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What the Federal RFI Signals About the Future of Health Care Data Exchange

Presented by:

Ryah Howells, Leavitt Partners
Aneesh Chopra, Arcadia

Meet the facilitators.

Ryan Howells
Principal
Leavitt Partners

- **25+ years** in Healthcare Technology
- Advisor to **Congress and the Administration** on digital health and interoperability topics
- Worked on the **first interoperable health plan claims processing utility** in the 90s
- Implemented **3 different state-based ACA exchanges**
- Serves on **multiple digital health company boards**
- **Vice Chair of the Carequality Steering Committee**
- Executive Director, **CARIN Alliance** (www.carinalliance.com) since 2016
- Co-led the **Helios Public Health FHIR accelerator** with CDC and ONC
- Co-founded **CMS / NCQA Digital Quality Implementers Community (DQIC)**
- Co-founded the **PIQI Alliance** to develop an open scorecard to objectively measure the quality of patient data across systems
- Leading the largest **Payer / Provider HL7® FHIR® pilots in the country**
- Leading the largest **Digital Identity Federation pilot** in the country

Leavitt Partners Whitepaper

Kill the Clipboard! A Federal Policy and Industry Roadmap to Accelerate Innovation and Cut Administrative Waste

Download here or Google 'Kill the Clipboard'

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Meet the facilitators.

Aneesh Chopra

Chief Strategy Officer

Arcadia

- Served as the **first U.S. Chief Technology Officer** under the Obama Administration where he led efforts to modernize the nation's healthcare infrastructure through electronic health records and health information exchanges
- Served as **Virginia's Secretary of Technology** under Governor Tim Kaine where he advocated for the growth of Virginia's tech sector, innovation in government operations, and improved public-private collaboration
- Wrote a book entitled ***Innovative State: How New Technologies Can Transform Government***, published in 2014
- Recognized as the **100 Most Influential People in Healthcare** by Modern Healthcare and as one of the **top 25 "Doers, Dreamers, and Drivers"** by Government Technology magazine
- Serves on **multiple digital health company boards**
- Co-Founder, **CARIN Alliance** (www.carinalliance.com)

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AGENDA

- Overview of Kill the Clipboard! Whitepaper & Key Ideas
- HHS RFI Listening Session and CMS top priorities
- Calls to Action

Kill the Clipboard!

The future consumer experience using open standards & federal policy

	Select Plan →	Select Provider →	Estimate Cost →	Check-In →	Access Data →
Key Questions	• What providers are in-network with this plan? • What are my estimated out-of-pocket costs? • What is the premium? • Are my meds covered?	• Does this provider accept my insurance? • Does this provider have available appointments? • Is this provider nearby and accessible?	• What is the out-of-pocket cost if I use insurance? • What is the cash pay cost of the service?	• What providers have I previously seen? • What is my current insurance? • What other health information to report (medications, allergies, conditions, etc.)?	• What is my provider's digital endpoint? • Can I retrieve post-visit summaries, images, and other information from my appointment? • What are the results of my tests?
APIs & Data Required	• Provider Directory API • Patient Access API • Formulary Data • Coverage Rules • Price Transparency MRFs	• Provider Directory API • Patient Access API • Appointment Scheduling API (Provider)* • Schema.org Provider Profiles on Website*	• Advanced EOB • Good Faith Estimates • Price Transparency MRFs • GFE Request API* • Project Clarity Bundles • CARIN Real-Time Pharmacy Benefit Check API	• Patient Access API (Payer) • Patient Access API (Provider) • Identity-Proofed Digital Credentials for SSO • Digital Insurance Card	• Patient Access API • Identity-Proofed Digital Credentials for SSO • State of Utah / CARIN Alliance FHIR API Endpoint Directory Framework

Source: A joint collaboration between Defacto Health and Leavitt Partners

Support the Inferno APIs

INFERNO.HEALTHIT.GOV

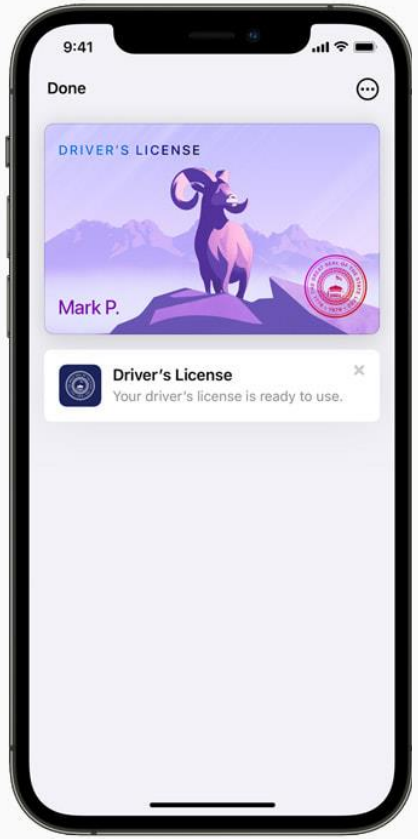
Providers and EHRs

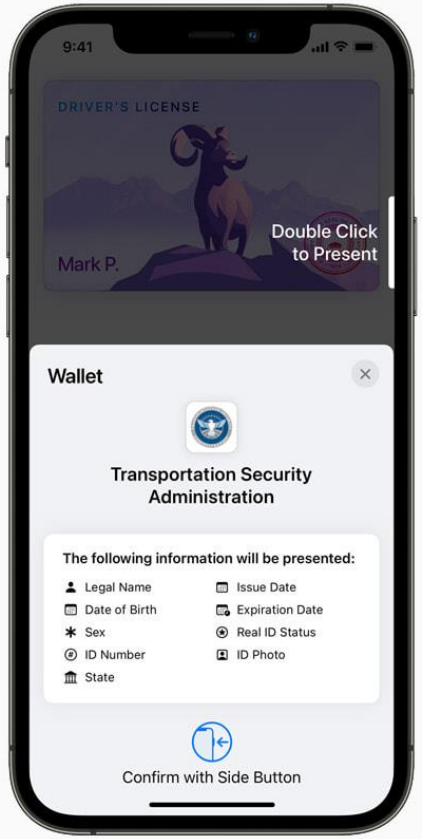
ONC Certification (g)(10) Standardized API Test Kit	UDAP Security Test Kit
International Patient Summary Test Kit	SMART UDAP Harmonization Test Kit
Bulk Data Access Test Kit	Service Base URL Test Kit
CARIN IG for Blue Button Test Kit	OpenID Connect Core 1.0 (NEW)
SMART Scheduling Links Test Kit	OAuth 2.0 Authorization Framework (NEW)
Subscriptions Test Kit	Implement the PIQI open scorecard framework5 as part of the CEHRT process for each new EHR upgrade once it's an HL7 open standard (NEW)

