Data Exchange Framework

Information is Power Webinar Series

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Webinar 10

Demystifying Data Exchange
Framework (DxF) Exchange Scenarios

Presenter Introductions

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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.

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Agenda

- Vision for Data Exchange in California

- Data Exchange Framework (DxF) Program Updates

- Data Sharing Agreement (DSA) Policies and Procedures (P&P) Development

- DxF Frequently Asked Questions (FAQs)

- Demystifying the DxF: Exchange Scenario

- Wrap-up & Q&A

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Vision for Data Exchange in California

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.

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DxF Program Updates

DxF this Month

Since our last *Information is Power* webinar on May 16, 2023, CDII and stakeholders have continued to advance DxF implementation across several domains.

Governance	• CDII facilitated an Implementation Advisory Committee (IAC) meeting on July 20, 2023, reviewing the DSA Signatory Grants, the QHIO Application, and P&Ps under development. The next IAC meeting is planned for August 28, 2023.
DSA P&P Development	• Earlier this month, CDII finalized five new P&Ps (*additional detail in subsequent slides*) • CDII will continue to advance draft P&Ps and release P&Ps in development for public comment in the coming weeks.
DxF Grants	• Round 2 to apply for a DSA Signatory Grants is open! If you have signed the DSA and can demonstrate a health information technology need, you are eligible to apply. • See CDII's updated version of the DSA Signatory Grant Guidance Document.
QHIO	• CDII will soon be accepting applications from organizations that would like to be considered to become a Qualified Health Information Organization (QHIO). • CDII will hold Q&A sessions on this application following its release.

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DSA Signatory Grants Update

CDII is administering $47M in grants to support signatories in implementing the DxF. Round 2 is now open – all DSA signatories are now invited to apply!

For Required Signatories:

➤ Round 1: May 16 to June 15, 2023 (**Closed**, Applications Under Review)

For <u>All</u> Signatories:

➤ Round 2: June 30 to September 1, 2023, 11:59pm PT
➤ Round 3 dates to be announced.

Application Windows						
	Q2 2023			Q3 2023		
	April	May	June	July	August	September
Expedited Rounds Open to Organizations Who Implement by 2024		Round 1				
Full Rounds Open to All Eligible Organizations				Round 2		

CDII has expanded eligibility for Round 2.

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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 Medi-Cal managed care plan under a comprehensive risk contract 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.

*Organizations were required to sign by January 31, 2023 regardless of whether they must begin sharing data by January 31, 2024 or January 31, 2026.

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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

WHERE TO FIND MORE INFORMATION

More information is available on the CalHHS DxF website, including:

- Final DSA
- Policies & Procedures (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.

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

CDII Mailbox:
cdii@chhs.ca.gov

DxF Website:
https://dxf.chhs.ca.gov/

I signed the Data Sharing Agreement...now what?

Apply for DSA Signatory Grants

- DxF DSA Signatories that require additional support and capabilities to meet their DSA requirements are eligible to apply for a DSA Signatory Grant to help offset costs of relevant Technical Assistance or QHIO Onboarding investments.

Resource – DxF Educational Grantees

- CDII is working with DxF Educational Grantees to support signatories in meeting DxF DSA requirements.
- Organizations should reach out to one of CDII's DxF Education Grantees (see next slide) to learn more about the DxF.

Prepare to Meet Data Exchange Expectations

➢ Broaden your knowledge of the DxF by reading the DSA and its P&Ps.
➢ Understand what information you have to exchange and when you have to start exchanging
➢ Ensure you have the technical capabilities needed to exchange (e.g., by assessing current technological capacity and determining whether you need to upgrade or onboard new technology to meet DxF requirements).

Join the CDII Mailing List

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Email cdii@chhs.ca.gov to be added to the DxF Community mailing list.

