

# The State of the CMS Patient Access API

A CARIN Alliance Webinar

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January 20, 2026 @ 12 – 1pm ET

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Flexpa

# The CARIN Alliance

## Our Vision

To rapidly advance the ability for consumers and their authorized caregivers to easily get, use, and share their digital health information when, where, and how they want to achieve their goals.



CLEAR



The Commons Project  
FOUNDATION

carin

Creating Access to Real-time Information Now  
through Consumer-Directed Exchange

huMETRIX®

citizen



onyx



Google



amazon.com

Acentra  
HEALTH



BlueCross  
BlueShield

Humana®

United  
Healthcare

EHRA  
HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION

CVS Health

Elevance  
Health

Flexpa

CENTENE®  
Corporation



Cigna®

Cognizant

EVERNORTH™

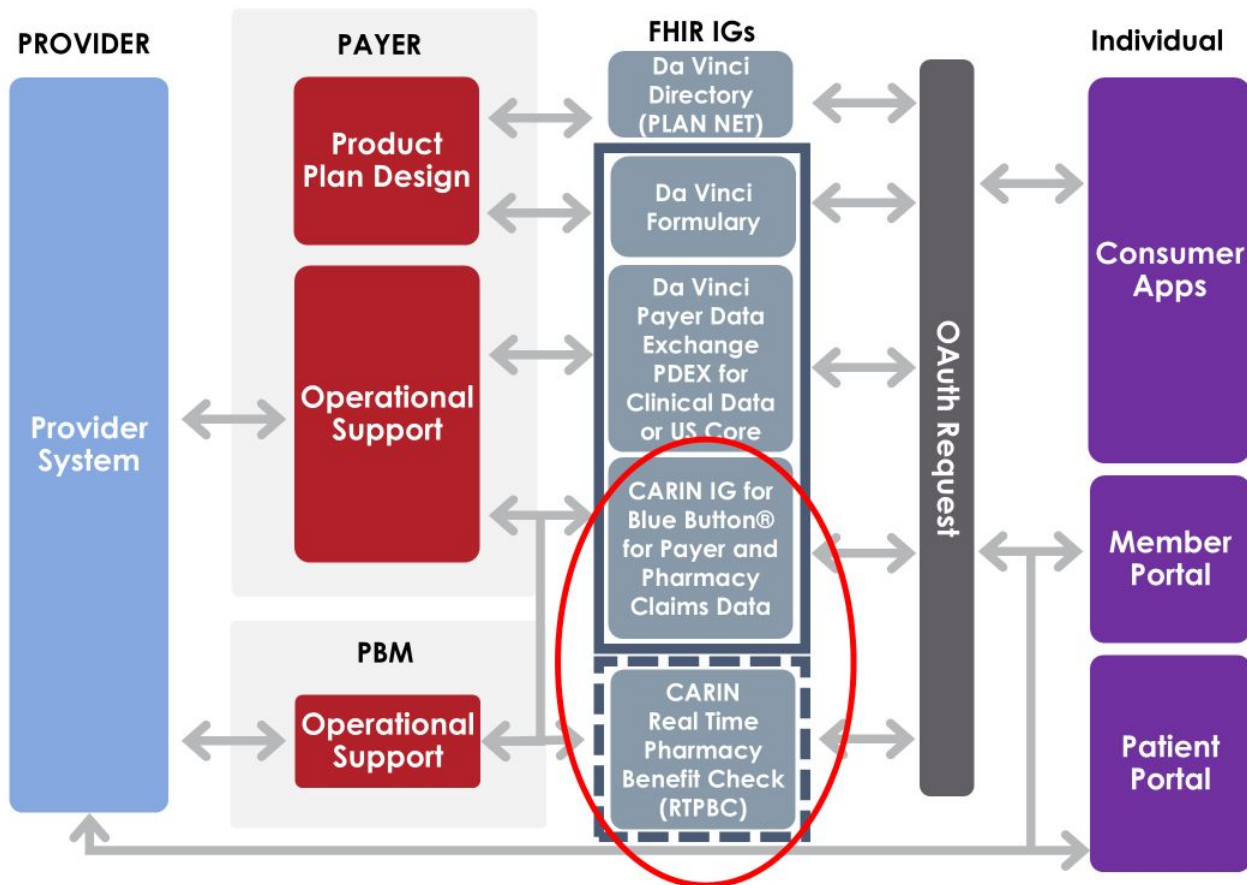
1KOSMOS

fdb  
First Databank

\*Sample list of CARIN members. For a full list of the CARIN board and members go to:  
<https://www.carinalliance.com/our-membership/carin-board-participants/>





# CMS final 9115 rule: FHIR Implementation Guide (IG) Options



## FHIR Accelerator Commentary

1. Goal is to reduce burden on payers, providers, vendors and patients to meet 6/1/21 req, excludes 1/1/22 requirements
2. There is no specific CMS requirement to use any HL7 Implementation Guide
3. FHIR Community is working collaboratively to ensure the specific guide meets CMS final rule for 1/1/2027
4. All guides are Draft Standards for Trial Use (DSTU) or moving towards a published version of STU1 or STU2

## Legend

-  CMS Patient Access API
-  Opportunity to expand CMS
-  Patient Access API

# Advancing Interoperability and Improving Prior Authorization Processes Overview



## 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 (FFEes)



## 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)

The CMS-0057-F Final Rule, released in early 2024, represents far more than a routine regulatory update, it **establishes a fundamental shift in how payers and providers handle data exchange, prior authorization, and interoperability.**

These changes are **not incremental**. CMS-0057-F requires a **deep operational transformation**, not just revisions to policy language.

Payers must **modernize** their **infrastructure** with transparent, **API-driven systems** that support **real-time data exchange** and materially improve both member and provider experiences.

# Kill the Clipboard!

## A Federal Policy and Industry Roadmap to Accelerate Innovation and Cut Administrative Waste

In March 2025, Leavitt Partners published a paper that included a multi-sector set of ideas for the public and private sectors to consider for how to improve data exchange and interoperability.

1

Eliminate  
Antiquated  
Interoperability  
Policy and Better  
Align Across the  
Federal  
Government

2

Improve Patient  
Access to Health  
Care Data

3

Improve Health  
Care Data  
Exchange to  
Ensure Faster  
Implementation of  
FHIR APIs for B2B  
Data Exchange

4

Improve the  
Trusted Exchange  
Framework and  
Common  
Agreement  
(TEFCA)

5

Automate Quality  
Measurement  
Reporting

6

Adopt Digital  
Identity Services  
(IAL2/AAL2) for  
Individuals,  
Payers, and  
Providers

[Leavittpartners.com/kill-the-clipboard](https://leavittpartners.com/kill-the-clipboard)

# THE JULY 30 CMS HEALTH TECH ECOSYSTEM AND KILL THE CLIPBOARD INITIATIVE

CMS highlights commitments from major companies to join a CMS Aligned Network



## **60+ organizations**

across four domains—  
payers, providers, consumer  
facing, and data network—  
are engaged in the initiative



## **11 health systems and providers**

pledge to become CMS  
Aligned Network by  
empowering patients,  
providers, and their apps—  
and, where appropriate,  
payers—with real-time access  
to complete and secure  
health information,  
protecting patient privacy  
and following applicable  
standards and regulations,  
without friction or delay



## **21 data networks**

commit to CMS' initiative and  
promise to support their  
customers participating in  
CMS Aligned Network by  
empowering patients,  
providers, and their apps—  
and, where appropriate,  
payers—with real-time access  
to complete and secure  
health information



## **4 payers and Medicare**

commit to ensuring their  
patients' health data is  
accessible wherever and  
whenever it's needed for the  
benefit of the patient

# Context for the CMS Announcement

## Voluntary Framework for the “Coalition of the Willing”

The federal government is not building a massive database or tracking your health care information. **It's just the opposite— it's empowering YOU with YOUR data.**

### Guiding principles:

- “Collaboration, not just compliance”
- “Movement, not a mandate”
- “Call to action, not a regulation”

### Focus areas:

- Building reusable, modern, API-based infrastructure
- Public/Private sector collaboration related to these initiatives have been around for decades
- Improving person-centered health and engagement with capabilities for patients to send their data securely to their provider's EHR

