

Data Exchange Framework Educational Initiative Kick-Off Meeting

On May 16, 2023, the California Association of Health Plans (CAHP) hosted the Educational Initiative kick-off meeting which was attended by over 10 plans which included representatives from commercial and public plans. The meeting included a presentation by the California Health and Human Services Agency's Center for Data Insights and Innovation (CDII) on the Data Sharing Agreement (DSA) and Data Exchange Framework (DxF) development to-date and provided an opportunity for attendees to ask questions directly to CDII. The intent of the meeting was to provide education and outreach about the DxF, and to convene plans to identify and discuss gaps and opportunities in data sharing to increase the number of signatories to the DSA. The meeting also sought to gather feedback on the components of a Resource Guide that CAHP is developing for plans, and to inform topics that would be helpful to explore in upcoming webinars.

CAHP has developed a webpage to inform the plans of DxF developments and resources, and that can be used to ask further questions about the DSA and DxF. The website is available [here](#).

Data Exchange Framework Overview

CDII presented an overview of the Data Exchange Framework (DxF) and Data Sharing Agreement (DSA) development and activities to-date, which contained several useful links to resources for further information.

- DxF requires and enables health information to be exchanged among health care organizations through any health information exchange network, health information organization, or technology that adheres to specific standards and policies.
- DSA and common set of Policies and Procedures (P&Ps) spell out the standards for and governance of information exchange.
 - CDII has published eight P&Ps which include:
 - Process for amending the DSA
 - Modifications to P&P
 - Breach notifications
 - Permitted, required, and prohibited purposes
 - Requirement to exchange health and social services information
 - Privacy and security safeguards
 - Individual access to services
 - Data elements to be exchanged
 - Four P&Ps are currently under development which include:
 - Early exchange
 - Real-time exchange
 - Technical requirements for exchange
 - Privacy standards and security safeguards (amendment)
- Strategy for Digital Identities enables health and social services organizations to match shared individuals while keeping information private and identities secure.
- Mandatory Signatories were required to sign the DSA by January 31, 2023

- Mandatory Signatories include
 - General acute care hospitals
 - Acute psychiatric hospitals
 - Physician organizations and medical groups
 - Skilled nursing facilities
 - Health care service plans and disability insurers including Medi-Cal managed care plans under a comprehensive risk contract with the Department of Health Care Services that is not regulated by the Department of Managed Health Care or the Department of Insurance
 - Clinical laboratories regulated by the Department of Public Health
- Data exchange for mandatory signatories goes live January 31, 2024
- Remaining entities begin to share information January 31, 2026
- CDII has developed grants for eligible DSA signatories to achieve DSA requirements, \$47 million in funding will be allocated across at least three rounds of funding:
 - Qualified Health Information Organization (QHIO) onboarding grant
 - Complete onboarding with QHIO that enables Signatories to meet DSA requirements
 - QHIO will identify technical or operational solutions to complete onboarding
 - Applications are submitted by CAHIE on the applicant's behalf
 - Grantee's contracted QHIO receives and manages the grant funds
 - Technical Assistance (TA) Grants
 - Outcomes = achieve at least one of the following required outcomes:
 1. Identified and contracted with a technology solution
 2. Implemented a technology solution capable of supporting real-time data exchange
 3. Adjusted, upgraded, or adopted an electronic documentation system
 4. Created or provided training for new workflows
 - Applicants are responsible for identifying technical or operational solutions to achieve DSA requirements
 - Applications are submitted by the applicant, while the grantee receives and manages the funds directly

Open Forum: Questions on DxF Implementation

Participants had the opportunity to ask questions of CDII directly which included:

- The CMS rule on data "maintained by the entity" is vague; what is the state's interpretation?
 - The state's interpretation is defined in DxF and data elements to be exchanged in the P&P.
 - The state is figuring out how to best monitor participation in the DxF and enforcement of the rules is still being determined; since it's a framework and not a technical structure, CDII will have to cooperate with other organizations. Other state departments are issuing regulatory guidance for compliance (e.g., DMHC, DHCS APLs)
- Hospitals and Emergency Departments are required to provide admit and discharge (A/D) notifications to any authorized participant, including plans.
 - A/D are required to be shared but not transfers; transfer is within a facility
- What is the obligation of Signatories to contract with/utilize QHIOs?

