AEGIS

CMS-0057-F: Accelerating Implementation & Measuring Compliance

Accelerate your CMS-0057-F implementations while objectively measuring their compliance with the final rule

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Agenda

- Understand the Landscape
  - CMS Final Rules
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AEGIS

Powerful Results. Delivered.

Understand the Landscape

- CMS Final Rules
- CMS-0057-F Requirements
- What to Implement and When

CMS-0057-F - https://www.federalregister.gov/documents/2024/02/08/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability

CMS Final Rules

May 2020 - CMS-9115-F – (CMS Interoperability and Patient Access Final Rule) published

- CMS-regulated payers* were required to implement and maintain standards-based Application Programming Interfaces (APIs) for Patient Access, Provider Directory, Formulary, and Payer-to-Payer data exchange
- Mandated Technical Standards for exchange (e.g. FHIR 4.0.1, SMART on FHIR)
- Incorporated the content and vocabulary standards from the ONC 21st Century Cures Act to include the United States Core Data for Interoperability (USCDI) (a minimum set of data elements with applicable vocabulary standards for access, exchange or use of electronic health information)
- Main purpose was to liberate health information and move the healthcare system toward greater interoperability
- Give patients the ability to use the health app of their choice to access and maintain their:
  - health information (e.g, clinical data, laboratory results, and encounter information)
  - claims data (via explanation of benefits) for claims that are maintained by the payer

* CMS-regulated payers: Medicare Advantage (MA) organizations, state Medicaid Fee-for-service (FFS) programs, state CHIP FFS programs, Medicaid managed care plans, Children's Health Insurance Program (CHIP) managed care entities, and Qualified Health Plans (QHP) issuers on the Federally-Facilitated Exchanges (FFEs)

CMS Final Rules

January 2024 - CMS-0057-F (CMS Interoperability and Prior Authorization Final Rule) published

- Builds upon and enhances the earlier Interoperability and Patient Access final rule by:
  - adding requirements for access to certain prior authorization data in the Patient Access API
  - adding requirements for access to certain prior authorization data and claims and encounter data (excluding provider remittances and enrollee cost-sharing information) in the Payer-to-Payer API for impacted payers
- Adds a Provider Access API to allow provider access to patient data with in-network providers with whom the patient has a treatment relationship
- Adds requirements for a set of Prior Authorization APIs to allow providers to identify covered items and services, documentation requirements for prior authorization approval, and the ability to submit and receive a prior authorization decision
- Specifies (per ASTP/ONC's HTI-1 Final Rule) United States Core Data for Interoperability (USCDI) v3 (US Core 6.1.0); deprecating USCDI v1 (US Core 3.1.1)

*Impacted payers: Medicare Advantage (MA) organizations, state Medicaid Fee-for-service (FFS) programs, state CHIP FFS programs, Medicaid managed care plans, Children's Health Insurance Program (CHIP) managed care entities, and Qualified Health Plans (QHP) issuers on the Federally-Facilitated Exchanges (FFEs)

CMS-0057-F Requirements

- APIs
- Timeline
- Compliance

Provider Access APIs

- Impacted payers will implement and maintain a Provider Access API to share patient data with in-network or enrolled (as applicable) providers with whom the patient has a treatment relationship
    - Available data must conform to the ASTP mandated USCDI version and include: individual claims and encounter data (excluding provider remittances and enrollee cost-sharing information) and specified prior authorization information (excluding those for drugs)
- Ensure the treatment relationship using an attribution process
- Maintain a process for patients to opt out of having their health information shared

Payer-to-Payer APIs

- Impacted payers will implement and maintain a Payer-to-Payer API to make available claims and encounter data (excluding provider remittances and enrollee cost-sharing information) as required by the ASTP mandated USCDI version, and prior authorization information (excluding drugs and denied authorizations); dates of service within 5 years of the date of request must be supplied
- Within 1 week of the start of coverage
  - Identify previous and current payers and provide a process for patients to opt in
  - If the patient has opted in - request patient data from any previous payers and incorporate that data into the patient record
- Where a patient has concurrent coverage, data is to be exchanged at least quarterly between payers