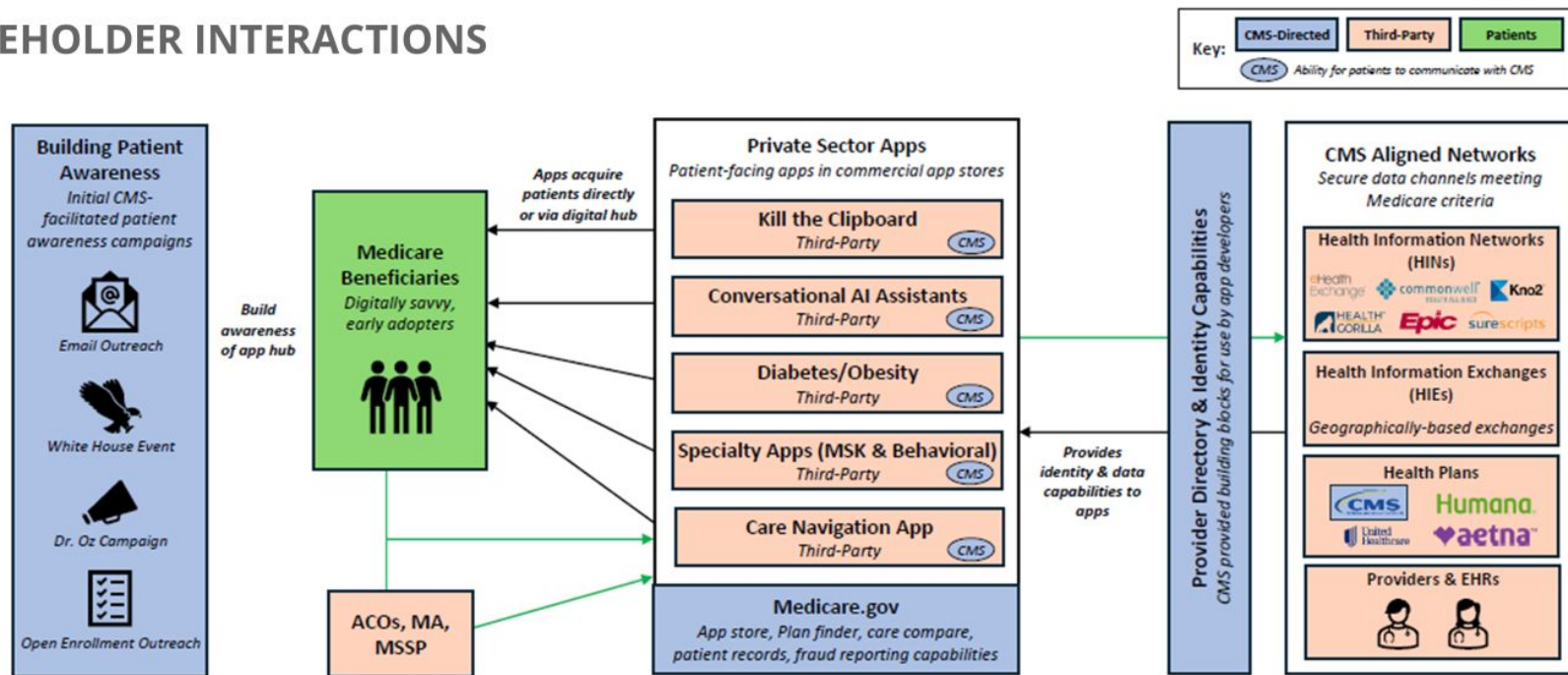
**Digital identity credentials required for both patients and providers**



**Pledge your support by emailing**  
[HealthTechRFI@cms.hhs.gov](mailto:HealthTechRFI@cms.hhs.gov)

# CMS Framework for App Integration and Identity Services

## STAKEHOLDER INTERACTIONS



# **CMS Health Tech Ecosystem workgroups**

- **CMS Aligned Networks**
- **Kill the Clipboard**
- **Patient Preferences**
- **Digital Identity**
- **Health Care Providers & Health Systems**
- **Payer – Limited Data Set for Quality Measurement Reporting**
- **Conversation Artificial Intelligence**
- **Diabetes and Obesity**
- **Record Locator Service (RLS)**
- **Network Transaction Audit Logging and IAS Retrieval**
- **Encounter Notifications**
- **Steering Committee**

# Digital Identity | Creating a Single-Sign On (SSO) Framework for Healthcare

## More than 110M+ American Adults Have a NIST 800-63-3 IAL2 Credential



### Sign In or Create a New Account

IRS now offers a sign-in option with ID.me, which offers access to IRS online services with a secure account that protects your privacy.

ID.me is an account created, maintained, and secured by a technology provider.

If you don't have an ID.me account, you must create a new account.

#### Sign in with an existing account

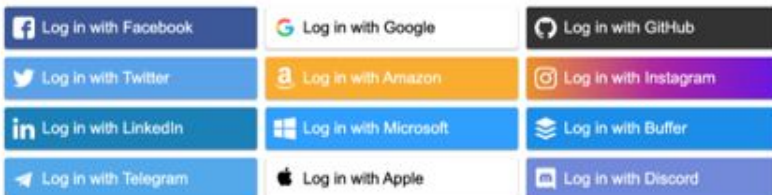
Sign in with ID.me

OR

#### Create a new account

ID.me: Create an account

## IAL1 Providers

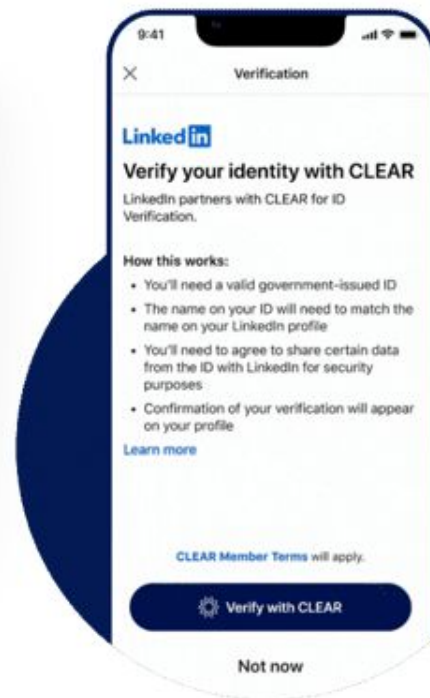
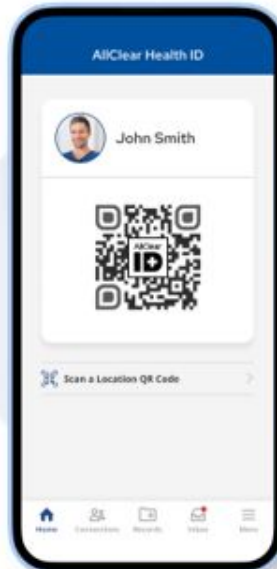


## IAL2 Providers

Sign in with ID.me



PingIdentity® persona



# CARIN Alliance: Digital Identity – Current State (October 2025)

CARIN is bridging the gap between **technical interoperability** and **policy harmonization** to enable a trusted, consumer-centric digital identity ecosystem that aligns with national frameworks (TEFCA, NIST 800-63).

## Objective:

Advance a *federated, interoperable digital identity framework* enabling consumers to use a single credential across health systems while maintaining compliance and shared trust.

- Ensure patients can fluidly access (no portals) their health information and other functionality including:
  - Selecting a provider
  - Booking an online appointment
  - Price transparency info
  - Claims info
  - Submission of their digital insurance card,
  - Real-time pharmacy benefit check
  - Additional check-in information, and more



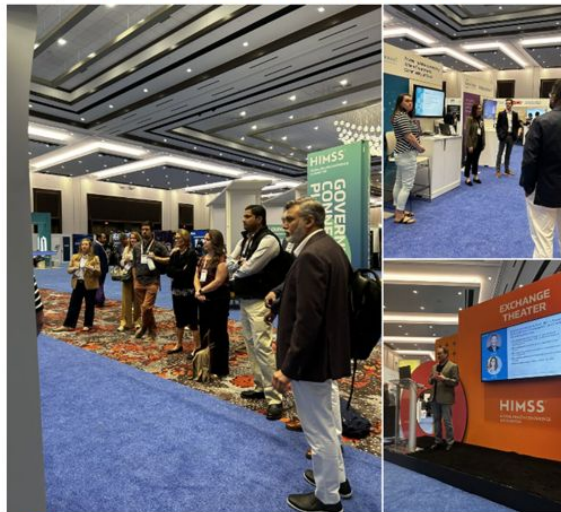
CommonWell Health Alliance

5,597 followers  
6d · 🌐

Applause and emotions were running high with our demonstration announcing AND demonstrating the first successful end-to-end patient data retrieval with [athenahealth](#) and [b.well Connected Health](#) 🎉👏

