

## CalHHS Data Exchange Framework Policy and Procedure

<b>Subject: Technical Requirements for Exchange</b>	
<b>Status:</b>	<b>Policy: OPP-[X]</b>
<b>Publication Date:</b>	<b>Version: 1.0</b>

### I. Purpose

California Health and Safety Code § 130290 establishes that the California Health and Human Services Data Exchange Framework (“Data Exchange Framework”) will create a “common set of policies and procedures that will leverage and advance national standards for information exchange and data content, and that will govern and require the exchange of health information” among Participants. The purpose of this policy is to define recommended and required exchanges of Health and Social Services Information among Participants and the technical standards to be used in those exchanges.

### II. Policy

This policy shall be effective January 31, 2024.

1. Subject to the procedures set forth in this policy and procedures, Participants must exchange Health and Social Services Information with other Participants as specified below:

a. In response to a request for Health and Social Services Information from a Participant,

b. When Health and Social Services Information is created and becomes available electronically in connection with an Order or Request for Services and delivery of those services by a Participant, and

c. For Hospitals, to notify Participants of ADT Events ~~if requested by a Participant in accordance with~~ [CMS Interoperability and Patient Access Final Rule](#).

2. Participants must be able to exchange Health and Social Services Information using National and Federally Adopted Standards as specified below.

3. Participants must use a standardized set of attributes and identifiers as specified below for Person Matching when sending Health and Social Services Information to or requesting Health and Social Services Information from another Participant.

4. The Governance Entity must review new and maturing National and Federally Adopted Standards for data content and exchange regularly, no less than annually, for potential inclusion in amendments to the Data Elements to Be Exchanged Policy and Procedure and to this policy and procedure.

### III. Procedures

1. Compliance through QHIN. A Participant may comply with this Technical Requirements for Exchange Policy & Procedure by exchanging Health and Social Services Information through a QHIN in compliance with its policies, procedures and other requirements or the Participant may comply with the procedures set forth below.

**Comment:** The CMS Interoperability Rule (see Section III.3.A below) amended the Medicare Hospital Condition of Participation for Medical Records to require ADT notifications. Therefore, we have aligned this provision with the Interoperability Rule.

We deleted “if requested by a Participant” because the existing technology is push technology which is not capable of responding to requests.

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~~1-2.~~ Request for Information is an electronic request by a Participant for electronic Health and Social Services Information regarding a specific person (e.g., patient, member, or client) from one or more Participant(s).

a. Requesting Participants

i. A Participant that makes electronic requests for electronic Health and Social Services Information from a Participant or Participants using a Nationwide Network or Framework must make the request using the IHE XCPD (Cross-Community Patient Discovery) exchange profile for Person Matching and the IHE XCA (Cross-Community Access) exchange profile to retrieve Health and Social Services Information, if and to the extent that the Nationwide Network or Framework selected by the Participant makes such exchange profiles reasonably available for use and subject to any technological limitations of such Nationwide Network or Framework.

b. Responding Participants

i. Every Participant must accept and respond to an electronic request for electronic Health and Social Services Information from another Participant.

ii. Every Participant that responds to electronic requests for electronic Health and Social Services Information from a Participant using a Nationwide Network or Framework or a point-to-point connection must support requests and responses using the IHE XCPD profile for Person Matching and the IHE XCA profile to retrieve Health and Social Services Information, if and to the extent that the QHIN or other Nationwide Network or Framework selected by the Participant makes such profiles reasonably available for use and subject to any technological limitations of such Nationwide Network or Framework.

iii. Participants are encouraged to support electronic requests and electronic responses to requests for electronic Health and Social Services information using HL7 FHIR Release 4 and the US Core implementation guide. This request and response standard may be required in future revisions of this policy and procedure.

iv. If reasonably available through the functionality of the Nationwide Network or Framework selected by Participant, a Participant must respond to an electronic request for Health and Social Services Information with an appropriate null response or error message as specified by the technical standard in use and in compliance with this policy and procedure if the Participant receiving the request for Health and Social Services Information cannot fulfill the request for any of the following reasons:

a. The Participant cannot determine a matching person for the exchange.

b. The Participant determines that multiple persons may match the attributes and identifiers supplied in the request, ~~or~~

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c. \_\_\_\_\_ The Participant does not have authority to make Health and Social Services Information available for the requested person, ~~or~~ or

d. Any other good faith reason as reasonably determined by the responding Participant.