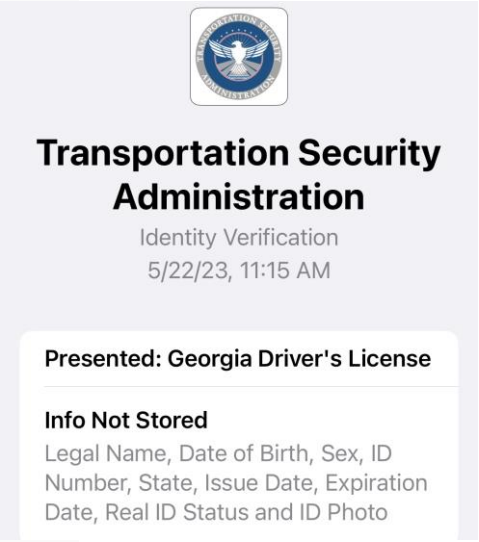
Payers

Da Vinci Plan Net Test Kit	Subscriptions Test Kit
Da Vinci US Drug Formulary Test Kit	UDAP Security Test Kit
CARIN IG for Blue Button Test Kit	SMART Health Cards Test Kit
DaVinci Documentation Templates and Rules (DTR) Test Kit	Service Base URL Test Kit
Da Vinci Prior Authorization Support (PAS) Test Kit	SMART App Launch Test Kit
Da Vinci Coverage Requirements Discovery (CRD) Test Kit	CARIN Consumer Real-time Pharmacy Benefit Check (NEW)
US Core Test Kit	CARIN Digital Insurance Card and API (NEW)
SMART UDAP Harmonization Test Kit	OpenID Connect Core 1.0 (NEW)
Da Vinci Payer Data Exchange (PDex) Test Kit	OAuth 2.0 Authorization Framework (NEW)

Digital Identity | Mobile Driver's Licenses (mDLs) are in production today







Partial list of supported states: Arizona, California, Colorado, Georgia, Hawaii, Iowa, Louisiana, Maryland, New Mexico, Ohio, Puerto Rico, and Utah

Digital Identity | Creating a Single-Sign On (SSO) Framework for Healthcare
More than 110M+ American Adults Have a NIST 800-63-3 IAL2 Credential

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IRS

Sign In or Create a New Account

IRS now offers a sign-in option with ID.me, which offers access to IRS online services with a secure account that protects your privacy.

ID.me is an account created, maintained, and secured by a technology provider.

If you don't have an ID.me account, you must create a new account.

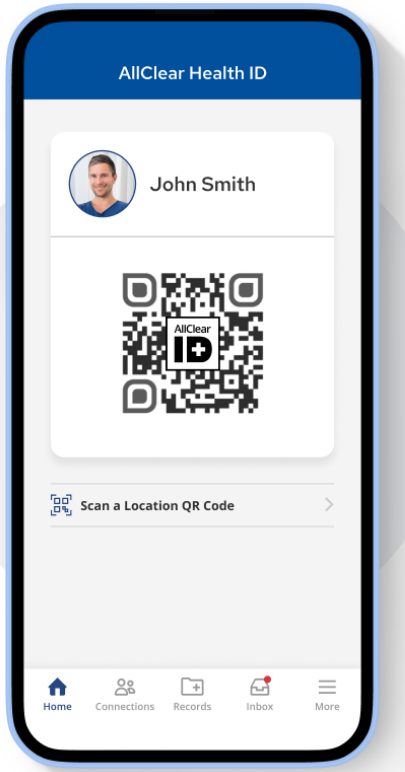
Sign in with an existing account

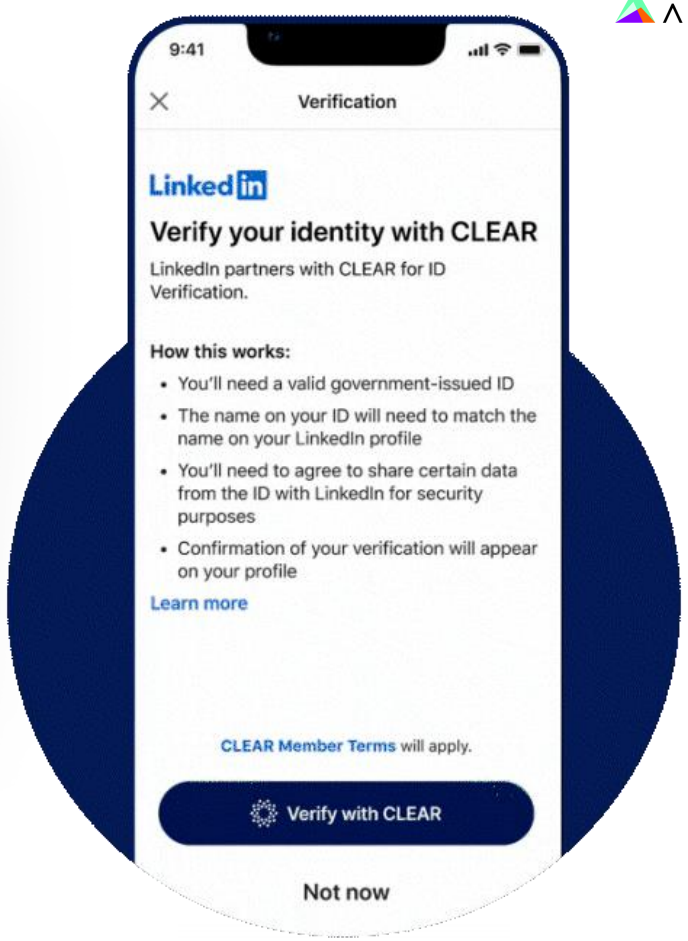
Sign in with ID.me

OR

Create a new account

ID.me Create an account





IAL1 Providers

- Log in with Facebook
- Log in with Google
- Log in with GitHub
- Log in with Twitter
- Log in with Amazon
- Log in with Instagram
- Log in with LinkedIn
- Log in with Microsoft
- Log in with Buffer
- Log in with Telegram
- Log in with Apple
- Log in with Discord

