

Data Exchange Framework Data Sharing Agreement Policies & Procedures Subcommittee Meeting #3

California Health & Human Services Agency

Thursday, December 15, 2022

9:00 am – 11:30 am

Meeting Participation Options

Written Comments

- Participants and Subcommittee Members may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by Subcommittee staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to CDII@chhs.ca.gov.

Meeting Participation Options

Spoken Comments

- Participants and Subcommittee Members must “raise their hand” for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

If you logged on via Zoom interface

Press “Raise Hand” in the “Reactions” button on the screen

If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking

If you logged on via phone-only

Press “*9” on your phone to “raise your hand”

Listen for your phone number to be called by moderator

If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6”

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the Q&A box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

9:00 AM	Welcome and Roll Call <ul style="list-style-type: none">• <i>Courtney Hansen, Assistant Chief Counsel, CalHHS CDII</i>
9:05 AM	Informational Item: Vision and Meeting Objectives <ul style="list-style-type: none">• <i>Courtney Hansen</i>
9:10 AM	Discussion Item: Draft Language for Policies & Procedures (P&Ps) in Development <ul style="list-style-type: none">• <i>Courtney Hansen</i>• <i>Rim Cothren, Independent HIE Consultant to CDII</i>• <i>Helen Pfister, Partner, Manatt Health</i>• <i>Cindy Bero, Senior Advisor, Manatt Health</i>
11:00 AM	Informational Item: Data Sharing Agreement (DSA) Implementation Updates <ul style="list-style-type: none">• <i>Rim Cothren</i>
11:15 AM	<u>Public Comment</u>
11:25 AM	Informational Item: Next Steps and Closing Remarks <ul style="list-style-type: none">• <i>Courtney Hansen</i>

Welcome and Roll Call

DSA P&P Subcommittee Members (1 of 2)

Name	Title	Organization
Courtney Hansen (Chair)	Assistant Chief Counsel	CDII
Ashish Atreja	CIO and Chief Digital Health Officer	UC Davis Health
William (Bill) Barcellona	Executive Vice President for Government Affairs	America's Physician Groups (APG)
Michelle (Shelley) Brown	Attorney	Private Practice
Jason Buckner	Chief Information Officer & Chief Technology Officer	Manifest Medex
Louis Cretaro	Lead County Consultant	County Welfare Directors Association of California
Matthew Eisenberg	Medical Informatics Director for Analytics and Innovation	Stanford Health
Elaine Ekpo	Attorney	CA Dept. of State Hospitals
John Helvey	Executive Director	SacValley MedShare
Sanjay Jain	Manager, Data Analysis	Health Net
Bryan Johnson	Chief Information Security Officer	CA Dept. of Developmental Services
Diana Kaempfer-Tong	Attorney	CA Dept. of Public Health
Justin Kaltenbach	Interim Chief Technology Officer	Los Angeles Network for Enhanced Services

DSA P&P Subcommittee Members (2 of 2)

Name	Title	Organization
Helen Kim	Senior Counsel	Kaiser Permanente
Steven Lane	Chief Medical Officer	Health Gorilla
Lisa Matsubara	General Counsel & VP of Policy	Planned Parenthood Affiliates of California
Deven McGraw	Lead, Data Stewardship and Data Sharing, Citizen Platform	Invitae
Jackie Nordhoff	Director of Regulatory Affairs	PointClickCare
Eric Raffin	Chief Information Officer	San Francisco Department of Public Health
Mark Savage	Managing Director, Digital Health Strategy and Policy	Savage & Savage LLC
Tom Schwaninger	Senior Executive Advisor, Digital Ecosystem Interoperability	LA Care
Morgan Staines	Privacy Officer & Asst. Chief Counsel	CA Dept. of Health Care Services
Elizabeth Steffen	Chief Information Officer	Plumas District Hospital
Lee Tien	Legislative Director and Adams Chair for Internet Rights	Electronic Frontier Foundation
Belinda Waltman	Acting Director, Whole Person Care LA	Los Angeles County Department of Health Services
Terry Wilcox	Director of Health Information Technology/Privacy & Security Officer	Health Center Partners

Vision and Meeting Objectives

Vision for Data Exchange in CA

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

Meeting #3 Objectives



1. Discuss **draft language for P&Ps** in development.
2. Share **updates on DSA implementation** topics.

Draft Language for P&Ps in Development

P&P Draft Language Topics for Discussion

The goal for this section of the meeting is to obtain input on draft language for four P&Ps in development.

