

Data Exchange Framework and IT Requirements

Monday, September 18, 2023

1:00 pm – 2:00 pm



Agenda

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Upcoming Webinars and Next Steps

Welcome and Introductions

Anete Millers, California Association of Health Plans

Data Exchange Framework and IT Requirements

Center for Data Insights and Innovation (CDII)



Data Exchange Framework Overview

18 September 2023

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Agenda



- DxF Overview
- Qualified HIOs (QHIO)
- Policies and Procedures
- Discussion
- DSA Signatory Grant Program

Acronym



Acronym	Term
CalHHS	CA Health and Human Services
CDII	Center for Data Insights and Innovation
DSA	Data Sharing Agreement
DxF	Data Exchange Framework
EHR	Electronic Health Records
HIE	Health Information Exchange
HSSI	Health and social services information
IAC	Implementation Advisory Committee
P&P	Policies and Procedures
PPSC	(DSA) P&P Subcommittee
QHIO	Qualified Health Information Organization

The DxF

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.



What is the Data Exchange Framework?

Not a Technology



Rules of the Road



DxF: Quick Guide: What It Is and Is Not

What Is The DxF

Rules of the Road



- Policies and Procedures that govern the exchange of health and social services information (HSSI)
- Guidance and requirements for how to share data with other Participants
- Statutory language that permits sharing between a Covered-Entity and non-Covered Entity

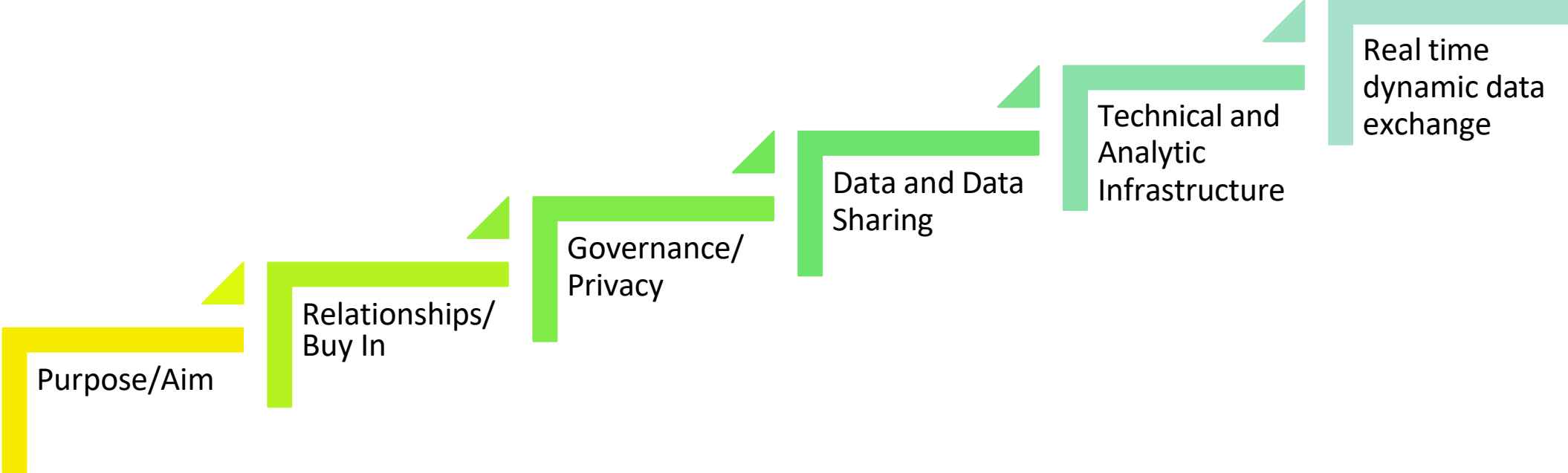
What The DxF Is Not

Not a Technology

- A data lake, database, data warehouse
- A technology application, system, or platform
- An HIE/HIO or any connection to EHR/EMR



DxF – Intent and Opportunities



Components of the DxF

Data Exchange Framework

that 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.

