



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD # MSM-007

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service <input type="checkbox"/> MHA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input type="checkbox"/> BHSD County Clinics <input type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Interoperability and Patient Access Application Program Interfaces (API)

Assigned Policy Number: MSM-007

Policy Owner: Director of Analytics and Reporting

Impacted Managed Care Policy Area(s): Mark All That Apply

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|---|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON) | <input checked="" type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input type="checkbox"/> General Operations (GEO) |
| <input type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input checked="" type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input checked="" type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input type="checkbox"/> Reporting (RPT) | <input type="checkbox"/> Service Delivery (SDM) |
| <input type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: _____ **Date:** _____

County Counsel: _____ **Date:** _____

Section B: BHSD Director

BHSD Director: DocuSigned by:
Sherri Teras **Date:** 1/27/2025

Approved/Issue Date: 8/28/24	Last Review/Revision Date: 1/22/25	Next Review Date: 1/21/28	Inactive Date:
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III. REPLACES	N/A.
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<p>IV. REFERENCES:</p> <ul style="list-style-type: none"> • BHIN 23-032 Interoperability & Patient Access Final Rule Compliance Monitoring Process.pdf (ca.gov) • https://www.dhcs.ca.gov/Documents/BHIN-22-068-Interoperability-and-Patient-Access-Final-Rule.pdf
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<p>V. PURPOSE:</p> <p>The purpose of implementing and maintaining secure, standards-based Patient Access Application Programming Interfaces (API) is to ensure compliance with regulatory requirements. The Patient Access API must permit third-party applications to retrieve information with the approval and at the direction of a beneficiary or beneficiary’s authorized representative.</p> <p>The Plan is expected to demonstrate adherence by submitting specified deliverables through a secure managed file transfer system utilized by the Department of Health Care Services (DHCS).</p> <p>As outlined, the policy is to ensure that there are publicly accessible member educational resources that:</p> <p>Demonstrate 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.</p> <p>Provides 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.</p>
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<p>VI. POLICY:</p> <p>As per Department of Healthcare Services (DHCS) regulations, the Patient Access API is designed to securely provide access to patient claims and clinical data stored within the healthcare entity’s system via an API endpoint. This enables seamless sharing of data with third-party applications. Upon authenticating the beneficiary’s identity, health plans will facilitate the sharing of beneficiary’s healthcare data with third-party applications via the Netsmart my Avatar platform.</p> <p>The Plan ensures that appropriate information that exists in the beneficiaries myAvatar’s health records will be able to serve through the Patient API within one business day after processing. Health records include 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.</p> <p>If the Plan determines that there is cause to deny or discontinue a third-party application’s connection to the Patient API, such as if a security risk was determined to be present, the</p>



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department will assure that the system is configured to deny moving forward and /or discontinue access it was previously allowed. The Plan will apply criteria for determining a security risk uniformly to all third-party applications.

The Plan has made data accessible and maintained starting from September 1, 2020, onward, as this marks the go-live date of myAvatar for County Clinics. Current or former beneficiaries may request access to medical record information and claims data from the previous EHR (Unicare) with a look-back date to January 1, 2016, and such data will be made available upon such a request. This information can be requested through the standard medical record request process through the Health Information Management Services Department reach able at the phone number 1-800-704-0900 and the email address HHS-HHSHIMBHSD@hhs.sccgov.org.

Information about how to use the Patient Access API, posted on the BHSD website under "API's Documentation: <https://bhdp.santaclaracounty.gov/resources/provider-directory-patient-access-application-program-interface-api>.

VII. DEFINITIONS:

Application Program Interface (API). Is a set of rules and tools that allows different software applications to communicate and share data, enabling them to work together seamlessly. It defines how software components should interact, making it easier for developers to integrate diverse systems and services.

Behavioral Health Services Department (BHSD). The local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), this integrated behavioral health system is also referred to as the Plan.

