

Data Exchange Framework Implementation Advisory Committee Meeting #3A

California Health & Human Services Agency

Tuesday, December 20, 2022

10:00 a.m. – 1:00 p.m.

Meeting Participation Options

Onsite

- Members who are onsite are encouraged to log in through their panelist link on Zoom.
 - Members are asked to **keep their laptop's video, microphone, and audio off** for the duration of the meeting.
 - The room's cameras and microphones will broadcast the video and audio for the meeting.
- Instructions for connecting to the conference room's Wi-Fi are posted in the room.
- Please email Jocelyn Torrez (jocelyn.torrez@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

Meeting Participation Options

Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by IAC staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to CDII@chhs.ca.gov.

Meeting Participation Options

Spoken Comments

- *Participants and IAC Members* must “raise their hand” for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	<u>Not</u> Logged into Zoom	Logged into Zoom	Phone Only
<p>If you logged on <u>onsite</u> via <u>Zoom interface</u></p> <p>Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand</p> <p>If selected to share your comment, please begin speaking and <u>do not unmute your laptop</u>. The room’s microphones will broadcast audio</p>	<p>If you are <u>onsite</u> and <u>not using Zoom</u></p> <p>Physically raise your hand, and the chair will recognize you when it is your turn to speak</p>	<p>If you logged on from <u>offsite</u> via <u>Zoom interface</u></p> <p>Press “Raise Hand” in the “Reactions” button on the screen</p> <p>If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking</p>	<p>If you logged on via <u>phone-only</u></p> <p>Press “*9” on your phone to “raise your hand”</p> <p>Listen for your <u>phone number</u> to be called by moderator</p> <p>If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6”</p>

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised, beginning with those in the room and followed by those dialed in or connected remotely through Zoom.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

Time	Agenda Item
10:00 AM	Welcome and Roll Call <ul style="list-style-type: none">• John Ohanian, Chief Data Officer, California Health and Human Services
10:05 AM	Informational Item: Vision and Meeting Objectives <ul style="list-style-type: none">• Dr. Mark Ghaly, Secretary, CalHHS• John Ohanian• Janki Patel, Division Chief – Surveillance and Response, Department of Public Health, San Bernardino County• Juliette Mullin, Senior Manager, Manatt Health
10:20 AM	Discussion Item: Data Sharing Agreement and Policies & Procedures <ul style="list-style-type: none">• Courtney Hansen, Assistant Chief Counsel, CDII• Helen Pfister, Partner, Manatt Health• Rim Cothren, Independent HIE Consultant to CDII• Cindy Bero, Senior Advisor, Manatt Health
12:15 PM	Discussion Item: Qualified Health Information Organization Program <ul style="list-style-type: none">• Cindy Bero
12:45 PM	<u>Public Comment</u>
12:55 PM	Informational Item: Closing Remarks and Next Steps <ul style="list-style-type: none">• John Ohanian

Welcome and Roll Call

IAC Members (1 of 2)

Name	Title	Organization
John Ohanian (<i>Chair</i>)	Director	CalHHS Center for Data Insights and Innovation
Norlyn Asprec	Deputy Director of Policy	County Health Executives Association of California
Andrew Bindman	Executive Vice President & Chief Medical Officer	Kaiser Permanente
Joe Diaz	Senior Policy Director	California Association of Health Facilities
David Ford	Vice President, Health Information Technology	California Medical Association
Aaron Goodale	Vice President, Health Information Technology	MedPoint Management
Lori Hack	Interim Executive Director	California Association of Health Information Exchanges
Cameron Kaiser	Deputy Public Health Officer	County of San Diego
Troy Kaji	Associate Chief Medical Informatics Officer	Contra Costa Regional Medical Center and Health Centers
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of California
Paul Kimsey	Deputy Director	California Department of Public Health

IAC Members (2 of 2)

Name	Title	Organization
Linnea Koopmans	CEO	Local Health Plans of California
Matt Lege	Government Relations Advocate	SEIU California
DeeAnne McCallin	Director of Health Information Technology	California Primary Care Association
Amie Miller	Executive Director	California Mental Health Services Authority
Ali Modaressi	CEO	Los Angeles Network for Enhanced Services
Jonathan Russell	Chief Strategy and Impact Officer	Bay Area Community Services
Cary Sanders <i>(designated by Kiran Savage-Sangwan)</i>	Senior Policy Director	California Pan-Ethnic Health Network
Cathy Senderling-McDonald	Executive Director	County Welfare Directors Association
Ryan Sommers	System Director, HIE and Interoperability Information Technology & Digital	CommonSpirit Health
Felix Su	Director, Health Policy	Manifest MedEx

Vision & Meeting Objectives

Vision for Data Exchange in CA

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

Perspectives from the Field

Janki Patel, Division Chief—Surveillance and Response
Department of Public Health, San Bernardino County

