Centers for Medicare & Medicaid Services
National Medicare Education Program Meeting
Moderator: Jill Darling
May 2, 2018
1:00 p.m. ET

Operator: Good afternoon. My name is (Lindsay) and I will be your conference operator today. At this time, I would like to welcome everyone to the National Medicare Education Program Meeting.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number 1 on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Miss Susie Butler, you may begin your conference.

Susie Butler: (Lindsay), thank you so much and thanks to all of you for joining us today.

I'm Susie Butler. I direct the Partner Relations Group in the Office of Communications here at the Centers for Medicare & Medicaid Services. I'd like to welcome you to today's National Medicare Education Program Call.

Before we begin, I would like to go over just a couple of housekeeping items. For the record, today's' meeting is being recorded and the audio recording and presentation materials will be posted on the NMEP website.

This meeting is not intended for the press and remarks are not considered on the record. If you are a member of the press, you may listen in; however, please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at press@cms.hhs.gov.

We will also post the presentation slides and the audio recording of today's meeting on the CMS NMEP webpage about a week from today. After the materials have been posted, we will email you a link to access the materials on the NMEP website.

Again, I want to thank you all for joining today's call. We recognize that trusted organizations like yours are on the front lines working to connect the individuals to Medicare information, health resources and services. We hope this afternoon's presentations will assist you in this important work.

Now, I'd like to introduce our speakers. Erin Pressley is the Director of the Creative Services Group in the Office of Communications and will present on the new Medicare card and provide information about the new card mailing strategy, mailing content and card research, along with outreach planning and materials.

Mark Scrimshire, CMS Blue Button Innovator and Developer Evangelist, great title, will present on Blue Button 2.0, a developer-friendly, standards-based Application Programming Interface that enables Medicare beneficiaries to connect their claims data to the applications, services, and the research programs that their trust.

We will take your questions after each presentation. So now it's my pleasure to kick this off with Erin Pressley. Erin?

Erin Pressley: Thanks, Susie, and thanks for having me here today to talk about the new Medicare card. I'm thinking, as the creative director, that I need to come up with a much better title after hearing Mark's. But I'm happy to be here to talk more about this project today as some of you have been with us for a while talking about this and I'm happy to update you on progress.

It's a big day for CMS, and so we have a lot of timely information about things that have been released earlier this day. But, first, I wanted to just start off with a little bit of background, in case you haven't been following along with us for the past couple of years about this program.

The new Medicare cards are a project that comes with the Medicare Access and CHIP Reauthorization Act of 2015. We were required to remove Social Security-based HICN or health insurance claim numbers from Medicare cards to help address the risk of beneficiary medical identity theft. And so we've been working on that now for a couple of years, both assigning new identifier

numbers to Medicare beneficiaries as well as getting the process together to issue every beneficiary a new Medicare card with that new number.

We have a requirement to mail out new Medicare cards by April of 2019 and we have started doing that now, and are on track to meet that mandatory deadline that we have.

It's important to note that the new Medicare numbers and the new Medicare cards don't impact or start any change to Medicare benefits. People with Medicare are encouraged to start using their new Medicare cards right away, but we want them to know that their benefits aren't changing in any way.

Just a reminder, on the next slide, that the new cards have a slightly different look than the current card, so beneficiaries should be able to easily tell the difference between the two. And the new numbers are slightly longer numbers than the current numbers that are based on Social Security Numbers.

They are also non-intelligent and unique randomly issued numbers for each beneficiary. They are alphanumeric. So in certain key positions, there will always be either numbers or letters, and the letters again don't have any specific meaning behind them.

On the next slide, just an update about where we are with mailing. We did start mailing new cards in the beginning of April of this year, so we're just about a month in now. We made the decision to start with newly eligible beneficiaries, so beneficiaries who were coming into the program for the first time at the beginning of April started to get these new cards with new numbers at the beginning of April regardless of where they live. So across the country, we've been mailing as people become Medicare eligible these new cards with new numbers.

Over the last few days, we have started mailing cards to existing beneficiaries in the program and those are being mailed based on a randomized set of geographical locations, with different groups in each one of what we're calling seven waves.

The beginning of the mailing of new cards at the beginning of April also sparked a launch in a couple of new sites or places where people can go for information. We've launched a special temporary page on the Medicare.gov website at Medicare.gov/NewCard, where people with Medicare can do a couple of things.

They can sign up for emails from us so that they can get an alert when cards start mailing in their particular state. And there's also a national map on that page that we are routinely updating so that they can come back and check to see where cards are mailing across the country, and especially where they started mailing and where they have finished mailing, which is not the case yet, but, over time, they'll be able to check. This is especially helpful for caregivers or partners who have an interest in card mailing across multiple states.

