Proposed Rule on Interoperability

Medicaid and CHIP Payment and Access Commission

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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 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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