Data Exchange Framework
INFORMATION IS POWER
Webinar Series

WEBINAR 6

DxF Data Sharing Agreement Fact vs. Fiction, DxF Grant Applications, & QHIO Applications

February 21, 2023

CalHHS
California Health & Human Services Agency

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

Q&A Procedure

- **Please submit your questions through the Zoom Q&A function.**
- **CDII will select questions to be answered live during the webinar as time allows.**
- **If your question was not answered during the session and you would like to follow up with CDII, please submit it to cdii@chhs.ca.gov.**

Speaker Introductions

DeeAnne McCallin
Deputy Director,
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Agenda

- Vision for Data Exchange in California

- Data Exchange Framework (DxF) Program Updates

- DxF Grant Program Details

- How to Apply for DxF Grants

- Overview of the QHIO Application

- Wrap-up & Q&A

Vision for Data Exchange in California

The Vision for Data Exchange in California

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.

DxF Program Updates

DxF this Month

Since our last *Information is Power* webinar on January 19th, CDII and stakeholders have continued to advance DxF implementation across several domains.

Governance
- CDII facilitated IAC meeting #4 on February 2nd, soliciting input on several draft P&Ps, Grant Program funding maximums, the QHIO Application, and the DxF Participant Registry.

DSA P&P Development
- CDII is reviewing stakeholder input on five draft/amended P&Ps from the public comment period which concluded on February 14th.
- CDII discussed draft language for the QHIO Program P&P at the February IAC and January DSA P&P Subcommittee meetings.

DxF Grants
- CDII is finalizing eligibility criteria and funding parameters for QHIO Onboarding and Technical Assistance Grant domains.

QHIO
- CDII discussed the QHIO application and criteria for the QHIO Program including functional capabilities and QHIO operations at the February 2nd IAC meeting and at a public QHIO Town Hall on February 9th.

Meeting materials and information are available on the CalHHS DxF website

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Over 1,400 Organizations Have Signed the DSA!

CalHHS welcomes the over 1,400 organizations to the DxF represented by over 1,000 entities that have signed the DSA.

- Organizations that have signed the DSA are made up of at least:

800+
ambulatory care facilities and practices

120+
hospitals and other acute care settings

80+
long-term care facilities

70+
health plans and insurers

A wide variety
of other health care entities, community-based organizations, and voluntary signers

DATA EXCHANGE FRAMEWORK

- The full list of organizations that have signed the DSA is available here.

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Note: The numbers of organizations shown on this slide are based upon self-reported entity type information provided through the DSA Signing Portal.

Signing the DSA: Fact vs. Fiction (1)

Several misconceptions about signing the DSA have been brought to CDII's attention.	
Myth	**Reality**
Mandatory signatories can request an extension from CDII of the January 31, 2023 deadline to sign the DSA.	• Mandatory signatories are required by law to sign the DSA by January 31, 2023 (Codified in Cal. Health and Safety Code section 130290(f)). • Neither CalHHS nor CDII have the authority to grant an extension.
The DSA's P&Ps were developed with limited public input.	• All P&Ps have been developed through an open, public, and transparent process. • Input was solicited on drafts on the P&Ps at public meetings and through written public comment before they were finalized.
Mandatory signatories do not have to sign the DSA because the P&Ps may change.	• As with every framework, P&Ps will develop and change over time as the needs of participants change and industry standards, best practices advance, and federal requirements expand. • The process for amending P&Ps is memorialized in the Modifications to Policies and Procedures P&P. • There is no exception in the law that allows mandatory signatories to not sign the DSA because the P&Ps may change.

Signing the DSA: Fact vs. Fiction (2)

Myth	Reality
The DSA and P&Ps require entities to use a HIO or other data exchange intermediary.	• The DxF, DSA, and P&Ps—in accordance with AB-133 do not require the use of an HIO nor a DxF Qualified Health Information Organization (QHIO). • Entities may use any technology that adheres to the DSA and P&Ps.
The DxF requires signatories that are HIPAA Covered Entities to share protected health information (PHI) with non-Covered Entities against the law and without protecting the information.	• DxF does not require Covered Entities to make disclosures in violation of HIPAA or any applicable law. • DxF does not require Covered Entities to make disclosures without patient authorization if applicable law requires patient authorization. • Covered Entities are not submitting data to a state database that non-Covered Entities can access. • When PHI is lawfully shared to a Non-Covered Entity through the DSA, the Non-Covered Entity participants must also abide by all P&Ps that a Covered Entity does, including the Privacy and Security Safeguards P&P, because they also signed the DSA. • Like Covered Entities, non-Covered Entities can only request information for purposes allowed under the Permitted, Required, and Prohibited Purposes P&P.

