



DATE: July 27, 2023

Behavioral Health Information Notice No: 23-032

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Interoperability and Patient Access Final Rule Compliance Monitoring Process

PURPOSE: To notify all Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans, hereafter referred to as Behavioral Health Plans (BHPs), about the Department of Health Care Services' compliance monitoring process that will be implemented to ensure compliance with Behavioral Health Information Notice (BHIN) 22-068.

REFERENCE: [BHIN 22-068](#); [85 Federal Register 25510-25640](#); MHP Contract; DMC-ODS Intergovernmental Agreement (IA)

BACKGROUND:

In May 2020, the Centers for 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.^{1 2}

¹[85 Federal Register 25510-25640](#)

²Section 4003 of the Office of the National Coordinator for Health Information Technology 21st Century Cures Act defines "Interoperability" as health information technology that (1) enables the secure exchange and use of electronic health information without special effort on the part of the user; (2) allows for complete access, exchange, and use of all electronically accessible health information for authorized



CMS and the Office of the National Coordinator for Health Information Technology have established data exchange standards governing such transactions.³

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 (HSC) 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 California Health and Human Services Data Exchange Framework requirements through this BHIN.⁴

DHCS published BHIN 22-068 announcing the requirements for BHPs to implement and maintain secure, standards-based Patient Access and Provider Directory Application Programming Interfaces (APIs). BHIN 22-068 informed BHPs that they must comply with the Patient Access API and Provider Directory API requirements, demonstrate their compliance by submitting deliverables as directed by DHCS and that DHCS would begin verifying compliance after July 1, 2023.

POLICY:

Deliverables Due March 1, 2024:

To demonstrate compliance with the Patient Access⁵ and Provider Directory API requirements⁶, BHPs must submit the following deliverables via a secure managed file transfer system utilized by DHCS no later than March 1, 2024:

Evidence of Implementation of Patient Access API Requirements:

- A policy and/or procedure that demonstrates how the data the BHP maintains is available within one business day of receipt or within one business day after a claim is adjudicated or encounter data is received for dates of service on or after January 1, 2016.
- A policy and/or procedure that includes a description of the process used by the BHP for determinations to deny or discontinue any third-party application's

use under applicable state or federal law; and (3) does not constitute information blocking as defined in section 3022(a) of the Public Health Service Act.

³The data exchange standards for the [Patient Access Application Programming Interface](#); [CARIN Implementation Guide](#); [Payer Data Exchange for US Drug Formulary](#); [Provider Directory Application Programming Interface](#).

⁴[W&I section 14184.102\(d\)](#); [HSC section 130290\(j\)](#).

⁵[42 CFR 431.60 \(a-g\)](#)

⁶[42 CFR 431.70\(a\)](#)

connection to an API if the BHP 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.

- Supply the publicly accessible link or web URL where the Patient Access API documentation is located. The documentation must be accessible without any preconditions to accessing and contents must include at a minimum the following information:
 1. 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.
 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 BHP's publicly accessible member educational resources that:
 1. 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.
 2. 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.

Evidence of Implementation of Provider Directory API Requirements:

- A policy and/or procedure that demonstrates the procedures that will ensure the Provider Directory API is updated no later than 30 calendar days after the BHP receives new information or is notified of any information that affects the content or accuracy of the provider directory. BHPs must submit evidence that the process described in the P&P is being followed (evidence could be a log demonstrating timely updates of the provider directory, evidence of the implementation of compliance monitoring tools used to ensure the timely update of the provider directory, or any other evidence that demonstrates that the provider directory is updated timely and is complete and accurate).
- Supply the publicly accessible link or web URL where the Provider Directory API documentation is located. The documentation must be accessible without any preconditions to access, and contents must include at a minimum the following information:

1. 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.
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.

Evidence of Routine Testing and Monitoring:

- A policy and/or procedure that demonstrates the BHP's process for conducting routine testing and monitoring of the Patient Access and Provider Directory APIs, and how BHPs 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.

The above requirements will be reviewed during the calendar year 2024, and upon completion of the reviews feedback and technical assistance will be provided to the BHPs, if needed.

Quarterly Deliverables Due Beginning 2025:

To demonstrate compliance with the following Patient Access and Provider Directory API requirements⁷, BHPs must submit the following metrics via a secure managed file transfer system utilized by DHCS. DHCS will provide a reporting template for BHPs to utilize at a later time.

Utilization metrics for the Patient Access API:

- Total API pass and error rates
- Count of Unique API Consumers making API requests
- Count of Third-Party Applications registered with the API

Utilization metrics for the Provider Directory API:

- Total API pass and error rates

Utilization Metrics Submission Timeline:

Beginning calendar year 2025 (and every year thereafter), quarterly deliverables for Utilization Metrics will be due 30 days following the end of the calendar year quarter. It is

⁷ [42 CFR 431.60 \(a-g\)](#)

expected that the first quarterly due date will be due the second quarter of 2025 and is as follows:

- Quarterly Due Date: April 30th (Reporting Period: Q1 January 1-March 31)
- Quarterly Due Date: July 31st (Reporting Period: Q2 April 1-June 30)
- Quarterly Due Date: October 31st (Reporting Period: Q3 July 1-September 30)
- Quarterly Due Date: January 30th (Reporting Period: Q4 October 1-December 31)

DHCS will confirm receipt of the submitted documents within 15 business days and upon completion of the compliance review feedback and technical assistance will be provided, if needed.

OVERSIGHT AND MONITORING:

BHPs are expected to meet compliance and demonstrate to DHCS their ability to comply with interoperability requirements by adhering to the oversight and monitoring activities listed in BHIN 22-068, submitting the evidence listed above, and continuing to submit deliverables as directed by DHCS.

Beginning in 2025, corrective action plans may be imposed, as well as administrative and/or monetary sanctions for non-compliance.⁸ For additional information regarding administrative and monetary sanctions, see [BHIN 22-045](#), and any subsequent iterations on this topic.

For general questions about this policy please contact CountySupport@dhcs.ca.gov. For questions regarding the technical requirements of the API standards, please contact Interoperability@dhcs.ca.gov.

Sincerely,

Original signed by

Michele Wong, Chief
Medi-Cal Behavioral Health–Oversight and Monitoring Division

⁸ [W&I § 14197.7](#)