



CMS
INTEROPERABILITY

CMS – DRIVING INTEROPERABILITY IN HEALTHCARE

December 13, 2022

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Health Informatics and Interoperability Group



Health Informatics and Interoperability Group (HIIG)

- Mission

- Promote the secure exchange, access, and use of electronic health information to support better informed decision making and a more efficient healthcare system.

- Vision

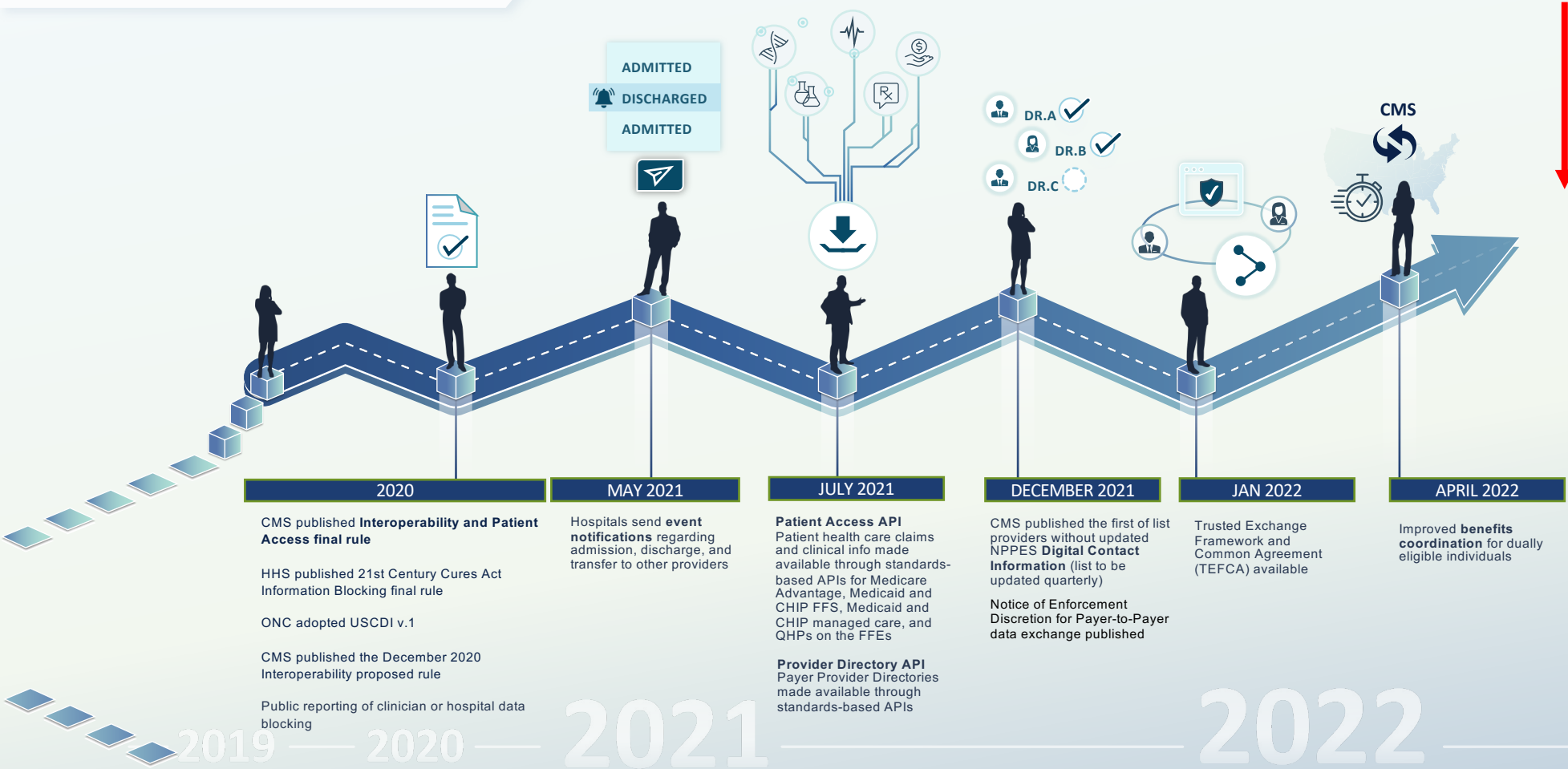
- A secure, connected healthcare system that empowers patients and their providers to access and use electronic health information to make better informed and more efficient decisions.



