



# Data Exchange Framework

**Joint Implementation Advisory Committee (IAC) and Data Sharing Agreement (DSA) Policies & Procedures (P&P) Subcommittee Meeting #7**

**Monday, June 5, 2023**

10:30 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 Khoua Vang ([khoua.vang@chhs.ca.gov](mailto:khoua.vang@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 CDII staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov).
  - Questions that require follow up should be sent to [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov)

# Meeting Participation Options

## Spoken Comments

- **Members of the public and IAC/Subcommittee 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	Not 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 onsite 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](mailto:CDII@chhs.ca.gov).

# Agenda



- 10:30 AM Welcome and Roll Call
- 10:35 AM Informational Item: Vision & Meeting Objectives
- 10:45 AM Informational Item: QHIO Application Update
- 11:15 AM Informational Item: Grant Program Implementation Update
- 11:20 AM Discussion Item: P&Ps in Development
- 12:25 PM Discussion Item: Digital Identities
- 12:35 PM Discussion Item: Participant Directory
- 12:45 PM Public Comment
- 12:55 PM Informational Item: Closing Remarks and Next Steps

# Welcome and Roll Call



# IAC Members (1 of 2)

Name	Title	Organization
John Ohanian (Chair)	Director	CalHHS Center for Data Insights and Innovation
DeeAnne McCallin	Deputy Director	CalHHS Center for Data Insights and Innovation
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
Michelle Gibbons	Executive Director	County Health Executives Association of California
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
Cindy Keltner	Vice President of Health Access & Quality	California Primary Care Association



# IAC Members (2 of 2)

Name	Title	Organization
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of California
Paul Kimsey	Deputy Director	California Department of Public Health
Linnea Koopmans	CEO	Local Health Plans of California
Matt Lege	Government Relations Advocate	SEIU California
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
Kiran Savage-Sangwan	Senior Policy Director	California Pan-Ethnic Health Network
Cathy Senderling-McDonald	Executive Director	County Welfare Directors Association
Felix Su	Director, Health Policy	Manifest MedEx
Jim Willis	Systems Informatics Leader	CommonSpirit Health

# DSA P&P Subcommittee Members (1 of 2)

Name	Title	Organization
Courtney Hansen (Chair)	Assistant Chief Counsel	CDII
Ashish Atreja	CIO and Chief Digital Health Officer	UC Davis Health
William (Bill) Barcellona	Executive Vice President for Government Affairs	America's Physician Groups (APG)
Michelle (Shelley) Brown	Attorney	Private Practice
Jason Buckner	Chief Information Officer & Chief Technology Officer	Manifest Medex
Louis Cretaro	Lead County Consultant	County Welfare Directors Association of California
Matthew Eisenberg	Medical Informatics Director for Analytics and Innovation	Stanford Health
John Helvey	Executive Director	SacValley MedShare
Sanjay Jain	Manager, Data Analysis	Health Net
Bryan Johnson	Chief Information Security Officer	CA Dept. of Developmental Services
Diana Kaempfer-Tong	Attorney	CA Dept. of Public Health
Justin Kaltenbach	Interim Chief Technology Officer	Los Angeles Network for Enhanced Services

# DSA P&P Subcommittee Members (2 of 2)

Name	Title	Organization
Helen Kim	Senior Counsel	Kaiser Permanente
Steven Lane	Chief Medical Officer	Health Gorilla
Lisa Matsubara	General Counsel & VP of Policy	Planned Parenthood Affiliates of California
Deven McGraw	Lead, Data Stewardship and Data Sharing, Citizen Platform	Invitae
Jackie Nordhoff	Director of Regulatory Affairs	PointClickCare
Eric Raffin	Chief Information Officer	San Francisco Department of Public Health
Paula Riese	Acting Chief Privacy Officer	CA Dept. Of State Hospitals
Mark Savage	Managing Director, Digital Health Strategy and Policy	Savage & Savage LLC
Tom Schwaninger	Senior Executive Advisor, Digital Ecosystem Interoperability	LA Care
Morgan Staines	Privacy Officer & Asst. Chief Counsel	CA Dept. of Health Care Services
Elizabeth Steffen	Chief Information Officer	Plumas District Hospital
Lee Tien	Legislative Director and Adams Chair for Internet Rights	Electronic Frontier Foundation
Belinda Waltman	Director of Analytics Integration	Los Angeles County Department of Health Services
Terry Wilcox	Director of Health Information Technology/ Privacy & Security Officer	Health Center Partners