We're also reminding people that once they get the new card, again, they should be begin using it right away. But they'll be able to use their current Medicare number, their old health insurance claim number through January -- I'm sorry -- through December 31st of 2019. And starting on January 1st of 2020, only the new cards and the new numbers will be usable for Medicare claims and services.

On the next slide, to just show you an overview of the card mailings that different states are in each wave, this is a chart that we do have posted on the CMS.gov website along with a number of products and information at the CMS.gov/NewCard website, and we will continue to update this overall mailing schedule.

As the dates become more firm throughout the mailing, we will update this chart, especially in that third column which you can see that we have started in Wave 1 for a couple of the sort of mid-Atlantic Eastern states, and we expect also this month to start mailing the Wave 2 states.

On the next slide, I just wanted to give a quick update on where we are with some of the research for beneficiaries. So I've mentioned in the past, we have ongoing plans to touch base with our consumers, with Medicare beneficiaries,

throughout this process. We did start a survey back in January to set a pre-mailing baseline to get a sense of people's awareness, of their questions, of any confusion that they may have. That is completed.

We've also completed an early implementation survey in the beginning to the end of April. We are waiting for the final results of that survey. But early results have indicated that, generally, awareness is holding steady which is not unexpected. We haven't started a lot of the localized outreach that we intend to do. So the next wave which will take place over the summer will allow us to see how awareness is building with a lot of the cards being received and more of that local coverage that we expect to get.

On the next slide, we're just summarizing the outreach. We have a number of different stages of outreach and education that have been planned for both providers and stakeholders, and then for Medicare beneficiaries over time.

We are currently in outreach strategy section that started towards the end of January, where we were starting to kind of build national drumbeat messaging around awareness that cards were coming, getting people to start understanding that they would be getting a new card, starting to introduce what those cards would look like and when people might start to see them showing up.

We're certainly now dialing up that messaging and that outreach to people, especially in localized areas. So we expect to do much more intensive earned media and local outreach in the areas where cards are being mailed, starting now that mailings have started. We're working closely with local press outlets in providing materials, and message points, and things like that to drum up a lot of the earned media.

We're also doing some paid local media as in the form of digital paid ads to try to get that message out as well, and just continually monitoring for confusion and for other issues or problems that might require an adjustment in our messaging strategy as the cards continue to mail into the summer and into the early fall before we switch to Medicare open enrollment kinds of things.

On the next slide is just a summary of these messages that we are specifically using to target and drive this home to Medicare beneficiaries. We want people to know that new cards are coming and they will have new numbers on them. We've been telling people to make sure that the Social Security Administration has their current mailing address and we're continuing to include that message. It's important especially for people in the later waves as we continue mailing, that if they move or if they are having problems receiving mail from Social Security or from Medicare, they probably need to check their current mailing address to make sure that it's accurate.

We are also warning people to be aware and watch out for scam artists. Anything that we do to this magnitude will bring out some bad actors, and so we are monitoring reports of fraud or scams, or phone calls that people are getting, those kinds of things. And so it's important for us to get accurate messaging out so that people understand that this is happening and they don't need to take any action, they don't have to pay any cost for their new card, so that they can be aware when something sounds a little fishy.

Starting now and continuing into the fall, we want people to know that we've started mailing, that they can start looking for their cards especially in certain areas. We want them to find out when their cards are being mailed to their area and to sign up for email so that they get an alert when cards start mailing in the state, and to know what they'll do if the cards finished mailing in their state and they haven't received one. So that sort of shift towards the end of each wave of mailing, we'll start to shift then to telling people what to do if they haven't received the card.

We want them to destroy -- completely destroy or shred their old card. Don't just put it out with the recycling and don't hold on to it, and keep it in your wallet.

We want them to know that if they lose their card or they can't find it, that they have the option now -- which is a new functionality on MyMedicare.gov which is part of the Medicare.gov website where they can create an account and log in -- that they will now be able to look up their Medicare number on that site or print a new card themselves rather than order a replacement card.

So that's something that we're excited about beneficiaries being able to do to self-service.

And then throughout the mailing process, we want them to continue to be on alert and report any incidences of fraud that they might -- again, think and sound, like they're not fully on the up and up.

I wanted to quickly walk through some of the new materials that are available for all of you to use, to help us spread the word about new cards. We have been able to produce a number of things that we think will be helpful as you're talking with beneficiaries or working with consumer groups.

We have requests for some specific products and so where we've able to, we've created some new things that we hope will be able to help you get the word out.