Prior Authorization APIs

- Supports administrative burden reduction for providers and payers
- Impacted payers will implement and maintain a Prior Authorization API supporting the ability to:
  - identify covered items & services (excluding drugs) and those that require prior authorization from the payer (CRD - Coverage Requirements Discovery)
  - communicate documentation requirements for items & services that require prior authorization (DTR - Documentation Templates and Rules)
  - support the creation and exchange of prior authorization requests from providers and responses from payers (PAS - Prior Authorization Support)

Patient Access APIs

- Systems must continue to support Patient Access API requirements for all data classes and data elements in the ASTP mandated USCDI version including standard adjudicated claims (containing provider remittances and patient cost-sharing) and encounters, clinical data (including laboratory results) and continue to maintain drug formularies

- Update API to provide information about prior authorizations (excluding drugs) within 1 business day of receipt of, or change of status to, the prior authorization

Provider Directory APIs

- Systems must implement and maintain a Provider Directory API that is publically available (requires no authentication or authorization) containing in-network provider's information (names, addresses, phone numbers, specialties)
- Data must be current within 30 calendar days

Timeline Requirements

January 1, 2027

- This is the **major compliance date for both vendors and impacted payers under CMS-0057-F**
- Patient Access APIs, Provider Access APIs, Payer-to-Payer APIs, and Prior Authorization APIs must be implemented and operationalized

Compliance Requirements

- Although the CMS rule focuses on payers, **vendors (including health IT developers)** supporting payers and providers must align internally so systems are compliant by payer compliance deadlines
- Vendors must support payer integration of all required APIs and ensure security, authentication, data integrity, logging, and audit requirements meet regulatory expectations
- This means **vendors must: develop, test, and deploy FHIR APIs and support payer/provider integration by January 1, 2027**

What to Implement and When

- APIs to HL7 FHIR IGs
- Roadmap

APIs to HL7 FHIR IGs: Knowing What to Implement

- CARIN for Blue Button® IG — Version STU 2.1.0
  - Focus: patient access to their own data
  - Defines: how payers expose a member's claims and clinical data to consumer-facing apps

- Da Vinci Payer Data Exchange (PDex) IG — Version STU 2.1.0
  - Focus: payer interoperability (payer-to-payer, payer-to-provider and payer-to-member)
  - Defines: how payers exchange member claims and clinical data with other payers and systems; how payers share Prior Authorization information with members, providers, and other payers

- Da Vinci PDex US Drug Formulary IG — Version STU 2.1.0
  - Focus: knowing which drugs are covered and under what conditions
  - Defines: how payers publish and exchange drug formulary and coverage information (tiers, requirements, limitations)

APIs to HL7 FHIR IGs: Knowing What to Implement

- SMART Application Launch Framework IG — Version 2.0
  - Focus: how 3rd party applications are launched, authorized, and authenticated
  - Defines: the secure connection of 3rd party applications to EHR data
- US Core IG STU 6.1.0
  - Focus: aligning FHIR constraints (profiles, value sets, extensions) with policy-driven datasets and establishing standard RESTful interactions
  - Defines: guidance and rules for implementers to achieve FHIR compliance in real-world systems
- Bulk Data Access IG – Version 1.0.0: STU1
  - Focus: efficient bulk export of healthcare data represented in FHIR across many patients or system scopes
  - Defines: standard RESTful and asynchronous operations to support large-scale data transfers
- Da Vinci PDex Plan-Net IG — Version STU 1.2.0
  - Focus: network transparency and directory use cases
  - Defines: how payers publish and exchange provider directory and network information

APIs to HL7 FHIR IGs: Knowing What to Implement

- Da Vinci Coverage Requirements Discovery (CRD) IG — Version STU 2.1.0
  - Focus: discovering coverage and prior-authorization requirements at the point of care
  - Defines: how EHRs and clinical systems query a payer (in real time) to determine if a prior authorization is required and what documents or rules apply

- Da Vinci Documentation Templates and Rules (DTR) IG — Version STU 2.1.0
  - Focus: collecting the right information to support the clinical workflow
  - Defines: how payers provide structured documentation templates and rules to clinical systems, enabling providers to submit the exact data needed to support coverage and prior authorization

