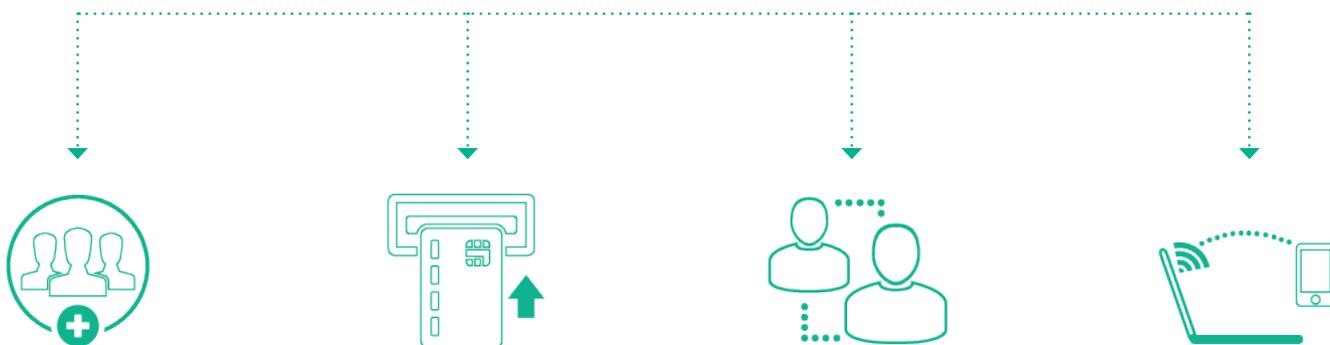


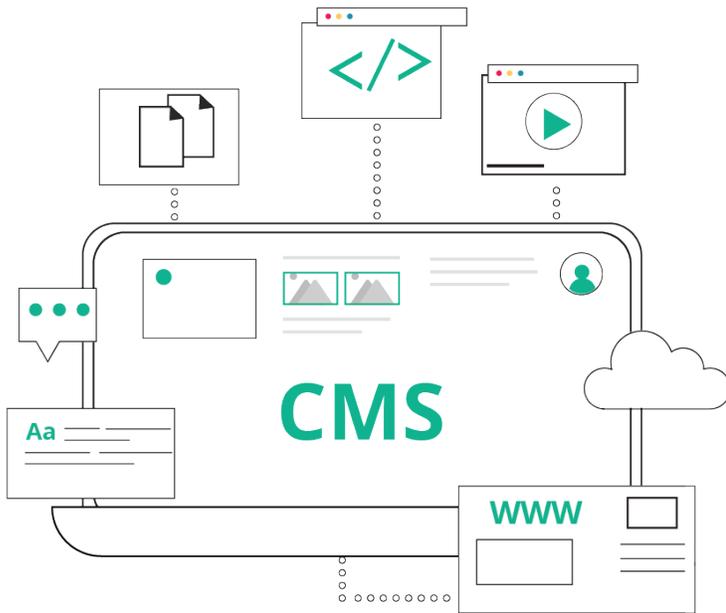
IMPLEMENTING INTEROPERABILITY MANDATES - INFOSYS PERSPECTIVE



The growing need for care accessibility and continuity and patient empowerment, had propelled the formulation of the CMS Interoperability and Patient Access Final Rule in 2020 which is driving seamless data exchange between payer, provider and patients. This regulation mandated the use of HL7 FHIR standards and APIs to ensure secure information sharing of claims, clinical, plan and provider directory etc with patients whenever and wherever they want the access and thus improve care coordination further by leveraging past medical history. To ensure the patient medical history and data accessibility by care management teams across payer and provider, CMS January 2024 Interoperability and Prior Authorization Final Rule has been formulated. Further the rule also focuses on enhanced care efficiency by optimizing and streamlining the process of prior authorization processes by January 2026. The rule broadens the data sharing scope for prior authorization transactions data access as well as focuses on optimizing the whole process turnaround time as well.

- These mandates are driving digital transformation priorities for payers through FHIR interoperability their by influencing several business outcomes. Patient Access API empowers patients with their health data, **fostering informed decision-making and improved engagement** with their care.
- Provider Access APIs streamline data sharing with in-network providers, **enhancing care coordination and potentially reducing costs** by facilitating a smoother transition to value-based payment models.
- Payer-to-Payer API bridges the gap between insurers by **streamlining data exchange** and ensuring patients retain access to essential health information for seamless **care continuity**.
- Prior Authorization API streamlines prior authorization process by offering standardized communication leading to **increased efficiency and improved clarity** for all parties involved.