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Who Must Sign the DSA?

#	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 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 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.

Mandatory Signatories Should Sign the DSA Immediately

Every organization required to sign the DSA should have signed, and any required organization that has not signed should do so immediately.

Where to Sign the DSA

CalHHS   CalHHS Data Sharing Agreement Signing Portal

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

Where to Find More Information

More information is available on the CalHHS DxF [website](#), including:

- Final DSA
- Draft & Final P&Ps
- FAQs on the DSA, P&Ps, and Signing Portal
- Historical Meeting Materials & Recordings

Contact CDII if your organization has questions or concerns about signing.

CDII Mailbox

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DxF Grant Program

About the DxF Grant Program

In the 2022-23 California Budget, Governor Newsom and the California Legislature allocated $50 million over two years to support the implementation of the Data Exchange Framework

The funding establishes the **DxF Grant Program** to provide funding to external entities to support:

- o Health information exchange onboarding for organizations who do not actively share information through health information intermediaries
- o Technical assistance for small/under-resourced providers
- o Technical assistance and education for organizations who are new to health information exchange, especially those who are required by AB133 to sign the Data Sharing Agreement

DxF Grant Program Overview

CDII will administer $50 million in funding over two years to provide **education, TA, and QHIO onboarding support** for DxF signatories to implement the DxF.
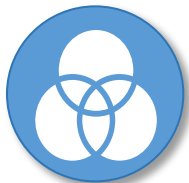
Key Program Goals

Support DxF implementation among DxF signatories in under-resourced geographies and/or serving historically marginalized populations and underserved communities

Address significant barriers to DxF implementation (operational, technical, or other) for DxF signatories

Align across other grant programs and promote activities ineligible for funding by other grant programs (past or present)

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Three Types of Grant Opportunities

CDII intends to award grants across three domains:

DxF Educational Initiative Grants *(Up to $3 Million)*

Provides grant funding to associations for **educational initiatives** designed to provide information about the Data Exchange Framework and the Data Sharing Agreement to signatories

DSA Signatory Grants *(Up to $47 Million)*

TA Grants

Provides grant funding for **a range of TA options** to support signatories meeting their DSA requirements

QHIO Onboarding Grants

Provides "assisted pathway" for organizations who choose to meet their DSA requirements by **connecting to a qualified HIO** and would like support with obtaining and managing grant funds

DxF Educational Initiatives Grants

Educational Initiative Grantee Contact Info.

Eight associations will provide education about the DxF statewide and are available to answer questions from signatories about implementation.

Educational Initiatives Grantees	Contact	Signatory Type
Multi-Association Initiative led by America's Physician Groups (APG)	DxFeducation@connectingforbetterhealth.com	Physicians (Group Practices/Family Physicians/etc.), Aging Providers, Skilled Nursing Facilities (includes nursing homes and ICFs), Health Information Exchanges
California Medical Association	DxFQuestions@cmadocs.org	Physician Organizations, Medical Groups
California Primary Care Association	grants@cpca.org	FQHCs
The County Health Executives Association of California	Admin@cheac.org	Local health departments
California Association of Health Plans	info@calhealthplans.org	Health insurance plans
Leading Age California Foundation	Meredith Chillemi: mchillemi@leadingageca.org	Skilled Nursing Facilities, Health Plans, Community-Based Organizations
American Academy of Pediatrics, California Chapter 1	projectcoordinator@aapca1.org	General acute care hospitals, Physician organizations and medical groups, Acute psychiatric hospitals, Community-based organizations providing social services, Behavioral health providers, County health, social services, and public health, Other health care entities
California Council of Community Behavioral Health Agencies	response@cccbha.org	Community-Based Organizations Behavioral Health Providers

You can also reach out to CDII directly at cdii@chhs.ca.gov.

From the DxF Educational Initiative Grantees

New Resources

- DxF Multi-Association Initiative (led by APG) launched its DxF Information Hub Page.

- The California Council of Community Behavioral Health Agencies released a DxF Factsheet.

- The California Chapter 1, American Academy of Pediatrics hosted a recorded Chapter Chat on the DxF.

