

Advancing Interoperability In Healthcare

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INTRODUCTION:

Interoperability was the central topic at a recent AHIP Webinar on Transparency and Burden Rules on Health Insurance Providers (February 2021). Over the past decade, there have been major rulings that have attempted to advance interoperability and prevent data blocking within the Healthcare Industry. The CMS Transparency in Coverage is an example of such rulings, with immediate deadlines for compliance in less than a year (January 1st, 2022 for Machine Readable Files). These rules to enhance transparency and reduce data blocking are shaking up the healthcare industry at a rapid pace and forcing healthcare payers to implement critical business decisions that will impact the competitiveness of their services. Specifically, healthcare payers will need to decide on what level of transparency in pricing they will provide based on compliance and staying competitive. At the AHIP Webinar on February 17th, 2021, a roadmap was provided for how healthcare payers can utilize the new regulations to implement massive changes in how they do business, focusing on the end goal of the policies, to create a value-based care framework built on interoperability. This is how payers can differentiate themselves from competitors, creating real value for customers by going beyond compliance to transparency rulings.

TRANSPARENCY IN COVERAGE

The *Transparency in Coverage* final rule, issued by Health and Human Services, the Department of Labor, and the Department of the Treasury, aims to increase transparency in medical costs for patients through healthcare payers and providers publishing price information estimates. This transparency will expand payer choice by allowing users to make cost-conscious decisions prior to receiving medical services. Healthcare companies need to seamlessly transfer their private data to publicly accessible files to support interoperability and the value-based healthcare system. To meet these daunting deadlines, companies are facing questions around how to determine the prices listed to comply and compete in the industry. Trexin leverages deep expertise across the healthcare industry and can support your company's compliance of the *Transparency in Coverage* rule by tailoring program execution to your company-specific internal needs.



COMPLIANCE DATES

- **January 1, 2021:** Provider price information
- **January 1, 2022:** Three Machine Readable Files in a non-proprietary, open format updated monthly (In-Network Rates, Out-of-Network Rates, detailed In-Network Rates allowed and historical prices for all prescription drugs)
- **January 1, 2023:** Cost Estimator Tool for 500 services
- **January 1, 2024:** Pricing information for all provided services

ONC CURES ACT

The *ONC Cures Act* will advance interoperability by supporting the access, exchange, and use of electronic health information for users¹. A value-based healthcare system is derived from transparency in medical records and pricing through electronic access in a convenient and standard form, such as smartphone apps². Healthcare companies need to comply with information blocking policies to ensure patients and providers have access to real-time medical records at no cost, without violating patient privacy. Data sharing from these provisions will increase competition in the healthcare industry by promoting the comparison of medical costs. The failure to comply with these regulations by the deadlines results in heavy fines. It is essential for healthcare providers, plans, and health IT companies³ to understand the Application Programming Interface (API) requirements and coordinate implementation to sustain a competitive edge in the industry. Trexin's Technology Capability Team can help coordinate your company's shift to secure, standardized Fast Healthcare Interoperability Resources (FHIR APIs) while improving provider data accuracy and mitigating risk and data privacy violations.



COMPLIANCE DATES

- **April 5, 2021:** Information Blocking Provisions and Current API Criteria, clinicians restricted from prohibiting certain communications
- **September 30, 2022:** Updated technology developed and delivered to patients
- **December 31, 2022:** Health IT Certification and Standardized API Implementation
- **December 31, 2023:** EHI Exports must be made available

NO SURPRISES ACT

Included in the *Consolidated Appropriations Act, 2021*, Congress passed the *No Surprises Act*, which further advances transparency and protection initiatives for patients. In short, consumers will be protected from surprise billings in emergency and nonemergency settings when unable to find an in-network provider.⁴

*"Starting January 1, 2022, it will be illegal for providers to bill patients for more than the in-network cost-sharing due under patients' insurance in almost all scenarios where surprise out-of-network bills arise..."*⁵

This new regulation includes a benchmark payment standard, but also allows for negotiation between insurers and providers, with an arbitration mechanism if negotiations fail. This new regulation will impact providers in how payment for surprise out-of-network (OON) services are determined, specifically the initial payment, final-offer arbitration, qualifying payment amount, and public reporting.⁶ A key business concern for insurers is delineating the specifics of the median in-network rate calculation, considering the geographic level that is now required. Additionally, companies must prepare for the new arbitration process to settle pricing disputes, and structure their operations accordingly. Navigating through these new requirements and how a business needs to restructure to not only comply but compete is challenging. Trexin's Strategy and Innovation Capability can help companies understand their greatest challenge from the *No Surprises Act* and devise a strategic direction to go beyond compliance, using the regulation to implement real change and differentiate from competition.



COMPLIANCE DATES

- **January 1, 2022**

CMS INTEROPERABILITY AND PATIENT ACCESS FINAL RULE

The *CMS Interoperability and Patient Access* final rule will push payers to implement and maintain both Patient Access and Provider Directory APIs.⁷ CMS is also proposing to require a Payer-to-Payer Data Exchange through a specified Health Level Seven International (HL7) FHIR-based API.⁸ This ruling will provision data access to third-party app developers to allow them to request and retrieve data via the Patient Access API. While the intent of this ruling is to allow patients to make informed decisions and reduce burden on payers and providers, it will force healthcare payers to make critical business decisions that could have long lasting impacts. Payers who act now and restructure their business and data to align with the value-based care approach, built on the foundation of interoperability, will have a competitive advantage over other companies that only react to these regulations. Trexin has deep experience in assisting companies during these transformational stages, having helped numerous healthcare Clients navigate through the 3Rs, comply with the *Affordable Care Act (ACA)*, and provide Medicaid services under a tight time frame.



COMPLIANCE DATES

- **January 1, 2023:** Patient Access APIs
- **January 1, 2023:** Provider Access APIs
- Documentation and Prior Authorization Burden Reduction through APIs
 - **January 1, 2023:** Prior authorization policies
 - **March 31, 2023:** Initial set of metrics reported
- **January 1, 2023:** Payer-to-Payer Data Exchange on FHIR

1. <https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification>

2. <https://www.healthit.gov/cures/sites/default/files/cures/2020-03/TheONCCuresActFinalRule.pdf>

3. <https://www.dwt.com/insights/2020/04/onc-cms-interoperability-final-rules>

4. <https://www.healthaffairs.org/doi/10.1377/hblog20201217.247010/full/>

5. <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2021/02/04/understanding-the-no-surprises-act/>

6. *Ibid.*

7. CMS Gov, <https://www.cms.gov/files/document/121020-reducing-provider-and-patient-burden-cms-9123-p.pdf> 12.

8. *Ibid.*, 13.