Amador County Behavioral Health Department	Number
POLICIES & PROCEDURES MANUAL	1-328
Section: General	Patient Access and Provider
Date: 03/01/2024	Directory API
Supersedes:	
Approved By: Melissa Cranfill	Title: BH Director

POLICY	Amador County Behavioral Health's (ACBH) policy and procedure outlines new guidelines and requirements for the implementation and maintenance of 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 Amador County Behavioral Health's website.
	Background In May 2020, Centers of Medicare and Medicaid Services (CMS) finalized the Interoperability and Patient Access final rule (CMS Interoperability Rule), which seeks to establish beneficiaries 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 of Health Information Technology have established a series of data exchange standards that govern such specific transitions.
	Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) Implements various components of the CalAIM initiative, including those components in Welfare and Institutions Code (W&I) section 14184.100, et seq., and Health and Safety Code section 130290 to implement the California Health and Human Services Data Exchange Framework, including the CMS Interoperability Rule. DHCS is authorized to develop and implement Article 5.51 of the W&I Code and the requirements of the California Health and Human Services Data Exchange Framework through Behavioral Health Information Notice 23-023
	In accordance with the CMS Interoperability Rule, Amador County Behavioral Health will 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 Amador County Behavioral Health website.
	Further, Amador County Behavioral Health will comply with all applicable regulations including 42 Code of Federal Regulations (CFR) 438.242, 45 CFR 170.215, the provider directory information requirements specified in 42 CFR 438.10, and the public reporting and information blocking components of the CMS Interoperability Rule 45 CFR Part 171.

Patient Access APIACBH will implement and maintain a Patient AInterface (API) that can connect to provider elemanagement systems, in accordance with requi431.60. The Patient Access API must permit thwith the approval and at the direction of a beneficient representative, data specified in BHIN 2-068 thetechnologies and without special effort from the	ctronic health records and practice rements specified at 42 CFR section ird-party applications to retrieve, ficiary or beneficiary's authorized rough the use of common
ACBH will make individual-level United States (USCDI) data that they maintain for dates of ser available to the beneficiary or their authorized r	rvices on, or after, January 1, 2016,
Type of Information	Time by Which Information Must be Accessible
Adjudicated claims data, including claim data for payment decisions that may be appealed, were appealed, or in the process of appeal, provider remittances, and beneficiary cost- sharing pertaining to such claims.	Within one (1) business day after a claim is processed.
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 and updates to such information, including formulary of prescription drugs, costs to the beneficiary, and preferred drug list information, if applicable.	effective date of any such information or updates to such information.
<u>Member Educational Resources</u> In accordance with 42 CFR 431.60(f), ACBH w location on their public websites and/or through which they ordinarily communicate with current access their health information, educational reso easy-to-understand language explaining at a mi	t and former Beneficiary seeking to burces in non-technical, simple and

	 General information on steps the Beneficiary 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. Educational resources must be provided to beneficiaries according to the information requirements of CFR 438.10.
ACE Dire stand auth later info	Arectory API BH will implement and maintain a publicly accessible standards-based Provider ctory API as described in 42 CFR section 431.70, and meet the same technical dards of the Patient Access API, excluding the security protocols related to user entication and authorization. ACBH will update the Provider Directory API no than 30 calendar days after Amador County Behavioral Health receives new rmation or is notified of any information that affects the content or accuracy of the ider directory.
netw	Provider Directory API will include the following information about ACBH's vork providers for behavioral health providers, hospitals, and any other providers or ities contracted for Medi-Cal covered services under ACBH's contract:
	 Street address(es); All telephone numbers associated with the practice site; Website URL for each service location or physician provider, as appropriate Specialty, as applicable Hours and days when each service location is open, including the availability of evening and/or weekend hours;