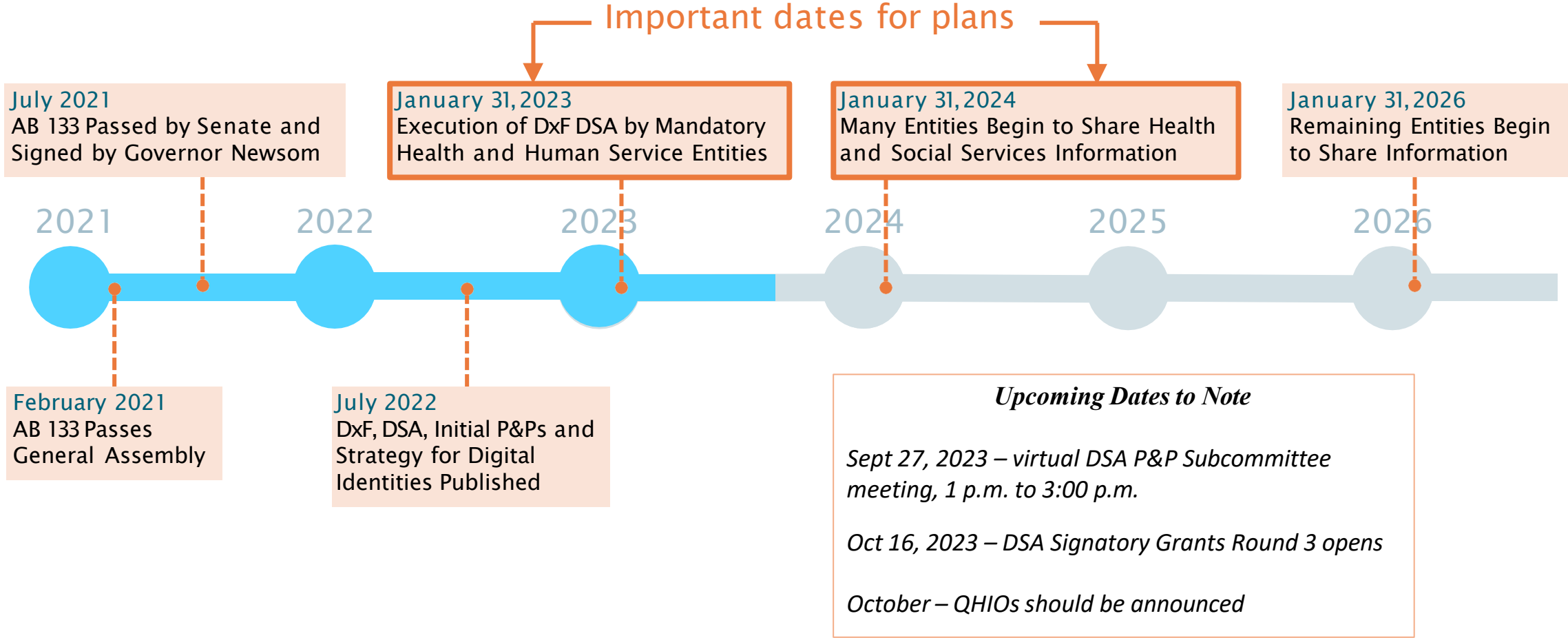
Data Sharing Agreement and Common Set of Policies and Procedures

that spell out the standards for and governance of information exchange.

Strategy for Digital Identities

that enables health and social services organizations to match shared individuals while keeping information private and identities secure.

Important Dates



Who Must Sign the DSA?

General acute care hospitals as defined by HSC § 1250

Acute psychiatric hospitals as defined by HSC § 1250

Physician organizations and medical groups

Skilled nursing facilities as defined by HSC § 1250 that currently maintain electronic records

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, and Medi-Cal managed care plans under a comprehensive risk contract with the State Department of Health Care Services that is not regulated by the Department of Managed Health Care or the Department of Insurance

Clinical laboratories as that term is used in Business and Professions Code § 1265 and that are regulated by the State Department of Public Health

Plans must sign



Signing the DSA

For instructions



CalHHS CalHHS Data Sharing Agreement Signing Portal

Home | Help | 🔍 | Sign in/Register

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](#)

[DSA Signing Portal URL](#)

DxF Participant Seal of Approval

The DxF “seal of approval” can be used by signatories to show their participation in the CalHHS DxF. All entities who have signed the DSA may begin displaying the seal of approval on materials.