#	Prioritized Topics	Current Contents
1	Technical Requirements for Exchange	Sets forth data exchange patterns for the DxF and those that Participants must support, at a minimum, as well as the technical specifications Participants must adhere to for each of the Required Transaction Patterns.
2	Information Obstruction	Prohibits all Participants from undertaking any practice likely to interfere with access, exchange, or use of Health and Social Services Information (HSSI).
3	Real-Time Data Exchange	Sets forth definition of 'Real Time Data Exchange' and associated obligations of Participants.
4	Early Exchange	Sets forth requirements for participants using the DSA to engage in early exchange of HSSI (i.e., exchange prior to statutorily mandated date(s) by which many entities must begin exchanging data).

*Formerly called
"Information
Blocking"*

Technical Requirements for Exchange (1)

Purpose

California Health and Safety Code § 130290 establishes that the California Health and Human Services Data Exchange Framework (“Data Exchange Framework”) will create a “common set of policies and procedures that will leverage and advance national standards for information exchange and data content, and that will govern and require the exchange of health information” among Participants.

The purpose of this policy is to define recommended and required exchanges of Health and Social Services Information (HSSI) among Participants and the technical standards to be used in those exchanges.

Definitions (From DSA)

“**Participant(s)**” shall mean each health care organization as set forth in California Health and Safety Code § 130290(f) and any other person or organization that is a signatory to this Agreement. Participants may include, but are not limited to, a health information network, a community information exchange, a laboratory, a health system, a health IT developer, a community-based organization, a payer, a government agency, a research institute, or a Social Services Organization.

“**Health and Social Services Information**” shall mean any and all information received, stored, processed, generated, used, transferred, disclosed, made accessible, or shared pursuant to this Agreement, including but not limited to: (a) Data Elements as set forth in the applicable Policy and Procedure; (b) information related to the provision of health care services, including but not limited to PHI; and (c) information related to the provision of social services. Health and Social Services Information may include PHI, PII, deidentified data (as defined in the HIPAA Regulations at 45 C.F.R. § 164.514), anonymized data, pseudonymized data, metadata, digital identities, and schema.

Technical Requirements for Exchange (2)

Principles

1. Adopt information exchange requirements from AB-133, ONC rulemaking, CMS rulemaking, and the Trusted Exchange Framework and Common Agreement (TEFCA) **AB-133** **ONC Rule** **CMS Rule** **TEFCA**
2. Extend requirements for and to all DSA actors to eliminate stovepipes in California and facilitate choice, considering input from the DSA P&P Subcommittee and Implementation Advisory Committee (IAC), and the public
3. Adopt technical content standards from AB-133, ONC rulemaking, CMS rulemaking, and ONC's Standards Version Advancement Process (SVAP) **AB-133** **ONC Rule** **CMS Rule** **SVAP**
4. Adopt technical exchange standards from TEFCA's QHIN Technical Framework (QTF) and SVAP **QTF** **SVAP**
5. Advance content or exchange standards conservatively and in alignment with DxF Principles, in discussion with the DSA P&P Subcommittee and IAC, and only to nationally and federally recognized standards in the SVAP **SVAP**

Technical Requirements for Exchange (3)

Policy

This policy shall be effective January 31, 2024.

1. Participants must exchange HSSI with other Participants as specified below:
 - a. In response to an authorized request for HSSI from a Participant, **TEFCA**
 - b. When HSSI is created and becomes available electronically following an Order or Request for Services and delivery of those services by a Participant, and **TEFCA**
 - c. For Hospitals, to notify Participants of ADT Events if requested by an authorized Participant. **CMS Rule**
2. Participants must be able to exchange HSSI using National and Federally Adopted Standards as specified below. **SVAP**

Definitions (Proposed)

“**Order**” means any request for diagnostic services placed by a health professional, including but not limited to requests for diagnostic clinical laboratory and radiology services.

“**Request for Services**” means any request for health or social services, including but not limited to clinical consultation or assessment from or referrals to a health professional or referral to social services.

“**Admit, Discharge, and Transfer (ADT) Event**” means admission to a Hospital, discharge from a Hospital, or transfer from a Hospital to another healthcare facility, including but not limited to a skilled nursing facility.

“**National and Federally Adopted Standards**” means standards published by the US Department of Health and Human Services in the Standards Version Advancement Process.

Technical Requirements for Exchange (4)

3. Participants must use a standardized set of person demographics and identifiers as specified below when sending HSSI to or requesting HSSI from another Participant.
4. The Governance Entity must review new and maturing National and Federally Adopted Standards for data content and exchange regularly, no less than annually, for potential inclusion in amendments to the Data Elements to Be Exchanged Policy and Procedure and to this policy and procedure.

Definitions (From DSA)

“Governance Entity” shall mean the entity within the California Health and Human Services Agency established to oversee the California Data Exchange Framework, the Framework’s Data Sharing Agreement and its Policies and Procedures.

