

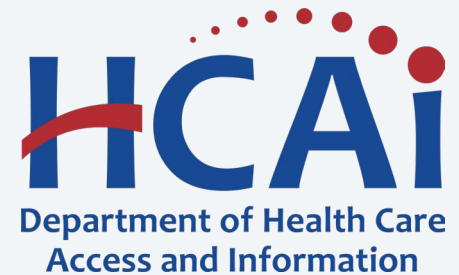


# Data Exchange Framework (DxF)

## Stakeholder Advisory Committee Meeting #2

Thursday, June 18, 2026

10:00 am – 4:00 pm PT



# Agenda



- Item #1 Welcome and Introductions
- Item #2 Department Updates
- Item #3 DxF Program Updates and Purchaser Contracting Requirement Overview
- Item #4 Fast Healthcare Interoperability Resources (FHIR) Roadmap: Technical Standards Advancement
- Item #5 Qualified Health Information Organization (QHIO) Program
- Item #6 QHIO Program Issues Impacting Event Notification
- Item #7 General Public Comment
- Item #8 Closing Remarks & Adjournment

*\*There will be public comment after each substantive agenda item in addition to general public comment.*

Item #1

# Welcome and Introductions

*Jennifer Sayles, MD, MPH, Committee Chair*

# Meeting Ground Rules

- Bagley-Keene Open Meeting Act will be followed.
- Members of the public can participate in person or virtually and provide public comment via either platform.
- Meeting minutes will be prepared after each meeting.
- Materials will be posted on the website.



## 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 are encouraged to limit their time to two minutes so we can hear from as many members of the public as possible.
- Individuals may, but do not have to, state their name and organizational affiliation at the top of their statements.

# Meeting Participation Options

- **Members who are onsite are encouraged to log in using their panelist link on Zoom.**
  - Members are asked to keep their laptops' video, microphone, and audio off for the duration of the meeting.
  - The room's cameras and microphones will broadcast the video and audio for the meeting.
- **Instructions for connecting to the conference room's Wi-Fi are posted in the room.**
- **Please email Akira Vang ([akira.vang@hcai.ca.gov](mailto:akira.vang@hcai.ca.gov)) with any technical or logistical questions about onsite meeting participation.**

# Meeting Participation Options

Advisory Committee members and public participants may “raise their hand” for Zoom facilitators to unmute them to share comments. The Chair will notify participants/members of the appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	Not Logged into Zoom	Logged into Zoom	Phone Only
<p>If you logged on from onsite via Zoom interface</p> <p>Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand</p> <p>If selected to share your comment, please begin speaking and do not unmute your laptop. The room’s microphones will broadcast audio</p>	<p>If you are onsite and not using Zoom</p> <p>For members, physically raise your hand and the chair will recognize you when it is your turn to speak.</p> <p>For public participants, line up at the podium and the chair will recognize you when it is your turn to speak.</p>	<p>If you logged on from offsite via Zoom interface</p> <p>Press “Raise Hand” in the “Reactions” button on the screen</p> <p>If selected to share your comment, you will receive a request to “unmute,” please ensure you accept before speaking</p>	<p>If you logged on via phone-only</p> <p>Press “*9” on your phone to “raise your hand”</p> <p>Listen for your phone number to be called by moderator</p> <p>If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6”</p>

