CMS Interoperability and Patient Access Final Rule

| What Payers Need to Know

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CMS Interoperability and Patient Access Final Rule

Goal	Enable patients to easily access their health information and move the healthcare system toward greater interoperability.

Policies	▶ Patient Access API ▶ Provider Directory API ▶ Payer-to-Payer Data Exchange ▶ Improving the Dually Eligible Experience by Increasing the Frequency of Federal-State Data Exchanges ▶ Public Reporting an Information Blocking ▶ Digital Contact Information ▶ Admission, Discharge, and Transfer Event Notifications

What health plans are affected?	▶ Medicare Advantage organizations ▶ Medicaid programs ▶ Children's Health Insurance Program (CHIP) ▶ Qualified Health Plans on the Federally facilitated Exchanges (FFEs)

Summary

CMS announced the Interoperability and Patient Access final rule on March 9, 2020 and set forth a timeline that includes an effective date of January 1, 2021, for initial payers' requirements. Due to the impact of the coronavirus pandemic, CMS announced a delay in enforcement of the final rule to July 1, 2021. Many health plans still face significant work to implement the requirements and ensure compliance within that schedule and will depend on technology partners for middleware technology to streamline implementation.

According to CMS, "The CMS Interoperability and Patient Access final rule establishes policies that break down barriers in the nation's health system to enable better patient access to their health information, improve interoperability and unleash innovation, while reducing burden on payers and providers." The CMS final rule builds on the work of the Office of the National Coordinator for Health Information Technology (ONC) which

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published their Cures Act final rule on the same day that identifies HL7 FHIR Release 4.0.1 as "the foundational standard to support data exchange via secure APIs" standards.

Despite quality incentive programs for providers such as Meaningful Use, MIPS, and Promoting Interoperability measures, healthcare consumers have struggled with access to a complete and cohesive view of their health information across entities. CMS has a goal of putting the patient at the center and relays their position in this way, "Payers are in a unique position to provide enrollees with a comprehensive picture of their claims and encounter data, allowing patients to piece together their own information that might otherwise be lost in disparate systems. This information can contribute to better informed decision making, helping to inform the patient's choice of coverage options and care providers to more effectively manage their own health, care, and costs."

CMS recognizes health plans as the participant best able to provide the complete picture of the patient's healthcare journey. That view is further demonstrated in their requirements for payers to provide both administrative and clinical data for the member to access.

Important Deadlines for Payers

January 1, 2021 Payer Requirements (Enforcement delayed until July 1, 2021)

Patient Access FHIR-Based API

- ▶ Allows patient to easily access claims, encounter, and clinical data through third party applications of their choice.
- ▶ Clinical data includes member data that the payer maintains for health plan use (such as that used for quality program, risk adjustment, care management).
- ▶ Any data the payer maintains that is part of the United States Core Data for Interoperability (USCDI) version 1 data set must be shared through the FHIR API.
- ▶ Part D Medicare Advantage plans must also make formulary information available; Medicaid and CHIP must make preferred drug lists available.
- ▶ Data must be made available no later than one business day after adjudication or processing.
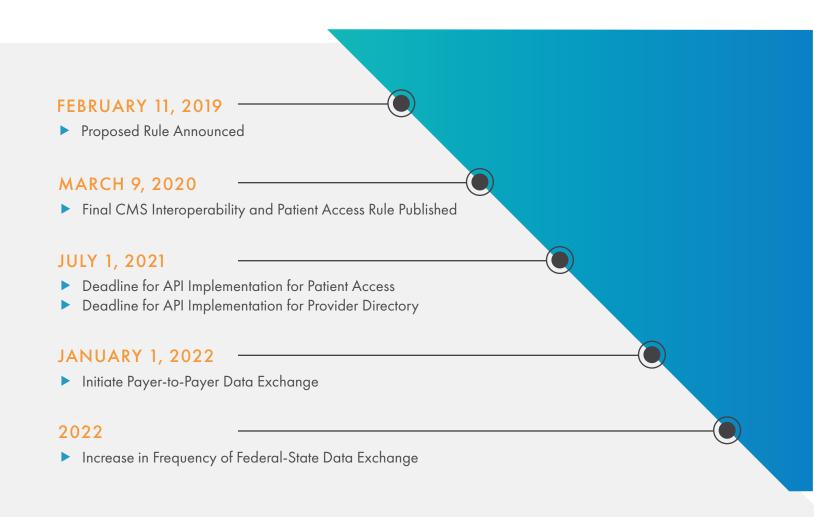
Provider Directory API