# Speaker Introductions (1/2)



**DeeAnne McCallin**

Deputy Director, CDII



**John Ohanian**

CDO, CalHHS  
Director, CDII



**Courtney Hansen**

Assistant Chief  
Counsel, CDII



**Rim Cothren, PhD**

Independent  
HIE Consultant,  
CDII

# Speaker Introductions (2/2)



**Helen Pfister**

Partner  
Manatt Health  
Strategies



**Jonah Frohlich**

Senior Managing  
Director  
Manatt Health  
Strategies



**Cindy Bero**

Senior Advisor  
Manatt Health  
Strategies



**Juliette Mullin**

Senior Manager  
Manatt Health  
Strategies

# Vision & Meeting Objectives



# The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.



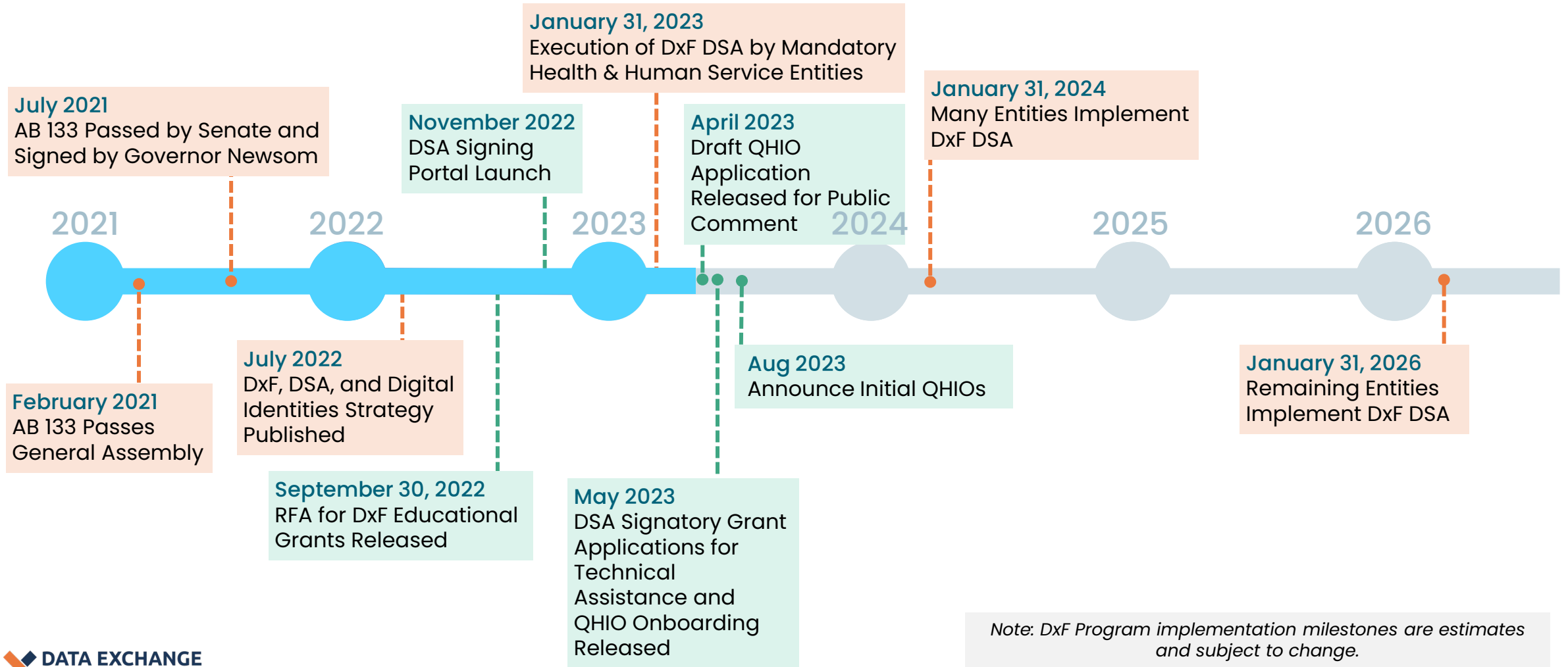
# Meeting Objectives

- 1** Provide an update on the **QHIO Application**
- 2** Provide an update on **Grant Program Implementation**
- 3** Discuss **P&Ps under development**
- 4** Provide an update on **Digital Identities**
- 5** Provide an update on the **Participant Directory**



# DxF Implementation Timeline

## Past + Upcoming Milestones



# Mandatory Signatories Should Sign the DSA Immediately

Mandatory signatories were required to execute the DSA by January 31, 2023. We encourage those who have not yet signed the DSA to do so as soon as possible.

## 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

## WHERE TO FIND MORE INFORMATION

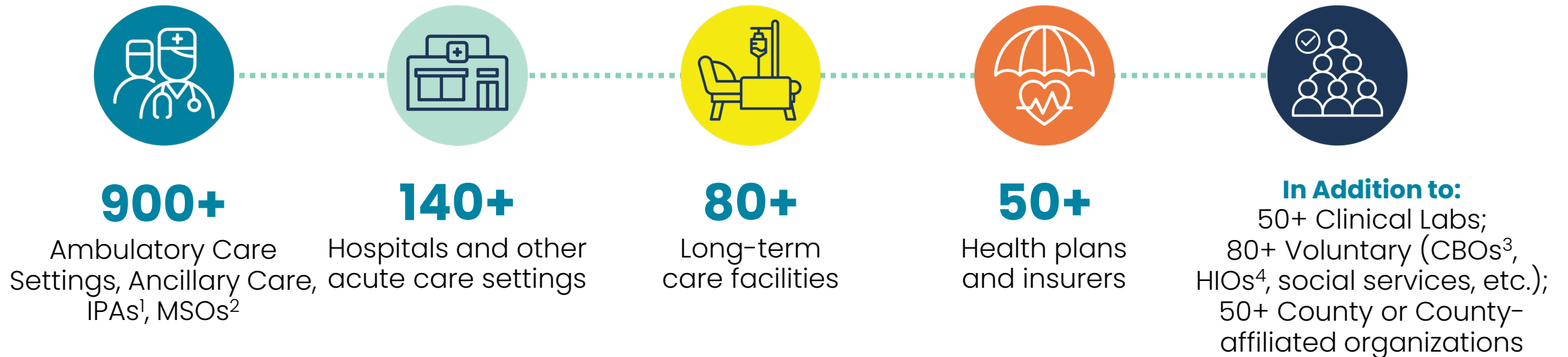
More information is available on the CalHHS DxF [website](#), including:

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

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

# 1,400+ organizations have signed the DSA!

*Signatories as self-identified in the DSA Signing Portal:*



The full list of organizations that have signed the DSA is available [here](#).

