



Optum Behavioral Health CA Interoperability APIs

Developer-friendly, standards-based APIs that enable third party applications for vendors to connect their application programs to access Optum Behavioral Health CA data.

Overview

Optum Behavioral Health CA Interoperability APIs enable California members to consent to have their data shared with third-party applications. It also allows third-party application owners to connect to provider directories, further referred to as “public non-member specific data.”

Optum Behavioral Health CA Interoperability APIs provide the functionality listed below:

- Enable developers to register member-facing applications.
- Enable members to provide consent for an application to access their data.
- Use the [HL7 Fast Healthcare Interoperability Resources \(FHIR\)](#) standard for member data and for sharing public non-member specific data.
- Use the [OAuth 2.0 / Open ID Connect](#) standard for member authorization.

Release notes

- [v1.1 \(pdf\)](#)

Authorization

To use the Optum Behavioral Health CA Interoperability APIs a developer must [register their application](#). An organization must register as a user by creating a One Healthcare ID and complete the registration application through the “App Owner” section of the Vendor Portal before the ability to register applications is accessible.

A registered application is given a client ID and a client secret. The secret should only be used if it can be kept confidential, such as communication between your server and the Optum Behavioral Health CA Interoperability APIs. For insecure implementations, such as mobile apps, PKCE (Proof Key for Code Exchange) is available.

Optum Behavioral Health CA also supports non-authenticated public directory endpoints. Please see core resources documentation section for further details.

API permissions and scopes

Access tokens have scopes, which define permissions and the resources that the token can access. Scopes are primarily utilized to determine the type of data an application is requesting. Scopes must be explicitly declared; wildcards are not supported. In the current release the following [scopes](#) are available for the following types of requests:

Note: Any Scope not currently listed is not supported

Patient access

```
patient/Coverage.read  
patient/ExplanationOfBenefit.read  
patient/Patient.read
```

Public access

Provider Directory

```
public/HealthcareService.read  
public/InsurancePlan.read  
public/Network.read  
public/Location.read  
public/Organization.read  
public/OrganizationAffiliation.read  
public/Practitioner.read  
public/PractitionerRole.read
```

This gives access to the correct [FHIR](#) Endpoints.

Our OAuth2 authentication screen requires member consent to share different types of data. **Your application will need to handle the return of HTTP status codes** from the endpoints if there are authentication or configuration failures.

If the member declines to share information that your application needs, you may display a message explaining why that information is needed and request re-authorization or handle the collection of that information elsewhere within your application.

The default selection will be to share the scopes included in the initial request with your application. If a member declines a scope but later decides they want to change that selection, they'll need to re-authenticate and make a different choice from the OAuth2 screen.

It is important to explain to members why you need certain data.

If information limited by a scope is required for your application to properly function and it is not possible to get the information in another endpoint, we recommend providing an explanation about why certain data is needed in your user flow. For example, if you use demographic information to help members autofill tedious data-entry, you might want to explain that benefit before they reach the authorization screen. **It is essential, however, that you give members the full picture.** If they do share data with your application, they should know how long you keep it and if it is used for any other purposes.

Multiple payers are available under Optum Behavioral Health CA

The following payers within Optum Behavioral Health are supported for members to be able to share their data. Each of the payers below should be a choice for members. The subsequent launch URLs are located in the application owner portal. This information is shared after successful organization registration and approval.

Payers

IBEW/NECA Sound & Communications Health & Welfare Trust

University of California

IBEW Local 18 Health & Welfare Trust Health of California (chiro)

Western Health Advantage

County of Ventura DBA Ventura County Health Care Plan

Native mobile application support

For public clients, such as native mobile application OAuth 2.0, supports the [PKCE](#) extension and enables custom URIs as redirects.

The implementation of the [PKCE](#) specification enables developers to build mobile applications without requiring a proxy server to route redirect calls to their mobile app.

The [PKCE](#) extension provides a technique for public clients to mitigate the threat of a “man-in-the-middle” attack. This involves creating a “secret” that is used when exchanging the authorization code to obtain an access token.