CMS Interoperability and Patient Access Final Rule



YOU ARE HERE



2020 MAY 2021 JULY 2021 DECEMBER 2021 JAN 2022 APRIL 2022

CMS published Interoperability and Patient Access final rule

HHS published 21st Century Cures Act Information Blocking final rule

ONC adopted USCDI v.1

CMS published the December 2020 Interoperability proposed rule

Public reporting of clinician or hospital data blocking

Hospitals send **event notifications** regarding admission, discharge, and transfer to other providers

Patient Access API
Patient health care claims and clinical info made available through standards-based APIs for Medicare Advantage, Medicaid and CHIP FFS, Medicaid and CHIP managed care, and QHPs on the FFEs

Provider Directory API
Payer Provider Directories made available through standards-based APIs

CMS published the first of list providers without updated **NPPES Digital Contact Information** (list to be updated quarterly)

Notice of Enforcement Discretion for Payer-to-Payer data exchange published

Trusted Exchange Framework and Common Agreement (TEFCA) available

Improved **benefits coordination** for dually eligible individuals

2019 — 2020 —

2021

2022

Roadmap to Interoperability



**YOUR HEALTH DATA
WHEN YOU NEED IT MOST**

RFI: National Directory of Healthcare

- **Publication Date:** October 5, 2022 (comment period closed December 6, 2022)
- **Published By:** Centers for Medicare and Medicaid Services
- **Topic:** The concept of CMS creating a directory that would go beyond the traditional "provider directory" to include information on health care providers, payers and services. CMS seeks comment on how a CMS-led directory could serve as could serve as a “centralized data hub” for directory and digital contact information.



RFI: Advanced Explanation of Benefits (AEOB) and Good Faith Estimate (GFE) for Covered Individuals

- **Publication Date:** September 16, 2022 (comment period closed November 15, 2022)
- **Published By:** The departments of Labor, Treasury, and Health and Human Services (HHS)
- **Topic:** The AEOB and GFE requirements of the No Surprises Act. The RFI sought information and recommendations on transferring data from providers and facilities to plans, issuers, and carriers; other policy approaches; and the economic impacts of implementing these requirements.

Advancing Interoperability and Improving Prior Authorization Processes Overview

On December 6, 2022, CMS posted the Advancing Interoperability and Improving Prior Authorization Processes proposed rule. The proposed effective date for the provisions in this rule is January 1, 2026.

This rule signals CMS' continued commitment to increasing efficiency by **ensuring that health information is readily available** at the point of care by leveraging FHIR standards.

CMS also includes several proposals intended to reduce payer, provider, and patient burden by **streamlining prior authorization processes to move the industry toward electronic prior authorization**, creating a **more efficient and timely process**.

Ultimately, reduced provider burden means **more time with patients**.

PROVISIONS

- Patient Access Application Programming Interface (API)
- Provider Access API
- Payer-to-Payer Data Exchange API
- Prior Authorization Requirements, Documentation & Decision API
- Improving Prior Authorization Processes
- New measures for Electronic Prior Authorization for the Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category and the Medicare Promoting Interoperability Program

IMPACTED PAYERS

- Medicare Advantage
- State Medicaid and CHIP agencies
- Medicaid and CHIP Managed Care Plans
- Qualified Health Plans (QHPs) on the Federally-facilitated Exchanges (FfEs)

IMPACTED PROVIDERS

- Eligible hospitals and critical access hospitals (CAHs) under the Medicare Promoting Interoperability Program
- Eligible clinicians under the Promoting Interoperability performance category of Merit-based Incentive Payment System (MIPS)

Proposals for Payers

IMPACTED PAYERS

- Medicare Advantage
- State Medicaid and CHIP agencies
- Medicaid and CHIP Managed Care Plans
- Qualified Health Plans (QHPs) on the Federally-facilitated Exchanges (FFE)

PROVISIONS

- Patient Access Application Programming Interface (API)
- Provider Access API
- Payer-to-Payer Data Exchange API
- Prior Authorization Requirements, Documentation & Decision API
- Improving Prior Authorization Processes

Proposals for Providers

IMPACTED PROVIDERS

- Eligible hospitals and critical access hospitals (CAHs) under the Medicare Promoting Interoperability Program
- Eligible clinicians under the Promoting Interoperability performance category of Merit-based Incentive Payment System (MIPS)

PROVISIONS

- New measures for Electronic Prior Authorization for the Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category and the Medicare Promoting Interoperability Program