*Website posted list as of 05/22/23; figures above as of 05/07/23*

**Key:**

- <sup>1</sup>Independent Physician Associations
- <sup>2</sup>Medical Services Organizations
- <sup>3</sup>Community Based Organizations
- <sup>4</sup>Health Information Organizations

# IAC & DSA P&P Subcommittee Meeting Topic Roadmap

**CDII will soon confirm whether the June 27 DSA P&P Subcommittee meeting will be a joint-session**

## DSA P&P Subcommittee

#	Date	Anticipated DSA P&P Subcommittee Meeting Topics <sup>1</sup>
8	June 27, 2023	<ul style="list-style-type: none"><li>• Update on P&amp;Ps in development</li><li>• Review of draft language / P&amp;Ps released for public comment</li></ul>
9	August 17, 2023 (tentative)	<ul style="list-style-type: none"><li>• Update on P&amp;Ps in development</li><li>• Review of draft language / P&amp;Ps released for public comment</li></ul>

## Implementation Advisory Committee

#	Date	Anticipated IAC Meeting Topics <sup>1</sup>
8	July 20, 2023	<ul style="list-style-type: none"><li>• HHS Data Exchange Board Update</li><li>• DxP Grants Program Update</li><li>• Qualified Health Information Organizations Announcement</li></ul>
9	August 28, 2023 (tentative)	<ul style="list-style-type: none"><li>• Update on P&amp;Ps in development</li></ul>

1. Topics of future meetings may change.

# QHIO Application Update



# QHIO Application Update

- 1 Public Comment on the QHIO Application**
- 2 Test of the QHIO Application and Assessment Process**
- 3 Next Steps**

# Public Comment on the QHIO Application

**CDII received 163 comments from 22 commenters**



**Content:** Draft QHIO Application



**Public Comment Period:** April 18 – May 15, 2023



**Commenters:** Include HIEs, health plans, hospitals & health systems, health centers, professional associations and advocacy groups, and state departments

**CDII reviewed and is considering all comments**

# QHIO Application Public Comment Themes (1)

## General

Theme	Proposed Response
<b>1. Question Wording.</b> Rephrase some questions to clarify their intent (e.g., more detail on the governance model, clarify the documents being requested).	Many of the rewording suggestions will be incorporated into the final application.
<b>2. Application Process.</b> Provide more details on the application process and scoring methodology.	All application questions will be scored on a pass/fail basis. Applicants will need to pass all questions to qualify.
<b>3. QHIO Program Details.</b> Provide more details about QHIO program operations (e.g., complaints process, reporting requirements).	Additional details about QHIO program operations may be included in forthcoming QHIO program guidance.



# QHIO Application Public Comment Themes (2)

## A. Organization Information

Theme	Proposed Response
<p><b>1. Insurance (A.10.).</b> Require insurance levels more than \$2M per incident and \$5M per annum to address general liability, errors and omissions, and cyber risks or create a pooled reinsurance program to cover cyber security breach costs.</p>	<p>The insurance minimum, which is consistent with that of the TEFCA QHIN program, will be maintained</p>
<p><b>2. Not-for-Profit Status.</b> Require QHIOs be 501(c)(3) not-for-profit organizations.</p>	<p>QHIOs will not be required to be 501(c)(3) not-for-profit organizations.</p>

# QHIO Application Public Comment Themes (3)

## B. Privacy & Security

Theme	Proposed Response
1. HITRUST r2 (B.1.). Consider alternatives to HITRUST r2 certification.	HITRUST r2 certification will be required.  For health information organizations that contract with third-party vendors to manage data, the vendor's HITRUST r2 certificate is acceptable.

# QHIO Application Public Comment Themes (4)

## C. Functional Capabilities

Theme	Proposed Response
1. <b>Social Services Information (C.5.)</b> . Do not require applicants to demonstrate the ability to deliver social services information as many have not yet begun to onboard social services organizations.	Question will be revised to clarify that applicants need only demonstrate the capability to exchange information per the Technical Requirements for Exchange P&P.
2. <b>ADT Fees (C.6.a.)</b> . Allow QHIOs to assess fees to acute care facilities and emergency departments for receipt of ADT events.	QHIOs will be allowed to assess fees on acute care facilities and emergency departments when sending ADT messages.