One of them is a set of fillable flyers. There are a couple of examples here. But we have four different flyers with places that you can fill in your local information, time, states, locations, if you're having some sort of outreach events or something that you want to just reinforce the messaging around the new Medicare card. So there are four different flyers in English and the same four in Spanish that are available on the website. And I've tried to include on the slide the exact URLs where you can find some of these products.

And as Susie said earlier, we will post the slides both on the partnership website where all the slide presentations go but with the transcript. But we will also post this presentation on the CMS.gov/NewCard website as well.

On the next slide, there are a set of widgets that have been available for a while. But we have now updated them with the Mailing Now messaging. So if you have been using this widget, thank you very much. I see them every once in a while in the signature lines of emails and in various places. But we want you to know that there are new ones available now.

On the next slide, there's a specific infographic and a visual public service announcement that has been developed. These are just a couple of the materials that we've developed specifically for local press. And so there is a

press kit that is available now, as of this morning, with a number of different materials to help local news organizations put together a story or do their own kind of outreach or media packages around these things.

We think that some of these materials will also be useful to you in the outreach that you do, and so we want to make sure that you have access to this press kit as well. There will be a link again on the CMS.gov/NewCard page to the full press kit to the extent that that's useful to you.

We've also -- on that webpage, on the next slide, we have updated a social media guide that was there earlier for some of the early months of the year. So there are new social media graphics that we would happily loan to you and have you borrow. We will be -- and I think we are, as we are on this call, tweeting and posting on Facebook about the new cards. We also want you to have access to those social media posts if you would like to use them from your own organization's social media site.

There's also an updated guide for this period of outreach, with some suggestions about how to use these kinds of graphics.

And on the next slide, we wanted to let you know that we have a new video available. Hopefully, most of you have been able to use or at least view our overview video, which is sort of an animated video that talks about the new cards coming. This new video that we've released today is completely focused on destroying your old cards, so it's sort of a fun take on what people should do when they receive their new cards.

This, again, is available on YouTube. We will have a downloadable file of this video available within the next few days on the CMS.gov/NewCard site, if folks want to download it and play it in waiting rooms or in your local offices, those types of things, so that you don't have to just link to the YouTube version of that.

And then, finally, I just wanted to, on the last side, reiterate some of the main websites and resources that we have available for all of these materials that I've been talking about today.

Medicare.gov/NewCard is the destination for people with Medicare. This is where they will be able to see the map of the mailings that are happening across the country as well as sign up for email alerts about the new Medicare card and other Medicare topics.

CMS.gov/NewCard is really intended for all of you, for partners, for stakeholders, for providers and health plans. It has all the technical guidance that you might need as well as presentations like this one, and all of the outreach materials that we have available for you to use.

And then productordering.cms.hhs.gov is our ongoing site where you can create an account and order all kinds of free brochures, posters, other materials that we produce around the new Medicare card and lots of other Medicare topics. So if you don't have an account on that site, I strongly encourage you to create one, and go in and check out what's available to you.

And then, as always, your questions, and comments, and feedback are welcome. I have included the unfortunately long address that we have for emailed questions at the bottom of the slide as well.

And then I think we have time, Susie, for a couple of questions if we have any.

Susie Butler: Great. I have a question. First, you mentioned it briefly in passing that I want to follow up, how are we at CMS monitoring reports of fraud or scams related to the new Medicare card mailings?

Erin Pressley: Sure. So that's a great question. We have always been really concerned with people trying to take advantage of Medicare beneficiaries. This project is no different. So all of our existing mechanisms are in place for fraud reporting and fraud analysis.

We work closely with our Center for Program Integrity here within CMS to make sure that those incidences are investigated. And we're also looking at ways that we can get the word out about new Medicare card scams that we've become aware of in particular. So we're working now to work on some other

communications mechanisms where we can share that feedback with beneficiaries and make sure they know what to be on the lookout for.

Susie Butler: Perfect. Thanks. (Lindsay), if you can explain to folks once again, remind them how to queue up for questions if they have them.

Operator: At this time, if you would like to ask a question, please press star followed by the number 1 on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

And your first question comes from the line of (Joanne Alder) from (Areprime). Your line is now open.

(Joanne Alder): Hi, I just wanted to mention something that came up in a recent meeting which is that a lot of people use their Medicare cards to remember their Social Security Number and there is some confusion sometimes about the difference between the Medicare card and the Social Security card. So we should try to remind people not to destroy their Social Security cards.

And also another option to carrying the card is to photograph it in your cell phone so you don't have to carry the card with you, and that adds a little extra security.

