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Breaking Down CMS' Interoperability & Patient Access Final Rule

Introduction

On March 9, 2020 CMS released The Interoperability and Patient Access final rule (CMS-9115-F) which requires CMS-regulated payers[1] to make health information more easily available to patients by leveraging APIs and FHIR technology.

CMS-regulated payers will be required to implement and maintain secure, standards-based Patient Access APIs using HL7 FHIR 4.0.1 to enable patient access to claims, payment, encounter, clinical, and formulary information through third-party apps. These payers are also required to make provider directory information publicly available via a FHIR-based Provider Directory API. Additional requirements are applicable to subsets of CMS-regulated payers and providers and detailed below.

These requirements must be implemented incrementally between late 2020 and April 2022:

Implementation Timeline and Deadline

Providers

CMS Reporting goes Live: Providers who may be information blocking

CMS Reporting goes Live: Providers who have not updated their Digital Contact Information

CMS-Regulated Payers

CMS-regulated payers required to implement Patient Access APIs to provide access to claims, encounter, clinical, and formulary / preferred drug list data*

CMS-regulated payers required to implement a Provider Directory API*

Providers

Hospitals required to implement Admission, Discharge, and Transfer Event Notifications

CMS-regulated payers (except for Medicaid FFS and CHIP FFS) required to implement Payer-to-Payer Data Exchange

State Medicaid Agencies

State Medicaid Agencies required to increase frequency of Federal-State Buy-in Data exchange reporting from Monthly to Daily

* QHP issuers on the FFEs are already required to make formulary information available and provider directory information available in a specified machine-readable formats

1 CMS-regulated payers are defined as Medicare Advantage Organizations, Medicaid FFS programs, CHIP FFS programs, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan (QHP) issuers on the Federally Facilitated Exchanges (FFEs). Some requirements do not apply to all of the listed payer types and are noted in details. Final rule does not apply to payers offering only stand-alone dental plans (SADPs) or Federally-facilitated Small Business Health Options Program (FF-SHOP) plans

7 Core Requirements of the CMS Interoperability Rule

Provider Impact

1. Public Reporting of Information Blocking *(late 2020)*: Starting with data collected for the 2019 performance year, CMS will publicly report providers that may be information-blocking.
2. Digital Contact Information *(late 2020)*: CMS will begin publicly reporting providers who do not list or update their digital contact information in the National Plan and Provider Enumeration System (NPPES).
3. Hospitals with EHRs will be required to alert providers when their patient is admitted, discharged, transferred or receives any services in the ED *(May 2021)*.

CMS-Regulated Payer Impact

4. **Patient Access API** to provide access for historic data within 1 day of request *(January 1, 2021)*: CMS-regulated payers will be required to implement and maintain a secure, standards-based Patient Access API using HL7 FHIR 4.0.1 that allows patients to easily access the following via a third-party app of their choice within 1 day of claims adjudication or encounter data receipt: adjudicated claims, encounters with capitated providers, provider remittances, enrollee cost-sharing and clinical data. This includes data from the date of service on or after January 1, 2016. Formulary information will also be required as a part of this API.
5. **Provider Directory API** *(January 1, 2021)*: CMS-regulated payers are required to make provider directory information publicly available via a FHIR-based API. Medicare Advantage Organizations that offer MA-PD plans must make available pharmacy directory data as well.
6. **Payer-to-Payer Data Exchange** data *(January 1, 2022)*: CMS-regulated payers except for Medicaid/CHIP FFS are required to exchange patient data at the patient's request.

State Medicaid Agency Specific Impact

7. Improving the Dually Eligible Experience by Increasing the Frequency of Federal-State Buy-in Data exchange reporting from Monthly to Daily *(April 1, 2022)*

Top 5 Things You Should Know

1. HL7 FHIR v4.0.1 is required.
2. CMS Blue Button 2.0 sets the minimum data standard for the Patient Access API. CARIN Blue Button Framework IG is recommended but not required.
3. USCDI v1 becomes the definition for the defined clinical data requirement referenced in the rule.
4. The requirement for payers to participate in Trusted Exchange Networks is off the table, but may come back into play down the road.
5. Privacy concerns were addressed extensively in the rule, including that payers are not liable for third-party app breaches.

Edifecs Approach

The Edifecs FHIR® module supports a broad array of standards-based exchanges of healthcare data including those defined by the HL7 Da Vinci Project, and enables our customers to meet all the requirements of the Interoperability and Patient Access Final Rule.

Provider & Pharmacy Directories
The Edifecs FHIR® module and our native API and web services support can expose provider and pharmacy directory data sourced from internal plan systems as public APIs per the Final Rule.

APIs & Blue Button
The Edifecs FHIR® module gives payers the ability to support the CMS Blue Button 2.0 implementation guide and the CARIN Alliance Blue Button framework with CPCDS. The solution also offers out-of-the-box maps to accelerate time to market and has the ability to consume clinical data from any internal system and match that data with the native claims and payment data at a member level. Our native services-based architecture makes that data available as a FHIR resource in the form of APIs.

Member Empowerment
Our solution includes the ability to ingest, store, match and expose patient data, enabling payers to quickly meet the needs of their members and conform with the Final Rule. Edifecs supports a variety of capabilities that can be leveraged to empower members through open APIs based on RESTful services and SMART IG / OAuth 2.0.

Why Edifecs

Edifecs has been a trusted partner and leader in compliance and interoperability in the healthcare market for 24 years. As health plans move forward to tackle these challenges, Edifecs will be ready to engage as the premier technology partner to ensure success and scalability for the future. We are committed to providing solutions that enable our customers to fully comply with these new mandates. For additional information on how we will ensure your compliance, please contact us at info@edifecs.com or visit us at: https://www.edifecs.com/insights/interoperability-mandates/

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Edifecs Inc. is a global healthcare software company committed to improving outcomes, reducing costs, and elevating value of healthcare for everyone. Edifecs delivers the industry's premier IT partnership platform to providers, insurers, pharmacy benefit management companies, and other trading partners. By mobilizing its leading solutions at the front end of the healthcare information pipeline, Edifecs provides a unified platform for partners to flexibly pilot and scale new initiatives using their existing enterprise system. Since 1996, hundreds of healthcare customers have relied on Edifecs partnership solutions to future-proof their leading initiatives in the midst of a dynamic healthcare landscape. Edifecs is based in Bellevue, WA, with operations internationally. Learn more about us at edifecs.com.