Technical Requirements for Exchange (5)

Purpose

Policy & Procedure

Procedure

1. Information Delivery is the delivery of HSSI regarding a specific person (e.g., patient, member, or client) to a specific Participant as a result of an Order or a Request for Services. **TEFCA**
 - a. Participants that Deliver HSSI
 - i. Participants that generate HSSI in response to an Order or Request for Services must deliver the HSSI to the ordering or requesting Participant electronically. Other Participants may choose to send electronic HSSI to another Participant.
 - ii. A Participant that delivers electronic HSSI must ensure that the recipient Participant is authorized to receive the information sent.
 - iii. A Participant that delivers electronic HSSI using a Nationwide Network or Framework or a point-to-point connection must support delivery using the IHE XDR exchange profile or IHE XCDR profile. **QTF** **SVAP**
 - iv. A Participant that delivers electronic HSSI is encouraged to support delivery using HL7 FHIR Release 4 conforming to the US Core implementation guide. This standard may be required in future revisions of this policy and procedure.

Definitions (From DSA)

“**Nationwide Network or Framework**” means any vendor-agnostic health information network or health information exchange framework with nationwide scope, including coverage in California, available to some or all Participants for the exchange of Health and Social Services Information. Examples include, but are not limited to, eHealth Exchange, CommonWell Health Alliance, Carequality, DirectTrust, or Trusted Exchange Framework.

Technical Requirements for Exchange (6)

b. Qualified Health Information Organizations

- i. QHIOs must support sending and receiving electronic HSSI using IHE XDR or IHE XCDR profiles for QHIO-to-QHIO exchange in support of Information Delivery. **QTF** **SVAP**
- ii. A Participant that uses a QHIO or other intermediary to deliver or receive electronic HSSI may use any open technical standard supported by both the Participant and the selected intermediary. For delivery beyond the intermediary's participants, the intermediary must be able to translate the delivery into the IHE XDR or IHE XCDR profiles for Information Delivery.

c. Participants that Receive HSSI

- i. All Participants are encouraged to support electronic receipt of HSSI.
 - ii. A Participant that receives electronic HSSI must be authorized to retain the information. If not authorized, the Participant, as soon as practicable, must securely destroy the information and notify the sender. The means for notifying the sender is not specified by this policy and procedure.
- d. Nothing in this policy and procedure limits the responsibility of a Participant to send electronic HSSI in compliance with the Data Elements to Be Exchanged Policy and Procedure.
- e. Nothing in this policy and procedure limits the responsibility of a Participant to send electronic HSSI in response to an authorized electronic request for information described later in this policy and procedure.

Technical Requirements for Exchange (7)

2. Requested Notification is the electronic communication of Admit, Discharge, and Transfer (ADT) Events sent by a sending Participant to a receiving Participant for specified persons (e.g., patients, members, or clients) requested by the receiving Participant. **CMS Rule**

a. Hospital Participants

i. Participants that are Hospitals must communicate ADT Events electronically unless prohibited by applicable law via one of the following methods: **CMS Rule**

a. Accept requests for electronic Notification of ADT Events from any other Participant and communicate ADT Events electronically as requested in a format acceptable to the requesting Participant and supported by the Participant Hospital. **CMS Rule**

b. Send electronic Notifications of ADT Events to at least one QHIO chosen by the Participant Hospital, allowing and requiring the selected QHIO to distribute electronic Notifications of the ADT Events to all other QHIOs and communicate ADT Events electronically to requesting Participants on behalf of the Participant Hospital.

Definitions (Proposed)

“**Hospital**”, for the purposes of this policy and procedure only, means any acute care setting, including but not limited to general acute care hospitals and acute psychiatric hospitals.

“**Notification**” means the message sent from a sending Participant to a receiving Participant with details of an ADT Event, including, at a minimum, the identity of the subject of the event, the Hospital associated with the event, the event date and time, and the diagnosis or chief complaint associated with the event.

Technical Requirements for Exchange (8)

- ii. Participants that are Hospitals that send electronic Notifications of ADT Events to a QHIO must use HL7 Version 2.5 ADT messages or a later, compatible version. **SVAP**
- iii. Participants that are Hospitals may communicate ADT Events electronically to other Participants that are not QHIOs as requested by the requesting Participant using any electronic method acceptable to both Participants.
- iv. Participants that are skilled nursing facilities are encouraged to communicate admissions, discharges, and transfers using the same methods as Hospitals. Skilled nursing facilities may be required to communicate admissions, discharges, and transfers in future revisions of this policy and procedure.

