

CMS and ONC Interoperability Final Rules Overview For HITOC

8/6/2020

Disclaimer: The information and dates included below are based on our analysis to date. Please refer to the referenced CMS and ONC websites and documents for source information.

CMS Interoperability and Patient Access Final Rule

The Centers for Medicare & Medicaid Services (CMS) [Interoperability and Patient Access final rule](#) was published in the Federal Register on May 1, 2020. CMS finalized four new policies for payers and three for providers.¹ A brief description of each of these topics can be found in the CMS [Fact Sheet](#).

CMS Final Rule: Payer Policies

Policy Description	Final Rule Compliance Dates
<p><u>1 – Patient Access Through APIs</u> CMS regulated payers are required to use a specific standard-based, open API to make claims and encounter data available to patients in these programs.</p>	<p>January 1, 2021 <i>Update: CMS will exercise enforcement discretion for this requirement until July 1, 2021</i></p>
<p><u>2 – API Access to Published Provider Directory Data</u> CMS-regulated payers are required to make provider directory information publicly available via a standards-based API. This would include the names of providers, addresses, phone numbers and specialty.</p>	<p>January 1, 2021 <i>Update: CMS will exercise enforcement discretion for this requirement until July 1, 2021</i></p>
<p><u>3 – Payer-to Payer Data Exchange</u> CMS-regulated payers are required to exchange certain patient clinical data at the patient’s request, allowing the patient to take their information with them as they move from payer to payer over time to help create a cumulative health record with their current payer.</p>	<p>January 1, 2022 <i>Update: No change</i></p>
<p><u>4 – Increased Frequency of Federal-State Data Exchanges for Dual Eligible Members</u> Each state must implement system changes to support daily enrollee exchanges with CMS. This addresses notification of patients with dual Medicare and Medicaid coverage. Providers who have their own health plan that includes Medicare Advantage will also need to address this.</p>	<p>April 1, 2022 <i>Update: No change</i></p>

¹ Document content source and for more information visit <https://www.emids.com/cms-and-onc-final-rules-what-it-means-for-providers-and-payers/>

CMS Final Rule: Provider Policies

Provider policies apply to:

- **Hospitals:** eligible hospitals (EH), short-term acute care, long-term care, rehabilitation, psychiatric, children’s, cancer hospitals, and critical access hospitals (CAHs); includes the hospital Promoting Interoperability (PI) Program
- **Clinicians:** physicians and eligible clinicians (EC); includes the Quality Payment Program (QPP)

Policy Description	Final Rule Compliance Dates
<p><u>1 – Public Reporting and Information Blocking</u> CMS will publicly report eligible clinicians, hospitals, and critical access hospitals (CAHs) that may be involved in information blocking based on how they attested to the CMS Promoting Interoperability (PI) Program or CMS Merit-based incentive payment system (MIPS).</p>	Applicable late 2020
<p><u>2 – Digital Contact Information</u> CMS will begin publicly reporting those providers who do not list or update their digital contact information in the National Plan and Provider Enumeration System (NPPES).</p>	Applicable late 2020
<p><u>3 – Admission, Discharge, and Transfer Event Notifications</u> CMS is modifying their Conditions of Participation (CoPs) to require hospitals, including psychiatric hospitals and critical access hospitals, to send electronic patient event notifications of a patient’s admission, discharge, and/or transfer to another healthcare facility or to another community provider or practitioner.</p>	Applicable spring 2021

ONC Cures Act Final Rule

The Office of the National Coordinator for Health Information Technology (ONC) [Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule](#) was also published in the Federal Register on May 1, 2020. See ONC Cures Act final rule [infographic for regulatory dates](#) and [enforcement discretion dates](#). ONC intends to exercise enforcement discretion for 3 months at the end of certain ONC Health IT Certification Program compliance dates associated with the ONC Cures Act Final Rule to provide flexibility while ensuring the goals of the rule remain on track

Policy Description	Final Rule Compliance Dates
<p><u>1 – Information Blocking</u></p> <p>The rule identifies and outlines eight reasonable and necessary activities that interfere with the access, exchange, or use of EHI, but do not constitute information blocking provided certain conditions are met. The intent is to prevent “information blocking” practices (e.g., anti-competitive behaviors) by healthcare providers, developers of certified health IT, HIEs, and HINs.</p>	<p>November 1, 2020* (Further enforcement discretion details in OIG’s proposed rule for civil money penalties. Provider enforcement TBD)</p>
<p><u>2 – EHR Certification Criteria Updated</u></p> <p>The functionality criteria that EHR vendors need to demonstrate in order to become a certified EHR technology (CEHRT) was updated. Providers are required to implement and use CEHRT to participate in several CMS payment incentive and quality reporting programs.</p> <p>Notable certification updates include:</p> <ul style="list-style-type: none"> • <u>Adoption of the USCDI</u>: this standard sets the baseline of data classes that should be available for health information exchange • <u>Clinical Quality Measures (CQMs) Report</u>: this standard requires Health IT Modules to support the CMS QRDA Implementation Guide • <u>Electronic Health Information (EHI) Export</u>: new functionality that would allow patients to request an export of their EHI • <u>Application Programming Interfaces</u>: criterion updated to support the multiple patient data API calls and requires the use of HL7® FHIR® standard Release 4 	<p>Vendor compliance: May 1, 2022*</p> <p>July 1, 2020</p> <p>Vendor compliance: May 1, 2023*</p> <p>Vendor compliance: November 1, 2021*</p>

**CMS will exercise enforcement discretion for this requirement for 3 months*