


BHS Policies and Procedures	
 <p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p>	<p>1380 Howard Street, 5th Floor San Francisco, CA 94103 (628) 754-9500 Fax (628) 754-9585</p>
<p>Policy or Procedure Title: Interoperability, Patient Access, and Provider Directory Application Programming Interfaces (API)</p>	
<p>Issued By: DocuSigned by: <i>imo momoh</i> 360E6E598F1D468... Imo Momoh Director of Managed Care, Behavioral Health Services</p> <p>Effective Date: May 22, 2024</p>	<p>Manual Number: 3.06-17</p> <p>References: BHINs 18-020, 22-068, 23-032 and 85 Federal Register 25510-25640, 21st Century Cures Act</p>

New Policy; reviewed 9/11/2024.

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, members, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse members. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our members’ needs and lived experiences.

Purpose: The 21st Century Cures Act supports members’ rights to access their data, the ability to freely access, share and use their electronic health information and prohibits information blocking. Behavioral Health Services (BHS) aligns with the Cures Act and the Interoperability and Patient Access Final Rule.

I. Patient Access API

Scope: BHS will provide members’ health records, claims, and clinical data within one business day of a request being submitted, for records with dates of service on or after January 1, 2016. Adjudicated claims data, within one business day after a claim is processed, shall be shared including data for payment decisions that may be appealed, were appealed, or in the process of appeal, provider remittances, and beneficiary cost-sharing information. (42 CFR §431.60(b)(1)).

Policy: BHS will fulfill or respond to members' health information requests and provider directory data requests in a timely manner that does not require special effort on the part of the requester. The data request may be from a Third-Party Application developer or initiated by a

member.

Third-Party Applications Access

The BHS Electronic Health Record (EHR) system includes app developer guidelines¹ and terms of use. The EHR may suspend the use of the app or discontinue access if it violates any of the app developer guidelines, including those related to the security, privacy, and data use guidelines. The third-party applications must register directly with the EHR² and acknowledge compliance with the Terms and Conditions before being added to the database of apps that may be connected.

Some apps are designed to connect to electronic health records with the member's permission. When these apps attempt to access the member's health record, the user will be redirected to their MyChart page, the EHR patient portal, to log in with the member's credentials. Individual members may authorize an app to access their records and have the ability to revoke authorization later.

Patient Access API documentation

The EHR publishes their own patient access record API documentation requirements and the technical requirements here: <https://fhir.epic.com>.

Member Education Resources

The [member portal webpage](#) and [behavioral health record webpage](#) include links to accessing the member portal, FAQs, and the instructions on how to grant or revoke third-party applications' access. The member educational resources developed must utilize best practices including use of non-technical, simple and easy-to-understand language and include the following regulatory requirements:

- General information on steps the member 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 shall be provided to beneficiaries according to the information requirements of CFR 438.10.

Monitoring

BHS will ensure that data received from network providers, subcontractors including uploaders, 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 (42 CFR § 438.242(b)(3)).

The EHR vendor will generate a metrics validation report on a quarterly basis for Metrics, Analytics, and Data Integration (MADI) and BHS Quality Management (QM) to review. The report will include the utilization metrics, errors, number of third-party requests, and pass rates of the APIs and any

technical, privacy, or security requirements and updates to ensure compliance with the Interoperability and Patient Access Final Rule (42 CFR § 431.60(c)(2)).

When there are systemic errors, such as a large volume of failures and restrictions to third-party access, *MADI and the member portal IT team will work with the EHR vendor to resolve them.*

II. Provider Directory API

Policy: BHS will publish the publicly accessible standards-based provider directories on the [BHS webpage](#). It will contain all the data elements required by BHIN 18-020 for MHP and SUD and the telephone number to call the 24/7 access line. BHS QM will work with SOC and program managers to update the provider directories within 30 calendar days of receiving the provider information or when notified of any information that affects the content or accuracy of the provider directory. Managers of programs, including network providers and subcontractors, will also have access to update the provider directory source table in real time, with the changes made being publicly visible the next day.

Monitoring

The BHS Quality Management (QM) Team will collect provider directory information on a monthly basis to ensure timely and accurate data are published to the provider directories.

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A report will be generated monthly for BHS Quality Management (QM) to review, which includes the errors, utilization metrics, number of third-party requests and pass rates of the APIs and any technical, privacy, or security requirements and updates to ensure compliance with the Interoperability and Patient Access Final Rule (42 CFR § 431.60(c)(2)).

When there are fatal errors, including incomplete data, incorrect logic, and data inconsistencies in the provider directory table, the report will send notifications to BHS QM to review and correct those errors.

Contact Person: Director of Quality Management

Attachment(s):

- [¹App Developer Guidelines](#)
- [²Registering an App](#)
- [API Specifications](#)
- [MyChart SFDPH FAQ](#)
- [How to allow a third-party app to access your health record and Privacy](#)

Distribution:

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