Technical Requirements for Exchange (9)

b. Qualified Health Information Organizations

- i. QHIOs must accept requests for electronic Notification of ADT Events from their participants and communicate ADT Events electronically as requested in a format acceptable to the requesting Participant and supported by the QHIO.
- ii. QHIOs must accept electronic Notifications of ADT Events from any Participant Hospital, including Hospitals that are not QHIO participants.
- iii. QHIOs receiving electronic Notifications of ADT Events must exchange them electronically with all other QHIOs.
- iv. QHIOs receiving electronic Notifications of ADT Events may only retain the data contained in the Notification as authorized to do so under applicable law.
- v. QHIOs must exchange electronic Notifications of ADT Events with Hospitals that are not their participants and with other QHIOs using HL7 Version 2.5 ADT messages or a later, compatible version. **SVAP**
- vi. QHIOs may communicate ADT Events electronically to other Participants as requested by the requesting Participant using any electronic method acceptable to both Participants.

Technical Requirements for Exchange (10)

c. Requesting Participants

- i. Any Participant may make a request for electronic Notification of ADT Events. **CMS Rule**
 - ii. Participants that request electronic Notification of ADT Events must have a relationship with every person (e.g., patient, member, or client) for whom Notification is requested or must be acting on behalf of a Participant that has such a relationship.
 - iii. Participants that request electronic Notifications must be authorized to receive the electronic Notification and must make the request in compliance with the Permitted, Required and Prohibited Purposes Policy and Procedure.
- d. Nothing in this policy and procedure limits the responsibility of a Participant to send electronic HSSI in response to an electronic request for information described below.

Technical Requirements for Exchange (11)

3. Targeted Request for Information is an electronic request by a Participant for electronic HSSI regarding a specific person (e.g., patient, member, or client) from one or more specific Participant(s) believed likely to have HSSI for that person. **TEFCA**
 - a. Requesting Participants
 - i. A Participant that makes electronic requests for electronic HSSI must be authorized to receive the HSSI requested.
 - ii. A Participant that makes electronic requests for electronic HSSI using a Nationwide Network or Framework must make the request using the IHE XCPD exchange profile if the identity of a matching subject of the exchange is not yet known and the IHE XCA exchange profile to retrieve HSSI. **QTF** **SVAP**

Technical Requirements for Exchange (12)

b. Responding Participants

- i. Every Participant must accept and respond to an electronic request for electronic HSSI from another Participant.
- ii. Every Participant that responds to electronic requests for electronic HSSI using a Nationwide Network or Framework or a point-to-point connection must support requests and responses using the IHE XCPD profile for Person Matching and the IHE XCA profile to retrieve HSSI. **QTF** **SVAP**
- iii. Participants are encouraged to support electronic requests and electronic responses to requests for electronic HSSI using HL7 FHIR Release 4 and the US Core implementation guide. This request and response standard may be required in future revisions of this policy and procedure.
- iv. A Participant must respond to an electronic request for HSSI with an appropriate null response or error message as specified by the technical standard in use and in compliance with this policy and procedure if the Participant receiving the request for HSSI cannot fulfill the request for either of the following reasons:
 - a. The Participant cannot determine a matching subject for the exchange, or
 - b. The Participant is not authorized to disclose HSSI for the requested subject under applicable law.

Technical Requirements for Exchange (13)

c. Qualified Health Information Organizations

- i. QHIOs must support electronic requests and electronic responses to requests for electronic HSSI using the IHE XCPD profile for Person Matching and the IHE XCA profile to retrieve HSSI. **QTF** **SVAP**
 - ii. A Participant that uses a QHIO or other intermediary to request electronic HSSI or to respond to electronic requests for electronic HSSI may use any open technical standard supported by both the Participant and the selected intermediary. For requests or responses beyond the intermediary's participants, the intermediary must be able to translate that request into the IHE XCPD profile for Person Matching and the IHE XCA profile to retrieve HSSI.
- d. Nothing in this policy and procedure limits the responsibility of a Participant to respond to requests for electronic HSSI in compliance with the Data Elements to Be Exchanged Policy and Procedure.

Technical Requirements for Exchange (14)

4. Broadcast Request for Information is an electronic request by a Participant for electronic HSSI regarding a specific person (e.g., patient, member, or client) from many Participants without knowledge of which Participants may have information for that person. To the recipient, a Broadcast Request for Information may be indistinguishable from a Targeted Request for Information. **TEFCA**
 - a. All policies and procedures applicable to a Targeted Request for Information apply to a Broadcast Request for Information.
 - b. Participants are strongly discouraged from making a Broadcast Request for Information except in urgent or emergency use cases when potential sources of HSSI for the subject are not known.

