beneficiary/provider communication; timeliness of scheduling preventive screenings (based on information from the PHR); use by individuals with chronic conditions; and other quality issues to be identified during the survey design phase. The Agency for Healthcare Research and Quality (AHRQ) will support CMS in the evaluation design and implementation for phase two of the study. General information about the evaluation is provided in **Attachment B**, and details will be sent to participating plans prior to the program launch in June.

Benefits of Participation:

While this study does not carry funding for plan PHR implementation, we hope that those plans already offering PHRs to their commercial members will see the value in extending the service to their Medicare members. The Medicare population will benefit from timely, accurate information with which to more fully understand their health conditions, and with which to better communicate with their providers, particularly pertaining to medication information. Furthermore, participating plans will contribute greatly to the national understanding of the programs, standards and incentives needed to increase consumer and provider adoption of PHRs. Their role will help inform the AHIC and the Secretary of Health and Human Services about the ability of PHRs to effectively impact health and health care delivery.

Participation requirements and instructions:

The opportunity to participate in the study is open to any participating Medicare Advantage Organization or Part D Sponsor who meets the criteria set forth in **Attachment A**, and accurately completes the PHR function inventory by the submission date. The study will officially begin on June 3, 2007. Phase two of the evaluation, which will begin early in 2008, will only involve a subset of plans, and invitations to participate in the evaluation will be sent to the participating plans at a later date. Our report of the study will be presented to the AHIC in December 2008.

If you are interested in participating in this study, please complete and submit the PHR function inventory provided as **Attachment C**, along with the items listed below. Send the completed package (including the attached inventory) to Lorraine Tunis Doo at CMS, 7500 Security Boulevard, Mail Stop S2-26-17, Baltimore, Maryland 21244, or [lorraine.doo@cms.hhs.gov](mailto:lorraine.doo@cms.hhs.gov). **Complete submissions must be received via regular mail, express mail, courier or email no later than 5:00pm EST, February 28, 2007.**

The submission package must consist of the following:

1. Letter of intent to participate signed by a corporate officer for the company;
2. Completed PHR Function Inventory and required documentation (Attachment C)
3. Copy of existing PHR Privacy Statement or Policy
4. Copy of existing PHR entry or member portal log-in screen

5. Copy of medication screen(s) (the view that consumers see when checking their medication history). This may include fields populated by claims and administrative data as well as those for self-entered information.
6. Copy of registration summary screen (See Attachment A for data elements considered to represent a registration summary)
7. List of participating providers, if applicable: name, address, phone number, provider website if available

Finally, participating plans must enter the required PHR “contact” information and data elements into the Health Plan Management system (HPMS) so that the PHR URL will be connected to MyMedicare.gov.

1. To enter the data elements below into HPMS, please use the following navigation path: HPMS Homepage > Contract Management > Contract Management > Select a Contract Number.
2. To enter your organization’s PHR website URL and the name of your PHR, select the Organization Marketing Data link under the General Information header.
3. To enter your organization’s PHR contact person information and your 1-800 phone number for PHR-related service issues and questions, select the Contact Data link under the Contact Information header. These fields will be available by February 22, 2007.

Required PHR contact information and data elements for HPMS:

1. Plan PHR Contact person (first and last names)
2. PHR Contact person’s phone number
3. PHR Contact person’s email address
4. Plan’s URL for accessing the PHR log in or member portal log-in screen
5. Name of PHR (eg MyPHR, MyMedicarePHR, WebPHR etc.)
6. Plan’s 1-800 phone number for PHR related service issues and questions

If you have questions prior to the deadline, please contact the following individuals: Lorraine Tunis Doo at 410-786-6597 or [Lorraine.Doo@cms.hhs.gov](mailto:Lorraine.Doo@cms.hhs.gov) or Elizabeth Holland at 410-786-1309 or [Elizabeth.Holland@cms.hhs.gov](mailto:Elizabeth.Holland@cms.hhs.gov)

We look forward to receiving your letters of intent and seeing your PHRs, and appreciate your interest in helping us advance the availability and use of PHRs for the Medicare population.

