

Los Angeles County | Department of Mental Health



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**DEPARTMENT OF
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Provider Access API FHIR R4 Integration Guide

Document Information

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Important: The **Provider Access API** lets a provider with an established treatment relationship retrieve their **patients' clinical and claims data**. It is **not** a directory for looking up other providers. Searching for practitioners, organizations, and service locations is handled by the separate **Provider Directory API** (a distinct system and effort). If you are looking for provider directory lookup, check the Provider Directory API documentation.

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1. Introduction

What is the Provider Access API?

The **Provider Access API** is the LA County Department of Mental Health (DMH) implementation of the **CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)** Provider Access API, adopted for behavioral health under **BHIN 26-013**. It allows an in-network provider that has an **established treatment relationship** with a member to retrieve that member's clinical and claims data as **FHIR R4** resources.

This is a **read-oriented** API. Providers query a patient's longitudinal record — diagnoses, encounters, observations, medications, coverage, and (as they are released) claims and prior authorization data — through the **HIDEX Provider Access API**, a FHIR R4 REST endpoint.

Note: This API is distinct from the **Provider Directory API**. The Provider Directory answers "find me a psychiatrist in ZIP 90012." The Provider Access API answers "show me the clinical record for *my patient* whom I am treating."

How It Works

1. Your application authenticates with DMH using OAuth2 client credentials and subscription key
2. DMH verifies your access token and that a treatment relationship exists for the patient
3. You read or search the patient's FHIR R4 resources (e.g., `GET /fhir/Condition?patient=...`)
4. The API returns matching resources as a FHIR R4 **searchset** Bundle (or a single resource by ID)
5. You page through large result sets using standard FHIR paging links

Important: Resources required by the BHIN 26-013 API (Provider Access) are intended for **read-only mode**. Resources that support client data submission (Patient, Encounter, ServiceRequest, QuestionnaireResponse) are part of the **CS, EPSDT, SRL/SRTS, and LOCUS workflows** and allow write operations by authorized contract provider organizations. For details about write operations, refer to the other companion guides.

Key Concepts

Term	Definition
Provider Access API	The CMS-0057-F / BHIN 26-013 API that exposes a member's clinical and claims data to a treating provider
Treatment Relationship	A verified, active clinical relationship between the requesting provider and the member; required before data is returned
USCDI	United States Core Data for Interoperability — the required data classes (diagnoses, medications, labs, vital signs, allergies, encounters, clinical notes, etc.)
US Core	The HL7 FHIR US Core profiles that the returned resources conform to
Searchset Bundle	A FHIR Bundle of type searchset containing matched resources and paging links

Term	Definition
FHIR Store	The FHIR R4 data store backing the API
BHIN 26-013	DHCS Behavioral Health Information Notice requiring the Provider Access API for Medi-Cal behavioral health plans

What You Need

- OAuth2 client credentials (provided by LACDMH CIOB)
- API subscription key for environment targeting (provided by LACDMH CIOB)
- A FHIR R4-capable HTTP client in your application
- The FHIR logical ID (or member identifier) of a patient you have a treatment relationship with
- Familiarity with JSON, REST, and FHIR R4 search semantics

2. Getting Started

Onboarding Steps

1. **Request access** — Contact LACDMH CIOB to initiate the onboarding process
2. **Receive credentials** — DMH provisions your OAuth2 and API access credentials (see the **API Credentials Reference** table in Section 3)
3. **Access sandbox** — Use the TEST environment to build and test your integration
4. **Certify** — Complete the validation checklist (Section 11) in the QA environment
5. **Go live** — Receive production credentials and begin querying the provider directory

3. Authentication

Every request to the HIDEX Provider Access API requires an OAuth2 bearer token obtained via the client credentials grant, plus an APIM subscription key. See the **API Credentials Reference** table below for what's provisioned and where each value is used.

Step 1: Acquire OAuth2 Access Token

```
POST https://login.microsoftonline.com/{tenant-id}/oauth2/v2.0/token
Content-Type: application/x-www-form-urlencoded
```

```
grant_type=client_credentials
&client_id={your-client-id}
&client_secret={your-client-secret}
&scope={your-resource-audience}
```

{your-resource-audience} is the Resource Audience value from the API Credentials Reference table below (e.g., `api://{resource/appID}/.default`).

