Behavioral Health

INTERIM INSTRUCTION NOTICE #24-003

October 1, 2024

SUBJECT: Patient Access & Availability Application Programming Interface (API)

Requirements

DISTRIBUTION: Department OBSOLETE: Upon completion of

of Behavioral Health related policy and/or

Effective Date

October 1, 2024

From

Department of Behavioral Health (DBH) Information Technology (IT)

Introduction

This Interim Instruction Notice (IIN) applies to all IT staff, vendors, and partners involved in the development, maintenance, and management of the Patient Access API at San Bernardino County Department of Behavioral Health. The purpose of this Interim Instruction Notice (IIN) is to define the process for making client records and billing information accessible to the client.

Background

In May 2020, Centers for Medicare & Medicaid Services (CMS) finalized the Interoperability and Patient Access final rule (CMS Interoperability Rule), which seeks to establish clients as the owners of their health information with the right to direct transmission to third-party applications. CMS and the Office of National Coordinator for Health Information Technology have established a series of data exchange standards that govern these specific transactions.

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. This San Bernardino County Department of Behavioral Health Interim Instruction Notice (IIN) supports this implementation.

Scope

Applies to all IT staff, vendors, and partners involved in the development, maintenance, and management of the Patient Access API at San Bernardino County Department of Behavioral Health.

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Healthcare Claims Information

Client healthcare claims and payment information is sent as an electronic submission from healthcare providers to health insurance companies (payors). These claims may be referred to as an "835 file". San Bernardino Mental Health Plan and Substance Use Disorder Treatment Plan (DMC-ODS) submit claims to Medi-Cal and other insurance providers for the services provided to clients through myAvatar Cal-Practice Management (Cal-PM).

- a. The following information should be included in all claims:
 - i. What charges were paid/reduced/denied;
 - ii. Deductible/co-insurance/co-pay amounts, and
 - iii. Bundling and splitting of claims, and how the payment was made.
- Only data electronically received and posted via a claim will be listed in the Explanation of Benefits (EOB) resource and available for electronic viewing;
- c. In myAvatar Cal-M, data will be available once the claim / 835 file has been posted in the "835 health Claim Payment/Advice" form, and
- d. Once a Medi-Cal claim is submitted for processing and payment, this data will be available.

Data Availability for Access

Client records and billing information (see above section) will be updated within the following timelines:	
Data Type	Timeframe
Adjudicated claims, including claims data for payment decisions that may be appealed, were appealed, or are in the process of appeal, provider remittances and client costsharing pertaining to such claims.	Within one (1) business day after a claim is processed
Encounter data	No later than one (1) business day after receiving the data from providers, other than MCOs, PHIPs, and PAHPs, compensated on the bases of capitations payment.
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 or prescription drugs, costs to the client, and preferred drug list information, if applicable.	Within one (1) business day after the effective date of any such information or updates to such information.

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Reference(s)

- CMS Interoperability Rule & CMS Interoperability Specification
- Assembly Bill (AB) 133
- Welfare and Institutions Code (W&I) section 14184.100, et seq.
- Health and Safety Code section 130290
- Cures Act

Questions

For questions regarding this Interim Instruction Notice, please contact DBH IT at (909) 386-9730 or via email at dbh-it-helpdesk@dbh.sbcounty.gov

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