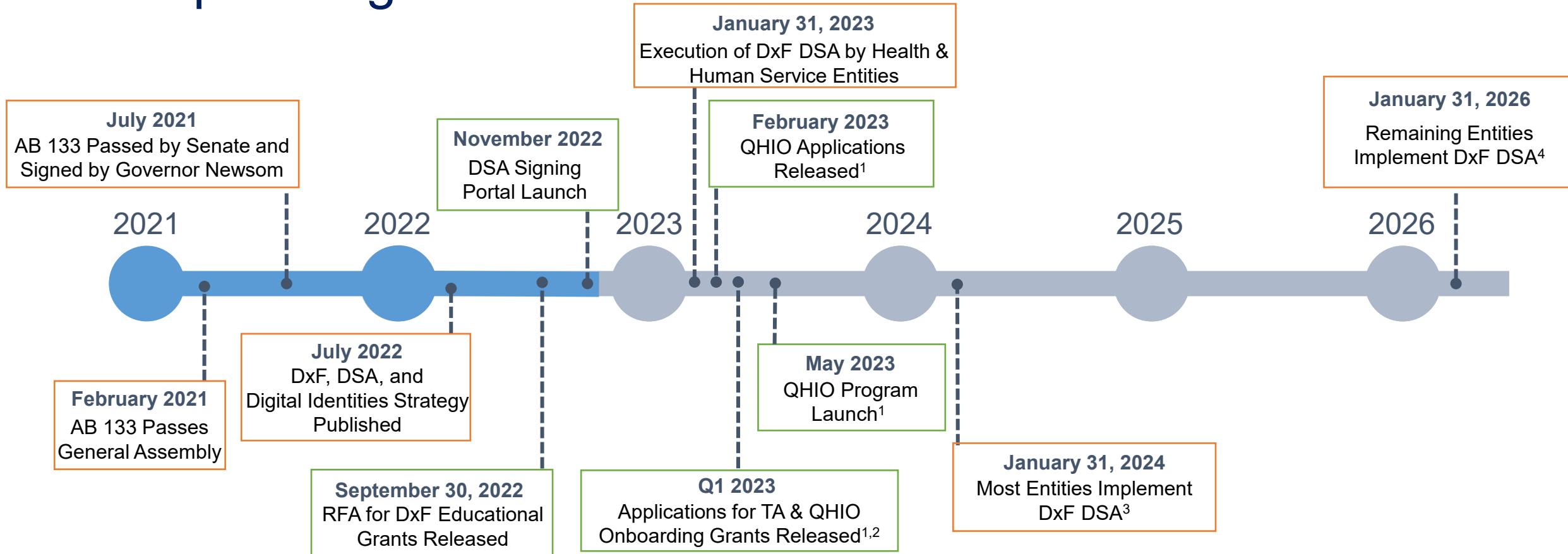
Meeting #3A Objectives



- Highlight the launch of the DSA Signing Portal and DxF Educational Initiative Grant awards
- Discuss drafts of the Early Exchange, Real-Time Data Exchange, Technical Requirements for Exchange, and California Information Blocking Prohibitions P&Ps.
- Discuss core concepts of the QHIO program.

DxF Implementation Timeline

Past + Upcoming Milestones



Notes

1. Future DxF Program implementation milestones (green boxes) are estimates and subject to change.
2. TA Grant Applications close on a quarterly basis.
3. General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.
4. Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

IAC Meeting Topic Roadmap

#	Date	Anticipated Topics*
1	Sept 21, 2022	<ul style="list-style-type: none"> • Overview of structure and next steps for: <ul style="list-style-type: none"> ○ DSA & P&Ps development ○ DxF Grant Program, ○ QHIO Program ○ Strategy for Digital Identities
2	Nov 3, 2022	<ul style="list-style-type: none"> • Monitoring & Auditing P&P • QHIO guiding principles and program structure • Criteria for QHIO Onboarding and Technical Assistance Grants • Strategy for Digital Identities next steps
3A	Dec 20, 2022	<ul style="list-style-type: none"> • P&Ps in development (<i>Drafts of Early Exchange, Real-Time Data Exchange, Technical Requirements for Exchange, and California Information Blocking Prohibitions</i>) • QHIO Program core concepts
3B	Jan 10, 2023	<ul style="list-style-type: none"> • Application Process for QHIO Onboarding and Technical Assistance Grants & Update on Grant-Funded Educational Initiatives • QHIO Program criteria
4	Feb 2, 2023	<ul style="list-style-type: none"> • P&Ps in development, as needed • Grant Program implementation update • QHIO Program update • Digital identities and participant registry
5	Mar 16, 2023	<ul style="list-style-type: none"> • P&Ps in development, as needed • Grant Program implementation update

*Topics of future meetings may change.

DxF Grant Program Update

DxF Grant Program Overview

CDII will administer \$50 million in funding over two years to provide **education, technical assistance, and QHIO onboarding support** for DxF signatories to implement the DxF.

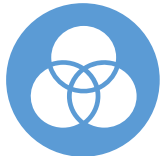
Key Program Goals



Providing signatories with resources to address critical operational and technical barriers to DxF implementation.



Prioritizing investments in DxF signatories operating in under-resourced geographies and/or serving historically marginalized populations and underserved communities.



Ensuring alignment and filling funding gaps among other federal and state grant programs.