Technical Requirements for Exchange (15)

5. Person Matching is the process by which a Participant ensures that exchanged electronic HSSI is appropriately linked to the correct real person.
- a. To improve the likelihood of Person Matching across Information Delivery, Requested Notifications, Targeted Requests for Information, and Broadcast Requests for Information, all Participants must use the following person demographics if Maintained by the Participant when specifying a subject to match in a Targeted Request for Information or Broadcast Request for Information, or identifying a subject in Information Delivery or Requested Notifications: **QTF**
 - i. Name, including family name, given name(s), and middle name or initial, and including other names previously or currently used by the individual
 - ii. Date of birth
 - iii. Home and/or mailing address(es), including previous address(es) if known
 - iv. Phone number(s)
 - v. Email address(es)
 - b. Gender may be included among person demographics if required by the technical standard in use. Otherwise, gender should not be included. **QTF**

Definitions (Proposed)

“**Maintains**” with respect to data means that the entity has access to the data, control over the data, and the authority to make the data available, as defined for payers in the CMS Interoperability and Patient Access Final Rule but in this P&P applied to entities beyond payers.

Technical Requirements for Exchange (16)

- c. Unless noted otherwise in this policy and procedure or in the Data Elements to Be Exchanged Policy and Procedure, person demographics must follow the guidelines and standards established by the USCDI Version 2. **SVAP**
- d. Format and content of home and mailing addresses must conform to the Project US@ Technical Workgroup's *Technical Specification for Patient Addresses: Domestic and Military* published by the Office of the National Coordinator for Health Information Technology. **SVAP**
- e. Participants must also exchange specific identifiers related to health if Maintained by the Participant when specifying a person to match in a request for information or identifying a person in Information Delivery or Notifications, including but not limited to:
 - i. State or federal identifiers related to health (e.g., Medi-Cal or Medicare ID).
 - ii. Local identifiers related to health (e.g., medical record number or plan member identification number).
- f. Participants may retain and use specific identifiers related to health and exchange them as an aid in person matching.
- g. Nothing in this policy and procedure limits the responsibility of a Participant to exchange HSSI in compliance with the Data Elements to Be Exchanged Policy and Procedure.

Technical Requirements for Exchange (17)

6. Technology Updates. The Governance Entity must create an open and transparent process to review and consider new and maturing National and Federally Adopted Standards for potential inclusion in the Data Exchange Framework.
 - a. The process must be put in place no later than July 1, 2024.
 - b. The process must consider both data content standards and data exchange standards to be adopted as amendments to the Data Elements to Be Exchanged Policy and Procedure and to this policy and procedure, respectively.
 - c. The process must establish a regular review cadence, no less than annually.
 - d. The process must align with requirements of the Development of and Modifications to Policies and Procedures Policy and Procedure.

Information Obstruction (1)

Purpose

Policy & Procedure

Purpose

California Health and Safety Code section 130290 was enacted in 2021 and establishes the creation of the California Health and Human Services Data Exchange Framework (“Data Exchange Framework”), which requires certain data sharing among Participants.

The purpose of this policy is to support the Data Exchange Framework’s commitment to facilitating the timely Access, Exchange, and Use of Health and Social Services Information in compliance with Applicable Law.

Definitions (Proposed)

“**Access**” means the ability or means necessary to make Health and Social Services Information available for exchange or use.

“**Exchange**” means the ability for Health and Social Services Information to be transmitted between and among different technologies, systems, platforms, or networks.

“**Use**” means the ability for Health and Social Services Information, once accessed or exchanged, to be understood and acted upon.

Information Obstruction (2)

Purpose

Policy & Procedure

Policy

This policy prohibits Participants from undertaking any practice that is likely to interfere with Access, Exchange, or Use of Health and Social Services Information for the Required Purposes set forth in the Permitted, Required and Prohibited Purposes Policy and Procedure. This policy applies to all Participants.

This policy shall have no impact on or limit a Participant's responsibility, if any, to comply with the Federal Information Blocking Regulations.

This policy shall be effective as of January 31, 2024.

Definitions (Proposed)

“**Federal Information Blocking Regulations**” shall refer to regulations set forth in Part 171 (Information Blocking) of Title 45 of the Code of Federal Regulations.

Information Obstruction (3)

Purpose

Policy & Procedure

Procedure

No Participant shall engage in Information Obstruction. This policy and procedure shall apply the Federal Information Blocking Regulations (45 C.F.R. Part 171, as may be amended) to all Health and Social Services Information. Participants shall be considered in compliance with this policy and procedure if the Participant meets the Federal Information Blocking Regulations, as outlined below.

For the purposes of this policy and procedure, when the Federal Information Blocking Regulations use the term “electronic health information,” the term Health and Social Services Information shall also apply.

Definitions (Proposed)

“**Information Obstruction**” means any practice that is likely to interfere with access, exchange, or use of Health and Social Services Information for a Required Purpose set forth in the Permitted, Required and Prohibited Purposes Policy and Procedure.