Impact of the CMS Interoperability and Prior Authorization Rule 2026-2027

Adherence to the interoperability and prior authorization rule necessitates an expanded set of data sharing methods, including bulk medical history data through APIs.

Patient Access API: To comply with new regulations, the existing Patient Access API needs to include information about prior authorizations. This requires integrating enterprise data with a FHIR data repository to enable sharing prior authorization data and making the API accessible to patient apps.

Provider Access API: The Provider Access API allows for sharing the following data with providers after receiving member consent – individual claims and encounter

data (excluding provider remittances and enrollee cost-sharing information), data classes and data elements in the USCDI, and information about certain prior authorizations (excluding those for drugs). This involves integrating data from various internal systems with a FHIR server and modifying existing data pipelines and infrastructure.

Payer to Payer API: The Payer to Payer API allows for sharing with payers the same data that is made available through the Provider Access API. Impacted payers are required to share patient data with a date of service within five years of the request, and this necessitates a robust member matching process.

Prior-authorization rule:

API-based communication standardizes prior authorization processes, ensuring consistency and allowing payers to efficiently comply with CMS response timelines. This includes acknowledging requests within 24 hours and processing both standard (within 7 days) and expedited (within 72 hours) requests, along with providing clear reasons for decisions. This implies that for the determination of prior-authorization, the whole decision of prior-authorization needs to have a shorter turnaround time than earlier. It calls for direct integration and API-based information sharing between payer and provider to streamline the whole process and, thereby, accelerate the same. Further, the whole review workflow needs to be optimized across

multiple users with reduced manual interventions.

The rule also requires payers to publicly report prior authorization metrics annually by posting them on their website by March 21, 2026, with a compliance date starting January 1, 2026, which implies that data acceleration solutions are to be strengthened for near real-time data availability for metrics reporting.

Interoperability rule implementation key solution Tenets

The approach for new rule implementation needs to be implemented based on considerations from the learnings from previous rule implementation as of 2021. Some of the key challenges faced by some of the health plans at that time that now need to be addressed are:

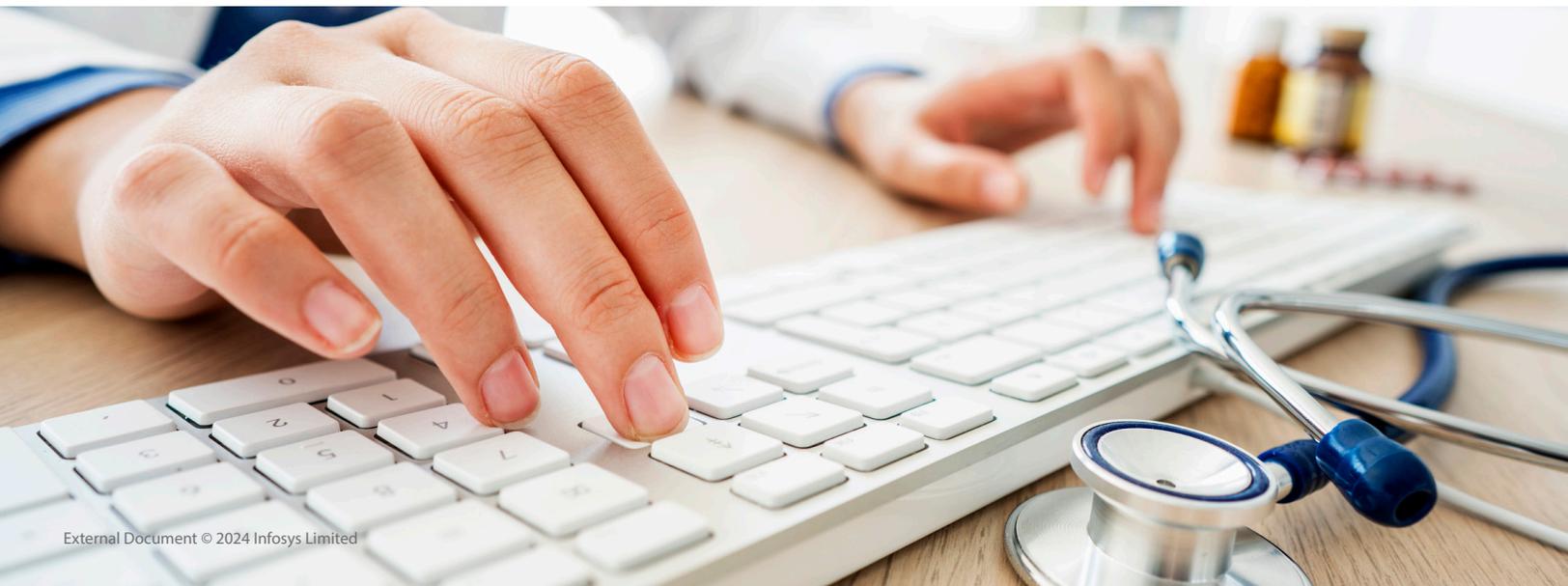
The lack of proper scalable data acceleration solutions is due to the fast-approaching deadline. This can now be looked into for remediation by bringing in scalable cloud-based solution constructs.

