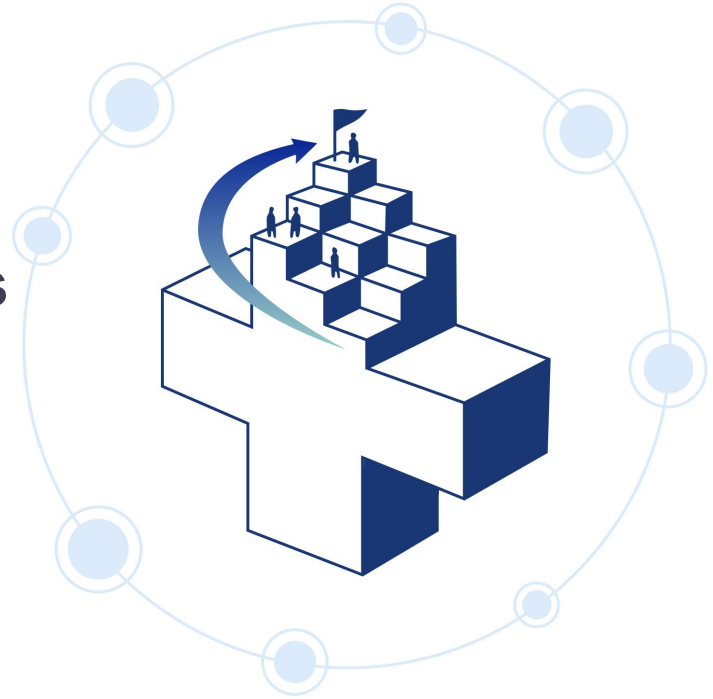CMS Interoperability Roadmap

A Proposed Rule to Help Patients Access their Health Information

A lack of seamless data exchange in healthcare…
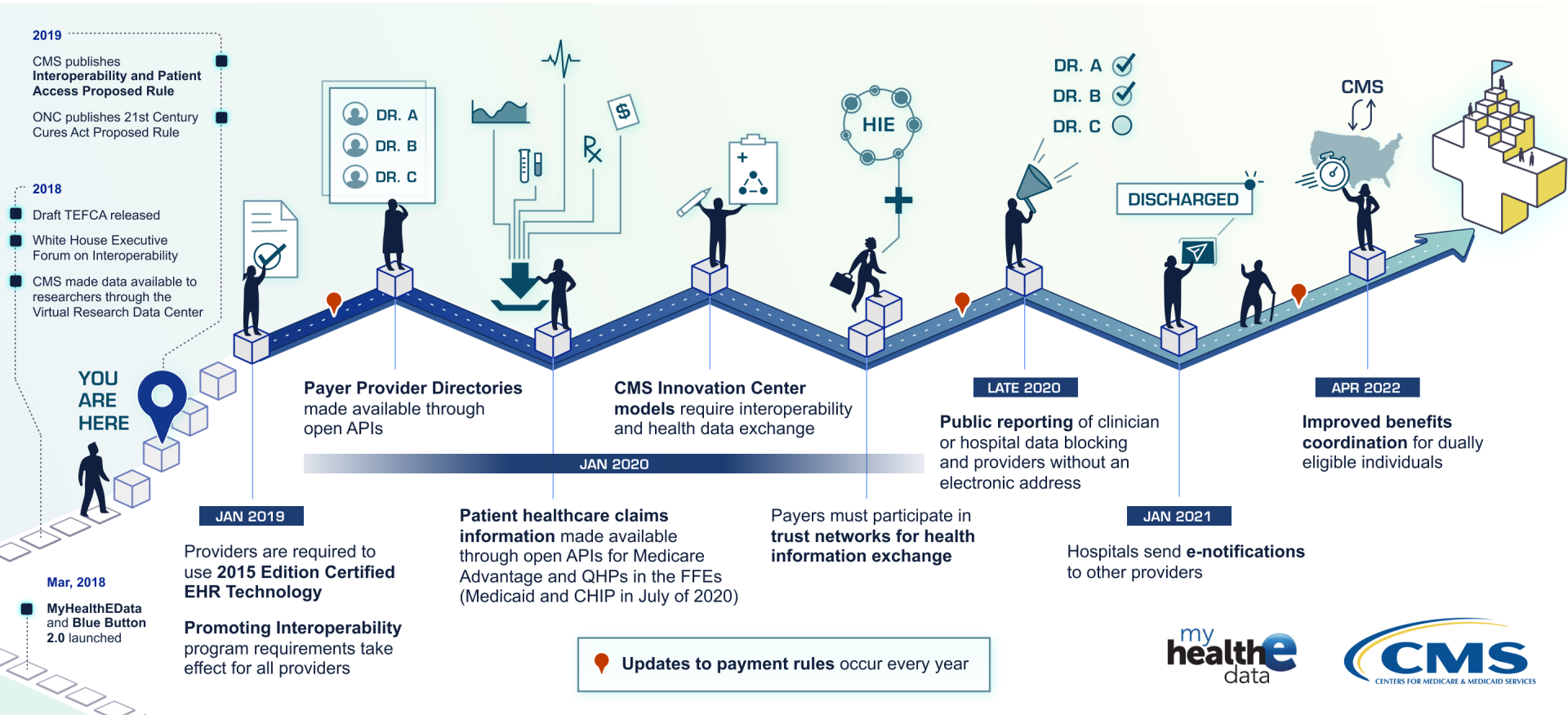
PATIENTS

PROVIDERS

PAYERS

leads to disconnected care, worse health outcomes, and higher costs.

