KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Interoperability and Patient Access	**Policy #**	14.58-P
Policy Owner	Compliance	**Original Effective Date**	02-2023
Revision Effective Date	09-2023	**Approval Date**	04-30-2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

In May 2020, Centers for Medicare & Medicaid Services (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. 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. Managed Care Plans on or after January 1, 2024, must establish and maintain the following Application Programming Interfaces (API): Patient Access API that can connect to a provider's electronic health records and practice management systems, Provider Directory API, and a Payer to Payer API. These APIs are for the benefit of enrollees and contracted providers to facilitate patient and provider access to health information.

II. POLICY

The CMS Interoperability Rule requires Plans, 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 Plan's website.

Kern Health Systems (KHS) 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 Plans.

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

A. Patient Access API

KHS will 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 will permit third-party applications to retrieve, with the approval and at the direction of a member or member's authorized representative, data specified through the use of common technologies and without special effort from the member.

KHS will make individual-level United States Core Data for Interoperability (USCDI) data that KHS maintains for dates of services on, or after, January 1, 2016, available to the member or their authorized representative as follows:

Type of Information	**Time by Which Information Will 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

1. Member Educational Resources

   In accordance with 42 CFR 431.60(f), KHS will provide, in an easily accessible location on its public website and/or through other appropriate mechanisms through which KHS ordinarily communicates 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:

   a. 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
   b. 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.

KHS will tailor these member educational resources to best meet the needs of its' member population, including literacy levels, languages spoken, conditions, etc. as required by APL 21-004 and any subsequent iterations on this topic.

B. Provider Directory API

KHS will 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. KHS will review and update the online provider directory at least weekly after KHS receives the provider information or is notified of any information that affects the content or accuracy of the provider directory. The Provider Directory API will include the following information about the Managed Care Plan's (MCP) 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:

1. Name of Provider or site, and any group affiliation.
2. Name of medical group/foundation, independent physician association, if applicable.
3. National Provider Identifier number.
4. Street address(es).
5. Telephone number(s), including the telephone number to call after business hours.
6. Website URL for each service location or physician Provider, as appropriate.
7. Specialty, as appropriate.
8. Hours and days when each service location is open, including the availability of evening and/or weekend hours.
9. 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.
10. 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.
11. Whether the Provider is accepting new patients; and
12. Identification of Providers that are not available to all or new members.

KHS will ensure that its electronic provider directory available on the KHS website, includes the provider directory elements identified in this Policy and Procedure (P&P). KHS will publish the same data on its Provider Directory API and monitor that the Provider Directory API includes all of the required elements data elements outlined above and update as needed.

KHS will update its Provider Directory API in accordance with 42 CFR section 438.10(h)(3) and Health and Safety Code section 1367.27 and attests that it meets all Provider Directory API

requirements as outlined in the DHCS APL22-026 "Interoperability and Patient Access" during KHS next monthly File and Use submission. KHS will continue to submit its bi-annual provider directory reviews to their Managed Care Operations Division (MCOD) Contract Manager. Additionally, KHS will continue to submit the monthly File and Use provider directories to their MCOD Contract Manager on months that fall outside of the month of their bi-annual review that are due to DHCS. KHS will submit an attestation that it has met the Provider Directory API requirements from DHCS APL22-026 during the aforementioned Provider Directory submissions.

Any DHCS findings during the annual DHCS medical audits will be addressed by the MCP within the timeframe specified by DHCS.

C. Payer to Payer Exchange API

KHS will exchange certain member clinical data at the member's request (specifically the U.S. Core Data for Interoperability version 1 data set), allowing the member to take their information with them as they move from payer to payer over time to help create a cumulative health record with their current payer. Having a member's health information in one place will facilitate informed decision-making, efficient care, and ultimately can lead to better health outcomes. For example, if a member transfers from one Medi-Cal Managed Care Plan to another, the previous Plan must honor the member's request to have certain data transferred to the new Plan and the new Plan must incorporate the information into its records. KHS will adhere to the following Payer-to-Payer requirements:

1. KHS will maintain a process for the electronic exchange of, at a minimum, the data classes and elements included in the content standard adopted at 45 CFR 170.213.
2. KHS will electronically send all such data to any other payer that currently covers the enrollee at any time and up to five (5) years after disenrollment at the direction and approval of the former enrollee or the enrollee's personal representative.
3. KHS will electronically receive all such data for a current enrollee from any other payer that has provided coverage to the enrollee within the preceding five (5) years at the direction and approval of the enrollee or the enrollee's personal representative.
4. KHS will store, incorporate, and monitor such information received into our data repository.

D. Oversight and Monitoring

KHS will ensure that data received from its 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. KHS will make all collected data available to DHCS and CMS, upon request.

KHS will conduct routine testing and monitoring, and update 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.

KHS 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 will 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.

KHS will meet interoperability compliance requirements and demonstrate to DHCS their ability to comply with interoperability requirements by submitting readiness, implementation, and ongoing deliverables as directed by DHCS.

KHS will communicate these requirements to all Subcontractors and Network Providers and KHS will ensure that it, and its' 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.

V. ATTACHMENTS

N/A

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	DHCS APL 22-026, Interoperability and Patient Access Final Rule
Regulatory	DMHC APL 22-031, Newly Acted Statutes Impacting Health Plans – 2022 Legislative Session

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2023-09	Policy updated in response to DMHC Comment Letter – added Payer to Payer API Requirements**.** DMHC Approved for DMHC APL 22-031 on 11/02/2023.	H.F. Compliance Manager
Created	2023-02	Policy created by KHS to address the requirements of DHCS APL 22-026 Interoperability and Patient Access Final Rule. DHCS Approved 3/23/2023	Compliance

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Department of Managed Health Care (DMHC)	6/2023 DMHC APL 22-031	11/2/2023
Department of Health Care Services (DHCS)	2/2023 DHCS APL 22-026	3/23/2023
Choose an item.		

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Operating Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 14.58-P Interoperability and Patient Access

Last approved version:

Reason for revision: Policy created for DHCS APL 22-026, Interoperability and Patient Access Final Rule – approval was received on 3/23/2023. The policy was also updated for DMHC APL 22-031, Newly Acted Statutes Impacting Health Plans – 2022 Legislative Session – approval was received on 11/2/2023.

Director Approval		
Title	**Signature**	**Date Approved**
Jane MacAdam Director of Compliance and Regulatory Affairs		
Louis Iturriria Senior Director of Marketing & Member Engagement		
Amisha Pannu Senior Director of Provider Network		
Ed Kim Director of Development		
Robin Dow-Morales Senior Director of Claims		

Date posted to public drive: _____

Date posted to website ("P" policies only) : _____