[PKCE](#) uses a code challenge that is derived from a code-verifier. Optum Behavioral Health CA Interoperability API 2.0 supports the “S256” style code challenge.

Where the:

```
code_verifier = random, non-guessable code
```

```
code_challenge = BASE64URL-ENCODE(SHA256(ASCII(codeverifier)))
```

The following additional parameters and values are sent as part of the OAuth2.0 Authorization Request:

- code_challenge
- codechallengemethod = “S256”

URI protocol

The redirect_uri supports any URI protocol. See examples below:

- https:// protocol
- custom_uri:// protocol

The https:// format is used for secure communication and is required for all applications in the production environment unless the application is using the Mobile OAuth method for handling callbacks.

custom_uri:// protocol

The custom_uri protocol is used by mobile applications to handle communications directly with your application on a mobile device.

If you are using Mobile OAuth support for communication directly with a mobile device the custom_uri should follow this format:

```
Top-level.domain(TLD).domain-name[.sub-domain][.app_name]
```

For example, if the Optum Behavioral Health CA Interoperability API team created an application we might create a custom_uri of:

```
api.obh.com
```

This would then be incorporated into a redirect URI entry. Here is an example:

```
api.obh.com&state=8e896a59f0744a8e93bf2f1f13230be5
```

The following query parameters are required:

Response_type	Code
client_id	Provided upon client application approval.
scope	Space separated list of requested scopes. <ul style="list-style-type: none">• Patient access scopes• Public access scopes
state	A random string generated by the client which will be sent back from AuthZ to verify authenticity.
redirect_uri	The URI that the OAuth code request returns the user to.
code_challenge	Client generated random string that is SHA256 hashed and then BASE64 encoded. (See info box below)
code_challenge_method	S256

Code challenge generation

- **Create a random string to use as the code_verifier:**
eae64b84b53f479d92ab81dce7c8bbe608492951def502d84b4f0cd7
- **Create the SHA256 hash, then base64-URL-encode the string:**
hI2vVv0Er_dHX9IUJo208lbFzkxfChVyM2WcHfODLnU
- **Use the base64 url-encoded string as the code_challenge parameter value.**
- code_challenge_method will always be S256 and each code request must contain a unique code_challenge value.

Example 1 GET Request (PKCE)

GET /oauth/authorize HTTP/1.1

Host: <https://prod.flexinterop.optum.com/authz/obh/ca>

response_type=code&client_id=CLIENT_ID&redirect_uri=REDIRECT_URI&scope=patient/Patient.read%20patient/ExplanationOfBenefit.read&state=1234zyx&code_challenge=CODE_CHALLENGE&code_challenge_method=S256

Example 2 GET Request (if not using PKCE)

GET /oauth/authorize HTTP/1.1

Host: <https://prod.flexinterop.optum.com/authz/obh/ca>

response_type=code&client_id=CLIENT_ID&redirect_uri=REDIRECT_URI&scope=patient/Patient.read%20patient/ExplanationOfBenefit.read&state=1234zyx

Upon reaching the environment endpoint, the member will be redirected to the respective OAuth2/OIDC Identity Provider (IdP) for their plan.

The member will authenticate with the IdP and will eventually be redirected back to the endpoint provided in the authorization request's redirect_uri parameter. When the member arrives back to the redirect_uri, the request will contain the following query string parameters:

- code
- state

Compare the state value to the value sent in the initial token request. The values must match or it is an indication of a potential hijack attempt.

The code value will be exchanged for an authorization token by the client application in a background POST request to the AuthZ token endpoint:

<https://prod.flexinterop.optum.com/authz/obh/ca/oauth/token>

The following POST parameters will be sent:

Parameter name	Parameter value
client_id	The client id provided during application approval.
client_secret (if not using PKCE)	The client secret provided during application approval.
code	The code returned in the redirect.
code_verifier (if using PKCE)	The original random string that was used for the code_challenge parameter in the code request. Do not SHA256 hash it or base64 encode it.
grant_type	authorization_code
redirect_uri	The same redirect URI sent in the code request.