Erin Pressley: Great. Thank you. And I should mention we're working really closely with the Social Security Administration for that and other reasons. We want to make sure that people aren't confusing these new cards that are coming from Medicare with their Social Security card, and that they know they're not getting a new Social Security Number, for instance.

So those are messages that we've tried to clarify over time and make sure that people are clear not only just about the new Medicare cards, but that they aren't confusing it with Social Security cards or with health plan cards. And that's sort of one of the reasons behind the new Destroy Your Card video to reinforce some of that messaging and make sure that they are not destroying cards that they shouldn't be. So thank you for the suggestion.

Operator: And again, if you would like to ask a question, that is star-1 on your telephone keypad. And there are no further questions in queue at this time.

Susie Butler: All right, well, thank you so much, Erin. We appreciate your time today and it's been an exciting day here at CMS. It feels like this has been waiting a long time to happen so we're very happy that we've started rolling.

All right, now, it's my pleasure to introduce Mark Scrimshire. I introduced him earlier, but, Mark, if you're ready to go, we're ready for your presentation here.

Mark Scrimshire: Yes, I am. Thank you very much and people seemed to be jealous of my job title here as Blue Button Innovator and Developer Evangelist, and really I've had the privilege of working here inside CMS for the last couple of years, building on the work I have done in the community for probably the last 10 years.

And really what I've been focusing on is how we can put health information into the hands of our beneficiaries in a way that it's usable, that they can use to help improve their health. And this is part of a larger movement of trying to improve the ease with which data moves around the industry, but to actually do it under control of the person it's about, so in our case, the beneficiaries.

So I'm here today to tell you about the work we've been doing that Seema Verma announced at HIMSS last month around Blue Button 2.0. And this is not an application. It's not a card like Erin was talking about. It's really effectively a data type.

We -- you know, I was actually at the developer conference yesterday and sitting with folks from the VA. You know, they're saying, "We in the government, we're not great at creating applications. We don't really understand, you know, nice, easy-to-use interfaces. We try our best." But, really, the developers out there are used to dealing with the Internet-type applications that really do that well.

And so we've focused on building what's known as an API, an Application Programming Interface, and that will allow these developers when they're

authorized to, to be able to access this data if they get permission by the beneficiary. And so we're really trying to create an ecosystem here and personally, I think we actually are off to a great start.

So let's talk more about Blue Button 2.0. So if we can go to the next slide. Again, we will see the little API come up in 2018. So given that this is an education program, I thought, how about a history lesson?

So, actually, if we go back into the depths of the last century, in 1996, we had the HIPAA Act. It was put into law and that was actually really a formative moment because it actually gave us, as patients, as consumers, the right to our health data. But things don't necessarily move that quickly.

Back in 2010, a group of folks got together from CMS, the VA, the Department of Defense, and some folks from industry that are used to be working on the Internet, and somebody had this brighter idea of saying, "Wouldn't it be great if you could go to a website, and you could click this button and you could go and take your health data with you?" and that's what became Blue Button.

What we've been doing over the last couple of years is we haven't been standing still. There's been a lot going on in the industry. Electronic medical record vendors got incentivized to really roll with that across the industry, and now we see that something like about 92 percent of hospitals have electronic medical record systems. And we see that in doctors' offices, I think it's something around the 80 percent mark.

Your data -- your health data is being digitized. It is available electronically. But the challenge has been how you can make use of that data.

Now, I presented about Blue Button and, in 2010, CMS and the VA implemented Blue Button and that's still available today. If you're a Medicare beneficiary, go and log in to MyMedicare.gov. You'll see the Blue Button logo, follow that and you will be able to download up to three years worth of your claims data. And it's in a text file or you have a pretty version in Adobe Acrobat PDF file.

But those claims, I had someone said, "I did that. I printed it out for my father and it was only 1,700 pages and you can't make sense of 1,700 pages of paper."

What we've done, just like the EMR vendor, is we've implemented this Application Programming Interface here at CMS for Medicare beneficiaries. And that is going to allow beneficiaries to connect from third party applications that they choose and say, "I want to share my claims data with this application." And if they get that application permission, they will be able to download the information.

The reason this is possible, if we can go on to the next slide, there have been a lot of delay around this and it was -- previously, it was really hard for us, as patients, to get our data. I can give you a personal example.

My local doctor's office closed down, consolidated, and I got a letter in the mail telling me they were going to shut down. That was very nice of them. And they said, "You can have your health records." And so I thought, "OK, great." Now, I have something on as direct message or secure email off to let in and say, "Send it to me electronically." So I did that. They'll send it.

But they said, "OK, now, you have to fax it," so I don't know how many of us living at home have fax, right, but to solve that problem and then send it in. And then lo and behold, you know, two months later, I got a pack of papers in the mail which is exactly not what I asked for. This is the challenge we've had.

