**Interoperability Final Rule – MCO Workgroup**

**Question and Response Log**

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| **Date Received** | **Question** | **Response** | **Assigned To/Status** |
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| 7/15/2020 | Can you confirm if your contracts have any provisions or your state has provided any guidance against the sharing of “sensitive data” in terms of diagnosis or procedure codes that are excluded from sharing? | AHCCCS Response: Payers can only refuse to provide data through the member’s selected third part app if that app does not meet the plan’s publicly available security requirements for access to its FHIR server data warehouse.  AHCCCS will take this question under further consideration for additional subsequent response. | Response noted 7/31/2020 |
| 7/15/2020 | Will your state contracts require approval for any member portal content as it pertains to educating members about Interoperability & Patient Access? If yes, please provide state approval timeframes and guidelines | AHCCCS Response: Any revisions to member portal content will require prior approval as per AHCCCS’ member website requirements and timelines in ACOM Policy [404 - Contractor Website and Member Information](https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/404_Contractor_Website_and_Member_Information.pdf).  Additional guidance and sample language regarding member education activities to be determined and further provided by CMS. | Response noted 7/31/2020 |
| 7/15/2020 | Under the requirement for Patient Access API as well as Care Coordination Across Payers - Data from January 1, 2016 needs to be available. Is there a length of time that we need to support data that far back or will this need to be supported that far back indefinitely? | AHCCCS Response: Per CMS’ S-TAG virtual conference call of 07/13/2020, if a continuously enrolled member makes a request in 2025, a plan would need to make such data available from 01/01/2016.  If the member is disenrolled at any time during that period, then the plan would need only to provide the most recent 5 year period.  CMS’ ultimate long-term goal is that these health record data sets are available to member’s covering their lifetimes. | Response noted 7/31/2020 |
| 7/30/2020 | Does this rule include LTS services? | Yes, per rule Section III: Patient Access API: States and Medicaid MCOs must make adjudicated claims and encounter data available through the API for all Medicaid- or CHIP-covered services, including long-term services and supports (LTSS) such as in-home care, transportation services, and all other Medicaid- or CHIP-covered services for which a claim or encounter is generated and adjudicated. (See page 25534 of the May 1, 2020 version of the final rule.) | Response noted 8/7/2020 |
| 7/30/2020 | Is there a list of individual service types to be included that I may have overlooked? | Per rule Section III: Patient Access API,  As finalized, the clinical data required to be made available through the Patient Access API at 42 CFR 431.60(b)(3), and 457.730(b)(3), and 45 CFR 156.221(b)(1)(iii) at a minimum are the USCDI version 1 as defined at 45 CFR 170.213 and specified in this rule at 42 CFR 431.60(c)(3)(i), and 457.730(c)(3)(i), and 45 CFR 156.221(c)(3)(i). (See sectio (3) beginning on page 25536 of the May 1, 2020 version of the final rule.) | Response noted 8/7/2020 |
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