

CalHHS Data Exchange Framework Frequently Asked Questions (FAQ)

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Introduction

The CalHHS Health and Human Services Data Exchange Framework (DxF) is comprised of a single Data Sharing Agreement (DSA) and common set of Policies and Procedures (P&Ps) that will govern the exchange of health and social services information among health care entities and government agencies beginning January 31, 2024.

Finalized on July 1, 2022, the DxF was developed with input from a broad set of stakeholders, including a Stakeholder Advisory Group as required by [AB 133](#). The legislation mandates that a broad spectrum of health care organizations execute the Framework's DSA by January 31, 2023, and exchange or provide access to health information with other mandated organizations by January 31, 2024.

This FAQ provides up-to-date information about DxF implementation and may be updated from time to time. More information is available on the [CalHHS DxF website](#).

Please submit questions about the DxF to: cdii@chhs.ca.gov

Frequently Asked Questions

1. Who is required to sign the Data Exchange Framework (DxF) Data Sharing Agreement (DSA) on or before January 31, 2023?

Entities required to sign the DxF DSA are listed below, as defined in Health and Safety Code section 130290(f).

1. General Acute Care Hospitals, as defined by Health and Safety Code Section 1250.
2. Physician Organizations (e.g., Independent Practice Associations that exchange health information) and Medical Groups.
3. Skilled Nursing Facilities, as defined in Health and Safety Code Section 1250.
4. Health Plans
 - a. Health Care Service Plans and Disability Insurers providing hospital, medical, or surgical coverage that are regulated by the California Department of Managed Healthcare or the California Department of Insurance.

- b. Medi-Cal Managed Care Plans that have signed a comprehensive risk contract with the Department of Healthcare Services pursuant to the Medi-Cal Act¹ or the Waxman-Duffy Prepaid Health Plan Act², and that are not regulated by the California Department of Managed Healthcare or the California Department of Insurance.
5. Clinical Laboratories, as defined in Business and Professions Code Section 1265 and that are licensed by the California Department of Public Health.
6. Acute Psychiatric Hospitals, as defined in Health and Safety Code Section 1250.

2. What are my obligations after I sign?

After signing, DxF DSA signatories will be required to exchange health and social services information or provide access to health information to and from every other signatory in real time as specified in the DSA and its Policies and Procedures (P&Ps).

Most entities required to sign the DSA will be required to begin exchanging health and social services information on or before January 31, 2024.

Some organizations will have until January 31, 2026 to begin exchanging this information. These organizations are as follows: physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds, state-run acute psychiatric hospitals, and any nonprofit clinic with fewer than 10 health care providers.

CalHHS is working with stakeholders to develop processes to support signatories in meeting DxF DSA requirements, including by establishing a program to qualify eligible health information organizations (HIOs) to facilitate data exchange between signatories. More information on the program will be available soon.

3. How will I sign?

CalHHS is developing a process to collect and manage DSA signatures. More information as well as a signable version of the DSA will be shared with stakeholders and made available on the [CalHHS DxF website](#) later this year.

¹ Cal. Welfare and Institutions Code sections 14000, et seq.

² Cal. Welfare and Institutions Code section 14200, et seq.