Educational Initiative Grantees

Eight grantee associations are providing direct and tailored education to various DxF participant groups

Educational Initiative Grantees	Contact	Website	Signatory Type
Multi-Association Initiative led by America's Physician Groups (APG)	DxFeducation@connectingforbetterhealth.com	Multi-Association DxF Microsite	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	CMA DxF Microsite	Physician Organizations, Medical Groups
California Primary Care Association	grants@cpca.org	CPCA DxF Microsite	FQHCs
The County Health Executives Association of California	Admin@cheac.org	CHEAC DxF Microsite	Local health departments
California Association of Health Plans	info@calhealthplans.org	CAHP Website	Health insurance plans
Leading Age California Foundation	info@leadingageca.org	Leading Age DxF Microsite	Skilled Nursing Facilities, Health Plans, Community-Based Organizations
American Academy of Pediatrics, California Chapter 1	info@aapca1.org	AAPCA1 Website	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	CBHA Website	Community-Based Organizations Behavioral Health Providers

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

Data Sharing Agreement Policies and Procedures Development

Recently Finalized P&Ps (1 of 2)

	CDII recently finalized five new DSA Policies and Procedures (P&Ps).	

P&P	What does this P&P do?	Suggested Next Steps for Signatories
California Information Blocking Prohibitions	Prohibits all Participants from interfering with Access, Exchange, or Use of Health and Social Services Information (HSSI) for the Required Purposes set forth in the *Permitted, Required, & Prohibited Purposes P&P.*	Read both the *CA Information Blocking Prohibitions P&P* and the *Permitted, Required, and Prohibited Purposes P&P* to see how they are related. Contemplate whether your current workflows align with the proper exchange of information or whether you might be contributing to the blocking of information.
Early Exchange	Guides exchange under the DxF prior to January 31, 2024.	Once this P&P is published, use this P&P to begin exchanging under the DSA before January 31, 2024.

Note: *Finalized P&Ps – with the exception of the Early Exchange P&P – are available on the* **CDII DxF website**. *Publication of the Early Exchange P&P is held pending finalization of the amended Privacy Standards and Security Safeguards P&P.*

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Recently Finalized P&Ps (2 of 2)

P&P	What does this P&P do?	Suggested Next Steps for Signatories
QHIO	Establishes the foundation for a DxF QHIO Program	Determine if your organization may benefit from joining a QHIO. Find QHIO resource materials on CDII's website (coming soon!)
Real-Time Exchange	Clarifies expectations for the 'real-time' exchange of information	Determine whether your organization can exchange data consistent with the timeliness standards described in this P&P.
Technical Requirements for Exchange	• Identifies what types of exchange each Participant must support • Identifies required and optional technical standards • Sets standards for matching individuals to data held by different organizations • Describes how new standards might be adopted in the future	All DxF Participants should read this P&P to ensure they can meet these specifications and whether there are additional requirements based on their specific type of organization.

Note: *More information about these recently finalized P&Ps is available in the Appendix.*

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DSA P&P Glossary

Overview

The Glossary of Defined Terms includes the definitions used in the Data Sharing Agreement (DSA) and its Policies and Procedures. These definitions have been aggregated in the Glossary as a central library of defined terms for those seeking such a reference. The Glossary is a 20-page document that currently includes 70 definitions.

The initial version of the Glossary has been published to the CalHHS CDII DxF website. The Glossary will be updated periodically as new P&Ps are developed and will align with any amendments/edits to the DSA and existing P&Ps. The Glossary will serve as the source of truth for definitions in the DSA and P&Ps. (Note: Definitions in previously published P&Ps will be removed and moved to the Glossary in a future round of administrative changes).

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. DSA and P&P References
   Lists the documents where a term is referenced.

Business Associate

Definition *(last updated 06.23.23)*	DSA and P&P References
"**Business Associate**" means an organization that is defined as a "business associate" in 45 C.F.R. § 160.103 of the HIPAA Regulations.	• Individual Access Services • Permitted, Required and Prohibited Purposes • Privacy Standards and Security Safeguards

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DxF Frequently Asked Questions

DxF Frequently Asked Questions (FAQs) (1/3)

Seven New Data Exchange Framework FAQs are now available on the DxF Website!

