



# HIMSS23: FHIR-ing Forward: CMS' Journey to Interoperability

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# Speakers



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# Agenda

- Learning Objectives
- Who We Are
- Brief History of Federal Interoperability Efforts
- Phases of Technology Integration
- Rulemaking Recap
- CMS Roadmap to Interoperability
- Resources



# Learning Objectives

- Outline CMS' milestones and major interoperability events
- Discuss CMS' proposed December 2022 Advancing Interoperability and Improving Prior Authorization Processes proposed rule
- Describe CMS' vision for a future connected healthcare system

# Who We Are

Office of Burden Reduction  
and Health Informatics (OBRHI)

Health Informatics and  
Interoperability Group (HIIG)

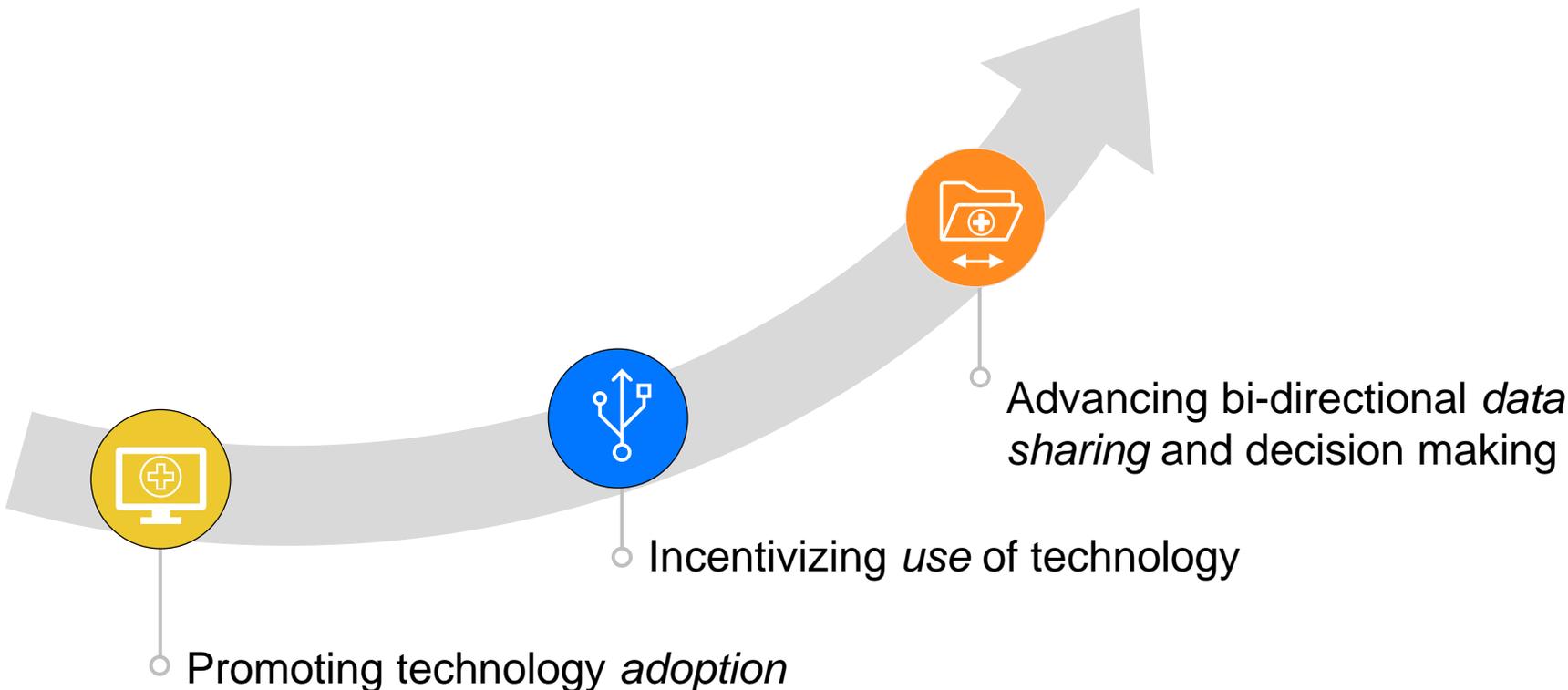
**Mission:** Promote the secure exchange, access, and use of electronic health information to support better informed decision making and a more efficient healthcare system.

**Vision:** A secure, connected healthcare system that empowers patients and their providers to access and use electronic health information to make better informed and more efficient decisions.