c. Qualified Health Information Organizations

i. Qualified Health Information Organizations (HIOs) must support sending and receiving electronic requests and electronic responses to requests for electronic Health and Social Services Information using the IHE XCPD profile for Person Matching and the IHE XCA profile to retrieve Health and Social Services Information.

ii. A Participant that uses a Qualified HIO or other intermediary to request electronic Health and Social Services Information or to respond to electronic requests for electronic Health and Social Services Information may use any open technical standard supported by both the Participant and the selected intermediary. For requests or responses beyond the intermediary's participants, the intermediary must be able to translate that request into the IHE XCPD profile for Person Matching and the IHE XCA profile to retrieve Health and Social Services Information.

d. Nothing in this policy and procedure limits the responsibility of a Participant to respond to requests for electronic Health and Social Services Information in compliance with the Data Elements to Be Exchanged Policy and Procedure.

2-3. Information Delivery is the delivery of Health and Social Services Information regarding a specific person (e.g., patient, member, or client) to a specific Participant in conjunction with an Order or a Request for Services.

a. Participants that Deliver Health and Social Services Information

i. A Participant that generates Health and Social Services Information in response to an Order or a Request for Services must deliver the Health and Social Services Information to the ordering or requesting Participant electronically.

ii. A Participant that delivers electronic Health and Social Services Information to a Participant using a Nationwide Network or Framework or a point-to-point connection must support delivery using the following standards if reasonably available through such Nationwide Network or Framework or point-to-point connection:

a. The Integrating the Healthcare Enterprise (IHE) XDR (Cross-Enterprise Document Reliable Interchange) exchange profile or IHE XCDR (Cross-Community Document Reliable Interchange) profile; and

b. The Applicability Statement for Secure Health Transport (Direct Secure Messaging).

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iii. A Participant that delivers electronic Health and Social Services Information is encouraged to support delivery using Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) Release 4 conforming to the US Core implementation guide. This delivery standard may be required in future revisions of this policy and procedure.

b. Qualified Health Information Organizations

i. Qualified HIOs must support sending and receiving electronic Health and Social Services Information using IHE XDR or IHE XCDR profiles for Qualified HIO-to-Qualified HIO exchange in support of Information Delivery.

a. A Participant that uses a Qualified HIO or other intermediary to deliver or receive electronic Health and Social Services Information may use any open technical standard supported by both the Participant and the selected intermediary. For delivery beyond the intermediary's participants, the intermediary must be able to translate the delivery into the IHE XDR or IHE XCDR profiles and Direct Secure Messaging for Information Delivery.

c. Participants that Receive Health and Social Services Information

i. All Participants are required to support electronic receipt of Health and Social Services Information.

ii. A Participant that receives electronic Health and Social Services information from a Participant using a Nationwide Network or Framework or a point-to-point connection must support receipt using the IHE XDR or IHE XCDR profiles or Direct Secure Messaging, if and to the extent reasonably available through the Nationwide Network or Framework or a point-to-point connection.

d. Nothing in this policy and procedure limits the responsibility of a Participant to send electronic Health and Social Services Information in compliance with the Data Elements to Be Exchanged Policy and Procedure.

e. Nothing in this policy and procedure limits the delivery of Health and Social Services Information to only those Participants that generate Health and Social Services Information in response to an Order or a Request for Services. All Participants are encouraged to send Health and Social Services Information to other Participants using a technical standard identified in this policy and procedure. This capability may be required in future revisions of this policy and procedure.

f. Nothing in this policy and procedure alters or limits the obligations of a Participant regarding public health reporting, technical standards for public health reporting, or other requirements for public health reporting as specified by Applicable Law.

g. Nothing in this policy and procedure limits the responsibility of a

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Participant to send electronic Health and Social Services Information in response to an electronic request for information described earlier in this policy and procedure.

~~3.4.~~ Requested Notification is the electronic communication of Admit, Discharge, Transfer (ADT) Events sent by a sending Participant to a receiving Participant for specified persons (e.g., patients, members, or clients) requested by the receiving Participant.

a. Hospital Participants

~~i.~~ Hospital Participants shall send Notifications of ADT Events in accordance with the requirements at 42 C.F.R. § 482.24. If such requirements are amended, such amendment are adopted herein as of the effective date of such amendments.