1. PARTICIPANTS SUBJECT TO THE FEDERAL INFORMATION BLOCKING REGULATIONS

- a. If a Participant is subject to the Federal Information Blocking Regulations (45 C.F.R. Part 171, as may be amended), the Participant shall comply with the Federal Information Blocking Regulations with respect to Health and Social Services Information. The Participant shall be considered in compliance with this policy and procedure if the Participant is in compliance with the Federal Information Blocking Regulations, except as follows:
 - i. **Fees Exception.** A Participant may not use the Fees Exception in the Federal Information Blocking Regulations (45 C.F.R. § 171.302) to withhold Health and Social Services Information for a Required Purpose in the Permitted, Required and Prohibited Purposes Policy and Procedure.

2. PARTICIPANTS WHO ARE NOT SUBJECT TO THE FEDERAL INFORMATION BLOCKING REGULATIONS

- a. If a Participant is not subject to the Federal Information Blocking Regulations (45 C.F.R. Part 171, as may be amended), the Participant shall comply with the Federal Information Blocking Regulations with respect to Health and Social Services Information as described in this Section. A Participant's Behavior shall not be considered Information Obstruction if the Participant meets one of the exceptions from the Federal Information Blocking Regulations, as described below.

Definitions (Proposed)

“Behavior” means any act or omission by a Participant.

b. Preventing Harm Exception. A Participant's Behavior shall not be considered Information Obstruction if the Participant meets the conditions of the Preventing Harm Exception (45 C.F.R. § 171.201, as may be amended) in the Federal Information Blocking Regulations. For purposes of this policy and procedure:

- i. Type of Risk. To meet the "Type of Risk" requirement in the Federal Information Blocking Regulations, a Participant may have the risk of harm determined by the professional judgment of a person with a professional relationship with the individual instead of a licensed health care provider if a Participant does not staff a licensed health care provider.
- ii. Type of Harm. To meet the "Type of Harm" requirement in the Federal Information Blocking Regulations, a Participant must establish the type of harm was one that could serve as grounds for the Participant to deny access under applicable law and/or the Individual Access Policy and Procedure.

- c. Privacy Exception.** A Participant's Behavior shall not be considered Information Obstruction if the Participant meets at least one sub-exception of the Privacy Exception (45 C.F.R. § 171.202, as may be amended) in the Federal Information Blocking Regulations. For purposes of this procedure:
- i. Denial of Individual's Request for their Electronic Health Information. If an individual or their Personal Representative requests Health and Social Services Information, a Participant's denial of the individual's request must be consistent with applicable law and/or the Individual Access Policy and Procedure.

Definitions (Proposed)

“**Individual**” means a patient or a person who is the recipient of services, including Social Services.

Definitions (From DSA)

“**Personal Representative**” shall refer to a person who, under Applicable Law, has authority to act on behalf of an individual as set forth in 45 C.F.R. § 164.502(g).

“**Social Services**” means the delivery of items, resources, and/or services to address social determinants of health and social drivers of health, including but not limited to housing, foster care, nutrition, access to food, transportation, employment, and other social needs.

Information Obstruction (8)

- d. **Security Exception.** A Participant's Behavior shall not be considered Information Obstruction if the Participant meets the conditions of the Security Exception (45 C.F.R. § 171.203, as may be amended) in the Federal Information Blocking Regulations.
- e. **Infeasibility Exception.** A Participant's Behavior shall not be considered Information Obstruction if the Participant meets the conditions of the Infeasibility Exception (45 C.F.R. § 171.204, as may be amended) in the Federal Information Blocking Regulations.
- f. **Health IT Performance Exception.** A Participant's Behavior shall not be considered Information Obstruction if the Participant meets the conditions of the Health IT Performance Exception (45 C.F.R. § 171.205, as may be amended) in the Federal Information Blocking Regulations. For purposes of this policy and procedure, the Health IT Performance Exception shall apply to Health and/or Social Services IT Performance.

Definitions (Proposed)

“**Health and/or Social Services IT**” means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by Health Care Organizations, Social Service Organizations or patients for the electronic creation, maintenance, access, or exchange of HSSI.

Information Obstruction (9)

Purpose

Policy & Procedure

- g. Content and Manner Exception.** A Participant's Behavior shall not be considered Information Obstruction if the Participant meets the conditions of the Content and Manner Exception (45 C.F.R. § 171.301, as may be amended) in the Federal Information Blocking Regulations.
- h. Licensing Exception.** A Participant's Behavior shall not be considered Information Obstruction if the Participant meets the conditions of the Licensing Exception (45 C.F.R. § 171.303, as may be amended) in the Federal Information Blocking Regulations.

Real-Time Data Exchange (1)

Purpose

Policy & Procedure

Purpose

California AB 133 establishes that the “Data Exchange Framework will be designed to enable and require real-time access to, or exchange of, health information among health care providers and payers through any health information exchange network, health information organization, or technology that adheres to specified standards and policies.”

The purpose of this policy is to clarify what meets “real-time access to, or exchange of health information.”