The seal highlights California’s Movement to modernize the patient experience through the secure exchange of data. The symbol of intersecting arrows that combine to form an “X” evokes exchange and collaboration.



Data Exchange Framework (DxF) Participant Seal of Approval Usage Guide



CDII has released a document that provides guidelines on the proper usage of the DxF participant seal.

The seal and usage guide are available for download in the DSA Signing Portal.

DxF - QHIOS

QHIO Application & Guide Released!

- CDII released the QHIO Application and its accompanying guide on August 28, 2023.
- The application's three sections contain a series of requirements followed by a statement where the applicant must attest that their organization meets the requirements.
- CDII hosted informational webinars to address questions from prospective applicants on September 8, 2023 and September 11, 2023.
- **QHIO Applications are due by 5:00pm PT on September 21, 2023**
- CDII anticipates announcing QHIOs October 2023



Requirements of QHIOs

Below are key some requirements of the QHIOs pulled from the QHIO Application

- Current health and/or social services information exchange business with California-based organizations. (A5)
- HITRUST r2 certification (B1)*
- No more than two legally-reportable breaches involving 500 or more individuals' data from July 2020 through July 2023. (B3)
- Privacy and security policies regarding the uses and disclosures of data are consistent with the DSA and its Policies and Procedures. (B5)

*Applicant must have achieved HITRUST r2 certification, utilize contractor(s) for data mgt. services that has r2, or will be r2 on or before 12/31/2024.

Requirements of QHIOS

QHIO Functional Capabilities from the QHIO Application

- Can manage digital identities and has established processes to continually improve person matching accuracy (C1)
- Participates in a nationwide network or framework (C3)
- Must exchange with nationwide networks/frameworks and all other QHIOS on behalf of their Participant clients (C7)*
- Must support all technical standards and exchange capabilities required of any Participant, including person matching, requests for information, delivery of information, and notifications of admissions and discharges from an acute care setting (C1, C4, C5, C6, C8)*

*Participants (including plans) are not required to use a QHIO. However, QHIOS may help plans meet their requirements to share data with other Participants.

P&Ps

DSA and Policies & Procedures

Data Sharing Agreement and common Policies and Procedures govern the exchange of health and social services information among health care entities and government agencies.

How and what to exchange

Published Policies and Procedures

- Glossary of Defined Terms
- Process for Amending the DSA
- Modifications to Policies and Procedures
- Breach Notification
- Permitted, Required, and Prohibited Purposes
- Individual Access Services
- Data Elements to be Exchanged
- Technical Requirements for Exchange
- CA Information Blocking Prohibitions
- Qualified Health Information Organization (QHIO)
- Real-Time Exchange

Policies and Procedures in Development

- Requirement to Exchange Health and Social Services Information (amendment)
- Privacy and Security Safeguards (amendment)
- Early Exchange (final but not yet published)

See next slide

Draft P&Ps Released for Public Comment

CDII is inviting public comment on drafts of the below P&Ps through Monday, September 18, 2023 (at 8 AM PT).

P&P Topic	Description
Privacy Standards and Security Safeguards (Amendment)	Describes privacy standards and security safeguards Participants must comply with in connection with the exchange of HSSI under the DSA.
Requirement to Exchange Health and Social Services Information (Amendment)	Establishes the responsibilities of Participants to respond to requests for Health and Social Services Information (HSSI) pursuant to the Data Exchange Framework.