API INTEROPERABILITY STANDARDS

STANDARDS	PATIENT ACCESS API	PROVIDER ACCESS API	PROVIDER DIRECTORY API	PAYER-TO-PAYER API	PARDD API
USCDI, at 45 CFR 170.213 (currently V1)	✓	✓	✓	✓	✓
FHIR Release 4.0.1	✓	✓	✓	✓	✓
HL7 FHIR U.S. Core IG STU 3.1.1	✓	✓	✓	✓	✓
HL7 SMART APP Launch Framework IG 1.0.0	✓	✓	✓	✓	✓
HL7 FHIR Bulk Access (Flat FHIR) IG v 1.0.0 STU 1	✗	✓	✗	✓	✗
OpenID Connect Core 1.0	✓	✓	✓	✓	✓

Note: The Patient Access and Provider Directory API were finalized in the CMS Interoperability and Patient Access final rule.



RECOMMENDED IGs BY API

IMPLEMENTATION GUIDE	PATIENT ACCESS API	PROVIDER ACCESS API	PROVIDER DIRECTORY API	PAYER-TO-PAYER API	PARDD API
CARIN for Blue Button IG Version STU 1.1.0	✓	✓	✗	✓	✗
Da Vinci PDex IG Version STU 1.0.0	✓	✓	✗	✓	✗
Da Vinci PDex U.S. Drug Formulary IG Version STU 1.1.0	✓	✓	✗	✓	✗
Da Vinci PDex Plan Net IG Version STU 1.1.0	✗	✗	✓	✗	✗
Da Vinci Payer Coverage Decision Exchange (PCDE) IG Version STU 1.0.0	✗	✗	✗	✓	✗
Da Vinci Prior Authorization Support (PAS) IG Version STU 1.1.0	✗	✗	✗	✗	✓
Da Vinci Coverage Requirements Discovery (CRD) IG Version STU 1.0.0	✗	✗	✗	✗	✓
Da Vinci Documentation Templates/Rules (DTR) IG Version STU 1.0.0	✗	✗	✗	✗	✓

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REQUESTS FOR INFORMATION

CMS issued the following requests for information in the proposed rule.

CMS is gathering information on these topics to support future rulemaking or other initiatives.

- ACCELERATING THE ADOPTION OF STANDARDS RELATED TO SOCIAL RISK FACTOR DATA
- ELECTRONIC EXCHANGE OF BEHAVIORAL HEALTH INFORMATION
- IMPROVING THE ELECTRONIC EXCHANGE OF INFORMATION IN MEDICARE FFS
- ADVANCING INTEROPERABILITY AND IMPROVING PRIOR AUTHORIZATION PROCESSES FOR MATERNAL HEALTH
- ADVANCING THE TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT (TEFCA)

CMS Commitment to Interoperability



DEVELOPING
REGULATION



EXPANDING
PUBLIC HEALTH
INFRASTRUCTURE



SUPPORTING
INNOVATION



REFINING
IMPLEMENTATION
GUIDES



LEADING BY
EXAMPLE



HELPFUL RESOURCES

HIIG INTEROPERABILITY WEBSITE



- [CMS Interoperability and Patient Access Final Rule Fact Sheet](#)
- *(December 2020)* [CMS Interoperability and Prior Authorization Proposed Rule Fact Sheet](#)
- [CMS Interoperability FAQs](#)



TECHNICAL STANDARDS AND IMPLEMENTATION SUPPORT



- Technical Standards: [FHIR](#), [SMART IG/OAuth 2.0](#), [OpenID Connect](#), [USCDI](#)
- Implementation Support for APIs: [CARIN for Blue Button IG](#), [PDex IG](#), [PDex Formulary IG](#), [PDex Plan Net IG](#), [US Core IG](#), [CRD IG](#), [DTR IG](#), [PAS IG](#), [PCDE IG](#), [Bulk Data Access IG](#)

Visit our [website](#) for additional resources and information

POLICY: FEDERAL REGISTER



- *(December 2020)* [CMS Interoperability and Prior Authorization Proposed Rule](#)
- [CMS Interoperability and Patient Access Final Rule](#)
- [ONC 21st Century Cures Act Final Rule](#)



QUESTIONS?

Contact us at CMSHealthInformaticsandInteroperabilityGroup@cms.hhs.gov



HOW TO COMMENT



ELECTRONICALLY

<http://www.regulations.gov>




COMMENT DEADLINE:

March 13, 2023



REGULAR MAIL



Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-0057-P,
P.O. Box 8013,
Baltimore, MD 21244-8013

EXPRESS OR OVERNIGHT MAIL

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-0057-P,
Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, MD 21244-1850