Grant Domains

Educational Initiative Grants	Provides grant funding to associations for educational initiatives designed to provide information about the Data Exchange Framework and the Data Sharing Agreement to signatories
Technical Assistance (TA) Grants	Provides grant funding to signatories for technical assistance to support signatories meeting their DSA requirements (beyond QHIO onboarding)
QHIO Onboarding Grants	Provides grant funding to QHIOs and signatories for the initial costs of connecting to a qualified HIO

Key Updates by Grant Domain

Preliminary Grant Domain	Potential Recipients	Anticipated Application Period	Key Updates & Next Steps
Educational Initiative Grants	Associations with relevant experience	Starting Q4 2022	<ul style="list-style-type: none"> CDII intends to award funding for eight initiatives.
Technical Assistance (TA) Grants	DxF signatories	Starting Q1 2023	<ul style="list-style-type: none"> TA Grant criteria to be discussed in IAC 3B in January. CDII intends to open applications for these grants in Q1 2023.
QHIO Onboarding Grants	DxF signatories	Starting Q1 2023	<ul style="list-style-type: none"> QHIO Onboarding Grant criteria to be discussed in IAC 3B in January. CDII intends to open applications for these grants in early 2023.

CDII Intends To Award Eight Educational Initiative Grants

CDII intends to award grant funding for eight educational initiatives to inform and train signatories across the state about the Data Exchange Framework in 2023.

- Multi-Association Initiative: America's Physician Groups, California Academy of Family Physicians, Purchaser Business Group on Health-California Quality Collaborative, California Association of Health Care Facilities, California Association of Area Agencies on Aging, California Association of Health Information Exchanges
- California Medical Association
- California Primary Care Association
- County Health Executives Association of California
- California Association of Health Plans
- California Council of Community Behavioral Health Agencies
- American Academy of Pediatrics, California Chapter 1
- LeadingAge California Foundation

Additional awards may be announced at a later date.

Data Sharing Agreement and Policies & Procedures

Who Has to Sign the DxF DSA by January 31, 2023?

#	Required Signatory Type
1	General acute care hospitals , as defined by Health and Safety Code (HSC) section 1250.
2	Physician organizations and medical groups.*
3	Skilled nursing facilities , as defined by HSC section 1250, that currently maintain electronic records.
4	Health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a <u>Medi-Cal managed care plan under a comprehensive risk contract</u> with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.
5	Clinical laboratories , as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the State Department of Public Health.
6	Acute psychiatric hospitals , as defined by HSC section 1250.

This includes organizations required to begin sharing data by January 31, 2024 and January 31, 2026.

The DSA Signing Portal is Live

Mandatory and voluntary signatories can execute the DSA in the DSA Signing Portal.



The screenshot shows the CalHHS Data Sharing Agreement Signing Portal. At the top left is the CalHHS logo. The page title is "CalHHS Data Sharing Agreement Signing Portal". The main content area contains the following text:

Welcome to the CalHHS Data Sharing Agreement Signing Portal!

Signing the Data Sharing Agreement is a critical next step toward full implementation of the Data Exchange Framework.

It's time to ensure every Californian, no matter where they live, can trust that their health and social services providers can securely access critical patient information to provide safe, effective, whole person care.

Data Sharing Agreement

[Register to Start](#)

DSA Signing Portal URL: <https://signdxf.powerappsportals.com/>

How to Sign the DSA

Organizations wishing to sign the DSA will need to determine:



Who is authorized to sign the DSA within your organization and has the authority to bind the organization.



What facilities or subordinate entities are required to sign the DSA; a signatory may sign on behalf of multiple facilities or subordinate entities, if authorized.



Information about the individual signing, their organization, their contact information, all subordinate entities, including their state license number (or EIN for physician organizations and medical groups), will need to be listed on the DSA prior to signing.

Available Resources & Next Steps

- **Available Resources:**

- The DSA & P&Ps are available on the [DxF website](#).
- DSA Signing Portal URL: <https://signdxf.powerappsportals.com/>
- [FAQ](#) with additional information on the DSA and the Signing Portal.

- **Next Steps:**

- CDII will hold a DSA Signing Portal Town Hall on January 6th to address stakeholder questions.
- Stakeholders should submit questions about the DSA, P&Ps, and the Signing Portal to cdii@chhs.ca.gov.

P&P Draft Language

Topics for Discussion

The goal for this section of the meeting is to obtain input on drafts of four P&Ps in development.

#	Prioritized Topics	Current Contents
1	Early Exchange	Sets forth requirements for participants using the DSA to engage in early exchange of Health and Social Services Information [HSSI] (i.e., exchange prior to statutorily mandated date(s) by which many entities must begin exchanging data).
2	Technical Requirements for Exchange	Sets forth data exchange patterns for the DxP and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the Required Transaction Patterns.
3	California Information Blocking Prohibitions	Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of HSSI.
4	Real-Time Data Exchange	Sets forth definition of 'Real Time Data Exchange' and associated obligations of Participants.

*Formerly called
"Information
Blocking"*

Early Exchange (1)

Purpose

Many Participants are required to start sharing Health and Social Services Information (HSSI) on January 31, 2024 or on January 31, 2026.

Some Participants may choose to start sharing HSSI using the Data Sharing Agreement (“DSA”) before January 31, 2024 (“early exchange”). This policy explains the steps Participants must take for early exchange.

Early Exchange (2)

Policy

Participants engaging in early exchange of HSSI using the DSA must comply with this policy.

This policy shall be effective immediately upon publication and shall automatically terminate at 11:59pm on January 30, 2024.

