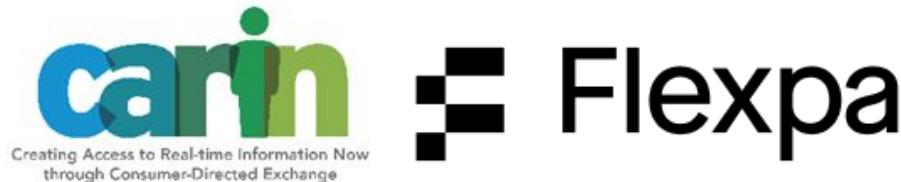


The State of the CMS Patient Access API

A CARIN Alliance Webinar

January 20, 2026 @ 12 – 1pm ET



The CARIN Alliance

Our Vision

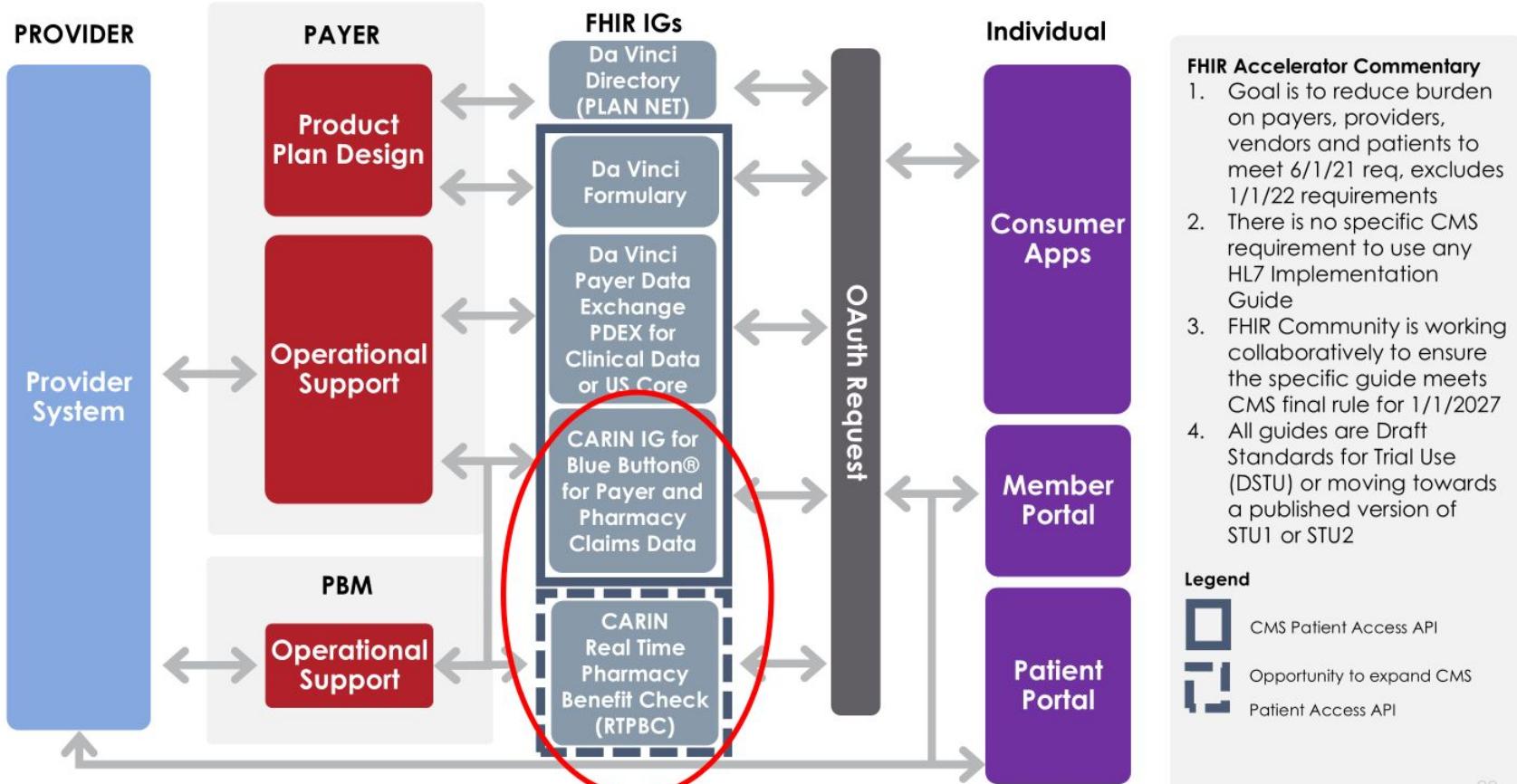
To rapidly advance the ability for consumers and their authorized caregivers to easily get, use, and share their digital health information when, where, and how they want to achieve their goals.



*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 (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)

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

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

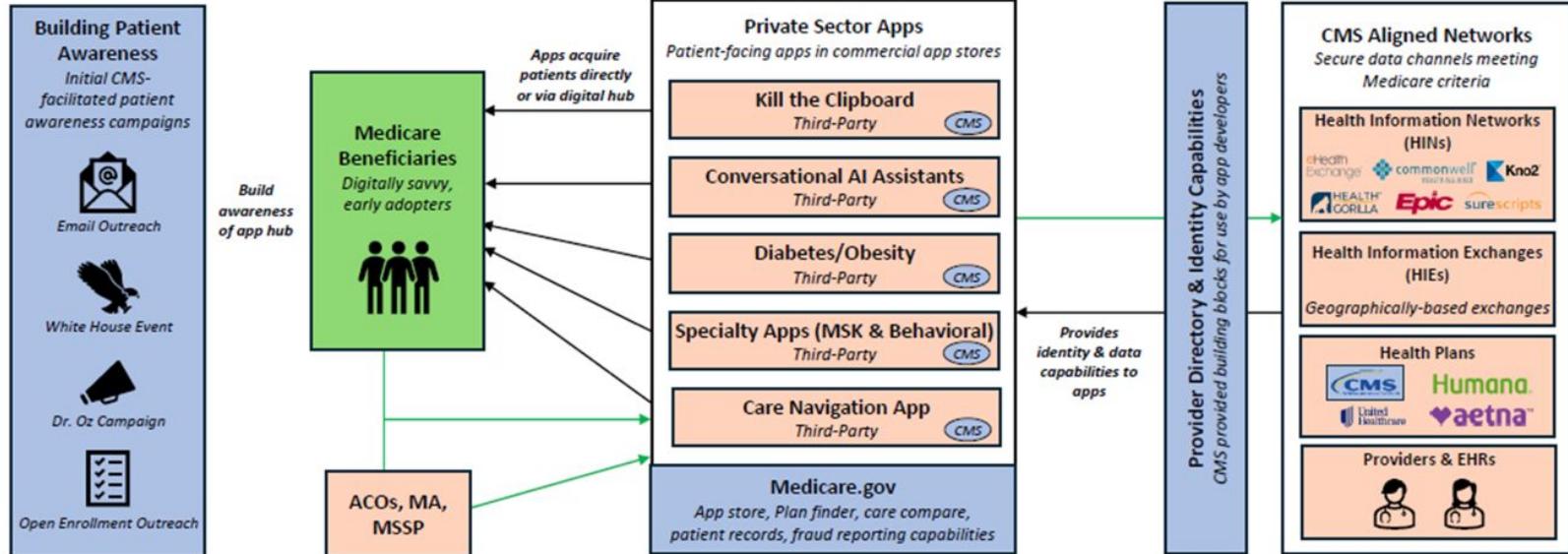
Digital identity credentials required for both patients and providers



