DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: May 29, 2025

TO: All Medicare Advantage Organizations

FROM: Alexandra Mugge, CMS Chief Informatics Officer
Office of Healthcare Experience & Interoperability

SUBJECT: Reporting Requirements to Comply with the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) **89 FR 8758, published February 8, 2024**

This memorandum contains information about the reporting requirements established under the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (89 FR 8758, February 8, 2024).[1] This rule refers back to the May 2020 CMS Interoperability and Patient Access final rule that required payers to implement an HL7® FHIR® Patient Access API for patients to access their data through an app of their choice. The February 2024 CMS Interoperability and Prior Authorization final rule added requirements for payers to develop Provider Access, Payer-to-Payer, and Prior Authorization APIs and reporting requirements for patient use of the Patient Access API and publication of prior authorization data.

Reporting requirements begin in CY 2026 (89 FR 8779) when impacted payers must report data to CMS on usage of their Patient Access API (42 CFR 422.119(f)).

This document provides additional information about what must be reported and where data must be submitted. For further details on the final rule, visit the CMS website at https://www.cms.gov/priorities/key-initiatives/burden-reduction/interoperability.

Patient Access API Usage Metrics

Requirements

Starting in 2026, payers must report data from the previous calendar year to CMS by March 31, 2026. In the first year of the requirement, most payers will report CY 2025 data by March 31, 2026. However, new Medicare Advantage Organizations (MAO) will naturally have no data to report for the previous year and will be required to report these data following the first full calendar year subject to the Patient Access API requirement.

[1] Link to Federal Register Citation for Patient Access API Metrics: https://www.federalregister.gov/d/2024-00895/page-8779

Beginning in 2026 and annually thereafter, impacted payers must report metrics to CMS on the number of patients who use the Patient Access API (89 FR 8779). Specifically, this includes:

1. The total number of unique patients whose data are transferred via the Patient Access API to a health app selected by the patient; and
2. The total number of unique patients whose data are transferred more than once via the Patient Access API to a health app designated by the patient.

To fulfill these requirements, payers must report the Patient Access API metrics within the Health Plan Management System (HPMS) in a new section in the Plan Reporting Module entitled "Interoperability Reporting." Per the final rule, MAOs will be able to report this data at the contract level between January 1, 2026 - March 31, 2026.

Starting with Contract Year 2027 (released in October 2026), the Basic Contract Management Section of HPMS will also allow organizations to submit the following optional web pages in accordance with 42 CFR 422.119(g), 42 CFR 422.121(a)(4)(ii), and 42 CFR 422.121(b)(7). Additional information will be provided when this functionality is made available.

1. The URL for the web page where technical documentation can be found for the Patient Access API and Provider Directory API (42 CFR 422.119(d) and 422.120(a)); and
2. The URL where Patient Access educational information about privacy and security are posted.

For assistance with reporting, please contact the HPMS Help Desk at HPMS@cms.hhs.gov. For policy questions on the Interoperability and Patient Access or Interoperability and Prior Authorization final rules, write to cmsinteroperability@cms.hhs.gov.

Importance

These metrics will help CMS better understand whether patients are taking advantage of the Patient Access API to access their health information maintained by their payers. Additionally, aggregated usage data from impacted payers will allow CMS to evaluate whether the Patient Access API policies are achieving the desired goal of encouraging patients to request their data for personal use. By gathering this information, CMS can also provide targeted support or guidance to impacted payers, if needed, to ensure that patients are aware of the Patient Access API availability.

Educational Resources

To support compliance, CMS provides resources to assist payers in developing required plain language educational materials for both providers and patients. These resources include guidance explaining the benefits of data sharing via other APIs required under the CMS Interoperability and Prior Authorization final rule (Provider Access and Payer-to-Payer APIs).

- **Best Practices for Payers and App Developers:** This document includes links to useful information and best practices to help payers and developers build and maintain a FHIR API, as well as best practices for third-party app developers.

https://www.cms.gov/files/document/best-practices-payers-and-app-developersupdated21023.pdf

- **Patient and Provider Educational Resources for the Provider Access API:** This API enables providers to request patient data from payers to support improved patient care. In the final rule, CMS requires all payers to provide educational resources to patients about the benefits of API data exchange with their providers, including information about the option for patients to **opt out** of this data exchange. CMS also requires impacted payers to provide plain-language educational resources to providers about the process for requesting patient data and how to use the payer's attribution process to associate patients with the provider. Sample materials for payers to use to develop their communications are available on the CMS website: https://www.cms.gov/files/document/patient-and-provider-educational-resources07012024.pdf

- **Patient Educational Resources for the Payer-to-Payer API:** This API enables data exchange between two payers when an individual moves from one payer to another or has concurrent coverage. In the final rule, CMS requires payers to provide information in plain language to patients about this data exchange via the Payer-to-Payer API. These materials should explain the benefits of data sharing between payers and allow patients to **opt in**. Sample materials for payers to develop their communications can be found on the CMS website: https://www.cms.gov/files/document/patient-and-provider-educational-resources07012024.pdf

Thank you for your attention to these requirements. If you have additional questions, please get in touch with the contacts in this letter or the Health Informatics and Interoperability Group at CMSInteroperability@cms.hhs.gov.