



December 18, 2023

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SUBJECT: Comments on Draft Policy and Procedure: Participant Director

Dear Mr. Ohanian:

Thank you for the opportunity to provide feedback on the following draft Policy and Procedure:

- Participant Directory

On behalf of our more than 400 member hospitals and health systems, the California Hospital Association (CHA) respectfully offers the following comments.

Need for technical guidance

The requirements set forth are conceptual and lacks technical specificity. As such, CHA recommends CDII includes clear point by point technical guidance on what needs to be provided. Further, it is unclear what backbone will connect all of these pieces to enable Participants to utilize the Participant Directory.

Challenges with query and response

The query request and response methodology will be challenging for many facilities, particularly those with limited staff resources. As such, responding to the unknown number of queries from Participants and potentially voluntary ones will be quite challenging.

Alignment with TEFCA

As previously stated, the Data Exchange Framework (DxF) should align with TEFCA. While CDII has noted that Participants may use national networks to comply with the DxF, some of the potential use cases are not aligned with TEFCA Common Agreement launched last week with two permitted purposes: Treatment and Individual Access. In addition, TEFCA will work through

2024 with use cases for payment. At this time, the payment use case is not a widely adopted industry standard and thus it would be premature to require any Participant to respond to use cases that have not yet been developed in the national networks. As such, CHA recommends CDII align with TEFCA. As TEFCA scales up each year and expands use cases, the DxF can also do so, resulting in information exchange for defined purposes that have matured.

Security concerns

The Centers for Medicare and Medicaid Services (CMS) has issued modifications to the HIPAA security rule because of the heightened threat of cyberattacks on health organizations. The Participant Directory could be a prime area of vulnerability since at this time, there is no authentication standard for adding Participants beyond having them sign via the DxF signing portal. We recommend robust oversight of the Participant Directory.

We would also like clarification on the following:

- Will all required Participants, regardless if one has signed the DSA, be in the Participant Directory?
- Data from national network to QHIO to community based organizations – how will CDII ensure data quality and security?

In addition, CHA recommends changing the 10-day requirements set forth in this Policy and Procedure to 30 calendar days. As previously noted, small, rural and public hospitals have limited staff resources and responding within 10 business days would be challenging.

Thank you for your consideration. If you have any questions, please contact me at tgonzalez@calhospital.org.

Sincerely,



Trina A. Gonzalez
Vice President, Policy

cc: DeeAnne McCallin, Deputy Director, Data Exchange Framework, CDII