Real-Time Data Exchange (2)

Purpose

Policy & Procedure

Policy

Participants in the Data Exchange Framework must send Health and Social Services Information (HSSI) to other Participants in a timely manner to support important care decisions benefiting all Californians. Any intentional or programmatic delays before data is shared shall be considered a violation of this policy, as outlined below.

This policy shall be effective January 31, 2024.

Procedure

1. OBLIGATIONS OF PARTICIPANT

- a. The timeliness of data exchange will vary based on the Data Exchange Framework transaction pattern and its associated clinical context:
 - i. In response to an Order for services or a Request for Services, Participant(s) must share the HSSI associated with the Order or the Request for Services as soon as the information becomes available, or as soon as practicable, and no more than 24 hours after its availability.

Definitions (Proposed)

“**Order**” shall mean any request for diagnostic services placed by a health professional, including but not limited to requests for diagnostic clinical laboratory and radiology services.

“**Request for Services**” shall mean any request for health or social services, including but not limited to clinical consultation or assessment from or referrals to a health professional or referral to social services.

Real-Time Data Exchange (4)

Purpose

Policy & Procedure

- ii. In response to a query for HSSI,
 - a. Participant(s) must respond as soon as practicable.
 - b. The requested information must be included in a response no more than 24 hours after its availability to the Participant.
 - c. When the clinical context for the query is known and associated with emergency or urgent care delivery, Participant(s) must respond upon receipt of the query.

- iii. Notifications associated with Admission, Discharge or Transfer (ADT) Events must be shared at the time of the event.

Definitions (Proposed)

“**Notifications**” shall mean the transactions that include the details of an Admission, Discharge or Transfer (ADT) Event including patient identifiers, the healthcare facility associated with the event, event date and time, and the diagnosis or reason associated with the event.

“**Admission, Discharge or Transfer (ADT) Event**” shall include admission to a healthcare facility, discharge from a healthcare facility, or transfer from one healthcare facility to another healthcare facility.

Purpose of Proposed P&P

California Health and Safety Code section 130290 was enacted in 2021 and establishes the creation of the California Health and Human Services Data Exchange Framework (“Data Exchange Framework”), which requires certain data sharing among Participants.

As set forth in the Requirement to Exchange Health and Social Services Information Policy and Procedure, Participants are required to start sharing Health and Social Services Information on January 31, 2024 or on January 31, 2026.

Some Participants may choose to start sharing Health and Social Services Information using the Data Sharing Agreement (“DSA”) before January 31, 2024 (“early exchange”). This policy explains the steps Participants must take for early exchange.

Policy

Participants may choose to exchange HSSI under the DSA before January 31, 2024. Participants engaging in early exchange of HSSI using the DSA must comply with this policy.

This policy shall be effective immediately upon publication and shall automatically terminate at 11:59pm on January 30, 2024.

Procedures

Participants engaging in early exchange using the DSA shall:

- (i) Execute the DSA; and
- (ii) Verify that the other Participant(s) has executed the DSA before providing access to or exchanging HSSI with the other Participant(s).

Participants engaging in early exchange using the DSA shall comply with all published Policies and Procedures and shall comply with new or updated Policies and Procedures within ten (10) days of the publication date, regardless of the effective date written in the Policy or Procedure.

DSA Implementation Updates

DSA Implementation Updates

Purpose of the Discussion



The goal for this section is to provide updates on DSA implementation topics.

Topics include:

- **Administrative Updates to the Data Elements to be Exchanged P&P**
- **DSA Signing Portal**

Updates to Data Elements to be Exchanged P&P

An administrative update has been made to the Data Elements to be Exchanged P&P.

What's Being Changed

- A sentence establishing an effective date of **January 31, 2024** has been added to the P&P to bring it into alignment with the rest of the P&Ps.
- The phrase "if maintained by the entity" was added to the section describing exchange requirements for intermediaries. See the change below (noted in red):
 - *"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, **if maintained by the entity**, and provided by an applicable Participant" .*

The updated P&P is now available on the [CalHHS DxF website](#).