Sample token request

POST /oauth/token HTTP/1.1

<https://prod.flexinterop.optum.com/authz/obh/ca>

Content-Type: application/x-www-form-urlencoded

(If using PKCE)

grant_type=authorization_code&code=AUTH_CODE_HERE&redirect_uri=REDIRECT_URI&client_id=CLIENT_ID&client_secret=CLIENT_SECRET&code_verifier=CODE_VERIFIER

- or (If NOT using PKCE) -

grant_type=authorization_code&code=AUTH_CODE_HERE&redirect_uri=REDIRECT_URI&client_id=CLIENT_ID&client_secret=CLIENT_SECRET

The POST response will return a JSON object with the following properties:

access_token	The access token used for data requests.
--------------	--

refresh_token	Used to request new access tokens.
expires_in	The expiration time of the access token.
scope	The scope values the token supports.
patient	The patient identifier used for FHIR requests

Sample token response

```
{
  "access_token": "RsT50jzbzRn430zqMLgV3Ia",
  "patient": "2234234234"
  "expires_in": 3600,
  "scope": "patient/patient.read",
  "refresh_token": "PiV50jzbzRn520zwCJwV3Ia"
}
```

Client credentials (system-to-system)

For system-to-system, the token endpoint supports the client_credentials grant. In this case, the token endpoint is requested, and a token response will be received.

POST /oauth/token HTTP/1.1

Host: <https://prod.flexinterop.optum.com/authz/obh/ca>

grant_type=client_credentials&client_id=CLIENT_ID&client_secret=CLIENT_SECRET&scope=public/Practitioner.read%20user/PractitionerRole.read

Refresh tokens

The access token will be short-lived, typically 5 minutes or less.

If the data request returns an HTTP 401 response, the access token has likely expired, and the refresh token must be utilized to receive a new access token.

To receive a new access token, **POST** a request to the above token endpoint with the grant_type=refresh_token and refresh_token= will return a token response with a new access token. A new refresh token will not be issued.

Refresh POST example:

POST /oauth/token HTTP/1.1

Host: <https://prod.flexinterop.optum.com/authz/obh/ca>

```
grant_type=refresh_token&refresh_token=xxxxxxxxxxx&client_id=CLIENT_ID&client_secret=CLIENT_SECRET
```

Refresh tokens must be secured. A refresh token is long-lived and may be used to issue access tokens that provide access to a member's information for the duration of the refresh token's lifetime.

Using access tokens

Resource requests to the FLEX layer require an OAuth2 authorization token provided in the HTTP Authorization header in the format if the example below:

Example request

```
curl -H "Authorization: Bearer AeT40kbzMr288gJ2ag9Fwe"  
https://prod.flexinterop.optum.com/fhir/obh/ca/R4/ExplanationOfBenefit
```

Implementation Guide (IG) versions supported

Versions

Source	IG Version	FHIR Version
CARIN Implementation Guide for Blue Button	1.1.0	4.01
DaVinci PDEX Plan Net	1.0.0	4.01

Note: The following tool can be used for validation

- <https://confluence.hl7.org/display/FHIR/Using+the+FHIR+Validator>

Version Histories

Below are links to the IG histories for each source listed in the table above

- CARIN Implementation Guide for Blue Button: <http://hl7.org/fhir/us/carin-bb/history.html>
- DaVinci PDEX Plan Net: <http://hl7.org/fhir/us/davinci-pdex-plan-net/history.html>

Authorization Endpoints

Authorization Required Endpoints

Authorization documentation is located in the application owner portal. This information is shared after successful organization registration and approval. Please login and register your organization to view this information.

Authorization NOT Required Endpoints

- These endpoints are only applicable to the public directory API calls

Base request URL

<http://prod.flexinterop.optum.com/fhirpublic/obh/ca/R4>

Metadata capability statement

<https://prod.flexinterop.optum.com/fhirpublic/obh/ca/metadata>

Provider Directory Code Resources

Healthcare Service [DaVinci PDEX Plan Net]

The Healthcare Service resource typically describes services offered by an organization/practitioner at a location. The resource may be used to encompass a variety of services covering the entire healthcare spectrum, including promotion, prevention, diagnostics, pharmacy, hospital and ambulatory care, home care, long-term care, and other health-related and community services.

