

Federal Health IT Deadlines for 2022 and Beyond

(Updated March 28, 2022)

This document contains an overview of new, forthcoming health IT mandates and other forthcoming policies with a health IT focus.¹

Health IT Mandates for 2022 and Beyond

Compliance Mandate Policy	Compliance Deadline
2022	
– Fines for hospital transparency policies	1/1/2022
– Expansion of definition of EHI	10/6/2022
– Delivery Date for Updated CEHRT and Provider Implementation Deadline	12/31/2022
– Payer to Payer sharing of patient data	1/1/2022 ²
2023	
– Appropriate Use Criteria ³	1/1/2023
– Real-time benefit alerts – patients	1/1/2023
– ePrescribing Controlled Substances (EPCS) ⁴	1/1/2023
– Payer Price Transparency Part D first deadline	1/1/2023
– Use of updated 2105 CEHRT ⁵	1/1/2023
– MVP Participant reporting begins ⁶	4/1/2023
– MVP measure selection begins	6/30/2023
– MVP registration closes	11/30/2023
– Category 3 temporary telehealth codes expire ⁷	12/31/2023

¹ For a complete list of all information blocking compliance dates please see our related cheat sheet [here](#).

² Deadline not being enforced by CMS

³ See page 4

⁴ EPCS Cheat Sheet: <https://chimecentral.org/wp-content/uploads/2021/11/Summary-of-CY22-Physician-Fee-Schedule-EPCS.pdf>

⁵ See page 4

⁶ MVP Cheat Sheet: <https://chimecentral.org/wp-content/uploads/2021/11/Summary-of-CY22-Physician-Fee-Schedule-MIPS-Value-Pathways.pdf>

⁷ Telehealth Cheat Sheet: <https://chimecentral.org/wp-content/uploads/2021/11/Summary-of-CY22-Physician-Fee-Schedule-Telehealth.pdf>

2024	
– Payer Price Transparency Part D second deadline	1/1/2024
2025	
– EPCS Part D for Long Term Care Facilities	1/1/2025
TBD	
– ePrior Authorization ⁸	On Hold
– Changes to HIPAA Privacy Rules	On Hold

Announced Timeline of Key Health IT Rules for 2022

Rule Contents	Expected Release Month
CMS	
– Interoperability and Prior Authorization ⁹	February
– Inpatient Prospective Payment System (IPPS) ¹⁰	April
– Physician Fee Schedule ¹¹	June
OCR	
– HR7898 / PL 116-321 RFI ¹² (cyber best practices)	March
– HIPAA Privacy Updates Final Rule ¹³	October
OIG	
– Information Blocking Enforcement ¹⁴	March
ONC	
– Health IT Certification Program Updates ¹⁵	July
SAMHSA	

⁸ CMS issued a proposed rule on June 19, 2019 calling for Part D sponsors to support the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard for electronic Prior Authorization (ePA) transactions for Part D covered drugs to Part D-eligible individuals. The agency has since said due to the pandemic they are not moving forward with their planned compliance deadline of January 1, 2021 at this time.

⁹ <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202110&RIN=0938-AU87>

¹⁰ <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202110&RIN=0938-AU84>

¹¹ <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202110&RIN=0938-AU81>

¹² <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202110&RIN=0945-AA04>

¹³ <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202110&RIN=0945-AA00>

¹⁴ <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202110&RIN=0936-AA09>

¹⁵ <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202110&RIN=0955-AA03>

ONC Information Blocking/Promoting Interoperability Final Rule

- Compliance Dates:
 - Information Blocking: April 5, 2021
 - Electronic health information (EHI) changes to ePHI: October 6, 2022
 - Provider API Implementation, FHIR Release 4: December 31, 2022
 - EHI Data Export: December 31, 2023
 - The Office of the National Coordinator for Health IT's (ONC) rule executes on several provisions contained in the 21st Century Cures Act aimed at furthering interoperability and prohibiting the practice of information blocking.
 - This multifaceted rule sets the stage for the next decade of health IT compliance.
 - See our information blocking toolkit [here](#).
- NOTE:** On November 4, 2020, ONC published an [interim final rule](#) delaying several of the deadlines finalized in their information blocking rule published on May 1, 2020.

CMS' Hospital Price Transparency Rule

- Compliance Date:
 - January 1, 2021
- Hospitals must make public all hospital standard charges for all items and services on the Internet in a single data file that can be read by other computer systems.
- Hospitals must make public payer-specific negotiated charges for 300 common shoppable services (including 70 CMS-specified and 230 hospital-selected) in a manner that is consumer-friendly and update the information at least annually.
- A CMS Fact Sheet is [here](#). The 2019 final rule is [here](#).
- On November 2, 2021, CMS issued a final rule to increase the minimum civil monetary penalties (CMP) for hospitals that do not comply with CMS' transparency rule.
- Under this new rule, beginning January 1, 2022, the minimum CMP for a hospital with 30 beds or fewer will be increased to \$300/day, while a penalty of \$10/bed/day will be charged to hospitals with greater than 30 bed, not to exceed a maximum daily dollar amount of \$5,500.
- The CMS Fact Sheet is [here](#). The 2021 final rule is [here](#).

CMS' Promoting Patient's Electronic Access to Healthcare Information and Improving Interoperability Rule

Providers

- Compliance Date: 1/1/2023
 - Implementation of Cures Update Edition Certified Products
- CMS stated providers can use any 90-day period to attest to the implementation of the updated certified products mandated as part of the 21st Century Cures Act.
- For 2023 providers will need to use the updated 2015 CEHRT, however, reporting is only required for 90 days thus providers technically do not need to start using their updated CEHRT until the last quarter of 2023.
- See page 687-8 of the CMS final IPPS rule for 2022 [here](#) for details on the reporting period for 2023, the first year providers would be required to use their updated 2015 CEHRT. CMS also plan on discussing this in the FY23 IPPS rules.

