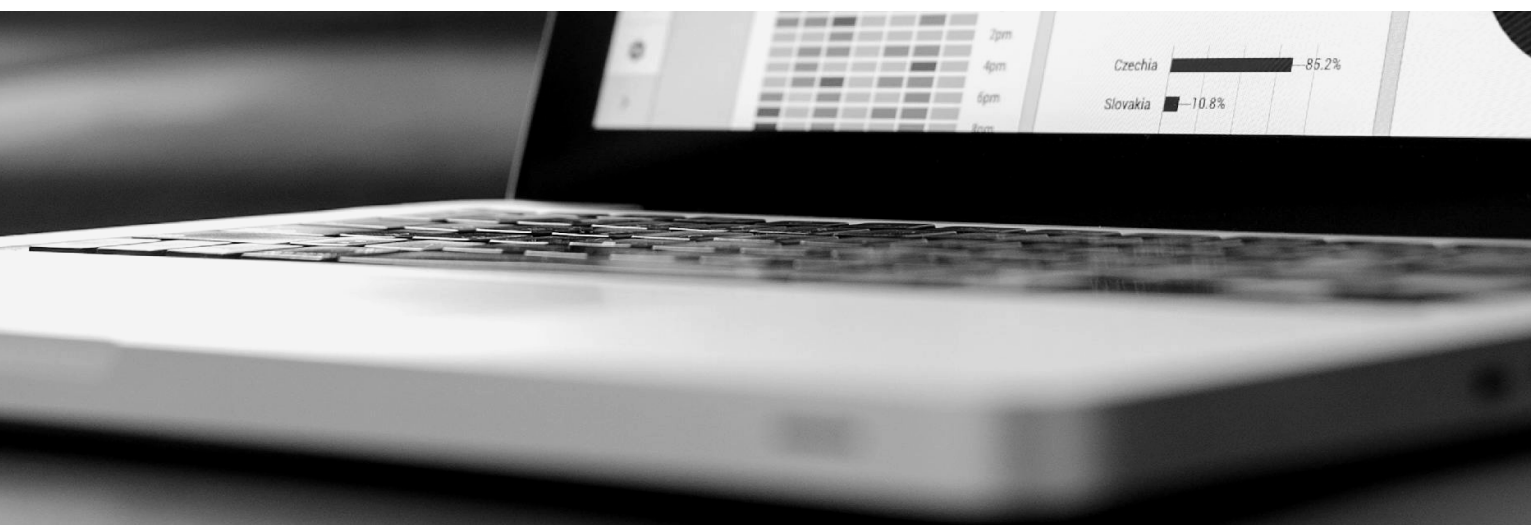*How NEHII can help you prepare*

INTEROPERABILITY

nehii

INTEROPERABILITY

"Interoperability" means the secure exchange of electronic health information without special effort on the user's part. It allows for complete access, exchange and use of all authorized information.

Interoperability Timeline

2009 — Health Information Technology for Economic and Clinical Health (HITECH) Act signed into law, with the goal to achieve a robust exchange of medical information in order to improve health outcomes and reduce unnecessary costs.

2016 — 21st Century Cures Act accelerated medical innovation; established a legal framework to strengthen interoperability and prevent information blocking by providers and EHR vendors.

2019 — Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services (CMS) proposed separate but related rules requiring that patients have easy access to their health data.

2020 — CMS and ONC issued final Interoperability, Information Blocking and the ONC Health IT final rules March 9; majority of the regulations are effective Spring 2021. Deadlines were recently rolled back to allow more time, as resources are funneled into pandemic response.

NEHII: HERE TO HELP

NEHII is ready to help you comply with final interoperability rules.

Nebraska Health Information Initiative (NEHII) is here for you, ready to support health care providers who administer care to Nebraska residents. NEHII is prepared to help participants comply and implement our health information exchange (HIE) data exchange to make protected patient health information more accessible.

NEHII is offering incentives to offset costs to payers, hospitals and health systems for participating in the NEHII network by June 30 and sharing data connections by September 30, 2020.

The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) finalized rules March 9, 2020, requiring major changes for payers and hospitals to provide patients unprecedented safe access to their own health information. The rules address interoperability, information blocking, patient access to data and electronic health record (EHR) certification. In most cases, compliance calls for implementing significant data transparency requirements.

CMS mandates hospitals and health systems to send admissions, discharge and transfer (ADT) notifications as soon as possible. **Effective Spring 2021**, providers must electronically send ADT alerts to community providers when patients are seen in the emergency department or admitted to, discharged and/or transferred from the hospital to another community provider or practitioner.

ADT alerts improve care quality and reduce readmissions. Notifications further help primary care providers keep track of patients during public health crises, most notably the COVID-19 (coronavirus) pandemic. CMS is now requiring these hospitalization alerts as a condition of participation in Medicare and Medicaid.

