WHAT THE CMS AND ONC FINAL INTEROPERABILITY RULES MEAN FOR HOSPITALS

Continuing the journey toward interoperable health information

To further promote data sharing, **ONC** and **CMS** released their final interoperability rules on March 9 and 25, 2020 respectively. Their goal is to ensure that every American can, **without special effort** or advanced technical skills, see, obtain, and use all electronically available information that is relevant to his or her health and care. The rules cover data sharing to advance care continuity, patient access to information, and prevention of information blocking.

Which providers and hospitals are impacted by these rules?

The **CMS rule** applies to Medicare- and Medicaid-participating short-term acute care hospitals, long-term care hospitals, rehabilitation hospitals, psychiatric hospitals, children's hospitals, cancer hospitals, and critical access hospitals (CAHs).

The **ONC rule** applies more generally to healthcare providers that are participating in CMS funded health IT programs, such as Promoting Interoperability, as well as to a broader definition of providers listed in the **Public Health Service Act**.

What are providers and hospitals required to do under these rules?

The CMS rule CMS-9115-F requires covered hospitals and providers to enhance their use of interoperability beyond what they are already doing under the CMS Promoting Interoperability Program. For hospitals, CMS has finalized a number of new requirements that will continue to advance an interoperable health IT system.

- The most significant change has modified the Conditions of Participation for hospitals, CAHs, and Psychiatric Hospitals to require them to send electronic patient event notifications upon a patient's registration or admission to an ED or inpatient facility or upon discharge or transition to another provider or care setting. The notification would include the patient's name, treating physician's name and sending institution name, to the extent not prohibited by other applicable law. This needs to be implemented by May of 2021.

- CMS finalized two means of discouraging health care providers and hospitals from engaging in the practice of information blocking. One requires the public naming of clinicians, through an indicator on the Physician Compare or CMS public website, who fail to attest as part of the CMS Promoting Interoperability Program. The other involves penalties. More information on the Information Blocking provisions are contained in the ONC final rule.

- To promote better Provider Directory information, CMS will require that all providers update their electronic digital contact information (i.e. Direct Address) in the National Plan and Provider Enumeration System (NPPES).

  - Providers will be required to communicate any changed information to the NPPES within 30 days of the change.

  - CMS will publicly report the names and NPIs of those providers who do not have digital contact information included in the NPPES system by the second half of 2020.

What standards need to be supported under this rule?

It is important to note that as with past rules, CMS defines what the impacted entity needs to do, and ONC defines how to do it through technology and policy requirements. As part of the ONC rule, a number of standards were finalized in support of the CMS requirements.

- FHIR 4.0.1
- United States Core Data for Interoperability (USCDI)
- HL7 2.5 functionality in an EHR or Administrative System to be subject to the Conditions of Participation.

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INTERSYSTEMS, A LEADER IN FHIR AND INTEROPERABILITY, CAN HELP YOU COMPLY WITH THE CMS INTEROPERABILITY RULE

Customers use our solutions to bring together patient and member data from EMRs, clinical labs, post-acute care, insurance claim systems, and other sources across the healthcare ecosystem.

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Final Rule Requirements for Hospitals and Providers	InterSystems Capability
Enable patients' access to their data through "open" APIs using FHIR	InterSystems HealthShare® and InterSystems IRIS for Health™ support FHIR 4.0.1 as well as the US Core Implementation Guide, providing the standards and capabilities required by the finalized rule. Provide access to clinical data stored in your EHR, based on the USCDI data standard to patients.
Hospitals subject to this requirement, must send patient event notifications to another health care facility or to another community provider	InterSystems has long delivered both simple and advanced alerting capabilities for our customers. Through our technology, simple event notifications, as well as those with complex rules, provide near real-time actionable information to PCPs, post-acute care organizations, and others with the need to know.
Support for a Provider Directory that can include NPPES data	Our single-source-of-truth Provider Directory product can expose provider information using APIs. We can import and export from multiple sources, including NPPES data. Exporting NPPES data will make it easy for providers to comply.
Enable access to patient information along the care continuum	Through InterSystems HealthShare, our unified care record can be accessed and viewed by any caregiver — both traditional and non-traditional — enabling seamless care coordination.

Beyond Promoting Interoperability

Moving to the next phase of interoperability is a strategic imperative that hospitals need to embrace if they want to maintain a leading edge. It will give providers across the care continuum access to the information they need for better care coordination and delivery, at a lower cost. And that is at the heart of the ONC and CMS rules.

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