

**California Health & Human Services Agency  
Center for Data Insights and Innovation  
Data Exchange Framework Implementation Advisory Committee  
Meeting #9 Q&A Log (1:00 PM – 2:00 PM PT, August 28, 2023)**

The following table shows comments that were entered into the Zoom Q&A by public attendees during the August 28, 2023 meeting:

<b>Count</b>	<b>Name</b>	<b>Comment</b>	<b>Response</b>
1	Kimberly Krause	Our organization has over 110 SNFs in QA in which I believe I have registered for all of them and signed the agreement. Can someone verify this information and nothing further is required from our facilities at this time? Also, would love to connect someone to our EMR team to make sure we have things in place for data transmission. My email is kimberly.krause@pacs.com	The DSA Signatory List posted on the CDII website lists the entities that have signed the DSA. We encourage you to verify that all 110 PACS have signed. If you have specific questions, please email CDII at CDII@chhs.ca.gov. Here is the DSA Signatory List <a href="https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cdii.ca.gov%2Fwp-content%2Fuploads%2F2023%2F08%2FDxF_DSA_SignatoryList.xlsx&amp;wdOrigin=BROWSELINK">https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cdii.ca.gov%2Fwp-content%2Fuploads%2F2023%2F08%2FDxF_DSA_SignatoryList.xlsx&amp;wdOrigin=BROWSELINK</a>
2	Kimberly Krause	Our organization has over 110 SNFs in QA in which I believe I have registered for all of them and signed the agreement. Can someone verify this information and nothing further is required from our facilities at this time? Also, would love to connect someone to our EMR team to make sure we have things in place for data transmission. My email is kimberly.krause@pacs.com	PACS is appearing in the publically available posting of DSA Signatories, found <a href="https://www.cdii.ca.gov/wp-content/uploads/2023/08/DxF_DSA_SignatoryList.xlsx">https://www.cdii.ca.gov/wp-content/uploads/2023/08/DxF_DSA_SignatoryList.xlsx</a>
3	L. Johns	PI clarify: that “common technical standards” are not common to *all* networks, they are unique to each framework. Right?	live answered
4	L. Johns	PI clarify: that “common technical standards” are not common to *all* networks, they are unique to each framework. Right?	The Technical Requirements for Exchange P&P requires DxF Participants to support certain common

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			technical standards. Participants may choose any intermediare that supports these standards as required by HSC 130290.
5	L. Johns	👋 for Participant Directory P&P!	thanks
6	James Conway	Is the onus on the sending participant to deliver the data in whichever form the receiving participant requests? If so, how are organizations supposed to share data with every other participant if we are all using different QHIOs and national HIEs? Or does participating in any HIE/QHIO meet the goal of the DxF, regardless of whether it shares real time data with every other entity?	The Technical Requirements for Exchange P&P establishes a common set of technical standards that every Participant must support, either directly or through an intermediary they choose. The Data Elements to Be Exchanged P&P calls out the data elements and standards for those elemnts that Participants must support.
7	Ray Duncan	The national networks we belong to (eHx and Carequality) do not support all the use cases and requirements of he DSX so i'm not understanding how participation in those would meet the requirements.	Participants may choose to use more than one intermediary to meet the requirements of various use cases. As you say, not all nationwide networks and frameworks or other intermediaries may support all required use cases. If there are missing requirements for a Participant, they may meet them directly or through a second intermediary.
8	James Conway	What are the enforcement mechanisms and do they also go into effect on Jan 31, 2024 as AB1331 states?	
9	Sanjay Jain	What is the vision of how participants will connect with each other to perform testing of data exchange prior to going live?	The various networks, frameworks, HIOs, and QHIOs have their own testing processes. DxF does not call out a testing process, at least

Count	Name	Comment	Response
			at this time. Point to point connections, if chosen by a Participant, can likewise use testing processes acceptable to both Participants.
10	Ray Duncan	'@Sanjay jain Considering no QHIOs have even been designated yet the timeframe seems unrealistic with a deadline of Jan 2024	
11	Kimberly Krause	Thank you, I enrolled each facility under PACS as a sub facility. I just wanted to be sure I performed that function correctly.	
12	Mark Savage	It will be very helpful and important to have a similar high-level walk through on how California's individuals interact to use Individual Access Services. They are not Participants in the Participant Directory, for example.	Thank you for your comment, Mark!
13	Zach Gillen (KP)	While the national networks can satisfy the requirement to respond to electronic queries for health information (Technical P&P), the national networks have not implemented use cases for exchanging information created in conjunction with an order/referral, or electronically sending ADT. How will this be accomplished? Same question as Ray above.	Please see the answer above for more detail, but Participants may need to seek services of more than one intermediary if they choose not to use a QHIO.
14	L. Johns	'@Gillen: DirectTrust implements push for hie and also has ANSI-approved standard for ADT	Thank you for your comment, Lucy.
15	L. Johns	'@Gillen: Several EHR vendors are already designing implementation of that ANSI standard	Thank you for your comment, Lucy.
16	Dan Chavez	Is there an assumption that QHIOs will route national network data between QHIOs to CA DxF participant end points?	Please see the QHIO application released today for details of the routing requirements of QHIOs.
17	Steven Lane	The Carequality framework is prepared to support Patient Requests, Public Health, CBOs and other purposes of use. New CeQ policies were published 8/1 with specific augmented support for Care Coordination and Patient Requests:	Thank you for your comment, Steven.