IAL2 Providers

Sign in with ID.me

CLEAR

PingIdentity

persona

AllClear ID

1KOSMOS

Improve the Trusted Exchange Framework & Common Agreement (TEFCA)

THE PROBLEMS

01

National early adopter programs (e.g., 10x10 or 10 1x1s) don't work because there is too little overlap to make it worthwhile for providers to change their prior authorization workflows.

- In addition, states need to be compliant with the CMS-0057-F rule and can act as a natural convener.
- We need payer agnostic solutions that will work for any health plan, provide a single user interface for providers, and exposes the data as appropriate using secure, open APIs.
- We also need incentives for implementers to reduce costs such as eliminating the need to transfer data using X12.

02

Charging for non-treatment-based use cases could incent entities to create fictional use cases, which may be treatment-adjacent but do not meet the HIPAA definition of treatment or the narrower definition currently proposed by ONC/RCE. We need to disincentivize this activity.

03

We need multiple models to support provider-based data exchange to support the multiple use cases providers use the data for including with clinically integrated network partners, value-based care arrangements, and with other entities where data exchange happens outside the EHR.

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LP

Improve the Trusted Exchange Framework & Common Agreement (TEFCA)

THE PROPOSALS

- **Eliminate fees for TEFCA-related data exchange for all participants** including health plans, providers, consumers, public health, and disability benefits. Fees should reside solely at the QHIN-participant level where they can discuss the value of joining the specific QHIN.

- **Allow providers and health plans the ability to select more than one QHIN** including potentially a different QHIN than is associate with their vendor.

- **Diversify the governance structure within TEFCA to ensure private and public sector participation from a cross section of stakeholders (payer, providers, patients, etc.) who are both participating and not participating in TEFCA** to reduce potential conflicts of interest. We need far more stakeholders representing consumer, public health, and health plan representation (even if they aren't participating in TEFCA) on the TEFCA governance structure to better define the use cases they are looking to implement. The current governance structure is far too provider- and QHIN-heavy. Organizations who participate in the governance structure should also be required to disclose their revenue models to indicate how they would benefit financially from decisions they would need to make.

Improve the Trusted Exchange Framework & Common Agreement (TEFCA)

THE PROPOSALS

- **Leverage industry working groups (e.g., HL7, FHIR accelerator programs, etc.)** to inform the technology recommendations adopted by TEFCA.
- **Formalize and publicize voting on specific technology and process recommendations** using Robert's Rules of Order within the TEFCA Governance Process.
- **Support and fund state-based FHIR early adopter projects that include multiple payers and multiple providers to facilitate the implementation of the CMS-0057-F rule (e.g., OneUtah Digital Health FHIR pilot)** using a TEFCA-based approach. This should not limit other early adopter pilots including point-to-point FHIR based transactions.

Automate Quality Measurement Reporting

THE PROBLEMS

01

Physicians spend more than $15 billion a year on quality reporting.

02

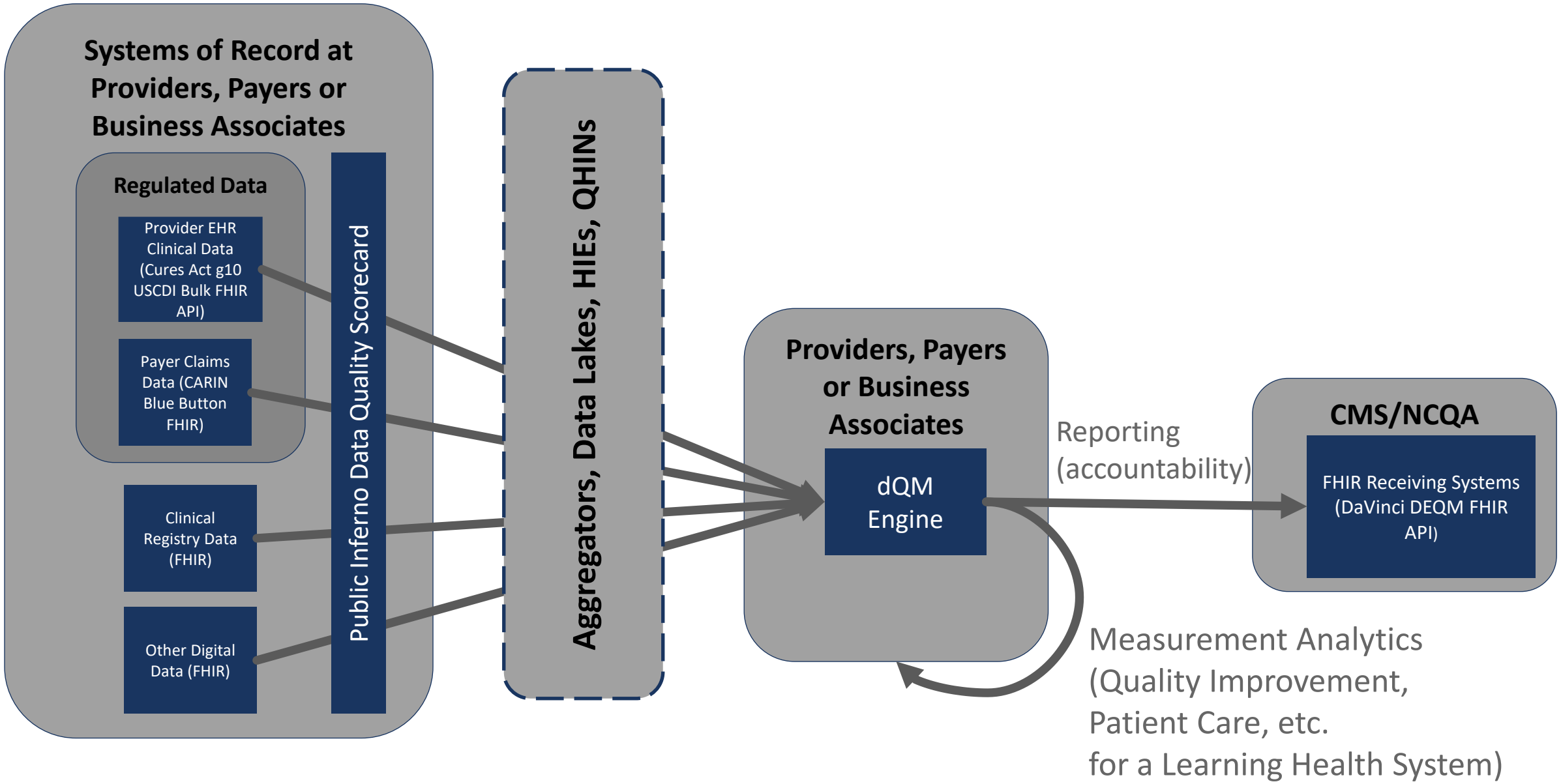
EHRs are important partners in data exchange, but not all provider data exchange happens through EHRs. Providers frequently have vendor products, Clinically Integrated Networks (CINs), Value Based Care populations, analytic warehouses, and other use cases that utilize EHR data but are not directly connected to a single EHR. For these reasons, it is crucial that we have a pathway to extract standards-based data at scale from EHRs.

