Best Practices for Patient and Provider Educational Resources

Provider Access and Payer-to-Payer APIs

The CMS Interoperability and Prior Authorization final rule (CMS-0057-F) requires impacted payers (specifically, Medicare Advantage [MA] organizations, state Medicaid and Children's Health Insurance Program [CHIP] Fee-for-Service [FFS] programs, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan [QHP] issuers on the Federally Facilitated Exchanges [FFEs]) to implement and maintain a **Provider Access Application Programming Interface (API)** to share patient data with in-network providers with whom the patient has a treatment relationship, and a **Payer-to-Payer API** to enable data sharing between payers when a patient changes payers or has two or more payers at the same time.

Impacted payers must make plain language educational resources related to both APIs available at all times, in an easily accessible location on their public websites. These resources must also be made available to patients annually and at certain other times through other appropriate means that the payer ordinarily uses to communicate with patients. Impacted payers must provide information on general topics (discussed below) regarding each API. The final rule, however, is otherwise not prescriptive as to format or additional specific content. We remind impacted payers that these requirements do not affect other applicable communications accessibility requirements, including any obligations under Federal civil rights laws. These obligations include taking reasonable steps to provide meaningful access to individuals with limited English proficiency, including language assistance services (Section 1557 of the Affordable Care Act; Title VI of the Civil Rights Act of 1964), and taking appropriate steps to ensure effective communication with individuals with disabilities, including provision of appropriate auxiliary aids and services (Section 1557 of the Affordable Care Act; Section 504 of the Rehabilitation Act of 1973).

In this document, impacted payers may find general useful information and best practices for developing these patient and provider resources.

Provider Access API

Impacted payers must provide plain language, educational resources to both:

- **Patients** about 1) the benefits of API data exchange with their providers, 2) their ability to opt out, and 3) instructions for opting out and changing that permission (89 FR 8817)
- **Providers** about 1) the process for requesting patient data, and 2) how to use the payer's attribution process to associate patients with the provider (89 FR 8817)

Patient Messaging

When developing plain language, educational resources for patients, impacted payers may wish to emphasize the following statements:

- You control who has access to your health care data through the API and can decline or "opt out" of API data sharing at any time.
- We have included information about how to opt out of this data sharing, as well as how to opt back in to data sharing, should you so choose.
- If you opt out of API data sharing, existing laws, such as HIPAA or state law, may still allow your provider to request and receive certain information they need to treat you.
- Allowing your health care data to be shared with your provider can help them better coordinate your care, improve prior authorization processes, ensure you receive care in a timely manner, help you achieve better outcomes, and improve your overall health care experience.
- Your health care data is only available to in-network[1] providers whom we have determined to have a record of caring for you.
- Your health care data is protected by privacy and security measures.

Provider Messaging

When developing plain language, educational resources for providers, impacted payers may wish to emphasize the following statements:

- Our Provider Access API allows you to electronically request certain data about your patients that we cover, directly from us. We are providing instructions on how to use the API to simplify this data retrieval.
- To ensure you receive the right data for the right patient, we are providing a clear explanation of our attribution process. We will use this process to determine which of our members or enrollees have a treatment relationship with you.

Payer-to-Payer API

Impacted payers must provide plain language educational resources to **patients** no later than a week after the start of coverage[2] about the benefits of Payer-to-Payer API data exchange, their ability to opt in, or withdraw a previous opt in decision, and instructions for doing so (89 FR

---

[1] While not required, CMS encourages impacted payers to allow out-of-network or unenrolled providers to access to patient information via the Provider Access API if they can verify a treatment relationship with the patient. Impacted payers may thus utilize similar messaging if they choose to share with out-of-network or unenrolled providers.

[2] ''Start of coverage'' is defined differently for each type of impacted payer. For example, for Medicaid and CHIP FFS and managed care, the ''start of coverage'' is the date the beneficiary is enrolled in the state's MMIS (or equivalent process). For more detailed discussion of these differences see section II.C.3.c.i. (89 FR 8833) of the preamble to the CMS Interoperability and Prior Authorization final rule.

8855).

Patient Messaging

When developing plain language, educational resources for patients, impacted payers may wish to emphasize the following statements:

- You control whether we request your health care data from your previous insurer or exchange data with your concurrent insurer(s) through the API and can “opt in” at any time. This means your data is not shared through the API automatically – you decide when and if API data sharing is allowed.
- Opting into data sharing has several potential benefits, which could include better coordination of your care, improved completeness of your medical records if you change insurance carriers, reduction in care disruptions, improved continuity of care, better outcomes, and a better overall health care experience.
- If you “opt in” to having your data shared with other insurers through the API, you can opt back out again at any time.
- If you give us information about your last insurer, we will ask them for your data. This means that you will continue to have access to those records in the same place as your new records.
- If you have two or more insurers, we will exchange your data with your other insurer(s) at least every three months to ensure we can work with them to align your coverage as best as possible.
- Even if you opt in, your data will not be shared with insurers that you are not enrolled with. This API data exchange will only be used to receive data from your previous insurer, exchange data with your concurrent insurer, and to send data to your future insurer, as appropriate.
- Your health care data is protected by privacy and security measures.

Possible Formats and Elements

The Agency for Healthcare Research and Quality (AHRQ) has developed the Health Literacy Universal Precautions Toolkit, which includes a module outlining how to assess, select, and create easy-to-understand materials for patients. This outline can be adapted for provider audiences, as well. While not required, impacted payers may wish to consider the recommendations in this toolkit, in addition to the following formats and elements in developing their plain language, educational resources (the lists below are not exhaustive):

Formats

- Online forms
- Fillable PDFs
- Mail-in form(s)
- Telephone

Content Elements (in plain language)

- Background (e.g., why they are receiving the form, what is data sharing)
- Benefits of sharing data
- Ability to opt out, and to opt in at any time after previously opting out (for Provider Access API)
- Ability to opt in at any time (for Payer-to-Payer API)
- Instructions to complete the form(s)
- Contacts for questions

Design Elements

- Visual cues (e.g., arrows, boxes, bold, larger font, highlighting) to draw attention to key points)
- Fonts with serifs, between 12-14 points
- Headings that use a font size at least 2 points larger than the main text size
- Text broken up with bullet points

Additional Resources

Federal Resources

- CMS Interoperability and Prior Authorization Final Rule Resources
- Office of the National Coordinator for Health IT (ONC) Resources for Providers
- What are the benefits of health information exchange? (ONC)

- Patient Access Information for Individuals: Get it, Check it, Use it! (ONC)
- Patient Education and Engagement (AHRQ)

Writing Guidelines

- plainlanguage.gov
- CMS Guidelines for Effective Writing
- CDC Simply Put