- ▶ Make the provider directory information for CMS-regulated health plans available publicly through FHIR API (excluding QHPs on the FFE).
- ▶ For Medicare Advantage Prescription Drug Plans (MAPD) pharmacy directory details must be included.
- ▶ Data must be available no later than 30 calendar days after a payer receives provider directory information or updates to the information.

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January 1, 2022 Payer Requirements

Payer-to-Payer Data Exchange

▶ Exchange certain clinical data (specifically the USCDI) version 1 data set at the patient's request, allowing patient to "take their data with them."

▶ Includes claims data and encounter data and other EHI (further clarification expected from CMS toward the end of 2020).

▶ Data with a date of service on or after January 1, 2016 will be provided to the new health plan.

FEBRUARY 11, 2019
▶ Proposed Rule Announced

MARCH 9, 2020
▶ Final CMS Interoperability and Patient Access Rule Published

JULY 1, 2021
▶ Deadline for API Implementation for Patient Access
▶ Deadline for API Implementation for Provider Directory

JANUARY 1, 2022
▶ Initiate Payer-to-Payer Data Exchange

2022
▶ Increase in Frequency of Federal-State Data Exchange

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Background

21st Century Cures Act

▶ December 13, 2016

The 21st Century Cures Act (referred to as the "Cures Act") was passed by Congress on December 13, 2016. The vision set out in the Cures Act is to improve the quality and accessibility of information that Americans need to make informed health care decisions, including data about health care prices and outcomes. The bipartisan bill includes several provisions to expedite nationwide interoperability by facilitating the development of a voluntary model framework and common agreement on the secure exchange of health information. It also authorizes penalties for "information blocking," interfering with lawful sharing of electronic health records. Additionally, the act lays out requirements for providing patients access to their electronic health information that is "easy to understand, secure, and updated automatically." The law designates a continuing federal role by the Office of the National Coordinator for Health Information Technology (ONC) in the regulation and development of health IT standards.

21st Century Cures Act

MyHealthEData

▶ March 2018
▶ Executive Order

In March 2018, The Administration launched the MyHealthEData initiative which aims to empower patients by giving them control of their healthcare data. The program is intended to give patients true control of their health records from the device or application of their choice. CMS indicated the need to move to a system in which patients have control of their healthcare information to make informed decisions about their health and care. With full access to health records, patients will be enabled to move from provider to provider, which can increase competition and lower cost.

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ONC's Cures Act Final Rule

▶ March 9, 2020

On March 9, 2020, two rules were released related to the implementation of interoperability and patient access provisions of the 21st Century Cures Act by the Department of Health and Human Services. One from the Office of the National Coordinator for Health Information Technology (ONC) and one by the Centers for Medicare & Medicaid Services (CMS).

ONC's final rule establishes secure, standards-based application programming interface (API) requirements to support a patient's access and control of their electronic health information. It also provides definitions around information blocking and what constitutes Electronic Health Information (EHI) and establishes the United States Core Data for Interoperability (USCDI) as the minimum data set to be interoperable nationwide and is designed to be expanded iteratively and predictably over time. Published in February 2020, the USCDI is a standardized data set comprised of 16 data classes and 52 data elements.

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▶ March 9, 2020
▶ CMS-9115-F

The CMS Interoperability and Patient Access Final Rule is the first phase of policies centrally focused on advancing interoperability and patient access to health information using the authority available to the CMS. CMS indicates within the introduction of the rule that they "believe this is an important step in advancing interoperability, putting patients at the center of their health care, and ensuring they have access to their health information." Furthermore, CMS has said they are "taking an active approach to move participants in the health care market toward interoperability and the secure and timely exchange of health information."

The two rules, issued by both the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS), implement interoperability and patient access provisions of the bipartisan 21st Century Cures Act.

