NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

Data Interoperability: What's Changing, What It Means, and How to Prepare

April 16, 2026

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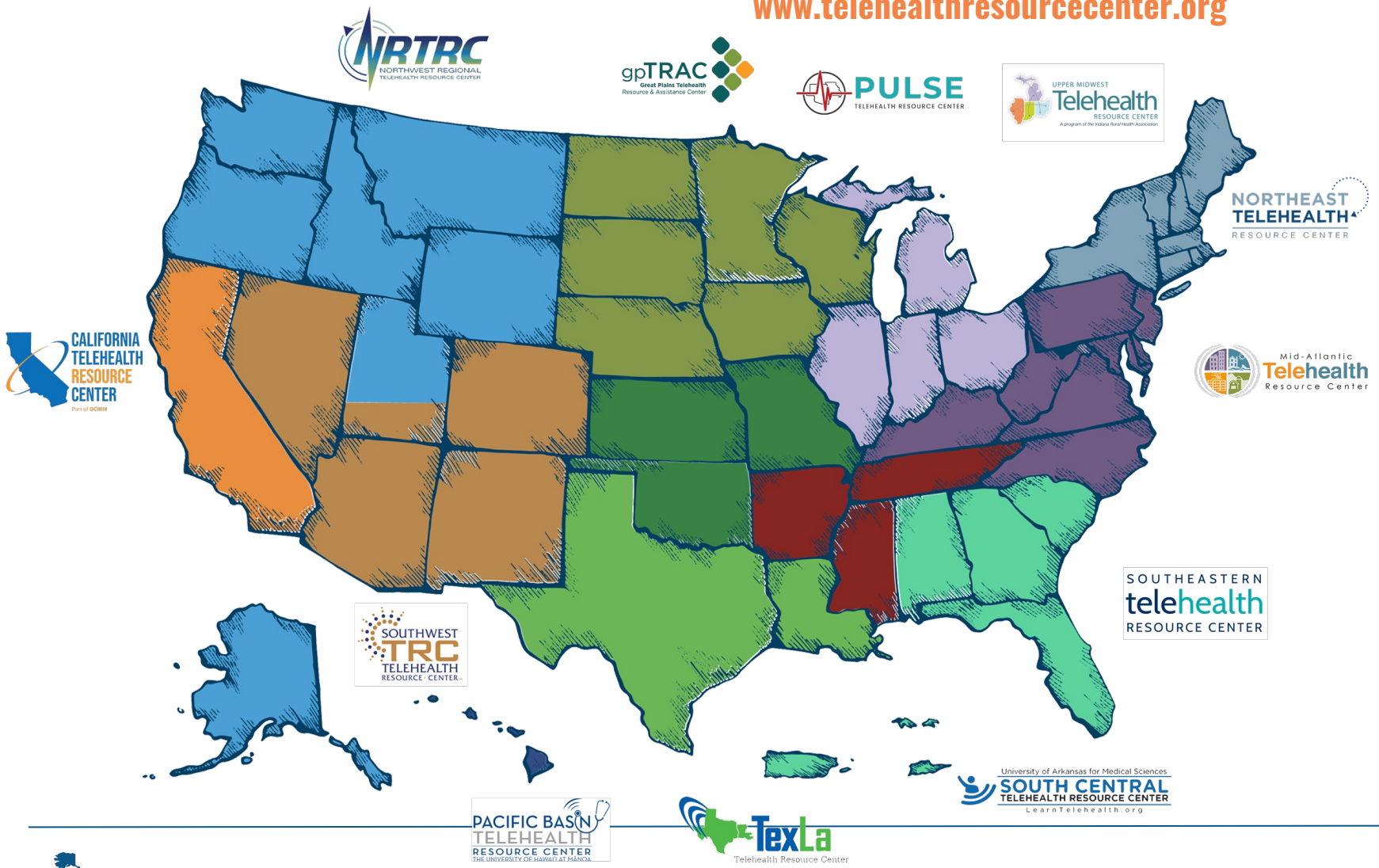

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12 REGIONAL RESOURCE CENTERS

TTAC TelehealthTechnology.org

CCHP

2 NATIONAL RESOURCE CENTERS

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- Survey - https://www.surveymonkey.com/r/TT2RXQZ

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Virtual Summit dates: **April 23** and **24, 2026**

THE TeleBehavioral Health Summit

Artificial Intelligence (AI) in Behavioral Health: Promise, Practice and Responsibility

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Welcome Dr. Warren Pettine

DATA **INTEROPERABILITY REFORM**

Warren Woodrich Pettine, M.D.

