HIMSS23: FHIR-ing Forward: CMS’ Journey to Interoperability

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Agenda

• Learning Objectives
• Who We Are
• Brief History of Federal Interoperability Efforts
• Phases of Technology Integration
• Rulemaking Recap
• CMS Roadmap to Interoperability
• Resources
Learning Objectives

• Outline CMS’ milestones and major interoperability events
• Discuss CMS’ proposed December 2022 Advancing Interoperability and Improving Prior Authorization Processes proposed rule
• Describe CMS’ vision for a future connected healthcare system
Who We Are

Office of Burden Reduction and Health Informatics (OBRHI)

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.
Phases of Technology to Advance Interoperability

- Promoting technology adoption
- Incentivizing use of technology
- Advancing bi-directional data sharing and decision making
A Brief History of Federal Interoperability Efforts

2009
Congress passes Health Information Technology for Economic and Clinical Health (HITECH) Act; establishes EHR Incentive Program ("Meaningful Use")

2018
CMS launches Blue Button 2.0

2019
Meaningful Use becomes Promoting Interoperability Programs

2020
CMS publishes Interoperability and Patient Access final rule
ONC publishes 21st Century Cures Act final rule
CMS publishes Reducing Provider and Patient Burden by Improving Prior Authorization Processes proposed rule (since withdrawn)
CMS commits to transitioning to digital quality measures (dQMs)

2021
CMS Patient Access final rule policies become effective
CMS heeds stakeholder feedback and delays enforcement of Payer-to-Payer data exchange requirements

2022
ONC Cures Act final rule policies become effective
ONC releases RFI on electronic prior authorization in ONC certification
CMS releases Advancing Interoperability and Improving Prior Authorization Processes proposed rule
CMS releases RFI on establishing National Directory for Healthcare
ONC releases Trusted Exchange Framework & Common Agreement (TEFCA) version 1.0
CMS releases Adoption of Standards for Health Care Attachment Transactions proposed rule

2023
ONC Recognized Coordinating Entity begins onboarding first QHINs under TEFCA
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 implementation 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
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**Provisions**

- Patient Access Application Programming Interface (API)
- Provider Access API
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- Prior Authorization Requirements, Documentation & Decision API
- Improving Prior Authorization Processes
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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 Electronic Prior Authorization Measure to incentivize clinician and hospital use of the PARDD API
# Proposed API Interoperability Standards

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>PATIENT ACCESS API</th>
<th>PROVIDER ACCESS API</th>
<th>PROVIDER DIRECTORY API</th>
<th>PAYER-TO-PAYER API</th>
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Note: The Patient Access and Provider Directory API were finalized in the CMS Interoperability and Patient Access final rule.
## Recommended IGs by API

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<tr>
<th>IMPLEMENTATION GUIDE</th>
<th>PATIENT ACCESS API</th>
<th>PROVIDER ACCESS API</th>
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CMS Roadmap to Interoperability

YOUR HEALTH DATA
WHEN YOU NEED IT MOST

DATA EXCHANGE BASED ON PRIVACY & SECURITY
Advancing Interoperability and Patient Engagement

2009: HITECH ACT

Adoption of Health IT
Data Capture

Clinical Use of Health IT
Advanced Clinical Processes

Integration of Clinical Practices
Use of data to improve outcomes

Bi-directional Data Exchange
Integrated clinical and administrative data

Payer Adoption
Standards-based API requirements for payers

Patient Engagement in Healthcare
Growing as interoperability enables better access to data
CMS’s Commitment to Interoperability

- Developing Regulation
- Expanding Public Health Infrastructure
- Supporting Innovation
- Refining Implementation Guides
- Leading by Example
Helpful Resources

HIIG Interoperability Website
- Visit our website for additional resources and information.
- CMS Interoperability and Patient Access Final 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

Policy: Federal Register
- CMS Interoperability and Patient Access Final Rule
- ONC 21st Century Cures Act Final Rule
Questions?
You may submit questions to CMSHealthInformaticsandInteroperabilityGroup@cms.hhs.gov