Read more on the patient access case study here: <https://lnkd.in/g89-V9yf>

Thank you to [Kristen Valdes](#), [Stewart Dunn Jr.](#), and [Melissa Massardo](#)



👍👍 You and 71 others

8 comments · 7 reposts





# Patient-consented claims data from every health plan

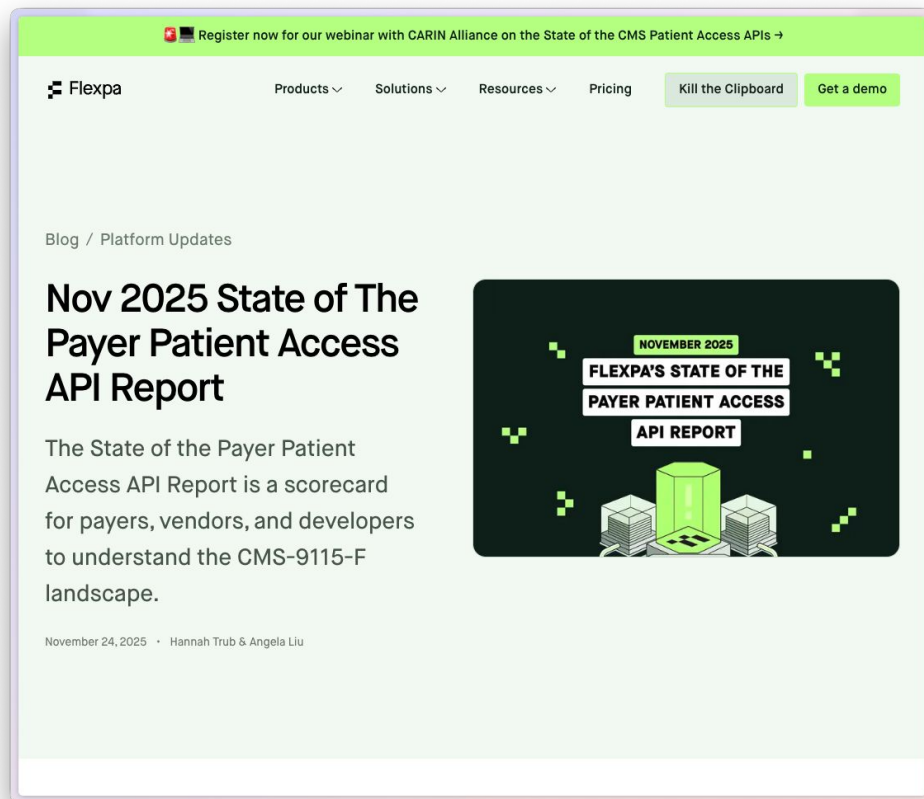
A single, secure integration to connect to 400+ health plans, giving you instant access to identified claims data.



# Flexpa's State of the Payer Patient Access API Report

This report is a snapshot of the current state of Patient Access API implementation across almost 500 payers, based on production usage data from 428,000+ authorization attempts.

We want to emphasize the real-world impact of implementation decisions on patient adoption and surface observations unique to our position connecting patients to their claims data at scale.



# Patient Impact as a Priority



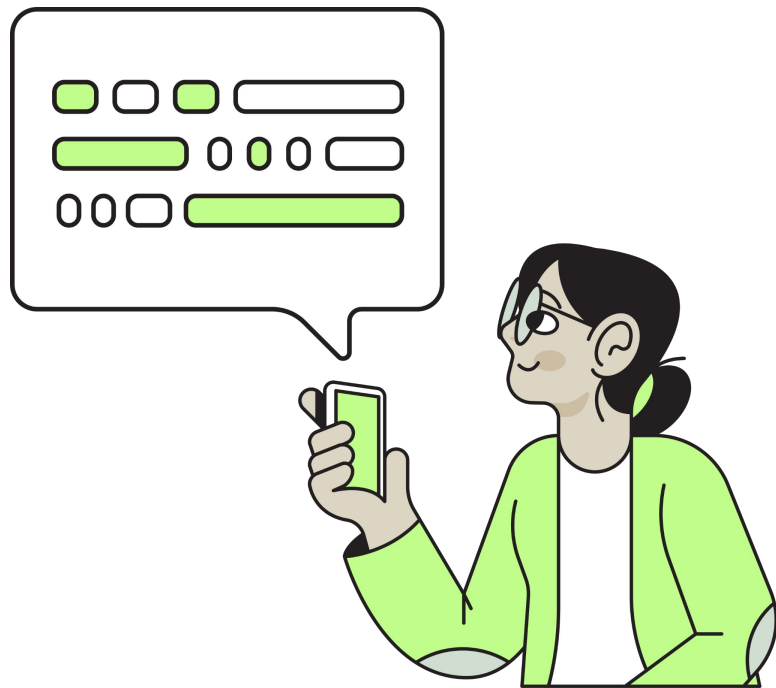
## Patient Experiences: The Good and the Bad

"All my data was brought in properly. In fact, I actually learned I need to call Medicare and find out why there was a charge for durable medical equipment that I've had trouble with the fraud before. So, thank you. I'm going to follow-up with checking that."

— Medicare.gov user

"I've tried repeatedly, for months, to allow [my study] to access my [PAYER's] info. There's always an 'error' though I supply correct logins and never an explanation. If I don't get an explanation this time, I'm giving up."

— Flexpa team was unable to get a resolution with this payer

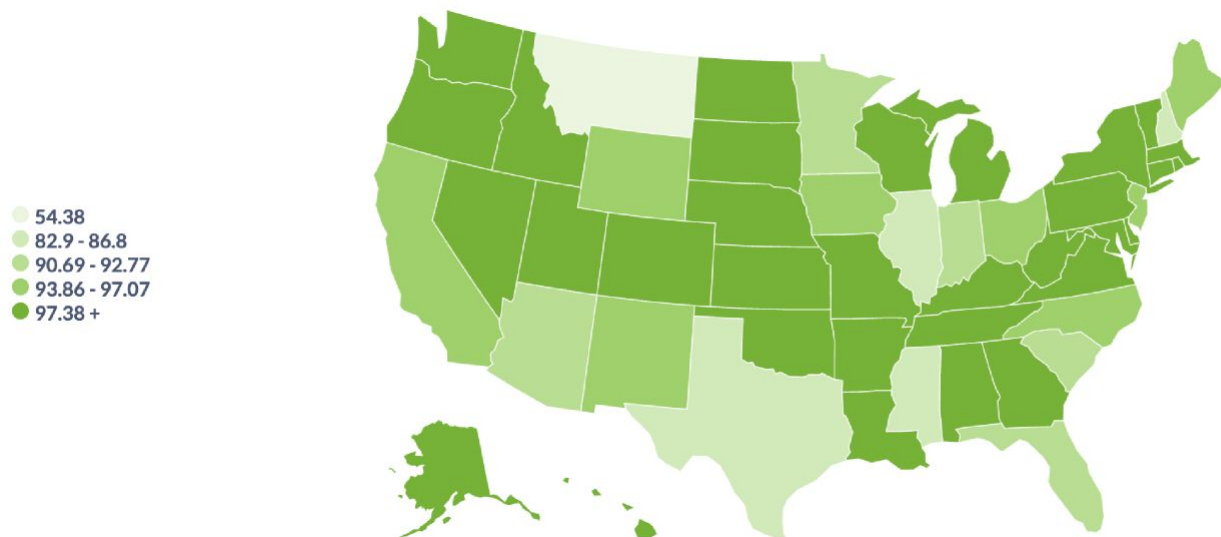


**428,000+ authorization attempts**

**3,000+ unique MyFlexpa users**

**100M+ FHIR resources synced**

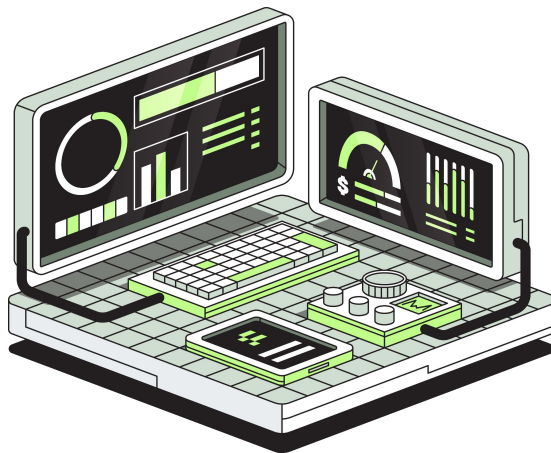
# 94% of all U.S. CMS lives and 100% of VA lives



## Methodology & Results



## 3 Evaluations, 1 Goal



### Usage Statistics

- Patient Authorization Attempts
- % Attempts Succeeded
- % Attempts Abandoned
- % Attempts Errored

### Core Implementation

- Endpoint Status
- Sandbox Status
- Dev Portal Status
- Various Success Rate Scores

### Beyond Compliance

- Refresh Token Duration Score
- Branded IDP
- Clinical Resources Availability

After....

