

State of California—Health and Human Services Agency
Department of Health Care Services



MICHELLE BAASS
DIRECTOR



GAVIN NEWSOM
GOVERNOR

DATE: November 29, 2022

ALL PLAN LETTER 22-026

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: INTEROPERABILITY AND PATIENT ACCESS FINAL RULE

PURPOSE:

This All Plan Letter (APL) notifies all Medi-Cal managed care health plans (MCPs)¹ of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule requirements as required by federal law.

BACKGROUND:

In May 2020, CMS finalized the Interoperability and Patient Access final rule (CMS Interoperability Rule), which seeks to establish individuals as the owners of their health information with the right to direct its transmission to third-party applications.^{2,3} CMS and the Office of the National Coordinator for Health Information Technology have established a series of data exchange standards that govern such specific transactions.⁴

In addition, as the Medi-Cal program moves toward adopting a Population Health Management (PHM)-based approach, and launches the PHM Program and PHM

¹ All MCPs, including Senior Care Action Network (SCAN) and Family Mosaic Project.

² 85 Federal Register 25510-25640 is available at: <https://www.govinfo.gov/app/details/FR-2020-05-01/2020-05050>.

³ Section 4003 of the Office of the National Coordinator for Health Information Technology 21st Century Cures Act is available at:

https://www.healthit.gov/sites/default/files/facas/TEF_TF_21stCenturyCures_4003.pdf and defines “Interoperability” as health information technology that (1) enables the secure exchange and use of electronic health information without special effort on the part of the user; (2) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable state or federal law; and (3) does not constitute to information blocking as defined in section 3022(a) of the Public Health Service Act.

⁴ The data exchange standards for the Patient Access Application Programming Interface are available at: Payer Data Exchange: <http://hl7.org/fhir/us/davinci-pdex/STU1/toc.html>; CARIN Implementation Guide: <http://hl7.org/fhir/us/carin-bb/toc.html>; Payer Data Exchange for US Drug Formulary <http://hl7.org/fhir/us/davinci-drug-formulary/toc.html>. The data exchange standards for the Provider Directory Application Programming Interface is available at: <http://hl7.org/fhir/us/davinci-pdex-plan-net/toc.html>.

Service as a part of California Advancing and Innovating Medi-Cal (CalAIM), leveraging interoperability requirements for improved data exchange will be critical.⁵ Examples of such PHM-based approaches include improving provider directories to improve Member access and engagement with primary care, leveraging admissions, discharge and transfer (ADT) feeds for timely notification of Member needs at time of hospital discharge, and reducing inefficiencies by sharing Member information in standard formats.

POLICY:

The CMS Interoperability Rule requires MCPs, for Medi-Cal Covered Services, to implement and maintain a secure, standards-based Patient Access Application Programming Interface (API) and a publicly accessible, standards-based Provider Directory API that can connect to mobile applications and be available through a public-facing digital endpoint on the MCP's website.⁶

MCPs must also comply with the requirements of Title 42 of the Code of Federal Regulations (CFR) section 438.242, 45 CFR section 170.215, the provider directory information specified in 42 CFR section 438.10, and the public reporting and information blocking components of the CMS Interoperability Rule to the extent these requirements are applicable to MCPs.

I. Patient Access API

MCPs must implement and maintain a Patient Access API that can connect to provider electronic health records and practice management systems, in accordance with requirements specified at 42 CFR section 431.60. The Patient Access API must permit third-party applications to retrieve, with the approval and at the direction of a Member or Member's authorized representative, data specified in this APL through the use of common technologies and without special effort from the Member.

MCPs must make individual-level United States Core Data for Interoperability (USCDI)⁷ data that they maintain for dates of services on, or after, January 1, 2016, available to the Member or their authorized representative as follows:⁸

⁵ Additional information on CalAIM is available at:

<https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>.

⁶ 45 CFR section 170.215; 42 CFR sections 431.60, 431.70, and 438.10. The CFR is searchable at: <https://www.ecfr.gov/>.

⁷ 45 CFR section 170.213. USCDI is a standardized set of health data classes and component data elements for nationwide, interoperable health information exchange. The February 2020, Version 1 is available at: <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>.