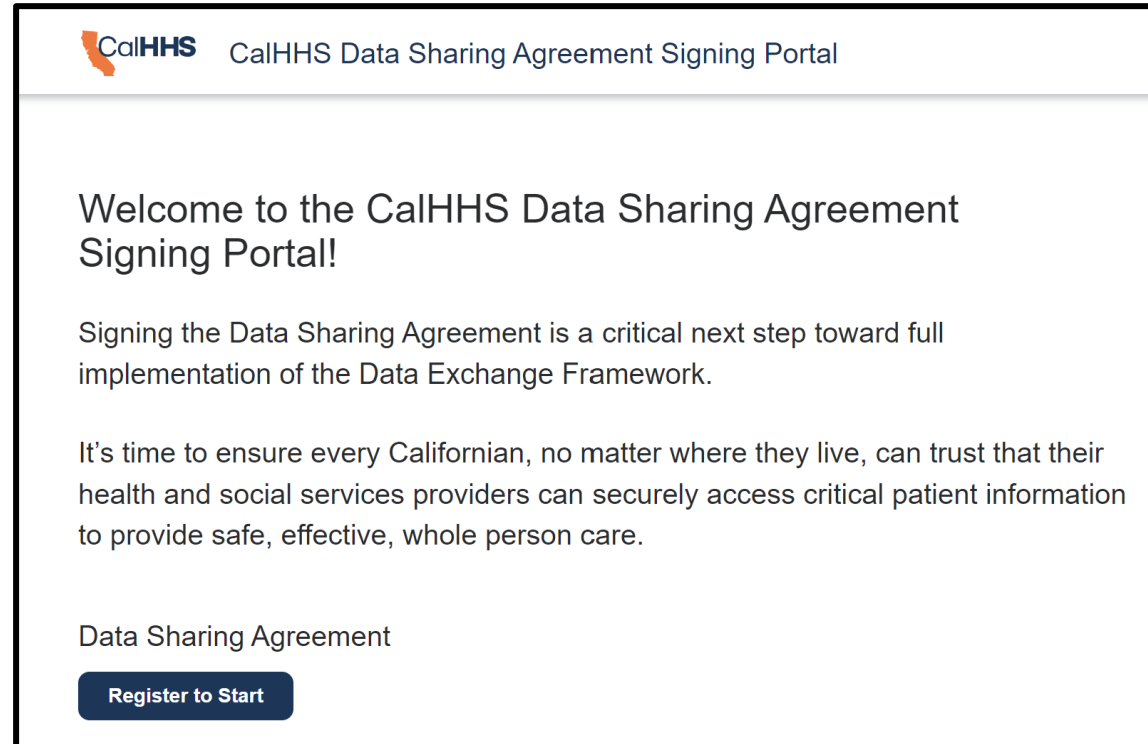
Who Has to Sign the DxF DSA by January 31, 2023?

#	Required Signatory Type
1	General acute care hospitals , as defined by Health and Safety Code (HSC) section 1250.
2	Physician organizations and medical groups.*
3	Skilled nursing facilities , as defined by HSC section 1250, that currently maintain electronic records.
4	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. This section shall also apply to a <u>Medi-Cal managed care plan under a comprehensive risk contract</u> with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.
5	Clinical laboratories , as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the State Department of Public Health.
6	Acute psychiatric hospitals , as defined by HSC section 1250.

This includes organizations required to begin sharing data by January 31, 2024 and January 31, 2026.

How to Sign the DSA (1)

Mandatory and voluntary signatories can execute the DSA in the DSA Signing Portal.



The screenshot shows the CalHHS Data Sharing Agreement Signing Portal. At the top left is the CalHHS logo. The page title is "CalHHS Data Sharing Agreement Signing Portal". The main content area contains the following text:

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: <https://signdxf.powerappsportals.com/>

How to Sign the DSA (2)

Organizations wishing to sign the DSA will need to determine:



Who is authorized to sign the DSA within your organization.



What facilities or subordinate entities are required to sign the DSA; a signatory may sign on behalf of multiple facilities or subordinate entities, if authorized.



Information about the individual signing, their organization, their contact information, all subordinate entities, including their state license number (or EIN for physician organizations and medical groups), will need to be listed on the DSA prior to signing.

Available Resources & Next Steps

- **Available Resources:**

- The DSA & P&Ps are available on the [DxF website](#).
- DSA Signing Portal URL: <https://signdxf.powerappsportals.com/>
- [FAQ](#) with additional information on the DSA and the Signing Portal.

- **Next Steps:**

- CDII will hold a DSA Signing Portal Town Hall on January 6th to address stakeholder questions.
- Stakeholders should submit questions about the DSA, P&Ps, and the Signing Portal to cdii@chhs.ca.gov.

Public Comment Period

Next Steps and Closing Remarks

Next Steps

CalHHS will:

- Post a summary of today's meeting.
- Consider feedback from Subcommittee Members on the development of the DSA P&Ps.
- Continue to draft language for P&Ps that are prioritized for development.

Members will:

- Provide additional feedback on today's topics to CDII.
- Participate in upcoming periods of public comment.

Meeting Schedule

DSA P&P Subcommittee Meetings	Date
DSA P&P SC Meeting #4	January 26, 2023, 9:00 AM to 11:30 AM
DSA P&P SC Meeting #5	March 9, 2023, 9:00 AM to 11:30 AM

For more information or questions on Subcommittee meeting logistics, please email CDII (CDII@chhs.ca.gov).