Upcoming Events

Date	Event
March 2-3	California Primary Care Association (CPCA) Quality and Technology Conference Session
March 3	California Council of Community Behavioral Health Agencies Virtual Town Halls
March 13	California Primary Care Association (CPCA) Drop-in Virtual Office Hours
March 22	California Primary Care Association (CPCA) HCCN
March 29	County Health Executives Association of California (CHEAC) DxF 101 webinar

How to Apply for DSA Signatory Grants

All grant criteria are draft and subject to change

DSA Signatory Grants:
General Eligibility Requirements

To be eligible for <u>either</u> the QHIO Onboarding or TA Grants, applicants must:

❑ Sign the CalHHS Data Sharing Agreement (DSA) prior to submitting their grant application

❑ Need additional support and capabilities to meet their DSA requirements, either by:

  ❑ Connecting to an HIO that CDII has determined achieves DSA requirements through its QHIO qualification program;

  OR

  ❑ Using other technology solutions or operational assistance to achieve DSA requirements

All grant criteria are draft and subject to change

DSA Signatory Grants:
Overview

> CDII intends to award two types of DSA Signatory Frants to subsidize signatories' investments to implement the DSA.

A DSA Signatory may apply for **<u>one</u>** of the following grant opportunities:

QHIO Onboarding Grants

This is an **"assisted" pathway** in which CDII and QHIOs support grantees in identifying a technology solution to achieve their DSA requirements, and in securing and managing the funds to pay for the initial costs of that solution.

- Applications submitted by third-party application support
- Funds dispersed to QHIOs
- Milestone reporting submitted by QHIOs

TA Grants

This is a **"build-your-own-solution"** grant opportunity that signatories can use to fund a range of technical and operational assistance activities to achieve their DSA requirements.

- Applications submitted by signatories
- Funds dispersed to signatories
- Milestone reporting submitted by signatories

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All grant criteria are draft and subject to change

QHIO Onboarding Grants :
Uses of Funding

Permissible Uses

QHIOs and signatories must agree on how funds will be used to support onboarding.

QHIOs may use funding to offset QHIO costs:

- ✓ Costs for QHIO to connect to a DSA Signatory's EHR (initial QHIO fees).
- ✓ Costs for QHIO to develop capabilities to perform the HIE services specified in the milestones.

QHIOs may use funding to offset other costs:

- ✓ Configuration costs for the DSA signatory's EHR to connect to the QHIO.
- ✓ Costs for signatory to retain a technology consultant or IT staff for onboarding.

Impermissible Uses

Reminder: Organizations that already meet DSA requirements are not eligible for DSA Signatory Grants.

Grantees may not use the funding in the following ways:

- ✗ For **ongoing HIE operations** (i.e., funds can only be use for initial QHIO onboarding activities).
- ✗ For **purchasing new EHR technology.**
- ✗ For **onboarding to a non-qualified HIO**.
- ✗ For **changing from one QHIO to another**.
  - ✗ Once a Signatory achieves Milestone 1 with a Qualified HIO, it must continue to work with that Qualified HIO to achieve the second milestone.
- ✗ For **connecting to multiple QHIOs** (signatories can opt to connect to multiple QHIOs but grant funding may only be used for one QHIO).

All grant criteria are draft and subject to change

TA Grants:
Uses of Funding

Permissible Uses

Grantees may apply for one or more of the following funding uses:

- ✓ For **identifying/contracting with a vendor providing a technology solution (QHIO or otherwise)** for meeting DSA requirements
- ✓ For **onboarding costs to implement a technology solution** (QHIO or otherwise) that establishes real-time data exchange as required by the DSA
- ✓ For adjusting, upgrading, or adopting an **EHR or other technology systems** (including HIO or other documentation system) necessary to achieve real-time data exchange as required by the DSA
- ✓ For creating and providing training on new operational or clinical workflows associated with new technologies implemented to achieve DSA requirements

Impermissible Uses

Reminder: Organizations that already meet DSA requirements are not eligible for DSA Signatory Grants.