# QHIO Application Public Comment Themes (5)

## C. Functional Capabilities

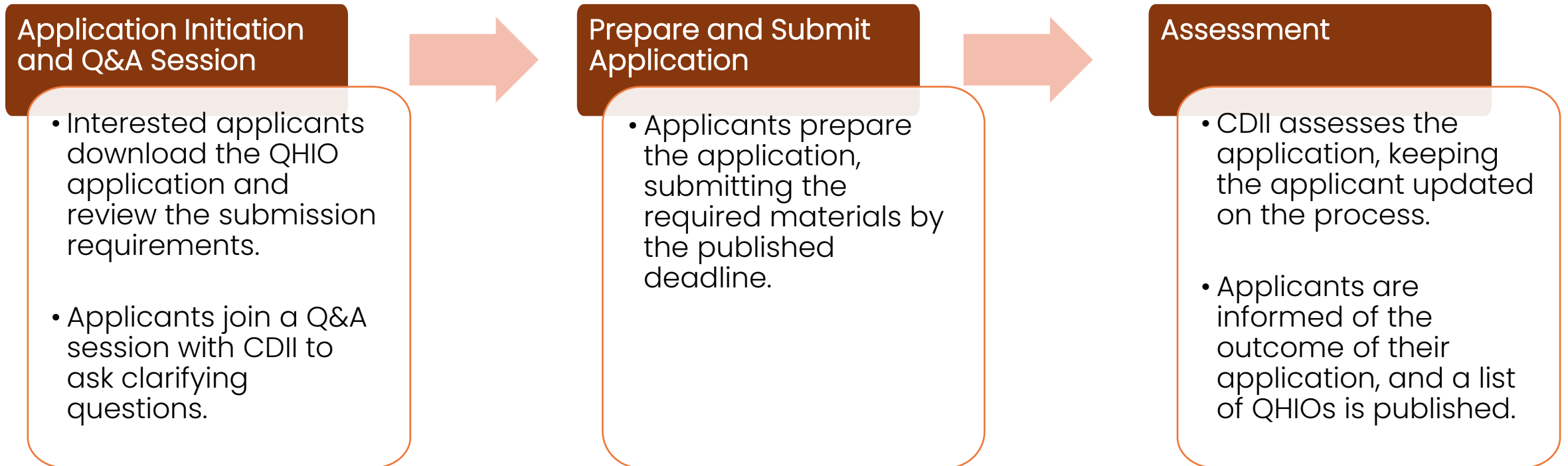
Theme	Proposed Response
<p><b>3. Roster Sharing (C.6.e).</b> Extend the deadline for sharing patient rosters between QHIOs to allow adequate time to establish the necessary legal agreements.</p>	<p>Roster sharing will be implemented in July 2024 to allow for QHIO-to-QHIO agreements to be established.</p>
<p><b>4. Technical Requirements.</b> Require QHIOs meet additional technical requirements including Fast Health Interoperability Resources (FHIR), DIRECT messaging, and connections to Qualified Health Information Networks(QHINs) under the Trusted Exchange Framework and Common Agreement (TEFCA)</p>	<p>FHIR, DIRECT messaging, and connections with QHINs will not be requirements in today's application but may be considered as the QHIO program and HIE landscape evolve.</p>

# QHIO Application Public Comment Themes (6)

## D. Operations

Theme	Proposed Response
<p>1. <b>Non-discrimination (D.2).</b> Require QHIOs to commit to offering services to any mandatory signatory.</p>	<p>Earlier QHIO application drafts required QHIOs to commit to providing services to any mandatory signatory. Feedback on these drafts indicated that many QHIOs would face significant technical and financial hurdles if they had to meet the needs of every signatory type. Thus, this requirement transitioned to transparency regarding what is/is not offered.</p> <p>IAC input is requested.</p>

# QHIO Application and Assessment Process



CDII identified two organizations to test several elements of this process. While no outcome was determined for these tests, the feedback and experiences form additional input into the final QHIO application.

# QHIO Application Assessment: Feedback on Test

- The QHIO application can be completed in a two-to-three-week timeframe without putting significant burden on the applicant's organization.
- Areas of the application that could benefit from rewording or clarification were identified and will be addressed.
- Assessing the application requires engaging several resources to ensure independent scoring and inclusion of subject matter expertise
- While many of the questions lend themselves to an objective assessment, some will require a subjective assessment by a Subject Matter Expert (SME)

# QHIO Application Next Steps

Milestones	Target Dates*
Release Final QHIO Application	EOD, Friday June 9, 2023
QHIO Application Q&A Session #1	Friday, June 16, 2023
QHIO Application Q&A Session #2	Tuesday, June 20, 2023
QHIO Applications Due	4 PM PT, Monday, July 10, 2023
QHIOs Announced	August 2023



# DxF Grant Program Implementation Update





# DSA Signatory Grant Round 1 Applications are Open!

**Round 1 applications are due by Friday, June 16, 2023, at 12pm PT, and are limited to mandatory DSA Signatories.**

Applications received after this time will be considered in Round 2, which is expected to open in late June. Grants will support Signatories in meeting DxF implementation requirements.

# Overview of DSA Signatory Grant Domains

Eligible DSA Signatories may apply for one of the following grant opportunities:

A	 <b>Qualified Health Information Organization (QHIO) Onboarding Grant</b>	 <b>Technical Assistance (TA) Grants</b>
	<i>The “assisted” pathway</i>	<i>The “build your own solution” pathway</i>
<b>Required Grant Outcomes</b>	Complete onboarding with a <u>Qualified Health Information Organization (QHIO)</u> ❖ A QHIO is a health information organization that has been qualified by CDII based on its ability to meet DxF data exchange requirements.	Achieve at least one of the following required outcomes: <ol style="list-style-type: none"> <li>1. Identified and contracted with a technology solution</li> <li>2. Implemented a technology solution capable of supporting real-time data exchange</li> <li>3. Adjusted, upgraded, or adopted an electronic documentation system</li> <li>4. Created or provided training for new workflows</li> </ol>
<b>Activities</b>	CDII will publish a list of <b>QHIOs</b> , who can help Signatories identify technical or operational solutions to complete onboarding.	<b>Applicants</b> are responsible for identifying technical or operational solutions to achieve DSA requirements.
<b>Application Process</b>	Applications are submitted by <b>CAHIE</b> on the Applicant’s behalf.	Applications are submitted by the <b>Applicant</b> .
<b>Grant Management</b>	The Grantee’s contracted <b>QHIO</b> receives and manages grant funds.	The <b>Grantee</b> receives and manages the funds directly.

# DSA Signatory Grant Rounds



*\* Subject to change*

- For Mandated Signatories:
    - **Round 1:** May 16 to **June 16, 2023**
    - **Round 2:** Late June through Late July\*
  
  - For Most Signatories (Mandated or Voluntary):
    - **Round 3:** Beginning in July\*
    - Other rounds may be announced later
- 
- **For Round 1 QHIO Onboarding Applicants:** Although QHIOs will not yet be named as of Round 1, the Guidance Document (page 18) explains that:
    - Applicants can select a QHIO after their grant determination.
    - Applicants with a planned HIO partner can proceed if that partner through a TA grant if not qualified or can select an alternate HIO that is qualified.
  