Procedures

Participants engaging in early exchange using the DSA shall:

- (i) Execute the DSA; and
- (ii) Verify that the other Participant(s) has executed the DSA before providing access to or exchanging HSSI with the other Participant(s).

Participants engaging in early exchange using the DSA shall comply with all published Policies and Procedures and shall comply with new or updated Policies and Procedures within ten (10) days of the publication date, regardless of the effective date written in the Policy or Procedure.

Technical Requirements for Exchange (1)

Purpose

To define recommended and required exchanges of Health and Social Services Information (HSSI) among Participants and the technical standards to be used in those exchanges.

Principles in Developing the Policy and Procedure

1. Adopt information exchange requirements from AB-133, ONC rulemaking, CMS rulemaking, and the Trusted Exchange Framework and Common Agreement (TEFCA) **AB-133** **ONC Rule** **CMS Rule** **TEFCA**
2. Extend requirements to eliminate stovepipes in California and facilitate choice, considering input from the DSA P&P Subcommittee, the Implementation Advisory Committee (IAC), and the public
3. Adopt technical content standards from AB-133, ONC rulemaking, CMS rulemaking, and ONC's Standards Version Advancement Process (SVAP) **AB-133** **ONC Rule** **CMS Rule** **SVAP**
4. Adopt technical exchange standards from TEFCA's QHIN Technical Framework (QTF) and SVAP **QTF** **SVAP**
5. Advance content or exchange standards conservatively and in alignment with DxF Principles, in discussion with the DSA P&P Subcommittee and IAC, and only to nationally and federally recognized standards in the SVAP **SVAP**

Technical Requirements for Exchange (2)

Policy

This policy would become effective January 31, 2024.

1. Participants must exchange HSSI with other Participants:
 - a. In response to an authorized request for HSSI from a Participant, **TEFCA**
 - b. When HSSI is created and becomes available electronically following an order or request for services (e.g., an order for a diagnostic test, or a request for an assessment or consultation), and **TEFCA**
 - c. For hospitals, to notify authorized Participants of admissions, discharges, and transfers if requested by them. **CMS Rule**
2. Participants must be able to exchange HSSI using National and Federally Adopted Standards. **SVAP**
3. Participants must use a standardized set of person attributes when sending or requesting HSSI.
4. The Governance Entity must establish a process to review new and maturing National and Federally Adopted Standards for data content and exchange at least annually for potential inclusion in amendments to the Data Elements to Be Exchanged Policy and Procedure and to this policy and procedure. **SVAP**

Technical Requirements for Exchange (3)

1. Information Delivery is the delivery of HSSI regarding a specific person (e.g., patient, member, or client) to a specific Participant as a result of an order or request for services. **TEFCA**

Participants that Deliver HSSI

- Participants that generate HSSI must deliver it electronically.
- The sending Participant must ensure that the recipient is authorized to receive the HSSI sent.
- If using a Nationwide Network or Framework or a point-to-point connection, Participants must use the IHE XDR exchange or IHE XCDR technical standards for exchange. **QTF** **SVAP**
- Use of HL7 FHIR Release 4 is encouraged and may be required in future revisions of this policy and procedure. **SVAP**

Participants that Receive HSSI

- All Participants are encouraged to support electronic receipt of HSSI.
- Recipients must be authorized to retain the information, and if not authorized, must securely destroy the information and notify the sender as soon as practicable.

“Nationwide Network or Framework” means any vendor-agnostic health information network or health information exchange framework with nationwide scope, including coverage in California, available to some or all Participants for the exchange of Health and Social Services Information. Examples include, but are not limited to, eHealth Exchange, CommonWell Health Alliance, Carequality, DirectTrust, or Trusted Exchange Framework.

Technical Requirements for Exchange (4)

1. Information Delivery (continued)

Qualified Health Information Organizations

- QHIOs must support sending and receiving electronic HSSI among QHIOs using IHE XDR or IHE XCDR technical standards. **QTF** **SVAP**
- Participants that use QHIOs or other intermediaries to deliver or receive electronic HSSI may use any open technical standard supported by both parties. The intermediary must be able to translate the information into the IHE XDR or IHE XCDR technical standards for delivery beyond its participants.

This P&P does not limit the responsibility of a Participant to send electronic HSSI in compliance with the Data Elements to Be Exchanged Policy and Procedure or in response to an authorized electronic request for information (described later).

Technical Requirements for Exchange (5)

2. Requested Notification is the electronic communication of admissions, discharges, or transfers (ADTs) for specified persons (e.g., patients, members, or clients) sent by a Participant as requested by a receiving Participant. **CMS Rule**

Hospital Participants

- Hospitals must send ADTs electronically unless prohibited by applicable law via one of the following methods: **CMS Rule**
 - 1) Accept requests for ADTs from any other Participant and send notifications electronically as requested in a format acceptable to the requesting Participant and supported by the Hospital. **CMS Rule**
 - 2) Send ADT messages electronically to at least one QHIO (chosen by the hospital), allowing and requiring the QHIO to distribute ADTs to all other QHIOs and send notifications to requesting Participants on behalf of the Hospital.
- Hospitals that send ADTs to a QHIO must use HL7 Version 2.5 ADT messages (or later). **SVAP**
- Hospitals may send electronic notification of ADTs to other Participants that are not QHIOs using any electronic method acceptable to both Participants.
- Skilled nursing facilities are encouraged to communicate admissions, discharges, and transfers using the same methods as Hospitals, and may be required to communicate ADTs in future revisions of this policy and procedure.