Response:

```
{
  "token_type": "Bearer",
  "expires_in": 3600,
  "access_token": "eyJ0eXAiOiJKV1QiLCJhbGciOi..."
}
```

Step 2: Include Both Headers on API Requests

Every API request requires **both** authentication headers:

```
GET /provideraccess/Practitioner?name=Smith HTTP/1.1
Host: hidex-test.dmh.lacounty.gov
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json
```

Important Notes

- **OAuth2 tokens expire after 1 hour** — cache and refresh before expiry
- **Subscription key** targets the specific environment (TEST, QA, or PRODUCTION)
- If your token is missing, expired, or invalid, you'll receive HTTP 401
- If your token lacks the required scope or role for a resource, you'll receive HTTP 403
- Store both credentials securely (treat them like passwords)
- Contact DMH HIDEX Support if you need to rotate your subscription key
- Contact LACDMH CIOB for OAuth2 client credential provisioning

API Credentials Reference

The Integration Team provisions the following credentials for API access:

Item	Type	Scope	Value
Client ID	App Registration	Shared across TEST and QA	Your OAuth2 application identifier (client_id)
Client Secret	App Registration	Shared across TEST and QA	Your OAuth2 application secret (client_secret) — store securely
Tenant ID	Azure AD	Same for both TEST and QA	The Azure AD tenant identifier (tenant_id)
Resource Audience	OAuth2 Scope	Same for both TEST and QA	api://{resource/appID}/.default — used as the scope parameter in the token request

Item	Type	Scope	Value
Base URL	Endpoint	Environment-specific	TEST: https://hidex-test.dmh.lacounty.gov/provideraccess QA: https://hidex-qa.dmh.lacounty.gov/provideraccess
APIM Subscription Key	API Management	Environment-specific	Sent as the Ocp-Apim-Subscription-Key header on every request

Note: Client ID, Client Secret, Tenant ID, and Resource Audience are shared across the TEST and QA environments. Base URL and the APIM Subscription Key are environment-specific — request separate values for TEST and QA.

4. Authorization and Access Control

Access to patient data is governed by your OAuth2 access token authorization and the treatment-relationship check.

Token-Based Authorization

Your OAuth2 access token contains authorization information that determines what resource types you may access. The Provider Access API is read-only - all operations use HTTP GET for reads and searches.

Role-Based Access

The platform recognizes **reader**, **writer**, and **admin** roles. Provider Access consumers need the **reader** role (read/GET operations only). Write operations are not part of the Provider Access API - those are handled by the CS, EPSDT, SRL/SRTS, and LOCUS workflows documented in their respective companion guides.

Treatment Relationship Enforcement

DMH verifies that an **active treatment relationship** exists between your organization and the patient before returning data. Requests for patients outside your established relationships return an empty result or HTTP 403, depending on configuration. Maintain accurate, current relationship attestations to avoid access interruptions.

5. Endpoint Configuration

Base URLs

All Provider Access reads and searches use the FHIR R4 endpoint ([/fhir/](#)).

Environment	Base URL	Purpose
TEST	https://hidex-test.dmh.lacounty.gov/provideraccess	Integration testing and certification
QA	https://hidex-qa.dmh.lacounty.gov/provideraccess	Pre-production validation
PRODUCTION	https://hidex.dmh.lacounty.gov/provideraccess	Production

Production may also be accessed via APIM gateway. Contact LACDMH CIOB for APIM URLs and subscription keys.

Capability Statement

Retrieve the server's FHIR capability statement to discover supported resources and search parameters:

```
GET https://hidex-test.dmh.lacounty.gov/provideraccess/metadata
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json
```

API Operations

Operation	Method	Path	Description
Read by ID	GET	/fhir/{ResourceType}/{id}	Retrieve a single resource by logical ID
Search	GET	/fhir/{ResourceType}?{params}	Search a resource type by FHIR search parameters

Note: The Provider Access API is read-only. POST, PUT, PATCH, and DELETE are not available to Provider Access consumers.

Required HTTP Headers

Header	Value	Required
Authorization	Bearer {access_token}	Yes
Ocp-Apim-Subscription-Key	{your-subscription-key}	Yes
Accept	application/fhir+json	Recommended

FHIR Version

All responses conform to **FHIR R4 (4.0.1)** and the applicable **US Core** profiles.

6. Provider Access Data Model

The Provider Access API returns standard FHIR R4 resources, conforming to US Core profiles, scoped to a single patient's record. BHIN 26-013 / CMS-0057-F require the USCDI data classes and claims / prior authorization data.