Method (read):

GET [base]/HealthcareService/[id]

Method (search):

GET [base]/HealthcareService?service-category=prov

Optional search parameters:

Name	Type
_id	Token
_lastupdated	Date
_pretty	String
coverage-area	Reference (location)
name	String
owned-by	Reference (organization)
plan-type	Token

type	Token
location.address	String
location.address-city	String
location.address-postalcode	String
location.address-state	String
Identifier	Token

Examples:

GET [base]/HealthcareService?service-category=prov&name=Stewart

GET [base]/HealthcareService?service-category=prov&name=Stewart&specialty=207R00000X

Insurance Plan [DaVinci PDEX Plan Net]

An Insurance Plan is a discrete package of health insurance coverage benefits that are offered under a particular network type. A given payer’s products typically differ by network type and/or covered benefits. A plan pairs a product’s covered benefits with the particular cost sharing structure offered to a consumer. A given product may comprise multiple plans (i.e., each plan offers different cost sharing requirements for the same set of covered benefits).

Method (read):

GET [base]/InsurancePlan/[id]

Method (search):

GET [base]/InsurancePlan

Optional search parameters:

Name	Type
------	------

_id	Token
administered-by	Reference (organization)
coverage-area	Reference (location)
name	String
owned-by	Reference (organization)
plan-type	Token
type	Token

Examples:

GET [base]/InsurancePlan?name=AARP

GET [base]/InsurancePlan?type=mediadv

GET [base]/InsurancePlan?coverage-area=17d3a57ef4bce23a2ea4da87259a7934e99b539

Location [DaVinci PDEX Plan Net]

A Location is the physical place where healthcare services are provided, practitioners are employed, organizations are based, etc.

Locations can range in scope from a room in a building to a geographic region/area.

Method (read):

GET [base]/Location/[id]

Method (search):

GET [base]/Location

Optional search parameters:

Name	Type
------	------

_id	Token
_lastupdated	Date
_pretty	String
address	String
organization	Reference (organization)
partof	String (Location)
type	Token
address-city	String
address-state	String
address-postalcode	String
address-country	String
identifier	String

Examples:

GET [base]/Location?address=Orlando

GET [base]/Location?address-state=CA

GET [base]/Location?address-postalcode=97035-2591

Organization [DaVinci PDEX Plan Net]

An organization is a formal or informal grouping of people or organizations with a common purpose, such as a company, institution, corporation, community group, or healthcare practice.

Method (search):

GET [base]/Organization/[id]

Method (search):

GET [base]/Organization

Optional search parameters:

Name	Type
_id	Token
_lastupdated	Date
_pretty	String
endpoint	Reference (endpoint)
name	String
partof	Reference (organization)
profile	URI
address-city	String
address	String
address-state	String
address-postalcode	String
identifier	String
type	String

Examples:

GET[base]/Organization?partof=Organization/UHC

GET[base]/Organization?name=UnitedHealthcare

GET[base]/Organization?type=prygrp

GET[base]/Organization?_profile=http://hl7.org/fhir/us/davinci-pdex-plan-net/StructureDefinition/plannet-Organization&type=prygrp

Network [DaVinci PDEX Plan Net]

A network is a type of organization search using the profile parameter.

Method (search):

GET [base]/ Organization?_profile=http://hl7.org/fhir/us/davinci-pdex-plan-net/StructureDefinition/plannet-Network

Optional search parameters:

Name	Type
_id	Token
_lastupdated	Date
_pretty	String
endpoint	Reference (endpoint)
name	String
partof	Reference (organization)
profile	String
address-city	String
address-state	String

address-postalcode	String
identifier	String
type	String

Examples:

GET [base]/Organization?_profile=http://hl7.org/fhir/us/davinci-pdex-plan-net/StructureDefinition/plannet-Network&address=Bahama

GET [base]/Organization?_profile=http://hl7.org/fhir/us/davinci-pdex-plan-net/StructureDefinition/plannet-Network&partof=UHC

GET [base]/Organization?_profile=http://hl7.org/fhir/us/davinci-pdex-plan-net/StructureDefinition/plannet-Network&type=ntwk

Organization Affiliation [DaVinci PDEX Plan Net]

The Organization Affiliation resource describes relationships between two or more organizations, including the services one organization provides another, the location(s) where they provide services, the availability of those services, electronic endpoints, and other relevant information.