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		<a href="https://carequality.org/carequality-publishes-new-framework-policies-and-technical-trust-policy-heres-what-you-need-to-know/">https://carequality.org/carequality-publishes-new-framework-policies-and-technical-trust-policy-heres-what-you-need-to-know/</a> If the DxF requires exchange for these purposes, such exchange could be accomplished over the existing national framework.	
18	L. Johns	Where can we see answers to the many important questions here? Not enough time in this meeting. Can questions and answers be posted in CDII website in association with this committee information on the website?	CDII monitors frequent questions and publishes those answers on our website as an FAQ. If you have other questions that are not answered during these meetings, please feel free to send them to <a href="mailto:CDII@chhs.ca.gov">CDII@chhs.ca.gov</a> .
19	Kimberly Krause	To confirm, I from the parent company can sign ONE APPLIATION for all of our 110+ SNFS?	one parent company can submit a DSA Signatory Grant application for numerous DSA Sigantories or DSA named subordinates.
20	Kimberly Krause	*APPLICATION	yes
21	Steven Lane	Very excited to hear that DxF will include a requirement for all QHIOs to participate in the nationwide interoperability framework. This will go a long way in assuring that CA not become an island separated from the billions of record exchanges (trillions of interoperability transactions) that occur annually today on the national framework. Note that CA participants today account for ~25% of nationwide exchange.	Thanks for your comment, Steven.
22	Ray Duncan	'@Slane "The Carequality framework is prepared to support Patient Requests, Public Health, CBOs and other purposes of use."  That is excellent (and would be our preferred solution to tell the truth) but this wil require new development by all the Carequality implementors, right? So that can take quite a while to be released and then become widely	Thanks for your comment, Ray.

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		used among all the customer organizations of those implementators. It doesn't seem like a realistic solution for meeting the requirements of the DSA/DXF in the near term.	
23	Rohit Patil	Can an HIO (not Q) submit a grant application for TA on behalf of multiple signatories?	
24	L. Johns	'@Lane: ...the nationwide interoperability networkS... Right? ;-) Until TEFCA (if then!) not just one network. Right?	
25	Steven Lane	Recall that, in addition to supporting HIO/QHIO onboarding, signatory grants can be utilized by to support providers' connection, using their existing fully capable certified EHR technology, to the national interoperability framework and component networks.	
26	Abel	how is the grant funded? ACH or check. Also, can someone confirm the milestones 1 and 2.	Please reach out to CDII's Third Party Administrator with questions about the DSA Sig Grants, Contact DSAGrants@pcgus.com or call (866)698-6525
27	Steven Lane	'@RDuncan - I don't believe that development would be required in order to use the additional Query Purposes. Epic simply needs to turn on the ability to respond to queries labeled as representing purposes of use beyond Treatment. They will do this if/when this is requested/demanded by their customers (like us). My understanding is that this decision would be routed through the Care Everywhere Governing Council, to make these exchange purposes available. Of course, it would remain up to the individual org to determine if they want to respond to some/all queries for these new purposes.	
28	Ray Duncan	Kudos on the changes to Privacy and Security Safeguards version 2 draft which spells out the requirements for	

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		non-covered entities in much more detail. That has been a big point of concern.	
29	Ray Duncan	'@SLANE Thank you. I do continue to wonder about the SDOH information which is not very standardized generally and not supported in USCDI until version 4. Epic currentl supports v.2.	
30	Steven Lane	'+1 RDuncan.	
31	Steven Lane	'@RDuncan - SDOH data elements were added to USCDI v2 and have not changed up to the current v4. We anticipate v3 being the new required floor for nationwide exchange as of 1/1/25, though this will be clarified in ONC's HTI-1 final rule anticipated this year. There is one additional SDOH data element (SDOH Outcomes) at Level 2 in USCDI, with many more at Level 0: <a href="https://www.healthit.gov/isa/uscdi-data-class/social-determinants-health#level-2">https://www.healthit.gov/isa/uscdi-data-class/social-determinants-health#level-2</a>	Thanks. Steven, for the Q&A discuss at today's meeting!
32	Rachel Goldberg	Just sharing a request for CDII to develop an FAQ reseponse to how the DxF requirements impact a Participant's subcontracted providers. A specific example: a County subcontracts with another organization to provide services on County's behalf. What (if any) obligations of the DxF flow down to that subcontracted provider? Thank you!	
33	Steven Lane	Today's slide deck is not yet posted to the web site.	
34	Dan Chavez	'+1 @Rachel Goldberg	
35	Ray Duncan	'@SLANE thank you for that link. so if i am reading that correctly the larger gap at present is standard code sets for this info?	
36	Steven Lane	'@RDuncan - there are standard LOINC codes for responses to the PRAPARE and other instruments, Z-codes, some CPT codes, etc.	

**Total Count of Zoom Q&A comments: 36**