DxF Stakeholder Advisory Committee
Meeting #1 Pre-Read

SB 660 Implementation Priorities and Additional DxF Strategic Initiatives

Background

The Data Exchange Framework (DxF) Stakeholder Advisory Committee will be convened by the California Department of Health Care Access and Information (HCAI) to advance duties outlined in Senate Bill 660 (SB 660) and provide feedback on DxF program implementation.[1] During its first meeting, the Committee will be asked to provide input on HCAI's proposed implementation priorities, including, but not limited to, those described herein.

HCAI has identified the following "Implementation Priorities" for discussion with the Advisory Committee based on SB 660 requirements:

1. Data Exchange Framework Contracting Requirements
2. Qualified Health Information Organization (QHIO) Program Evolution
3. Public Accountability and Enforcement
4. Recommendations for Collecting Demographic and Health-Related Social Needs (HRSN) Data
5. Legislative Report
    a. Additional Enforcement and Dispute Resolution
    b. Consumer Experience with Health and Social Services Information (HSSI) Exchange
    c. Governing Board
    d. Grants, Technical Assistance, and Rural Health Funding
    e. Potential New DxF Signatories

[1] For more detail on SB 660 requirements, please reference the HCAI Fact Sheet on SB 660.

Based on stakeholder input, HCAI has also identified the following "Strategic Issues" for potential consideration by the Committee, at HCAI's direction and as Committee time allows. This list is not comprehensive and additional strategic issues may be considered for prioritization based on Advisory Committee input and evolving program needs.

1. Social Services Exchange
2. Consent Management
3. Identity Management
4. Roadmap for Fast Healthcare Interoperability Resources (FHIR) Adoption
5. Participant Directory Improvement

HCAI appreciates Committee input to help it set priorities and shape productive discussions for the year ahead.

SB 660 Implementation Priorities

1. Data Exchange Framework Contracting Requirements

Problem Statement: SB 660 requires health care organizations to execute the Data Exchange Framework Data Sharing Agreement (DSA)—per California Health & Safety Code (HSC) section 130290(f)[2]—as a condition of contracting with the Department of Health Care Services (DHCS), the Public Employees' Retirement System (CalPERS), and the California Health Benefit Exchange (Covered CA) for "the coverage or provision of health care services" by July 1, 2026. While each public purchaser developed DxF contracting requirements for relevant health care entities, requirements across purchasers vary, creating compliance ambiguity and limiting the effectiveness of the requirement.

Efforts to Date: DHCS, CalPERS, and Covered CA each have incorporated data exchange requirements into their health plan contracts,[3] including:

- Executing the DSA and complying with DxF Policies and Procedures (P&Ps);
- Participating in a QHIO;
- Sending Admission and Discharge (ADT) event notifications; and
- Ensuring that subcontractors and delegates participate in various aspects of the DxF (e.g., sending ADT event notifications).

However, each purchaser takes a distinct approach to these requirements.

Areas for Further Exploration:

- Convene DHCS, Covered CA, and CalPERS to align on a unified contracting approach across purchasers.
- Establish communication channels to promote awareness of requirements, including how to engage with public purchasers as needed.

[2] Requires health care organizations to execute the Data Exchange Framework DSA.
[3] Contract templates for DHCS Medi-Cal Managed Care Plans and Covered CA Qualified Health Plans are publicly available.

- Support cross purchaser DxF compliance reporting and accountability processes.

2. QHIO Program Evolution

Problem Statement: The QHIO Program was created to support health care entities in meeting DxF data exchange requirements and to help achieve the statewide exchange required by HSC section 130290(b)(1). HCAI and Participants have identified gaps in the QHIO Program and some QHIOs' capacities to serve DxF Participants, including:

- *Attestation-Based Qualification.* Initial reliance on attestations rather than demonstrated capabilities has led to variability in service levels and limited accountability for meaningful progress since the QHIO Program launched in October 2023.
- *Voluntary Utilization*. Participants' ability to use any network, health information organization, or technology under HSC section 130290(a)(2) means Participants are not required to use QHIOs, limiting the impact of the QHIO Program on achieving DxF goals.
- *Limited Collaboration.* QHIOs have demonstrated limited collaboration with one another, compounding the challenges in building a cohesive statewide exchange network.
- *Inconsistent Service Offerings.* QHIOs do not all offer the same services or serve the same Participants, and many do not support the broad set of HSSI exchange available under the DxF, resulting in uneven coverage across use cases, geographies, and participant types.
- *Sustainability Concerns.* The demand for all QHIOs to deliver statewide query, information delivery, and event notification services—despite the variation in their size, service areas, and participant types—has led to QHIO sustainability challenges for some.