# Phases of Technology to Advance Interoperability



# A Brief History of Federal Interoperability Efforts

**2009**

Congress passes Health Information Technology for Economic and Clinical Health (HITECH) Act; establishes EHR Incentive Program ("Meaningful Use")



**2018**

CMS launches Blue Button 2.0



**2019**

Meaningful Use becomes Promoting Interoperability Programs



**2020**

CMS publishes Interoperability and Patient Access final rule  
ONC publishes 21st Century Cures Act final rule  
CMS publishes Reducing Provider and Patient Burden by Improving Prior Authorization Processes proposed rule (since withdrawn)  
CMS commits to transitioning to digital quality measures (dQMs)



**2021**

CMS Patient Access final rule policies become effective  
CMS heeds stakeholder feedback and delays enforcement of Payer-to-Payer data exchange requirements



**2022**

ONC Cures Act final rule policies become effective  
ONC releases RFI on electronic prior authorization in ONC certification  
CMS releases Advancing Interoperability and Improving Prior Authorization Processes proposed rule  
CMS releases RFI on establishing National Directory for Healthcare  
ONC releases Trusted Exchange Framework & Common Agreement (TEFCA) version 1.0  
CMS releases Adoption of Standards for Health Care Attachment Transactions proposed rule



**2023**

ONC Recognized Coordinating Entity begins onboarding first QHINs under TEFCA





# Advancing Interoperability and Improving Prior Authorization Processes Overview

On December 6, 2022, CMS posted the Advancing Interoperability and Improving Prior Authorization Processes proposed rule. The proposed implementation date for the provisions in this rule is January 1, 2026.

This rule signals CMS' continued commitment to increasing efficiency by ensuring that health information is readily available at the point of care by leveraging FHIR standards.

CMS also includes several proposals intended to reduce payer, provider, and patient burden by streamlining prior authorization processes to move the industry toward electronic prior authorization, creating a more efficient and timely process.

Ultimately, reduced provider burden means more time with patients.



## **Provisions**

- Patient Access Application Programming Interface (API)
- Provider Access API
- Payer-to-Payer Data Exchange API
- Prior Authorization Requirements, Documentation & Decision API
- Improving Prior Authorization Processes
- New measures for Electronic Prior Authorization for the Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category and the Medicare Promoting Interoperability Program



## **Impacted Payers**

- Medicare Advantage
- State Medicaid and CHIP agencies
- Medicaid and CHIP Managed Care Plans
- Qualified Health Plans (QHPs) on the Federally-facilitated Exchanges (FFE)



## **Impacted Providers**

- Eligible hospitals and critical access hospitals (CAHs) under the Medicare Promoting Interoperability Program
- Eligible clinicians under the Promoting Interoperability performance category of Merit-based Incentive Payment System (MIPS)



# Proposals for Payers

## Impacted Payers

- Medicare Advantage
- State Medicaid and CHIP agencies
- Medicaid and CHIP Managed Care Plans
- Qualified Health Plans (QHPs) on the Federally-facilitated Exchanges (FfEs)

## Provisions

- Patient Access Application Programming Interface (API)
- Provider Access API
- Payer-to-Payer Data Exchange API
- Prior Authorization Requirements, Documentation & Decision API
- Improving Prior Authorization Processes



# Proposals for Providers

## Impacted Providers

- Eligible hospitals and critical access hospitals (CAHs) under the Medicare Promoting Interoperability Program
- Eligible clinicians under the Promoting Interoperability performance category of Merit-based Incentive Payment System (MIPS)

## Provisions

- New Electronic Prior Authorization Measure to incentivize clinician and hospital use of the PARDD API



# Proposed API Interoperability Standards

STANDARDS	PATIENT ACCESS API	PROVIDER ACCESS API	PROVIDER DIRECTORY API	PAYER-TO-PAYER API	PARDD API
USCDI, at 45 CFR 170.213 (currently V1)	✓	✓	✓	✓	✓
FHIR Release 4.0.1	✓	✓	✓	✓	✓
HL7 FHIR U.S. Core IG STU 3.1.1	✓	✓	✓	✓	✓
HL7 SMART APP Launch Framework IG 1.0.0	✓	✓	✓	✓	✓
HL7 FHIR Bulk Access (Flat FHIR) IG v 1.0.0 STU 1	✗	✓	✗	✓	✗
OpenID Connect Core 1.0	✓	✓	✓	✓	✓

*Note: The Patient Access and Provider Directory API were finalized in the CMS Interoperability and Patient Access final rule.*