- Fragmented diverse format data sources and data quality issues, especially with file handling and provider data errors.
- Performance issues with bulk data ingestions and API generation
- Evolving implementation guidelines
- Larger turn-around times for onboarding new data sources

Given the previous learnings and the facts around the applicability of interoperability in whole-care continuity and accessibility beyond the rule, it is recommended to focus on building long-term, scalable solution-critical capabilities such as:

Data privacy and cybersecurity management to ensure secure data exchange, especially with extended communities of payers and a large number of provider

Data quality management & master data management are important to drive FHIR-driven data governance with standardized reference data management.

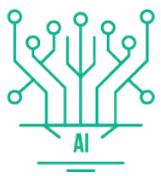




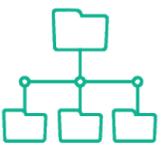
Authentication and Authorization solutions are needed to be extended further for HIPAA-covered entities such as payers and providers.



API-led payer-provider systems integration will continue to be the most critical capability.



Prior-auth process optimization rule: Leveraging the capabilities of generative AI and/or machine learning can significantly improve the overall productivity of decision-making and eventually process turn-around time to meet the 72-hour timeline.



It is also critical to build a real-time or near-real-time bridge between the payer utilization management system and provider EMRs and billing systems for the quick exchange of member coverage information, clinical information, and prior-auth transaction data.



Performance and scalability of cloud-based solutions and services



Improving prior-auth process performance by managing and reporting process metrics

Interoperability mandate implementation roadmap

It is recommended to initiate the compliance requirements implementation program with a focus on the assessment of the current technology landscape and capabilities as well as implementing foundational capabilities.

The initial phase needs to focus on assessing the incremental changes, their impact, sizing the project, and defining the implementation roadmap. At the same time, it is also critical to address the challenges and limitations of previous interoperability implementations with respect to data, orchestrations, ingestion challenges with respect to ongoing additions of new data sources, and so on. Further identification of new data sources, FHIR alignment, and a master data management strategy will be the next steps as foundational

components for data sharing with payers and providers. Prior-authorization data acceleration for FHIR API enablement will need to ensure bulk data ingestion mechanisms before the APIs are generated.

Authentication and authorization of external payer systems and offline consent management will be key capabilities to focus on before building the gateways of payer-to-payer and provider access APIs.

Overall, it is recommended to reflect on prior interoperability implementation issues and remediations. A focus on scalable solution design with foundational capabilities to cater to the ongoing data sharing requirements through the interoperability mandates is recommended. Also, beyond the mandate, interoperability has a long-term influence on driving digital innovation in areas such as Care Management, Quality Reporting, Population Health Management, Analytics etc. Investments done for rule compliance

with scalable solution building can surely help drive patient health outcomes improvement, cost efficiency, and stakeholder experience in these areas.

Infosys Interoperability COE: Unifying the Fragmented Healthcare Landscape

Infosys Interoperability CoE empowers healthcare organizations to navigate the complexities of data exchange. The CoE offers a comprehensive orchestra of services: crafting an interoperability strategy, building secure APIs, managing data repositories, ensuring data integrity, and continuously optimizing the health ecosystem.

We bridge the fragmented healthcare landscape by:

- Fluently utilizing industry standards like HL7, FHIR, CDA, and CCD and building unified integration mechanisms



- Ensuring data harmony and standardization through expertise around several terminology standards such as ICD, CPT, LOINC, SNOMED, and so on.
- Partnering with leading cloud and FHIR engine provider organizations for expedited, scalable solutions.

