

Interoperability Protocol

This Protocol applies to facilities, physicians, ancillary providers and other healthcare professionals, inclusive of capitated/delegated entities.

Health information technology, particularly capabilities tied to health data exchange, is important to the future of healthcare. Health data interoperability provides the foundation to improve outcomes, decrease costs and improve the overall experience for both patients and care providers.

Electronic Health Records

Electronic Health Record – An electronic health record (EHR) or electronic medical record (EMR) is a digital version of a patient's paper chart. EHRs/EMRs are real-time, patient-centered records that make information available instantly and securely to authorized users. For purposes of this protocol we will use the term EHR to refer to both.

Real-Time Data Interoperability

You will communicate with United electronically through the use of real-time services inside the EHR workflow where such services exist in a UHC contracted EHR or other system used by you. These real-time services may include, among other things, eligibility inquiry, patient specific benefit information, patient gaps in care, encounter (CCDA), discharge summaries, admission, discharge and transfer (ADT) notifications, high performing provider referral with cost estimation, identification of preferred labs and/or diagnostic radiology locations as well as prior authorization for medical and pharmacy services.

EHR Access

In addition to the accessibility of medical records requirements in your participation agreement, upon United's request, you will work with United to develop a plan to provide United with remote access to United customers' medical records in your EHR. The plan will be outlined within 60 days of our request. Once the plan is implemented, United will utilize this information for purposes of our payment, treatment, and health care operations and other administrative obligations. In the event United is unable to access medical records in your EHR system, or the information contained in the EHR system is unclear or insufficient, you will submit paper copies of medical records for United customers to United in accordance with the accessibility of medical records requirements in your participation agreements. Following completion of the plan developed with United, you will provide remote EHR access to United on a 24 hour/7 days a week basis or as otherwise mutually agreed upon with reasonable down time permitted for system maintenance.

Clinical Data Exchange & Integration Plan

United may request you to enter into a clinical data exchange and integration plan in an automated fashion, supporting integration as close to real-time data exchange as possible. The data exchange will fall back to manual data submission only if United agrees your EHR or other system does not have the built-in capabilities to support automated data submission. You will enter into a clinical data exchange and integration plan with United within 60 days of our request for a plan. The clinical data exchange and integration plan will:

- (i) be based on HL7 interoperability standards,
- (ii) provide for delivery of admissions, discharges, and transfer notifications, discharge orders/summaries including discharge medication lists, clinical documentation, progress notes, laboratory results, scheduling information, etc., in an agreed upon electronic format compliant with current Meaningful Use Stage rules established by the HITECH Act, as amended.

(iii) specify the frequency and timeliness of data exchange.

The clinical data exchange and integration plan will include all emergency department and inpatient admissions, discharges, discharge summaries, transfers, and lab results. You will also provide physician office visit encounter data for member visits and will implement real time data interoperability solutions as offered by United.

The following standards apply:

- HL7 FHIR STU3 or later. Adherence to HL7 Da Vinci Project implementation guides for payer/provider interoperability where applicable.
- HL7 2.5.1 or later Messages as defined in the HL7 Messaging Standard chapters 3 (Patient Administration), 7 (Observation Reporting), and 9 (Medical Records). United can support both ER7 (“vertical bar”) and XML encodings. For lab results (observations) adherence to the HL7 Version 2.5.1 Implementation Guide: Laboratory Results Interface is encouraged.
- HL7 Consolidated CDA (C-CDA) 1.1 or later.
- HITSP Summary Documents Using HL7 Continuity of Care Document (CCD) Component HITSP/C32 2.5. This is obsolete and not preferred but United can still support if necessary.

Upon request, you will resolve any gaps in clinical content not available in the clinical data exchange, including adopting the following standard code systems, where available:

- Current Procedures Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- SNOMED CT
- Logical Observation Identifiers Names & Codes (LOINC)
- International Classification of Diseases (ICD-10-CM)
- RxNorm
- CDC Vaccine Code (CVX)
- Unified Code for Units of Measure (UCUM)

When multiple different code systems could potentially be used for a single data element, you will use the code system named in HL7 C-CDA 2.1. You may only use proprietary codes if no suitable standard code is available. If you use a proprietary code, you must provide us the translation table of proprietary code to the standard code.

Upon request, you will provide United with access to your EHR using one of the following secure transport protocols:

- HTTPS with TLS 1.3 (or later)
- HL7 MLLP inside IPsec VPN
- IHE Cross-Enterprise Document Reliable Interchange (XDR)
- SSH File Transfer Protocol (SFTP)
- DirectTrust Direct Standard
- Or other transport protocol as mutually agreed.

If your EHR cannot support the clinical integration in an automated fashion, then, upon request, you will support United’s efforts to work with your EHR vendor to identify any gaps or deficiencies in the technology, and define a plan to resolve.

Once the automated clinical data exchange is established, upon request, you will work collaboratively with United to maintain the live data flow. If technical issues arise, you will work collaboratively with United to restore the connection to full functionality within 30 business days from the date the issue was identified.

Upon request, you will execute a set of acceptance tests with United to ensure that the clinical integration set up meets the applicable data, transport and other quality measures. The acceptance tests will include, but not be limited to:

- (i) testing patient data exchange, and
- (ii) testing a small number of real patients' data exchange to ensure proper data and valid transport.

Upon request, you will collaborate with United to continuously improve the interoperability and clinical data exchange, including the transport mechanism, structural accuracy, data completeness, and data quality.