Assistant Professor

The University of Utah

April 16th, 2026

HEALTH
UNIVERSITY OF UTAH

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THE PAIN YOU ALREADY KNOW

THIS IS 2026

- A patient is medevaced from a remote Alaska village to Anchorage. Records arrive by fax. Specialist notes return as scanned PDFs. Medication reconciliation happens by phone.

- The IHS RPMS system the village clinic uses does not speak the same language as the hospital's EHR.

THE INTEROPERABILITY GAP

Rural Health Data Exchange

70%	of hospitals still use fax for some health data exchange
36%	of rural hospitals engage in interoperable exchange
22%	of independent hospitals have routine interoperable exchange
48%	of rural/small hospitals have electronic info at point of care

The Reality Today

47%	urban hospital interoperable exchange rate
53%	system-affiliated hospital exchange rate
~90%	patient matching accuracy (1 in 10 wrong or missed)
2026	three federal frameworks converging now

WHAT THIS **TALK COVERS**

1. TEFCA: The federal network of networks enabling nationwide health data exchange
2. CMS Interoperability Rules: Standardized APIs transforming prior authorization and payer data access
3. HIPAA Reform: Security overhaul, privacy updates, and the end of behavioral health data silos

TEFCA: **ONE CONNECTION, NATIONWIDE REACH**

JANET'S REFERRAL LOOP

A 25-BED CRITICAL ACCESS HOSPITAL IN MONTANA

- You are a telehealth coordinator at a 25-bed CAH. Your hospital runs TruBridge. Your hub partner runs Epic. There is no shared HIE.
- Every referral is printed, faxed, and manually re-entered. Two to three hours of clinical staff time daily.
- **TEFCA is supposed to fix this.**

WHAT TEFCA IS AND WHY IT MATTERS

TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT

- **The core promise:** Connect to one Qualified Health Information Network (QHIN), reach every other QHIN and their participants nationwide
- **Already live:** 11 designated QHINs including eHealth Exchange, Epic Nexus, KONZA, Surescripts
- **Scale:** ~500 million records exchanged, 70,000+ connected sites, explosive growth in 2025

TEFCA: THE RURAL REALITY CHECK

WHAT WORKS VS. WHAT DOESN'T

Works

- **For Epic systems:** TEFCA was a matter of updating a couple of settings
- **Your two on-ramps:** (1) Your EHR vendor becomes a TEFCA Participant. (2) Your regional HIE becomes a TEFCA Participant and you connect through them.

Doesn't

- **Vendor gaps:** TruBridge, older MEDITECH, athenahealth, IHS RPMS have unclear TEFCA paths
- Only 39% of non-networked hospitals intend to participate
- **Tribal barriers:** Common Agreement lacks tribal data governance
- **No universal patient ID:** ~90% match accuracy through 2030

CMS **INTEROPERABILITY RULES**

TOM'S BILLING CRISIS

A 3-PROVIDER RHC IN WYOMING

- You run a 3-provider RHC with one billing specialist. She completes 39 prior authorizations per week across different payer portals, each with different documentation requirements.

- **13 hours of staff time weekly.**
  - Manual cost: $3.52 per transaction.
  - The fully electronic alternative: $0.05.
  - ***That is a 70x gap***.

PHASE 1: ALREADY IN EFFECT (JAN 2026)

PRIOR AUTHORIZATION OPERATIONS AND TRANSPARENCY

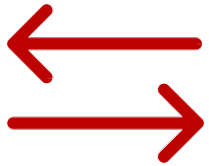
- **Faster PA decisions:** 7 days standard, 72 hours expedited
- **Specific denial codes:** No more generic "not medically necessary"
- **Public PA metrics:** First reports due March 31, 2026. Compare payers' approval/denial rates, decision times, and appeal outcomes for the first time.
- **AI concern:** 61% of physicians report concern AI is increasing denial rates, with some systems producing rates up to 16x higher than human reviewers. New reporting gives you leverage.

PHASE 2: FOUR FHIR APIS (JAN 2027)

WHO MUST COMPLY: MEDICARE ADVANTAGE, MEDICAID/CHIP, QHP ISSUERS

Patient Access + Provider Access APIs

Patients pull claims, PA status, denial reasons.
Clinicians pull payer-held data in near-real-time.



Payer-to-Payer + Prior Authorization APIs

New plan pulls up to 5 years from old plan. Structured electronic PA through the EHR replaces portals/fax/phone. ***Cost drops from $3.52 to $0.05 per transaction***.

