

Advancing Interoperability and Patient Access to Health Data

Review of Key Proposals from CMS around MyHealthEData Initiative

February 2019

PULSE8 is privileged to bring you a summary of key proposed policy changes announced by CMS on February 11th supporting the MyHealthEData initiative. First announced in 2018, the initiative was created to empower patients with better access to their healthcare data as it follows them through their “healthcare journey,” as well as to advance data exchange throughout the healthcare system.

Bullet-Point Key Changes

- **Furthering API Capabilities**

- Inspired by success from the Blue Button 2.0 initiative
 - Blue Button 2.0 is an API that can link claims data from 53 million Medicare members, providing 4 years of Parts A, B, and D claims data for Medicare FFS beneficiaries.
 - Its goal is to promote interoperability and thereby allow for better care coordination and support for the movement to value-based care.
- The standard that will be used is **Fast Healthcare Interoperability Resources (FHIR)**
 - Previously, this standard was embraced on a voluntary basis and now it is required
 - Defining the standard adds specific criteria and ensures uniform deployment
- The Private sector is now required to conform to the advanced API standards by 2020, which includes:
 - Medicaid
 - The Children’s Health Insurance Program (CHIP)
 - Medicare Advantage plans
 - Qualified Health Plans (QHP) in the Federally-facilitated Exchanges (FFE)

- **Cracking Down on Information Blocking**

In an effort to deter practices from unnecessarily blocking health information, it will be publicly reportable when practices submit a “no” response to any of the attestation statements designed to prevent “information block” on the Promoting Interoperability Act

- **Improved care coordination for dually eligible beneficiaries**

Starting April 2020, states will be required to exchange data identifying who is enrolled in Medicare, and which parties are responsible for paying the premiums daily instead of monthly. Additionally, state submission MMA files will be daily instead of monthly.

- **CMS is striving to get rural hospitals more connected**

The proposal outlines revisions to the Medicare Condition of Participation (CoP) for Facilities. The justification is that electronic notifications are effective for improving transitions of care and patient safety. Under the new rule, Hospitals, psychiatric hospitals, and Critical Access Hospitals participating in Medicare will be required to send electronic notification for transitions of care.

- **Updated and available digital contact information for providers**

- Electronic addresses allow for faster data exchange. As of June 2018, the National Plan and Provider Enumeration System (NPPES) has been updated with this information to facilitate secured sharing, which allows for seamless flow of patient information from provider to provider.
- To ensure NPPES is updated and maintained, CMS is proposing to publicly report the names and National Provider Identifiers (NPIs) of those providers who have not added digital contact information to their entries in the NPPES system. This will begin in the second half of 2020.

Expanded Review of Proposed Changes

The Interoperability and Patient Access Proposed Rule outlines opportunities to make patient data more useful and transferable.

Announced in early 2018, the MyHealthEData initiative was created to empower patients to be able to control their healthcare data as it followed them through their “healthcare journey,” as well as advance data exchange and care coordination throughout the healthcare system. The proposed interoperability rule supports this initiative and outlines opportunities to make patient data more useful and transferable.

Additional Key Updates and Changes to the Initiative

WHAT	WHY
Maintaining health information as Patients move through healthcare systems, provider networks, and Payers	<ul style="list-style-type: none"> ○ Reducing burden ○ Eliminating redundant procedures ○ Allowing more time for effective care coordination ○ Once finalized, approximately 125 million Americans would have access to their health information
API to provide up-to-date provider directory information	<ul style="list-style-type: none"> ○ Helps to determine In-Network providers ○ Allow for better provider coordination by improving access to medical records, referrals, and transitions of care information.
Leverage the Trusted Exchange Framework to freely and securely exchange healthcare information.	<ul style="list-style-type: none"> ○ The Trusted Exchange Framework was designed for interoperability across disparate health information networks ○ Share information freely regardless of the IT network to which the plan or provider belongs. ○ A common network addresses the limitation of disparate networks existing today.

The CMS announcement is another step towards the end goal of creating a “more interoperable healthcare system, which improves patient access, seamless data exchange, and enhanced care coordination,” according to CMS Administrator Seema Verma. “By requiring health insurers to share their information in an accessible format by 2020, 125 million patients will have access to their health claims information electronically.”

Pulse8 Insight: *A given patient will have been and will go on many “healthcare journeys.” Executing this initiative will make it easier to obtain the pertinent healthcare information needed to paint a clearer picture of the patient’s health.*

The CMS call to action looks to payers and the private sector to use what is outlined in the proposal as an opportunity to improve the Continuum of Care. These tools will make it easier for providers to be able to obtain healthcare data that are relevant and actionable.

Secured and standardized APIs, feeding rich data to the right analytic tools, can tactically equip healthcare entities with the actionable insight needed to achieve their pillars of success. This not only allows for better coordination of care between the patient and provider. It also will benefit payers and providers by allowing for more improved and accurate risk adjustment for the given population, in addition to providing pertinent data to help reduce redundancy of services, reduce spend, and improve the quality of care provided – which in turn saves lives.

Pulse8 aggregates disparate data within our Illumin8™ platform, and our advanced analytic solutions and risk adjustment expertise provide invaluable support for at-risk providers. Pulse8 partners with both providers and payers and offers integrated technology that helps monitor their contracts and track clinical performance, to provide actionable insight and enable success in the paradigm shift precipitated by healthcare reform.