	interpreter at the provider's office, and if the provider has completed cultural competence training;
	 Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment; and Telephone number to call the 24/7 access line.
	ACBH will track and monitor the Provider Directory maintaining a log via Credible for all Provider Directory updates, testing and functionality of the Provider Directory API.
	Oversight and Monitoring
	ACBH will ensure that data received from its Network Providers and Subcontractors is 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. ACBH will make all collected data available to DHCS and CMS, upon request.
	ACBH along with subject matter experts from the HER designee will conduct routine testing and monitoring, and update the system as appropriate, to ensure the API is functioning 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.
	ACBH will track and monitor API maintaining a log via Credible for all API updates, testing and functionality. Compliance testing will be done no less than every 30 days, and after any API updates from software vender
	ACBH or contracted designee 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 are 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.
	EHRS API vendor will notify 3 rd party API application vendors of all API updates via MOU procedures between 3 rd party application vendors and EHRS API vendor.
PROCEDURE	How to Access Patient Access and Provider Directory API
	 Amador County Behavioral Health in partnership with its contracted agencies will release when available all required elements to ensure patient access to the APIs, including: API syntax, function names, required and optional parameters supported and their data types, return variables and their types/structures, exceptions and
	exception handling methods, and their returns.

ſ	2. The software components and configurations an application shall use to
	successfully interact with the API and process its response(s).
	3. All applicable technical requirements and attributes that are necessary for an
	application to be registered with any authorization server(s) deployed in
	conjunction with the API.
	Link to the publicly accessible member educations resources will be available through the API
	and on the Amador County Behavioral Health website at:
	FHIR Capability Statement <u>https://fhir.cbh4.crediblebh.com/metadata</u>
	Production Base URL <u>https://fhir.cbh4.crediblebh.com</u>
	FHIR API documentation URL <u>https://documentation.qualifacts.com/</u>
	Educational resources will include:
	1. The steps a member may consider taking to help protect the privacy and
	security of their health information and the importance of understanding the
	security and privacy practices of any application to which they entrust their
	health information.
	2. Provide an overview of which types of organizations or individuals are and
	are not likely to be HIPAA-covered entities, the oversight responsibilities of
	the Office for Civil Rights (OCR) and the Federal Trade Commission (FTC),
	and how to submit a complaint to OCR and FTC.
	Evidence of Routine Testing and Monitoring:
	ACBH and the contracted software program provider with provide routine testing and monitoring
	of the Patient Access and Provider Directory APIs. ACBH and the contracted software program
	will update their systems as appropriate to ensure the APIs are compliant with the technical,
	privacy, and security functions outlined in the Interoperability and Patient Access Final Rule.
	Patient Consent
	Amador County Behavioral Health Services shall ensure that the protected Health Information
	(PHI) and Personally Identifiable information (PII) of members of Amador County Behavioral
	Health are protected from inappropriate disclosure. In areas where California law is more
	stringent than Federal law related to PII and PHI, the more stringent California confidentiality
	requirements apply. In areas where CFR 42 part 2 applies (substance use disorder treatment), the
	more stringent confidentiality requirements apply.
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	Members must provide consent prior to being included in the Patient access and Provider
	Directory API and must complete a release of information before records are released to any entity
	outside of the provider electronic health records and practice management systems included in the
	Patient Access API
	Record Requests
	The information available within the API does not replace need for records request for a full
	record. Requests for records must follow the current Records request procedure.
	• Dependicionics have the night to request and required a same of their modical mode within
	• Beneficiaries have the right to request and received a copy of their medical records within

	 15 working days of a written request. Beneficiaries can also request that the records be amended or corrected. Beneficiaries have the right to confidentiality with records. Information in the record shall be disclosed to only those authorized persons in accordance with federal, state and local laws. Beneficiaries have the right to be informed about disclosures related to the medical record. Beneficiaries have the right to inspect or review their records within 5 working days of a written request. Access to records can be denied if the health care provider determines that it would be harmful to the member to review the records. In this instance a summary may be provided to the member.
REFERENCE	
FORMS	