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February 9, 2023

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THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING: COUNTIES:

COUNTIES:

- ☑ Imperial☑ Riverside/San Bernardino
- ⊠ Los Angeles
- 🛛 Orange
- Sacramento
- 🛛 San Diego

LINES OF BUSINESS:

- ⊠ Molina Medi-Cal
- Managed Care Molina Medicare Options Plus
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO
 Primary Care
- ☑ IPA/MSO
 ☑ Directs

Specialists

- ☑ Directs
- 🛛 IPA
- Hospitals
- Ancillary
- SNF/LTC
- ⊠ DME
- \boxtimes Home Health \boxtimes Other
- 🛛 Other

Interoperability and Patient Access Final Rule APL 22-026

JUST THE FAX

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the Interoperability and Patient Access final rule requirements as required by federal law.

This notification is based on an All-Plan Letter (APL) 22-026, which can be found in full on the Department of Health Care Services (DHCS) website at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-026.pdf

BACKGROUND

In May 2020, the Centers for Medicare and Medicaid Services (CMS) finalized the Interoperability and Patient Access final 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.

In addition, as the Medi-Cal program moves toward adopting a Population Health Management (PHM)-based approach and launches the PHM Program and PHM Service as a part of California Advancing and Innovating Medi-Cal (CalAIM), leveraging interoperability requirements for improved data exchange will be critical. Examples of such PHM-based approaches include improving provider directories to improve Member access and engagement with primary care, leveraging admissions, discharge, and reducing inefficiencies by sharing Member information in standard formats.

POLICY

The CMS Interoperability Rule requires MHC 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 MHC website.

I. Patient Access API

MHC maintains 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 permits 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. MHC will make individual-level United States Core Data for Interoperability (USCDI) data that they maintain 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 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), MHC provides, 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:

- 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.

II. Provider Directory API

MHC maintains 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. MHC is required to update the online provider directory at least weekly after MHC receives the provider information or is notified of any information that affects the content or accuracy of the provider directory.

The Provider Directory API includes the following information about MHC'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 MHC Contract:

- 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);

If you are not contracted with Molina and wish to opt out of the Just the Fax, email:<u>mhcproviderjustthefax@molinahealthcare.com</u> <i>Please include provider name and fax number and you will be removed within 30 days.

- 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;
- Hours and days when each service location is open, including the availability of evening and/or weekend hours;
- 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.

III. Oversight and Monitoring

MHC will 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.

MHC conducts routine testing, monitoring, and updates 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.

MHC 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.

MHC will ensure that 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.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
	Shelly Lilly	858-614-1586	Michelle.Lilly@molinahealthcare.com
Los Angeles	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com

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Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
San Diego / Imperial	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
County	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com