California Data Exchange Framework, Data Sharing Agreement, and Policies and Procedures

Assembly Bill (AB) 133 (2021) outlined the requirement for health care organizations to "exchange health information or provide access to health information to and from every other entity … in real time as specified by the California Health and Human Services Agency (CalHHS) pursuant to the California Health and Human Services Data Exchange Framework's (DxF) Data Sharing Agreement (DSA) for treatment, payment, or health care operations."

AB 133 also required CalHHS to convene an Advisory Group to inform the development of the DSA and related Policies and Procedures. CHA, along with representatives from the California Association of Public Hospitals and Health Systems, California Medical Association, California Primary Care Association, and California Association of Health Plans, among others, participated in the Advisory Group. Finally, the statute requires hospitals with over 100 beds to comply with the DSA by January 2024 and for hospitals with fewer than 100 beds to comply by January 2026. However, at this time, all entities are required to sign the DSA by January 2023, regardless of the compliance dates set out in the statute.

On July 5, CalHHS released the final version of the DxF, DSA, and initial set of Policies and Procedures. This framework and related documents are intended to outline the requirements for health information exchange for health and human services organizations in California. The following summarizes the main components and descriptions of DxF and its related items outlined by CalHHS. More detailed information is available on the [CalHHS website](#).

DxF
The statewide [Health and Human Services DxF](#) is comprised of a single DSA and a common set of Policies and Procedures that will govern the exchange of health and human services information in California. The DxF will facilitate exchange between health entities (i.e., hospitals, physicians, health plans, etc.) and human services organizations (i.e., housing, food security, etc.) The DxF identifies gaps and proposes solutions for issues related to the following:

- Health information creation, including the use of national standards in clinical documentation, health plan records, and social services data

- Translation, mapping, controlled vocabularies, coding, and data classification

- Storage, maintenance, and management of health information

- Linking, sharing, exchanging, and providing access to health information

DSA and Policies and Procedures

Per CalHHS, the intent of the DSA is to act as a contract between all health care providers, including physicians, clinics, and hospitals, and that they make data available to each other in upon request. The DSA outlines parameters on how data exchange will occur, what data elements will be exchanged, the privacy and security standards, and permitted uses of data. In addition, CalHHS has developed companion Policies and Procedures on the following:

- Process for amending the DSA and Policies and Procedures

- Breach notification

- Permitted, required, and prohibited purposes

- Requirements to exchange health and social services information

- Privacy and security standards

- Individual access

- Data elements to be exchanged

It is important to note that these represent the initial set of Policies and Procedures. CalHHS intends to develop additional ones in the future.

CalHHS Data Exchange Board

Another component of the DxF is the intent to establish an HHS Data Exchange Board. CalHHS is looking to have a board of five to seven members, appointed by the governor and the Legislature. In addition, CalHHS hopes to convene the board in the first quarter of 2023.

CalHHS proposes that the board will oversee the DxF and will have the following responsibilities:

Develop new elements and modify existing elements of the DSA and Policies and Procedures
Harmonize state law with federal law
Review federal and national standards that impact data exchange
Enforce and monitor compliance of DxF participants, including all health care providers, with DSA and Policies and Procedures
Identify qualified data exchange intermediaries such as regional health information organizations
Coordinate with other state and local agencies
Communicate and educate DxF participants and the general public
Recommend financing and other resource needs
Oversee dispute resolution and the grievance process

It is important to note that statutory authority is required and CalHHS will need to propose statutory language to establish the board.

Technical Assistance

The recently signed 2022-23 budget bill includes a two-year, $50 million grant program to provide technical assistance to small or under-resourced providers, particularly small physician practices, rural hospitals, and community-based organizations, as well as education and technical assistance for entities that are new to the health information exchange. To date, CalHHS has not provided additional information regarding this grant program.

Open Items

There are outstanding items of note that are not outlined in the DSA and include the following:

- **Exchange with non-required entities:** Only health care organizations are specifically called out in AB 133 as required to exchange health information. However, social services and other organizations can voluntarily sign the DSA. It is unclear how operationally this will be implemented given HIPAA, the California Medical Information Act, and other statutory considerations.

- **Definition of Qualified Health Information Organization:** This definition will set out the qualifications for health information organizations that participants may use to comply with the DSA.

- **Updates to Policies and Procedures:** As currently written, the DxF allows changes to the DSA and Policies and Procedures at any time, with a 45-day review period and 180 days for implementation by participants once finalized by the board. Many stakeholders have advocated that any changes or modifications are limited or considered according to a predictable schedule, so participants and their vendors are able to plan for and implement changes in a predictable manner.

INTERIM NEXT STEPS FOR CALHHS

Implementation Working Groups

In the interim, before the Data Exchange Board can be officially named, the state will be forming implementation working groups. The composition of those working groups, and how they will be named, has not been announced as of the writing of this fact sheet.

This table outlines the timeline for the next phases of the Framework:

Date	Requirement
July 5, 2022	CalHHS published the final DxF
First Quarter 2023	The governance entity (see above) begins its work
January 31, 2023	All health and human services organizations (including physician practices) must execute the DSA
January 31, 2024	Most health care providers (see table below) must implement the DxF
January 31, 2026	Small and safety net practices (see table below) must implement the DxF

The chart below summarizes which entities must be exchanging data by January 31, 2024, and which ones have two additional years:

January 31, 2024	January 31, 2026
General acute care hospitals	Physician practices of fewer than 25 physicians
Physician organizations and medical groups	Rehabilitation hospitals with fewer than 100 beds
Skilled-nursing facilities (that currently maintain electronic health records)	Long-term acute care hospitals with fewer than 100 beds
Health plans (including Medi-Cal managed care plans)	Critical access hospitals with fewer than 100 beds
Acute psychiatric hospitals with over 100 beds	Nonprofit clinics (with fewer than 10 health care providers)
Rehabilitation hospitals with over 100 beds	Acute psychiatric hospitals with fewer than 100 beds
Long-term acute care hospitals with over 100 beds	Rural general acute care hospitals with fewer than 100 beds
Rural general acute care hospitals with over 100 beds	
Critical access hospitals with over 100 beds	

Creation of the Board

CalHHS will introduce a proposal to create the DxF board either in August 2022 or January 2023.

To Learn More

For additional information, visit CalHHS' DxF website.