



Date: August 5, 2020
To: Coordinated Care Organizations
From: Susan Otter, Director of Health IT
Dave Inbody, CCO Operations Manager

Subject: CMS Interoperability and Patient Access Final Rule: Implications for CCOs

This communication is regarding the CCO implications of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule. This rule focuses on patient access to electronic health information (EHI) and interoperability among providers, payers, and patients. The purpose of this memo is to alert CCOs to new federal requirements, which are listed in the table below.

CMS Final Rule Payer Policies

For additional information on the payer policies, refer to the document posted on the CCO Contract Forms webpage.

Table with 2 columns: Policies and Final Rule Compliance Dates. It lists three policies: 1 - Patient Access Through APIs, 2 - API Access to Published Provider Directory Data, and 3 - Payer-to Payer Data Exchange, along with their respective compliance dates and update notes.

The most recent draft of the 2021 CCO contract, which was provided to CCOs on July 27, includes the following language relating to the CMS Interoperability and Patient Access final rule:

Exhibit J – Health Information Technology

Section 3, Interoperability and Access to Health Information

- a. Contractor shall comply with the CMS Interoperability and Patient Access regulations (CMS-9115-F) in 42 CFR Parts 406, 407, 422, 423, 431,438, 457, 482, and 485 and 45 CFR Part 156 as applicable to Medicaid and CHIP managed care entities. These rules include requirements relating to the use of application programming interfaces (APIs) to provide patient access to payer claims, encounter information, and costs; to make managed care plans' provider directories publicly available; and to exchange certain patient clinical data between payers at the patient's request.

The CMS Interoperability and Patient Access final rule aligns with OHA's overall goal and strategy for sharing patient information. In fact, ensuring patients have access to their own health information is one of Oregon's three health IT goals.

OHA will convene a CCO Health IT Advisory Group (HITAG) meeting and/or a webinar in October to engage CCOs on this topic. OHA will provide additional information and engage CCOs in a discussion about what they are doing to work toward meeting the requirements under the CMS final rule and how OHA's Office of Health IT could support CCO implementation of these rules and/or help coordinate efforts across CCOs.

Questions?

CCOs should contact Jessi Wilson (CCO.HealthIT@dhsosha.state.or.us), the point person for HIT Roadmaps and other HIT-related implications for CCO contracts, with questions about this communication.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.