03

The Bulk FHIR functionality described in the 21st Century Cures Act was intended to allow permitted parties to extract standards-based data not for a single patient or for a single physician's patient panel but for large populations. **Most certified EHRs checked the box on implementing this Bulk FHIR functionality, but they did not invest to make Bulk FHIR usable in real-world situations**, and it breaks down when querying information for more than a few patients.

Digital Quality Measure (dQM) Data Exchange North Star/Target State for 2030

Leveraging the same regulated, common data standards and infrastructure for ALL dQM calculators



CMS/ASTP/ONC Request for Information (RFI) and HHS Listening Session

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Overview | CMS/ASTP/ONC RFI Health Technology Ecosystem

Priority Area	HHS RFI Intent	CARIN Alliance recommendations
Patient Empowerment	Emphasizes tools for patients to access and control their own health data along with new health data use cases	Championed patient-directed APIs, OpenID Connect, SMART on FHIR, and digital insurance cards via CARIN FHIR IG standards along with more than 40+ apps across multiple use cases (MyHealthApplication.com)
Interoperability and APIs	Seeks pathways to enable API-first digital architecture and standardized data exchange including certifying APIs/interfaces rather than EHR functionality	Prioritize FHIR-based API data exchange and other internet-based standards including ensuring the interfaces are easy to find and connect to by consumer-facing applications as well as notifying applications when changes are made
TEFCA Modernization	Requests ideas to expand TEFCA participation and reduce friction as well as alternatives to TEFCA	Focus on ensuring TEFCA IAS work at scale for FHIR-based data exchange and looking for easier ways to directly connect to API endpoints in production
FHIR Endpoint Directory	Asks how to improve endpoint discovery and reliability	Advocates for publicly publishing all regulated API endpoints and building a robust FHIR directory infrastructure
Digital Identity and Trust	Seeks approaches to improve identity verification and data security	Calls for IAL2/AAL2 identity assurance, Kantara-certified identity providers, and federated digital trust frameworks
Information Blocking Enforcement	Explores stronger mechanisms to ensure compliance and transparency	Suggest OIG investigations, ONC needing advisory opinion authority, and a “complaint clearinghouse” or public developer ticketing website to strengthen accountability

CMS Commitment & CARIN Related Projects

CMS Commitment	CARIN related projects
Building a dynamic, interoperable national provider directory	**HL7 FHIR API Endpoint directory implementations and frameworks (Framework for developing an API framework)** https://confluence.hl7.org/spaces/FHIR/pages/113672758/Endpoint+directory+implementations+and+frameworks
Bringing modern identity verification processes to Medicare.gov to streamline credentials across the healthcare system	**2022-23 CARIN Digital Identity Federation Proof of Concept (120M+ Americans have an IAL2 credential)** https://www.carinalliance.com/online-patient-registration/digital-identity
Expanding functionality of CMS' Blue Button 2.0 patient access application programming interface (API) (Digital Insurance Card)	**CARIN IG for Digital Insurance Card (600,000+ currently in production with Epic/Humana)** https://www.carinalliance.com/online-patient-registration/digital-insurance-card **CARIN IG for Real-time Pharmacy Benefit Check** https://www.carinalliance.com/rx-benefit-check
Transitioning CMS's Data at the Point of Care pilot to general availability	**CARIN IG for Blue Button (Medical, Dental, Vision claims) and Provider Access API (All CMS payers are supporting Blue Button today)** https://build.fhir.org/ig/HL7/carin-bb/
Enhancing CMS' participation in trusted data exchange	**State of the Patient Access APIs** (CARIN/Flexpa webinars; June 2024, November 2024, May 2025) https://www.carinalliance.com/news-events **Best Practice Recommendations for HL7® FHIR® Based Deployment** https://www.carinalliance.com/news-events (Best Practices) https://www.carinalliance.com/developer-resources (Patient Access APIs in the wild)

Opportunities for Engagement

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CARIN IAS Digital Identity Early Adopter Effort

OPPORTUNITY THROUGH THE ASTP/ONC LEAP GRANT (IF AWARDED)

LEAP Grant Goal & Objectives

- **Goal:** Address challenges inhibiting interoperable health IT development and enable widespread adoption to improve healthcare outcomes.
- **Key Objectives:**
  - Identify technical barriers for IAS Provider participation in TEFCA
  - Develop and test innovative technical solutions
  - Demonstrate solutions for TEFCA IAS exchange infrastructure

