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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-029
Q6. Provide a short name for possible change	Interoperability Final Rule Requirements
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	Aligning contract language with federal API requirements and reporting to OHA, with an applicability date of January 1, 2027 (for API implementation). Proposed language in Exhibit J, Part 3: a. Contractor shall comply with the amended and adopted federal regulations set forth in the CMS Interoperability and Patient Access Final Rule and the CMS Interoperability and Prior Authorization Final Rule (collectively, the "CMS Interoperability Rules") and OAR 410-141-3591. The provisions of the CMS Interoperability Rules with which Contractor is required to comply include but are not limited to: 42 CFR § 438.242(b)(5)-(9) and 42 CFR § 457.1233(d). These rules include but are not limited to requirements relating to the: (i) use of application programming interfaces (APIs) to: (w) provide patient access to payer claims, encounter information, clinical information, and prior authorization information, (x) make managed care plans' Provider directories publicly available, (y) provide provider access to payer claims, encounter information, clinical information, and prior authorization information, and (z) streamline the prior authorization process between providers and payers; and (ii) exchange of certain patient data between payers, including claims, encounter information, clinical information, and prior authorization information. (1) In compliance with 42 CFR § 438.242(b)(5)(iii) and 42 CFR § 431.60(f), Contractor shall submit to OHA, via Administrative Notice, aggregated, de-identified data on Patient Access API usage by March 31st of each Contract Year for the prior Contract Year. OHA will provide a Guidance Document and reporting template to assist Contractor in complying with this provision. OHA will require Contractor to submit only the data necessary for OHA to comply with the requirement to report such data to CMS.
Q3. Which prioritized restatement category applies?	(d) Non-Discretionary Federal and State Changes
Explain how change fits into "Non-Discretionary Federal & State Changes" category	CMS Interoperability and Patient Access Final Rule (CMS-9115-F) and the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) and OAR 410-141-3591. Final Rule requirements are outlined in 42 CFR § 438.242(b)(5)-(9) and 42 CFR § 457.1233(d).
Q4. Could entire change be deferred to later contract year?	No
Consequence(s) if not included in 2027 contract	The compliance dates for the API requirements occur in 2027.

Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	No
Which component(s) could be in later contract year(s)?	
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-029
Short name	Interoperability Final Rule Requirements

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

- Currently, the CCO contract only mentions federal interoperability requirements from 2021 (i.e., CMS Interoperability and Patient Access Final Rule).
- In 2024, new federal interoperability requirements were released (i.e., CMS Interoperability and Prior Authorization Final Rule).
- Most of the recent interoperability requirements have compliance dates in 2027.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

- The proposed change would align the CCO contract with all existing federal interoperability Final Rule requirements.
- The high-level description submitted for the change adds to existing contract language to include mention of the additional API and data sharing requirements.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

- CCO staff who are currently overseeing implementation of federal API requirements and/or managing data analytics and health IT reporting
- CCO staff who participate in CCO Health IT Advisory Group (HITAG) meetings

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

- CCO Health IT Advisory Group (HITAG) meeting may be an option, but dedicated work sessions will be scheduled if needed