Grantees may not use the funding in the following ways:

- ✕ For activities that do not support the signatory in achieving its DSA requirements or establishing data exchange with other health and human services organizations
- ✕ For activities other than those specified in their application
- ✕ For ongoing subscription or recurring costs for a QHIO, EHR, or other health IT system
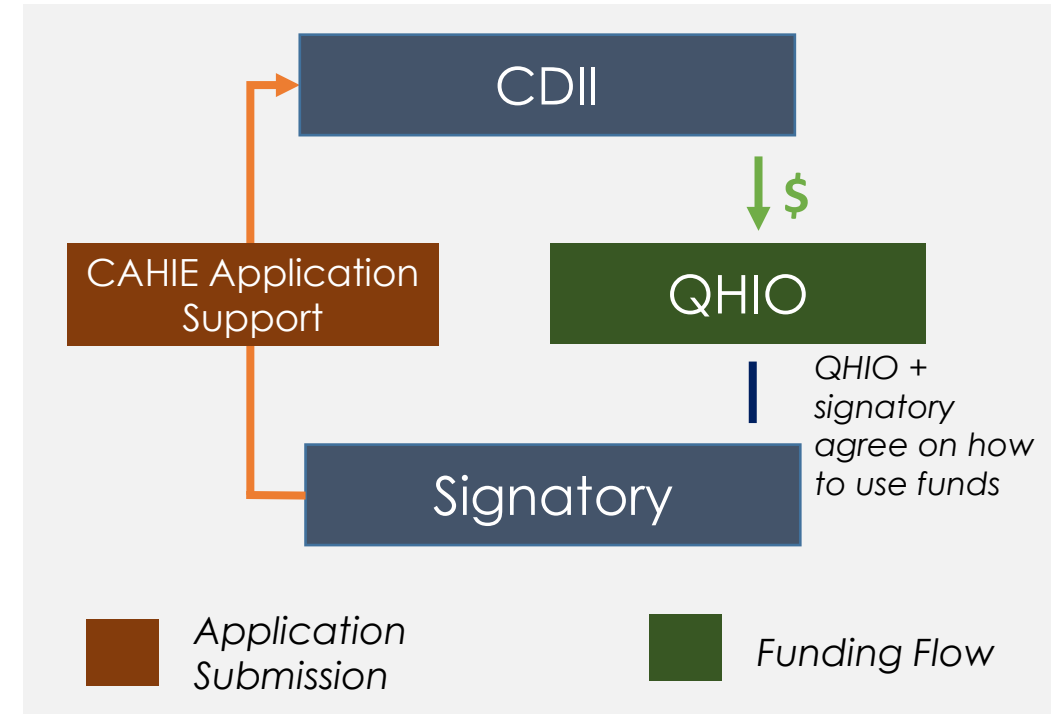
All grant criteria are draft and subject to change

QHIO Onboarding Grants:
Application and Funding Flow

QHIO Onboarding Grant

*The "**assisted**" pathway.*

1 — Signatory decides it wants to onboard with a QHIO to achieve its DSA requirements and determines it is eligible for a QHIO Onboarding Grant.

2 — Signatory submits a request for CAHIE (a CDII contractor) to complete and submit an application on their behalf to CDII.

3 — CDII reviews the application and announces the award decision and amount (approx. quarterly).

4 — Signatory selects a QHIO, that will receive and manage the grant funds. QHIO and signatory agree on how funds will be used to support onboarding.

CDII

CAHIE Application Support

QHIO

Signatory

QHIO + signatory agree on how to use funds

■ *Application Submission*   ■ *Funding Flow*

All grant criteria are draft and subject to change

QHIO Onboarding Grants:
Disbursement of Funds by Milestones

QHIO Onboarding Grant

*The "**assisted**" pathway.*

5 Signatory and QHIO sign a contract to onboard the signatory to the QHIO.

QHIO submits progress report attesting to signed contract.

CDII releases Milestone 1 funding to QHIO.

6 QHIO successfully completes onboarding of signatory, and real-time data exchange begins.

QHIO submits progress report attesting to complete onboarding, co-signed by signatory.

CDII releases Milestone 2 funding to QHIO.

Milestone 1
Contract Signed between Signatory & QHIO

Milestone 2
Attestation of Completed QHIO Onboarding

Progress Report Submission

Funding Disbursement

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All grant criteria are draft and subject to change