Pledge your support by emailing
HealthTechRFI@cms.hhs.gov

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

[Log in with Facebook](#)

[Log in with Google](#)

[Log in with GitHub](#)

[Log in with Twitter](#)

[Log in with Amazon](#)

[Log in with Instagram](#)

[Log in with LinkedIn](#)

[Log in with Microsoft](#)

[Log in with Buffer](#)

[Log in with Telegram](#)

[Log in with Apple](#)

[Log in with Discord](#)

IAL2 Providers

[Sign in with ID.me](#)

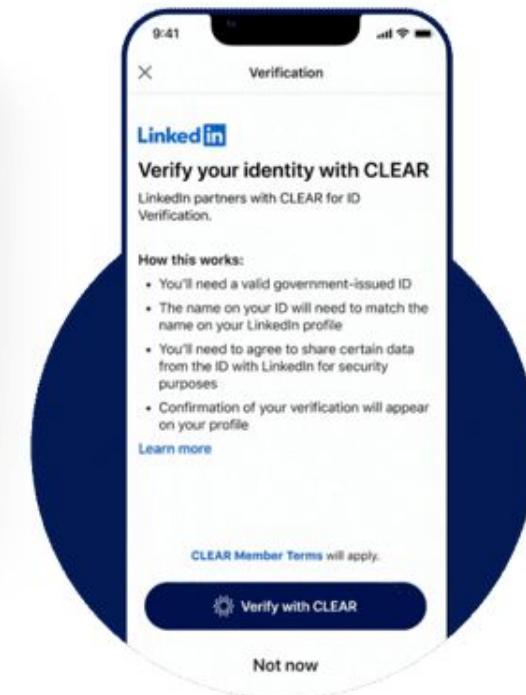
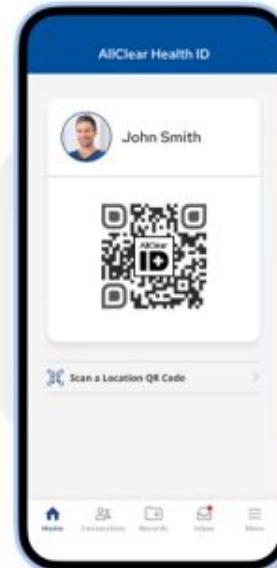


PingIdentity® persona



1KOSMOS

carin
Ensuring Access to Best-Of-Breed Information About Through Evidence-Based Exchange



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



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

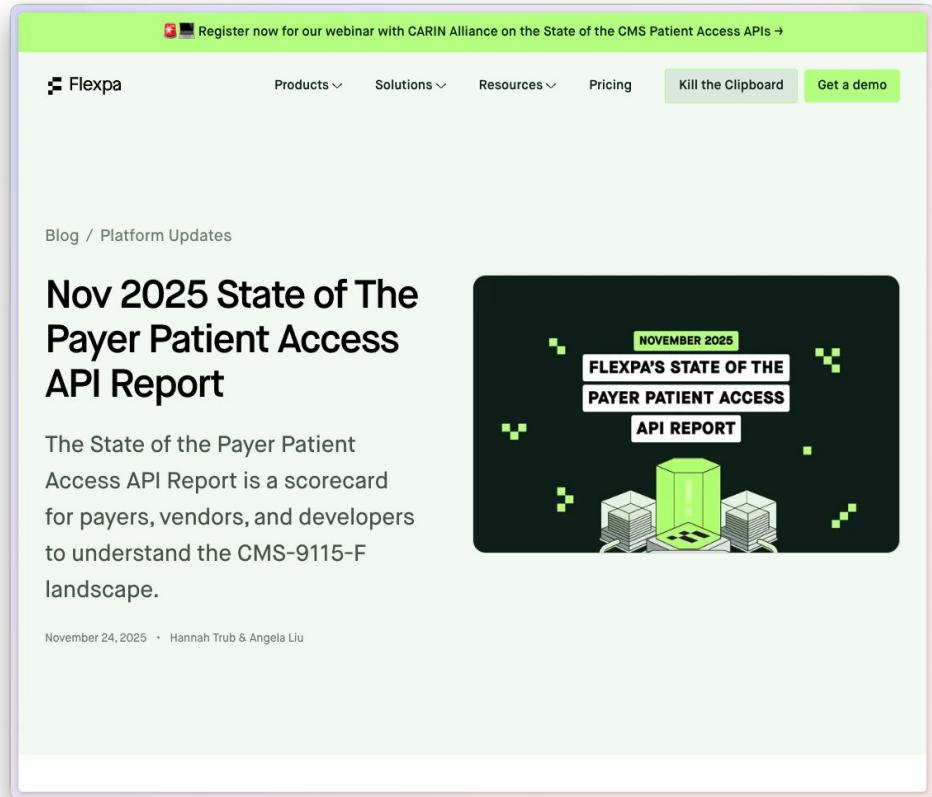
A single, secure integration to connect to 400+ health plans, giving you instant access to identified claims data.



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.



The screenshot shows a website header with a green bar at the top. The bar includes a 'Register now for our webinar with CARIN Alliance on the State of the CMS Patient Access APIs' button, the Flexpa logo, and navigation links for Products, Solutions, Resources, Pricing, and a 'Kill the Clipboard' button. Below the header, a breadcrumb navigation shows 'Blog / Platform Updates'. The main content features a large title 'Nov 2025 State of The Payer Patient Access API Report' in bold black text. Below the title is a description: 'The State of the Payer Patient Access API Report is a scorecard for payers, vendors, and developers to understand the CMS-9115-F landscape.' To the right of the text is a dark green graphic with the text 'NOVEMBER 2025', 'FLEXPA'S STATE OF THE PAYER PATIENT ACCESS API REPORT', and a stylized green cylinder and cityscape icon.