HIPAA **REFORM**

DR. OKAFOR'S CONSENT NIGHTMARE

TELEBEHAVIORAL HEALTH ACROSS THREE STATES, FIVE FACILITIES

- SUD records lived in a separate silo.
- Different consent framework.
- 30 to 45 minutes daily on duplicative documentation and manual note transmission.

THE MISCONCEPTION THAT COSTS YOU

REFRAMING HIPAA AS AN ENABLER

- **HIPAA explicitly grants patients a right of access to their own medical records** under 45 C.F.R. Section 164.524. OCR has enforced this aggressively through the Right of Access Initiative.
- **Over-restricting is the real risk.** Organizations that block sharing because of HIPAA are often more out of compliance than those who share appropriately.
- **Information blocking liability is now active (Cures Act).** ONC is issuing notices of nonconformity. Over 1,600 complaints filed.

THREE SIMULTANEOUS SHIFTS IN HIPAA

1. **42 CFR Part 2 (effective Feb 2026):** SUD records now flow under same TPO framework as other clinical data
2. **Security Rule overhaul (proposed):** Eliminates addressable/required distinction. Mandatory encryption, MFA, annual pen testing
3. **Privacy Rule update (likely):** Would reduce record access from 30 to 15 days, expand care coordination definition

THE CONVERGENCE

ONE FOUNDATION, THREE FRAMEWORKS

FHIR R4 + USCDI

TEFCA	Builds the pipes for nationwide exchange
CMS RULES	Opens the data via payer APIs
HIPAA	Sets the rules, secure it, break down silos

THE 2026-2027 PILE-UP

COMPLIANCE DEADLINES CONVERGING SIMULTANEOUSLY

JAN 2026

CMS PHASE 1: PA OPERATIONS

Faster decisions (7/72hr), specific denial codes, public PA metrics reporting

FEB 2026

42 CFR PART 2 ALIGNMENT + ENFORCEMENT

SUD records flow under TPO; single durable consent; OCR enforcement live

MID-2026

ACCESS MODEL LAUNCH; HIPAA SECURITY RULE

Value-based payment model; security rule finalization (uncertain timing)

JAN 2027

CMS PHASE 2: ALL FOUR FHIR APIS

Patient Access, Provider Access, Payer-to-Payer, Prior Authorization APIs

2027

LEAD MODEL; MIPS E-PA MEASURE

FHIR APIs and HIE connectivity required; population health analytics

END 2027

MEDICARE TELEHEALTH FLEXIBILITIES EXPIRE

Without Congressional action, rural telehealth payment parity ends

WHAT TO DO **MONDAY MORNING**

PRIORITY 1: DO NOW

ALREADY EFFECTIVE - ENFORCEMENT IS ACTIVE

42 CFR Part 2 Compliance

- Update NPPs, consent forms, policies, BAAs.
- Train staff on SUD data sharing now permitted under TPO.

MFA and Encryption

- Near-certainties in any final Security Rule.
- 77-80% of large breaches are hacking/IT incidents.

HIPAA Risk Analysis

- The single most common enforcement finding. Foundational for everything else.
- Document it now.