# Recommended IGs by API

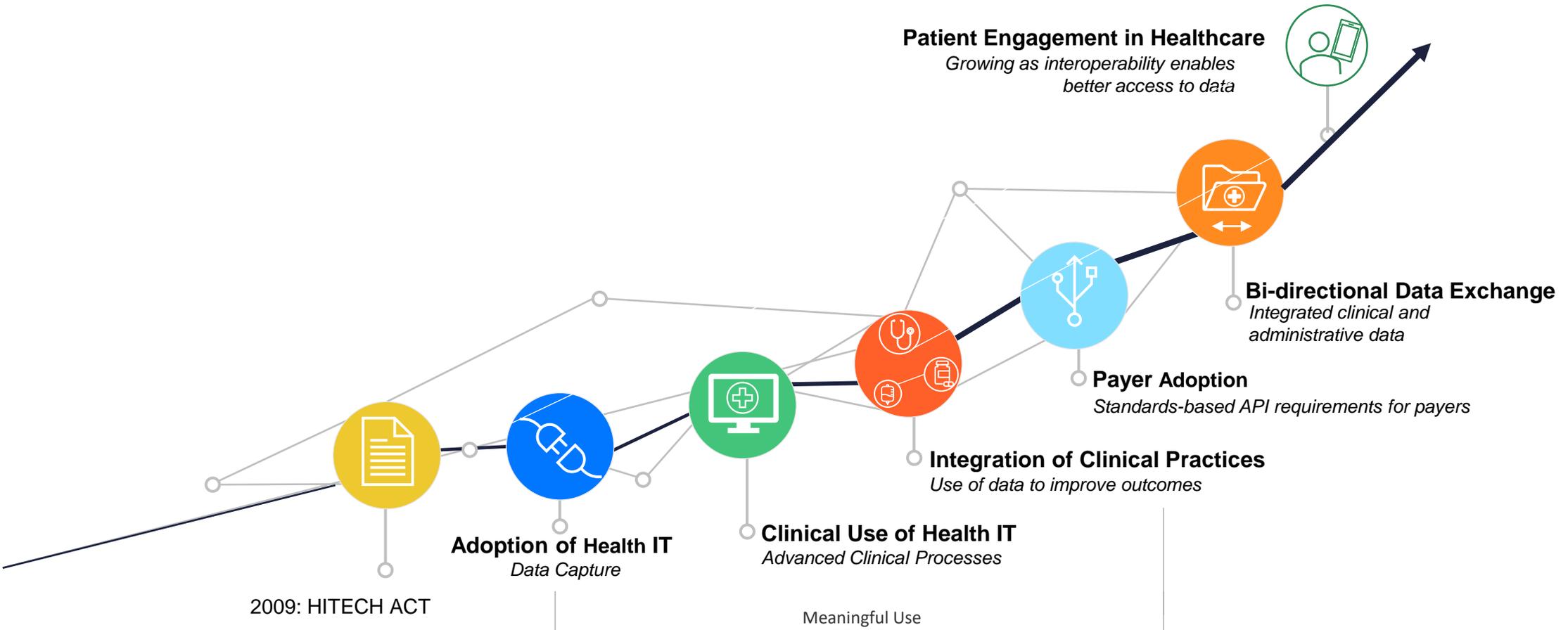
IMPLEMENTATION GUIDE	PATIENT ACCESS API	PROVIDER ACCESS API	PROVIDER DIRECTORY API	PAYER-TO-PAYER API	PARDD API
CARIN for Blue Button IG Version STU 1.1.0	✓	✓	✗	✓	✗
Da Vinci PDex IG Version STU 1.0.0	✓	✓	✗	✓	✗
Da Vinci PDex U.S. Drug Formulary IG Version STU 1.1.0	✓	✓	✗	✓	✗
Da Vinci PDex Plan Net IG Version STU 1.1.0	✗	✗	✓	✗	✗
Da Vinci Payer Coverage Decision Exchange (PCDE) IG Version STU 1.0.0	✗	✗	✗	✓	✗
Da Vinci Prior Authorization Support (PAS) IG Version STU 1.1.0	✗	✗	✗	✗	✓
Da Vinci Coverage Requirements Discovery (CRD) IG Version STU 1.0.0	✗	✗	✗	✗	✓
Da Vinci Documentation Templates/Rules (DTR) IG Version STU 1.0.0	✗	✗	✗	✗	✓

Note: The Patient Access and Provider Directory API were finalized in the CMS Interoperability and Patient Access final rule.

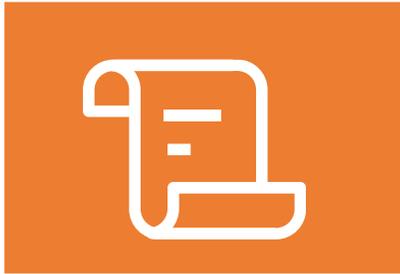
# CMS Roadmap to Interoperability



# Advancing Interoperability and Patient Engagement



# CMS's Commitment to Interoperability



DEVELOPING  
REGULATION



EXPANDING  
PUBLIC HEALTH  
INFRASTRUCTURE



SUPPORTING  
INNOVATION



REFINING  
IMPLEMENTATION  
GUIDES



LEADING BY  
EXAMPLE



# Helpful Resources

## HIIG Interoperability Website

- Visit [our website](#) for additional resources and information.
- [CMS Interoperability and Patient Access Final Rule Fact Sheet](#)
- [CMS Interoperability FAQs](#)

## Technical Standards and Implementation Support

- Technical Standards: [FHIR](#), [SMART IG/OAuth 2.0](#), [OpenID Connect](#), [USCDI](#)
- Implementation Support for APIs: [CARIN for Blue Button IG](#), [PDex IG](#), [PDex Formulary IG](#), [PDex Plan Net IG](#), [US Core IG](#), [CRD IG](#), [DTR IG](#), [PAS IG](#), [PCDE IG](#), [Bulk Data Access IG](#)

## Policy: Federal Register

- [CMS Interoperability and Patient Access Final Rule](#)
- [ONC 21st Century Cures Act Final Rule](#)

# Questions?

You may submit questions to

[CMSHealthInformaticsandInteroperabilityGroup@cms.hhs.gov](mailto:CMSHealthInformaticsandInteroperabilityGroup@cms.hhs.gov)