

CalHHS Data Exchange Framework Policy and Procedure

Subject: Data Elements to Be Exchanged	
Status: Final Draft	Policy: OPP-8
Publication Date: December 19, 2023 TBD	Version: 1.1 1.2

Key for substantive and administrative changes for the purposes of public comment:

Plain text = existing language unchanged

Blue font with underline = proposed new language, substantive amendment

~~Red font with strikethrough~~ = proposed language deletion, substantive amendment

Bold font with underline = proposed new language, administrative change

~~**Bold font with strikethrough**~~ = proposed language deletion, administrative change

Note: Section headers that appear in bolded and underlined font are not new administrative changes but were bolded and underlined in the original version of this document. Hyperlinks appear in blue underlined font but are not bolded unless proposed new language.

I. Purpose

California Health and Safety Code § 130290 was enacted in 2021 and establishes the creation of the California Health & Human Services Data Exchange Framework (“Data Exchange Framework”). The Data Exchange Framework requires Access to or Exchange of usable Health and Social Services Information by health and social 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

This policy shall be effective as of ~~January 31, 2024~~ January 1, 2026.

After January 1, 2026, future changes to the United States Core Data for Interoperability (USCDI) within this policy shall have the effective date established within the ASTP/ONC Health IT Certification Program.

1. **DATA TO BE EXCHANGED**

a. Participants shall provide Access to or Exchange of, 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 of, at a minimum, all Electronic Health Information (“EHI”) as defined under federal regulation in 45 C.F.R. § 171.102, including data elements in the United States Core Data for Interoperability (USCDI) ~~Version 2~~, if permitted by Applicable Law and Maintained by the entity.

ii. County health facilities shall provide Access to or Exchange of, at a minimum, the same data required of health care providers in paragraph II.1.a.i if permitted under Applicable Law and if Maintained by the entity.

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iii. Health insurers and health care service plans, including but not limited to health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are Medi-Cal managed care plans or are regulated by the Department of Managed Health Care or the Department of Insurance, shall provide Access to or Exchange of, 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 elements in the [United States Core Data for Interoperability \(USCDI\) Version-2](#), if permitted by Applicable Law and Maintained by the entity.

a. For Individual Access Services, adjudicated claims and encounter information shall include cost information, specifically provider remittances and enrollee cost-sharing.

b. Except for Individual Access Services, cost information may be omitted.

iv. Public health agencies shall provide Access to or Exchange of, at a minimum, the same data required of health care providers in paragraph II.1.a.i if permitted by Applicable Law and Maintained by the entity.

v. Intermediaries shall provide Access to or Exchange of, at a minimum, all of the following that apply to the extent available, permitted by Applicable Law, Maintained by the entity, and provided by an applicable Participant:

a. Data defined in paragraph II.1.a.i if providing exchange services to one or more health care provider(s) or county health facility(ies).

b. Data defined in paragraph II.1.a.iii if providing exchange services to one or more health care service plan(s).

c. Data defined in paragraph II.1.a.iv if providing exchange services to one or more public health agency(ies).

b. Participants not listed in paragraph II.1.a that voluntarily elect to sign the Data Sharing Agreement (“DSA”) shall provide Access to or Exchange of the following Health and Social Services Information:

i. As applicable and deemed appropriate by the entity for meeting obligations under the DSA, the entity shall provide Access to or-Exchange of:

a. Data elements in the [United States Core Data for Interoperability \(USCDI\) Version-2](#) if appropriate, permitted by Applicable Law, and Maintained by the entity.

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b. Information related to the provision of health care services and/or the provision of Social Services if appropriate, permitted by Applicable Law, and Maintained by the entity.

c. Participants may, but are not required to, obtain or share data elements listed in paragraphs II.1.a and II.1.b that are not Maintained by the Participant. See the Technical Requirements for Exchange Policy and Procedure for information on how to respond to a Request for Information when the Participant does not Maintain Health and Social Services Information for the Individual.

d. Data to be Exchanged by Participants not listed in paragraph II.1.a may be the subject of a future revision to this policy developed through a public and transparent process as described in the Development of and Modifications to Policies and Procedures Policy and Procedure.

e. Consistent with [Health and Safety Code § 130290\(b\)](#) and Applicable Law, Participants are not required to Exchange abortion or abortion-related services information as part of data listed in 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 1~~ Version 2](#).

i. [Participants shall use the version of USCDI established by the U.S. Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology \(ASTP/ONC\) as the baseline standard within the ASTP/ONC Health IT Certification Program.](#)

ii. [Changes to the effective date for a new version of USCDI within this Policy and Procedure shall be the same as the effective date established within the ASTP/ONC Health IT Certification Program.](#)

b. For data elements not included in [the effective version of USCDI ~~Version 1~~ Version 2](#), such as data elements in EHI listed in paragraph II.1.a.i that are not included in USCDI or claims data listed in paragraph II.1.a.iii, Participants shall use standardized data element formats, terminologies, and code sets identified in applicable National and Federally Adopted Standards, defined as standards published by the US Department of Health and Human Services in the [Standards Version Advancement Process](#).

c. It is the intent of the Data Exchange Framework to align with National and Federally Adopted Standards. When conflicts exist between National and Federally Adopted Standards and data formats, terminologies, or code sets mandated by California law or the Policies and Procedures, the California law or the Policies and Procedures shall prevail.

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3. DATA FORMATS

a. Participants shall use National and Federally Adopted Standards to provide Access to or Exchange of Health and Social Services Information, which shall include one of:

- i. [*HL7 Messaging Standard Version 2.5.1*](#)
- 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~~ version corresponding to the applicable effective version of USCDI in this Policy and Procedure*](#) preferred if applicable

b. Participants shall use standardized data element formats, terminologies, and code sets identified in paragraphs II.2.a, II.2.b, and II.2.c to the extent they are supported by the data formats identified in paragraph II.3.a. Participants may, but are not required to, share data elements listed in paragraphs II.1.a and II.1.b that are not supported by the data formats in paragraph II.3.a.

III. **Definitions**

All capitalized terms shall have the meaning set forth in the Data Exchange Framework Glossary of Defined Terms.

IV. **References**

[45 CFR § 171.102 - Definitions](#)

[California Health and Safety Code § 130290](#)

Development of and Modifications to Policies and Procedures Policy and Procedure

[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

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

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

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

[HL7 Messaging Standard Version 2.5.1](#)

[Standards Version Advancement Process](#)

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Technical Requirements for Exchange Policy and Procedure

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

[US Core Implementation Guide 4.0.0 - STU4 Release](#)

V. Version History

No.	Date	Author	Comment
1.0	July 1, 2022	CalHHS CDII	Final
1.0.1	December 1, 2022	CalHHS CDII	Administrative correction to add “Maintained” to requirements for Intermediaries
1.1	December 15, 2023	CalHHS CDII	Administrative corrections to align language and use of terms with Glossary of Defined Terms and remove standards specified for use prior to October 6, 2022; add “as permitted by Applicable Law” to several paragraphs, establish precedence of data standards, specify that Participants are not required to obtain or exchange elements they do not Maintain or cannot exchange using identified data standards, and add provision for HSC § 130290(b)
<u>1.2</u>	<u>TBD</u>	<u>CalHHS CDII</u>	<u>Updated USCDI requirements to align with the based line for the ASTP/ONC Health IT Certification Program effective January 1, 2026.</u>