- Da Vinci Prior Authorization Support (PAS) IG — Version STU 2.1.0
  - Focus: standardizing the end-to-end prior authorization exchange once requirements and documents are known
  - Defines: the prior authorization transaction and workflow between providers and payers

* CRD, DTR, and PAS, there are versions undergoing review that will likely supersede these versions

APIs to IGs: Knowing what to implement

	Patient Access	Provider Access	Provider Directory	Payer-to-Payer	Prior Authorization
CARIN for Blue Button® (STU 2.1.0)	X	X		X	
Da Vinci Payer Data Exchange (PDex) (STU 2.1.0)	X	X		X	
Da Vinci PDex US Drug Formulary (STU 2.1.0)	X				
SMART App Launch (2.0)	X	X		X	X
Da Vinci PDex Plan-Net (STU 1.2.0)			X		
Da Vinci Coverage Requirements Discovery (CRD) (STU 2.1.0)					X
Da Vinci Documentation Templates and Rules (DTR) (STU 2.1.0)					X
Da Vinci Prior Authorization Support (PAS) (STU 2.1.0)					X
US Core (6.1.0)	X	X		X	
Bulk Data Access (1.0.0: STU1)		X		X	

relevant-standards-and-implementation-guides-igs

Roadmap - Will you make it on time?

- January 31, 2026 – Complete requirements analysis & design
  - identify and plan required development
- February 1, 2026 – Begin development & level 1 testing
  - ensure conformance to IG requirements from the beginning
- August 1, 2026 – Begin integration & level 2 testing
  - confirm readiness through interoperability testing and user acceptance testing
- November 1, 2026 – Begin final testing and production deployment readiness
  - integration and performance testing
- January 1, 2027 – Implementations live in production
  - conformant to CMS-0057-F

Navigate to Success

- Challenges and Solutions
- How AEGIS Addresses Implementer Pain Points
- Gaining Efficiencies Through Testing
- Touchstone

Challenges and Solutions

- The biggest CMS-0057-F implementation challenges are attribution and access control, unreliable provider identity data, mapping real-world prior authorization workflows to standardized FHIR APIs, aggregating USCDI data across fragmented systems, vendor readiness, and the need to redesign operational workflows—not just deploy new APIs.
- AEGIS.net and Touchstone reduce CMS-0057-F implementation risk by providing executable, standards-aligned testing for prior authorization, provider access, and data sharing APIs—helping payers validate attribution enforcement, access control, workflow conformance, and USCDI data completeness, and by giving both payers and vendors a shared, neutral readiness and compliance testing platform.

How AEGIS addresses Implementer Pain Points

1. Provider–patient attribution is hard (and risky) which translates to a major operational and compliance risk for payers
    - Touchstone can be used to:
        - validate that your Provider Access and Prior Authorization APIs correctly enforce access rules
        - verify that your API layer correctly enforces your attribution logic
            - allowed vs disallowed patient/provider combinations
            - failure behavior when attribution is missing
    - Gives teams a way to prove (and document) that "we only return data when an attribution decision is satisfied" — which is exactly what regulators under CMS expect to see during audit or inquiry

2. Provider identity & directory data is unreliable creating a blocker for both access control and routing
    - Touchstone scenarios let you test:
        - individual vs organization NPIs
        - mismatched identifiers
        - missing provider endpoints
        - incorrect affiliations
    - Testing exposes where your provider information, your access control layer, and your API gateway are out of sync allowing time for correction before real providers connect

How AEGIS addresses Implementer Pain Points

3. Prior authorization is still deeply manual behind the scenes leaving implementers with a mismatch between modern FHIR APIs and non-API back-ends
    - Touchstone provides standardized test flows that validate the APIs that sit in front of your real UM / PA systems
    - This allows teams to decouple API compliance from backend modernization and validate (request submission, status inquiry, and response handling) even when the backend workflow is undergoing parallel development; enabling incremental delivery