- QHIOs exchange business information, organizations are not required to use them but may be a help
- Regarding the DSA, what is the obligation of the organization that is sharing data to share accurate data?
 - The quality requirement is not included but an assumption; the organization should share high quality data to the best of their ability.
- How does the DxF support/interact with DHCS' Population Health Management Service?
 - CDII has regular meetings with CalHHS to discuss DxF; coordinating with DHCS and CalAIM to enable and avoid conflicting these data pieces.
- Many entities have not yet signed the DSA, including most major hospitals, and they must sign on/comply for this to work
 - Nothing in the DSA overrides federal law. If entities are required to sign a BAA, the DSA does not get out of this. Single agreement is not edited – everybody is signing the exact same agreement.
- What is the definition of “real time”?
 - Definition of “real time” is still being determined; TECCA did not define “real time” and information blocking is too vague as well. Not sure where this will land. Intent is to not hold onto data.

Health Plan Opportunities and Challenges

Participants engaged in small group activities to identify opportunities and challenges to DxF implementation and brainstormed potential solutions.

Challenges:

- All stakeholders need to sign the DSA and move forward with implementation in order for it to work
- No system for oversight of enforcement and monitoring or timeline for establishing such
- Data needs vary by business sector and the different ways in which they house the data
- Data standardization and formats vary across entities
- Updates in data membership
- Timeline is coming fast and there are differing timelines and priorities
- More guidance is needed from the state
- Lack of oversight

Opportunities:

- Legislation to fix requirement to sign DSA among all parties
- Data standardization, solving beyond QHIO (runs its own system);
- A companion guide would be helpful; level of granularity should be file containment and exchange
- Enforcement and sanctions; AB 133 does not have sanctions yet
- Provider education
- Data architecture; what is the data flow, use cases, etc. – development of a data architecture for what the system allows for. Who gets what data and when? Master directory to show data flows between providers, plans, and stakeholders. Needs to be up to date.

Solution:

- Data could flow through a central hub or technical architect
- Standardize data formats
- QHIOs – HIEs/HIOs – hub and spoke model where QHIOs are the center, can standardize and then publish the data in a standard format
- Needs-based data transfer and minimum data transfer definitions
- Align with federal standards and timelines

Resource Guide Development

Grant activities include the development of a resource guide. CAHP circulated a survey in early January 2023 to gather feedback from the health plans on the type of support that would be most beneficial in terms of education and technical assistance. The survey responses identified several outstanding questions related to compliance requirements, how to interact with the DxF, the DSA, and enforcement mechanisms.

Chapman Consulting presented an outline of the Resource Guide components and asked participants to react. Components include:

- Overview of DxF and DSA requirements
- Considerations for health plan data exchange requirements
- Future decisions and impacts on DSA
- Resources and funding opportunities

Plans commented that the Resource Guide should be updated as CDII finalizes requirements and clarifies policies, and that notification on updates should be sent to SPC/LRA Primary lists.

Identifying Potential Topics for Deep-Dive Webinars

1. DxF alignment with other state/national efforts
 - a. CMS/Office of the National Coordinator for Health IT (ONC)/CalHHS – joint presentation on interactivity over time and corresponding timelines
 - b. Alignment with Fast Healthcare Interoperability Resources (FHIR), interoperability, and CalAIM
 - c. ERISA and Medicare data
2. Policies and Procedures and Enforcement Mechanisms
 - a. Companion guide/guidance
 - b. Standard format and companion guide
 - c. Identifying priority data elements and a list of health plan-specific data elements
 - i. How to capture data for social determinants of health
 - d. Overview of final P&P and chaptered legislation impacting DxF
3. QHIOs and IT Solutions
 - a. Who are the QHIOs and what services will they provide/role of the QHIO
 - b. QHIO and data formats, validation, acknowledgement
 - c. Data integrity and security
 - d. Data standards & specifications
 - e. Data exchange methods

- f. Sharing data bidirectionally with subcontractors
 - g. Health plans presenting on the implementation stages: QHIO, DSA, IT, etc.
 - h. How to connect to many individual entities that are not connected through a QHIO
 - i. Grants – how can a health plan use a grant for an established HIE? What types of enhancements are allowable?
- 4. Legal/Compliance Implications and Issues
 - a. Education on enforcement once determined
 - b. Legal overview from legal experts
- 5. Other
 - a. Practical application and implication of the “assumption of quality”
 - b. More information on how CDII intends to prevent abuse
 - c. Health plan playbook webinar including overview of pending guidance and main tasks