~~i.~~ Participants that are Hospitals must communicate ADT Events electronically unless prohibited by Applicable Law via the following methods:

~~a.~~ The Participant Hospital may accept requests for electronic Notification of ADT Events from any other Participant and communicate ADT Events electronically as requested in a format acceptable to the requesting Participant and supported by the Participant Hospital.

~~b.~~ The Participant Hospital must send electronic Notifications of ADT Events to at least one Qualified HIO chosen by the Participant Hospital, allowing and requiring the selected Qualified HIO to accept requests for electronic Notifications of ADT Events and communicate ADT Events electronically to requesting Participants on behalf of the Participant Hospital.

~~ii.~~ Participants that are Hospitals that send electronic Notifications of ADT Events to a Qualified HIO must use HL7 Version 2.5 Admit, Discharge, Transfer (ADT) messages or a later, compatible version.

~~iii-ii.~~ Participants that are Hospitals may communicate ADT Events electronically to other Participants that are not Qualified HIOs as requested by the requesting Participant using any electronic method acceptable to both Participants.

~~iv-iii.~~ Participants that are skilled nursing facilities are encouraged to communicate admissions, discharges, and transfers using the same methods as Hospitals. Skilled nursing facilities may be required to communicate admissions, discharges, and transfers in future revisions of this policy and procedure.

b. Qualified Health Information Organizations

i. Qualified HIOs must accept requests for electronic Notification of ADT Events from their participants and communicate ADT Events electronically as requested in a format acceptable to the requesting Participant and supported by the Qualified HIO.

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ii. Qualified HIOs must accept electronic Notifications of ADT Events from any Participant Hospital.

iii. Qualified HIOs receiving electronic Notifications of ADT Events must exchange them electronically with all other Qualified HIOs.

iv. Qualified HIOs must exchange electronic Notifications of ADT Events with Hospitals and with other Qualified HIOs using HL7 Version 2.5 Admit, Discharge, Transfer (ADT) messages or a later, compatible version.

v. Qualified HIOs may communicate ADT Events electronically to other Participants as requested by the requesting Participant using any electronic method acceptable to both Participants.

~~e. Requesting Participants~~

~~i.vi. Any Participant may make a request for electronic Notification of ADT events.~~

### 4.5. Common procedures for Request for Information, Information Delivery, or Requested Notification

a. A Participant may access, query for, receive, maintain, use, and further disclose Health and Social Services Information only as permitted by Applicable Law, valid Authorization if any, and the Privacy Standards and Security Safeguards Policy and Procedure, including but not limited to Section III.1.c of the Privacy Standards and Security Safeguards Policy and Procedure.

#### b. Secure Exchange of Health and Social Services Information

i. Participants that use a Nationwide Network or Framework to exchange Health and Social Services Information must conform to the security model and security standards for exchanging information established by the Nationwide Network or Framework.

ii. Participants that use a Qualified HIO to exchange Health and Social Services Information must conform to the security standards for exchanging information required by the Qualified HIO and in conformance with the Privacy Standards and Security Safeguards Policy and Procedure.

iii. Participants that exchange Health and Social Services Information using point-to-point connections must mutually agree to security standards that conform to the Privacy Standards and Security Safeguards Policy and Procedure.

5.6. Person Matching is the process by which a Participant ensures that exchanged electronic Health and Social Services Information is appropriately linked to the correct real person.

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a. For Requests for Information, Information Delivery, and Requested Notifications, all Participants must ~~adhere to federal requirements relating to Person Matching, use the following data attributes for Person Matching if Maintained by the Participant when specifying a person to match in a Request for Information, or identifying a person in Information Delivery or Requested Notifications:~~

~~i. Name, including family name, given name(s), and middle name or initial, and including other names previously or currently used by the individual~~

~~ii. Date of birth~~

~~iii. Home and/or mailing address(es), including previous address(es) if known~~

~~iv. Phone number(s)~~

~~v. Email address(es)~~

~~b. Gender may be included among data attributes for Person Matching if~~

~~required by the technical standard in use. Otherwise, gender should not be included.~~

~~e.b.~~ Unless noted otherwise in this policy and procedure or in the Data Elements to Be Exchanged Policy and Procedure, data attributes for Person Matching must follow

the guidelines and standards established by the United States Core Data for Interoperability (USCDI) Version 2.