23. How do DSA signatories who do not use an electronic health record (EHR) participate in the Data Exchange Framework (DxF)?

> Required signatories under HSC section 130290(f) must sign the Data Sharing Agreement (DSA) whether or not they have an EHR. A Participant may use any system or solution to share the Health and Social Services Information (HSSI) which they maintain, so long as they are able to comply with the requirements of the DSA and its Policies and Procedures.*

*For full responses, please reference the FAQ published on the DxF Website.

What is the Data Exchange Framework?

Every Californian, no matter where we live, should be able to walk into a doctor's office, a county social service agency, or an emergency room and be assured health and human services providers can access the information they need to provide safe, effective, whole person care—while keeping our data private and secure.

This is the goal of California's Health and Human Services Data Exchange Framework, a first-ever, statewide data sharing agreement that will accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024.

The data exchange framework is not a new technology or centralized data repository; instead, it's an agreement across health and human services systems and providers to share information safely. That means every health care provider can access the information they need to treat you quickly and safely; health care, behavioral health and social services agencies can connect to each other to deliver what Californians need to be healthy; and our public health system can better assess how to address the needs of all communities.

Hundreds of experts and members of the public have spent the last year shaping a framework that delivers on these principles. On this website, learn more about the progress toward seamless data exchange that will improve Californians' experience of health care, support California's whole-person care transformation, and put consumers in the drivers' seat with our health data.

Data Exchange Framework Guiding Principles

To receive updates on the Data Exchange Framework, email CDII@chhs.ca.gov.

In July 2022, CalHHS released the Data Exchange Framework, Data Sharing Agreement, and initial set of Policies and Procedures. Please see the Data Exchange Framework section for more information. View the Executive Summary.
- Frequently Asked Questions (FAQ)

Located under 'What is the Data Exchange Framework' on the DxF Website

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DxF Frequently Asked Questions (FAQs) (2/3)

24. What data is an Independent Practice Association (IPA) required to exchange?

IPAs are required signatories to the DSA and, as Participants, are required to exchange the HSSI they maintain like any other Participant. If they host or manage an EHR or other system that maintains HSSI on behalf of their members, they are required to share HSSI with other Participants and may use any system or solution to exchange that information in accordance with the DSA and its Policies and Procedures. If a Participant does not maintain any HSSI, the Participant is not required to share HSSI under the DSA but must still follow any applicable Policies and Procedures, including but not limited to the DxF Requirement to Exchange Health and Social Services Information Policy and Procedure.

25. Can my organization opt out of signing the DSA?

HSC section 130290 does not allow required entities listed in HSC section 130290(f) to opt out of signing the DSA.

26. Can patients/individuals that have HSSI maintained by a Participant opt out of their HSSI being shared under the DxF?

The DxF does not change or supersede a Participant's responsibility to comply with an individual's privacy rights under applicable law or a Participant's requirements to obtain an individual's consent to share or access HSSI when required by applicable law. If an individual's consent is required under applicable law for a Participant to share the individual's data, the individual can refuse to provide such consent. Similarly, if an individual has the right under applicable law to require a Participant not to share their information, the individual can work with the Participant to exercise that right by reaching out to the Participants who maintain their HSSI to make that request.*

*For full responses, please reference the FAQ published on the DxF Website.

DxF Frequently Asked Questions (FAQs) (3/3)

27. Does the DxF require disclosure of PHI (as defined under HIPAA) beyond what was already permitted under HIPAA and the California Confidentiality of Medical Information Act (CMIA)?