# Public Comment

# Advisory Committee Vote: Approve April 16, 2026 Meeting Minutes

Item #2

# Department Updates

*Elizabeth Landsberg, Director*

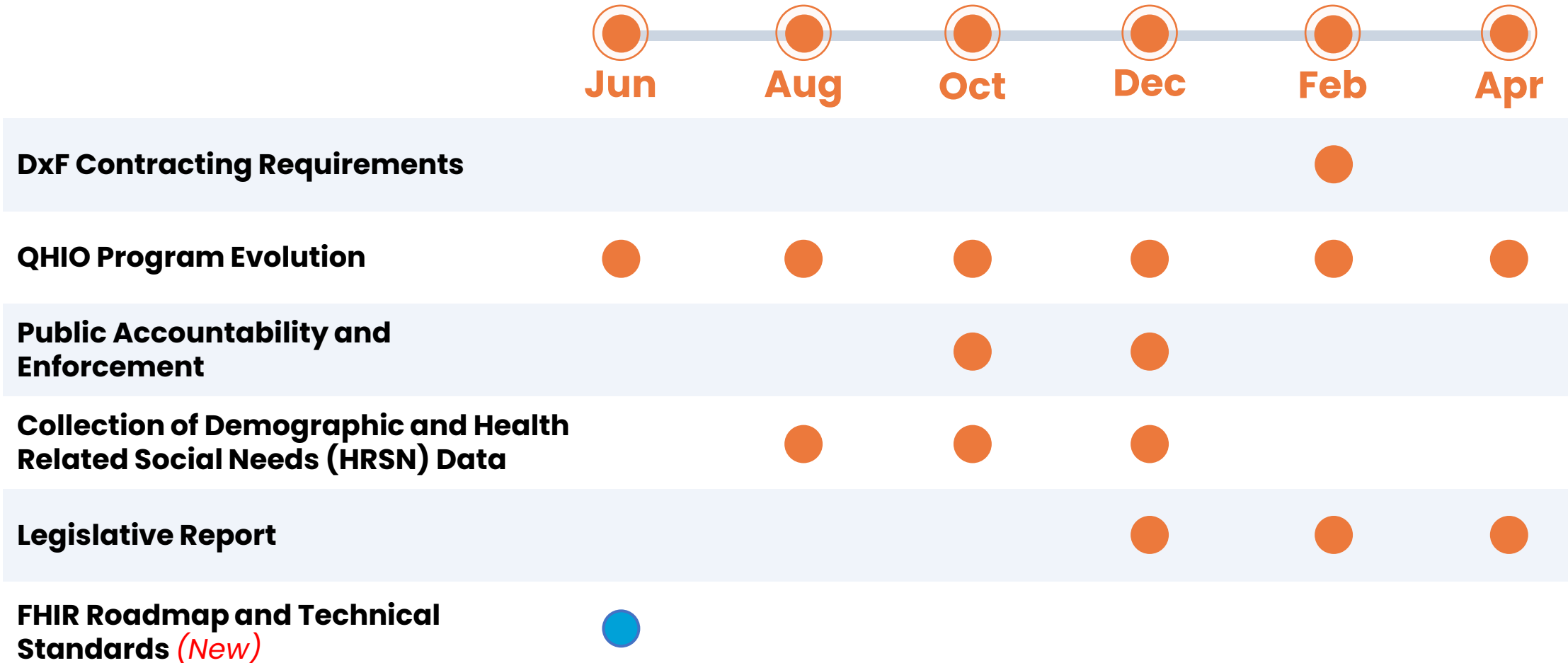
# Public Comment

Item #3

# DxF Program Updates and Purchaser Contracting Requirement Overview

*Michael Valle, Assistant Director*  
*Jacob Parkinson, DxF Program Director*

# Updated Advisory Committee Discussion Topics



In response to committee feedback, topics have been updated to include FHIR Roadmap and extend time for discussion of demographic/HRSN data. Additional high priority discretionary items will be incorporated as time permits.

# Identifying Other Strategic Initiatives

Discretionary Initiatives were voted on by committee members during the April meeting. The FHIR Adoption Roadmap was incorporated into today's discussion, and other high priority discretionary items may be incorporated as time permits.

## Discretionary Initiatives voted on by committee in order of most votes received

1. Roadmap for FHIR Adoption
2. Social Service Data Exchange
3. Consent Management
4. Individual Access
5. Identity Management
6. Participant Directory Improvement
7. Cost and Sustainability

# DxF Program Updates

<b>DxF Frequently Asked Questions (FAQs)</b>	HCAI published <a href="#">revised DxF FAQs</a> to provide additional information in accordance with Senate Bill 660, including new information related to DSA signatory definitions
<b>Participant Verification Standard Operating Procedure (SOP)</b>	HCAI developed a <a href="#">Participant Verification SOP</a> to confirm the legitimacy of all new Data Sharing Agreement (DSA) signatories and select existing DxF Participants.
<b>DSA Signatory Grant Program</b>	The DSA Signatory Grants Program concluded on March 31, 2026.
<b>Participant Directory (PD) Policy and Procedure (P&amp;P)</b>	The PD P&P will be amended to clarify the timing of PD update requirements and remove the outdated option to delay exchange until January 1, 2026; the amendment will be posted for public comment in late summer.
<b>Signatory Outreach</b>	Outreach to unsigned required signatories will begin in July. Outreach will include information on signing the DSA, the methodology used to determine required signatories, intake forms, and educational resources
<b>Intake Forms</b>	Forms for required DxF signatories to submit misclassification attestations and extenuating circumstances are under development and will be published on the DxF website in July.
<b>Voluntary Withdrawal</b>	One of the QHIOs is actively in the process of voluntarily withdrawing from the Program. As a result, current meeting materials reference 9 QHIOs, but future materials may reference 8 or 9 depending on the data being reviewed.