**493 payers**

**30+ FHIR vendors**

**6 months of data**

... here are the results



## INTERNAL - [Nov 2025] State of the Payer Patient Access API Report - Scorecard ☆ 📁 ☁

File Edit View Insert Format Data Tools Extensions Help Gemini



Share



Menus 100% \$ % .0 .00 123 Arial 10 B I A

A1 Summarise this data

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1			Detailed methodology can be found here: <a href="https://www.flexpa.com/reports/patient-access-report-methodology">https://www.flexpa.com/reports/patient-access-report-methodology</a>												
2		Max score	100	10	8	4	3	3	2	20	5	5	20	10	10
3			Total Score	Endpoint Status Score	Has Sandbox Environment Score	Has Sandbox Test Patient Score	Has Capability Statement Score	Has Well-known SMART Config Score	Has Developer Portal Score	Authorization Success Rate Score	Supports Refresh Token Score	All CMS LOBs Supported Score	FHIR API Success Rate Score	Reference Resolution Success Rate Score	Refresh Sync Success Rate Score
4		Organizaticn Payer													
5		7b7795d9- Centers for Medicare & Medicaid Services (CMS)	92	10	8	4	3	3	2	12	5	5	20	10	10
6		a0d4bae8- VillageCareMAX	91	10	8	4	3	3	2	16	5	0	20	10	10
7		2d95a886- UnitedHealthcare	88	10	8	4	3	3	2	8	5	5	20	10	10
8		18d15322- Central California Alliance for Health	85	10	8	4	3	0	2	8	5	5	20	10	10
9		67033465- Kaiser Foundation Health Plan of Hawaii	85	10	0	0	3	0	2	20	5	5	20	10	10
10		fd30f65a- Blue Cross Blue Shield of Tennessee	84	10	8	4	3	3	2	8	5	5	20	10	6
11		04783b8e- Security Health Plan of Wisconsin	83	10	8	4	3	0	0	20	5	5	8	10	10
12		9b38c22a- CareSource	80	10	8	4	3	0	2	8	5	0	20	10	10
13		748b2733- CenCal Health	79	10	8	4	3	0	2	12	5	5	20	unknown	10
14		1e14c181- Kaiser Permanente	78	10	8	4	3	3	2	8	5	5	20	unknown	10
15		3fa5e120- CareOregon	77	10	8	4	3	0	2	0	5	5	20	10	10
16		a104ec7e- Colorado Access	77	10	8	4	3	0	2	0	5	5	20	10	10
17		738b9dbc- Kaiser Foundation Health Plan of Colorado	75	10	0	0	3	0	2	20	5	5	20	unknown	10
18		edcc71dc- Department of Veteran's Affairs	75	10	8	4	3	0	2	8	5	5	20	unknown	10
19		fb5ba14- Partnership HealthPlan of California	75	10	8	4	3	0	2	8	5	5	20	unknown	10
20		050b7da9- Blue Shield of California	73	10	8	4	3	0	2	8	5	5	8	10	10
21		1a40676- L.A. Care Health Plan	73	10	8	4	3	0	2	4	5	5	12	10	10
22		72cb5be- Florida Blue	73	10	8	4	3	0	2	4	5	5	12	10	10
23		4ca0ef67- Capital District Physicians' Health Plan (CDPHP)	71	10	0	0	3	0	2	20	5	5	16	unknown	10
24		d01c09f8- Blue Cross Blue Shield of Kansas	71	10	8	4	3	0	2	4	5	5	20	unknown	10
25		d89bafb5- Humana	70	10	8	4	3	3	2	0	5	5	20	unknown	10
26		f3a976fa- Viva Health	70	10	0	0	3	0	2	20	5	0	20	unknown	10
27		71220339- Community Health Group	68	10	8	0	3	3	2	8	5	5	16	8	unknown
28		ff5dfb0b- UPMC Health Plan	68	10	0	0	3	3	2	0	5	5	20	10	10
29		1d83ed23- Blue Cross Blue Shield of Alabama	67	10	8	4	3	0	2	0	5	5	20	10	unknown
30		26a8ea58- WellSense Health Plan	67	10	0	0	3	0	2	12	5	5	20	unknown	10
31		375a6ee2- Health Plan of San Joaquin	67	10	8	4	3	0	2	0	5	5	20	unknown	10
32		49c47116- Kaiser Foundation Health Plan of Washington	67	10	0	0	3	0	2	12	5	5	20	unknown	10
33		b5bfa4b- PacificSource Health Plans	67	10	8	4	3	0	2	0	5	5	20	10	unknown
34		de83b67b- San Francisco Health Plan (SFHP)	67	10	8	4	3	0	2	0	5	5	20	unknown	10