“Hospital”, for the purposes of this policy and procedure only, means any acute care setting, including but not limited to general acute care hospitals and acute psychiatric hospitals.

Technical Requirements for Exchange (6)

2. Requested Notification (continued)

Qualified Health Information Organizations

- QHIOs must accept requests for ADTs from their participants and send notifications electronically as requested in a format acceptable to the requesting Participant and supported by the QHIO.
- QHIOs must accept ADT messages from any Participant Hospital, including Hospitals that are not QHIO participants.
- QHIOs receiving ADTs must exchange them electronically with all other QHIOs.
- QHIOs receiving ADTs may only retain the data if authorized to do so under applicable law.
- QHIOs must use HL7 Version 2.5 ADT messages (or later) to exchange ADTs with Hospitals that are not their participants and with other QHIOs. **SVAP**
- QHIOs may send electronic notification of ADTs to other Participants that are not QHIOs using any electronic method acceptable to both Participants.

Technical Requirements for Exchange (7)

2. Requested Notification (continued)

Requesting Participants

- Any Participant may make a request for electronic ADT notifications.
- Participants that request ADTs must have a relationship with every person (e.g., patient, member, or client) for whom notification is requested or must be acting on behalf of a Participant that has such a relationship.
- Participants that request ADTs must be authorized to receive the information and must make the request in compliance with the Permitted, Required and Prohibited Purposes Policy and Procedure.

This P&P does not limit the responsibility of a Participant to send electronic HSSI in response to an authorized electronic request for information (described later).

Technical Requirements for Exchange (8)

3. Targeted Request for Information is an electronic request by a Participant for electronic HSSI regarding a specific person (e.g., patient, member, or client) from one or more specific Participant(s) believed likely to have HSSI for that person. **TEFCA**

Requesting Participants

- Participants requesting HSSI must be authorized to receive the data requested.
- If using a Nationwide Network or Framework or a point-to-point connection, Participants must request HSSI using the IHE XCPD technical standard for person matching and the IHE XCA technical standard to retrieve HSSI. **QTF** **SVAP**

Responding Participants

- Every Participant must accept and respond to electronic requests for electronic HSSI from another Participant.
- If using a Nationwide Network or Framework or a point-to-point connection, Participants must respond to requests using the IHE XCPD technical standard for person matching and the IHE XCA technical standard to retrieve HSSI. **QTF** **SVAP**
- Use of HL7 FHIR Release 4 is encouraged and may be required in future revisions of this policy and procedure. **SVAP**
- Participants must use an appropriate “no matching patient” or other messages (as specified by the technical standard) if the request cannot be fulfilled because a matching subject could not be found or the Participant is not authorized to disclose HSSI for the requested subject under applicable law. **QTF** **SVAP**

Technical Requirements for Exchange (9)

3. Targeted Request for Information (continued)

Qualified Health Information Organizations

- QHIOs must support electronic requests and responses to requests using the IHE XCPD technical standard for person matching and the IHE XCA technical standard to retrieve HSSI. **QTF** **SVAP**
- Participants that use QHIOs or other intermediaries to request electronic HSSI or respond to requests may use any open technical standard supported by both parties. The intermediary must be able to translate the request into the IHE XCPD technical standard for person matching and the IHE XCA technical standard to retrieve HSSI beyond its participants.

This P&P does not limit the responsibility of a Participant to send electronic HSSI in compliance with the Data Elements to Be Exchanged Policy and Procedure.

Technical Requirements for Exchange (10)

4. Broadcast Request for Information is an electronic request by a Participant for electronic HSSI regarding a specific person (e.g., patient, member, or client) from many Participants without knowledge of which Participants may have information. **TEFCA**
- All policies and procedures applicable to a Targeted Request for Information apply to a Broadcast Request for Information.
 - Participants are strongly discouraged from making a Broadcast Request for Information except in urgent or emergency use cases when potential sources of HSSI for the subject are not known.

Technical Requirements for Exchange (11)

5. Person Matching is the process by which a Participant ensures that exchanged electronic HSSI is appropriately linked to the correct real person.
- To improve the likelihood of Person Matching, all Participants must use the following attributes if Maintained by the Participant when specifying a subject to match in a Targeted Request for Information or Broadcast Request for Information, or identifying a subject in Information Delivery or Requested Notifications: **QTF**
 - Name (family name, given name(s), middle name(s) or initial(s), and including other previous or current names)
 - Date of birth
 - Home and/or mailing address(es) (including previous address(es) if known)
 - Phone number(s)
 - Email address(es)
 - Gender may be included if required by the technical standard in use. Otherwise, gender should not be included. **QTF**
 - Attributes must follow guidelines and standards established by USCDI Version 2. **SVAP**
 - Addresses must conform to the Project US@ Technical Workgroup's *Technical Specification for Patient Addresses: Domestic and Military*. **SVAP**

“**Maintains**” with respect to data means that the entity has access to the data, control over the data, and the authority to make the data available, as defined for payers in the CMS Interoperability and Patient Access Final Rule but in this P&P applied to entities beyond payers.

