Compliance Requirements for CMS Interoperability as part of CURES Act

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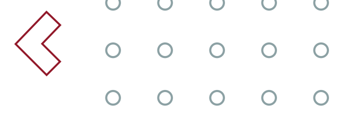


Compliance Requirements for CMS Interoperability as part of CURES Act

Centers for Medicare & Medicaid Services (CMS) and the **Department of Health & Human Services (HHS)** have released new rules, effective June 30, 2020, that will affect Provider Data Management teams who commonly use credentialing databases. Provider payor enrollment and delegated credentialing departments will likely see the greatest impact. Depending on how Provider Data Management teams enter data, Medical Staff Credentialing departments or the Central Verification Office (CVO) will also be impacted. CMS imposed fines can be imposed as early as summer 2021.

As part of the new requirements for Provider Directory API, Patient API, and Payer-to-Payer feed, some CMS regulated insurances are required to standardize data elements of provider rosters. This is, among other things, so patients and their providers can find other providers easier, to help with coordination of care. It is imperative that data within payor enrollment/credentialing databases be managed with strict data standards, since this data is what feeds payor rosters.

Two of these elements are:

- **Provider Type/Specialties**
- **Location/Address**

Both Type and Specialty will have to conform to The National Uniform Claim Committee's (NUCC) standards. Which means the taxonomy and specialty codes within the current database should either match, or be mapped to, what is available from NUCC. Electronic Health Records sources also need to meet this requirement.

Although this may sound simple, as almost everybody has used NUCC taxonomies since their inception, discrepancies certainly occur; so this is a perfect time to assure data governance principles are being followed.

Data governance principles include:

Data has a set owner

- Review who has table permissions to the databases! Table access should be limited to those who understand data governance, the data standards of the organization, and the downstream effects of their actions.

Data is defined, and managed consistently

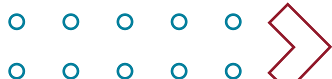
- Develop a data dictionary, data standards, and change management processes. Remember to make "Quick Tips" sheets for front-end staff of the most commonly made mistakes, versus handing them a huge data standards document.

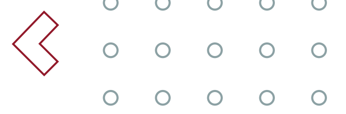
There is an audit process in place

- Maintain an audit routine, and are their parameters defined? Who handles these?

There are established processes to resolve discrepancies

- Is this documented?
- Tracking this *great quality indicators to show what a team does!*
- And who has the ultimate responsibility?





In addition to the taxonomy code, data owners will need to assure specialty names truly meet the standards, such as having NUCC's "Physical Medicine & Rehabilitation" versus using the older term "Physiatrist" or "Physical Medicine and Rehabilitation". The same is to be said for checking provider type; which NUCC defines as: A major grouping of service(s) or occupation(s) of health care providers. For example: Allopathic & Osteopathic Physicians, Dental Providers, Hospitals, etc.

NUCC is updated twice a year, and is available via licensing through the American Medical Association, as published through the Washington Company, or directly via **www.nucc.org.**

Evaluating Credentialing Software

Additional consideration should be made toward evaluating if the current tools used to manage provider data include the use of modern day Credentialing Products. Throughout the industry it is still observed that healthcare organizations are using insufficient tools. (e.g. Excel, Access, CRMs not enabled with minimum automations, and/or paper processes). The outcome results in increased manual processes, additional staffing to manage workflows, increased liability, risk, and re-work.

For the past ten years the data management demands on enrollment professionals has continued to rise with no signs of relief. The following example pertains to CMS Interoperability requirements and it applies to the demands of most payers.

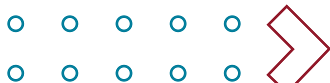
For Provider Directory API requirements locations must be defined by Physical, Postal, or both. To meet the above requirements not only will address matching, standardization, and validation be a requirement, but will be critical to the delivery of the standardized API requirements.

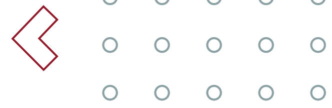
Please note, while the United States Postal Standards (USPS) are not a firm requirement for several standards it's nearly impossible not to use USPS in matching records and to validate if the address is a physical location.

Many organizations are working to meet the challenge of identifying which data source contains the Master Location values, including both names and remaining data elements. As with many industries, identifying "golden" records for location values often requires multiple data sources. Many organizations choose to partner with licensed data sources to provide Healthcare Organization (HCO) data sets containing taxonomies by location. Popular among healthcare for defining the standards are sources such as IQVIA (subsidiary of Dunn and Bradstreet), Definitive Healthcare, Lexis Nexis, Quest Analytics, and so on.

A typical sample of healthcare names found in contributing data sources, which is why Master Locations are needed, include:

- **Pediatrics R Us**
- **Pediatrics-R-Us**
- **Peds R US**





Creating a standard for location entry, and performing ongoing quality checks will assist with alleviating these deviations. Considering the audits being performed by Medicare Advantage plans, this is yet another reason to have locations as clean as possible.

For more on meeting the demands of CMS Interoperability and for a complimentary evaluation of your current tools to ensure readiness for modern data management needs:
www.cquensys.com

These rules are the HHS Office of the National Coordinator (ONC) for Health Information Technology's *21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule*; and *CMS's Interoperability and Patient Access final rule*.

Both acts have narrowing windows to conform to **NEW data standards**, that must be in place by 2021 and beyond.

Additional Provider Specialty Resources:

Source Sample: as found in an EHR System "Provider Specialties":
https://medicare.fcso.com/pe_resources/138372.asp

Target (878 mappings):
https://www.fhir.org/guides/argonaut/pd/ValueSet-provider-specialty.html

Enrichment Source (NUCC codes contains code taxonomies, definitions, data sources, group classifications, and specialization groups which should be meta that is persisted during transformation):
http://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40/csv-mainmenu-57