4. Mapping real Prior Authorization workflows to standard FHIR workflows means teams face heavy customization
    - Touchstone directly implements test scenarios aligned to guidance from the IGs enabling implementers to validate that their workflow aligns to:
        - supported interactions
        - lifecycle expectations
        - error and edge conditions
    - Instead of interpreting IGs, teams can test against executable expectations reducing any misinterpretation of the specification

How AEGIS addresses Implementer Pain Points

5. Data aggregation and normalization
    - Touchstone validates conformance to IG required structures, code systems and value sets including USCDI v3 ensuring:
        - valid resource structures and responses are returned
        - required data elements are present
        - cardinality and references are correct
    - Teams can identify issues early in the development cycle such as missing data sources, partial mappings, or broken aggregations rather than discovering a late-stage integration failure.

6. Multi-line-of-business complexity leaves implementers struggling to build one complaint API layer across multiple stacks
    - Touchstone supports multiple test configurations, multiple endpoints, multiple environments enabling teams to test implementations separately but against the same functional expectations
    - This helps organizations that have different vendors per line of business and different API stacks per product build consistency across implementations

How AEGIS addresses Implementer Pain Points

7. Access control and consent logic is unclear at scale
    - Touchstone enables:
        - repeatable negative testing of unauthorized access attempts, invalid scopes, invalid patient/provider combinations
        - confirmation that access control rules are consistently enforced and error responses are standards-conformant

8. Vendor dependency and readiness makes integrated testing extremely slow
    - Touchstone provides a neutral test platform that both payers and vendors can run against using the same test definitions
    - Allowing for:
        - objective readiness checks
        - faster root-cause analysis when vendors claim “we support the API”
    - Removing the ambiguity between “we implemented something” and “we implemented what the rule expects”

How AEGIS addresses Implementer Pain Points

9. Conformance testing is immature leaving implementers uncertain about whether implementation is truly compliant
    - CMS-0057-F does not provide a formal certification program
    - Touchstone fills that gap by offering:
        - executable, repeatable test suites
        - traceable results
        - evidence based artifacts
    - Giving implementers defensible compliance evidence for internal audit, customers, and regulators

10. Timeline pressure vs. real transformation effort
    - AEGIS brings structured test programs and coaching by subject matter experts allowing teams to:
        - prioritize the highest-risk API capabilities first
        - run iterative readiness testing instead of end-of-project testing
        - align technical teams and operational stakeholders around concrete failures
    - AEGIS helps organizations treat CMS-0057-F as an incremental delivery program, not a single go-live event

Gaining Efficiencies Through Testing

- Value of testing at every stage
  - Analysis and design - tests and test scenarios can be used to verify and validate understanding of the standards and requirements
  - Development - targeted testing can be conducted as you develop (i.e. resource validation, profile validation, operational workflow validation)
  - Testing - test suites can be used to assert the system is meeting expectations of the regulations, is interoperable, and is ready for production deployment
- Integrating testing throughout development saves time and effort

Gaining Efficiencies Through Testing

- When interoperability is key, finding out your system isn't exchanging data like everyone else is can be an expensive mistake
- Rigorous testing lowers costs, results in faster implementations with less risk
  - Validates behavior (get the data you asked for not just data that is conformant)
  - Validates workflow (data from a response can be used in subsequent request)
  - Simulates potential actors/clients (test how your system responds to requests and handles responses from external systems)
  - Provides consistent and objective metrics
  - Provides actionable guidance for resolving testing failures

Touchstone

- A publicly accessible cloud-based testing platform offering FHIR Client and FHIR Server testing
- Test FHIR with FHIR
  - All Touchstone scripts are written as FHIR TestScript resources
  - Touchstone publishes a Touchstone IG that provides information about Touchstone specific extensions, etc. that can be used in the test script
  - Touchstone supports the use of rules and rulesets in groovy, xslt, & schematron for more powerful assertions
  - Any test script and any rules that the test script calls are publically available to view from the Touchstone UI
  - Touchstone users can build their own test scripts for use in Touchstone

Touchstone

Hundreds of Tests covering:

- Basic FHIR (resource and profile validation)
- US Core
- SMART app Launch
- Bulk Data
  - Offers both Group and Patient export testing
  - Includes SMART Backend Authorization testing
- Da Vinci, CARIN, and FAST IGs
  - AEGIS SMEs work with IG Authors to identify and cover required functionality for the test scripts
- Burden Reduction workflow
  - CDS hooks support (CRD tests for each of the hooks in CRD)
  - PAS requestor & responder (scripts can introspect both the requesting side and the responding side of an interaction)

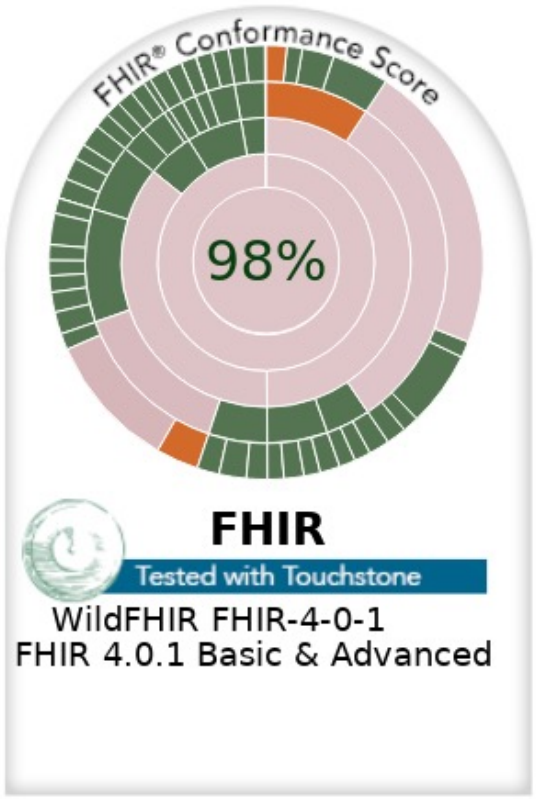
Touchstone

- Suites
  - Easy way to find all the test scripts within an IG
  - Workflow testing
  - Allows the user to easily select all or focus on specific scripts
  - Allows the server under test to be scored cumulatively – rerun a single test if needed after a correction
  - Organizations can publish their results to open that particular set of test results to the public
  - Touchstone Badges give organizations the ability to graphically highlight your system's score outside of Touchstone
- Short learning curve
  - Enter the setup information for your Test Server one time, name it, and then use it over and over again by selecting it from the filtered drop-down list
  - The list of available servers will only include YOUR organizations servers and any servers that the owners have chosen to make publically available
  - Can run one test script, or an entire suite of test scripts – does not require that the entire suite be run (this is especially handy if your team member is working on a specific problem and want to retest just that one area of functionality)

Touchstone

- All data for the test is available via the various hyperlinks, including the actual test script (written as a FHIR resource), all requests/responses, hyperlinks to any test data fixtures, any specialized rules used by the script, and links to any profiles validated by the script.
  - Users never have to go to any other solution to access the underlying test scripts – no GitHub or test repository to visit – it's all available directly from the screen
  - QA teams and Developers can see exactly what the test script is asserting and to aid in understanding any errors or understanding the underlying requirements
- Supports Postman/Dynamic Variable testing
- Touchstone can be your testing partner as a client
- Using AEGIS's own WildFHIR RIs can be your testing partner as a server
- Provide ability to test with external partners and know their conformance before begin testing

Touchstone Badge Examples



What's Next

Schedule a meeting with the AEGIS team to learn more about our tailored offerings to accelerate your CMS-0057-F implementation and measure CMS-0057-F compliance

***** While at HIMSS *****

https://calendly.com/d/cyb5-gkj-626/himss-2026-aegis-meeting

Anytime

https://calendly.com/d/cv9f-t65-7d2/discovery-call-with-the-aegis-team

Learn More

- Complete a CMS-0057-F Readiness Assessment
  - https://touchstone.com/assess-cms-0057-f/
- Check how AEGIS can help assure your readiness
  - https://touchstone.com/cms-0057-home/
- Learn more about Testing as a Service (TaaS)
  - https://touchstone.com/taas/