Usage Stats

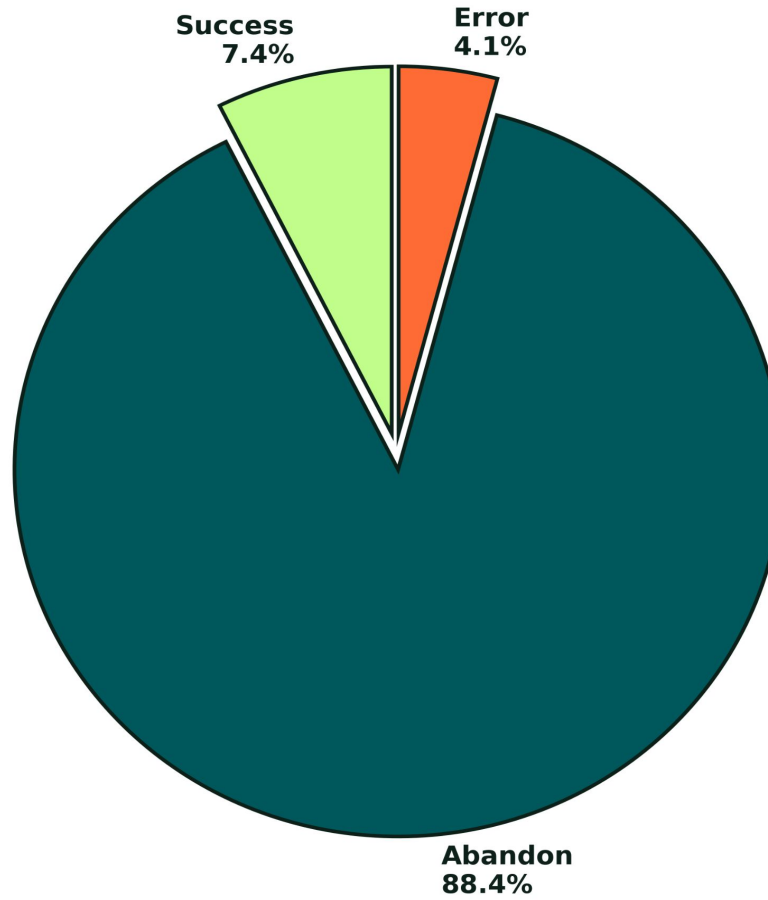


Core Implementation

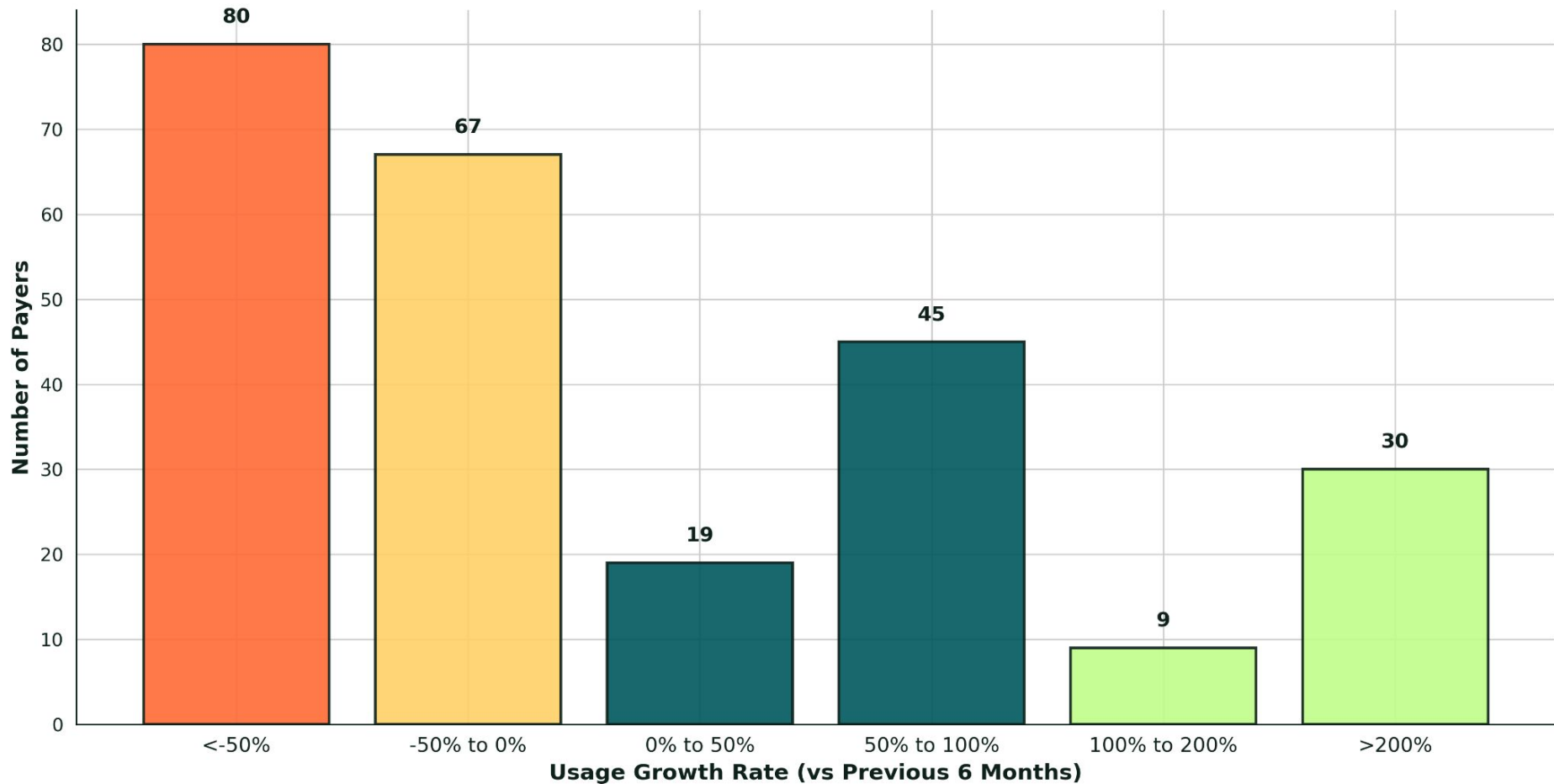


Beyond Compliance

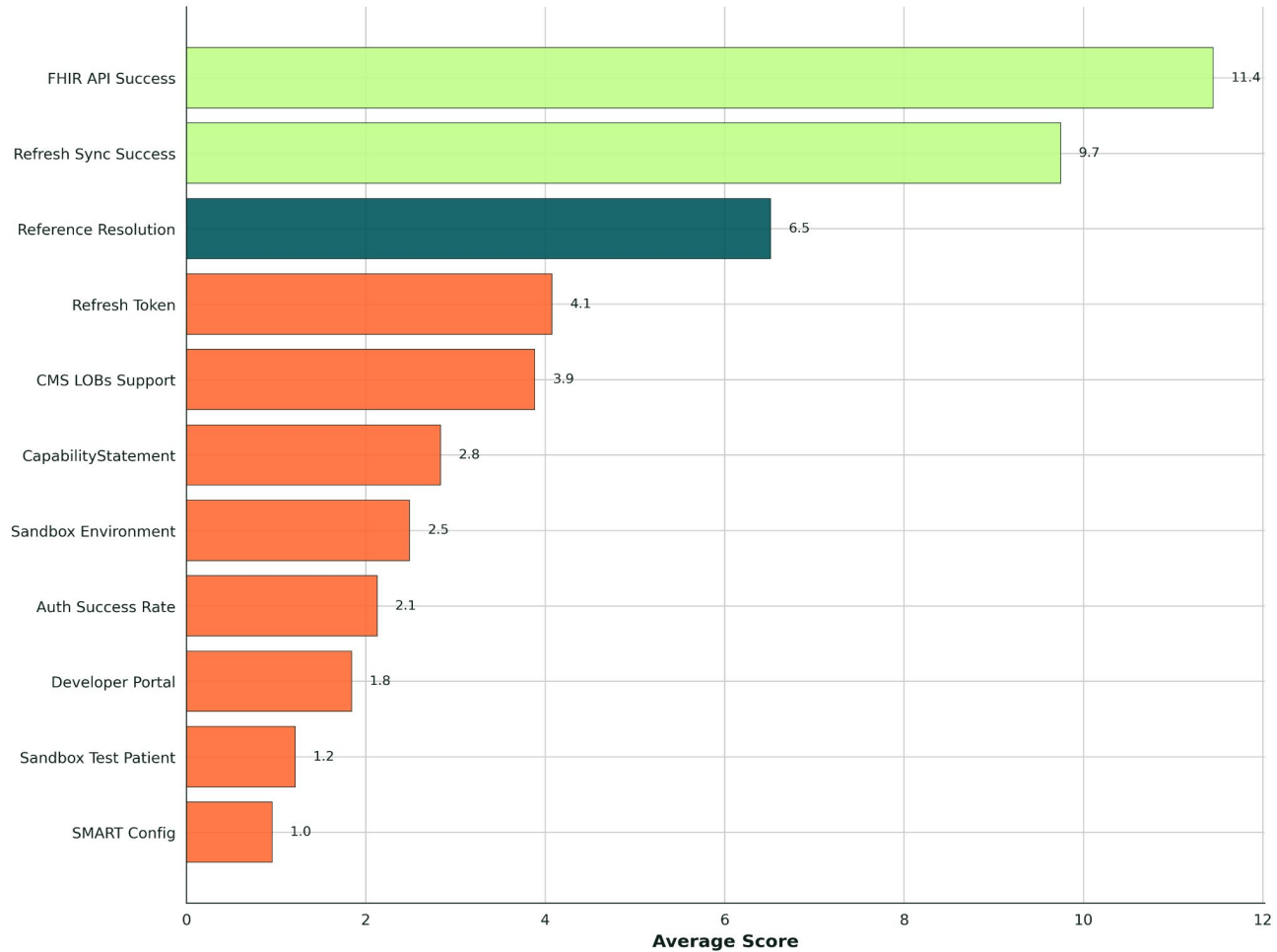
# Patient Authorization Outcomes Across All Connected Payers