And so about two and a half years ago, about the time I was starting this project, the Office of Civil Rights put out some guidance and they've really helped to clarify what is possible under HIPAA, so no change to the law, just making it clear how things could be done, and a couple of important things were said.

One is that patients have a right to direct their information to a third party of their choice, OK. The other thing they were allowed to do is they are able to make that instruction electronically. So if you have a portal, for example, you

should be able to go, log into that portal and say, "Send my data to where I want it to go," and that sort of helped the industry actually move forward.

And CMS, as we built this Blue Button 2.0 API, have really supported this. In fact, as we negotiated how we did this with the Office of Civil Rights and Office of General Counsel, we kind of gave advice that they have given out back to them and said, "This is what we're doing."

So let's go on to the next page because it's easier to understand things if we have context. I have to give another personal story because it's sort of relevant. Here's Betty. Now, imagine Betty is a sprightly 70 years old and she lives in Cleveland and she's on Medicare. And she's one of these growing communities of folks, where they don't necessarily understand how the technology works, but are comfortable using it.

And to give you that personal example, when the Blue Button 2.0 API was announced by Seema Verma at HIMSS back in March, I got a message from my mother who actually lives in the U.K., on Facebook, saying, "Congratulations." And then she got onto her iPad and we were face timing to chat about what's been done. So my mom is actually 10 years -- more than 10 years older than Betty, but she's not afraid of the technology, even though she doesn't have to understand how exactly it works. We have a growing community of people that are comfortable dealing with digital.

In our example here, Betty is talking with a friend who says, "Hey, do you know there's an application that you can download and you can pull in your health information and start to see it so that you can make sense of it?" Well, this sense is really good to Betty because I don't know if like -- if you're like me and probably many other people, that you go to the doctor's office and do you actually take the bottles of pills in your bag so that you can remember what you've got to fill out on this clipboard forms, you know, the dosages and all of these prescriptions that you're taking.

This is not a new issue and Betty is an example of that. There must be a better way to do this. Betty actually decides to go on to her iPad and she connects to an application. Let's actually go to the next slide and this is where -- I'm not

quite sure if the technology is going to help her to see it because we've actually got a video and I'll take you through what Betty might do. If this doesn't work, I will be recording this on YouTube.

What happens? Betty connects with this application and she's been prompted to sign in to MyMedicare.gov. Now, the application doesn't see what she's doing here, but she decides to sign in, and then she gets prompted to say, "Do you want to trust this application?" She does that and before she knows it, she's back in the application and she's starting to see her information flowing, and she can actually start to make sense of that. She can see a timeline of when things happened.

Now, this is just a sample application of one of the developers that is already connected to our Blue Button 2.0 API and it really indicates what we're trying to do. We are not a CMS trying to provide these fancy applications because there are so many could be done. What we're trying to do is unleash these amazing talented developers that are out there to do that on the things that they care about, that we care about, that whether it's managing your diabetes better, whether it's dealing with a chronic disease, whether it's just wanting to be able to add up your expenses that you've done on medical things so that you can put it on your taxes.

People are dreaming of all sorts of things to do. But you saw that hopefully very briefly, it was really simple. If you have a Medicare account on MyMedicare.gov, you simply use that user I.D. and password. If you've forgotten it, you can click a link and go and reset it. If you haven't got one, you can click the Create an Account link and you can go and create that Medicare account.

And once you've done that and you log in through this API through -- from the third-party application, you saw that Authorize button and you said, "I'm going to share that information with this application because it's going to help me." It's your choice. This is really innovative because this is getting the patient, the beneficiary, the choice about who they share data with.

And this has not been the traditional way that things have worked across the industry. A lot of data flows around the industry that's about us, without us as many activists say. So that magic that we saw was done without the application having to know anything about your user I.D. and password. That is a massive step forward.

We know applications have been out there today that persuaded people to give up their user I.D. and password, and that's a bad thing. You do not want to give away the keys to the kingdom of your account, where they can do absolutely anything, instead you want to give them a unique key that can do just certain things and that's basically what we've built.

If we can go on to the next slide, for that magic to happen, we have to talk to this application developers, these people like, I don't know, Apple who are building an application to be able to pull in clinical data from electronic medical records around the country and other similar developers. And they have to understand how to make this magic happen.

What we've done is we've actually put together a site to do exactly that. We've done a couple of things. We've created what we call sandbox. This is an area with something like 30,000 synthetic beneficiary records, and their associated claims that are realistic, but not real.

