June 1, 2022

Center for Data Insights and Innovations
California Health and Human Services Agency
Attn: CDII@chhs.ca.gov

Re: Public comment on CalHHS drafts of the Data Exchange Framework (DxF), Data Sharing Agreement (DSA) and Policies & Procedures (P&Ps).

To Whom It May Concern:

The National Committee for Quality Assurance (NCQA) thanks you for the opportunity to comment on the draft versions of the Data Exchange Framework (DxF), Data Sharing Agreement (DSA) and Policies & Procedures (P&Ps). We appreciate the California's leadership in health care transformation, including the integration of human services into the delivery system.

NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality through our Accreditation, measurement and data quality programs. We are a national leader in quality oversight and a pioneer in digital quality measurement. As market leader in health care quality, we work with a variety of stakeholders to drive alignment across the health care system. Leveraging our strengths as a trusted third party, we are committed to helping organizations navigate the challenges of transitioning to the digital future. Our mission to improve the quality of health for all Americans through measurement, transparency and accountability, and our focus on health equity and support for meaningful value-based payment models, propels our daily work.

Aligning data exchange policies to support care from the patient to reporting. California's public purchasers and managed care regulator have aligned to require NCQA's Health Plan Accreditation for all plans (commercial, Medicaid and Exchange) by January 2026. NCQA accredited plans must annually report audited HEDIS and CAHPS results and beginning with Measurement Year 2021 reporting, plans will include stratification by race and ethnicity for five HEDIS measures[1] with additional measures to come for 2022 and beyond. NCQA's digital measure roadmap is inclusive of priorities to ensure that valid and reliable data are being used from the point of care to the point of measurement and reporting and framed within the goals of identifying disparities in care and addressing them to support equitable care for all.
**Summary of Recommendations:**

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[1] https://www.ncqa.org/wp-content/uploads/2021/06/2021-0622-Future-of-HEDIS.pdf

This letter describes key recommendations related to California's Data Exchange Framework:

1. Guiding Principles:
   Principles 1 & 2. Ensure alignment between requirement to support organizations historically serving marginalized populations in *Guiding Principle 1: Advance Health Equity* with the recommendation to prioritize the analysis of health and human service information to reduce health disparities and increase equity in *Guiding Principle 2: Make Data Available to Drive Decisions and Outcomes*. This will avoid unintentionally biased data and decision making.

2. Data Exchange Scenarios:
   a. Require all data exchange and aggregator organizations supporting the Data Exchange Framework to participate annually in the NCQA Data Aggregator Validation (DAV) program to ensure all clinical data aggregated for the purposes of population health management and value-based purchasing and payment (VBP) programs can be used for valid HEDIS measure reporting.
   b. Require all data exchange and aggregator organizations supporting care management functionality within the Data Exchange Framework undergo ongoing data aggregation, matching, processing, attribution, and transmission assessment to ensure data are being properly matched, attributed, and transmitted to maximize the Data Exchange Framework's ability to enhance care management goals of the participating health and human service organizations.
   c. NCQA reviewed and agrees that the proposed data elements are aligned with USCDI. These scenarios may require California to broaden their required data elements beyond USCDI (all versions) to ensure complex health, social needs, emergency response, and public health response data are captured and exchanged. We recommend a review of necessary data elements applicable to each scenario. NCQA is closely tracking data element efforts across the country that are further along than USCDI and we would welcome the opportunity to discuss these initiatives for your consideration.

Comments and Recommendations on Data Exchange Framework and Guiding Principles:

1. NCQA applauds the comprehensive and forward-thinking principles outlined by the State of California guiding the development of the State's Data Exchange Framework. We agree with the State's commitment to health equity, and especially the identified need to support organizations historically serving marginalized populations with the resources to participate in data collection, exchange and use. We recommend California closely align the requirement to support these organizations in participating fully in the data exchange framework with the State's recommendation to prioritize the analysis of health and human service information to reduce health disparities and increase equity. Aligning these two elements of *Principle 1: Advance Health Equity* and *Principle 2: Make Data Available to Drive Decisions and Outcomes* will ensure that the data exchange framework, resulting analytical processes, and corresponding policy and program decisions reflect an equitably resourced and supported data exchange landscape and avoid unintentionally biased data based on unequal technical capabilities that might perpetuate inequities.

