

Conduent[®] Medicaid Suite (CMdS) — Interoperability Exchange (IOX)

Supporting Interoperability and Patient Access Final Rule



Introduction

On March 9, 2020 CMS released [The Interoperability and Patient Access final rule \(CMS-9115-F\)](#) which requires CMS-regulated payers to make health information more easily available to patients by leveraging APIs and Fast Healthcare Interoperability Resources (FHIR) technology. This rule is focused on driving interoperability and patient health data access for health plans including Medicare Advantage (MA), Medicaid, Children's Health Insurance Program (CHIP), and Qualified Health Plan (QHP) issuers on the Federally-Facilitated Exchanges (FfEs).

CMS-regulated payers will now be required to implement and maintain secure, standards-based Patient Access APIs. These payers are also required to make provider directory information publicly available via a FHIR-based Provider Directory API. These requirements must be implemented incrementally between late 2020 and April 2022. In direct response to the ongoing COVID-19 crisis, the Department of Health and Human Services [announced](#) a delay in enforcement of two new rules on interoperability.

Shifting To a New Approach

Today, our health care system is a collection of disconnected components (health plans, pharmaceutical companies, hospital systems, clinical labs, medical device manufacturers, etc.). In an increasingly data driven world, health care consumers are expecting seamless and spontaneous information sharing and access. Patients expect same-day appointments, on-demand availability of their records and that providers should have the complete visibility of their medical journey.

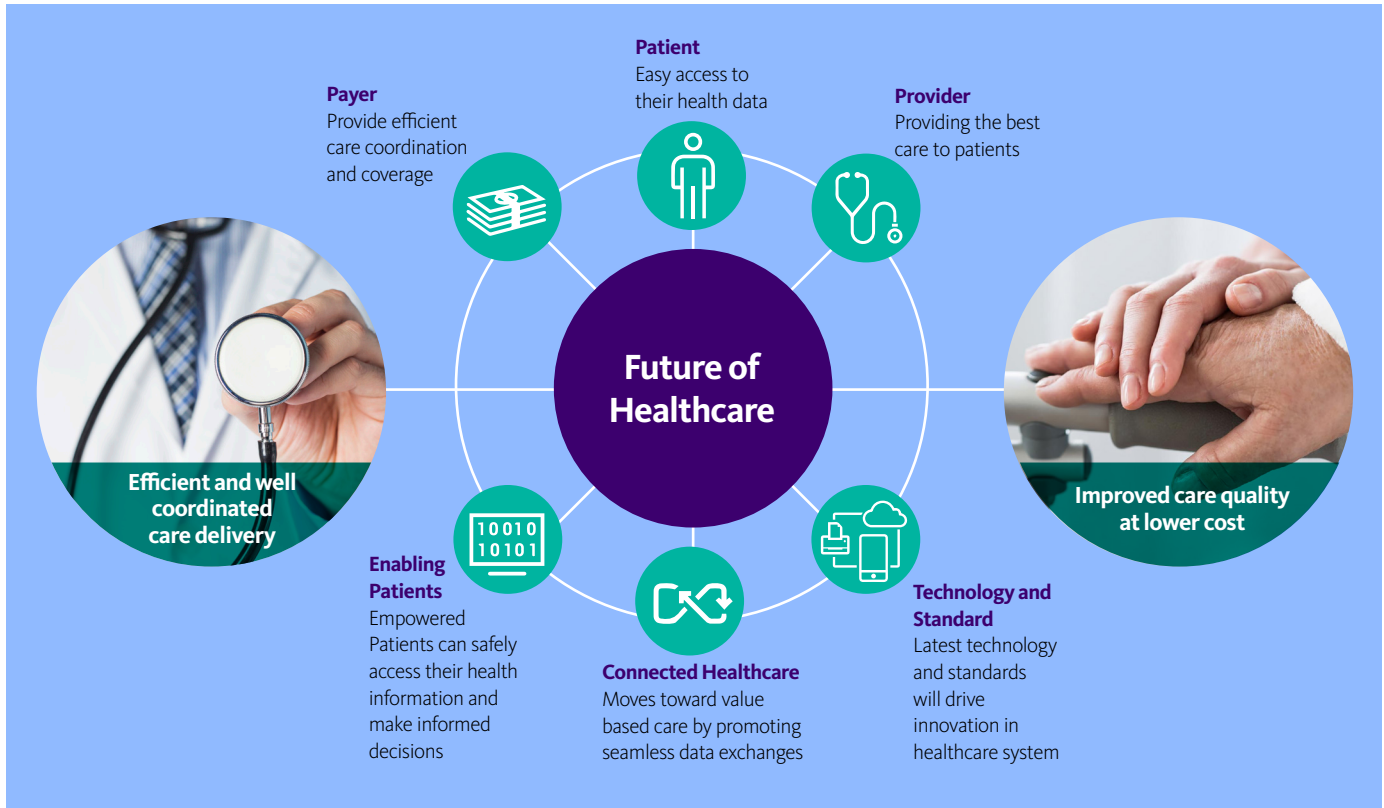
The healthcare ecosystem needs to shift towards a customer-centric approach. It should be about access, sharing of information, giving patients more control over their health care and transparency rather than who owns the medical information. Interoperability will help control health care costs, improve coordination of care, and help increase price transparency within the health care system to help patients make better and more informed choices about their care. With a comprehensive longitudinal view of patient health history, new rule makes it easier for health plans, providers, and patients to coordinate care, analyze population health trends, manage benefits, and track health outcomes and costs more effectively.