Available Now

These resource types are currently served by the HIDEX Provider Access API:

Resource	USCDI / Purpose	Common Search
Patient	Patient demographics	GET /fhir/Patient/{id}
Encounter	Encounters / visits	GET /fhir/Encounter?patient={id}
Condition	Diagnoses (ICD-10, incl. behavioral health F-codes)	GET /fhir/Condition?patient={id}
Observation	Vital signs and laboratory results	GET /fhir/Observation?patient={id}&category=vital-signs
Coverage	Insurance coverage	GET /fhir/Coverage?patient={id}
CoverageEligibilityRequest	Eligibility submissions	GET /fhir/CoverageEligibilityRequest?patient={id}
Practitioner	Care team practitioner detail	GET /fhir/Practitioner/{id}
EpisodeOfCare	Longitudinal episode / care context	GET /fhir/Encounter?patient={id}
Appointment	Scheduling data	GET /fhir/Appointment?patient={id}

Planned (Roadmap)

These USCDI and claims/PA resource types are required by BHIN 26-013 and are on the implementation roadmap. See [docs/planning/bhin-gap-analysis.md](#) for status.

Resource	USCDI / Purpose
AllergyIntolerance	Allergies and intolerances
Procedure	Procedures
MedicationRequest	Medications
DiagnosticReport	Lab results and clinical notes
DocumentReference	Clinical notes / documents

Resource	USCDI / Purpose
ExplanationOfBenefit	Claims / cost transparency (CARIN BB)
Claim (read)	Submitted claims
ClaimResponse (read)	Prior authorization decisions
Organization	Care team / coverage organization context
Location	Service delivery location context

Note: Query the `/fhir/metadata` capability statement in each environment for the authoritative list of supported resource types and search parameters at any point in time.

Response Format

Searches return FHIR R4 Bundles of type `searchset`:

```
{
  "resourceType": "Bundle",
  "type": "searchset",
  "total": 42,
  "link": [
    { "relation": "self", "url": ".../fhir/Condition?patient=patient-001" },
    { "relation": "next", "url": ".../fhir/Condition?patient=patient-001&_page=2" }
  ],
  "entry": [
    { "fullUrl": ".../fhir/Condition/cond-001", "resource": { "resourceType":
      "Condition" } }
  ]
}
```

When no results match, the API returns an empty Bundle with `total: 0`.

7. Reading a Patient Record

Most Provider Access workflows begin by resolving the patient, then querying clinical resources scoped to that patient.

Request

```
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Practitioner?name=Smith
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Patient/patient-001
```

```

Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json

```

Example Response (HTTP 200)

```

{
  "resourceType": "Patient",
  "id": "patient-001",
  "meta": {
    "profile": ["http://hl7.org/fhir/us/core/StructureDefinition/us-core-patient"]
  },
  "identifier": [
    {
      "system": "http://dmh.lacounty.gov/fhir/identifier/client-id",
      "value": "CL-100245"
    }
  ],
  "name": [{ "family": "Garcia", "given": ["Maria"] }],
  "gender": "female",
  "birthDate": "1990-05-15"
}

```

Finding a Patient by Member Identifier

```

GET https://hidex-test.dmh.lacounty.gov/provideraccess/Patient?
identifier=http://dmh.lacounty.gov/fhir/identifier/client-id|CL-100245
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json

```

The response is a **searchset** Bundle. Use the returned **Patient.id** as the **patient** parameter in the clinical queries below.

8. Querying Clinical Data

Clinical resources are scoped to a patient using the **patient** search parameter.

Conditions (Diagnoses)

```

GET https://hidex-test.dmh.lacounty.gov/provideraccess/Organization?name=Community
Authorization: Bearer {access_token}

```

```
Ocp-Apim-Subscription-Key: {your-subscription-key}
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Condition?patient=patient-001
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json
```