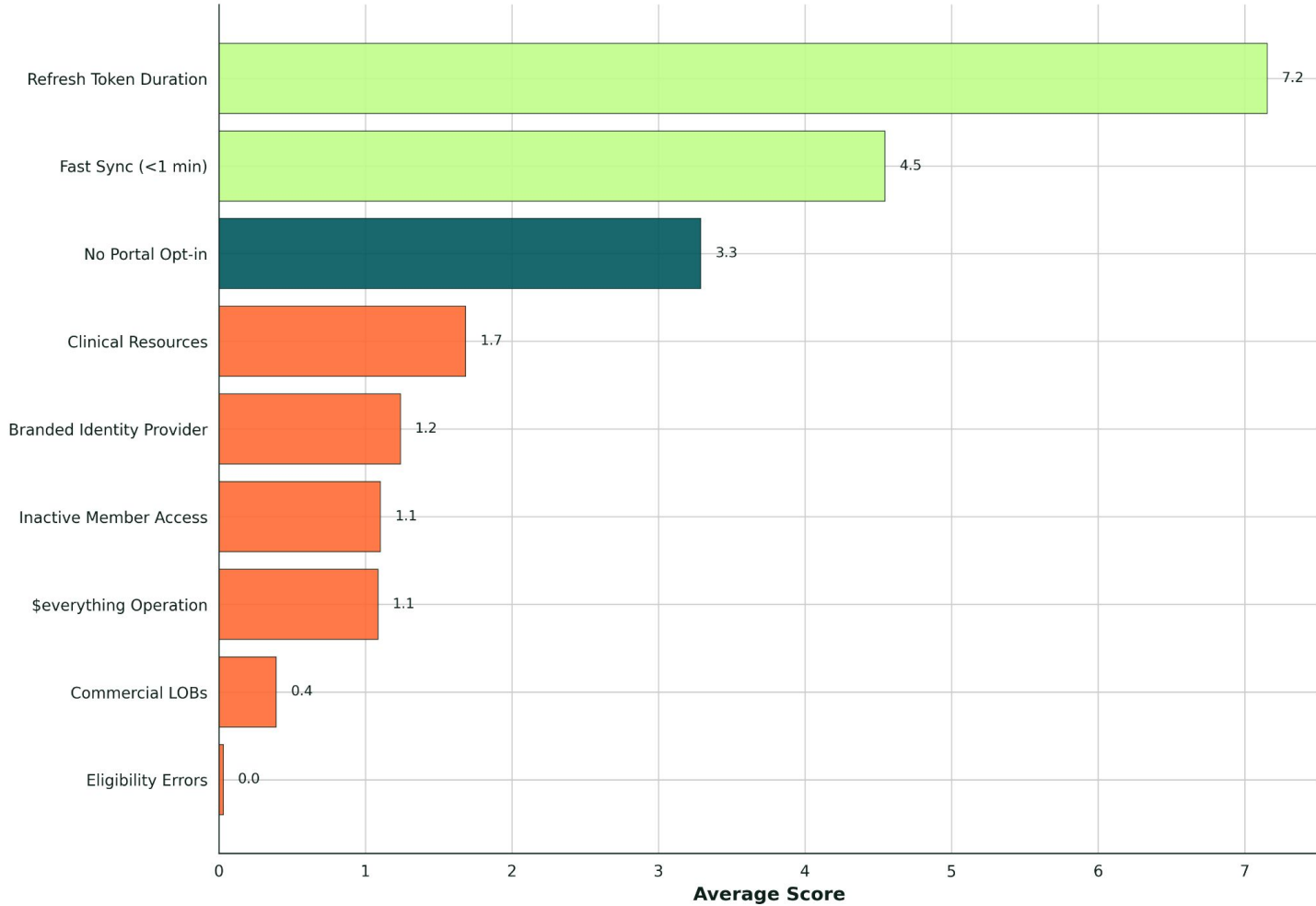
## Patient Access API Usage Growth Patterns (Connected Payers Only)



## Core Implementation: Component Performance (Where Connected Payers Struggle Most)



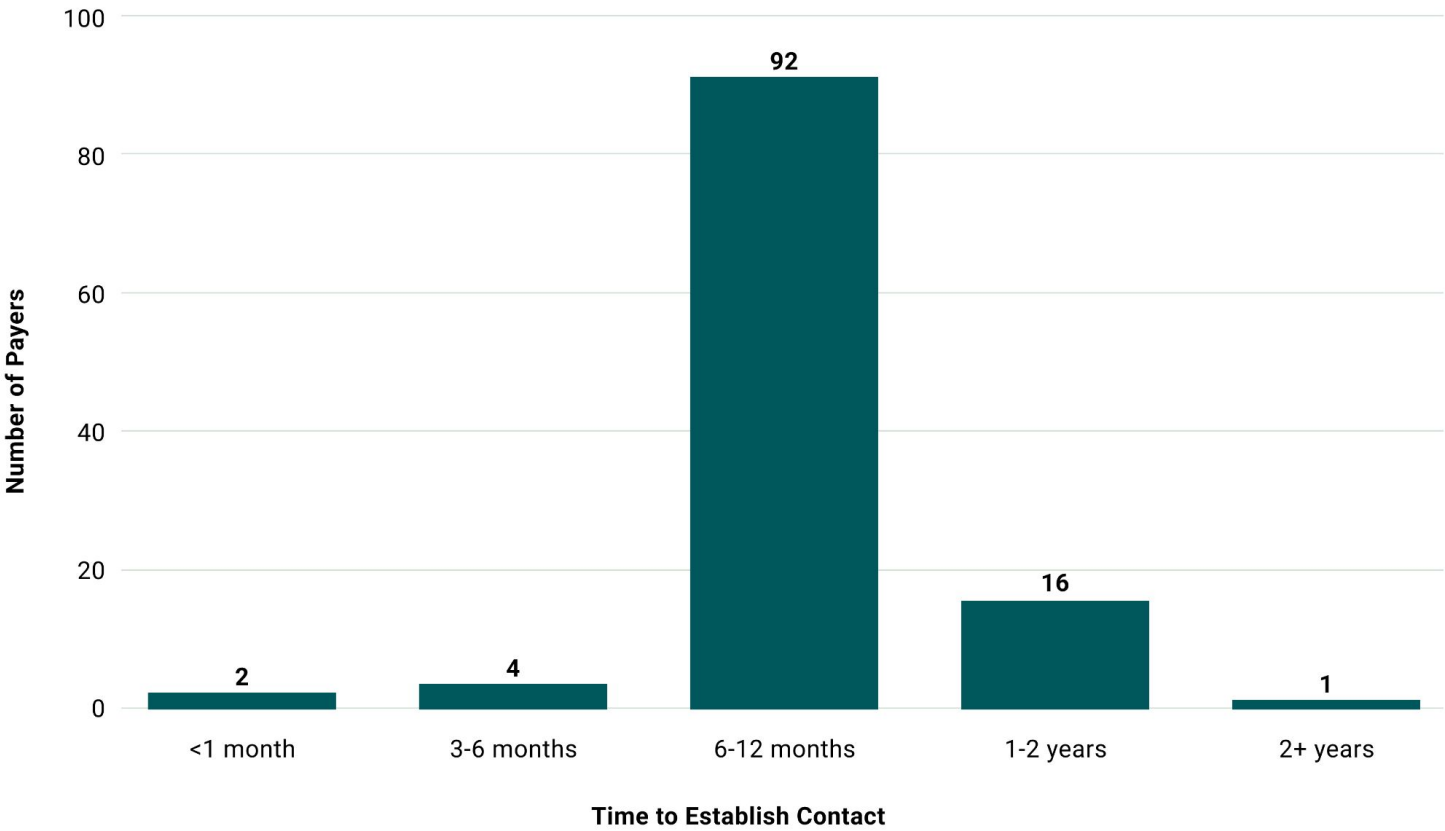
## Beyond Compliance: Advanced Feature Adoption (Connected Payers - Which Features Are Rarely Implemented)