  - If Applicants do not receive an award during one application window, the applicant may be deferred to a future round or may be encouraged to apply in a subsequent round.

# The Application Process

CAHIE submits on behalf of Applicant.

Applicant submits directly.

## Qualified Health Information Organization (QHIO) Onboarding Grant

CAHIE will provide end-to-end application support for **all** QHIO onboarding applicants. Applicants for this grant should **not** begin an application in the DxF Grant Portal (hosted on GrantsConnect).

If awarded, funding will go to the QHIO selected by the grantee.

## Technical Assistance (TA) Grants

Applicants for TA Grants should directly complete and submit their Application on the [DxF Grant Portal](#) (hosted on GrantsConnect).

If awarded, funding will go directly to the grantee.

# Application Steps

1. Review guidance document, listen to recorded webinars & information sessions, and attend office hours
2. Gather the materials you'll need to support your application



## Qualified Health Information Organization (QHIO) Onboarding Grant

1. Email CAHIE [grantsupport@cahie.org](mailto:grantsupport@cahie.org), and include your contact information.
2. Work with CAHIE to complete and submit the application.
3. Review application as "contributor" in the DxF Grant Portal.

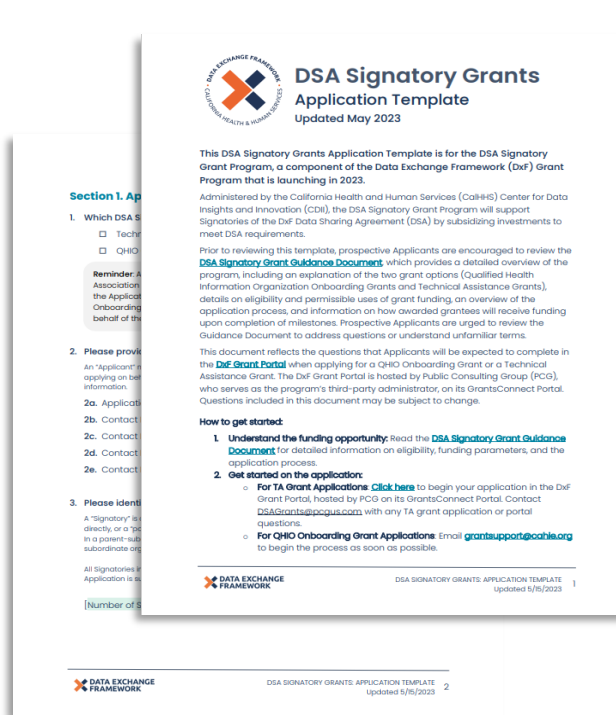


## Technical Assistance (TA) Grants

1. Log into the DxF Grant Portal and complete your application.
2. Access application support if needed: [DSAGrants@pcgus.com](mailto:DSAGrants@pcgus.com)
3. Submit application.

# DSA Signatory Grant Resources

## Application Template & Guidance Document

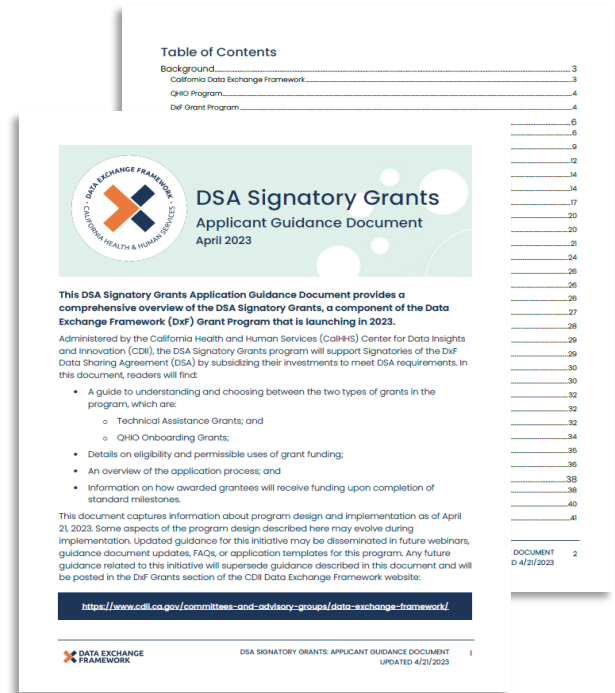


**Application Templates**

The [Application Template](#) gives potential applicants a preview of what to expect in the DxF Grant Portal.

**Guidance Document**

The [Guidance Document](#) provides additional information on the DSA Signatory Grant Program, including details specific to each of the grant domains.



Additional information can be found in the [Information is Power Webinar 8](#) and [DSA Signatory Grants Town Hall](#) recordings. Additional guidance may be posted in the [DxF FAQ document](#).

# Who to Contact with Questions

- For questions about TA Grants, contact PCG at [DSAGrants@pcgus.com](mailto:DSAGrants@pcgus.com).
- For questions about applying for QHIO Onboarding Grants, contact CAHIE at [grantsupport@cahie.org](mailto:grantsupport@cahie.org), and provide your contact information.
- For questions about the DxF Grant Portal, contact PCG at [DSAGrants@pcgus.com](mailto:DSAGrants@pcgus.com).
- For questions about the DxF or your grant eligibility and options, contact one of the [DxF Educational Initiative Grantees](#).
- For other questions, contact [CDII@chhs.ca.gov](mailto:CDII@chhs.ca.gov) with “Grant Inquiry: ” in subject line.