Patient Impact as a Priority



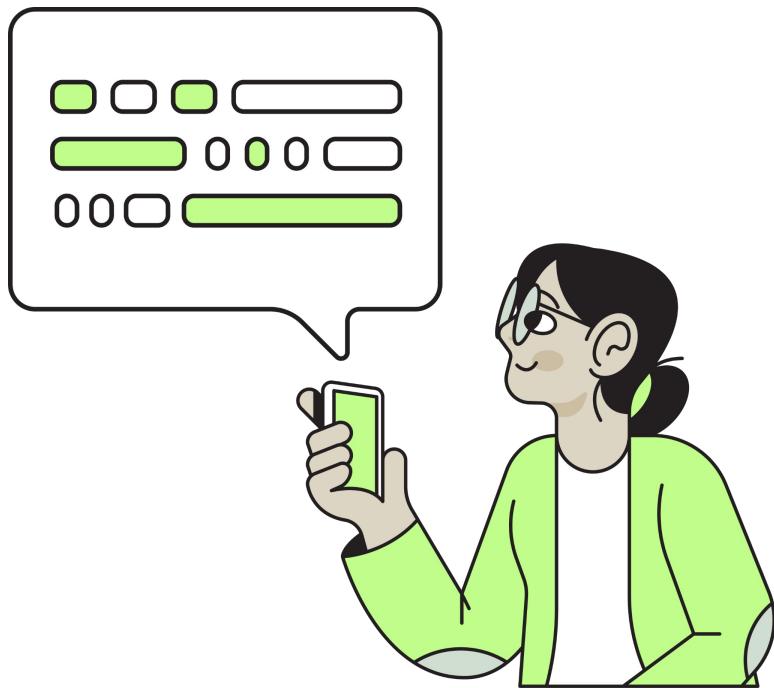
Patient Experiences: The Good and the Bad

"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

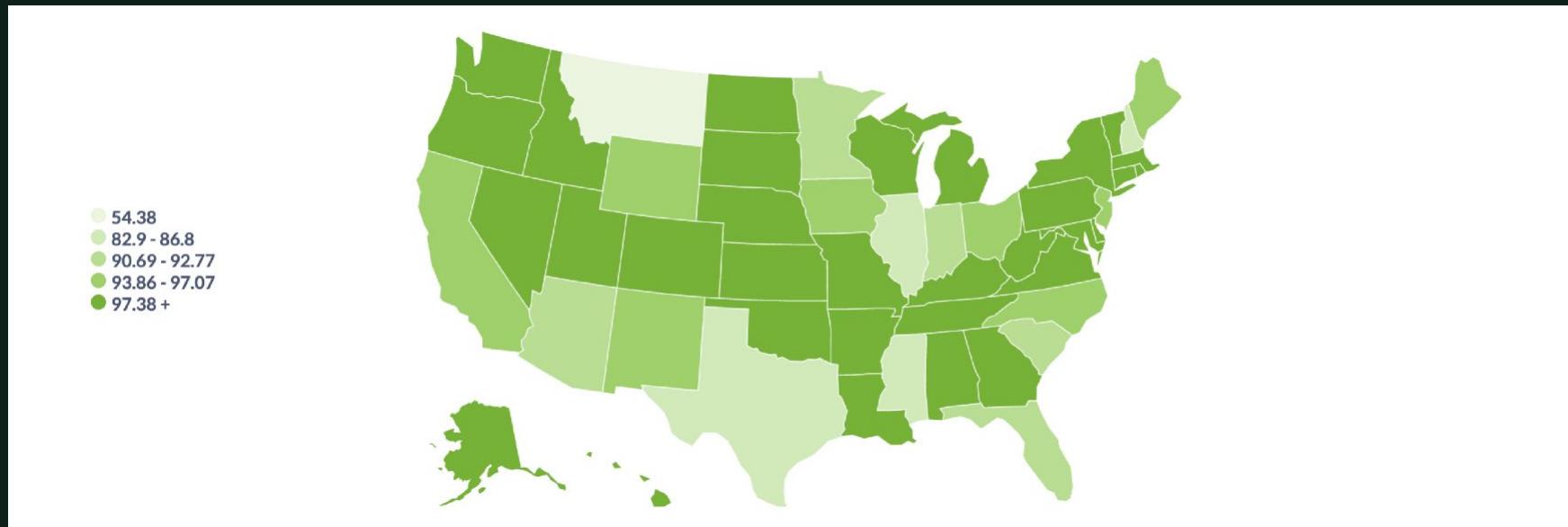
"I've tried repeatedly, for months, to allow [my study] to access my [PAYER's] info. There's always an 'error' though I supply correct logins and never an explanation. If I don't get an explanation this time, I'm giving up."

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



428,000+ authorization attempts
3,000+ unique MyFlexpa users
100M+ FHIR resources synced

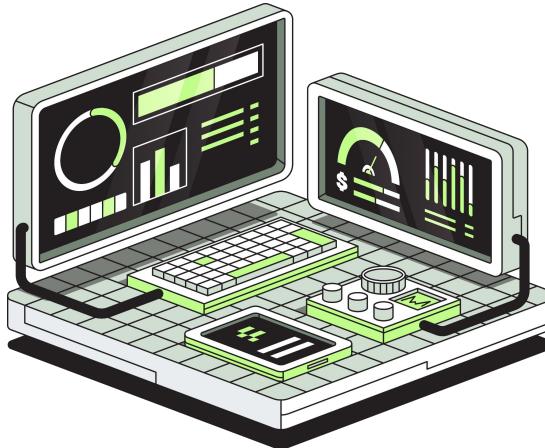
94% of all U.S. CMS lives and 100% of VA lives