Method (search):

GET [base]/OrganizationAffiliation?role=provider

Note: role is required parameter for OrganizationAffiliation

Optional search parameters:

Name	Type
_id	Token
_lastupdated	Date
_pretty	String
network	Reference (organization)

participating-organization	Reference (organization)
primary-organization	Reference (organization)
role (code)	Token
service	Reference (healthcare service)
specialty	Token
location.address	String
location.address-city	String
location.address-state	String
location.address-postalcode	String
Identifier	String
location	Reference(location)
near	String

Examples:

GET [base]/OrganizationAffiliation?specialty=230000000X& role=provider

GET [base]/OrganizationAffiliation?location.address-city=Orlando& role=provider

Practitioner [DaVinci PDEX Plan Net]

A practitioner is a person who is directly or indirectly involved in the provisioning of healthcare.

Method (read):

GET [base]/Practitioner/[id]

Method (search):

GET [base]/Practitioner

Optional search parameters:

Name	Type
_id	Token
_lastupdated	Date
family	String
given	String
name	String
identifier	String
address-state	String
qualification-wherevalid-code	String

Examples:

GET [base]/Practitioner?name=dice

GET [base]/Practitioner?given=slice

GET [base]/Practitioner?address-state=CA

GET [base]/Practitioner?identifier=123456

Practitioner Role [DaVinci PDEX Plan Net]

Practitioner Role describes details about a provider, which can be a practitioner or an organization. When the provider is a practitioner, there may be a relationship to an organization.

A provider renders services to patients at a location. When the provider is a practitioner, there may also be a relationship to an organization. Practitioner participation in healthcare provider insurance networks may be direct or through their role at an organization.

Method (read):

GET [base]/PractitionerRole/[id]

Method (search):

GET [base]/PractitionerRole

Optional search parameters:

Name	Type
_id	Token
_lastupdated	Date
endpoint	Reference (endpoint)
location	Reference (location)
network	Reference (organization)
organization	Reference (organization)
practitioner	Reference (practitioner)
role (code)	Token
service	Reference (healthcare service)
specialty	Token

Examples:

GET [base]/PractitionerRole?specialty=340000000X

GET [base]/PractitionerRole?location.address-state =CA

Patient Access Claims Resources

Patient [CARIN BB]

Demographics and other administrative information about an individual or animal receiving care or other health-related services.

Method (read):

GET [base]/Patient/[id]

Method (search):

GET/Patient

Example:

GET [base]/Patient/123

GET [base]/Patient

Optional search parameters:

Name	Type
_id	Token
_count	Positive integer
gender	Token
identifier	Token
name	String
birthdate	Date Range

Coverage [CARIN BB]

This resource provides the coverage data that was effective as of the date of service of the claim.

Method (read):

GET [base]/Coverage/[id]

Method (search):

GET/Coverage

Example:

GET [base]/Coverage/123

GET [base]/Coverage

Optional search parameters:

Name	Type
_id	Token
_count	Positive integer
patient	Token

Explanation of Benefit (Institutional and Professional) [CARIN BB]

This resource provides: the claim details; adjudication details from the processing of a Claim; and optionally account balance information, for informing the subscriber of the benefits provided.

Returns records dated back to 2016-01-01, inclusive.

Method (read):

GET [base]/ExplanationOfBenefit/[id]

Method (search):

GET [base]/ExplanationOfBenefit

POST [base]/ExplanationOfBenefit/_search

Optional search parameters:

Name	Type
_id	Token
_count	Positive integer
_lastUpdated	Date range
identifier	Token
service-date	Date range
type	Token
patient	Token

Examples:

GET [base]/ExplanationOfBenefit/219

GET [base]/ExplanationOfBenefit?patient=[id]&_lastUpdated=gt2019

GET [base]/ExplanationOfBenefit?patient=[id]&type=|professional

Note: Current EOB types Institutional and Professional are supported by CARIN BB 1.1. Oral and vision will be supported in CARIN BB 2.0.