The DxF experience with statewide exchange of event notifications helps illustrate some of the QHIO Program's challenges. Today, QHIOs are not successfully exchanging events or requests for notifications with each other, and the voluntary use of a QHIO required by HSC section 130290(a)(2) means

that Participants who choose not to use a QHIO may need to create many independent connections to receive event notifications from across the state. While the current structure and requirements of the QHIO Program have not achieved statewide event notification, nationwide networks (e.g., Trusted Exchange Framework and Common Agreement (TEFCA)) do not yet offer an alternative.

As SB 660 codifies the QHIO program, it creates an opportunity for the state to assess and identify opportunities to strengthen the QHIO program.

Efforts to Date: The QHIO application process launched in August 2023, with nine organizations designated as QHIOs in October 2023. Program requirements were developed by early 2024; since then, a range of stakeholders have reported concerns around service quality, suggesting a need to assess and potentially revise the QHIO Program and qualification process requirements.

Areas for Further Exploration:

- Redesign the QHIO designation process to emphasize demonstrated capability over attestation.
- Explore allowing QHIOs to specialize in certain services rather than provide support for all exchange types to better match QHIO business models and support QHIO sustainability.
- Update the roles and requirements of QHIOs in event notifications, potentially as a network of cooperating nodes with uniform, minimum services for event notification.
- Formalize minimum interactions and standards for exchange among QHIOs rather than allowing QHIOs the flexibility to develop their own models, including expectations for reciprocity.
- Continue and expand mechanisms to assess QHIO Program performance and participant experience with QHIO services.

- Explore how the QHIO Program can better leverage the capabilities of nationwide networks and focus on filling gaps in existing capabilities.
- Explore how to promote use of QHIOs to achieve statewide exchange.

3. Public Accountability and Enforcement

Problem Statement: SB 660 requires HCAI to "publish and keep current on its internet website the names of any known entities the department deems not to be in compliance" with HSC section 130290(f), the requirement to sign the DSA, by January 1, 2027. To fulfill this requirement, HCAI must develop processes for identifying health care organizations that have not executed the DSA, publish and keep current on its website the names of any known entities HCAI deems not to be in compliance with the requirement to execute the DSA, create a mechanism for entities to submit extenuating circumstances, and determine criteria for notifying relevant state licensing bodies of non-compliance.

Efforts to Date: The DxF team has initiated work to identify organizations subject to HSC section 130290(f) and is beginning to develop processes to assess and track compliance.

Areas for Further Exploration:

- Establish a process for accepting and publishing extenuating circumstances.
- Determine criteria for referring non-compliant entities to relevant state licensing entities.

4. Recommendations for Collecting Demographic and HRSN Data

Problem Statement: SB 660 requires the Stakeholder Advisory Committee to "develop recommendations in consultation with signatories, consumer advocates, and racial equity experts for statutory changes, training and technical assistance, and best practices to require the entities listed in subdivision (f) to collect individual-level demographic and health-related social needs data about Californians served" by January 1, 2027. Collecting demographic and health-related social needs (HRSN) data is essential for ensuring equitable access, coordinating care across health and social services organizations, and ensuring that Californians receive equitable, whole-person care.

Efforts to Date: The DxF team has laid the groundwork to support exchange of demographic and HRSN data, including:

- The DSA and P&Ps have been drafted to enable exchange by and with social services organizations, establishing a framework through which HRSN data could be leveraged and acted upon if collected and exchanged.
- DxF data sharing requirements include exchange (but not collection) of demographic and social determinants of health (SDOH) data elements, with SDOH data defined by the federal Department of Health and Human Services (HHS) to include HRSN-related assessments.
- CalHHS Departments have established guidelines for standardized collection of certain demographic data that could be leveraged for DxF.

Areas for Further Exploration:

- Determine whether statutory changes are needed to require DxF signatories to collect individual-level demographic and HRSN data.
- Identify what training, technical assistance, and best practices would best support DxF signatories in meeting individual-level demographic and HRSN data collection requirements.

5. Legislative Report

Problem Statement: SB 660 requires HCAI, in collaboration with the Stakeholder Advisory Committee, to develop and submit a report to the legislature by July 1, 2027. The report must address aspects of DxF governance, participation and implementation, including assessments of the following:[4]

- The need for a framework for enforcement, and investigation and resolution of disputes between DxF Participants;
- Consumer experiences with HSSI exchange;
- The need for an independent governing board for the DxF;
- The need for technical assistance and other grant programs to support signatories' compliance with requirements of the DxF; and
- Other categories of entities for participation in the DxF.