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

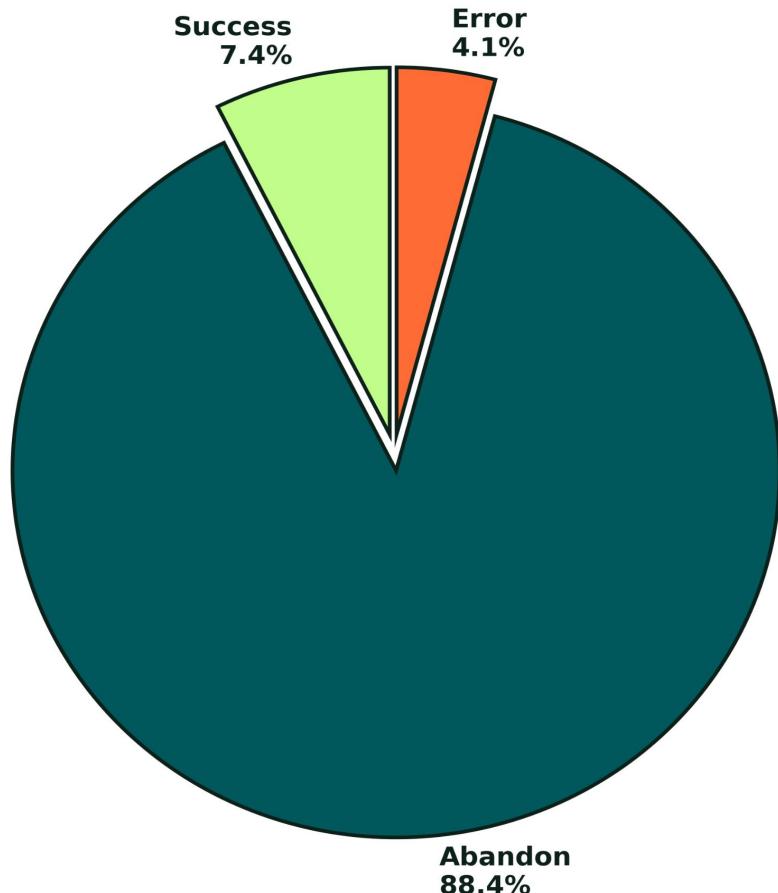
30+ FHIR vendors

6 months of data

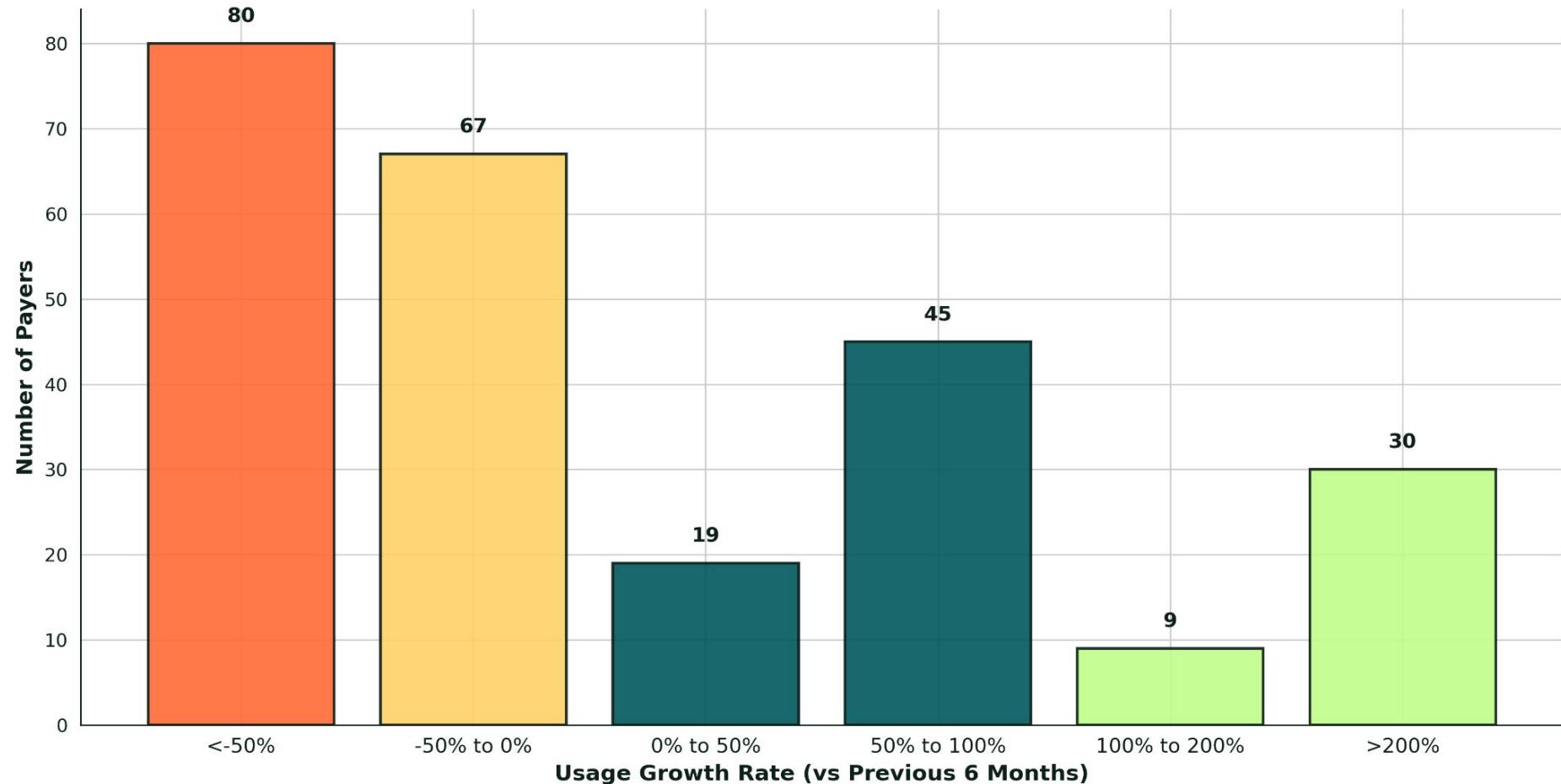
... here are the results

A1	Detailed methodology can be found here: https://www.flexpa.com/reports/patient-access-report-methodology															Summarise this data	
	Max score		100	10	8	4	3	3	2	20	5	5	20	10	10		
3	Organizational Payer		Total Score	Endpoint Status Score	Has Sandbox Environment Score	Has Sandbox Test Patient Score	Has CapabilityStatement 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	b77795d9- Centers for Medicare & Medicaid Services (CMS)	92	10	8	4	3	3	2	12	5	5	20	10	10			
5	a0d4bae8-1 VillageCareMAX	91	10	8	4	3	3	2	16	5	0	20	10	10			
6	2d95a886-1 UnitedHealthcare	88	10	8	4	3	3	2	8	5	5	20	10	10			
7	18d15322-1 Central California Alliance for Health	85	10	8	4	3	0	2	8	5	5	20	10	10			
8	67033465-1 Kaiser Foundation Health Plan of Hawaii	85	10	0	0	3	0	2	20	5	5	20	10	10			
9	fd30f65a-51 Blue Cross Blue Shield of Tennessee	84	10	8	4	3	3	2	8	5	5	20	10	6			
10	04783b8e-1 Security Health Plan of Wisconsin	83	10	8	4	3	0	0	20	5	5	8	10	10			
11	9b38c22a-1 CareSource	80	10	8	4	3	0	2	8	5	0	20	10	10			
12	748b2733-1 CenCal Health	79	10	8	4	3	0	2	12	5	5	20	unknown	10			
13	1e14c181-1 Kaiser Permanente	78	10	8	4	3	3	2	8	5	5	20	unknown	10			
14	3f5e6120-1 CareOregon	77	10	8	4	3	0	2	0	5	5	20	10	10			
15	a104ec7e-1 Colorado Access	77	10	8	4	3	0	2	0	5	5	20	10	10			