The DxF does not require any access, use, or disclosure of Health or Social Services Information (HSSI) that would be unlawful.*

28. Are specialized health plans that are not full-service plans, such as Employee Assistance Program (EAP) plans, considered "health care service plans and disability insurers that provide hospital, medical, or surgical coverage" that are required to sign the DSA?

No, specialized plans are not full-service plans considered health care service plans and disability insurers that provide hospital, medical, or surgical coverage, and therefore, are not required to sign the DSA.

29. Are "restricted health care service plans," as defined by section 1300.49 of the Knox Keene Act (28 C.C.R. § 1300.49), required to sign the DSA?

Yes. Health and Safety Code section 130290 does not differentiate between a "restricted health care service plan" and a "full service health care service plan." Both a "restricted health care service plan" and a "full service health care service plan" are required to sign the DSA.

*For full responses, please reference the FAQ published on the DxF Website.

Demystifying the DxF: Exchange Scenario

Data Exchange Framework

"The Data Exchange Framework will create new connections and efficiencies between health and social services providers, improving whole-person care."

Common Questions:

- How does the DxF impact what we experience today?

- How will the DSA Policies and Procedures shape the DxF experience?

- Can you make the DxF 'real' for me?

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.

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DSA and P&P Impact

The DSA and its P&Ps define the who, what, when, why and how of data exchange

Who ➡ **DSA** signatories participate in data exchange

What ➡ **Data Elements to Be Exchanged** defines the data to be shared

When ➡ **Real-Time Exchange** defines the timeliness of exchange

Why ➡ **Permitted, Required and Prohibited Purposes** defines reasons for exchange

How ➡ **Technical Requirements for Exchange** defines the types of data exchanges between participants

Privacy Standards and Security Safeguards defines the protections that are applied during exchange

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The Story of Lisa and Dr. Tom

- Lisa has been a patient of Dr. Tom's practice for several years.

- Dr. Tom and Lisa work together to manage her congestive heart failure with diet, exercise and medication.

- Dr. Tom's practice identifies their highest risk patients and monitors these patients for unexpected acute care events. Lisa is one of these high-risk patients.

- Dr. Tom's practice contracted with a QHIO to help them monitor for acute care events.

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How the DSA and P&Ps Relate

Signing the **DSA** establishes Dr. Tom's practice as a participant in the Data Exchange Framework

The **QHIO P&P** establishes the role of Qualified Health Information Organizations (QHIOs) who are available to help participants exchange data and monitor for acute care events

The Event

- One day, Lisa notices redness, swelling and pain in her leg. Her daughter calls 911.

- Before arriving at Lisa's home, EMS queries the regional HIO for information. The HIO responds immediately with a clinical summary.

- EMS transports Lisa to the local emergency department, sending an alert to the hospital in advance of arrival.

- Upon admission, Lisa identifies Dr. Tom as her PCP. The hospital queries Dr. Tom's practice over a nationwide network. The practice responds immediately with details from Lisa's medical record.

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Signing the **DSA** also establishes EMS and the hospital, including its ED, as participants in the DxF

The **Required, Permitted and Prohibited Purposes P&P** establishes Treatment as a Required Purpose for exchange.

The **Technical Requirements for Exchange P&P** defines the standards used to match digital identities, send information and respond to requests.

The **Requirement to Exchange P&P** establishes the requirement to respond.

The **Real-Time P&P** defines the timeliness of response.

The Admission

- Upon admission, the emergency department sends a notification to its QHIO. Dr. Tom's QHIO receives the alert, matches it to Lisa who is on Dr. Tom's list of high-risk patients, and messages Tom's practice.

- Upon receipt of the notification, Dr. Tom calls the emergency department. The attending physician indicates that Lisa is being admitted for cellulitis and will stay a few days for intravenous antibiotic treatment.

- A few days later, another message arrives for Dr. Tom. This message is a notification of Lisa's discharge. Dr. Tom asks his care coordinator to send a request to the hospital for Lisa's discharge summary.