Example Response (HTTP 200)

```
{
  "resourceType": "Bundle",
  "type": "searchset",
  "total": 1,
  "entry": [
    {
      "fullUrl": ".../fhir/Condition/cond-001",
      "resource": {
        "resourceType": "Condition",
        "id": "cond-001",
        "meta": {
          "profile": ["http://hl7.org/fhir/us/core/StructureDefinition/us-core-condition"]
        },
        "clinicalStatus": {
          "coding": [
            { "system": "http://terminology.hl7.org/CodeSystem/condition-clinical", "code": "active" }
          ]
        },
        "code": {
          "coding": [
            { "system": "http://hl7.org/fhir/sid/icd-10-cm", "code": "F41.1",
            "display": "Generalized anxiety disorder" }
          ]
        },
        "subject": { "reference": "Patient/patient-001" }
      }
    }
  ]
}
```

Observations (Vital Signs and Labs)

```
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Observation?
patient=patient-001&category=vital-signs
Authorization: Bearer {access_token}
```

```
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json
```

Encounters

```
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Encounter?patient=patient-001&date=ge2026-01-01
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json
```

Search Examples

Use Case	Request
All conditions for a patient	<code>GET /fhir/Condition?patient=patient-001</code>
Active conditions only	<code>GET /fhir/Condition?patient=patient-001&clinical-status=active</code>
Vital sign observations	<code>GET /fhir/Observation?patient=patient-001&category=vital-signs</code>
Laboratory observations	<code>GET /fhir/Observation?patient=patient-001&category=laboratory</code>
Encounters in a date range	<code>GET /fhir/Encounter?patient=patient-001&date=ge2026-01-01&date=le2026-06-30</code>
Episodes of care	<code>GET /fhir/Encounter?patient=patient-001</code>

9. Querying Coverage and Claims Data

Coverage

```
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Coverage?patient=patient-001
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json
```

Example Coverage Response

```

{
  "resourceType": "Bundle",
  "type": "searchset",
  "total": 1,
  "entry": [
    {
      "fullUrl": ".../fhir/Coverage/cov-001",
      "resource": {
        "resourceType": "Coverage",
        "id": "cov-001",
        "status": "active",
        "beneficiary": { "reference": "Patient/patient-001" },
        "payor": [{ "display": "Medi-Cal" }]
      }
    }
  ]
}

```

Claims and Prior Authorization (Roadmap)

Per BHIN 26-013, the Provider Access API will also expose **claims** and **prior authorization history** for the treating provider via [ExplanationOfBenefit](#), [Claim](#) (read), and [ClaimResponse](#) (read). These resources are not yet available — see the [gap analysis](#) for current status. When released, they will be queried with the same patient-scoped pattern:

```

GET https://hidex-test.dmh.lacounty.gov/provideraccess/PractitionerRole?
specialty=psychiatry
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
GET https://hidex-test.dmh.lacounty.gov/provideraccess/ExplanationOfBenefit?
patient=patient-001
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json

```

10. Pagination

Large result sets are paginated using standard FHIR Bundle paging.

How It Works

- Each [searchset](#) Bundle includes [link](#) entries with [relation](#) values of [self](#) and, when more results exist, [next](#)
- Follow the [next](#) link URL exactly as returned to retrieve the subsequent page

- The **total** field reflects the total number of matching results, not just the current page
- Use **_count** to request a specific page size (e.g., **&_count=50**)

Example: Requesting a Page Size

```
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Practitioner?
specialty=psychiatry&_page=2&_count=10
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
GET https://hidex-test.dmh.lacounty.gov/provideraccess/Observation?
patient=patient-001&_count=50
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Accept: application/fhir+json
```

Pagination Tips

- Always follow the server-provided **next** link rather than constructing page URLs yourself
- Stop paging when a Bundle has no **next** link
- Combine paging with search parameters to page through filtered results

11. Error Handling

All errors return a FHIR **OperationOutcome** resource with structured details.

Error Reference

HTTP Status	Issue Code	Meaning	What to Do
400	invalid	Invalid search parameters	Fix the parameters listed in the OperationOutcome
401	security	Missing/invalid OAuth2 token or subscription key	Re-authenticate or check configuration
403	forbidden	Insufficient permissions	Verify your token has the required scopes and roles
500	exception	Internal server error	Contact LACDMH CIOB if the issue persists

Example: Invalid Parameters (HTTP 400)

```
{
  "resourceType": "OperationOutcome",
  "issue": [
    {
      "severity": "error",
      "code": "invalid",
      "diagnostics": "Search parameter '_page' must be a positive integer."
    }
  ]
}
```