16	738b9dbc-1 Kaiser Foundation Health Plan of Colorado	75	10	0	0	3	0	2	20	5	5	20	unknown	10			
17	edcc71dc-0 Department of Veteran's Affairs	75	10	8	4	3	0	2	8	5	5	20	unknown	10			
18	fb5ba514-8 Partnership HealthPlan of California	75	10	8	4	3	0	2	8	5	5	20	unknown	10			
19	050b7da9- Blue Shield of California	73	10	8	4	3	0	2	8	5	5	8	10	10			
20	1a4f0676-f1 L.A. Care Health Plan	73	10	8	4	3	0	2	4	5	5	12	10	10			
21	72cbc5be-1 Florida Blue	73	10	8	4	3	0	2	4	5	5	12	10	10			
22	4ca0ef67-1 Capital District Physicians' Health Plan (CDPHP)	71	10	0	0	3	0	2	20	5	5	16	unknown	10			
23	d01c09f8-f1 Blue Cross Blue Shield of Kansas	71	10	8	4	3	0	2	4	5	5	20	unknown	10			
24	d89ba0b5-5 Humana	70	10	8	4	3	3	2	0	5	5	20	unknown	10			
25	f3a976fa-1 Viva Health	70	10	0	0	3	0	2	20	5	0	20	unknown	10			
26	71220339- Community Health Group	68	10	8	0	3	3	2	8	5	5	16	8	unknown			
27	ff5dfb0b-32 UPMC Health Plan	68	10	0	0	3	3	2	0	5	5	20	10	10			
28	1d83ed23-1 Blue Cross Blue Shield of Alabama	67	10	8	4	3	0	2	0	5	5	20	10	unknown			
29	26a8ea58- WellSense Health Plan	67	10	0	0	3	0	2	12	5	5	20	unknown	10			
30	375a6ee2-1 Health Plan of San Joaquin	67	10	8	4	3	0	2	0	5	5	20	unknown	10			
31	49c47116-c Kaiser Foundation Health Plan of Washington	67	10	0	0	3	0	2	12	5	5	20	unknown	10			
32	b5bfaf4b-fa PacificSource Health Plans	67	10	8	4	3	0	2	0	5	5	20	10	unknown			
33	de83b67b-1 San Francisco Health Plan (SFHP)	67	10	8	4	3	0	2	0	5	5	20	unknown	10			

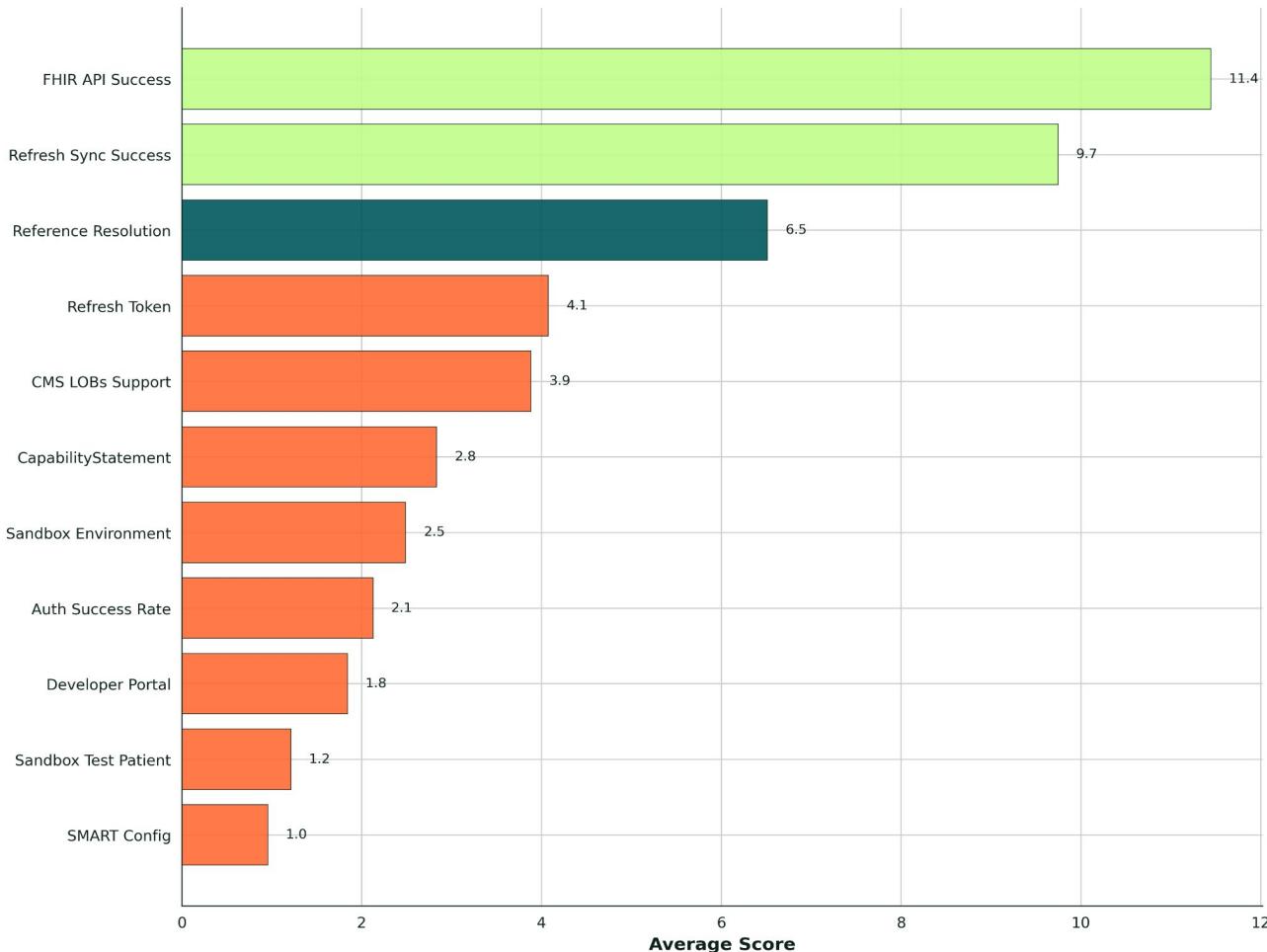
Patient Authorization Outcomes Across All Connected Payers