Major provisions of the final rule:

- Patient access to health information via a third-party app through APIs
- Requires health plans to share patient data (if they do business with a government program)
- Requires Payers to make available a provider directory electronically through standardized API
- Promotes data exchange between payers
- Requires providers to comply with new electronic notification requirements
- Requires states to better coordinate care for Medicare-Medicaid dually eligible beneficiaries by submitting buy-in data to and receiving data from CMS on a daily basis
- Requires public disclosure when providers inappropriately restrict the flow of information to other health care providers and payers

Outcome of Final rule



Challenge for Health plans

The Interoperability and Patient Access final rule comes with built-in challenges to be resolved by Payers. Security, Interoperability for data exchange and data strategy are key functions to meet the mandate which will require multiple technology solutions. Payers might be well positioned to enhance their existing member facing platforms to expose these API's, however compliance standards to be met for security and interoperability may require them to embrace new tools and technologies. To deliver this successfully, health plans will have to implement multiple components including the following:

- Data transformation - FHIR® (claims, encounters, subset of clinical data)
- FHIR® Server
- 3rd Party Access Management (OAuth 2.0)
- Member Consent Management
- Developer + Member Support

Our Approach for Payers

CMdS interoperability exchange supports standards-based exchange of healthcare data as defined by the final rule by providing the following capabilities:

Registration portal - Provides platform for members and App developers to register. Members are provided with user credentials to use with 3rd party apps. App developers can enter their information and attest to State requirements for patient data privacy and security.