Attachments:

- A: Plan Participation Requirements
- B: Evaluation overview
- C: PHR Function Inventory for Plans

## **Attachment A**

### **Plan Participation Requirements**

#### **General – Plans must:**

- Offer a web-based PHR to Medicare beneficiaries for a period of not less than 12 months (as long as the Beneficiary maintains membership in the plan during that time frame);
- Provide a functioning URL for the PHR to be posted on the MyMedicare.gov website;
- Ensure that access to the PHR log-in screen or member portal is easily available from the posted URL;
- Include specific data fields for claims and administrative data to pre-populate the registration summary and medication history in the PHR (see data content below);
- Include at least one message promoting the use of a PHR for Medicare beneficiaries on the main log-in pages for the Plan’s website;
- Allow PHR to store self-entered information from beneficiaries or authorized caregivers
- Post the plan’s privacy statement or privacy policy on the website;
- Meet HIPAA privacy and security standards;
- Allow for the medication history and registration summary screens to be printed.

#### **Data Content (any Medicare Advantage Organization or Part D Sponsor will qualify if the basic data content for the medication history and registration summary are available).**

**Registration Summary** includes the demographic and financial information consumers typically need to provide when visiting a physician, hospital, or pharmacy, such as:

- Typical demographic and identification information sufficient to help identify the consumer;
- Typical financial data and information sufficient for eligibility checking and claims processing;
- Emergency contact, advance directives, and donor information.

**Medication History** will include sufficient functionality and information about the consumer’s medications to enable the following actions:

- Create and update medication history (including the ability to request corrections of errors, correct or delete redundant information (if self-entered), and add new medications – both prescribed and purchased over-the-counter).
- View pre-populated and self-entered medication history information and be able to distinguish between different sources of data.
- Data elements for medications should include the drug name, dosage and last fill date. Optionally, it may include the condition for which the drug was prescribed.

Optionally, the summary may include more clinically relevant information, such as allergies and health history, but this is not required for the study

## **Data elements – Mandatory and Optional**

### **1. Mandatory (either pre-populated or self-entered)**

- a. Beneficiary demographics (First and last name, middle initial, Date of Birth, Medicare HIC number or Social Security Number)
- b. Insurance coverage (plan name, type, co-pays, deductibles)
- c. Emergency contact(s)
- d. Providers - including address and phone numbers
- e. Medications Billed and/or self entered - date, name, dosage, etc. Should include prescriptions as well as Over-the Counter (OTC) medications, supplements etc.
- f. Diagnoses - claims or self-entry
- g. Encounter Information - e.g. Procedures, Surgeries – claims or self-entry)

### **2. Optional (pre-populated or self-entered)**

- a. Allergies
- b. Immunizations
- c. Recent laboratory tests
- d. Family history
- e. Advance Directive

For some plans, the data to be used as the registration summary may be consistent with the information contained in the AHIP/BCBSA data model (America’s Health Insurance Plans and BlueCross BlueShield Association) and/or the recommendations developed specifically for the HITSP consumer empowerment use case. Plans may indicate this on their PHR function inventory in an attached narrative and provide itemization of the data elements or functionality.

### **Optional functionality**

1. Ability to import data from external sources such as labs and radiology service providers;
2. Provide internet access to the PHR for provider offices to view and/or print information. This may be direct internet access, or through a special access code consumers give to their providers;
3. Provide links to health education and disease management resources;
4. Provide medication interaction alerts.

### **Required reporting and documentation – Monthly**

CMS will contact participating plans with the format and timing for this information following the project launch.