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The **Required, Permitted and Prohibited Purposes P&P** establishes Treatment as a required purpose for exchange.

The **Technical Requirements for Exchange P&P** defines the standards used to match digital identities, send information and respond to requests.

The **Requirement to Exchange P&P** establishes the requirement to respond.

The **Real-Time P&P** defines the timeliness of response.

The **Privacy Standards and Security Safeguards P&P** protects the data throughout the exchange.

Positive Outcome
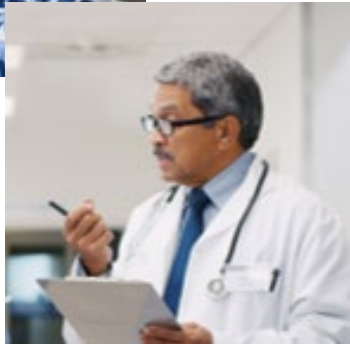
- In the days that follow, EMS sends a request to the hospital for Lisa's discharge summary. As part of their quality improvement process, EMS uses the data to understand how care in the field aligns with the hospital assessment.

- Dr. Tom and Lisa also connect. They review her discharge medications and reconcile these with her maintenance medications. Dr. Tom reminds Lisa to contact him if she has questions or concerns.

- Lisa follows Dr. Tom's suggestions and sees him again at her next regularly scheduled visit.

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The **Required, Permitted and Prohibited Purposes P&P** establishes Health Care Operations as a required purpose for exchange.

The **Technical Requirements for Exchange P&P** defines the standards used to match digital identities, send information and respond to requests.

The **Requirement to Exchange P&P** establishes the requirement to respond.

The **Real-Time P&P** defines the timeliness of response.

The **Privacy Standards and Security Safeguards P&P** protects the data throughout the exchange.

DSA and P&P Impact

The DSA and its P&Ps define the who, what, when, why and how of data exchange

Who ➡ **DSA** signatories participate in data exchange

What ➡ **Data Elements to Be Exchanged** defines the data to be shared

When ➡ **Real-Time Exchange** defines the timeliness of exchange

Why ➡ **Permitted, Required and Prohibited Purposes** defines reasons for exchange

How ➡

Technical Requirements for Exchange defines the types of data exchanges between participants

Privacy Standards and Security Safeguards defines the protections that are applied during exchange

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Wrap-up & Q&A

Question & Answer

Stay Involved

1   Join our next *Information is Power* webinar on August 24, 2023 from 1:30 PM – 2:30 PM PT

2   Participate in upcoming DxF meetings.

- DSA Signatory Grant Office Hours: July 26, 2023, 12:00 PM – 1:00 PM PT
- DSA P&P Subcommittee Meeting #9 (tentative): Aug 17, 2023, 9:30 AM – 12:00 PM PT
- IAC Meeting #9: August 28, 2023, 1:00 PM – 3:30 PM PT

Meeting materials, participant 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.

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DxF Website Resources

For more information on the DxF, please visit our <u>Website</u>.

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
- Link to the DSA Signing Portal.

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Appendix

CA Information Blocking Prohibitions P&P

Purpose

Prohibits Participants from undertaking any practice likely to interfere with Access, Exchange, or Use of Health and Social Services Information (HSSI) for Required Purposes.

Overview

- <u>Participants subject to Federal Information Blocking Regulations</u> shall comply with such regulations with respect to HSSI, except that:

    - A Participant may not charge another Participant fees for the Access, Exchange, and Use of HSSI for a Required Purpose unless the Participant is a Health Information Exchange, Health Information Network, or Health IT Developer of Certified Health IT and the fees are established consistent with the Fees Exception in the Federal Information Blocking Regulations, and other applicable DSA P&Ps.

    - A Participant may not license Interoperability Elements to another Participant in order for the other Participant to Access, Exchange or Use HSSI for a Required Purpose unless the Participant is a Health Information Exchange, Health Information Network, or Health IT Developer of Certified Health IT and the license is consistent with the Licensing Exception in the Federal Information Blocking Regulations.