Fast Healthcare Interoperability Resources (FHIR). FHIR is designed to enhance interoperability, facilitate data exchange, and improve the efficiency of healthcare information exchange in a fast and scalable way.

One Business Day. Upon receiving the completed Request of Information (ROI) form without errors, the requestor will have access within one business day.

The Plan. Provides oversight to behavioral health Medi-Cal carve out programs in Santa Clara County. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Workforce members. Employees, residents, students, volunteers, interns, and other persons whose conduct, in performance of work for a covered entity, is under the direct control of the covered entity, whether or not they are paid by the covered entity.

VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Monitoring	<ol style="list-style-type: none"> 1. TSS will generate utilization access reports for Quality Management (QM) review. QM will randomly select 5% of beneficiaries twice a year to verify their portal access. 2. TSS will oversee monitoring and error detection within the FHIR portal to make a determination to deny or discontinue any third-party application's connection to an API. If an attempt is made to access the API using unidentified or suspicious entities, recurring secret key error indicating unauthorized access attempts, the associated account will require deprovisioning. 3. TSS will regularly monitor the Netsmart FHIR dashboard for errors that have been detected by displaying the corresponding OAuth ID. Regardless of third-party developers, the standards will adhere for all provider directory applications. In cases where misuse of data is detected, Netsmart will take immediate action to shut down the access and revoke the users' credentials involved. The dashboard will be reviewed and monitored on a monthly basis to ensure compliance and security.
Accounts	<ol style="list-style-type: none"> 1. Accounts inactive for six months or longer will be contacted and asked to log in to remain active.

IX. WORKFLOW PROCEDURE

Responsible Party	Action Required
Beneficiaries/Requestors	<ol style="list-style-type: none"> 1. Beneficiaries can call the designated phone line (1-800-704-0900) to request staff for the Request of Information (ROI) form. 2. Beneficiaries may send completed ROI form to HIMAPI@hhs.sccgov.org. Emails must include the beneficiary's name, contact information, and a brief description of the request. 3. Beneficiaries may visit their clinic office during regular business hours to request for the form in person.
Call Center Manager or designee(s)	<ol style="list-style-type: none"> 1. Call Center Manager or designee(s) will assist beneficiaries with their request. 2. The Call Center will collect and enter information into tracking sheet.



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	3. The Call Center will ensure Health Information Management Services (HIMS) staff is notified of request.
Clinic Manager or designee(s)	<ol style="list-style-type: none"> 1. Clinic Manager or designee(s) will assist beneficiaries at their location with the request. 2. The Clinic Staff will provide beneficiaries with a copy of the request form in their preferred language and provide them with the correct email address to submit completed form. Clinic staff will provide the designated phone line (1-800-704-0900) should requestor have questions. 3. The Clinic Staff will collect and enter information into tracking sheet. 4. The Clinic Staff will ensure HIMS staff is notified of request.
Health Information Management Services (HIMS) Staff	<ol style="list-style-type: none"> 1. HIMS staff will monitor inbox for incoming email requests, as well as requests from Call Center and Clinic Staff. 2. HIMS Staff will verify the identity of the requestor to ensure confidentiality and compliance with privacy regulations. 3. After verifying the requestor's identity, HIMS staff will create a TSS ticket with the attached approved form and create an account.
Technology Solutions and Services (TSS) Staff	<ol style="list-style-type: none"> 1. TSS staff will receive ticket and configure API access as requested. 2. TSS staff will close ticket and sent access tokens and other information to requestor 3. TSS staff will reach out to developer/client to confirm access and connectivity.
X. ATTACHMENTS	<ol style="list-style-type: none"> A. API Tracking Log B. API Release Form

XI. REVISION HISTORY

Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes
MSM-007	8/28/24 – 1/21/25	8/28/24	DHCS Feedback	Inclusion of procedures for records back to 2016 per BHIN

				23-023 requirements and other minor changes.