Strategic Impact: Comprehensive early adopter effort enables testing all OIDC implementation combinations, advancing identity verification standards and TEFCA interoperability solutions

Early Adopter Demonstrations

- **Focus:** Test and validate OIDC implementation solutions across diverse network configurations
  - Pilot #1: IAL2 with RLS using SMART on FHIR EHR portal
  - Pilot #2: IAL2 with XCPD demographics match and HIE(s)
  - Pilot #3a/b: IAL2 using OIDC with single QHIN (CDA/FHIR)
  - Pilot #4a/b: IAL2 using OIDC with multiple QHINs (CDA/FHIR)
  - Pilot #5a/b: Facilitated FHIR with FAST Security IG + B2B
  - Pilot #6: Cross-platform credential acceptance (ID.me ↔ Clear)

IAS Digital Identity Federation Participants

1Kosmos
AETNA/CVS Health
Amazon
athenahealth
b.Well
Carequality
Cedars-Sinai
Centene
CLEAR
Commons Project
CommonWell
DirectTrust
eHealth Exchange
Emory Healthcare
Epic
Evernorth
Experian Health
Fasten Health
Flexpa
Google
Health Gorilla
HealthEx
HL7 *FAST*
ID.me
Intermountain
Kantara Initiative
Kennedy Krieger Institute (KKI)
MedAllies
NCPDP
OtisHealth
Patient Link
Praia Health
Providence
RUSH
Samsung Health
Selfii
University of Georgia
UTS
Veterans Affairs

LP
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carin
Creating Access to Real-time Information Now through Consumer-Directed Exchange

Consumer-facing Real-time Pharmacy Benefit Check Update | Early Adopter Effort and Testing

CARIN RTPBC STANDARDS HARMONIZATION INITIATIVE

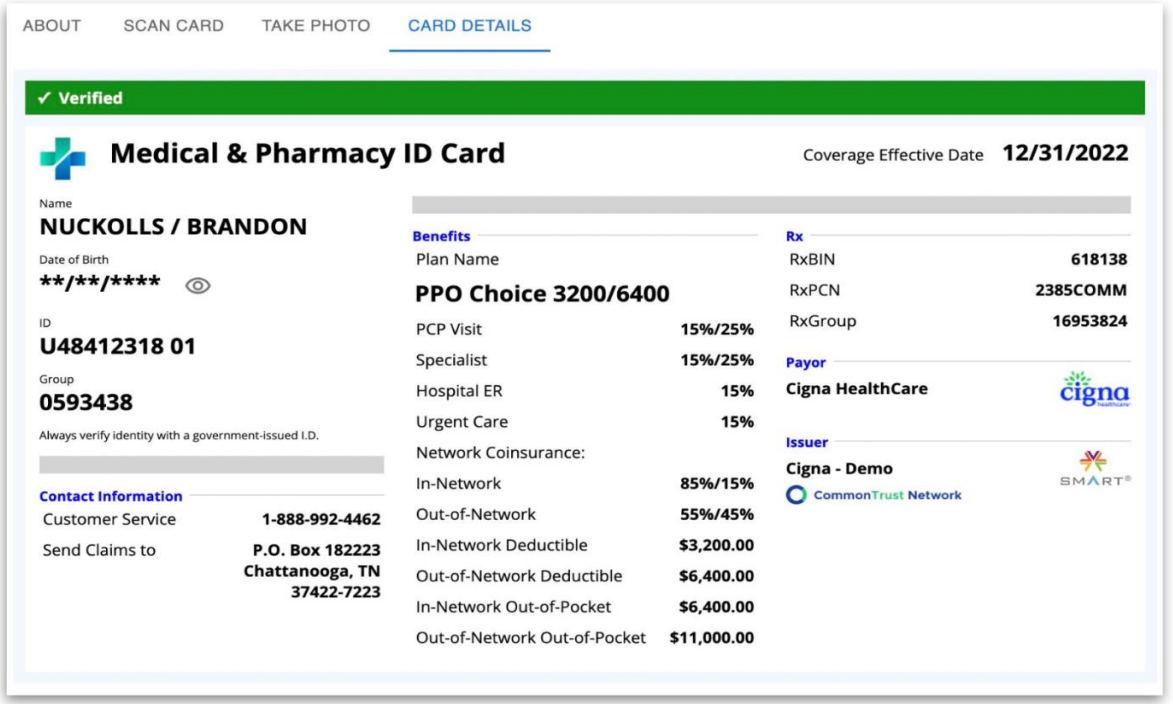
Challenge and Solution:

- **Key Challenge:** Current gaps between RTPB Standard V12/13 and CARIN RTPBC IG create inconsistent experiences across the healthcare ecosystem
- **Our Solution: April 2025 to November 2026**
  - Monthly and ad-hoc meetings
  - Synchronize consumer-facing and prescriber facing RTPB standards
  - NCPDP Foundation Grant award
  - Tactics: IG updates, connectathons, testing, balloting, piloting

Priority Harmonization Areas:

- **Additions that could be harmonized:**
  - Deductible accumulator fields (512-FC, 513-FD)
  - Sex assigned at birth vs. gender identity
  - Formulary status and preference level
  - Next available fill date (refill-too-soon logic)
  - Pricing guidance: component-level transparency
  - Coverage restriction code alignment (ex. “Fill Too Soon,” “Route Not Covered”)

Digital Insurance Card Update and Testing



Goal:

Update IG to include additional real-world use cases, support for leveraging the Patient Access API and RTPBC, adding new data elements, updates to the Coverage profile, upgrade the IG to the latest version of US Core, among others.