Interoperable healthcare data exchange…

PATIENTS

TAKE OWNERSHIP OVER THEIR HEALTH DATA

CONFIDENTLY PROVIDE THE BEST CARE TO PATIENTS

BEST OPTIONS
DR. A
DR. B
DR. C

PROVIDERS

PAYERS

PROVIDE MORE EFFICIENT CARE COORDINATION AND COVERAGE

CMS

HIE

enables coordinated care, improved health outcomes, and reduced cost.

How might we get there?

YOU ARE HERE

Mar, 2018
MyHealthEData and **Blue Button 2.0** launched

DR. A
DR. B
DR. C

Rx

$

HIE

DR. A ✓
DR. B ✓
DR. C ○

CMS

DISCHARGED

Payer Provider Directories made available through open APIs

CMS Innovation Center models require interoperability and health data exchange

JAN 2020

LATE 2020
Public reporting of clinician or hospital data blocking and providers without an electronic address

APR 2022
Improved benefits coordination for dually eligible individuals

JAN 2019
Providers are required to use **2015 Edition Certified EHR Technology**

Promoting Interoperability program requirements take effect for all providers

Patient healthcare claims information made available through open APIs for Medicare Advantage and QHPs in the FFEs (Medicaid and CHIP in July of 2020)

Payers must participate in **trust networks for health information exchange**

JAN 2021
Hospitals send **e-notifications** to other providers

📍 **Updates to payment rules** occur every year

my health**e** data

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The proposed rule would lay the foundation for healthcare interoperability.

How might these proposals impact me?

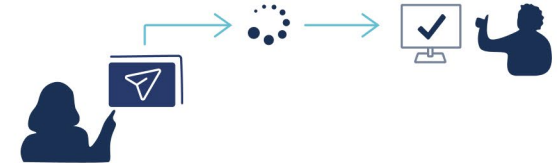**1** I can **easily access my health claims data**, including information about my treatment history and prescriptions.

2 I can easily find an **up-to-date list of providers** in my network.

DR. A
DR. B
DR. C

3 I can **bring my data with me** when I switch plans or providers.

6 **Better communication** between my providers means I don't fall through the cracks.

SNF

DISCHARGED

PATIENTS

4 I know my coverage benefits are being **coordinated**.

CMS

5 I know which providers are sharing data, and **reports about data blocking** help me choose where to get care.

DR. A
DR. B
DR. C
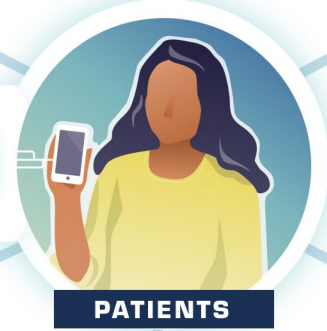
The proposals would help empower me to take ownership over my health data.

How might these proposals impact me?

1 With **better access to patient data**, I can provide more informed treatment recommendations and help my patients make better care decisions.

2 I know how to **contact other providers** my patient is seeing so we can share information and provide coordinated care.

DR. B

DR. C

DR. A

4 As a participant in **alternative payment models**, I can showcase my commitment to health care interoperability and standards-based data exchange.
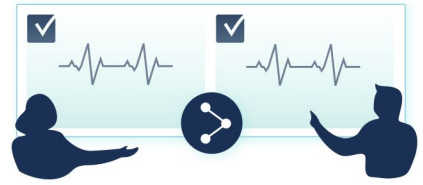
3 **E-notifications** that my patients are admitted or discharged keep me in the loop.

PROVIDERS

PT. DISCHARGED

SNF

The proposals would help me to confidently provide better care to patients.

How might these proposals impact me?

1 **Sharing health information** with patients better engages them and strengthens our relationship.
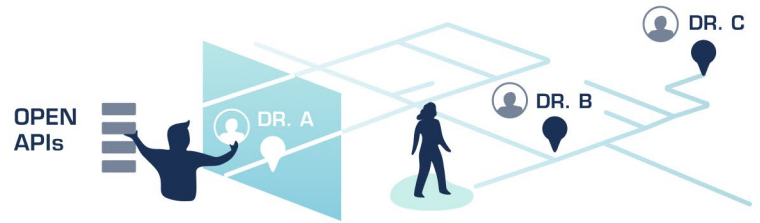
2 **Historical claims data** helps patients understand their healthcare expenses.

3 **Care Coordination** with other payers helps me provide coverage to get my patients the best outcomes.

PAYERS

5 **Offering a provider directory through an API** helps my patients find the doctors they need.

4 **Trusted exchanges** make it easier for me to communicate with providers.

DR. C

DR. B

DR. A

OPEN APIs

HIE

The proposals would increase my ability to provide more efficient and coordinated coverage.

Comment Period March 4-May 3

https://www.regulations.gov/document?D=CMS-2019-0039-0001