1. Utilization metrics for beneficiaries
  - i. number of newly registered users each month
  - ii. number of repeat users (based on visits to the site);
2. Number of users based on certain chronic conditions (may be co-morbidities)
  - i. Congestive Heart Failure (CHF)
  - ii. Diabetes
  - iii. Hypertension
  - iv. Asthma
3. Number of providers participating in the study
4. Monthly report of provider utilization (site hits), if applicable

### **Required reporting and documentation – One time**

1. Copy of website text and any other materials used to promote the availability of the PHR to the Medicare Beneficiary plan members
2. Number of Beneficiary plan members at the time of the study’s launch
3. Total number of other plan members at the time of the study’s launch
4. Copy of privacy statement and/or policy

## **Attachment B**

### **Evaluation Plan for the Uptake and Utilization of the Registration Summary/Medication History PHR Tool for Medicare Beneficiaries and Providers**

#### **Phase one evaluation - quantitative**

1. Number of beneficiaries registered for the PHR – new registrants each month (non duplicated), plus total number of current Medicare users.
2. Number of repeat users each month.
3. Number of users with at least one of the following chronic conditions (based on available claims data): CHF, Asthma, Diabetes, and Hypertension. Plans will use the primary diagnosis for selection and reporting purposes, as these disease states often occur concomitantly.
4. Number of provider organizations offered access to the tool.
5. Number of provider organizations accessing the tool.

Plans are free to submit their data definitions for each of the metrics and then look at the relative change in utilization within each plan for reporting purposes.

#### **Phase two evaluation - qualitative**

AHRQ will support CMS in the second phase of evaluating the study to assess the perceived value of the PHR tools, the available data and the functionality. The value metrics will be developed during calendar year 2007.

**Attachment C**  
**PHR Function Inventory for Plans**  
**Must be submitted with other supporting materials**

Please check the appropriate boxes and provide any narrative necessary to explain the services, functions and features of the Plan's PHR with registration summary and medication history. Return this form to CMS **no later than 5:00pm EST, February 28, 2007**, to Lorraine Tunis Doo at CMS, 7500 Security Boulevard, Mail Stop S2-26-17, Baltimore, Maryland 21244, or [lorraine.doo@cms.hhs.gov](mailto:lorraine.doo@cms.hhs.gov).

Plan information	
Name of Health Plan or Part D Sponsor:	
Name of PHR (eg MyMedicarePHR, WebPHR):	
Plan Contract Number:	
Name of individual PHR contact at the Plan:	
Phone Number of PHR contact:	
PHR contact email address:	
PHR/Member Login url:	
Plan 1-800 Number for questions specific to the PHR:	

Plan Name: _____			
Plan Contract No. : _____			
PHR Data Elements, Features and Functions	Available (Y or N)	Comment/explanation (pre-populated, self-entry, future release etc).	CMS use only – verification checklist
<b>Required</b>			
Beneficiary Demographics (name, DOB, address, phone)			
Insurance coverage (plan name, type, co-pays, deductibles)			
Emergency contact information			
Providers (including address)			
Medications Billed, OTC, supplements			
Diagnoses			
Encounter information (Procedures, Surgeries etc)			
<b>Optional</b>			
Allergies			

<b>Plan Name:</b> _____ <b>Plan Contract No. :</b> _____			
<b>PHR Data Elements, Features and Functions</b>	<b>Available (Y or N)</b>	<b>Comment/explanation (pre-populated, self-entry, future release etc).</b>	<b>CMS use only – verification checklist</b>
<b>Required</b>			
Immunizations			
Recent Tests (laboratory, other)			
Family history			
Advance Directive			
<b>Features/functions</b>			
Data is pre-populated with some basic demographic and/or claims data			
Tool allows for self-entry of personal information by Beneficiary and/or caregiver			
Tool is able to import data from external sources such as laboratories.			
Tool is accessible to provider offices to view and/or print registration summary and/or medication history			
Member can designate levels of access to providers, family members and other caregivers			
Tool provides links to health education and disease management resources			
Tool has print feature for registration summary and medication history			
Privacy Statement or Policy is posted on Plan website			