Efforts to Date: N/A

Areas for Further Exploration: Provide recommendations to HCAI in support of the legislative report, which may include:

- Whether current accountability measures are sufficient to promote compliance with the DSA, and if not, additional enforcement, investigation, and dispute resolution processes that might be adopted;
- How to improve consumer experiences with HSSI exchange;
- Whether an independent board is needed to support DxF governance;
- How California's Rural Health Transformation programs or other technical assistance might support signatories' participation in the DxF; and
- What additional signatory types should participate in the DxF and when they should be added.

[4] SB 660 also requires the legislative report to include details regarding the compliance status of required signatories (see HSC 130290(k)(4)(A)-(C)); these are not listed above as they likely will not require substantive Advisory Committee discussion.

Potential Strategic Initiatives

1. Social Services Exchange

Problem Statement: The social service data ecosystem is highly complex and involves diverse provider types. Disparate provider systems frequently lack interoperability capabilities and shared data standards, making it difficult to share information and build a complete view of an individual's health and social service needs.

California Advancing and Innovating Medi-Cal (CalAIM), led by DHCS, has driven significant interest and engagement in social service data sharing through its own data sharing requirements, but these are Medi-Cal-specific and may not generalize to other populations or programs. And the DxF does not include a set of social service data exchange use cases or Required Purposes that would drive actionable, demonstrable progress.

Efforts to Date: The DxF team and its partners have advanced several exploratory efforts to better understand the opportunities for social service data exchange in California, including:

- Identified use case priorities (e.g., maternal and infant health, homelessness, child welfare).
- Surveyed "live" county-to-state models for health and social data sharing (e.g., California Statewide Automated Welfare System [CalSAWS], Medi-Cal Connect, Women, Infants, and Children Web Information System Exchange [WIC-WISE]), which highlighted the need for strong identity resolution and consent management solutions to support exchange.
- Conducted early assessments of statewide data system capabilities and documented minimum data requirements for specific social data use cases, which are published in the Connecting for Better Health (C4BH) Sandbox.

The team also leveraged outside funding to support a:

- Review of capabilities for health and social data sharing in California (see recent California Health Care Foundation report).
- Launch of a community of practice on housing and health information sharing, supported by the Department of Health Care Services (DHCS) Providing Access and Transforming Health (PATH) program.

Note: Work to date has focused on social services data sharing, not SDOH assessments as referenced under SB 660.

Potential Areas for Further Exploration:

- Continue social data sharing use case testing in the C4BH sandbox.
- Explore federal changes to Medi-Cal eligibility and enrollment redeterminations (H.R.1) that could serve as a catalyst for social service data exchange, particularly around Medi-Cal eligibility verification.
- Develop social service data exchange use cases and update Policies and Procedures (P&Ps) or other guidance that establish standardized social services data elements to be exchanged and required purposes for exchange, and that align these with health data exchange standards.
- Advance a consent framework for exchanging social services data and health data with social services entities.

2. Consent Management

Problem Statement: California's physical, behavioral, public health, and social service systems are fragmented and siloed, presenting technical and legal challenges to sharing information and coordinating care. Without clear policy guidance, technical infrastructure, and financial support, organizations remain reluctant to share sensitive information that requires an individual's consent, limiting progress toward integrated, whole person-centered care.

Efforts to Date: Consent management was identified as a priority area in the DxF Roadmap. DHCS has led early efforts, including the development of Authorization for Use or Disclosure of Confidential Information (ASCMI), a standardized consent form; requirements for managed care and behavioral health plans to use ASCMI; and a consent management platform expected to launch in July 2026. The Center for Data Insights and Innovation (CDII) also convened a series of Technical Advisory Committee (TAC) meetings on consent management and developed a recommendation memorandum that outlines a flexible, consumer-centric consent management model, emphasizing support for multiple types of consent, standardized and interoperable consent structures, and the ability for consent to be collected across diverse settings while remaining manageable and transparent for individuals.

Potential Areas for Further Exploration:

- Develop P&Ps addressing matters of informed consent.
- Expand data-sharing toolkits and establish statewide consent management standards.
- Support regional implementation through Qualified Health Information Organizations (QHIOs) and local partners.
- Convene stakeholders to identify priority use cases to focus ongoing efforts and determine how to best leverage ASCMI.

3. Identity Management

Problem Statement: Identifying individuals across health care, social services, and public health systems is difficult due to limited access to authoritative identity sources and insufficient incentives to resolve unmatched identities, which erodes trust in the accuracy and reliability of shared data. This results in mistaken identity, delays in receiving services, lost eligibility, missed care coordination opportunities, and operational inefficiencies.

Efforts to Date: Identity management has been an active area of DxF work for several years. Key milestones include:

- Publication of the Strategy for Digital Identities (2022).
- Establishment of person matching requirements in Technical Requirements for Exchange P&P (2023).
- TAC meetings to define problem and recommend solution characteristics (see recently published memo).