⁸ 42 CFR section 431.60.

Type of Information	Time by Which Information Must be Accessible
Adjudicated claims data and cost data, including claims that may be appealed, were appealed, or in the process of appeal	Within one (1) business day after a claim is processed
Encounter data for capitated Providers	Within one (1) business day after receiving data from Providers
Clinical data, including diagnoses and related codes, and laboratory test results	Within one (1) business day after receiving data from Providers
Information about covered outpatient drugs as part of medical services, and updates to such information, including, costs to the Member, and preferred drug list information, if applicable	Within one (1) business day after the effective date of any such information or updates to such information

Member Educational Resources

In accordance with 42 CFR 431.60(f), MCPs must provide, in an easily accessible location on their public websites and/or through other appropriate mechanisms through which they ordinarily communicate with current and former Members seeking to access their health information, educational resources in non-technical, simple and easy-to-understand language explaining at a minimum:⁹

- General information on steps the Member may consider taking to help protect the privacy and security of their health information, including factors to consider in selecting an application including secondary uses of data, and the importance of understanding the security and privacy practices of any application to which they entrust their health information; and
- An overview of which types of organizations or individuals are and are not likely to be Health Insurance Portability and Accountability Act of 1996 (HIPAA) covered entities, the oversight responsibilities of the Health and Human Services Office for Civil Rights (OCR) and the Federal Trade Commission (FTC), and how to submit a complaint to the OCR and FTC.

⁹ For an overview of what is required to be included in an MCP’s Member resource document, MCPs may refer to the Patient Privacy and Security Resources document developed by CMS. Use of this document is not required; it is to support MCPs as they produce Member resources tailored to their Member population. The document is available at:
<https://www.cms.gov/files/document/patient-privacy-and-security-resources.pdf>.

MCPs must tailor these Member educational resources to best meet the needs of their Member population, including literacy levels, languages spoken, conditions, etc. as required by APL 21-004 and any subsequent iterations on this topic.¹⁰

II. Provider Directory API

MCPs must implement and maintain a publicly accessible standards-based Provider Directory API as described in 42 CFR section 431.70, and meet the same technical standards of the Patient Access API, excluding the security protocols related to user authentication and authorization and any other protocols that restrict the availability of provider directory information to particular persons or organizations. MCPs are required to update the online provider directory at least weekly after the MCP receives the provider information, or is notified of any information that affects the content or accuracy of the provider directory.¹¹

The Provider Directory API must include the following information about the MCP's Network Providers for Primary Care Physicians, Specialists, hospitals, behavioral health Providers, managed long-term services and supports Providers as appropriate, and any other Providers contracted for Medi-Cal Covered Services under the MCP Contract:¹²

- Name of Provider or site, and any group affiliation;
- Name of medical group/foundation, independent physician association, if applicable;
- National Provider Identifier number;
- Street address(es);
- Telephone number(s), including the telephone number to call after business hours;
- Website URL for each service location or physician Provider, as appropriate;
- Specialty, as appropriate;¹³
- Hours and days when each service location is open, including the availability of evening and/or weekend hours;

¹⁰ APLs can be found at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

¹¹ See Health and Safety Code section 1367.27(e)(1), which also gives four examples of notice requiring a weekly update to the online provider directory which are also encompassed by "information that affects the content or accuracy of the provider directory." While 42 CFR sections 431.70 and 438.10(h)(3)(ii) also cover this topic, the weekly update requirement of the Health and Safety Code governs MCPs in California.

¹² See the MCP Contract for further details.

¹³ DHCS has created a site to house resources for MCPs, including the Taxonomy Crosswalk. To request access to the site, or request the current DHCS Taxonomy Crosswalk, email MCQMDNAU@dhcs.ca.gov.

- Services and benefits available, including accessibility symbols approved by the Department of Health Care Services (DHCS) and whether the office/facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment;
- Cultural and linguistic capabilities, including whether non-English languages and American Sign Language are offered by the Provider or a skilled medical interpreter at the Provider's office, and if the Provider has completed cultural competency training;
- Whether the Provider is accepting new patients; and
- Identification of Providers that are not available to all or new Members.^{14,15}

If an MCP is currently maintaining an electronic provider directory on its website as required by 42 CFR section 438.10(h), Health and Safety Code 1367.27, the MCP Contract, and is meeting the required provider directory data elements above, then the MCP may copy the information to the Provider Directory API.¹⁶ However, if any of the required data elements are missing from the electronic provider directory, the MCP must take the appropriate steps to ensure the Provider Directory API includes all required data elements.