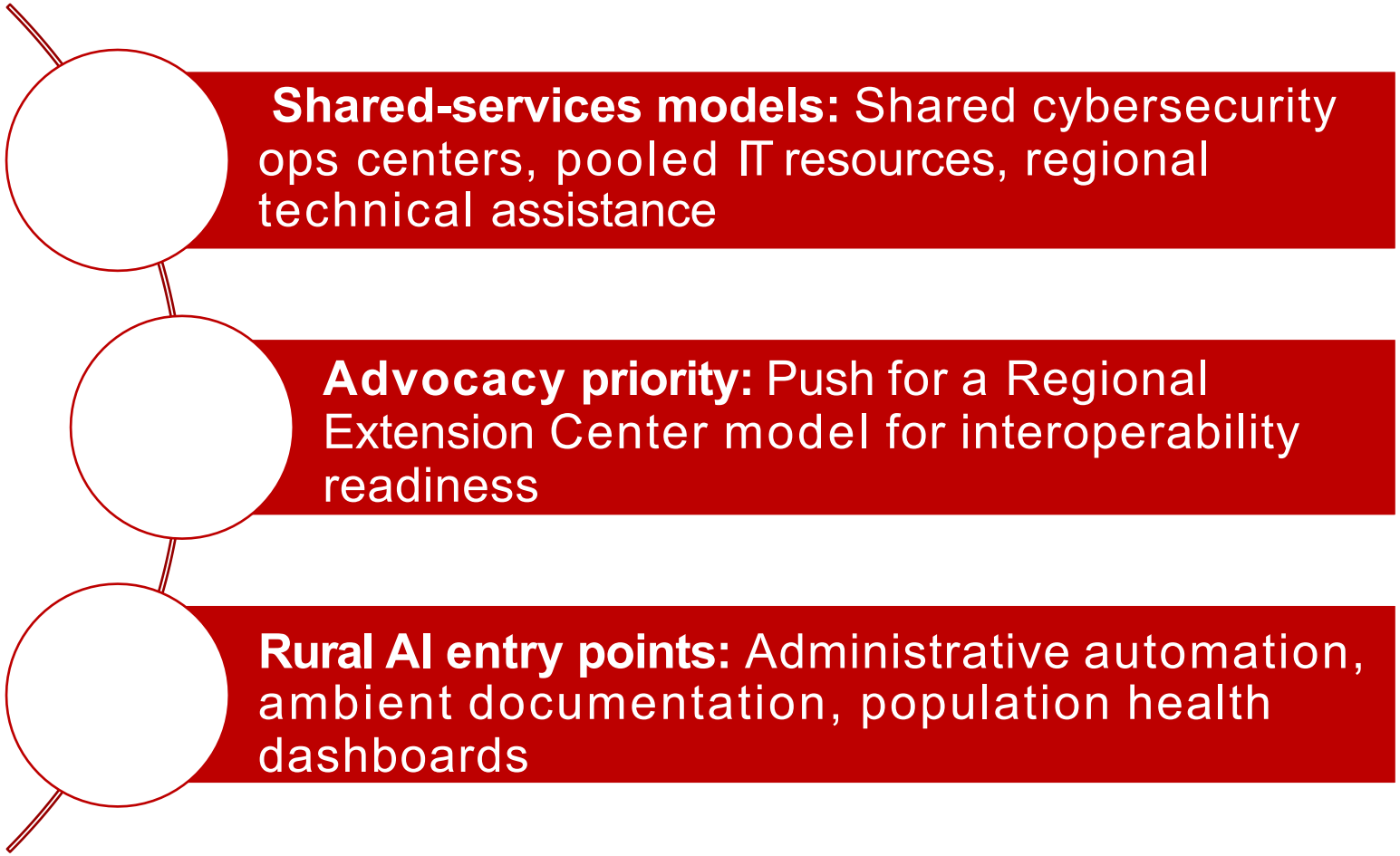
PRIORITY 2: COMING FAST

PREPARE FOR 2027

- Ask your EHR vendor about TEFCA, USCDI, CMS-0057
- Connect with your regional HIE
- Use PA transparency data
- CMS-0057-F API consumption
- Value-based model readiness

PRIORITY 3: BUILDING FOR 2027+

LONG-TERM INFRASTRUCTURE INVESTMENTS



WHERE TO FIND SUPPORT

FUNDING AND TECHNICAL ASSISTANCE RESOURCES

Federal Funding Sources

- Health Care Cybersecurity and Resiliency Act (S.3315)
- Grants for rural providers, RHCs, IHS facilities
- Rural Health Transformation Program: $50B includes technology and workforce funding.

Regional Partners

- Your regional HIE is increasingly the bridge between small facilities and nationwide exchange.
- State offices of rural health administer transformation program funds.

WHAT GETS BETTER

REAL PROGRESS IN HEALTH DATA EXCHANGE

- **PA cost:** From 70x more expensive to electronic default by 2027-2030
- **Behavioral health:** SUD data flows through standard channels for the first time
- **TEFCA growth:** 500M records, 70,000 sites, growing exponentially
- **Coverage transitions:** Payer-to-payer exchange follows patients through Medicaid churn

WHAT STAYS HARD

Patient identity

Semantic gap

AI divide

Tribal Sovereignty

Broadband

KEY **TAKEAWAYS**

Connected and comparable is the destination. We are partway there. Keep moving.

1. HIPAA permits sharing. CMS mandates it. TEFCA enables it. Your job is to be ready.
2. One FHIR/USCDI investment serves TEFCA, CMS rules, and HIPAA compliance simultaneously.
3. Start with what is enforceable now: Part 2 compliance, risk analysis, MFA. Build from there.

THANKS FOR LISTENING

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Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Hosting TRC: Telehealth Technology Assessment Resource Center (TTAC)
Telehealth Topic: Rural Health Transformation Fund: Workforce Trends and Implications for Rural Care
Date: May 21, 2026
Times: 11 AM – 12 PM (PT)

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https://www.surveymonkey.com/r/XK7R72F