# Update: DXF Contracting Requirements

**California Senate Bill (SB) 660 (2026) requires specified Participants to execute the DXF as a condition of contracting with DHCS, CalPERS, or Covered California.**

## Senate Bill 660

“Commencing July 1, 2026, unless already required by an existing contract requirement, including any existing contract requirement that extends to subcontractors and delegates, compliance with subdivision (f) shall be required as a condition of continuing, amending, or entering into a new or existing contract for the coverage of or provision of health care services with the Department of Health Care Services, the Public Employees’ Retirement System, and the California Health Benefit Exchange. This subdivision shall not be construed to prevent any future contract requirement that extends this provision to subcontractors and delegates.”

## California Health & Safety Code § 130290(f)

“...the following health care organizations shall execute the California Health and Human Services Data Exchange Framework data sharing agreement [...] 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 [...]”

# Current Contracting Requirements

Public purchasers currently meet SB 660 contracting requirement and have incorporated other contracting elements. The SAC will consider further alignment of contracting requirements at a future meeting.

	Current Contract Requirement	DHCS Medi-Cal Managed Care Plans	Covered CA Qualified Health Plans	CalPERS Health Benefits Program
<b>SB 660 Requirement</b>	<b>Sign the DSA</b>	Comply with all DxP P&Ps	Execute the DSA	Comply with CA Health & Safety Code § 130290
<b>Additional Requirements</b>	<b>Connect with a QHIO</b>	–	Participate in at least one QHIO; report on use of services and functions for certain activities	–
	<b>ADT Event Notifications</b>	Require contracted hospitals and SNFs with electronic health records to send ADT notifications	Send ADTs and monitor how and if network hospitals are sending ADTs	–
	<b>Share Data</b>	Use standards defined by the DxP when sharing data, including with DHCS and contracted CalAIM providers	Share standardized monthly enrollee data with primary care practices	–
	<b>Network Provider / Subcontractor Compliance</b>	Require delegated subcontractors to execute the DSA (MOU template)	Report hospital ADT compliance to QHIO	Support network providers in ensuring readiness to collect and use required data for participation in the DxP

# Public Comment

Item #4

# FHIR Roadmap: Technical Standards Advancement

*Jacob Parkinson, DxF Program Director*

# Today's Goals



## **UNDERSTAND**

The established Technical Standards Advancement process for DxF



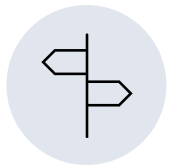
## **REVIEW**

Federal requirements and other initiatives to advance adoption of FHIR standards



## **DISCUSS**

Priorities for FHIR adoption, and for other technical standards that might be advanced



## **RECOMMEND**

An approach to drafting a DxF Roadmap for FHIR Adoption

# Background: Technical Standards

## What Are Technical Standards?

- Documented rules developed by accredited standards organizations (e.g., HL7, X12, IHE) that define what data must be exchanged and how data must be formatted, transmitted, and interpreted.
- Technical standards enable organizations to send, receive, and interpret health data consistently across various systems, vendors, and organizations.

## DxF Technical Standards Requirements

Technical standards requirements for DxF Participants are outlined in DxF Policies and Procedures (P&Ps). For example:

- The [Data Elements to Be Exchanged P&P](#) defines required data element to share and data formats that may be used
- The [Technical Requirements for Exchange P&P](#) defines specific content and format standards for certain exchange types

Updates to DxF technical standards requirements are considered annually through the [Technical Standards Advancement](#) process