Technical Requirements for Exchange (12)

5. Person Matching (continued)

- All Participants must also exchange specific identifiers related to health if Maintained by the Participant when specifying a subject, including but not limited to:
 - State or federal identifiers related to health (e.g., Medi-Cal or Medicare ID).
 - Local identifiers related to health (e.g., medical record number or plan member identification number).
- Participants may retain, use, and exchange these identifiers as an aid in person matching.

This P&P does not limit the responsibility of a Participant to send electronic HSSI in compliance with the Data Elements to Be Exchanged Policy and Procedure.

Technical Requirements for Exchange (13)

Technology Updates. The Governance Entity must create an open and transparent process to review and consider new and maturing National and Federally Adopted Standards for potential inclusion in the Data Exchange Framework. **SVAP**

- The process must be put in place no later than July 1, 2024.
- The process must consider both data content standards and data exchange standards.
- The process must establish a regular review cadence, no less than annually.
- The process must align with requirements of the Development of and Modifications to Policies and Procedures Policy and Procedure.

Information Blocking (1)

Purpose

To support the Data Exchange Framework's commitment to facilitating the timely Access, Exchange, and Use of Health and Social Services Information (HSSI) in compliance with Applicable Law.

Definitions (Proposed)

“**Access**” means the ability or means necessary to make HSSI available for exchange or use.

“**Exchange**” means the ability for HSSI to be transmitted between and among different technologies, systems, platforms, or networks.

“**Use**” means the ability for HSSI, once accessed or exchanged, to be understood and acted upon.

Information Blocking (2)

Policy

This policy prohibits all Participants from undertaking any practice that is likely to interfere with Access, Exchange, or Use of HSSI for the Required Purposes set forth in the Permitted, Required and Prohibited Purposes Policy and Procedure.

This policy shall have no impact on or limit a Participant's responsibility, if any, to comply with the Federal Information Blocking Regulations.

This policy would become effective January 31, 2024.

Definitions (Proposed)

“Federal Information Blocking Regulations” shall refer to regulations set forth in Part 171 (Information Blocking) of Title 45 of the Code of Federal Regulations.

Information Blocking (3)

Procedure

No Participant shall engage in Information Blocking (defined below).

This policy and procedure shall apply the Federal Information Blocking Regulations (45 C.F.R. Part 171, as may be amended) to all HSSI. Participants shall be considered in compliance with this policy and procedure if the Participant meets the Federal Information Blocking Regulations, as described in this P&P.

For the purposes of this policy and procedure, when the Federal Information Blocking Regulations use the term “electronic health information,” the term HSSI shall also apply.

Definitions (Proposed)

“**Information Blocking**” means any practice that is likely to interfere with access, exchange, or use of Health and Social Services Information for a Required Purpose set forth in the Permitted, Required and Prohibited Purposes Policy and Procedure.

Information Blocking (4)

PARTICIPANTS SUBJECT TO THE FEDERAL INFORMATION BLOCKING REGULATIONS

If a Participant is subject to the Federal Information Blocking Regulations, the Participant shall comply with the Regulations with respect to HSSI.

The Participant shall be considered in compliance with this policy and procedure if the Participant is in compliance with the Federal Information Blocking Regulations, except, a Participant may not use the Fees Exception in the Federal Information Blocking Regulations to withhold HSSI for a Required Purpose in the Permitted, Required and Prohibited Purposes Policy and Procedure.

Information Blocking (5)

PARTICIPANTS WHO ARE NOT SUBJECT TO THE FEDERAL INFORMATION BLOCKING REGULATIONS

If a Participant is not subject to the Federal Information Blocking Regulations, the Participant shall comply with the Regulations with respect to HSSI as described in this Section. A Participant's Behavior shall not be considered Information Blocking if the Participant meets one of the exceptions from the Federal Information Blocking Regulations, as described in this P&P.

Definitions (Proposed)

“Behavior” means any act or omission by a Participant.

Information Blocking (6)

1. **Preventing Harm Exception.** A Participant's Behavior shall not be considered Information Blocking if the Participant meets the conditions of the Preventing Harm Exception in the Federal Information Blocking Regulations. For purposes of this policy and procedure:
 - a. To meet the "**Type of Risk**" requirement in the Federal Information Blocking Regulations, a Participant may have the risk of harm determined by the professional judgment of a person with a professional relationship with the individual instead of a licensed health care provider if a Participant does not staff a licensed health care provider.
 - b. To meet the "**Type of Harm**" requirement in the Federal Information Blocking Regulations, a Participant must establish the type of harm was one that could serve as grounds for the Participant to deny access under applicable law and/or the Individual Access Policy and Procedure.

Information Blocking (7)

- 2. Privacy Exception.** A Participant's Behavior shall not be considered Information Blocking if the Participant meets at least one sub-exception of the Privacy Exception in the Federal Information Blocking Regulations.

For purposes of this procedure, if an individual or their Personal Representative requests HSSI, a Participant's denial of the individual's request must be consistent with applicable law and/or the Individual Access Policy and Procedure.

Definitions (Proposed)

"Individual" means a patient or a person who is the recipient of services, including Social Services.

Definitions (From DSA)

"Personal Representative" shall refer to a person who, under Applicable Law, has authority to act on behalf of an individual as set forth in 45 C.F.R. § 164.502(g).