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CMS Interoperability and Patient Access Final Rule (continued)

▶ March 9, 2020
▶ CMS-9115-F

Putting patients in charge of their health records is a key piece of giving patients more control in healthcare, and patient control is at the center of the administration's work toward a value-based healthcare system.

These changes are truly transformative for the US healthcare system. ELLKAY is here to help you with your immediate needs of ensuring secure and complete compliance with the CMS Final Rule and also to help you leverage interoperability to advance your health plan's goals related to member engagement, value-based care, and other transformation programs requiring actionable data.

Addendum - Overview Statement from CMS

We have included this excerpt from the Federal Register as an addendum as it informs more completely on CMS's vision and their decisions.

FEDERAL REGISTER VOL. 85, MAY, 1, 2020, RULES AND REGULATIONS)

We are dedicated to enhancing and protecting the health and well-being of all Americans. One critical issue in the U.S. health care system is that people cannot easily access their health information in interoperable forms. Patients and the health care providers caring for them are often presented with an incomplete picture of their health and care as pieces of their information are stored in various, unconnected systems and do not accompany the patient to every care setting. Although more than 95 percent of hospitals and 75 percent of office-based clinicians are utilizing certified health IT, challenges remain in creating a comprehensive, longitudinal view of a patient's health history. This siloed nature of health care data prevents physicians, pharmaceutical companies, manufacturers, and payers from accessing and interpreting important data sets, instead, encouraging each group to make decisions based upon a part of the information rather than the whole. Without an enforced standard of interoperability, data exchanges are often complicated and time-consuming.

We believe patients should have the ability to move from payer to payer, provider to provider, and have both their clinical and administrative information travel with them throughout their journey. When a patient receives care from a new provider, a record of their health information should be readily available to that care provider,

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regardless of where or by whom care was previously provided. When a patient is discharged from a hospital to a post-acute care (PAC) setting there should be no question as to how, when, or where their data will be exchanged. Likewise, when an enrollee changes payers or ages into Medicare, the enrollee should be able to have their claims history and encounter data follow so that information is not lost. As discussed in more detail in section III. of this final rule, claims and encounter data can offer a more holistic understanding of a patient's health, providing insights into everything from the frequency and types of care provided and for what reason, medication history and adherence, and the evolution and adherence to a care plan. This information can empower patients to make better decisions and inform providers to support better health outcomes.

For providers in clinical and community settings, health information technology (health IT) should be a resource, enabling providers to deliver high-quality care, creating efficiencies and allowing them to access all payer and provider data for their patients. Therefore, health IT should not detract from the clinician-patient relationship, from the patient's experience of care, or from the quality of work-life for physicians, nurses, other health care professionals, and social service providers. Through standards-based interoperability and information exchange, health IT has the potential to facilitate efficient, safe, high-quality care for individuals and populations.

All payers should have the ability to exchange data seamlessly with other payers for timely benefits coordination or transitions, and with health care and social service providers to facilitate more coordinated and efficient care. Payers are in a unique position to provide enrollees with a comprehensive picture of their claims and encounter data, allowing patients to piece together their own information that might otherwise be lost in disparate systems. This information can contribute to better-informed decision making, helping to inform the patient's choice of coverage options and care providers to more effectively manage their own health, care, and costs.

We are committed to working with stakeholders to solve the issue of interoperability and patient access in the U.S. health care system while reducing administrative burdens on providers and are taking an active approach using all available policy levers and authorities to move participants in the health care market toward interoperability and the secure and timely exchange of health care information.

REFERENCES

▶ CMS Interoperability and Patient Access Rule, 85 Federal Register § 85 (May 1, 2020) (to be codified at 45 C.F.R. pt. 156).

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As a leader in healthcare connectivity since 2002, ELLKAY empowers payers, hospitals and health systems, laboratories, healthcare IT vendors, and more with innovative solutions and cutting-edge technologies that impact over 200 million patients. Our centralized platform for all clinical and claims data is transforming how payers access, share, and manage the information that fuels value-based care and payer-provider collaboration. With connectivity to over 700 PM/EHR systems, 55,000 healthcare facilities, and 500 laboratories, we are the healthcare industry's "Data Plumbers."