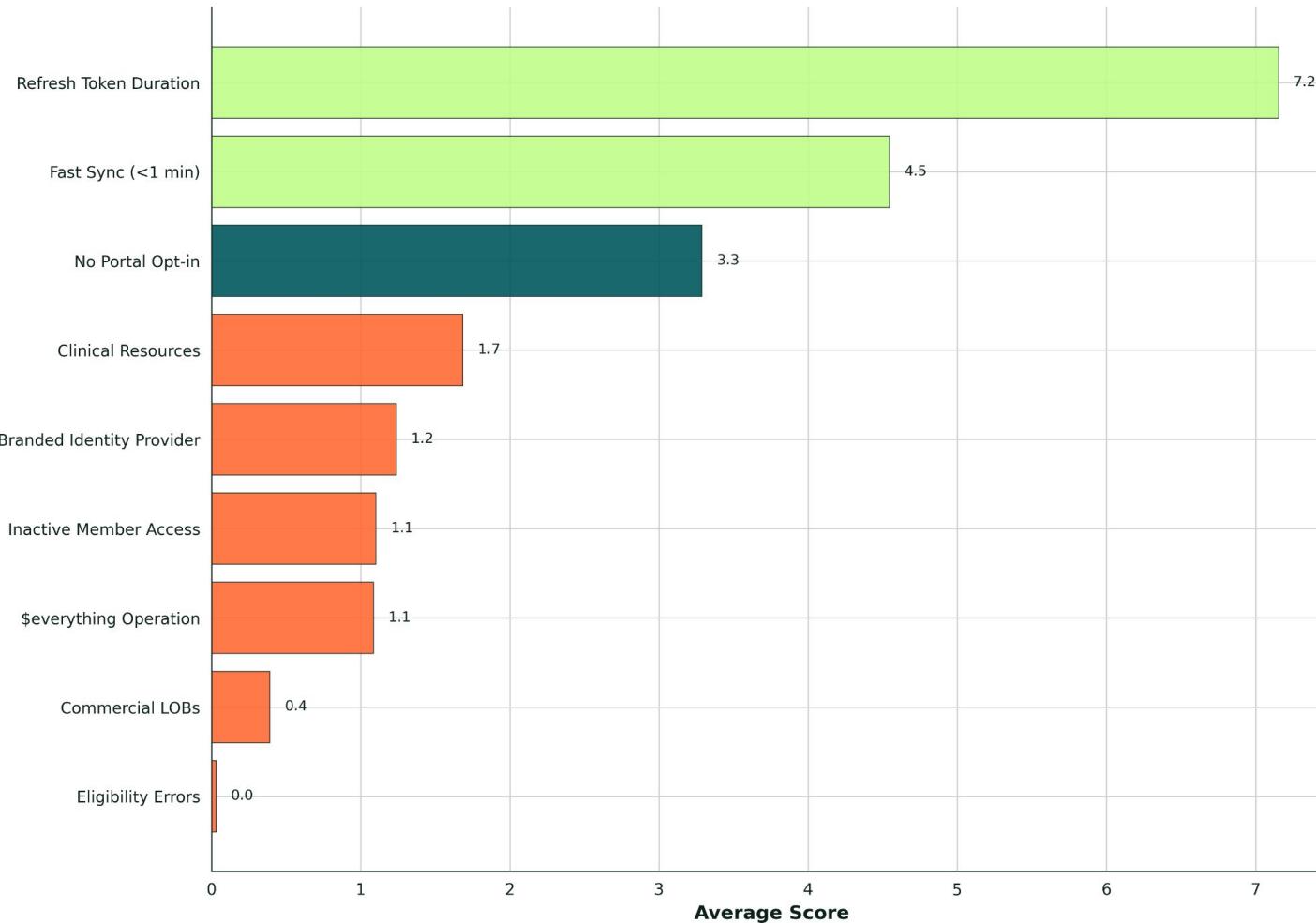
Patient Access API Usage Growth Patterns (Connected Payers Only)



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



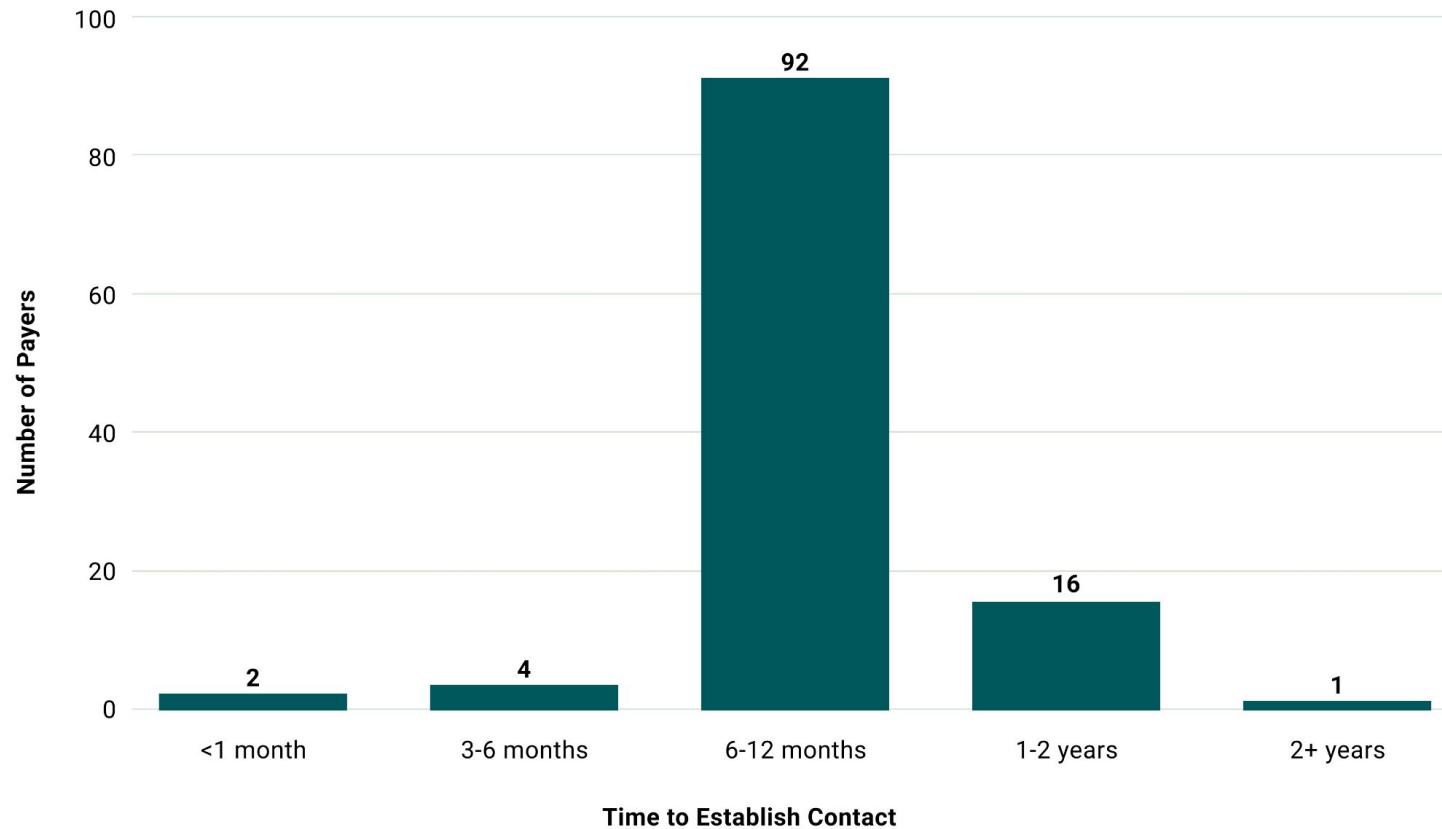
Beyond Compliance: Advanced Feature Adoption (Connected Payers - Which Features Are Rarely Implemented)