Payers

- Compliance Date: 12/31/2022
 - Make available provider directory via API: 1/1/2021
 - Implementation of ability for patients to direct a payer to send their data to another payer: 1/1/2022, however, CMS is not enforcing this deadline – see CMS FAQs [here](#)

CMS' Appropriate Use Criteria Program

- Compliance Date:
 - As announced in the CY 2022 Physician Fee Schedule Final Rule, the program is set to be fully implemented on the later of January 1, 2023 or the January 1 that follows the declared end of the public health emergency (PHE) for COVID-19.
- Required under the Protecting Access to Medicare Act (PAMA) of 2014, the law established a new program that requires at the time a practitioner orders an advanced diagnostic imaging service for a Medicare beneficiary, he/she, or clinical staff acting under his/her direction, will be required to consult a qualified Clinical Decision Support Mechanism (CDSM).

- More details can be found [here](#).

Payer Price Transparency Part D Rule

- Compliance Dates:
 - January 1, 2023: An initial list of 500 shoppable services (TBD) will be required to be available via the internet based self-service tool for plan years that begin on or after this date.
 - January 1, 2024: The remainder of all items and services will be required for these self-service tools for plan years that begin on or after this date.
- Rule is overseen by the Department of Health and Human Services (HHS), the Department of Labor (DOL) and the Department of the Treasury (DOT) and is officially referred to as the Transparency in Coverage rule.
- Finalizing a requirement to give consumers real-time, personalized access to cost-sharing information, including an estimate of their cost-sharing liability, through an internet based self-service tool
- CMS Fact sheet [here](#). The final rule is [here](#).

CMS' Appropriate Use Criteria Program

- Voluntary Program Start Date:
 - April 1, 2023
- CMS finalized as part of the CY22 Physician Fee Schedule Final Rule that the MIPS Value Pathways (MVP) program would have a voluntary start date of April 1, 2023. Eligible MVP

Real-time benefit alerts – Patients

- Compliance date:
 - January 1, 2023.
- On February 18, 2020 CMS issued a proposed rule calling for Part D plan sponsors to implement, no later than January 1, 2022, a beneficiary real-time benefit tool (RTBT).
- While CMS issued a final rule on May 16, 2020 addressing many of the items in the proposed rule, they punted on several items noting they would address them in a separate final and forthcoming rule.
- One of the things that was not yet finalized was the beneficiary RTBT proposal.

- On January 15, 2021, CMS issued a final rule to require Part D plans to offer a real-time benefit comparison tool starting January 1, 2023, so enrollees can obtain information about lower-cost alternative therapies under their prescription drug benefit plan.
- Final rule [here](#) and CMS fact sheet [here](#).

Final Policies Still Forthcoming

CMS' Medicare Part D Electronic Prescriptions for Controlled Substances (EPCS) Rule

- Compliance Date:
 - CMS delayed compliance until Jan. 1, 2023.
- EPCS is mandated under the opioid law known as the [SUPPORT Act](#).
- Prescriptions for controlled substances covered under Medicare Part D must be transmitted electronically in accordance with an electronic prescription drug program, and exceptions will be determined by CMS.

DEA's Update of Biometric Component of Multifactor Authentication

- Under the SUPPORT Act, the Drug Enforcement Administration (DEA) is required to update the requirements for the biometric component of their multifactor authentication requirements as they pertain to electronic prescriptions of controlled substances.
- The DEA [re-opened](#) their interim final rule on EPCS that was published in 2010, on April 21, 2020 seeking public feedback on biometrics, as well as, streamlining EPCS particularly given the pending CMS EPCS Part D mandate.
- DEA is targeting April 2022 for release of a final rule.

OCR's HIPAA Privacy Rule: Changes to Support, and Remove Barriers to, Coordinated Care and Individual Engagement

- The Office for Civil Rights (OCR) previously proposed an update to the Health Insurance Portability and Accountability Act (HIPAA) rules to address barriers that limit or discourage coordinated care and case management (including care coordination challenges arising from the opioid crisis) among hospitals, physicians (and other providers), payers and patients, and to support (and

remove barriers) the engagement of individuals with the healthcare system, or otherwise impose regulatory burdens.

- HHS is targeting October for a final rule release.

OCR's HIPAA Enforcement Proposed Rule

- A request for information is forthcoming to solicit feedback on proposals for the distribution of civil money penalty and monetary settlements with those harmed by a HIPAA offense and on proposals on some of the annual limits on civil money penalties (CMP) under the HITECH Act. Along with this RFI on CMPs, OCR will also be soliciting feedback on enforcement discretion for impacted providers that utilize cybersecurity industry best practices.

SAMHSA's Part 2 & Alignment with HIPAA

- Part 2 relates to the Confidentiality of Substance Use Disorder Patient Records
- However, the rule did not contain the changes made by Congress under the CARES Act stimulus package which aligned the Part 2 consent policies with those under HIPAA, otherwise known as "[Jessie's Law](#)."
- A proposed rule implementing the CARES Act changes is TBD

Requirement for Electronic Prior Authorization for Medicare Part D

- Compliance Date:
 - On hold.
- While CMS had targeted a compliance date of January 2021, the agency has since said due to the pandemic they are not moving forward with their planned compliance deadline at this time.
- ONC has released an RFI related collecting feedback on standards related to ePrior Authorization.