TA Grants:
Application and Funding Flow

TA Grant

*The "**build your own solution**" pathway.*

1 Signatory decides it needs TA to achieve its DSA requirements and determines it is eligible for a TA Grant.
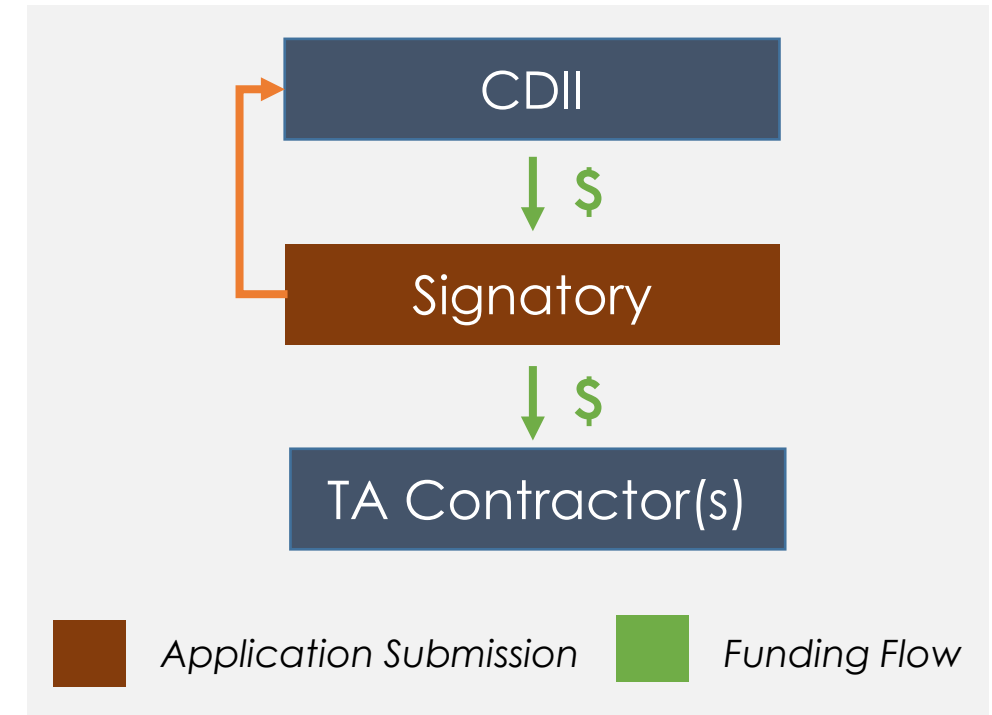
2 Signatory identifies its specific TA needs and TA contractor(s) to address those needs, and signatory submits a grant application to CDII requesting funds.

3 CDII reviews the application and announces the award decision and amount (approx. quarterly).

4 Signatory will receive and manage the grant funds from CDII and pay TA contractor(s) for their TA services.

CDII

$

Signatory

$

TA Contractor(s)

■ *Application Submission* ■ *Funding Flow*

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All grant criteria are draft and subject to change

TA Grants:
Disbursement of Funds by Milestones

TA Grants
*The "**build your own solution**" pathway.*

5 Signatory and TA Contractor sign a contract for TA services specified in TA Grant application.

Signatory submits progress report attesting to signed contract.

CDII releases Milestone 1 funding to Signatory.

6 TA Contractor completes all services specified in TA Grant application.

Signatory submits progress report attesting to completed services.

CDII releases Milestone 2 funding to Signatory.

Milestone 1
Contract Signed between Signatory and TA Contractor

Milestone 2
Attestation of Completed TA Services

🟧 *Progress Report Submission*
🟩 *Funding Disbursement*

All grant criteria are draft and subject to change

DSA Signatory Grants:
Funding Maximum per DSA Signatory

- Signatories will be eligible for different funding maximums based on their organizational type and characteristics.

  - Funding maximums take into account whether organizations have received prior federal/state funding for similar investments and whether they serve **Californians in historically marginalized populations or underserved/underfunded geographic areas**.

- Applicants for the TA Grants must explain the amount of funding they are requesting based on the TA they would procure with the funding.

- Informed by the DxF Implementation Advisory Committee representing diverse DxF stakeholders, CDII has proposed setting a range of DSA Signatory Grant funding maximums, between $15,000 and $100,000, depending on signatory type and organizational characteristics.

- Funding is intended to subsidize investments in achieving DSA requirements.

DSA Signatory Grants:
Funding Maximum per DSA Signatory

All grant criteria are draft and subject to change

Proposed DSA Signatory Grant Funding Maximums		
	Organization Type	**Funding Maximum****
• **General Acute Care Hospitals** • **Acute Psychiatric Hospitals** • **Skilled Nursing Facilities**	**Serving Underserved Communities/Geographies *and* Did Not Receive Funding from Past HIT Funding Programs***	$100,000
	Other	$50,000
Physician Organizations and Medical Groups	**Serving Underserved Communities/Geographies* *and* Did Not Receive Funding from Past HIT Funding Programs***	$50,000
	Other	$35,000
Health Insurance Plans	All	$35,000
Clinical Laboratories	All	$15,000
Other DSA Signatories	**Serving Underserved Communities/Geographies* *and* Did Not Receive Funding from Past HIT Funding Programs***	$50,000
	Other	$25,000

* Details on how these criteria will be determined will be released prior to the first round of funding.
**Dollars would be disbursed across two milestones.