Production API access

The process for registering production applications mimic our sandbox process above. It is highly recommended that you first register your application as a Sandbox application. Doing so will result in immediate access to mock data to test your application. Once your testing is complete, then you will need to re-register your application as a Production application.

Production application for use with Public Access API (Provider Directory) will be automatically approved. Production application requests for Patient Access APIs will require review from our security and compliance team prior to approving access. Our security and compliance team will reach out with any questions during this review process.

Patient access authentication launch URLs

Authorization server launch URL documentation is located in the application owner portal In Authentication Documentation Section. This information is shared after successful organization registration and approval. Please login and register your organization to view this information.

Developer guidelines

Below are guidelines you should follow to be successful in your Optum Behavioral Health CA Interoperability API integration.

Your privacy policy

You will be asked to provide a URL to your privacy policy when registering your organization and your application in the Optum Behavioral Health CA Interoperability App Owner Portal. These links should be easy to access and understand by a member using your app.

Member revokes access

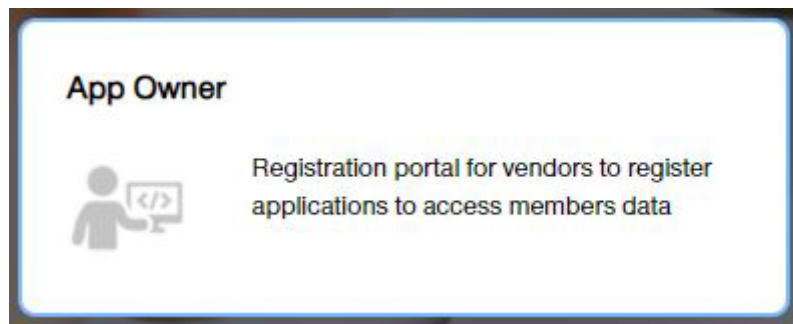
A member may revoke access to your application via their member portal. When you encounter an invalid token indicating a member has revoked access, you should make a reasonable attempt to handle that case making it easy for the member to understand what is happening with their data.

Join the developer sandbox

To join the developer sandbox, register a sample application and retrieve synthetic data for a sample Patient ID by calling the API, follow these four steps:

Note: Only Google Chrome and mobile browsers are supported at this time

Step 1: Register a sample application by navigating to the Optum Behavioral Health CA Interoperability API landing page and clicking the App Owner tile.



Screen shot of landing page below:

Welcome to FHIR Layer EXchange

Please choose a role to login

App Owner



Registration portal for vendors to register applications to access members data

Administrative & Support Portal



Review 3rd party application registration requests for approval

CMS Interoperability Member Portal



Member portal to review applications currently accessing their data

Step 2: Create a One Healthcare ID. All users must create a One Healthcare ID to access the App Owner portal.

Sign In With Your One Healthcare ID

One Healthcare ID or email address

Password



[Forgot One Healthcare ID](#) | [Forgot Password](#)

Additional options:

[Create One Healthcare ID](#)

[Manage your One Healthcare ID](#)

[What is One Healthcare ID?](#)

Step 3: Create your profile (Note: you will only see this page once at initial login.)

Profile

[Cancel](#) [Proceed](#)

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Step 4: Register your organization (Note: This is a one-time process. On your next login you will default to a dashboard view of all applications).

Our security and compliance team will review your organization registration and approve or deny your ability to register applications.

Organization Registration

* All Questions are mandatory

Organization Demographics

List the name of your company *

What is the primary Mailing address of the organization offering this app? *

What is the Federal Tax ID Number or Business Identifier for this Organization *

US Number International Number

What is the Physical address of the organization offering this app? *

Privacy and Security

Have any of the named officers been convicted of felonies in the U.S. or been sanctioned by a governmental agency in the past three years? *

Step 5: Upon approval or denial you will receive an email notification. If approved you will be able to log back into the App owner portal and begin registering applications.