Public Comment just closed, CDII now reviews and works to finalize

Data Elements to Be Exchanged

CalHHS Data Exchange Framework Policy and Procedure

Subject: Data Elements to Be Exchanged	
Status: Final	Policy: OPP-8
Original Publication Date: July 5, 2022	Version: 1.0.1

What plans must share

- a. For Individual Access Services, adjudicated claims and encounter information shall include cost information, specifically provider remittances and enrollee cost-sharing.
- b. For Participants and Purposes other than Individual Access Services, cost information may be omitted.
- c. After October 6, 2022, clinical data shall include data elements in the [United States Core Data for Interoperability \(USCDI\) Version 2](#) if maintained by the entity.

DSA Data Elements to be Exchanged

Data Elements to Be Exchanged

What plans may receive

From health care providers

b. After October 6, 2022, all Electronic Health Information (EHI) as defined under federal regulation in [Section 171.102 of Title 45 of the Code of Federal Regulations](#), including data elements in the [United States Core Data for Interoperability \(USCDI\) Version 2](#), if maintained by the entity.

From most other signatories (including voluntary)

b. After October 6, 2022, data elements in the United States Core Data for Interoperability (USCDI) Version 2 if appropriate and maintained by the entity.

[DSA Data Elements to be Exchanged](#)

Technical Requirements for Exchange

CalHHS Data Exchange Framework Policy and Procedure

Subject: Technical Requirements for Exchange	
Status: Final	Policy: OPP-9
Publication Date: June 26, 2023	Version: 1.0

How plans must share

- i. Every Participant must accept and respond to an electronic Request for Information from another Participant.

[Technical Requirements for Exchange](#)

Technical Requirements for Exchange

What plans may also receive



- c. Requesting Participants
 - i. Any Participant may make a request for electronic Notification of ADT Events from a Hospital or Emergency Department.
 - ii. Participants that make requests for Notification of ADT Events must submit a roster identifying the Individuals for whom Notifications of ADT Events are requested consistent with the attributes for Person Matching or using some other method acceptable to the sending Participant.

[Technical Requirements for Exchange](#)

For more information...

[Health and Safety Code § 130290](#) for information on what data plans must share

[Permitted, Required and Prohibited Purposes P&P](#) for information on the purposes for which data can and must be shared (e.g., treatment, payment, health care operations, public health)

[DSA Data Elements to be Exchanged P&P](#) for information on what data plan must share and may receive

[Technical Requirements for Exchange P&P](#) for descriptions of methods and technical requirements plans must use to share and may use to receive data

[Real-Time Exchange P&P](#) for requirements for timely sharing of data

Discussion: Operationalizing the DxF



- What are your concerns?
- How would you gauge your readiness?
- What impact will the DxF have on your organization?
- What are your thoughts on how you will share data?

DSA Signatory Grants

Grant Application Rounds: Round 2 Closes on Friday, 09/01/23

Up to \$47 million in funding will be allocated to applicants across **at least three rounds of funding.**

CDII is holding multiple rounds to support the 2024 deadline for some organizations to begin exchanging data while ensuring that organizations with limited resources have sufficient time to complete and submit a grant application.

		Application Windows								
		Q2 2023			Q3 2023			Q4 2023		
		April	May	June	July	August	September	October	November	December
Expedited Rounds Open to Organizations Who Implement by 2024			Round 1							
	Full Rounds Open to All Eligible Organizations				Round 2 Deadline: September 1st				Round 3	



DSA Signatory Grants Round 1 Awardees

August 2023, CDII awarded nearly \$1.5M in Round 1 grants to 25 Signatories

- Allergy and Asthma Specialist Doctors, Inc
- Allergy and Asthma Treatment Center, P.C.
- California Institute of Cardiovascular Health
- Cherry Clinic
- Children's Hospital Los Angeles
- Chinese Hospital Association
- El Dorado County Community Health Center
- Golden Haven Care Center LLC
- Greater Fresno Health Organization, inc.
- John R., Glycer D., Mills M., and Margaret A., MDS PTR
- La Maestra Community Health Centers
- Mallu C Reddy, MD, Inc.
- San Ysidro Health
- Serene Health IPA
- Universal Community Health Center
- Unicare Community Health Center
- University Vascular Associates
- W D W Joint Venture (Downey Community Health Center)
- Aliados Health, including:
 - Alliance Medical Center
 - Anderson Valley Health Center
 - Long Valley Health Center
 - Petaluma Health Center
 - Ritter Center
 - Santa Rosa Community Health
 - West County Health Center