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All grant criteria are draft and subject to change

DSA Signatory Grants:
Funding Rounds

Up to $47 million in funding will be allocated to applicants across <u>at least three rounds of funding</u>.

– The **exact funding amount awarded per grant round will be finalized based on the total funding requested** by applicants in that round.

– **CDII will reserve funding to ensure at least three rounds of funding are available to applicants**, ensuring that organizations with limited resources have sufficient time to complete and submit a grant application while still beginning to award grants as early as possible.

– CDII will notify the public of the total grants awarded in each round and **provide adequate notice before the last round of grant applications closes**.

To be eligible for the <u>first two rounds of funding</u>, applicants must be identified as a <u>required</u> signatory under AB-133.

– This is designed to support required signatories in achieving their DSA requirements by the mandatory deadline established by AB-133.

– Voluntary signatories will have access to funding for at least one round of funding (i.e., the third round).

All grant criteria are draft and subject to change

DSA Signatory Grants:
Funding Rounds

> CDII will award DSA Signatory Grants through at least three rounds of funding.

- For each round, CDII's TPA will review all applications and score them using a standardized scoring rubric. Details about that rubric will be shared with applicants in the forthcoming DxF DSA Signatory Grants Application Guidance document.

- Based on scoring, applicants will fall into one of the following categories:
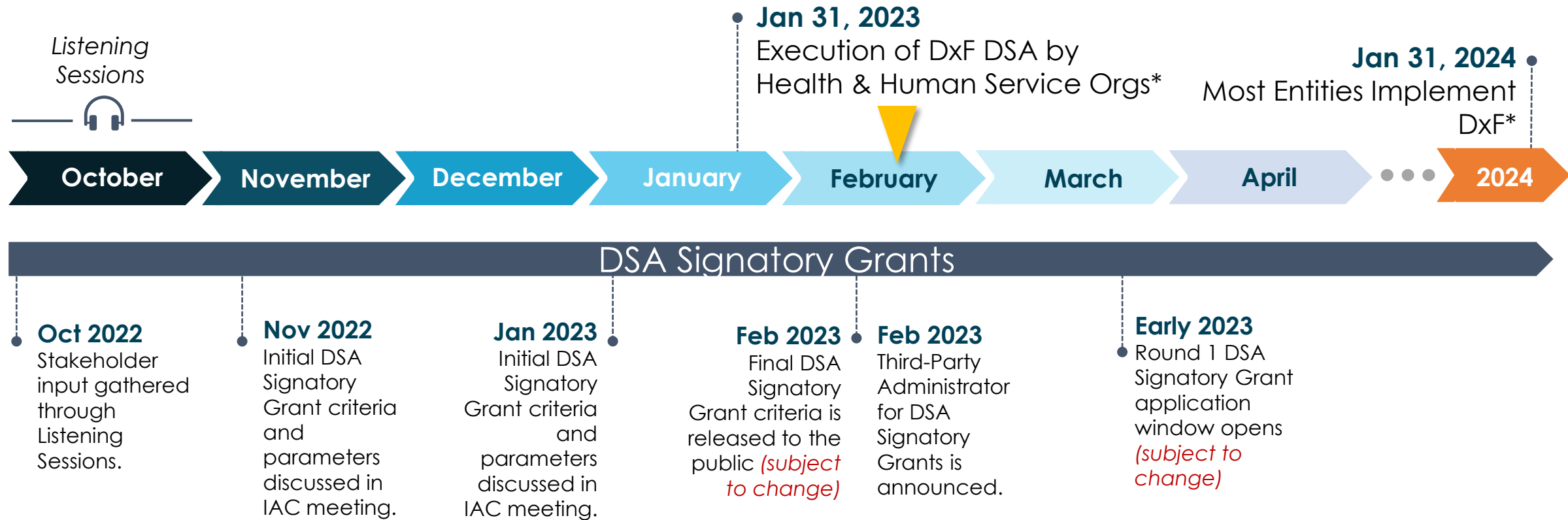
1. No Grant Award	2. Application Deferred to Next Round	3. Grant Award*
Applications that **did not meet a scoring threshold** (to be set based on applications submitted)	Applications that **meet a scoring threshold for consideration**	Applications that **meet the scoring threshold for receiving a grant** in that round

* CDII may issue partial awards to some applicants

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All grant criteria are draft and subject to change

DSA Signatory Grants:
Implementation Timeline (Subject to Change)

Jan 31, 2023
Execution of DxF DSA by Health & Human Service Orgs*

Jan 31, 2024
Most Entities Implement DxF*

Listening Sessions

| October | November | December | January | February | March | April | 2024 |

DSA Signatory Grants

Oct 2022
Stakeholder input gathered through Listening Sessions.