[Dashboard](#)[Applications](#)[Register New App](#)[Profile](#)[Organization Profile **1**](#)

Organization Profile

Name: [Edit](#)TIN: Mailing address: Owner: Email: Physical address:

Registration Status: Approved

[View Org Registration Info](#) [View Org Attestation Info](#)

History

- Admin

approver comments here

2021-06-25 12:35

Comment

[Submit](#)[Collapse](#)

Step 6: “Register New App” to register new application and choose sandbox as the environment (Note: Sandbox is only applicable for Patient Access apps or apps using both Patient access and Public access APIs).

- Dashboard
- Applications
- Register New App**
- Profile
- Organization Profile

Register New App

App Details

App Name *

Application Access Type *

 Public Patient

Application Environment *

Select

Privacy Policy URL

Redirect URL *

App Description *

Only one re-redirect URI is allowed per registration. If you support multiple platforms for your application, please complete a registration for each

Application Registration

Provide contact information for your application's support department? *

[Collapse](#)

Step 6.1: Obtain Client ID and Secret.

The screenshot shows the 'Application Registration' form with a 'Success' modal dialog. The modal contains the following text:

Success

Thank you for registering your application. Your application's access to the Public Access API is active effective immediately. The patient access portion of your application is under review. Our support team will review your application and contact you within 5 business days. Please take a moment and record your Client ID and secret for your application. If you lose or forget your credentials you can generate a new secret from the applications details page for your application. Your application's credentials to access Patient Access APIs will become active upon approval. For any questions or concerns, please reach out to the support team at flexvendorsupport@optum.com.

Client ID: [REDACTED]
Secret ID: [REDACTED]

OK

The background form shows fields for Phone, Email, Website, Support contact name, and a 'Continue' button.

URL - <https://prod.flexinterop.optum.com/authz/obh/ca>

Base URL for Sandbox API calls <https://prod.flexinterop.optum.com/fhir/obh/ca/R4>

To test out your sandbox application with the Optum Behavioral Health CA Interoperability API, you will need to create a test member account via One Healthcare ID when prompted to login as part of the authentication/authorization process. Note: You can use the same One Healthcare ID that was registered to access the vendor portal and register applications.

Support and Registration Information

Optum Behavioral Health CA will offer the following support consistent with stated government regulations and current operational guidelines.

General support hours

General support hours are available Monday through Friday from 9:00 am to 4:00 pm CST. General support is not provided on holidays or weekends. General support hours apply to:

- Vendor Registration (organization and application)
- Patient Sandbox
- Production (isolated and system wide)

System monitoring

Optum Behavioral Health CA regularly monitors system operations and responsiveness. The system is expected to be operational 24 hours a day, 7 days a week and 365 days a year. Optum Behavioral Health CA will make every effort to ensure system availability. In the event of a system response issue, restoration efforts will begin on the next business day.

Registration and response times

Registration and authentication is not required for public end points.

The system will accept and respond to organizational and application registration submissions from third party application vendors as follows:

Registration type	Estimated response time ¹
New Organization Registration	5 business days
New Application Registration (Public Access)	No approval required
New Application Registration (Patient Access)	5 business days
Determination Appeals	5 business days from receipt of request

Support request	Estimated response time ¹
Developer Sandbox Support Request	48 business hours

Data	Data feed timeframe
Claims	1 business day from adjudication
Encounter data	1 business day from receipt of encounter
Clinical data	1 business day from receipt of data
Provider Directory	30 calendar days of a payer receiving provider directory information OR an update to provider directory information

Contact Us

For technical issues, use the support tab in the FLEX Vendor Admin Portal to submit a request for assistance.

For any assistance with portal registration, please contact flexvendorsupport@optum.com.

Technical support is not available for non-registered public directories. To provide feedback, please email to flexvendorsupport@optum.com.

Disclaimers

1. Response times do not include holidays or weekends.
2. Longer timeframes may be expected in the case of a large-scale systemwide outage.