# Data Sharing Agreement Policies and Procedures



# P&P Status Summary

CDII continues to develop and solicit feedback on draft P&Ps.

P&P Topic	Status	To Be Covered Today
Technical Requirements for Exchange	Finalized	
California Information Blocking Prohibitions	Finalized	
Early Exchange	Finalized <sup>1</sup>	
Real-Time Data Exchange	Update	✓
QHIO	Being revised following public comment	✓
Privacy Standards and Security Safeguards (Amendment)	Prepared for discussion	★
Process for Amending the DSA (Amendment)	Prepared for discussion	✓
Requirement to Exchange HSSI (Amendment)	Being prepared for public comment	
Development of and Modifications to P&Ps (Amendment)	Under development	

<sup>1</sup> Publication of this P&P will be held until finalization of Privacy Standards and Security Safeguards P&P

Additional Documents	Status	To Be Covered Today
DSA P&P Glossary	Under development	✓

# DSA P&P Glossary

Under Development

## Overview

To support stakeholders in their review – and subsequent implementation – of the DSA and its P&Ps, CDII is developing a DxF DSA P&P Glossary which will serve as a centralized repository of all terms defined in the DSA and its P&Ps.

## Components of the DxF P&P Glossary

### 1. Term

*The word or phrase that is defined in the DSA and/or P&Ps.*

### 2. Definition

*The meaning of each term.*

### 3. Document Index

*A reference tool that lists terms, by the P&P in which they are defined.*

### Participant

Definition <small>(last updated 06.02.23)</small>	Documents
“Participant(s)” means each organization that is a signatory to the Data Sharing Agreement, including any identified subordinate entities of a signatory.	<ul style="list-style-type: none"><li>• Data Sharing Agreement</li><li>• Breach Notification</li><li>• Data Elements to Be Exchanged</li><li>• Development of and Modification to P&amp;Ps</li><li>• Early Exchange</li><li>• Individual Access Services</li><li>• Information Blocking</li><li>• Permitted, Required and Prohibited Purposes</li><li>• Privacy and Security Safeguards</li><li>• Process for Amending the DSA</li><li>• QHIO</li><li>• Real-Time Exchange</li><li>• Requirement to Exchange HSSI</li><li>• Technical Requirements</li></ul>

## Future State

The CDII team will finalize and post the glossary to the DxF website. The web team is working to create hyperlinks to terms within posted P&Ps which will direct users to the appropriate section of the glossary document.

# Finalized P&Ps

**CDII has finalized three P&Ps, incorporating feedback received in public comment and previous meetings of the IAC and DSA P&P Subcommittee.**

P&P Topic	Purpose
Technical Requirements for Exchange	This P&P describes data exchange patterns for the DxF, those that Participants must support, at a minimum, and the technical standards for access, use, and exchange of Health and Social Services Information (HSSI) to which Participants must adhere.
California Information Blocking Prohibitions	This P&P prohibits all Participants from undertaking any practice likely to interfere with Access, Exchange, or Use of Health and Social Services Information (HSSI) for the required purposes set forth in the Permitted, Required, and Prohibited Purposes P&P.
Early Exchange	This P&P establishes requirements for Participants using the DSA to engage in early exchange of Health and Social Services Information (i.e., participants who engage prior to January 31, 2024).

*Courtesy copies of the final P&Ps have been shared with the IAC and DSA P&P Subcommittee members and final versions will be published to the DxF website.*

# Real-Time Exchange P&P

Update

## Goal

Establish a P&P that defines Real Time Data Exchange and associated obligations of DxF Participants.

## Overview

*Public comment and IAC/DSA P&P Subcommittee discussions remain equally divided on whether to provide general guidance as opposed to quantitative, measurable metrics that are not yet supported by industry standards.*

## For Consideration

Focus on progression from current-state batch exchange to transactional, evolving to measurable, timely standards.

## Status Update

CDII continues to consider feedback received to inform a final version of this P&P.

Next Step

Focus Area - DSA P&P Subcommittee virtual meeting 06/27/22 10 a.m. – 12:30 p.m.

# QHIO P&P (1 of 1)

*Being revised post-public comment*

## **Overview**

This P&P describes the parameters for the forthcoming QHIO program which will, among other things, establish requirements an Intermediary must satisfy to be designated as a QHIO. This designation process is intended to provide Participants with confidence in the organizational structure, service completeness, and technical and programmatic capabilities offered by QHIOs in the event that such Participants choose to engage a QHIO to comply with their obligations under the DSA.

## **Update Post-Stakeholder Feedback**

**What we heard from members and public comment** The QHIO P&P should:

- Allow for remediation and a probationary period as an option to correct minor issues, rather than immediate suspension or termination.
- Be more detailed and serve as the authoritative document for the QHIO program.
- Require QHIOs to sign the DSA.

### **Following public comment.**

1. CDII is considering public comments received.
2. CDII determined it would be most effective to separate the requirements of the QHIO program from the P&P process to allow flexibility to update the QHIO program requirements when necessary.
3. The QHIO P&P currently requires QHIOs to comply with the DSA. We are revising the P&P to explicitly require QHIOs to sign and comply with the DSA.

# Privacy Standards & Security Safeguards (1 of 4)

Being revised

## Overview

This P&P describes the privacy standards and security safeguards Participants must comply with in order to exchange HSSI under the DSA.

In January 2023, CDII released an amendment to the Privacy Standards & Security Safeguards P&P for public comment. In response to extensive and substantive public comments concerning the Privacy Standards & Security Safeguards P&P amendment, CDII is re-opening the entire P&P for a revision and public comment process. We are proposing the following changes to the P&P.