MCPs must update their Provider Directory API in accordance with 42 CFR section 438.10(h)(3) and Health and Safety Code section 1367.27 and attest that they meet all Provider Directory API requirements as outlined in this APL during their next bi-annual submission or during their next monthly File and Use submission (whichever comes first). MCPs must continue to submit their bi-annual provider directory reviews to their Managed Care Operations Division (MCP) Contract Manager. Additionally, MCPs must continue to submit the monthly File and Use provider directories to their MCP Contract Manager on months that fall outside of the month of their bi-annual review that are due to DHCS. MCPs must submit an attestation that they meet the Provider Directory API requirements from this APL during the aforementioned provider directory submissions.

DHCS' provider directory reviews will be reviewed bi-annually per the MCP Contract. All requirements in the MCP Contract are subject to the annual medical audits. Any DHCS findings must be addressed by the MCP within the timeframe specified by DHCS.

¹⁴ 42 CFR section 438.10; MCP Contract, Exhibit A, Member Services.

¹⁵ These content requirements are consistent with the requirements of the MCP Contract and apply to an MCP's electronic provider directory and Provider Directory API.

¹⁶ MCP Contract, Exhibit A, Member Services.

III. Oversight and Monitoring

MCPs must ensure that data received from their Network Providers and Subcontractors are accurate and complete by verifying the accuracy and timeliness of reported data; screening the data for completeness, logic, and consistency; and collecting service information in standardized formats to the extent feasible and appropriate. MCPs must make all collected data available to DHCS and CMS, upon request.¹⁷

MCPs must conduct routine testing and monitoring, and update their systems as appropriate, to ensure the APIs function properly, including conducting assessments to verify that the APIs are fully and successfully implementing privacy and security features such as those required to comply with the HIPAA Security Rule requirements in 45 CFR parts 160 and 164, 42 CFR parts 2 and 3, and other applicable laws protecting the privacy and security of individually identifiable data.¹⁸

An MCP may deny or discontinue any third-party application's connection to an API if it reasonably determines, consistent with its security risk analysis under the HIPAA Security Rule, that continued access presents an unacceptable level of risk to the security of Protected Health Information on its systems. The determination must be made using objective verifiable criteria that is applied fairly and consistently across all applications and developers, including, but not limited to, criteria that may rely on automated monitoring and risk mitigation tools.¹⁹

MCPs are expected to meet compliance and demonstrate to DHCS their ability to comply with interoperability requirements by submitting readiness, implementation, and ongoing deliverables as directed by DHCS. MCPs are responsible for ensuring that they and their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.²⁰ These requirements must be communicated by each MCP to all Subcontractors and Network Providers. DHCS may impose corrective action plans, as well as administrative and/or monetary sanctions for non-compliance.²¹

¹⁷ 42 CFR section 438.242(b)(3), (4).

¹⁸ 42 CFR section 431.60(c)(2).

¹⁹ 42 CFR sections 431.60(e) and 438.242(b)(5).

²⁰ For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent iterations on this topic. For additional information on providing an MCP's provider directory in an electronic format, see APL 19-003 and any subsequent iterations on these topics.

²¹ 42 CFR section 438.700 et seq.; California Welfare & Institutions Code section 14197.7; Title 28 of the California Code of Regulations (CCR) section 1300.86. State statutes are searchable at: <https://leginfo.legislature.ca.gov/faces/codes.xhtml>. The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>.

For additional information regarding administrative and monetary sanctions, see APL 22-015, and any subsequent iterations on this topic.

MCPs must update their contractually required policies and procedures (P&Ps) and submit them to their MCO Contract Manager within 90 days of the release of this APL. MCPs must submit both redline and clean versions of the P&Ps. The email sent to the Contract Manager must include the title of this APL as well as the applicable APL release date in the subject line.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division