Next steps:

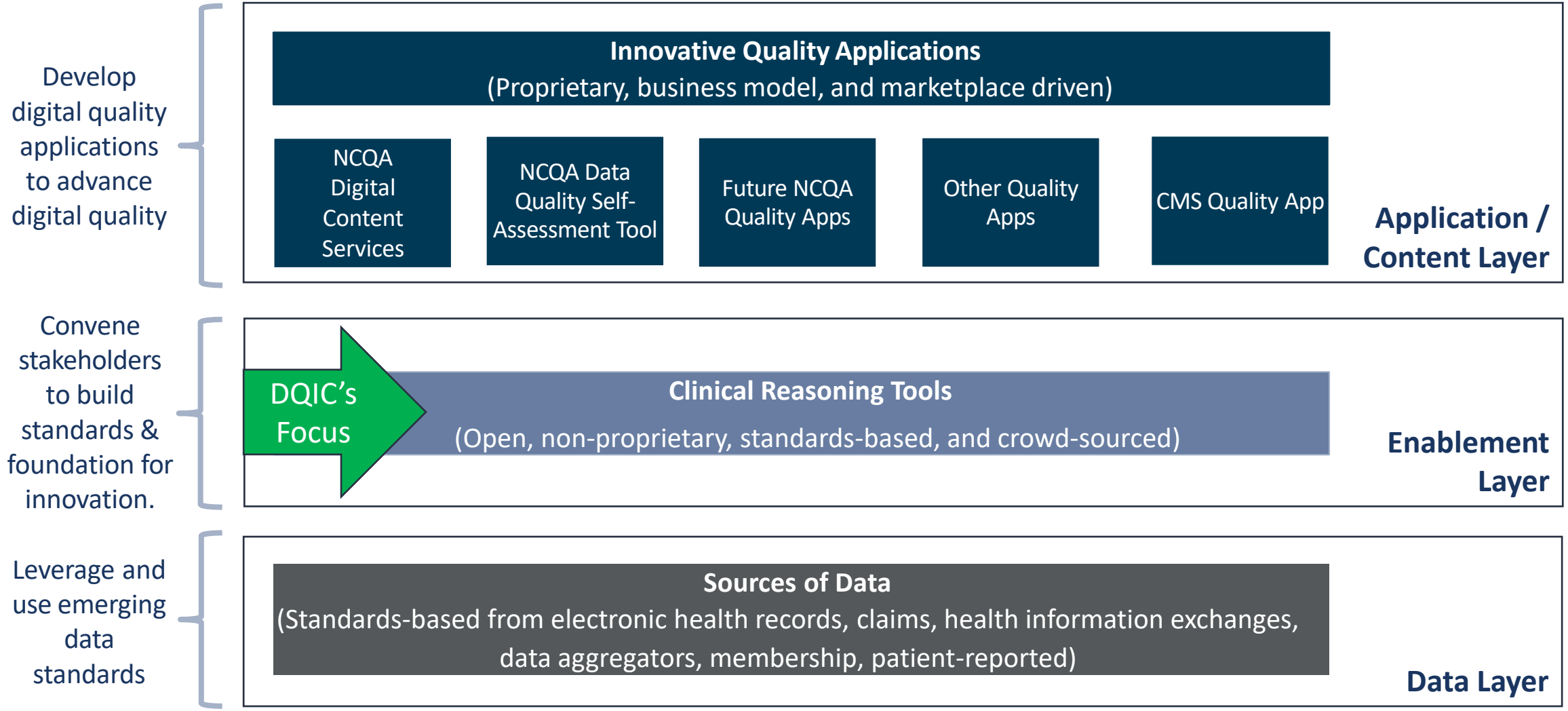
- We plan to convene to discuss in late June.
- Working with CMS to discuss updates to the IG.
- Test the updates to the IG: September/January 2026 HL7 Connectathon.
- Identify gaps, errors or modifications, then make IG updates.
- Publish in January/May 2026.

FHIR API Standard : https://hl7.org/fhir/us/insurance-card/

The Digital Quality Implementers Community (DQIC)

https://dqic.atlassian.net/wiki/spaces/DQIC/overview

The DQIC is a collaborative consensus-based effort to develop, advance, and standardize tools and platforms that make digital quality measurement possible.