Nov 2022
Initial DSA Signatory Grant criteria and parameters discussed in IAC meeting.

Jan 2023
Initial DSA Signatory Grant criteria and parameters discussed in IAC meeting.

Feb 2023
Final DSA Signatory Grant criteria is released to the public *(subject to change)*

Feb 2023
Third-Party Administrator for DSA Signatory Grants is announced.

Early 2023
Round 1 DSA Signatory Grant application window opens *(subject to change)*
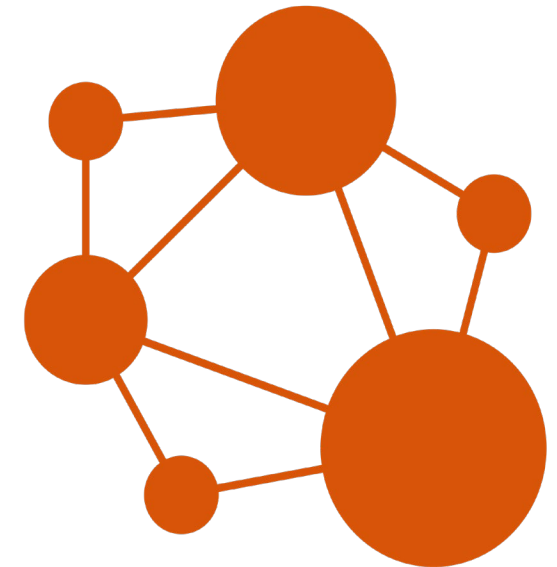
*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.

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DxF QHIO Program

The Role of the QHIO

- The DxF is establishing the framework for statewide exchange of health and human service information.

- To participate in the DxF, signatories must be able to send and receive transactions, locate a patient record based on demographic data, format health and social services information to conform with industry-standard terminologies, apply security measures, and more.

- For many signatories, these are not current capabilities, and they may seek the services of a Qualified Health Information Organization (QHIO) to help manage the exchange.

- Signatories are <u>not</u> required to use a QHIO if they can meet the requirements of the DSA through other means.

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 and social services information. The HIO serves as an intermediary, assisting health and human services organizations as they send information or initiate, receive, and reply to requests for information.
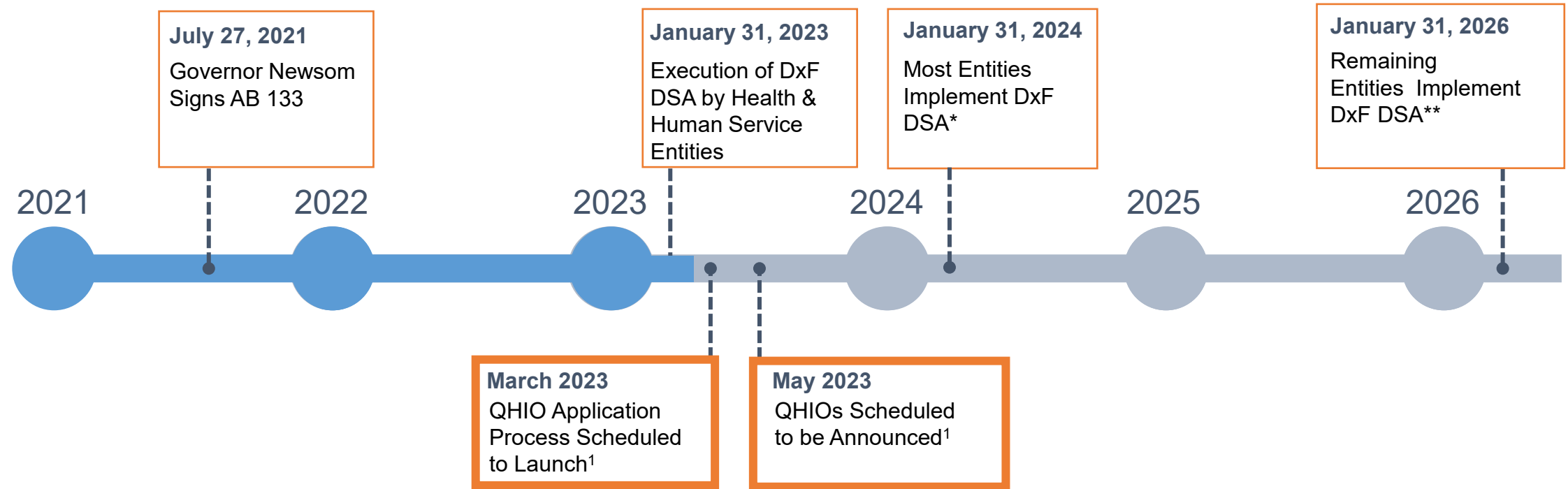
A **Qualified Health Information Organization (QHIO)** is an HIO that has demonstrated their ability to meet DxF data exchange requirements. As part of the DxF implementation, CDII will establish QHIO criteria and a process to qualify HIOs.