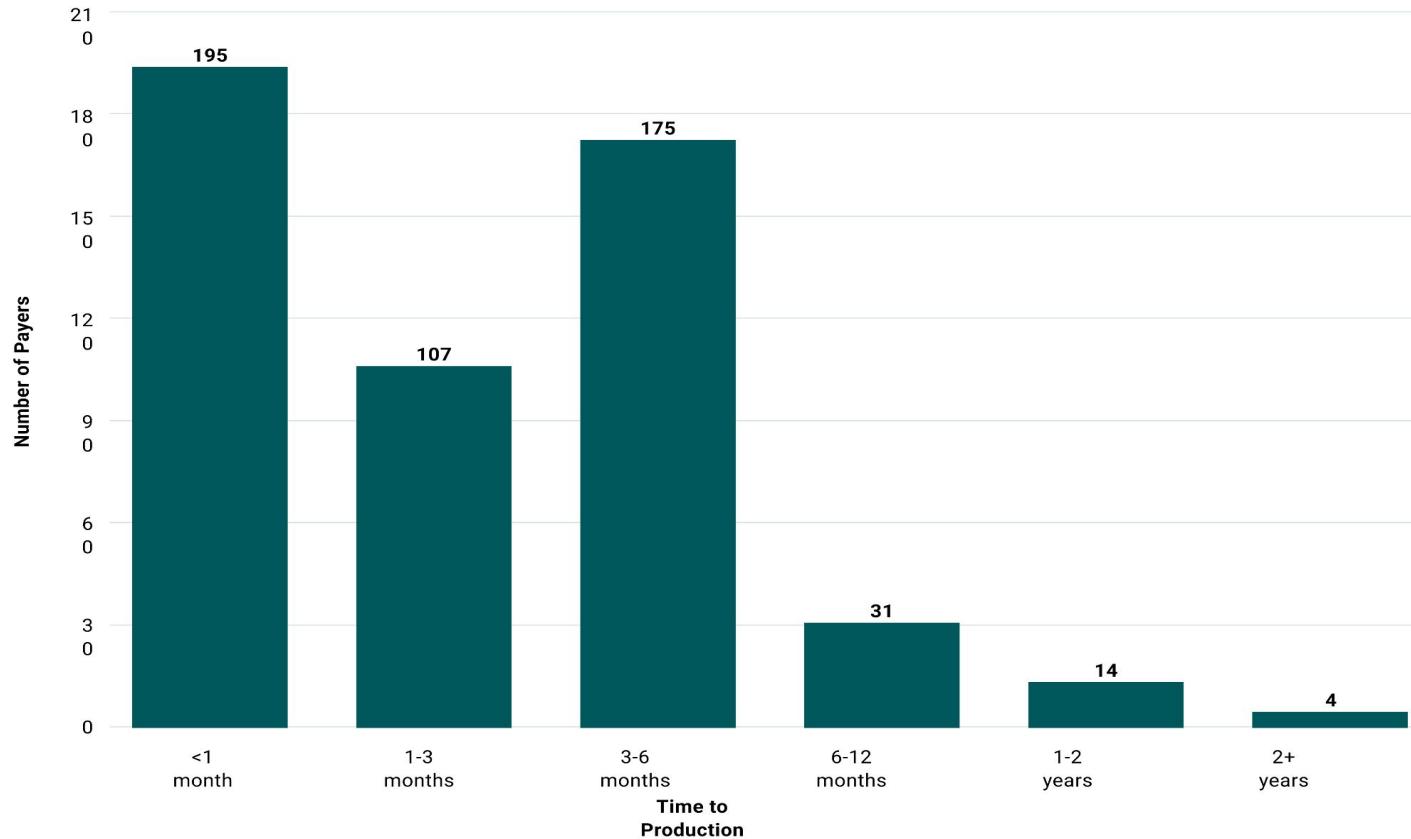
Quantifying Patient Access



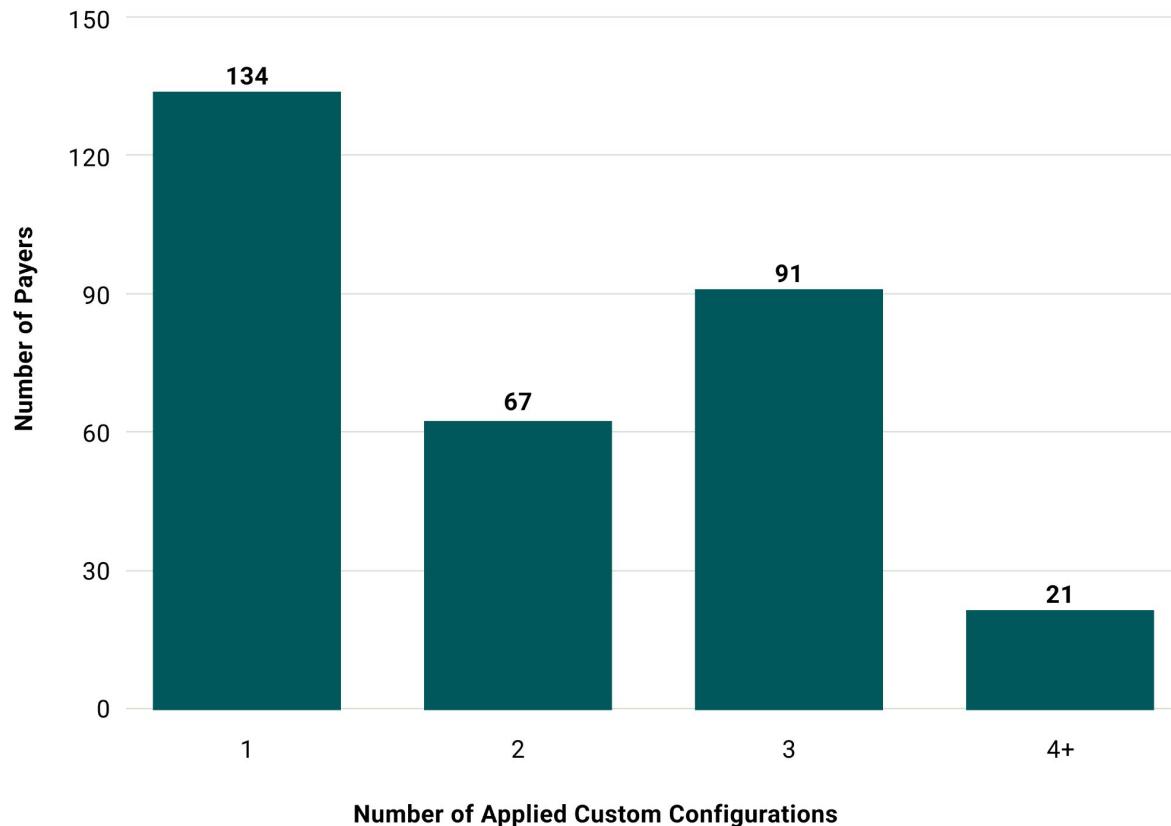
The Road to Establishing Contact



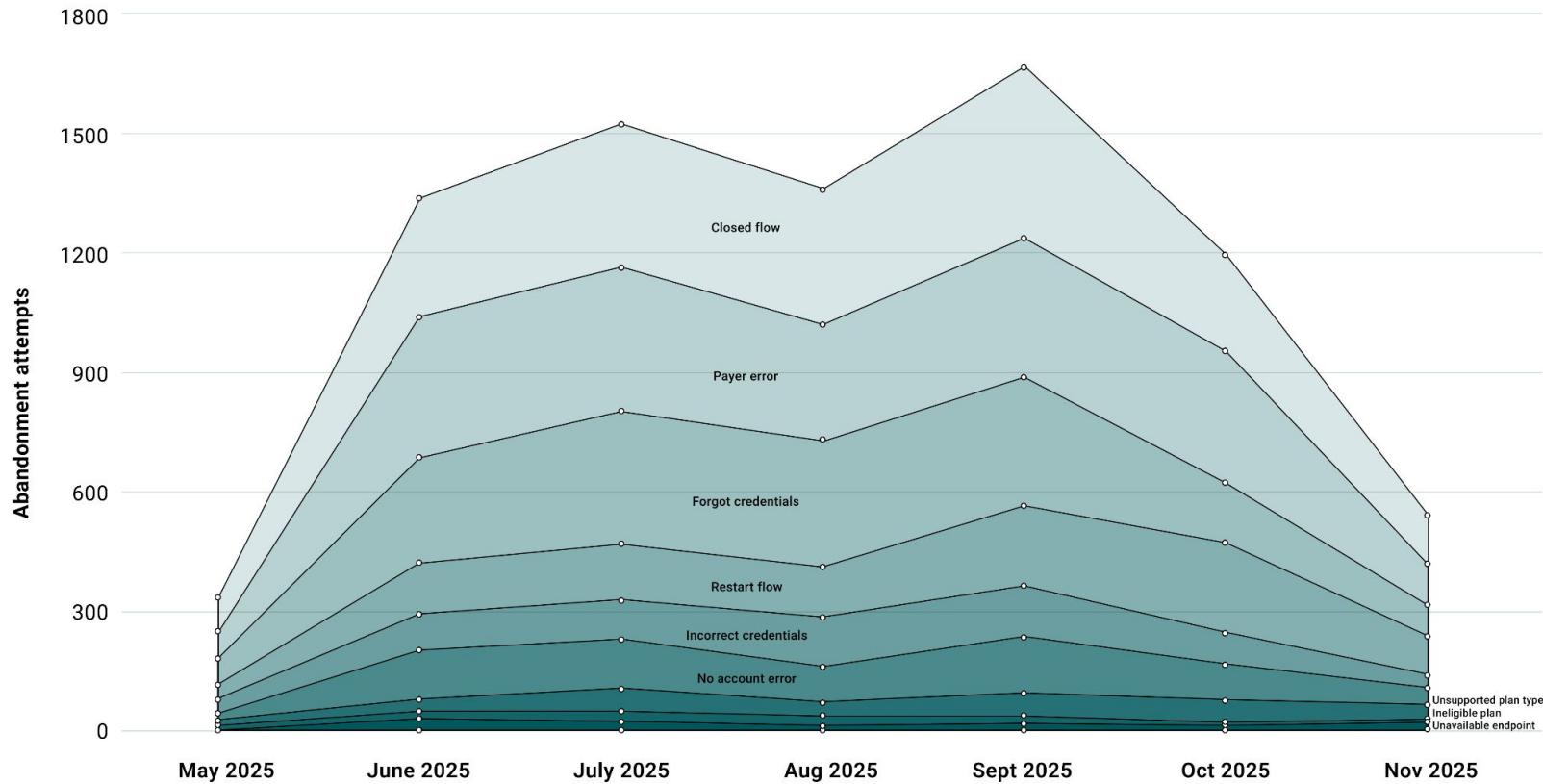
Time to Production



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
- 2 Share them with providers via QR codes or Smart Health Cards/Links using FHIR bundles
- 3 Return visit records to patients in the same format.
- 4 Appointment and encounter notifications.

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

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

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

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 →

 Flexpa Products Solutions Resources Pricing Kill the Clipboard Get a demo