# Technical Standards Advancement

## Process for Adopting New / Maturing Technical Standards

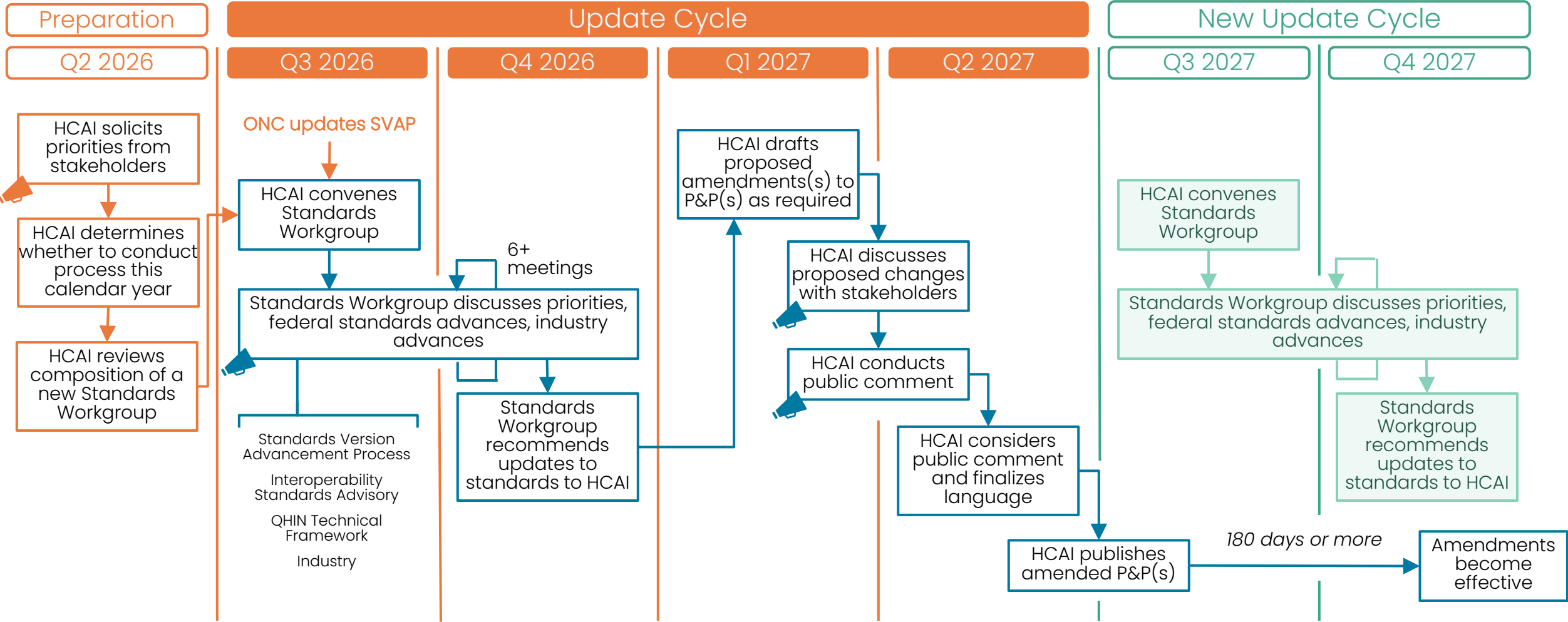
- The [Technical Requirements for Exchange P&P](#) requires the Center for Data Insights and Innovation (CDII) to create and [HCAI to maintain](#) an open and transparent process to review and consider new and maturing technical standards for potential inclusion in the DxF.
- CDII created the Technical Standards Advancement Process and its guiding principles in July 2024 in consultation with stakeholders and published the process in July 2024.

### Technical Requirements for Exchange P&P

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, respectively.
  - c. The process must establish a regular review cadence, no less than annually.

Source: [Technical Requirements for Exchange P&P](#)