In addition, other time-sensitive requirements include:

→ By May 1, 2021, hospitals must start sending ADT notifications to patients' physicians. Payers have until July 1, 2021 to comply.

→ In late-2020, CMS will start publicly reporting the identity of clinicians, hospitals and critical access hospitals practicing information blocking (broadly defined as practices that are likely to interfere with, prevent, or materially discourage the access, exchange, or use of electronic health information).

→ Many health plans will need to start sharing claims, cost and health information electronically with patients. Medicaid, the Children's Health Insurance Program (CHIP), Medicare Advantage (MA) plans and qualified health plans must make enrollee data accessible by Spring 2021.

NEHII LEADS THE WAY

Interoperability continues to be one of NEHII's key strategic initiatives. To promote advancing interoperability, NEHII has built a framework that aligns closely to the ONC and CMS guidelines and rules. NEHII established early precedence by incorporating elements such as United States Core Data for Interoperability (USCDI) standards, participating in national networks, and building services to promote the framework.

In addition to interoperability, data and the advancement of technology are also strategic pillars for NEHII. As a population health utility, NEHII is recognized as the source for clinical, pharmacy and claims information in Nebraska. NEHII executes best practices to assess and manage data contribution, quality, cleansing, and enrichment. Additionally, NEHII works to reduce data access limitations using networks and technology advancements in Fast Healthcare Interoperability Resources (FHIR) and Application Programming Interfaces (API) capabilities.

Health IT Certification Program

IT developers must update their software to comply within 24 months for revised and 36 months for newly added criteria. Removal of the Common Clinical Data Set (CCDS) and its reference; replaced with USCDI standards.
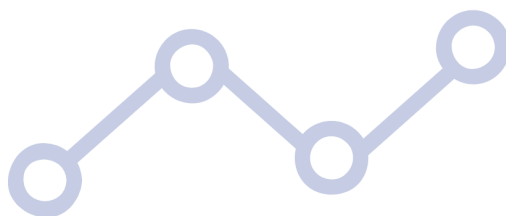
→ Over the last two years, NEHII has been leading the way in adopting the USCDI v1 standards as part of the NEHII data sharing requirements and data connection standards to the Health IT Certification Program requirements.

Patient Access API

API stands for Application Programming Interfaces. The Patient Access API must make certain health data available, including – at a minimum- adjudicated claims, encounters with capitated providers and some clinical data. This must be fully implemented by July 1, 2021 (or for qualified health (QHP) issuers on the Federally-facilitated Exchange (FFE), by the first day of plan years beginning on or after July 1, 2021).

→ NEHII is working with the payer community as well as internal development of APIs to be available to help facilitate sharing.

Condition of Participation/Admission, Discharge & Transfer (ADT) Notifications

This rule requires hospitals, including psychiatric hospitals and critical access hospitals, to send notifications that must include at least a patient name, treating practitioner name and sending institution name. The system will send notification at the time of: registration at the emergency department; admission to the hospital's inpatient services; the patient's discharge or transfer from hospital's emergency department; the patient's discharge or transfer from hospital's inpatient services.

This requirement is effective May 1, 2021.

→ NEHII already offers event notification services to its participants.This federal regulation is achieved by NEHII participants sending their ADT information to NEHII and NEHII delivering event notification service through NEHII Notify, powered by SES (Secured Exchange Solutions).

Provider Directory API

Plans must make provider directory information available through a public-facing Provider Directory API accessible on the plan's website. Directory information must include – at a minimum – provider names, addresses, phone numbers, specialties (plus pharmacy), and information for Medicare Advantage (MA) plans that offer prescription drug benefits (MA-PDs).

The Provider Directory API must be fully implemented by July 1, 2021.

→ NEHII is architecting and building new tools to help aggregate and facilitate the sharing of this data. NEHII is also working closely with the payer community to leverage their plans to use NEHII to facilitate.

For more information on NEHII or any of our services, please contact support@nehii.org OR communityengagement@nehii.org

Abbreviations and Acronyms

ADT: *Admissions, Discharge and Transfer*

API: *Application Programming Interfaces*

CCDS: *Common Clinical Data Set*

CHIP: *Children's Health Insurance Program*

CMS: *Centers for Medicare and Medicaid Services*

EHR: *Electronic Health Record*

FFE: *Federally-facilitated Exchange*

FHIR: *Fast Healthcare Interoperability Resources*

HIE: *Health Information Exchange*

HITECH Act: *Health Information Technology for Economic and Clinical Health*

MA: *Medicare Advantage*

MAPD: *Medicare Advantage Prescription Drug*

NEHII: *Nebraska Health Information Initiative*

ONC: *Office of the National Coordinator of Health Information Technology*

QHP: *Qualified Health Plan*

USCDI: *United States Core Data Interoperability*

P.O. BOX 27842
Omaha, NE 68127
http://nehii.org