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Patient, Provider, and Payer API

Proposal for Patient, Provider, and Payer API Capabilities

Since the passage of the 21st Century Cures Act (Cures Act), The health IT and health care industry has made significant strides towards data interoperability throughout health care. The Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Proposed Rule builds on this foundation through new proposals that enable better and more equitable patient care through systemic improvements in the access, exchange, and use of data. "Patient, Provider, and Payer APIs" is a proposed set of certification criteria in the HTI-2 proposed rule. This proposal would enable exchange of data between payers, providers, and patients as appropriate for each exchange. These certification criteria better position Certified Health IT to support more effective exchange of clinical, coverage, and prior authorization information to reduce administrative burden.

What Is Being Proposed?

ONC proposes a set of certification criteria in § 170.315(g)(30) through (36). The proposed certification criteria align with CMS-established API requirements and recommendations and would enable implementers to ensure that APIs developed to meet the CMS regulations adhere to relevant interoperability standards and support other features important to effective information sharing. ONC intends to work with CMS in the future on additional pathways to ensure Health IT Modules certified to the proposed criteria enable efficient and effective support with CMS policies.

These proposed certification criteria reference a set of FHIR implementation specifications that ONC proposes to adopt, on behalf of the Secretary, in § 170.215.

Patient access API

ONC proposes to adopt the "Patient access API" certification criterion in § 170.315(g)(30) to specify requirements for health IT that can be used by payers to enable patients to access health and administrative information using a health application of their choice. The proposal would require health IT to enable patient access to information including payer drug formulary information, and patient clinical, coverage, and claims information.

Provider access API – client and server

ONC proposes to adopt the "Provider access API – client" and "Provider access API – server" certification criteria at § 170.315(g)(31) and (g)(32) to specify requirements for provider and payer systems to support provider access to payer information. This information can include patient clinical, coverage, and claims information.

Payer-to-payer API

ONC proposes to adopt a "Payer-to-payer API" certification criterion in § 170.315(g)(33) to specify requirements for health IT that can be used by payers to support electronic exchange between payer systems. The exchange of patient information between payers can allow health information to follow a patient when they switch insurance plans and can enable improved coordination of care, increased patient empowerment, and reduced administrative burden.



Patient, Provider, and Payer API



Prior authorization API – provider and payer

ONC proposes to adopt "Prior authorization API – provider" and "Prior authorization API – payer" certification criteria in \S 170.315(g)(34) and (g)(35), which specify requirements for health IT that can be used by providers and payers to conduct electronic prior authorization. Technology certified to these criteria have the potential to reduce administrative burden associated with the largely manual prior authorization process which exists today.

Provider directory API - health plan coverage

ONC proposes to adopt a "Provider directory API – health plan coverage" certification criterion in § 170.315(g)(36), which specifies requirements for health IT that can be used by payers to publish information regarding the providers that participate in their networks. Technology certified to this criterion can help patients understand which providers, facilities, and pharmacies are covered by their current or future plan.



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