DSA Signatory Grant Domains

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

	 Qualified Health Information Organization (QHIO) Onboarding Grant	 Technical Assistance (TA) Grants
	<i>The “assisted” pathway.</i>	<i>The “build your own” pathway.</i>
Required Grant Outcomes	Complete onboarding with QHIO that enables Signatories to meet DSA requirements	<p>Achieve at least one of the following required outcomes:</p> <ol style="list-style-type: none"> 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
Activities	QHIO identifies technical or operational solutions to complete onboarding. CDII will publish a list of QHIO options, and Signatories select from the list.	Applicants are responsible for identifying technical or operational solutions to achieve DSA requirements.
Application Process	Applications are submitted by CAHIE on the Applicant’s behalf.	Applications are submitted by the Applicant.
Grant Management	The Grantee’s contracted QHIO receives and manages grant funds.	The Grantee receives and manages the funds directly.

Application and Guidance

Application Templates

The Application Templates gives potential applicants a preview of what to expect in the upcoming DxF Grant Portal (anticipated to go live mid-May).
Expected to be released in April 2023

Guidance Document

The Guidance Document provides additional information on the DSA Signatory Grant Program, including details specific to each of the grant domains.
Released in April 2023

The screenshot shows the top portion of an application form. At the top left is the logo for the Data Exchange Framework, California Health & Human Services. To its right is the title "DSA Signatory Grants Application Template". Below the title is a section header "Applicant Information". The first question asks "Which DSA Signatory Grant are you applying for?" with two radio button options: "TA Grant" and "QHIO Onboarding Grant". A sub-question "1a. If a QHIO Onboarding Grant is Chosen: (FOR ROUND 2 ONWARDS) What QHIO do you plan to onboard to?" includes a "Drop down list of QHIOs". The second question asks for contact information, with input fields for "Applicant Organization Name", "Contact Person Name(s)", "Contact Person Title(s)", "Telephone", "Email Address", and "Mailing Address". At the bottom, there is a note: "If the individual completing this application is different from the individual who signed the DSA, please explain why. (100 words). [Text Box]". The footer of the form reads "DSA SIGNATORY GRANTS: APPLICATION TEMPLATE 1 UPDATED 4/4/2023".



Closing

DxF Website Resources

For more information on the DxF, please visit our [Website](#).

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 the DSA Signing Portal

Join us for:

- The [Information Is Power](#) webinar series
- Upcoming public meetings of the [Implementation Advisory Committee](#) and the [DSA and P&P Subcommittee](#)

Contact us to ask questions or join our listserv at CDII@chhs.ca.gov.

Health Plan Perspective

Mohit Ghose, Anthem

Anthem Connectivity Expansion – Why it Matters

California – Data Exchange &
Interoperability



Anthem Blue Cross Health Connectivity

Our vision as part of our mission

- Streamlined Procedures
- Better Communications
- Regulatory Compliance
- Enhanced Patient Experience
- Value Based Care
- Public Health Insights
- Better Patient Safety
- Improved Patient/Member Outcomes

The Data Exchange Framework from CDII (CalHHS) – A Gentle Nudge Towards Interoperability

The Law and Path Forward

- What it Is & What it Isn't
- There are more than 14 Policies & Procedures and other regulatory bulletins, several of which tie back to Federal Interoperability, Data and Digital identity, Provider Identity etc. that must be followed.
- We need all players to sign on – counties, hospitals, IPAs, others – regardless of size – the more organizations that are in, the better the data will flow for our members
- Health Plans cannot be an enforcer, the relevant agencies per sector in health care must assert their jurisdiction
- Anthem Blue Cross continues to engage the agency leadership across multiple agencies to encourage coordination – CDII, DHCS, DMHC, CDPH, Counties and more – all need to be coordinated