~~e.c.~~ Format and content of home and mailing addresses must conform to the Project US@ Technical Workgroup's *Technical Specification for Patient Addresses: Domestic and Military* published by the Office of the National Coordinator for Health Information Technology.

~~d.~~ If and to the extent available through the functionality of the Nationwide Network or Framework selected by a Participant, the Participants must also exchange specific identifiers related to health if Maintained by the Participant when specifying a person to match in a Request for Information or identifying a person in Information Delivery or Notifications, including but not limited to:

i. State or federal identifiers related to health (e.g., Medi-Cal or Medicare ID).

ii. Local identifiers related to health (e.g., medical record number or plan member identification number).

e. Participants may retain and use specific identifiers related to health and exchange them as an aid in Person Matching.

f. Nothing in this policy and procedure limits the responsibility of a

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Participant to exchange Health and Social Services Information in compliance with the Data Elements to Be Exchanged Policy and Procedure.

~~6-7.~~ 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.

- a. The process must be put in place no later than July 1, 2024.
- b. The process must consider both data content standards and data exchange standards to be adopted as amendments to the Data Elements to Be Exchanged Policy and Procedure and to this policy and procedure, respectively.
- c. The process must establish a regular review cadence, no less than annually.
- d. The process must align with requirements of the Development of and Modifications to Policies and Procedures Policy and Procedure.

#### IV. Definitions

**Admit, Discharge, Transfer (ADT) Event** means admission to a Hospital, discharge from a Hospital, or transfer from a Hospital to another healthcare facility, including but not limited to a skilled nursing facility.

**CMS Interoperability and Patient Access Final Rule** means the final rule published at [85 Fed. Reg. 25,510 – 25,640, including the requirements for ADT Event notifications under 42 C.F.R. § 482.24.](#)

**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.

**Information Delivery** means the delivery of Health and Social Services Information regarding a specific person (e.g., patient, member, or client) to a specific Participant in conjunction with an Order or a Request for Services.

**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.

**National and Federally Adopted Standards** means standards published by the US Department of Health and Human Services in the [Standards Version Advancement Process.](#)

**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,



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CommonWell Health Alliance, Carequality, DirectTrust, or Trusted Exchange Framework.

**Notification** means the message sent from a sending Participant to a receiving Participant with details of an ADT Event, including, at a minimum, the identity of the person who is the subject of the event, the Hospital associated with the event, the event date and time, and the diagnosis or chief complaint associated with the event.

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

**Person Matching** means the process by which a Participant ensures that exchanged electronic Health and Social Services Information is appropriately linked to the correct real person.

[QHIN means a qualified health information network that has entered into the Trusted Exchange Framework and Common Agreement \(TEFCA\) adopted pursuant to 42 U.S.C. § 300jj-11\(c\)\(9\)\(C\).](#)

**Qualified Health Information Organization (HIO)** means a state-designated data exchange intermediary that facilitates the exchange of Health and Social Services Information between Participants.

**Request for Services** means 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.

**Request for Information** means an electronic request by a Participant for electronic Health and Social Services Information regarding a specific person (e.g., patient, member, or client) from one or more Participant(s).

**Requested Notification** means the electronic communication of Admit, Discharge, Transfer (ADT) Events sent by a sending Participant to a receiving Participant for specified persons (e.g., patients, members, or clients) requested by the receiving Participant.

All other capitalized terms not defined in this policy and procedure have the same meaning as defined in the DSA.

### V. References

[Applicability Statement for Secure Health Transport, Version 1.2 \(Direct\)](#) or later

[California Health and Human Services, Data Exchange Framework, Strategy for Digital Identities](#)

Data Elements to Be Exchanged Policy and Procedure

Development of and Modifications to Policies and Procedures Policy and Procedure

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[HL7 Fast Health Information Resources \(FHIR\) Release 4 Version 4.0.1](#) or later

[IHE IT Infrastructure \(ITI\) Technical Framework, Volume 2](#)

Permitted, Required, and Prohibited Purposes Policy and Procedure

Privacy Standards and Security Safeguards Policy and Procedure

[Standards Version Advancement Process](#)

[Technical Specification for Patient Addresses: Domestic and Military](#)

[United States Core Data for Interoperability \(USCDI\) Version 2](#)

[US Core Implementation Guide Version 5.0.1 - STU5 Release US](#) or later

### VI. **Version History**

No.	Date	Author	Comment
	January 12, 2023	CalHHS CDII	Draft for public comment

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