Example: Authentication Failed (HTTP 401)

```
{
  "resourceType": "OperationOutcome",
  "issue": [
    {
      "severity": "error",
      "code": "security",
      "diagnostics": "Missing or invalid OAuth2 token or subscription key. Ensure both the Authorization header contains a valid OAuth2 token and the Ocp-Apim-Subscription-Key header contains a valid subscription key."
    }
  ]
}
```

Example: Insufficient Permissions (HTTP 403)

```
{
  "resourceType": "OperationOutcome",
  "issue": [
    {
      "severity": "error",
      "code": "forbidden",
      "diagnostics": "Insufficient OAuth2 token scopes or roles for Provider Access API access."
    }
  ]
}
```

Retry Strategy

- For HTTP 500, retry with exponential backoff: 1s → 5s → 15s (max 3 attempts)

- HTTP 400, 401, 403, and 404 should not be retried — fix the request or credentials first
- If errors persist beyond 5 minutes, contact LACDMH CIOB

12. Testing and Certification

Sandbox URLs

Use the TEST and QA environments for development and validation:

Environment	Base URL
TEST	https://hidex-test.dmh.lacounty.gov/provideraccess
QA	https://hidex-qa.dmh.lacounty.gov/provideraccess

Test Data

The TEST and QA environments contain sample patient records with associated clinical and coverage data. DMH provides test patient IDs and the corresponding treatment-relationship attestations so you can exercise the full read flow.

Certification Checklist

Complete these steps in the TEST environment before going to production:

Authentication and Authorization

- Successfully acquire an OAuth2 access token
- Token refresh logic handles expiry correctly
- Include both Authorization and Ocp-Apim-Subscription-Key headers on all requests
- Request with a token missing the required scope → receive HTTP 403
- Request for a patient outside your treatment relationships → receive empty result or HTTP 403

Patient

- Read a patient by logical ID → receive HTTP 200 + Patient resource
- Find a patient by member identifier → receive searchset Bundle

Clinical Data

- Search Conditions by patient → receive HTTP 200 + searchset Bundle
- Search Observations by patient and category → receive filtered results
- Search Encounters by patient and date range → receive filtered results

Coverage

- Search Coverage by patient → receive HTTP 200 + searchset Bundle

Pagination

- Request with `_count` → receive a page of results
- Follow the `next` link → receive the subsequent page
- Verify `total` reflects full result count (not just current page)

Error Handling

- System handles 400 (displays validation errors)
- System handles 401 (re-authenticates or checks both credentials)
- System handles 403 (alerts operator)
- System handles 404 (handles not-found gracefully)
- System handles 500 (retries with backoff)

Production Cutover

1. DMH reviews your certification results
2. Production credentials are issued
3. Update configuration to use the PROD base URL
4. Perform a supervised first query in production
5. Begin regular operations

13. Quick Reference

FHIR Operations

Operation	Path
Capability statement	<code>GET /fhir/metadata</code>
Read by ID	<code>GET /fhir/{ResourceType}/{id}</code>
Search	<code>GET /fhir/{ResourceType}?{params}</code>

Common Patient-Scoped Queries

Resource	Example
Patient	<code>GET /fhir/Patient/{id}</code>
Condition	<code>GET /fhir/Condition?patient={id}</code>
Observation	<code>GET /fhir/Observation?patient={id}&category=vital-signs</code>
Encounter	<code>GET /fhir/Encounter?patient={id}</code>
Coverage	<code>GET /fhir/Coverage?patient={id}</code>
EpisodeOfCare	<code>GET /fhir/Encounter?patient={id}</code>

US Core Profile URLs

Resource	Profile URL
Patient	http://hl7.org/fhir/us/core/StructureDefinition/us-core-patient
Condition	http://hl7.org/fhir/us/core/StructureDefinition/us-core-condition
Observation (vitals)	http://hl7.org/fhir/us/core/StructureDefinition/us-core-vital-signs
Encounter	http://hl7.org/fhir/us/core/StructureDefinition/us-core-encounter

Identifier Systems

Identifier	System URL
NPI	http://hl7.org/fhir/sid/us-npi
ICD-10-CM	http://hl7.org/fhir/sid/icd-10-cm
DMH Client ID	http://dmh.lacounty.gov/fhir/identifier/client-id

Response Codes

Status	Meaning
200	Successful read/search — resource or Bundle returned (may have 0 results)
400	Invalid search parameters
401	Missing or invalid authentication token
403	Insufficient scope/role or no treatment relationship
404	Resource not found
500	Internal server error

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