This is a pool of data. There's something like about 2 million claims details that are available to these developers, so they can test their apps to see that the idea that they got will actually work and they can test the interactions going to happen, and then they can go on.

If we actually press this button, it will take us a little through the developer resources. There's a site with all the documentations and we've tried to design it so that they can actually interact with the data very, very quickly.

They can be looking through and again, they will have a log-in to be able to create a key and a secret for their application, so it's something unique to them. And they'll grab that information, they'll put it into this matching, you know, application development environment that they usually have on their laptops or desktops, and they'll start making calls to our sandbox API and

interacting with that saved data. And then they may come back and dig further into our documentation to understand it.

And we're constantly evolving this. So, you know, they can cut and paste bits and pieces that they need, and they can download sample applications that we've created just to show them how things work. And they can really build out their application. And when they're ready, the documentation is there to tell them how they actually apply to get to production.

And one important thing to realize here is when we put an application into production, it has zero access to any data. What it requires is then for them to go recruit the beneficiary and say, "Will you trust us with your data?" And that's where we go back to the previous page -- I don't need you to go back -- where those -- that magic happens where the beneficiary then uses that application. Maybe they get in touch with the Apple App Store or the Google Play Store or some other website that they go, and they will decide to trust that application and, you know, let the magic happens. Let's go on to the next slide.

Really what it's about is it's all about building the sample apps. Let's say we've created this sandbox environment where developers can safely play and literally anybody can sign up for free. If you have any sort of technical curiosity and would like to, you know, do things on the weekend of playing with applications and writing code, you are more than welcome to come sign up just like any other developer and read our documentation, and join the Google Group and ask question and so forth. So, you know, maybe you know developers who could do this for you.

But the key thing here as I mentioned is that this is about enabling developers to build integrations that are for beneficiaries. Don't get the idea that an application can come in and get millions and millions of beneficiary records. That is absolutely not the case.

Each individual beneficiary has to give that each individual app that permission to access their claims information. And if they change their mind, they can come back to MyMedicare.gov and they'll be able to go to an

application dashboard and revoke the application -- the particular application's access. Let's dig under the covers, let's go to the next slide.

What do we have? It's usually the next question. Well, we actually have data for 53 million beneficiaries, and what we have for them is we have the Medicare Part A, Part B and Part D. For those of you not familiar with that, that's basically, in quick terms, I describe it as -- it's the hospital inpatient - Part A. The professional and the durable medical equipment-type claims, those are Part B. And Part D is your pharmacy, what medications did you get from the pharmacy.

And that data going back for four years. And the Blue Button text file has three years worth of data. We started with three years last year and we kept building, so now we have over four years worth of data.

Let's go to the next slide and what we have here with -- is really how we built this. There are really two parts to looking to this.

Let's look on the right-hand side and say how we're making this happen. This is more about the policy and process that we have gone through. The first thing to realize is that the beneficiary, in choosing to share their data by enacting their HIPAA rights of access.

As I mentioned at the beginning of this talk, 1996, the Health Information Portability and Accountability Act is ensuring this right that we, as patients, have access to our data. We're the only people in the health industry that does. What we are doing here, once a patient, or a consumer, or a beneficiary downloads their data, they can do whatever they want. If they want to post it on Facebook, they are welcome to because it's now not within what we call a covered entity or a business associate of a covered entity. It's now their data.

Our process here is that this API is enabling the patient, the beneficiary to enact their HIPAA rights of access. And as you saw that authorization that happened, the "I want to trust this application" step, that is basically -- whether you call it a commitment, or a consent, or a direction, they are basically saying, "I'm in control of my data and I'm choosing to give it to this person."

Actually the work we've done there in streamlining this process has actually been looked to by a number of other people across the industry and say, "How can we make it easier for patients and consumers everywhere around healthcare?" We have been really contributing to the industry.

Let's switch to the more technical side, on the left, the magic of how that authentication, the log-in, and the authorization that I get access to my data -- to this app, that is known as an industry protocol which is called OAuth 2.0. You don't need to understand that protocol. It is pretty complex.

But the point is you've probably used it. If you have a smartphone and you have apps on that smartphone, or maybe you've got a LinkedIn, or a Facebook, or a Twitter account, or any number of these apps around the Internet that you can download to your phone, you probably when through a point when you set up that app and said, "I want to let this app write to that account, say, the Facebook or read data from my Facebook account."

Well, that magic that happens is the OAuth 2.0 protocol. The point here is we built something that is not customed to CMS. We are using absolute industry standards that are being used literally millions of times a day. This is a well-proven technology for authorization.