Will Using QHIO Services Assure DSA Compliance?

- **No**. QHIOs will likely <u>enable</u> compliance with the DSA and its associated Policies and Procedures, but signatories also need to take actions and abide by these requirements.

  - For example, QHIOs can help enable compliance with the Requirement to Exchange Health and Social Services Information, the Technological Requirements for Exchange, and Real Time Exchange P&Ps.

- **Example**: A signatory remains responsible for reporting a data breach once the signatory becomes aware of that breach. The presence or absence of HIO or QHIO services does not alter that obligation.

- **Analogy**: Years ago, hospitals and physicians sought to achieve the Meaningful Use of certified EHR technology (CEHRT) earn the associated incentives. This required acquiring CEHRT. However, acquiring the CEHRT alone did not guarantee the organization would achieve Meaningful Use. The organization had to demonstrate its use of that software capability to meet Meaningful Use requirements.

QHIO Application Timeline

July 27, 2021

Governor Newsom Signs AB 133

January 31, 2023

Execution of DxF DSA by Health & Human Service Entities

January 31, 2024

Most Entities Implement DxF DSA*

January 31, 2026

Remaining Entities Implement DxF DSA**

2021   2022   2023   2024   2025   2026

March 2023

QHIO Application Process Scheduled to Launch[1]

May 2023

QHIOs Scheduled to be Announced[1]

[1] *Subject to change*

Notes

*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans, disability insurers and Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. *County health, public health, and social services providers are <u>encouraged</u> to connect to the DxF.*

**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

Wrap Up & Q&A

Question & Answer

Stay Involved!

1. **Join our next Information is Power webinar on March 23rd, 2023 from 9:30 to 10:30 AM .**

2. **Participate in IAC and DSA P&P SC meetings.**
   - **JOINT DSA P&P SC and IAC Meeting:** March 21, 2023, 9:00 to 11:30 AM.
   - Meeting materials, participation information, and recordings will be posted on the CalHHS DxF website.

3. **Join the mailing list by emailing** cdii@chhs.ca.gov.
   - CDII welcomes suggestions for future webinar topics.

IAC and DSA P&P SC Meeting Schedule

IAC Meetings	Date
IAC Meeting #5 *Joint meeting with DSA P&P SC*	**March 21, 2023, 9:00 AM to 11:30 AM**
IAC Meeting #6	April 24, 2023, 10:30 AM – 1:00 PM
IAC Meeting #7	June 5, 2023, 10:30 AM – 1:00 PM
IAC Meeting #8 *(Tentative)*	July 20, 2023, 9:30 AM – 12:00 PM
IAC Meeting #9 *(Tentative)*	August 28, 2023, 1:00 PM – 3:30 PM

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #5 *Joint meeting with IAC*	**March 21, 2023, 9:00 AM to 11:30 AM**
DSA P&P SC Meeting #6	April 18, 2023, 12:00 PM – 2:30 PM PT
DSA P&P SC Meeting #7	May 25, 2023, 9:30 AM – 12:00 PM
DSA P&P SC Meeting #8 *(Tentative)*	June 27, 2023, 10:00 AM – 12:30 PM
DSA P&P SC Meeting #9 *(Tentative)*	August 17, 2023, 9:30 AM – 12:00 PM

DxF Website Resources

For more information on the DxF, please visit our [Website](#).

There you can find:
- The DxF, DSA, and P&Ps.
- Information about the QHIO and DxF Grant programs.
- Materials from previous and upcoming meetings, webinars, and listening sessions.
- FAQs on the DxF Data Sharing Agreement and the DSA Signing Portal.