Interoperability API's

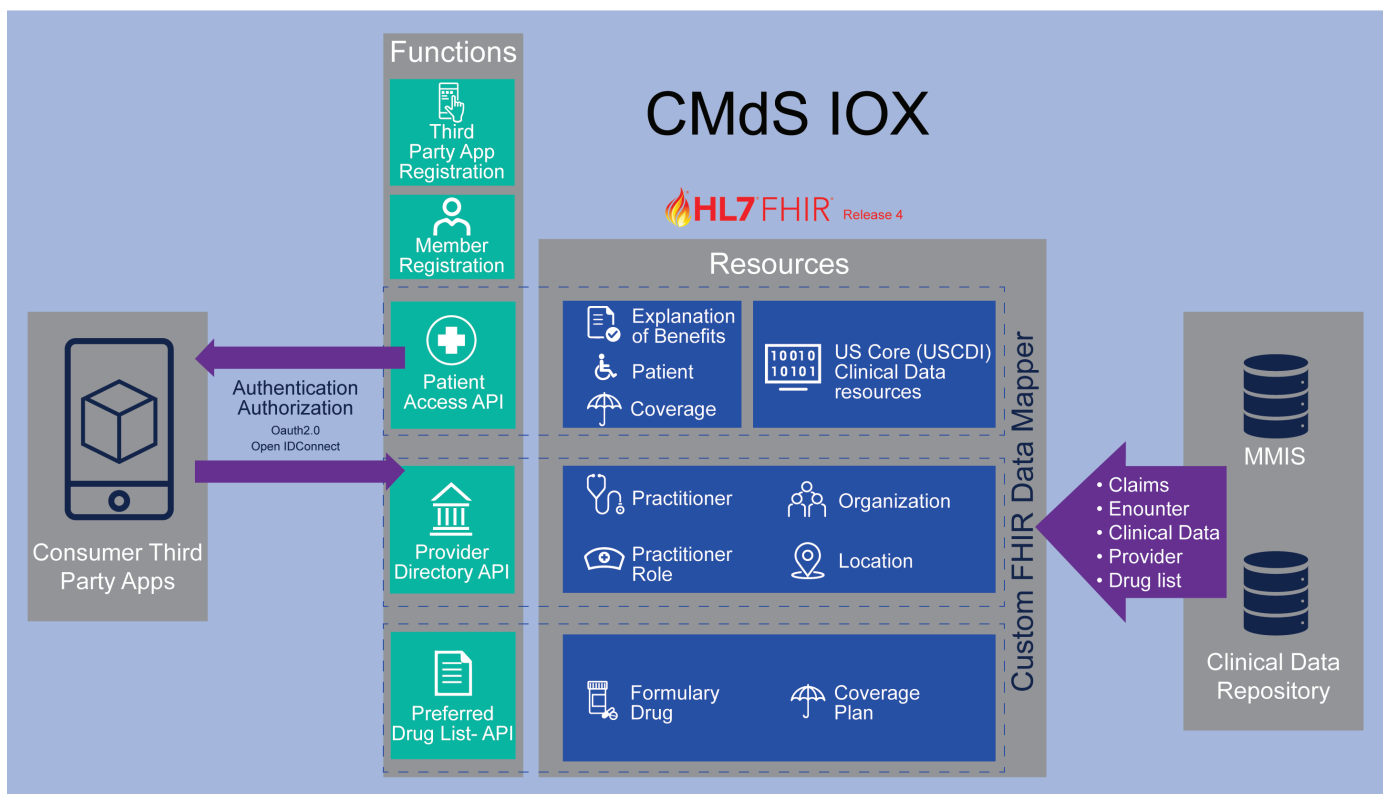
- **Patient Access API** - securely exchange patient's claim, encounter and clinical data to the third party app. It ensures that patient's claims data from Jan 1, 2016 onwards is available and new claims are available no later than one day of adjudication.
- **Provider Directory API** - provides a publicly accessible standards-based API that maintains a complete, accurate and up to date directory of contracted providers.
- **Covered Drug List API** - makes the Information about covered outpatient drugs or preferred drug list available to members and prescribers.

Robust Identity Manager (IDM) and Access Management - enables multiple security standards, including protocols like Multi-Factor Authorization (MFA), OpenID, and OAuth 2.0 to help meet the security compliance requirements.

Insights - provides actionable information from analytic exercises combining clinical and administrative data sets

FHIR server - enables interoperability using the required content and vocabulary standards

The Interoperability and Patient Access final rule – Conduent Solution



Partnering with Conduent

With Conduent, you have a long-term, low-risk and high-reward partner that brings a profound understanding of the Government health care Payer technology and regulatory process with experience from more than 4 decades. As health programs move forward to adapt to new mandates and tackle challenges, Conduent is ready to engage as the eminent technology partner to ensure success and scalability for the future. We are committed to providing solutions that enable states to fully comply with these new regulations and help achieve agency's goals faster while providing cost predictability

For additional information please email us at govhealthcare@conduent.com or call (844) ONE-CNDT.

Visit us at: www.conduent.com