CMS on Monday (Feb. 11) unveiled proposals to impose new interoperability requirements on providers, including new conditions of Medicare participation for hospitals as well as new stipulations for Medicare Advantage, Medicaid and exchange plans. The agency says the rule is just the first phase of proposed policies focused on interoperability and patient access, and asks for feedback on how to improve patient identification in electronic health records and promote interoperable health IT across long-term care, post-acute care and behavioral health providers.

“We believe patients should have the ability to move from health plan to health plan, 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 complete record of their health information should be readily available to that care provider, regardless of where or by who 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 health plans or ages into Medicare, the enrollee should be able to have their claims history and encounter data follow so that information is not lost,” the proposed rule says.

**Plan and payer requirements.** CMS proposes to require that MA, state Medicaid, Children’s Health Insurance Program and exchange plans in the federally facilitated exchange provide enrollees with electronic access to medical claims and other health information by 2020. The proposed rule would require payers to support payer-to-payer care coordination and require plans to forward beneficiaries’ information to a new plan or other entity chosen by beneficiaries for up to five years after they have disenrolled.

Under the rule, those plans, as well as CHIP and Medicaid fee-for-service programs, would also be required to implement, test and monitor certain open application programming interfaces (APIs) to make patient claims and other health information available to patients through third-party applications and developers.

MA, Medicaid and CHIP plans, as well as Medicaid and CHIP fee-for-service programs, would also be required under the rule to make provider networks available to enrollees and prospective enrollees through API technology. The agency says that because exchange plans are already required to make their directory information available in a specified format, the agency isn’t proposing the same requirements for them at this time.

The agency also proposes that payers in CMS programs be able to participate in a trusted exchange network, which verifies the security and identity of participants and lets providers and plans share information regardless of what health IT network they belong to, according to the agency. CMS also proposes to require MA plans, Medicaid and CHIP managed care plans and QHPs on the federal exchange participate in trusted exchange networks to improve interoperability.

**CMS proposes to update the frequency with which states must exchange Medicare and Medicaid data on dually eligible beneficiaries from a monthly exchange to a daily exchange.** That proposal would go into effect in April 2022, according to the rule. Those data include files on all eligible Medicaid beneficiaries by state and information about beneficiaries for whom states are using Medicaid funds to buy into Medicare services.

“Currently, states and CMS exchange these data as infrequently as monthly in many states, which delays enrollment status changes, and leads to inaccuracies, recoupments, and poor customer experiences. Improving the accuracy and timeliness of data on dual eligibility status is a strong first step in improving how these systems work together for beneficiaries, providers, and payers,” says a press release on the proposed rule from the CMS duals office.

**The agency is also looking for feedback on how to reach greater interoperability on federal-state data for dual eligibles.** In particular, the CMS duals office notes the agency is looking for information on program integrity...
and care coordination; coordination of benefits and crossover claims; beneficiary eligibility and enrollment; and underlying data infrastructure.

“AHIP and our members support seamless access to health information by providers and patients to make better choices about care and treatment. At the same time, it is essential that we also protect the privacy and security of patient health information. As we review the proposed rules, we will focus on ensuring it further protects patients, minimizes administrative burdens, and establishes clear data standards and operational protocols to put meaningful information into the hands of patients, providers, and insurance providers,” America’s Health Insurance Plans says in a statement, referring to both the CMS proposal and the Office of the National Coordinator for Health IT’s interoperability rule, which was also released Monday.

Providers. The rule states that CMS is working with partners throughout HHS to deter information blocking, and ONC’s rule lays out behaviors that would be consider reasonable and necessary, and as such wouldn’t count as blocking the sharing of information.

The proposed rule says CMS believes “it would benefit patients to know if their health care providers attested negatively to any of the prevention of information blocking attestation statements under the Quality Payment Program or the Medicare FFS Promoting Interoperability Program.” CMS proposes to publicly post information about when providers submit a negative response to any of the three statements about preventing information blocking in QPP or the Promoting Interoperability program.

“Making this information publicly available may motivate clinicians, hospitals and CAHs to refrain information blocking,” a CMS fact sheet on the rule says.

CMS also proposes to publicly report the names and identifiers of providers who haven’t added their digital contact information to the National Plan and Provider Enumeration System beginning in the second half of 2020.

CMS also proposes to add CoPs for hospitals and critical access hospitals that would require they send electronic notifications to other providers when a patient is admitted, discharged or transferred -- though the agency limits the proposal to those hospitals that “possess EHRs systems with the technical capacity to generate information for electronic patient event notifications.”

“Electronic patient event notifications from hospitals, or clinical event notifications, are widely recognized as an effective tool for improving care coordination across settings, especially for patients at admission, discharge, and transfer,” the proposed rule says.

CMS says one of the many proposals it considered, but didn’t include in the rule, was to update the Promoting Interoperability program “to encourage eligible hospitals and CAHs to engage in certain activities focused on interoperability.” However, CMS says it expects to introduce a proposal for establishing interoperability activities that would serve as an alternative to the EHR program in the fiscal 2020 hospital inpatient pay rule, along with other updates to the Promoting Interoperability program.

Requests for feedback. CMS is looking for input on how to promote the use of interoperable health IT systems by long-term, post-acute and behavioral health care providers, as well as those providing home- and community-based services to the duals.

The agency also seeks advice on how to better improve patient matching without a unique patient identifier.

“Recognizing Congress’ statement regarding patient matching and stakeholder comments stating that a patient matching solution would accomplish the goals of a UPI, we seek comment for future consideration on ways for ONC and CMS to continue to facilitate private sector efforts on a workable and scalable patient matching strategy so that the lack of a specific UPI does not impede the free flow of information. We also seek comment on how we may leverage our program authority to provide support to those working to improve patient matching,” CMS says.

Ben Moscovitch with Pew Charitable Trusts tweeted that CMS “gets it on patient matching.”

The agency also asks for feedback on promoting interoperability among those participating in innovation center models. -- Michelle M. Stein (mstein@iwpnews.com)