CalHHS Data Exchange Framework Policy and Procedure

Subject: Data Elements to Be Exchanged	
Status:	Policy:
Effective:	Version

I. Purpose

The California Health and Human Services Data Exchange Framework ("Data Exchange Framework") requires access to and exchange of usable Health and Social Services Information by health, social, and human service providers and organizations. The purpose of this policy is to define the Health and Social Services Information to which access is to be provided or that is to be exchanged by Participants.

II. Policy

1. DATA TO BE EXCHANGED

a. Participants shall make available or exchange, at a minimum, data as defined in the subparagraphs below.

i. Health Care Providers, including but not limited to physician practices, organizations, and medical groups, general acute care hospitals, critical access hospitals, long term acute care hospitals, acute psychiatric hospitals, rehabilitation hospitals, skilled nursing facilities, and clinical laboratories, shall provide access to or exchange at a minimum:

b. Until October 6, 2022, data elements in the United States Core Data for Interoperability (USCDI) Version 1 and held by the entity.

c. 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, and held by the entity.

i. County health facilities that are Participants shall provide access to or exchange, at a minimum, the same data required of Health Care Providers in Section II.1 Paragraph 1a.i as permitted under Applicable Law.

ii. Health Plans, including but not limited to 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, Medi-Cal managed care plans, shall provide access to or exchange, at a minimum, the data required to be shared under the Centers for Medicare and Medicaid Services Interoperability and Patient Access regulations for public programs as contained in United States Department of Health and Human Services final rule CMS-9115-F, 85 FR 25510 including, but not limited to, adjudicated claims, encounter data and clinical data as defined in the USCDI if held by the entity.

d. For Individual Access Services, adjudicated claims and encounter information shall include cost information.

e.   For Participants and Purposes other than Individual Access Services, cost information may be omitted.

f.   After October 6, 2022, clinical data shall include data elements in the United States Core Data for Interoperability (USCDI) Version 2 if held by the entity.

i.   Public health agencies that are Participants shall provide access to or exchange, at a minimum, the same data required of Health Care Providers in Section II.1 Paragraph 1a.i as permitted by Applicable Law.

ii.   Intermediaries, including but not limited to health information exchange networks and health information organizations, that are Participants shall provide access to or exchange, at a minimum, all of the following that apply to the extent available and provided by an applicable Participant:

g.   Data defined in Section II.1 Paragraph 1a.i if providing exchange services to one or more Health Care Provider or county health facilities.

h.   Data defined in Section II.1 Paragraph ac.ii if providing exchange services to one or more Health Plan.

i.   Data defined in Section II.1 Paragraph ad if providing exchange services to one or more public health agency.

j.   Participants not listed in Paragraph a, including but not limited to Social Services Organizations, shall provide access to or exchange Health and Social Services Information as defined broadly in the Data Exchange Framework Data Sharing Agreement. Data to be exchanged by other Participants, including Social Services Organization, may be the subject of a future revision to this policy.

2.   DATA STANDARDS

a.   Participants shall use standardized data element formats, terminologies, and code sets identified in the United States Core Data for Interoperability (USCDI) Version 2.

b.   For data elements not included in USCDI Version 2, Participants shall use standardized data element formats, terminologies, and code sets identified in applicable nationally recognized standards.

c.   It is the intent of the Data Exchange Framework to align with and adopt nationally recognized standards where they are available. However, the Data Exchange Framework may specify the use of technology standards, implementation guides, or other specifications to fill gaps in nationally recognized standards or to align with the needs of the Data Exchange Framework. Participants shall use the standardized formats, terminologies, and code sets identified in the Technology Standards and Implementation Guides (to be completed) as of the effective date and other conditions specified within that policy document. When conflicts exist between nationally recognized standards and the Technology Standards and Implementation Guides, the Technology Standards and Implementation Guides shall prevail.

3. DATA FORMATS

a. Participants shall use nationally recognized data standard formats in the exchange of Health and Social Services Information, which shall include one of:

i. [HL7 Messaging Standard Version 2.5.1](#) or greater

ii. [HL7 Clinical Document Architecture (CDA®) Release 2](#), [HL7 Companion Guide to Consolidated Clinical Document Architecture (C-CDA®) 2.1](#) preferred if applicable

iii. [HL7 Fast Health Interoperability Resources (FHIR®) Release 4.0.1](#), [US Core Implementation Guide 4.0.0 STU4](#) or greater preferred

III. Definitions

1. Electronic Health Information: electronic protected health information as defined in [45 CFR 160.103](#) to the extent that it would be included in a designated record set as defined in [45 CFR 164.501](#), regardless of whether the group of records are used or maintained by or for a covered entity as defined in [45 CFR 160.103](#), but EHI shall not include: (1) psychotherapy notes as defined in [45 CFR 164.501](#); or (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding

2. United States Core Data for Interoperability: a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange published by the Office of the National Coordinator for Health Information Technology

3. All other capitalized terms, if not defined herein, shall have the same meaning as set forth in the CalHHS Data Exchange Framework Data Sharing Agreement.

IV. References

1. [45 CFR § 171.102 - Definitions](#)

2. [85 FR 25510 – CMS Interoperability and Patient Access Final Rule](#), or more properly Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, and Health Care Providers

3. [HL7 Clinical Document Architecture (CDA®) Release 2](#)

4. [HL7 Companion Guide to Consolidated Clinical Document Architecture (C-CDA®) 2.1](#)

5. [HL7 Fast Health Interoperability Resources (FHIR) Release 4](#)

6. [HL7 Messaging Standard Version 2.5.1](#)

7. [United States Core Data for Interoperability (USCDI)](#)

8. US Core Implementation Guide 4.0.0 - STU4 Release

V.   Related Policies and Procedures

1. California Health and Human Services Data Exchange Framework Data Sharing Agreement Technology Standards and Implementation Guides (to be completed)

VI.   Version History

	Date	Author	Comment
	April 21, 2022	CalHHS CDII	Draft for DxF Data Sharing Agreement Subcommittee review
	May 12, 2022	CalHHS CDII	Draft for DxF Stakeholder Advisory Group review and public comment