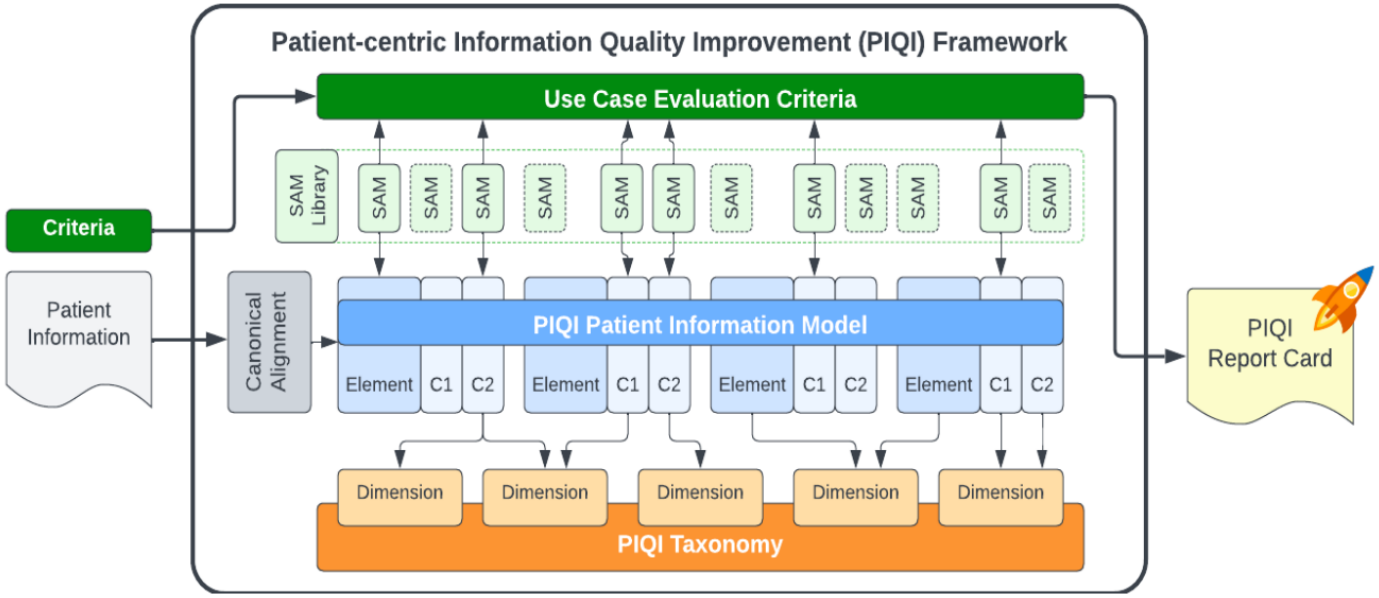


Patient Information Quality Improvement (PIQI) Framework and Alliance

https://piqiframework.org/

- PIQI is an open framework for evaluating the quality of electronic patient data. It aims to enhance the usability of shared patient information by ensuring it meets specific criteria for accuracy, conformity, availability, and plausibility.
- PIQI assesses data against a standard, such as USCDI v3, generates a scorecard, and provides insights into issues affecting the quality score. This feedback enables data sources to make necessary adjustments to meet quality requirements.
- The PIQI framework is built on four core principles: 1) simplified patient data model for standard processing, 2) health care data quality taxonomy for issue analysis, 3) modular and shareable assessment approach, and 4) user-configurable implementation for diverse evaluation needs.
- In 2024 a group of stakeholders convened an alliance to discuss how to implement the PIQI scorecard framework and recommended that the PIQI open scorecard framework should be included as part of the CEHRT process for each new EHR upgrade once it is an HL7 open standard and to launch a pilot in 2025 with HL7 to test and implement the scorecard.
- The PIQI Alliance was formed to govern the PIQI framework.

PIQI Framework | High Level Component Diagrams



EVALUATION PROFILE	USCDI v3+							
SEQ	DATA CLASS	ENTITY	SAM	PARAMS	EFFECT	CONDITIONAL	WEIGHT	CRITICAL
1	Lab Result	Test	Concept is Conformant	LOINC	SCORING	NO	1	YES
2	Lab Result	Order	Concept is Conformant	LOINC	SCORING	NO	1	NO
3	Lab Result	Result Value	Value matches Type	-	SCORING	NO	1	NO
4	Lab Result	Result Value	Concept is Conformant	SCT	SCORING	YES	1	NO
5	Lab Result	Result Unit	Attribute is in list	UCUM	SCORING	YES	1	NO
6	Lab Result	Specimen Type	Concept is Conformant	SCT	SCORING	NO	1	NO
7	Lab Result	Result Status	Attribute is Populated	-	SCORING	NO	1	NO
8	Lab Result	Test	Concept is Semantic Match		INFORMATIONAL	NO	0	NO

CATEGORY	DIMENSION	TAG	Attribute	Element	Patient
Availability	Missing	AV.MISS		☑	
	Unpopulated	AV.UNPOP	☑		
	Incomplete	AV.INCOMP	☑	☑	
Accuracy	invalid Format	ACC.INVFMT	☑		
	Invalid Value	ACC.INVVAL	☑		
	Invalid Grouping	ACC.INVGRP	☑	☑	
Conformity	Invalid Member	CNF.INVMBR	☑		
	Incompatible	CNF.INCMPT	☑	☑	
	Obsolete	CNF.OBSOL	☑		
Plausibility	Clinically Implausible	IMP.CLIN		☑	
	Temporally Implausible	IMP.TEMP	☑	☑	☑
	Situationally Implausible	IMP.SITU	☑	☑	☑

Enhancing Interoperability in Dental Services Convening

JUNE 25, 2025 FROM 8AM-1PM ET

This convening will bring together a diverse group of stakeholders, including health care providers, dental tech companies, EHR vendors, patient advocates, our public sector partners (VHA, DoD, CMS, ONC), and industry partners (ADA, Dental Standards Institute)

Goals:

- Discussion of challenges for data sharing among patients, dental professionals, and medical providers.
- Education of stakeholders on existing standards for interoperability and progress to-date.
- Building potential implementation roadmap to fully integrate referral process for Medicare reimbursable dental services.
- Discussion of federal policy recommendations to promote effective interoperability between dental and health care providers.
- Evaluation of developing an alliance aimed at furthering dental services interoperability and policy recommendations for reducing fraud, waste, and abuse.

Expected Outcomes:

- Build consensus to commit to using current standards to improve data sharing for patients. This may include a commitment for early adopters to implement a use case.
- Collaborate to develop a strategy for including the group's consensus approach for potential future rulemaking
- Determine feasibility of a long-term alliance to address Dental interoperability.

Call to Action: If you would like to participate, please reach out to mark.marciante@leavittpartners.com

Contact Information.

Ryan Howells
Principal
Leavitt Partners
https://www.linkedin.com/in/ryanhowells/

Aneesh Chopra
Chief Strategy Officer
Arcadia
https://www.linkedin.com/in/apchopra/

Leavitt Partners Whitepaper

Kill the Clipboard! A Federal Policy and Industry Roadmap to Accelerate Innovation and Cut Administrative Waste

Download here or Google ‘Kill the Clipboard’

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Acronyms for Use

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Common Acronyms (1 of 2)

Acronym	Meaning	Description
APIs	Application Programming Interfaces	Standardized communication for disparate software systems to communicate
ASTP/ONC	Assistant Secretary for Technology Policy/Office of the National Coordinator	Principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. Set up by Congress as ONC, the name was changed in 2024.
CARIN Alliance	Consumer Access to Real-time Information Now	Multi-sector health care alliance committed to enabling consumers and their authorized caregivers to easily get, use, and share their digital health information when, where, and how they want to achieve their goal
CMS	Centers for Medicare and Medicaid Services	Federal agency within the U.S. Department of Health and Human Services that administers the nation's major healthcare programs including Medicare, Medicaid, and the Children's Health Insurance Program.
CQL	Clinical Quality Language	Standardized, domain-specific programming language designed to enable clinical informaticists and IT staff to build and execute queries to support clinical quality measurement and clinical decision support
DQIC	Digital Quality Implementers Community	Collaborative consensus-based effort to develop, advance and standardize tools and platforms that optimize digital quality measurement, initially focusing on Clinical Quality Language engines
dQMs	Digital Quality Measures	Measures that use standardized, digital data from one or more sources of health information that are captured and exchanged via interoperable systems, using standards-based code packages that are computable without additional effort
FFEs	Federally Facilitated Exchanges	Health insurance marketplaces operated by the federal government in states that did not establish their own exchanges, where individuals and small businesses can shop for qualified health plans and access federal subsidies