And then the point is the data because it's really -- it's all about the data, we didn't want to create our own customed data format that people are going to have to understand. What we wanted to do, if we go back to our vision statement which was mentioned really at the introduction of this whole session, we wanted it to be developer-friendly and standards-based.

There is this initiative across the industry known as FHIR, Fast Healthcare Interoperability Resources Specification, FHIR as it is called. And this is -- a lot of people have got together in the community and said, "How can we make easy-to-move data around?" We actually work with that community and define the resources that we are using so that not only us, but other payers across the industry could use that same format.

So that's critically important to developers because what it means is that -- for example, if I see what's known as a patient record, you know, it has name and address and other information about you. If I go to an EMR that has that patient record and read it in, and then if I come to CMS and I read in the patient record, I can understand it because it works exactly the same way. I only have to write the code for the handling of that patient record once, not "n" times for every different system I touch. We've actually leveraged this whole movement across the industry known as FHIR.

Let's go on to the next slide. What we're really doing is we are trying to empower developers to create these innovative applications that make the difference for us, as patients, as beneficiaries, to help us achieve better health outcomes, or even donate our data to research. If we go to the next slide, we've actually been working with the National Institutes of Health.

There was this initiative, it started a few years ago, called Precision Medicine. It's now called All of Us. There's a technical initiative called Sync For Science which is really about -- just like we've used FHIR which is really an offshoot of FHIR.

What we're doing is really creating the mechanism whereby a beneficiary could be recruited onto a research program, maybe he wants to donate their data to, I don't know, kidney research or heart research. Maybe it's because you have a condition, maybe it's because a loved one has a condition, and you want to donate your data in case it is going to be helpful to that cause to help researchers make these medical breakthroughs.

Well, you'll be able to use the same mechanism we showed earlier to say, "I want to -- I authorize this research program to be able to get my data." And they'll be able to then come in and pull your claims information and mix it together with the information you may then have donated from the hospital that you go to.

We're really supporting, if you, as a beneficiary, want to do good, you will be able to choose to donate your data to science and do it in an easy way where it's almost, you know, one button. Let's go to the next slide.

It isn't the data, but it is the data, and what I mean by that is we don't want all of these claims data for the sake of having our claims data. What we want to do is to be able to get that data and put it to use, whether it's to help us understand how our health is impacted by different things that go on, whether it's to, as I said, donate it to science because we think we can help people. You know, it's all about doing that. And up to now, it's been really difficult.

You know, the Blue Button text file was tremendous step forward and we have to really congratulate CMS for that innovative work that they did. But if I was a beneficiary and I came in and I downloaded that data one month, and I get this text file and I have to sort of put it into Excel and do all sorts of hacking around it, trying to make sense of it.

And then if I came back a month later, I can download that file again, but I've now got to work out what do I have before and throw 98 percent of it away, and try and recognize what has changed. Well, this API makes it easier to deal with the data because it's in a structured form. We're making it easier for developers. So instead of having to work out "what is the data," now developers can focus on "what can I do with the data."

It's really about these APIs and tools, and the advantage of using these standards like FHIR is that there were people building tools to understand those data formats. It gets easier and easier for developers to work with that.

Who's doing things? Well, we've actually got people from really across the industry. If you were to name some of the big search engines, if you were to name some of the big, you know, mobile phone vendors, if you were to name, you know, some innovative start-ups or research operations or, you know, even Medicare Advantage insurers, we've got people from all those different areas and more. Those have already signed up and looking at our API, and looking at how they can do some really (cool things) for beneficiaries. Let's go to the next slide.

We actually launched the API back in end of September last year and we really got it to a usable position in January where we put all the synthetic data in. And we went from September where we had about 12 people sign up at

the conference that we did. We went to HIMSS with about a hundred people that signed up on our API, and we came out of HIMSS where we're now well over 200 developers building applications, using our API. There is definitely interest out there.

And I would certainly make the call to action to all of you, whether you know -- whether you are interested in development, or whether you know people, or you have ideas about you could do for your communities. I understand a lot of you are advocacy organizations. Think about what you could do. You can go and sign up.

If we go to the next slide, I think that's my call to action slide and we can open for questions. So where do you go to find out all of this information? Well, you can go to bluebutton.cms.gov, it pretty well rolls off the tongue, and you can see a whole bunch of data about the API and how it works.

You can see how you can sign up to be able to play with our sandbox environment. You can understand how -- if you created that, you can get it to production. And you can also join our Google Group which is a support group so you can actually ask questions about how you understand this.

We continue to work on this. We are now starting to publish a blog. And the other thing worth mentioning, all of this that we've done is open source. Anybody could go to the (services and owners) GitHub and see the work that we've actually built to deliver this API. And if it was helpful to you as an organization, you could use that to go and build something like what we have done. We're really also very much contributing to the overall development community as well.