## Key Updates in Amended Draft

- 1. Application of P&P** We received feedback that the Privacy/Security P&P at times conflated the requirements for covered entities and non-covered entities. Further, we received feedback that the original P&P imposed privacy and security standards to PII when such standards should only apply to PHI, and vice versa. In response, we are proposing to separate the requirements for covered entities and for non-covered entities and specifically list out the requirements of the HIPAA Privacy Rule and HIPAA Security Rule that will apply to each Participant category. In addition, we are requiring non-covered entities to comply with certain provisions of the HIPAA Privacy Rule and the HIPAA Security Rule.
- 2. Security Safeguards** We received feedback that security should encompass more than just access and use of data. We are proposing adding language that requires Participants to "[p]rotect against unauthorized Disclosure, Access, Use, disruption or modification of PHI and/or PII."
- 3. Training** We are proposing to further specify the required privacy and security training that Participants must implement. We are proposing that Participants implement, at minimum, information security training and privacy training that address Applicable Law governing the HSSI that the Participant will Access, Use, or Disclose under the DSA. Further, records of trainings must be maintained for at least three (3) years, or such longer period as may be required by Applicable Law.

# Privacy Standards & Security Safeguards (2 of 4)

Being revised

## Key Updates in Amended Draft (Privacy Requirements)

- 4. Covered Entities and Business Associates** We are clarifying in the P&P that Participants that are Covered Entities, Business Associates, and covered components of Hybrid Entities are required to comply with all HIPAA Regulations and other Applicable Law. This is not a substantive change, but there will be a re-formatting of the P&P for clarification.
- 5. Non-Covered Entities** We are proposing to require non-covered entity Participants to comply with the following HIPAA Regulations, with respect to any PHI or PII the Participant receives under the DSA:
  1. The Participant may not Use or Disclose PHI or PII received from a Participant who is a Covered Entity or Business Associate, except as set forth in 45 C.F.R. section 164.502(a)(1)(i) through (v), including with a valid Authorization;
  2. The Participant shall comply with the minimum necessary standards set forth at 45 C.F.R. sections 164.502(b) and 164.514(d); and
  3. The Participant shall comply with the verification requirements and specifications set forth at 45 C.F.R. section 165.514(h).



# Privacy Standards & Security Safeguards (3 of 4)

*Being revised*

## Key Updates in Amended Draft (Security Requirements)

- 6. Covered Entities** We are proposing to clarify in the P&P that Participants who are Covered Entities, Business Associates, and covered components of Hybrid Entities are required to comply with the HIPAA Security Rule and all other Applicable Law. This is not a substantive change in policy, but there will be a re-formatting of the P&P for clarification.
- 7. Non-Covered Entities** We are proposing that Participants who are not Covered Entities, Business Associates, or covered components of Hybrid Entities implement appropriate administrative, physical, and technical safeguards consistent with 45 C.F.R. sections 164.306, 164.308, 164.310, and 164.312, respectively.

# Privacy Standards & Security Safeguards (4 of 4)

Being revised

## Key Updates in Amended Draft

- 8. De-Identification** We are proposing to add language requiring Participants to de-identify any PHI or PII received from another Participant in accordance with 45 C.F.R. section 164.514(b) prior to using or disclosing de-identified or anonymized information. We also propose to clarify that "de-identify" means health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, as the term is used in 45 C.F.R. § 165.514.
- 9. Applicable Law** Participants who receive any PHI or PII pursuant to the DSA are required to comply with all Applicable Law with respect to such PHI or PII. To confirm, we are proposing to add references, where appropriate, to the following laws to remind Participants of their obligations to comply with state and federal privacy laws. This includes in the context of Participants who use, access, or disclose behavioral health information that is subject to special protection. Where more stringent privacy rules exist, Participants are required to comply with such rules.
1. 42 C.F.R. Part 2
  2. California Consumer Privacy Act
  3. California Confidentiality of Medical Information Act
  4. Information Practices Act
  5. Lanterman-Petris-Short Act
  6. Lanterman Developmental Disabilities Services Act
  7. California Health and Safety Code section 11845.5

# Process for Amending the DSA (1 of 1)

*Amendment Being Drafted*

## Overview

This P&P describes the processes by which the Governance Entity will manage amendments to the DSA.

## Proposed Updates in Amended Draft

- 1. Administrative Changes** CDII is proposing to revise this P&P to allow amendments to the DSA that ensure administrative consistency across the DSA and all Policies and Procedures to be approved on an expedited timeline. "Administrative change" refers to any change that does not have a material impact on Participants, and would include, but not be limited to, changes to the definitions in the DSA. Participants will have the opportunity to object to an "administrative change" during a 10-day public comment period. However, standard procedures for amending the DSA (e.g., consultation with a task force) will not be required.
- 2. Execution of Amendments** CDII is proposing to revise this P&P to remove the requirement for Participants to execute amendments to the DSA.

Next Step

Revise as needed and finalize.

# Future P&Ps

**CDII is soliciting input on additional P&Ps that should be considered for development.**

For Potential Future Development	Purpose
Dispute Resolution	Describe the process through which disputes between Participants will be reported, mediated, and addressed.
Monitoring & Auditing	Describe monitoring and auditing processes through which Participants will be expected to demonstrate compliance with the DSA and its P&Ps.
Data Quality	Establish expectations for Participants as it pertains to the quality of data exchanged.
Participant Directory	Describe functions of a to-be-established DxF Participant Directory, acceptable use, and Participant obligations for maintenance.



**Are there other P&Ps that should be considered for development?**

# Digital Identities Update



# Requirement of HSC § 130290

By July 31, 2022,  
in consultation with the Stakeholder Advisory Group,  
develop:

“a strategy for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California.”