"Social Services" means the delivery of items, resources, and/or services to address social determinants of health and social drivers of health, including but not limited to housing, foster care, nutrition, access to food, transportation, employment, and other social needs.

Information Blocking (8)

3. **Security Exception.** A Participant's Behavior shall not be considered Information Blocking if the Participant meets the conditions of the Security Exception in the Federal Information Blocking Regulations.
4. **Infeasibility Exception.** A Participant's Behavior shall not be considered Information Blocking if the Participant meets the conditions of the Infeasibility Exception in the Federal Information Blocking Regulations.
5. **Health IT Performance Exception.** A Participant's Behavior shall not be considered Information Blocking if the Participant meets the conditions of the Health IT Performance Exception in the Federal Information Blocking Regulations. For purposes of this policy and procedure, the Health IT Performance Exception shall apply to Health and/or Social Services IT Performance.

Definitions (Proposed)

“Health and/or Social Services IT” means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by Health Care Organizations, Social Service Organizations or patients for the electronic creation, maintenance, access, or exchange of HSSI.

Information Blocking (9)

6. **Content and Manner Exception.** A Participant's Behavior shall not be considered Information Blocking if the Participant meets the conditions of the Content and Manner Exception in the Federal Information Blocking Regulations.
7. **Licensing Exception.** A Participant's Behavior shall not be considered Information Blocking if the Participant meets the conditions of the Licensing Exception in the Federal Information Blocking Regulations.

Real-Time Data Exchange (1)

Purpose

California AB 133 states that the “Data Exchange Framework will be designed to enable and require real-time access to, or exchange of, health information among health care providers and payers through any health information exchange network, health information organization, or technology that adheres to specified standards and policies.”

The purpose of this policy is to clarify obligations of Participants as it pertains to the concept of real-time data exchange.

Real-Time Data Exchange (2)

Policy

Participants in the Data Exchange Framework must send Health and Social Services Information (HSSI) to other Participants in a timely manner to support important care decisions benefiting all Californians.

Any intentional or programmatic delays before data is shared shall be considered a violation of this policy.

This policy would become effective January 31, 2024.

Real-Time Data Exchange (3)

Procedure

The timeliness of data exchange will vary based on the DxF transaction pattern and its associated clinical context:

1. In response to an **Order for services** or a **Request for Services**, Participant(s) must share the HSSI associated with the Order or the Request for Services as soon as the information becomes available, or as soon as practicable, and no more than 24 hours after its availability.

Definitions (Proposed)

“**Order**” shall mean any request for diagnostic services placed by a health professional, including but not limited to requests for diagnostic clinical laboratory and radiology services.

“**Request for Services**” shall mean any request for health or social services, including but not limited to clinical consultation or assessment from or referrals to a health professional or referral to social services.

Real-Time Data Exchange (4)

2. In response to a **query for HSSI**,
 - a. Participant(s) must respond as soon as practicable.
 - b. The requested information must be included in a response no more than 24 hours after its availability to the Participant.
 - c. When the clinical context for the query is known and associated with emergency or urgent care delivery, Participant(s) must respond upon receipt of the query.

Real-Time Data Exchange (5)

3. **Notifications associated with Admission, Discharge or Transfer (ADT) Events** must be shared at the time of the event.

Definitions (Proposed)

“**Notifications**” shall mean the transactions that include the details of an Admission, Discharge or Transfer (ADT) Event including patient identifiers, the healthcare facility associated with the event, event date and time, and the diagnosis or reason associated with the event.

“**Admission, Discharge or Transfer (ADT) Event**” shall include admission to a healthcare facility, discharge from a healthcare facility, or transfer from one healthcare facility to another healthcare facility.

Updates to Data Elements to be Exchanged P&P

An administrative update has been made to the Data Elements to be Exchanged P&P.

What's Being Changed

- A sentence establishing an effective date of **January 31, 2024** has been added to the P&P to bring it into alignment with the rest of the P&Ps.
- The phrase "if maintained by the entity" was added to the section describing exchange requirements for intermediaries. See the change below (noted in red):
 - *"Intermediaries, including but not limited to health information exchange networks and health information organizations, that are Participants shall provide access to or exchange, at a minimum, all of the following that apply to the extent available, **if maintained by the entity**, and provided by an applicable Participant" .*

The updated P&P is now available on the [CalHHS DxP website](#).

QHIO Program

What is an HIO? What is a QHIO?

A **Health Information Organization (HIO)** is an organization that offers services and functions to support the exchange of health information. The HIO serves as an intermediary, assisting health and human services organizations as they initiate, receive, and reply to requests for information.

A **Qualified Health Information Organization (QHIO)** is an HIO that has demonstrated their ability to meet DxF data exchange requirements. As part of the DxF implementation, CDII will establish QHIO criteria and a process to qualify HIOs.



