



Proposed Rule on Interoperability



Medicaid and CHIP Payment and Access Commission

Moira Forbes

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Overview

- Background
- Summary of proposed rule
 - This session addresses the Centers for Medicare & Medicaid Services (CMS) notice of proposed rulemaking (NPRM) to promote interoperability among health care data systems and improved patient access to health data
 - Does not address companion NPRM published by the Office of the National Coordinator for Health Information Technology
- Potential areas for comment

Health Information Interoperability

- CMS seeks to advance interoperability and patient access to health information
- Currently, patient health information is held in multiple systems (generally by different providers and by current and previous payers)
- Compiling a complete record or sharing health information in real time requires interoperability among providers and payers
- Interoperability entails common data standards, secure exchange interfaces, provider cooperation

Multiple Efforts to Facilitate the Adoption and Use of Health Data

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) established national standards for electronic health care transactions
- Health Information Technology for Economic and Clinical Health Act (HITECH Act) in 2009 promoted health information exchange (HIE), provided financial incentives for adoption of electronic health records (EHRs)
- 21st Century Cures Act (Cures Act) in 2016 defined interoperability and prohibited information blocking (practices that prevent access to electronic health information)

Proposed Rule

- Proposed rule seeks to advance interoperability by using the authority available to CMS
 - Will affect state Medicaid and CHIP agencies, Medicaid managed care organizations (MCOs), Medicare Advantage (MA) plans, and plans in the federally facilitated exchanges (FFE)
- Six main provisions all affect state Medicaid programs or Medicaid providers
- CMS also asks for comments on a variety of issues it may address in future rulemaking

Plan Exchange of Patient Data; Participation in Exchange Networks

- Requires that payers provide and accept electronic patient data for up to five years and incorporate it into a patient's health record
 - Applies to Medicaid and CHIP MCOs
 - Does not apply to Medicaid or CHIP fee for service (FFS) programs
- Supports electronic data exchange as patients move between different plans and payers
- Payers must participate in a trusted HIE network by January 1, 2020

Data and Information Available through API Technology

- Requires payers to make health data and directories available through application programming interface (API) technology
 - Applies to state Medicaid and CHIP FFS programs, Medicaid and CHIP MCOs, and MA plans
 - Medicare FFS has already implemented an API
- Third-party developers can retrieve data through a single payer interface to simplify access
- Payers have until July 1, 2020 to create the API and make it accessible to developers

Measures to Limit Information Blocking; Electronic Notifications

- Seeks to limit information blocking by publicly reporting the names of providers who attest to certain activities
 - Includes practices that unreasonably limit the availability, disclosure, and use of electronic health information or undermine efforts to improve interoperability
- Requires hospitals participating in Medicare and Medicaid with notification-capable systems to send notifications to other facilities and providers when a patient is admitted, discharged, or transferred

Daily Exchange of Data on Dually Eligible Beneficiaries

- Current rules require states to exchange data with CMS on dually eligible beneficiaries each month
 - Data include who is enrolled in Medicare, which parties are liable for paying for Part A and B premiums, which dually eligible beneficiaries receive full or partial benefits
 - Data are used to support enrollment in the Medicare savings programs, processing of crossover claims, premium accounting, tracking of cost sharing, etc.
- About half of states exchange data more frequently (weekly or daily) to support better operations
- Rule change is needed to require remaining states to move to a daily data exchange

Potential Areas for Comment

- Several areas of concern
 - Medicare experience suggests limited interest in API among developers and consumers
 - Aggressive timeline for states and plans to be able to support electronic data exchange and make enrollee health data available to third parties
 - Administrative capacity constraints stressing states' ability to complete required implementation efforts already underway
- Comments due May 3, 2019



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