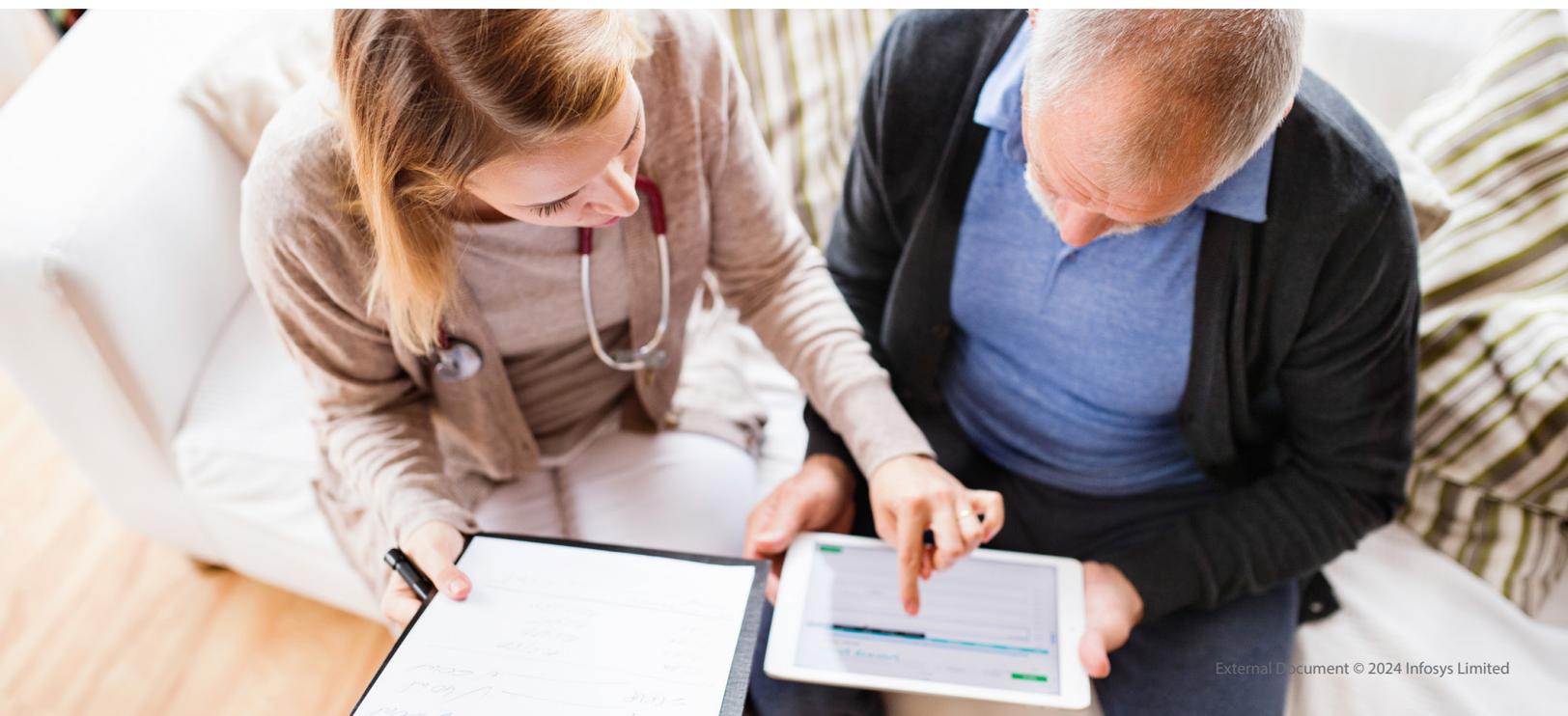
Our comprehensive approach, combined with our commitment to innovation, ensures successful navigation of the evolving healthcare interoperability landscape, driving business value.

The COE solutions, frameworks, and assets designed around the CMS interoperability rule, supported by proven experience of prior rule implementation, building payer-to-payer exchanges, and prior-authorization process transformation engagements, bring a unique value proposition for health plans for their rule compliance journey. We have designed several assets around interoperability

APIs, data accelerations and ingestion automations, and data governance, along with Gen AI and ML-based solutions around prior-authorization and other consulting assets around compliance strategy and roadmap as well.

Partner with Infosys: Navigate Your Interoperability Journey

Infosys is committed to staying at the forefront of healthcare interoperability and continuously adapting our solutions to meet evolving industry standards and regulations. Partner with us to access leading expertise, comprehensive solutions, and a reliable support system for your interoperability journey. Get in touch to learn how we can help you thrive in the ever-evolving healthcare landscape.





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