



CMS Issues Final Rule on Interoperability

- On February 8, 2024, the Centers for Medicare and Medicaid Services (CMS) issued a final rule on interoperability and improving prior authorization processes (Final Rule).
- The Final Rule imposes new requirements for the Patient Access API by Medicare Advantage (MA) organizations, Medicaid managed care plans, Children's Health Insurance Program (CHIP) managed care entities, and qualified health plan (QHP) issuers on the federally facilitated exchanges (FfEs). An API is a set of software commands, functions, protocols, or tools that enables other software developers to create programs that can interact with the software while maintaining data security and patient privacy.
- The Final Rule includes requirements for a Provider Access API that largely align with those that are being finalized for the Patient Access API.
- The Final Rule also implements new standards for the exchange of data between payers using the Payer-to-Payer API.
- In addition to the requirements for these specific APIs, Payers may include data about prior authorization for prescription drugs within their APIs but are not required to do so.
- The Final Rule includes reporting requirements for metrics on the APIs.
- The Final Rule is effective on April 8, 2024. MA organizations must comply with the provisions that require API development or enhancement by January 1, 2027; Medicaid managed care plans and CHIP managed care entities must comply beginning with the first rating period that begins on or after January 1, 2027; and QHPs in FfEs must comply by the first plan year beginning on or after January 1, 2027. Reporting requirements have compliance dates in 2026.

More on This Topic:

- [Final Rule](#)

For questions, please reach out to [Vicky Jucelin](#).

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