Check out bluebutton.cms.gov and if you have any questions, I think I will now open it up for questions.

Susie Butler: Thanks, Mark. (Lindsay), can you remind folks how to queue up for the questions?

Operator: Certainly. Again, ladies and gentlemen, if you would like to ask a question, please press star then the number 1 on your telephone keypad.

Our first question comes from the line of (Diana Bernard) with Oregon Medical Savings Connect. Your line is now open.

(Diana Bernard): Thank you very much. I wanted to find out what kind of trust our providers would be in place so that people would know this is a trustworthy application. Thank you.

Mark Scrimshire: OK, that's a really good question and it's one where we are constantly grappling with. And I've actually -- I just got back from a developer conference in Cleveland at HIMSS and talking to folks about how, as an industry, we can try and address this issue of trust.

What we are doing right now is we -- and again, it's documented on our -- in our developer documentation. We allow anybody to come into the sandbox and play with that synthetic data. But if you want to go into production, we're going to take you through a series of verification steps and I sort of categorize that because what we're trying to make sure of is that there were no surprises for the beneficiary.

You know, if you share -- if they should choose to share their data with you, you're not going to share it with some of the third party without them -- without them say, it's all knowing explicitly that you're doing it. And you know, we will go through other checks as well. But this is where we are trying to strike a balance because the challenge we have is under the 21st Century Cures Act, one of the things that was put in place is saying that we, as consumers or patients, should be able to access our data without any special effort.

And so what that really means is from our perspective -- and there's a couple of issues for us a federal agency because we really don't want to be in a position of being seen as endorsing applications, or picking winners and losers is another way to put that as well. And we also don't want to make dos verification steps so difficult and complex that we discourage applications because you can argue that you position yourself as an information blocker because you are restricting choice.

So I did actually produce a white paper for CMS about how we do this. There have been things done in the industry saying, "This is how you could check out consumer-facing applications," and that's sort of crowd-sourced a lot of different places around the industry.

Really, longer term, I would like to see some sort of endorsing body that is going to do more detailed checks about applications and somehow be able to give, you know, the equivalent of a badge or certificate that we could check, because that would be a much better long-term solution.

But, for now, we have to manually take each application through a series of verification checks about how they're caring for the beneficiary's data and so forth. Hopefully that answers your question.

Operator: And again, if you would like to ask a question, that is star-1 on your telephone keypad.

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Operator: And again, if you would like to ask a question, that is star-1 on your telephone keypad.

Mark Scrimshire: I can ask myself a question which people may be wondering about it -- I have been asked about it yesterday and that's how much it costs. And the answer is zero. The beneficiary can obtain that data for free, and application developers do not have to pay to put their application onto our production API. They do, obviously, have to fund the cost of the development of that application. But they don't -- do not have to pay to use the API.

Operator: And there are no further questions in queue at this time.

Susie Butler: Well, Mark, thank you so much. I wanted to just say that the topic you raised has been a great interest to both inside the CMS walls as well as with our

partners externally. So thank you for the information and I'm sure we're going to ask you back some time to give us some updates and to talk further about this.

Mark Scrimshire: Yes, I'd be happy to. But if I could just make one further comment and I think we've talked about this before the webinar kicked off, this is really a critical -- it is an API that's really particularly for the advocacy groups and community-based organizations that might be listening to this call.

This is a -- the Blue Button API mechanism that we have pioneered, that I think others in the industry are now looking at, is really a way that a covered entity like CMS or like a hospital or doctor's office can share information with non-covered entities such as community-based organizations as long as the patient, who this is about, gives that permission. So we have created the ability for a beneficiary to bridge that care gap.

And in our quest to deliver better continuity of care, I think this is something that we will increasingly be able to tap into, using Blue Button 2.0.

Susie Butler: Well, I think that's a valid point and a really good one. So, again, thank you, Mark. I appreciate it much and we'll be in touch to have you back soon.

Mark Scrimshire: Thank you.

Susie Butler: So this concludes today's -- yes, this concludes today's meeting and we appreciate all you joining us today. And we hope that the information that was presented in the last hour has been helpful.

We are interested, as always, in learning about the topics that you want to hear more about at the NMEP meetings, so please feel free to email your suggestions or any additional questions, because if you're like me, you think of your questions for the first speaker after the second speaker has finished. Email your questions or topics to our mailbox which is partnership@cms.hhs.gov.

We look forward to hearing from you and we look forward to visiting with you in about three months. Take care, everybody.

Operator: This concludes today's conference call. You may now disconnect.

End