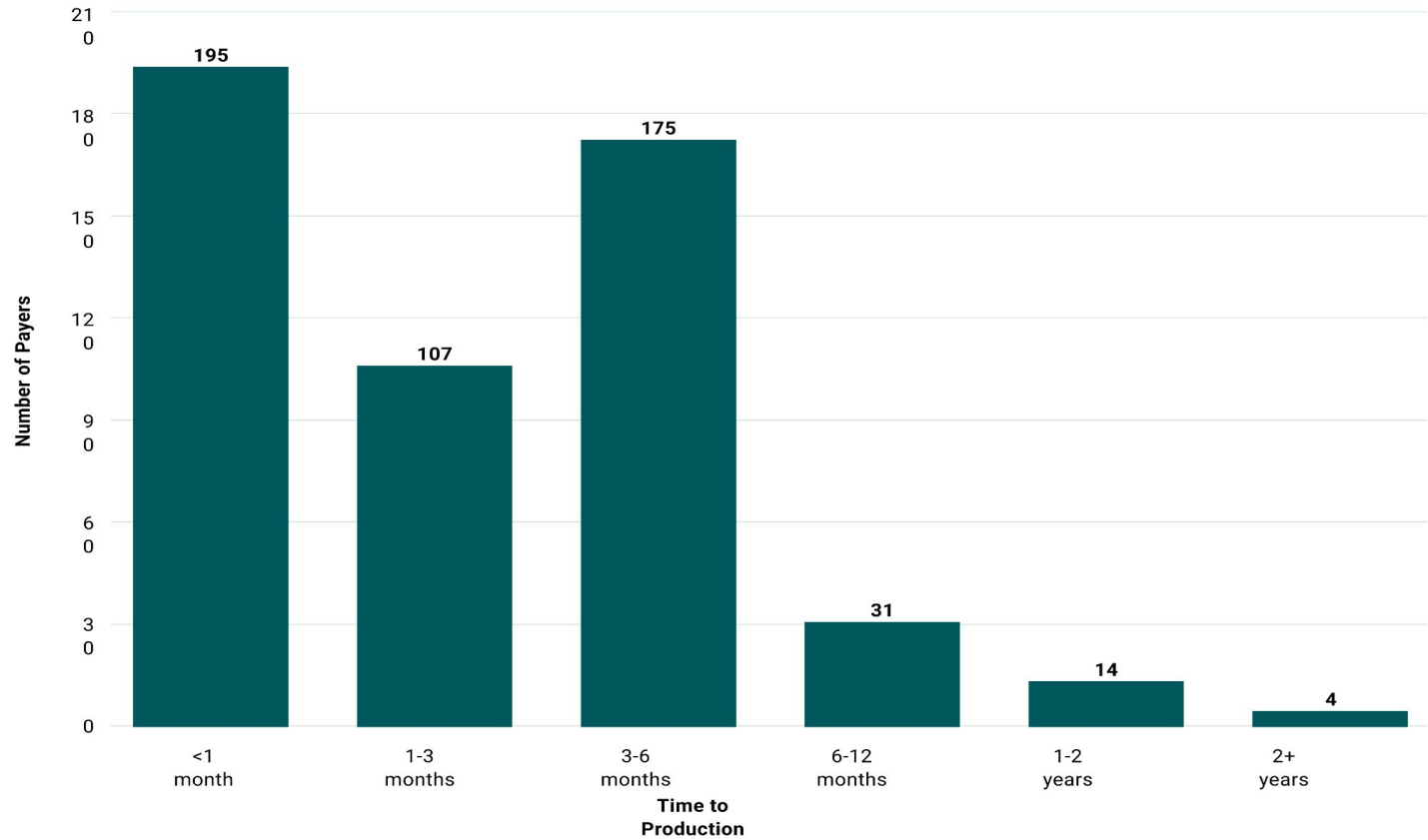
# Quantifying Patient Access



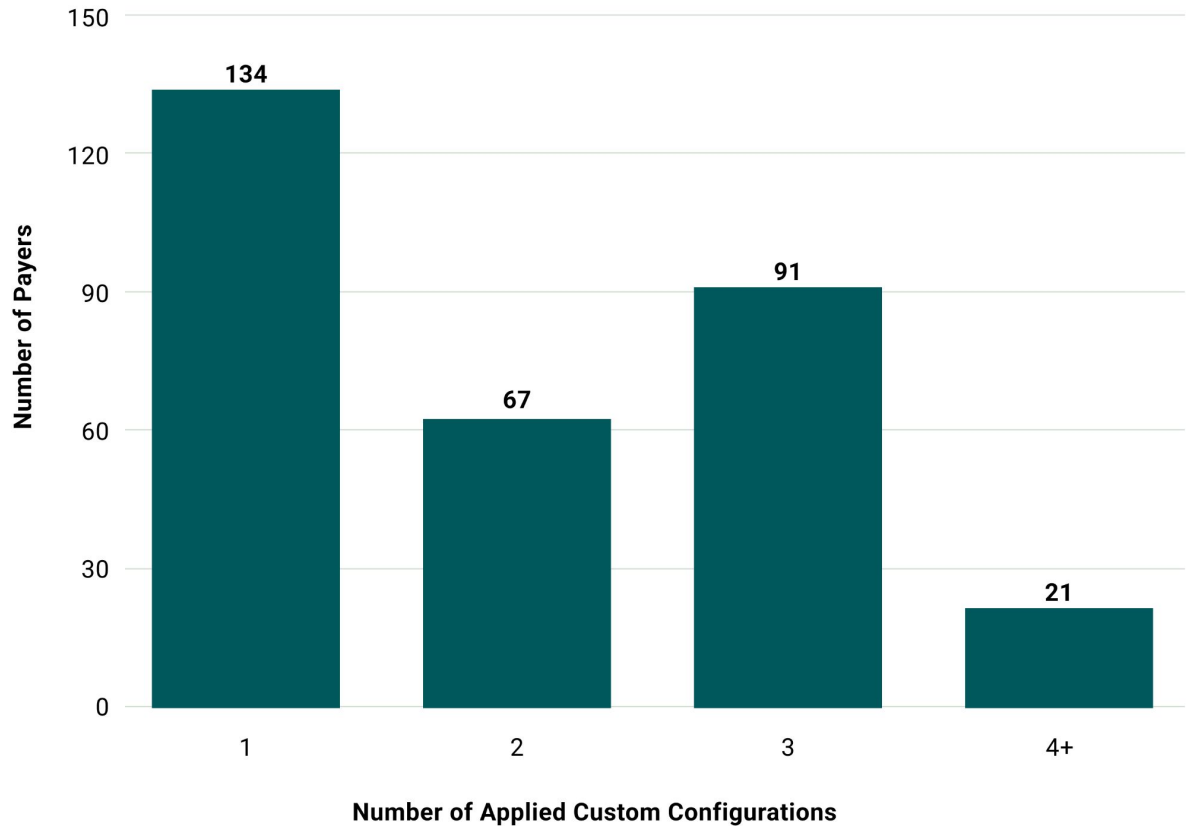
# The Road to Establishing Contact



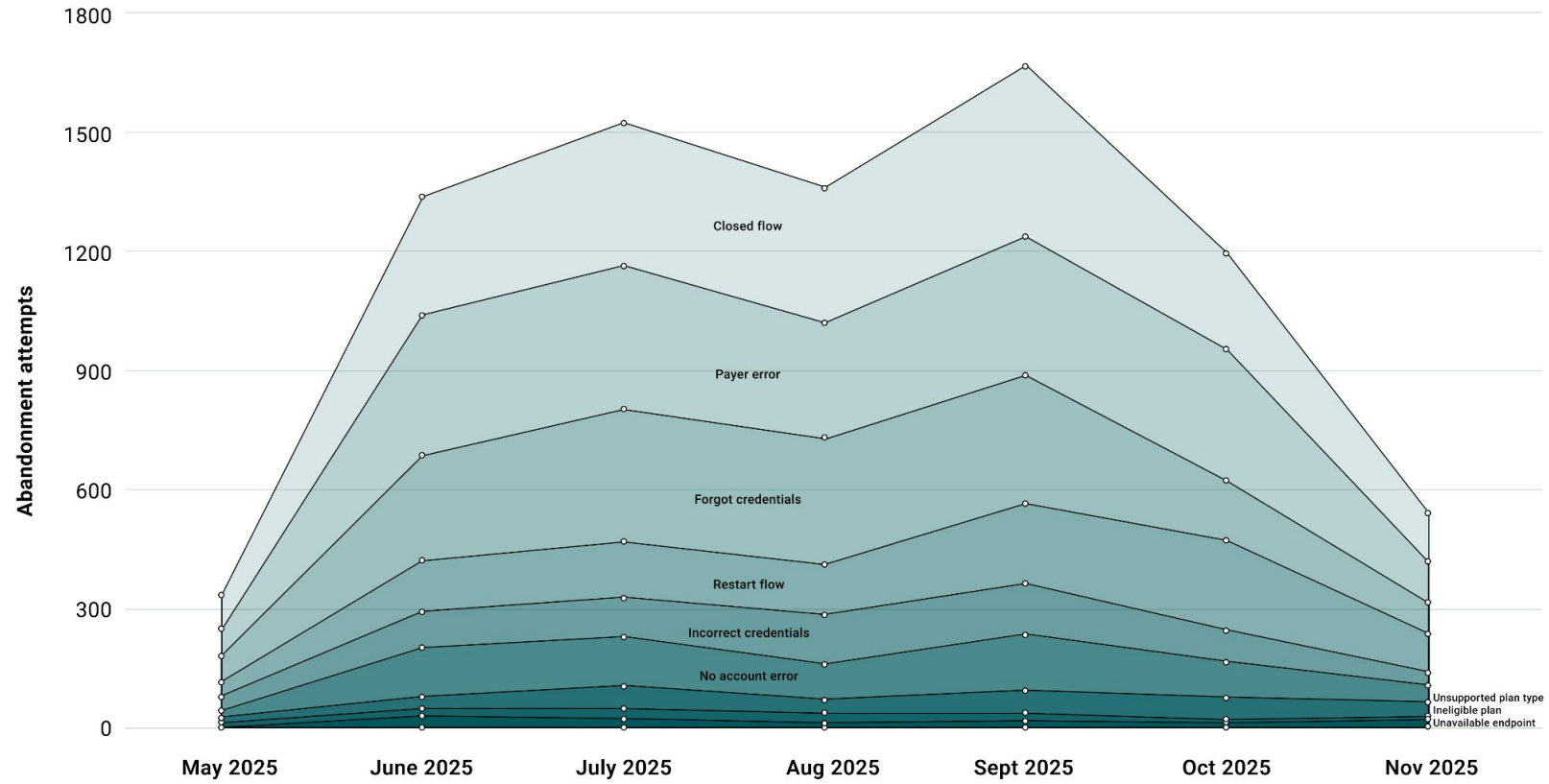
# Time to Production



# Custom Configurations



# Abandonment Reasons



## TEFCA and CMS Pledge



# Flexpa's CMS' Kill the Clipboard Pledge for July 4, 2026

1

**We pledge to empower patients to retrieve their health records**

**Solution:** retrieve records using CMS 9115-F (Payer Patient Access), ONC (g)(10) (Provider Patient Access), and TEFCA IAS (Individual Access Services)

2

**Share them with providers via QR codes or Smart Health Cards/Links using FHIR bundles**

**Solution:** In app, support sharing all records with SMART Health Links & SMART Health Cards

3

**Return visit records to patients in the same format.**

**Solution:** Consume a post visit-summary via a SMART Health Link from the provider

4


**Appointment and encounter notifications.**

**Solution:** Architecture and working group support for FHIR Subscriptions

**At the end of 2025, Flexpa retrieved its first TEFCA document as an IAS provider!**

**But how does it compare to the ONC (g)(10) APIs?**

[Register now for our webinar with CARIN Alliance on the State of the CMS Patient Access APIs →](#)


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## My health data across two APIs

A personal look at retrieving my own health data via two different API-driven paths, comparing the experience and the data received.

January 2, 2026 · Angela Liu



*Join us on 1/20/26 at 12pm ET for a joint webinar with the CARIN Alliance where we will review results and findings from our latest [State of the Payer Patient Access API Report](#).*

**In this blog**

Path 1: TEFCA IAS

# Flexpa Endpoint Directory

Flexpa's directory is a comprehensive index of Payer Patient Access APIs and is the largest of its kind. The information is continuously generated from our live database of connected endpoints. The directory provides detailed information about each payer's connection status, authorization information, and FHIR API capabilities.

Endpoints are:

- FHIR-compliant REST API servers that implement the Patient Access API standard
- Protected by SMART on FHIR authorization flows
- Operated by health insurance payers to fulfill CMS Interoperability requirements

If you're a payer or vendor and would like to update your information or discuss testing partnerships, please reach out to us at [interop@flexpa.com](mailto:interop@flexpa.com).

**Connected (388)** Endpoints Flexpa is connected to and are available for use.

**In Progress (15)** Endpoints currently being implemented.


**Broken (2)** Endpoints experiencing issues and not currently available.

**Unknown (112)** Endpoints with unknown or undetermined status.

**Unavailable (45)** Endpoints not yet implemented and not available for use.

🔄 Status changed in the last 7 days.

# ASTP/ONC Alignment to Advance Interoperability



As written by Ruth Reader,  
*Politico Pulse*, 8/4/2025

ASTP/ONC commentary as part  
of the [proposed HTI-5 rule](#)

## Politico Pulse article, 8/4/2025

"On the same day last week that the Centers for Medicare and Medicaid Services rolled out plans to ease the flow of health information, the Office of the National Coordinator for Health IT made two fairly significant announcements at an event in the Eisenhower building."