**Comments and Recommendations on Data Exchange Scenarios:**

2.a. NCQA is committed to supporting industry stakeholders with digital quality solutions as part of our larger strategy to advance whole-person care and reduce measurement burden. Adopting Digital Quality Measures (dQM) and leveraging electronic clinical data for measurement aligns with the industry's migration toward greater interoperability of health information. Traditional quality measures rely on arduous manual coding processes and specific expertise to generate accurate and reliable information. HEDIS dQMs offer consistent, reliable representations of quality measurement operations, enabling the use of data from across the entire care continuum (EHRs, clinical registries, care management systems, payer administrative systems) to evaluate health care quality efficiently and effectively. Moving to dQMs is essential to reduce burden, improve accuracy and reliability and produce clinically relevant knowledge that can inform care decisions.

CMS released their Digital Quality Measurement Strategic Roadmap in March of 2022. CMS envisions the transition to digital quality measurement as an essential component to supporting multi-payer, value-based purchasing and payment (VBP) efforts in health care. The Roadmap highlights data aggregation as an enabling function and strategy for enhancing population health management, increasing VBP adoption, and reducing measurement burden. California's Data Exchange Scenario C. Promoting Population Health and Value-Based Care asserts the same opportunity data aggregation offers to both encouraging VBP through digital quality measurement as well as reducing measurement burden by eliminating time consuming and disruptive onsite medical record audits. Further, Scenario C highlights the challenges the Data Exchange Framework can address—timely access to clinical data and integration of electronic data into quality measurement.

The CMS Digital Quality Measurement Strategic Roadmap references the NCQA Data Aggregator Validation (DAV) program, which aims to ease the burden of audits and validation for health plans and providers. The DAV program tests aggregated data sets for accuracy, completeness, and reliability for quality monitoring and reporting purposes. The DAV program is increasingly being adopted by other States (such as New York and Rhode Island) to ensure clinical data transmitted through their data exchanges are usable by health plans for HEDIS reporting. In accordance with the aims of the Data Exchange Framework emphasized under Scenario C, we recommend DAV as a best practice and consider requiring data exchange and aggregator organizations supporting the State's Data Exchange Framework to participate in NCQA's DAV program. NCQA would be happy to connect California staff with other State staff who have had success with resourcing and implementing the DAV program.
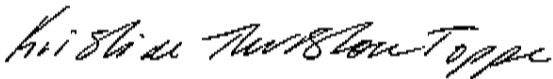
2.b. NCQA also recognizes that California's Data Exchange Scenarios are primarily focused on the enhancements a Data Exchange Framework can make to the ability of providers and human service organizations in managing and coordinating the care of the patients and people they serve. While the DAV program currently focuses on validation for the purposes of quality measure reporting, we recommend California consider broader Data Exchange validity and reliability evaluation protocols on an ongoing basis to ensure data are useable for the care management purposes outlined in the scenarios. Similar to the assessments conducted by the

DAV program for quality reporting purposes, data in the Exchange should also be reviewed for care management purposes.

2.c. NCQA has reviewed and agrees that the proposed data elements the State has outlined are aligned with USCDI. The scenarios described in the Data Exchange Framework documentation may require California to broaden their required data elements beyond USCDI (all versions) to ensure the scenarios in need of information related to complex health issues, social needs, emergency response, and public health response data are captured and exchanged. We recommend a review of necessary data elements applicable to each scenario. In addition, while FHIR is mentioned as a solution to some data exchange scenarios, we believe the Framework would benefit from substantive guidance or references to existing initiatives that are implementing FHIR to resolve some of the issues identified within the scenarios. NCQA is closely tracking data element efforts across the country (e.g., CARIN) that are further along than USCDI and we would welcome the opportunity to discuss these initiatives for your consideration.

We appreciate the opportunity to provide feedback. For follow up questions regarding our recommendations, please contact me at toppe@ncqa.org or (202) 955-1744.

Regards,

Kristine Thurston Toppe
Assistant Vice President, State Affairs
National Committee for Quality Assurance