QHIO Program: Guiding Principles



Confidence. The program shall provide signatories with confidence in the quality and level of service offered by QHIOs



Stability. The program shall create sufficient stability so that QHIOs and signatories can make business decisions with minimal concern for change or disruption



Fairness. The program design shall be fair, offering all participants reasonable time to adapt to change and/or remediate issues



Equity. The program shall create opportunities for all signatories to successfully participate in the DxP

QHIO Program: Core Concepts (1)

1

QHIOs will sign the DSA and, like every DSA signatory, abide by the DSA's Policies and Procedures

2

QHIOs must be organizations incorporated in the United States with current data exchange customers in California

3

QHIOs will support all DxF transaction patterns and technology standards

QHIO Program: Core Concepts (2)

4

QHIOs will submit onboarding grant requests on behalf of interested, eligible signatories who choose the QHIO

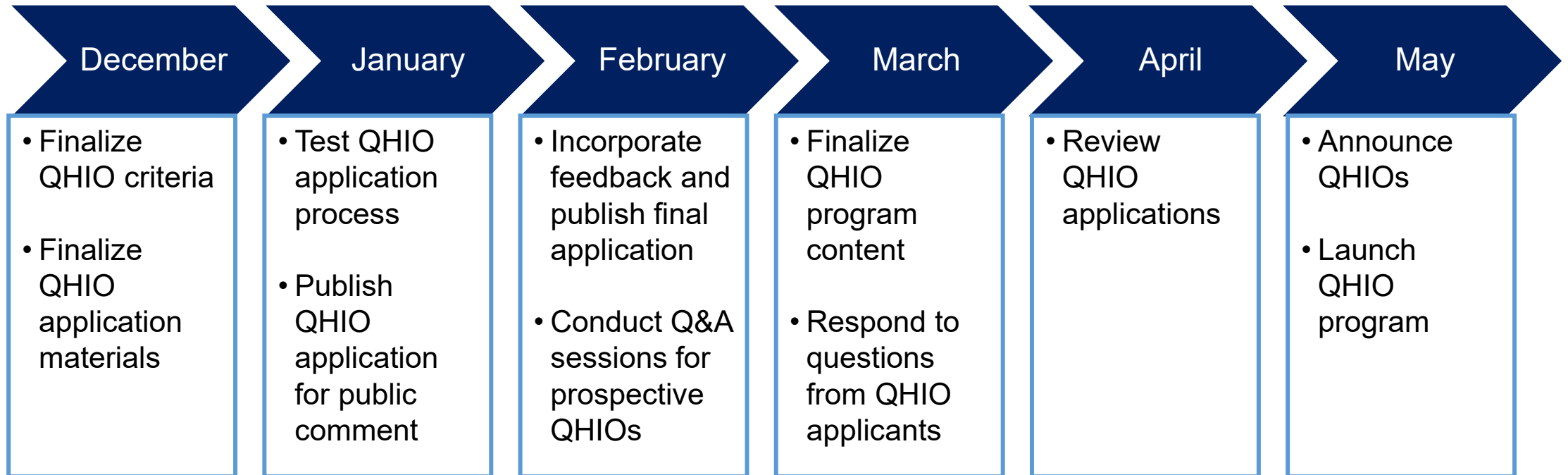
5

QHIOs must have established information management operations, be financially stable and reasonably insured

6

QHIOs must be organized with appropriate policies and procedures to safeguard health and social services information

QHIO Program: Timeline



These are estimated timeframes and subject to change

Public Comment Period

Closing Remarks and Next Steps

Next Steps

CalHHS will:

- Post a summary of today's meeting.
- Consider the feedback provided by the IAC on the draft P&Ps and the QHIO program.

Members will:

- Provide additional feedback on today's topics to CDII.

Meeting Schedule

IAC Meetings	Date
IAC Meeting #1	September 21, 2022, 10:00 AM to 12:30 PM
IAC Meeting #2	November 3, 2022, 10:00 AM to 1:00 PM
IAC Meeting #3A	December 20, 2022, 10:00 AM to 1:00 PM
IAC Meeting #3B	January 10, 2023, 11:00 AM to 2:00 PM
IAC Meeting #4	February 2, 2023, 9:00 AM to 11:30 AM
IAC Meeting #5	March 16, 2023, 9:00 AM to 11:30 AM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #1	September 23, 2022, 9:30 AM to 12:00 PM
DSA P&P SC Meeting #2	October 25, 2022, 10:00 AM to 12:30 PM
DSA P&P SC Meeting #3	December 15, 2022, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #4	January 26, 2023, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #5	March 9, 2023, 9:00 AM to 11:30 AM

For more information or questions on IAC meeting logistics, please email CDII (cdii@chhs.ca.gov).

DxF Webinar Schedule

DxF Webinars*	Date
DxF Webinar #1: "What is the Data Exchange Framework"	September 13, 2022, 1:30 PM to 2:30 PM
DxF Webinar #2: "The DxF Data Sharing Agreement and Policies & Procedures: An Overview"	October 24, 2022, 2:00 PM to 3:00 PM
DxF Webinar #3 "DxF Grants and DSA Signing Instructions"	November 22, 2022, 11:30 AM – 12:30 PM
DxF Webinar #4 "What is a QHIO? How do I sign the DSA? And Other DxF Program Updates"	December 13, 2022, 2:00 PM – 3:00 PM
DSA Signing Portal Town Hall	January 6, 2023, 11:00 AM – 12:00 PM
DxF Webinar #5	January 19, 2023, 9:00 AM – 10:00 AM
DxF Webinar #6	February 21, 2023, 10:00 AM – 11:00 AM
DxF Webinar #7	March 23, 2023, 9:30 AM – 10:30 AM

*Topics of webinars 5+ are TBD. Webinar times may be released at CDII's discretion.