Anthem Connectivity – Multiple Platforms, Common Goals

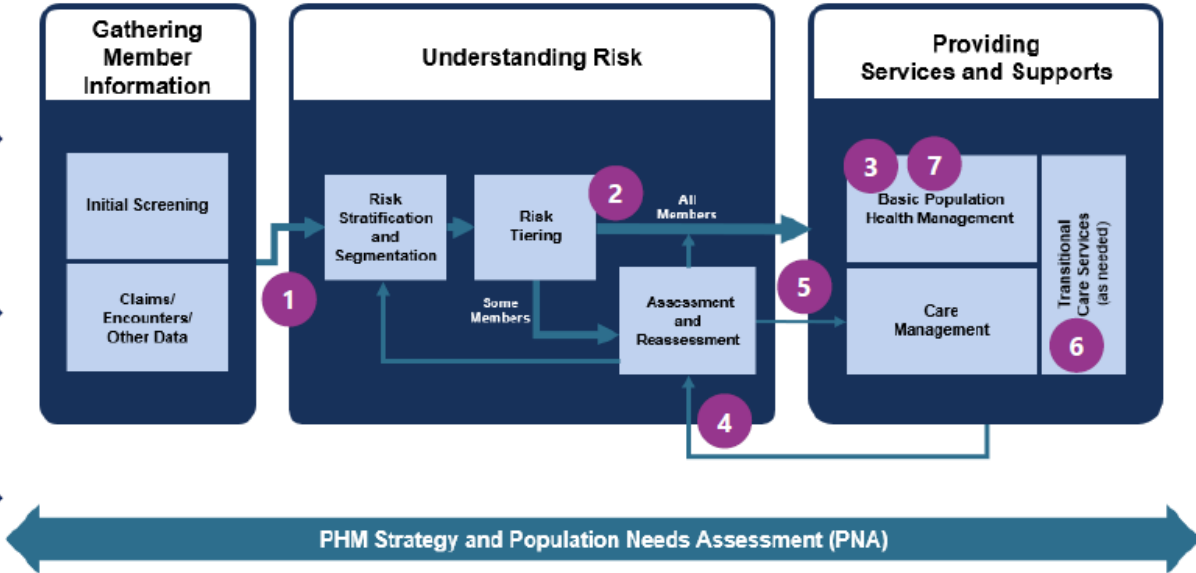
- Why We Signed – All Elevance/Anthem Businesses in CA are signatories to the DxF!
 - Builds on Federal Interoperability
 - Will evolve over time
- For CalAIM, Data Exchange is a critical piece of the puzzle as new populations, new services come online
 - Incentive Payments are available to encourage provider partners
- Working with your EHR vendor to minimize the effort required for connecting
- Participating in Health Information Exchanges (HIE), QHIN, QHIO etc.
- Encouraging partners to connect

Connectivity is the Key to PHM and Coordination

DHCS – The Life of Linda

Member Vignette: PHM in Action

- 1 Linda has her first prenatal appointment; Her provider does a history and physical, diagnosing her with gestational diabetes. Her health plan receives the information.
- 2
- 3 A care coordinator from Linda's health plan reaches out and connects Linda to WIC services and a doula
- 4 At 28 weeks, Linda is diagnosed with high blood pressure and depression, referred to a high-risk pregnancy specialist, and enrolled in Complex Care Management (CCM).
- 5
- 6 At 37 weeks pregnant, Linda is diagnosed with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her CCM care manager helps with the transitions from hospital.
- 7
- 7 Linda's health conditions have resolved. Linda and Jacob receive dyadic services during Jacob's well-child visits. Linda no longer needs support from CCM. Her plan continues to monitor and support her family through BPHM.



What this means for You –

It is about our members

And – it is about data and our ability to have the data appropriately follow the person – how to deliver data that is most actionable at the point of service.

How we can maximize our work together to achieve goals that the regulatory bodies set for us, and, more importantly, the goals we set for ourselves?

Next Steps



Sign the DSA



Get data flowing



Implement use cases



Next Steps

Anete Millers, California Association of Health Plans