# Process to Identify Strategies

Used focus groups to gain input from specific stakeholder perspectives on a strategy for digital identities:

- Health information exchanges
- Consumer privacy
- Health care providers
- Health plans
- Social service organizations
- State health and human service departments

- Conducted 12 90-minute focus group meetings in February, March 2022
- Discussed aspects of the digital identity strategy with DSA Subcommittee
- Discussed findings, emerging strategies with Advisory Group in March 2022
- Revised strategy with Advisory Group comments, public comment, additional focus group input as needed in April, May 2022
- Published the Strategy in July 2022

# Progress on Strategy for Digital Identities

(1 of 2)

- ① The purpose and use case proposed for digital identities is to associate accessed or exchanged health and social services information with the correct real person. This purpose includes person matching and record linking.

## Attributes of Digital Identities

- ② Include as attributes data elements from the USCDI V2, including name(s), date of birth, address(es), phone number(s), email address(es), and gender only if required by a technical standard or regulation.
  - ③ Include as additional attributes identifiers related to health care services delivery, such as medical record numbers in EHRs or plan member identifiers.
  - ④ Adopt standard formats and datasets for person demographics specified in USCDI V2.
  - ⑤ Also adopt standard formats and datasets other than USCDI promoted by federal initiatives, such as Project US@ specifications for addresses.
- Captured in Technical Requirements for Exchange P&P



# Progress on Strategy for Digital Identities

(2 of 2)

## Attributes of Digital Identities (continued)

- 6 A public and transparent process may develop additional required formats and datasets for use where gaps in nationally-recognized standards exist.
- 7 May consider adopting tokenization to reduce the threat of identity theft in the future.

## Person Index

- 8 Include a statewide person index if funding can be identified and sustained.
- 9 Require the same security and privacy requirements for digital identities as those afforded to health information.
- 10 Limit use to linking health and social services information to a real person.
- 11 Explore involving consumers in accessing, contributing to, managing their identities.
- 12 Explore tokenization as an expanded service of a statewide person index.

Required by Technical Requirements for Exchange P&P

Captured in Privacy Standards and Security Safeguards P&P

Beginning this work in CalHHS Departments and Corrections initially

# Next Steps

## CalHHS will:

- Publish the Technical Requirements for Exchange P&P to establish standards for attributes of digital identities.
- Continue to work with Departments on initial statewide person matching services.

# Participant Directory Update



# Participant Directory: Phasing

1. Create a database of Participant information to allow organizations to exchange data.
2. Expand initial web-based access to enable automation via APIs.
3. Add individuals and their roles at organizations and facilities to the database.

## Phase 1 (by 2024)

1. Focus on orgs and facilities
2. Collect information from Participants and QHIOs
3. Enable portal access for imports and exports

Current Focus

## Phase 2

4. Add real-time APIs for additions, updates, searches, and access

When systems might be ready to consume them

## Phase 3

5. Add individuals and their roles

When processes to update this information be mature

Beyond January 31, 2024

# Participant Directory: Approach

- ✓ Solicit IAC and DxF community thoughts on approach, requirements, processes.
  - ✓ Review eHealth Exchange/Carequality directory for requirements input.
  - ✓ Create a development plan. (ongoing)
4. Solicit input from technical leaders from the DxF community to expand upon requirements:
    - What information is needed by Participants in order to connect?
    - What is the best way to obtain that information from a Directory?
    - How should the information be updated/maintained?
    - Who should be responsible for updates/maintenance?
    - How is information quality/accuracy best ensured?
  5. Establish acceptable use and Participant obligations in a Policy and Procedure.
  6. Implement Phase 1.

# Next Steps

## **CalHHS will:**

- Convene technical leaders to expand build upon eHealth Exchange/Carequality approach to define DxF requirements.
- Begin to solicit input from DSA P&P Subcommittee on acceptable use and Participant obligations in a Policy and Procedure.

## **IAC and DSA P&P Subcommittee members can:**

- Provide any recommendations on technical requirements and leaders to assist with refining DxF requirements.

# 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 and DSA P&P Subcommittee.
- Publish finalized P&Ps.
- Continue to advance P&Ps in development and, where applicable, solicit public comment.

## Members will:

- Provide additional feedback on draft P&Ps discussed today to CDII by COB, Thursday, 6/8/23.

# Meeting Schedule

IAC Meetings	Date
Joint IAC and DSA P&P SC Meeting #7	June 5, 2023, 10:30 AM – 1:00 PM
IAC Meeting #8*	July 20, 2023, 9:30 AM – 12:00 PM (tentative)
IAC Meeting #9*	August 28, 2023, 1:00 PM – 3:30 PM (tentative)

DSA P&P Subcommittee Meetings	Date
Joint IAC and DSA P&P SC Meeting #7	June 5, 2023, 10:30 AM – 1:00 PM
DSA P&P SC Meeting #8*	June 27, 2023, 10:00 AM – 12:30 PM
DSA P&P SC Meeting #9*	August 17, 2023, 9:30 AM – 12:00 PM (tentative)

*\*Meetings 8 and 9 may be held as joint sessions*

For more information or questions on IAC meeting logistics, please [email CDII](#).

# DxF Webinar Schedule

<b>DxF Information is Power Webinar Series*</b>	<b>Date</b>
DxF Webinar #10	June 22, 2023, 1:00 PM – 2:00 PM
DxF Webinar #11	July 25, 2023, 10:00 AM – 11:00 AM
DxF Webinar #12	August 24, 2023, 1:30 PM – 2:30 PM

\*Future webinars may be released at CDII's discretion.