SANTA CRUZ COUNTY
Behavioral Health Services

POLICIES AND PROCEDURE MANUAL

Subject: Patient Access and Provider Directory Application Program Interface (API) Testing & Monitoring for MHP & DMC-ODS	**Policy Number: 4306** **Reference to BHIN No. 22-068**
Date Effective: 3/1/2024	**Pages: 3**
Replaces: N/A	**Responsible for Updating:** **Information Technology (IT) &** **BH Administration**
Approval: *Tiffany Cantrell-Warren* 89088AE6B9B64AF... Behavioral Health Director	2/29/2024 _____ Date

BACKGROUND:

In May 2020, 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] CMS and the Office of the National Coordinator for Health Information Technology have established a series of data exchange standards that govern such specific 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 section 130290 to implement the California Health and Human Services Data Exchange Framework, including the CMS Interoperability Rule. The Department of Health Care Services 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.[4] This Santa Cruz County Behavioral Health policy supports this implementation.

SCOPE:

This policy applies to all IT staff, vendors, and partners involved in the development, maintenance, and management of the Patient Access and Provider Directory APIs at Santa Cruz County Behavioral Health.

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[1] 85 Federal Register 25510-25640.

[2] Section 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 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.

[3] The 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).

PURPOSE:

The purpose of this policy is to establish guidelines for routine testing, monitoring, and updating of the Patient Access and Provider Directory Application Program Interface (API)s managed by Santa Cruz County Behavioral Health. This policy ensures that these APIs remain compliant with the technical, privacy, and security standards outlined in the Interoperability and Patient Access Final Rule.

POLICY / PROCEDURES:

1) **Routine Testing**
   a) **Functional Testing**: Regular functional testing will be conducted to verify that the APIs meet the expected outcomes, including data accuracy, completeness, and responsiveness.
   b) **Security Testing**: Security assessments, including vulnerability scanning and penetration testing, will be performed routinely to identify and mitigate potential threats and vulnerabilities.
   c) **Privacy Compliance Testing**: Privacy controls will be tested to ensure compliance with applicable regulations, including HIPAA and the Interoperability and Patient Access Final Rule.

2) **Monitoring and Incident Response**
   a) **Monitoring**: Continuous monitoring tools will be employed to detect anomalies, performance issues, and potential security threats in real-time.
   b) **Incident Response**: A predefined incident response plan will be activated in the event of a security breach or significant performance degradation, with immediate steps to mitigate the issue and notify affected parties as necessary.

3) **Updates and Upgrades**
   a) **Routine Updates**: The APIs will undergo routine updates to incorporate enhancements, security patches, and functionality improvements.
   b) **Regulatory Compliance Review**: Updates will also be made in response to changes in regulatory requirements to ensure ongoing compliance with the Interoperability and Patient Access Final Rule.
   c) **Stakeholder Communication**: All significant updates will be communicated to relevant stakeholders, including internal teams, partners, and end-users, as appropriate.

4) **Training and Awareness**
   a) **Staff Training**: IT staff and relevant personnel will receive regular training on the technical, privacy, and security aspects of the APIs, including updates to this policy.
   b) **Vendor and Partner Engagement**: Vendors and partners will be required to adhere to this policy and will be periodically reviewed for compliance.

PRIOR VERSIONS: N/A

REFERENCES: CMS Interoperability Rule & CMS Interoperability Specifications, Assembly Bill (AB) 133, Welfare and Institutions Code (W&I) section 14184.100, et seq., Health and Safety Code section 130290, Cures Act, CARIN Implementation Guide

FORMS/ATTACHMENTS: None