- <u>Participants that are **not** subject to Federal Information Blocking Regulations</u> shall comply with specified Federal Information Blocking Regulations with respect to HSSI, except that such a Participant's behavior shall not be considered Information Blocking if it meets one of several specified exceptions from the federal regulations (e.g., Preventing Harm Exception; Privacy Exception; Security Exception; Infeasibility Exception; Health IT Performance Exception; Content and Manner Exception).

This overview of the P&Ps is intended for educational purposes. Please refer to the full P&Ps posted on the <u>DxF website</u> for the formal requirements.

Early Exchange P&P

📋 **Overview**

- A Participant that chooses to engage in Early Exchange with another Participant must:

    - Execute the DSA; and

    - Verify that the other Participant has executed the DSA before providing Access to or Exchanging HSSI with the other Participant.

- Participants engaging in Early Exchange shall comply with the following P&Ps, regardless of the effective dates set forth in such P&Ps:

    - (1) Breach Notification, (2) Permitted, Required and Prohibited Purposes, (3) Requirement to Exchange HSSI; (4) Privacy Standards and Security Safeguards; (5) Data Elements to be Exchanged; and (6) CA Information Blocking Prohibitions.

This overview of the P&Ps is intended for educational purposes. Please refer to the full P&Ps posted on the DxF website for the formal requirements.

QHIO P&P

For CDII to establish and manage the Qualified HIO Program, which will set forth the requirements an Intermediary must satisfy to be designated as a QHIO.

Overview

- A DxF Intermediary includes a health information exchange network, health information organization, or technology vendor that assists a Participant in the Exchange of Health and Social Services Information.

- CDII will create a QHIO Program that will establish the requirements for a Participant that is an Intermediary to be designated as a QHIO and any ongoing obligations to retain such designation.

- Prospective QHIOs will submit an application, which will be reviewed by CDII to determine if Qualified.

- QHIOs must sign the DSA and comply with all P&Ps.

- The QHIO Program will establish (1) a process for filing complaints against a QHIO and (2) a process for QHIOs to appeal suspensions or terminations.

- DSA Participants are <u>not</u> required to join a QHIO

This overview of the P&Ps is intended for educational purposes. Please refer to the full P&Ps posted on the <u>DxF website</u> for the formal requirements.

Real-Time Exchange P&P

Purpose

Establishes definition of 'real-time' data exchange and associated obligations of Participants.

Overview

- Participants must exchange Health and Social Services Information (HSSI) with other Participants in a timely manner.

- Any intentional or programmatic delay in the sharing of Health and Social Services Information for Required Purposes set forth in the Permitted, Required, and Prohibited Purposes Policy and Procedure shall be considered a violation of this policy.

- In response to an Order or Referral, Participant(s) must share the associated HSSI as soon as the information becomes available and without intentional or programmatic delay.

- In response to a Request for Information, Participant(s) must respond upon receipt of the Request for Information and without intentional or programmatic delay.

- Notification of ADT Events must be shared at the time of the event without intentional or programmatic delay.

This overview of the P&Ps is intended for educational purposes. Please refer to the full P&Ps posted on the DxF website for the formal requirements.

Technical Requirements for Exchange P&P

Purpose

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 HSSI to which Participants must adhere.

Overview

- Establishes minimum technical requirements for the Access, Exchange, and Use of HSSI.

- Focuses on exchange in four areas:

  - **Request for Information:** query-based exchange (pull), prompted by an electronic request for information

  - **Information Delivery**: delivery (push) of the results of requested tests or referrals

  - **Requested Notifications**: notifications (push) of admissions and discharges from acute care settings if requested

  - **Person Matching**: person attributes to be used to identify Individuals for all three exchange methods

This overview of the P&Ps is intended for educational purposes. Please refer to the full P&Ps posted on the DxF website for the formal requirements.