Common Acronyms (2 of 2)

Acronym	Meaning	Description
FHIR	Fast Healthcare Interoperability Resources	Modern data exchange standard that makes it easier for systems to share healthcare information, enabling seamless data sharing and robust measure logic for digital quality measures.
HIE	Health Information Exchanges	Organizations established that enable the secure electronic sharing of patient health information across different healthcare entities, improving care coordination, reducing medical errors, and supporting better patient outcomes through directed, query-based, and consumer-mediated exchange methods.
NCQA	National Committee for Quality Assurance	Nonprofit organization dedicated to improving healthcare quality through accreditation, measurement, and quality improvement programs for health plans and healthcare providers
PSV	Primary Source Verification	Long-standing process in health care credentialing, mandated by accrediting bodies like NCQA, where an organization directly confirms the authenticity of a healthcare provider's qualifications from the original issuing sources.
QHP	Qualified Health Plan	Health insurance plan that is certified by a Health Insurance Exchange, provides essential health benefits, follows established limits on cost-sharing, and meets other requirements under the Affordable Care Act
TEFCA	Trusted Exchange Framework and Common Agreement	A comprehensive framework that establishes a standardized, nationwide approach for secure health information exchange across disparate networks through Qualified Health Information Networks (QHINs), enabling authorized access for treatment, payment, public health, and other specified purposes, while adhering to privacy and security principles. Established by the 21st Century Cures Act.
USCDI	United States Core Data for Interoperability	A standardized set of health data classes and constituent data elements for nationwide exchange.

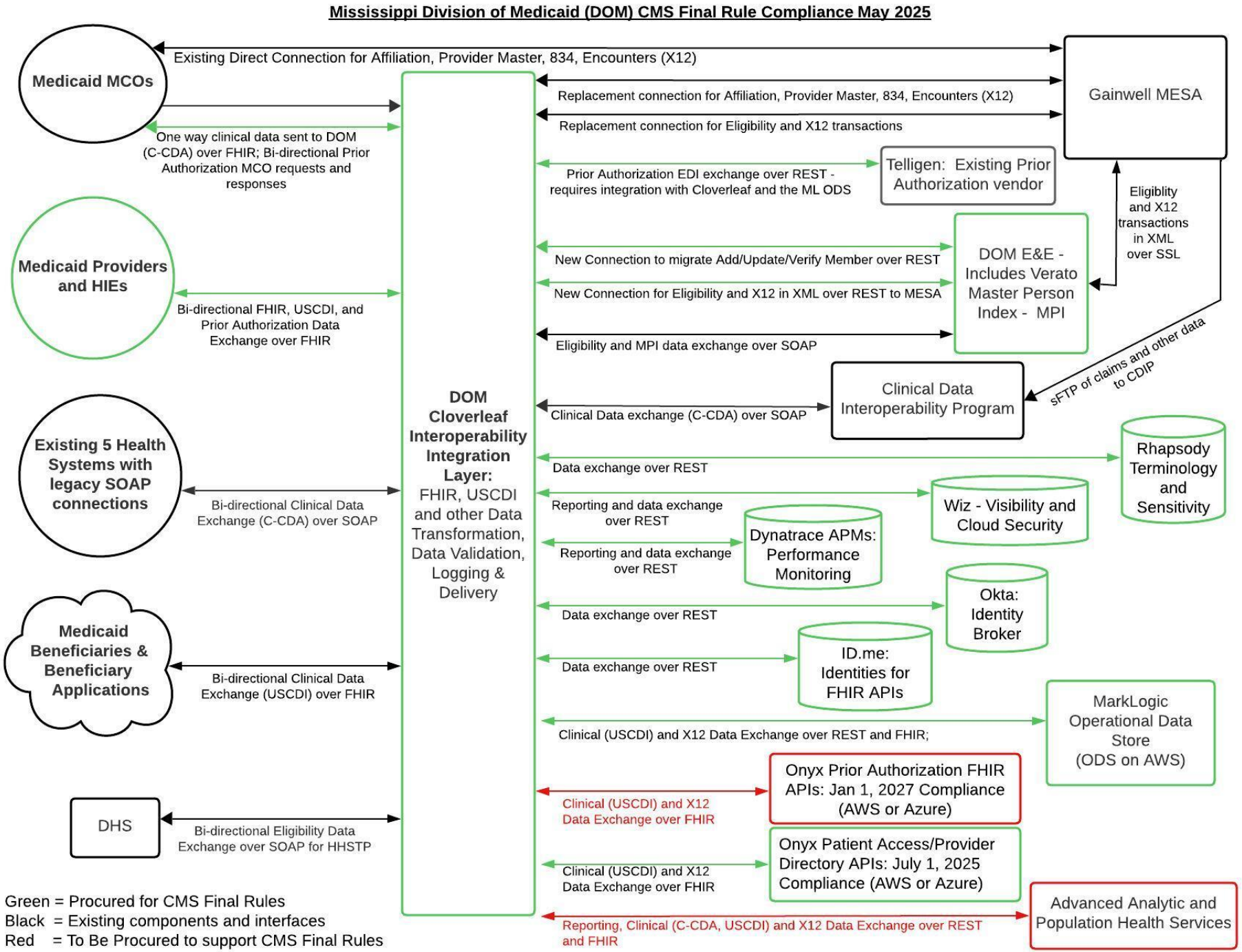
State of Mississippi Division of Medicaid CMS Final Rule Compliance Architecture

(used with permission)

May 2025

**This type of approach will work for many other state Medicaid agencies and is scalable to hundreds of other use cases. The incremental costs to add more use cases to this is minimal.

MISSISSIPPI DIVISION OF MEDICAID



THE FI & THE FUTURE OF HEALTHCARE