"The first was that we were going to continue our work on certification, and that this was going to include **certification of APIs to improve interoperability**," Tom Keane told Ruth. "The other thing I talked about is how we were going to **enforce the information blocking**."

## ASTP/ONC HTI-5 Commentary

"We intend to sharpen the Certification Program's future focus to prioritize FHIR-based APIs that: **(1) enhance automation and API performance; (2) move beyond read-only interactions; and (3) expand the scope of data available to support clinical efficiency, patient-centered care, and timely reporting (e.g., public health, quality, government programs) use cases.**"

<https://www.politico.com/newsletters/future-pulse/2025/08/04/national-health-coordinator-wants-to-certify-how-data-moves-00491541>

# CARIN Blue Button STU 2.2.0 Update

**STU 2.2.0 Release (Q1 2026):** We plan to publish an STU 2.2.0 update to address key Jira tickets, avoiding breaking changes.

**STU 3.0.0 Ballot (September 2026):** After publishing STU 2.2.0, we will begin work on STU 3.0.0, including breaking changes.

**Review Process:** We have met with implementers over the past several weeks on HL7/CARIN public calls focused on reviewing submitted tickets. In the coming weeks, we will meet with the Financial Management Workgroup at the HL7 WGM for final review and voting before publishing the STU 2.2.0 update.

## Current planned updates to STU 2.2.0 include the following:

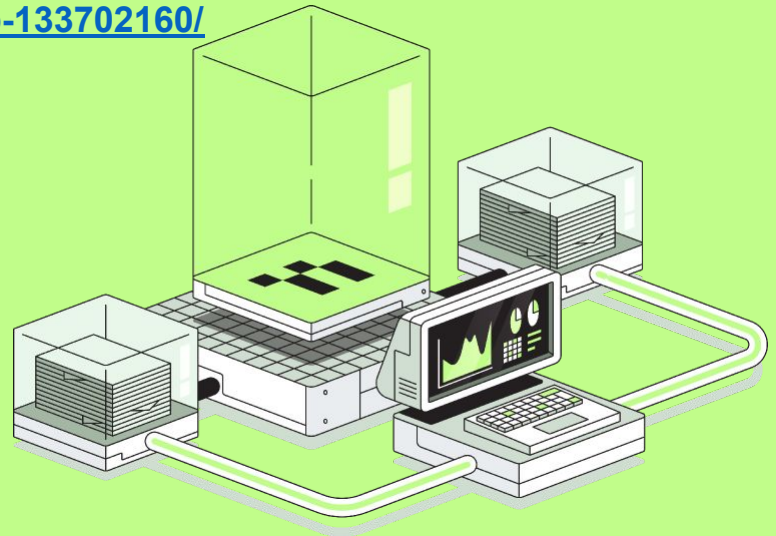
- Update the IG from US Core 6.1.0 to 7.0.0. The update from US Core 6.1.0 to 7.0.0 included only one notable difference in the patient race extension. For STU 3.0.0 we will review this resource profiles for any notable changes between US Core 7 and 8 for possible adoption of 8.
- New draft guidance "When using ICD-10-CM codes, only non-header codes SHOULD be used. Header codes are non-billable organizational categories and should not be used for coding actual patient diagnoses."
- New draft guidance To the "Considerations for Improving Interoperability" section, after the first paragraph, add the following language:
  - Payers should note that some authors of proprietary code systems used in this Implementation Guide allow for expression of code descriptions depending on use. Some of these code systems may go further and provide consumer-friendly descriptors of these codes, such as the American Medical Association(c) CPT(R) which provides a "Consumer Friendly Descriptor" for its codes. Payers should strongly consider including these descriptors to make the information they provide to their members more usable for them.
- Will add paidbypatienthealthaccount code to C4BBAdjudication ValueSet
- A lot of the invariants in this IG have multiple lines. These will be removed as it may be causing an issue with Inferno tests.
- Will revert HCPCS Level II code system URL from `<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets>` to `<http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets>` and example instance to align with THO 5.4.0

Thank you!

# Q&A

Ryan Howells - <https://www.linkedin.com/in/ryanhowells/>

Hannah Trub - <https://www.linkedin.com/in/hannah-trub-133702160/>



<https://www.flexpa.com/blog/nov-2025-state-of-the-payer-patient-access-api-report>

<https://www.flexpa.com/docs/network/directory>

<https://www.flexpa.com/blog/my-health-data-across-two-apis>

Have questions? Email us at [interop@flexpa.com](mailto:interop@flexpa.com)