Fact Sheet: CMS Digital Health Tech Ecosystem Interoperability Framework
Last Update: 7/31/2025

On Wednesday, July 30, 2025, the Trump Administration announced[1] voluntary criteria for "trusted, patient-centered and practical data exchange" as part of a new Interoperability Framework that supports patient data use to facilitate improved data exchange and to "Kill the Clipboard."

AHIMA participated in the Centers for Medicare & Medicaid Services (CMS) and Assistant Secretary for Technology Policy (ASTP) led stakeholder feedback process on the Health Tech Ecosystem prior to the release of the new Interoperability Framework. Representing the health information professional's perspective, AHIMA responded to the CMS/ASTP request for information (RFI) on the Health Tech Ecosystem[2] and were among select industry leaders invited to participate in CMS/ASTP's closed door listening session on the RFI led by Department of Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. and Acting US DOGE Service Administrator Amy Gleason.

CMS states the goal[3] of the Interoperability Framework is to enable a connected health tech ecosystem where:

- Patients can easily access and share their health information;
- Providers and care teams can receive the data they need at the point of care;
- Apps and digital tools can deliver personalized support, anytime, anywhere; and
- Payers can support outcomes and value-based models through appropriate data exchange.

CMS outlines the above goals can be accomplished by partners doing the following:

- Networks must self-attest to meeting the criteria within the CMS Interoperability Framework and agree to be reviewed by CMS if out-of-sync with those criteria.
    - o Doing so will allow those networks to be considered CMS Aligned Networks.
- Electronic Health Records (EHRs) must make both structured and unstructured electronic medical information accessible to CMS Aligned Networks as part of the patient's record in alignment with United States Core Data for Interoperability version 3 (USCDI v3)[4] and must make appointment and encounter notifications available to CMS Aligned Networks within 24 hours of occurrence.
- Providers must join CMS Aligned Networks to ensure structured and unstructured electronic medical information, as indicated in USCDI v3, is available and discoverable across care settings.
    - o This includes supporting patient-centered workflows that enable real-time access to data across systems for both treatment and patient use.
- Payers must make claims data accessible to CMS Aligned Networks, implement the CMS Interoperability Framework, and respond to patient, provider, and appropriate payer requests.

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[1] https://www.cms.gov/newsroom/press-releases/white-house-tech-leaders-commit-create-patient-centric-healthcare-ecosystem
[2] https://www.ahima.org/media/cpwlhyhc/cms-astp-health-technology-ecosystem-rfi-final.pdf
[3] https://www.cms.gov/health-technology-ecosystem/categories
[4] https://www.healthit.gov/isp/sites/isp/files/2022-09/USCDI-Version-3-July-2022-Final%20%281%29.pdf

- Patient facing apps must support data exchange with patient identity verification, enable Medicare program connectivity, participate in CMS review, offer trial access for Medicare patients, participate in the CMS discovery experience to be listed as a recommended app on CMS webpages, and operate in adherence to HIPAA rules when the app is provided by a covered entity or business associate.
    - Patient facing apps also must meet one of the CMS initial use cases of "Kill the Clipboard" or providing guidance to patients via a conversational AI assistant.

Key provisions of the CMS Interoperability Framework include:

- Enabling patients to access their electronic medical information, including data from past or current health insurance providers, via the application of their choice without additional login or required portal information;
- Allowing providers to use any CMS Aligned Network technology vendor to access full patient treatment records and execute transactions on the network;
- Requiring the automatic fulfillment of patient health data requests in real time, when feasible, in human- and machine-readable formats as specified in the USCDI v3 without requiring additional portal login;
    - Networks must also be committed to supporting and implementing FHIR APIs for patient appointment and encounter details;
- Ensuring CMS Aligned Networks collaborate with CMS to implement a patient, provider, or value-based care organization record locator functionality that promotes data completeness while reducing network load;
- Requiring CMS Aligned Networks to agree to publish information on members within the CMS National Provider Directory, provide usage statistics on network queries, and support network-wide searching for all records of a patient; and
- Requiring CMS Aligned Networks to accept CMS-approved digital credentials for both patients and providers, while also maintaining security validation equal to HITRUST[5] certification and providing verifiable logs or audit records.

CMS additionally stated that the framework is not intended to supersede federal and/or state healthcare and privacy laws, including HIPAA and the Privacy Act.

As part of the event at the White House, CMS announced that 60 industry early adopters[6] agreed to adopt the CMS Interoperability Framework. Those 60 early adopters included 21 networks, 11 health systems or providers, seven EHR companies, and 30 patient app companies focused on diabetes and obesity management, conversational AI assistants, or providing tools to "Kill the Clipboard."

Please reach out to us advocacy@ahima.org if you have questions about this announcement or would like to discuss the impacts of the initiative on your organization.

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[5] https://hitrustalliance.net/
[6] https://www.cms.gov/health-tech-ecosystem/early-adopters