Blog / Platform Updates

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.

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.

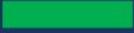
Search endpoints...

All Statuses

All Token Types

All Lines of Business

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:

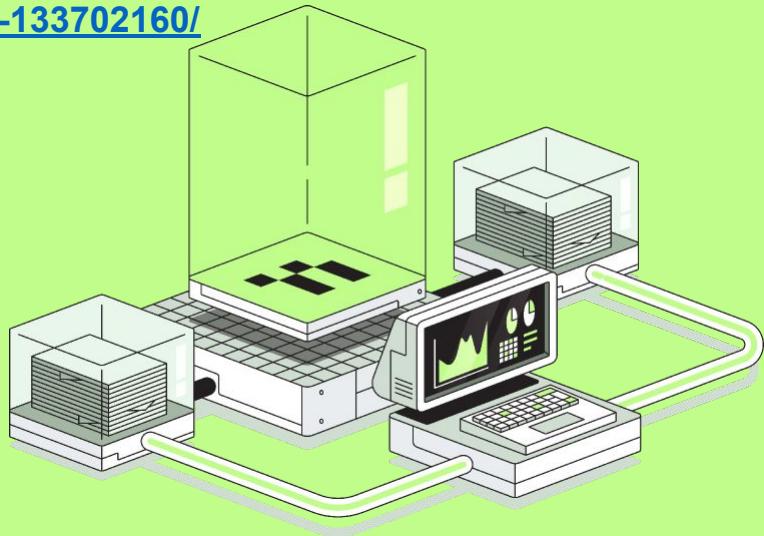
- Update the IG from US Core 6.1.0 to 7.0.0. The update from US Core 6.1.0 to 7.0.0 included only one notable difference in the patient race extension. For STU 3.0.0 we will review this resource profiles for any notable changes between US Core 7 and 8 for possible adoption of 8.
- New draft guidance "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 C4BBAduication 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>