Potential Areas for Further Exploration:

- Promote adoption of existing requirements for exchanging person attributes and standards for person matching.
- Publish addendum to Strategy for Digital Identities addressing TAC recommendations.
- Work with CalHHS Departments to improve person matching.
- Continue to advance person matching requirements for the DxF and within the QHIO Program to improve statewide data exchange.

4. Roadmap for FHIR Adoption

Problem Statement: Federal agencies and standards bodies are actively driving FHIR adoption: The Office of the National Coordinator for Health Information Technology (ONC) is promoting and the Centers for Medicare & Medicaid Services (CMS) is requiring FHIR for health care information exchange, the Gravity Project is advancing FHIR for social services data, and nationwide networks have established their own FHIR adoption roadmaps.[5,6,7] While some DxF Participants are required to use FHIR under federal rules, the DxF itself has no roadmap for how Participants might use FHIR to meet DxF obligations in the future.

Efforts to Date: The DxF team has monitored CMS requirements for regulated entities and DHCS implementation of requirements and reviewed the Trusted Exchange Framework and Common Agreement (TEFCA) roadmap for FHIR adoption. A 2024 TAC meeting series examined the issue and recommended that while it was premature to establish FHIR requirements, developing a roadmap was appropriate.

Potential Areas for Further Exploration:

- Draft and publish a FHIR adoption roadmap for the DxF, incorporating stakeholder engagement (e.g., TAC recommendations, Stakeholder Advisory Committee discussions, listening sessions, expert panels, public comment).
- Consider implications for the DxF Participant Directory.
- Plan for implementation of the proposed FHIR adoption roadmap.

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[5] Office of the National Coordinator for Health Information Technology. "FHIR Investments." *HealthIT.gov*, U.S. Department of Health and Human Services. Accessed March 20, 2026. https://www.healthit.gov/interoperability/investments/fhir/.

[6] Centers for Medicare & Medicaid Services. *CMS Interoperability*. U.S. Department of Health and Human Services. Accessed March 20, 2026. https://www.cmsinteroperability.org/.

[7] See further the *Interoperability & Patient Access Final Rule, CMS-9115-F* (2020), *Interoperability & Prior Authorization Final Rule, CMS-0057-S* (2024), and *ONC HTI-1 Final Rule* (2023).

5. Participant Directory Improvement

Problem Statement: The DxF Participant Directory serves as both a data exchange resource (to support operational exchange decisions) and a public listing (to provide transparency into participating organizations), but its current functionality limits usability and efficiency. For example, directory entries are not regularly updated to reflect changes in Participants' methods of exchange.

Feedback from the Implementation Advisory Committee (IAC) has highlighted the need for improvements, including: specifying contact details and exchange purposes; linking directory entries to Participants' DxF status (e.g., attestation or other requirements); supporting integration with national directories; and enabling Application Programming Interface (API) access.

Efforts to Date: Substantial effort in 2023–2024 supported the initial design, launch, and stakeholder education on the Participant Directory. Activity in 2025 focused primarily on data clean-up and targeted outreach to increase completed Participant Directory entries.

Potential Areas for Further Exploration:

- Revamp the Participant Directory by encouraging review and refresh of current entries and improve the overall functionality (e.g., integrating with national directories, enabling API access).
- Develop a long-term sustainability and product management plan to maximize the Participant Directory's value for signatories.
- Explore opportunities to increase Participant engagement with the Participant Directory informed by current usage patterns.

Appendix

Abbreviation	Full Word
API	Application Programming Interface
ASCMI	Authorization for Use or Disclosure of Confidential Information (standard Consent Management form)
C4BH	Connecting for Better Health (Sandbox environment)
CalAIM	California Advancing and Innovating Medi-Cal
CalHHS	California Health and Human Services Agency
CalSAWS	California Statewide Automated Welfare System
CDII	Center for Data Insights and Innovation
CMS	Centers for Medicare & Medicaid Services
DHCS	Department of Health Care Services
DxF	Data Exchange Framework
FHIR	Fast Healthcare Interoperability Resources
HCAI	Department of Health Care Access and Information
HHS	U.S. Department of Health and Human Services
HSC	California Health and Safety Code
IAC	Implementation Advisory Committee
Medi-Cal	California's Medicaid program
MPI	Master Patient Index
ONC	Office of the National Coordinator for Health Information Technology
OTSI	Office of Technology Services and Innovation
PATH	Providing Access and Transforming Health
P&P	Policies and Procedures
QHIO	Qualified Health Information Organization
SB 660	Senate Bill 660 (California)
SDOH	Social Determinants of Health
TAC	Technical Advisory Committee
TEFCA	Trusted Exchange Framework and Common Agreement
WIC-WISE	Women, Infants, and Children Web Information System Exchange