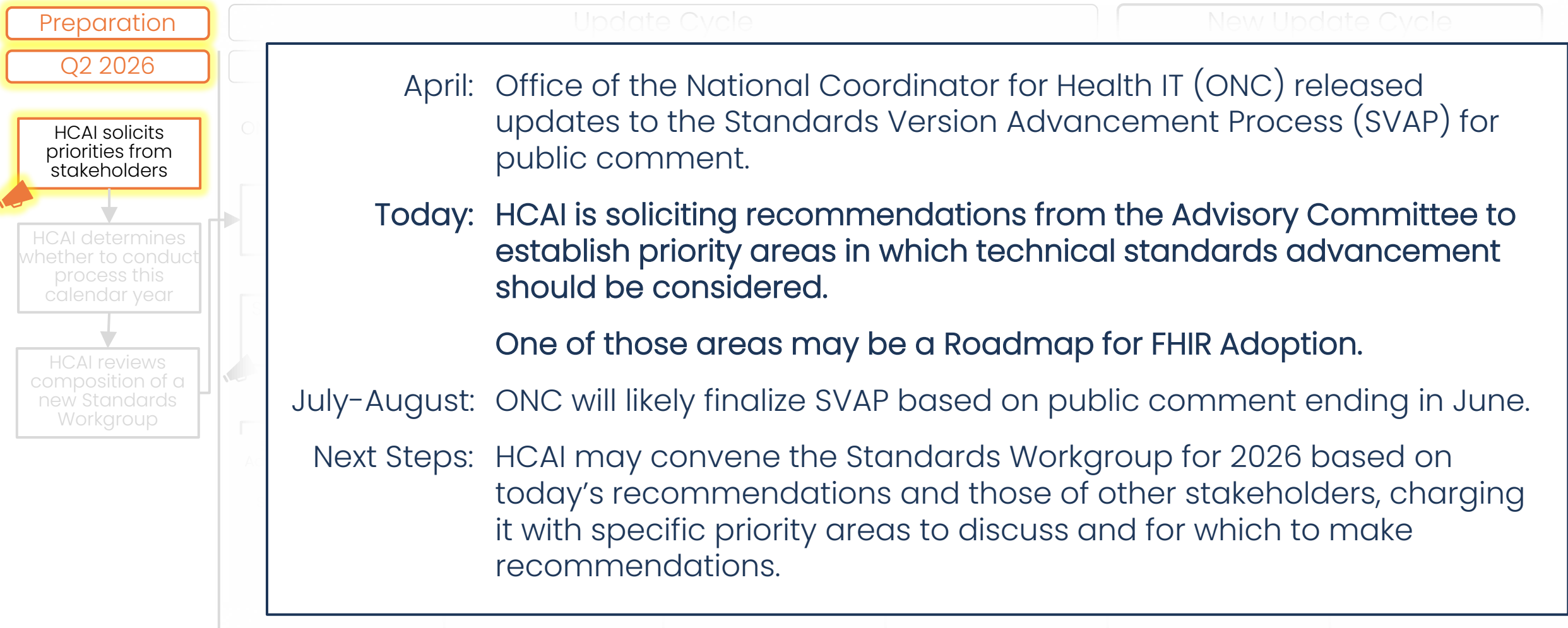
# Technical Standards Advancement



Quarters indicate approximate dates that may vary year-to-year  
 Updated from CDII to HCAI to reflect current responsibility for the process  
 The Standards Workgroup was formerly called the Standards Committee

Stakeholder Input Opportunity

# Technical Standards Advancement



# Fast Healthcare Interoperability Resources



- The goal of FHIR standard is to enable clinical and administrative data, to be quickly and efficiently exchanged using modern, web-based standards.
  - Focuses on granular data elements rather than documents.
  - Uses modern application programming interface (API) patterns familiar to developers outside of healthcare.
  - Creates a standard that is intended to lead to high adoption across disparate developer communities.
- Federal agencies promote, and sometimes require, the use of FHIR APIs.

# FHIR Roadmap

## Regulatory Requirements



- [ONC Health IT Certification Program](#) requires certified HIT to:
  - Respond to requests for patient information and secure connections using specific FHIR standards.



- [CMS Interoperability and Patient Access Final Rule](#) requires impacted payers\* to:
  - Provide members with access to their claims, encounters and clinical data using FHIR standards specified by ONC.
- [CMS Interoperability and Prior Authorization Final Rule](#) requires impacted payers to:
  - Exchange claims, encounters and clinical data with providers and other plans using FHIR standards specified by ONC.
  - Implement and maintain prior authorization APIs using FHIR.
- [CMS Interoperability Standards and Prior Authorization for Drugs Proposed Rule](#) may allow covered entities to:
  - Use the FHIR-based prior authorization APIs as a replacement for X12 278 standard required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).



\* Impacted payers include Medicare Advantage (MA) organizations, state Medicaid and Children's Health Insurance Program (CHIP) fee-for-service (FFS) programs, Medicaid and CHIP managed care organizations (MCOs), and qualified health plan (QHP) issuers on the Federally-facilitated Exchange (FFE).

# FHIR Roadmap

## FHIR Roadmap for TEFCA Exchange

The [FHIR Roadmap for TEFCA Exchange](#) version 2.0 calls out four phases of FHIR implementation.

- Stage 1:** FHIR Content Support (available now, adoption unknown)  
Allows Qualified Health Information Network (QHIN)-to-QHIN exchange of FHIR data payloads using the more traditional Integrating the Healthcare Enterprise (IHE) profiles also used by other nationwide networks and frameworks rather than limiting content to Clinical Document Architecture (CDA) documents.
- Stage 2:** QHIN-Facilitated FHIR Exchange  
TEFCA participants may exchange data (peer-to-peer) using FHIR APIs, facilitated by QHIOs that may provide endpoint directory, record locator, certificate services, etc.
- Stage 3:** QHIN-to-QHIN FHIR Exchange  
Begins QHIN-to-QHIN exchange using IHE profiles or FHIR APIs, while maintaining support for QHIN-Facilitated FHIR Exchange between TEFCA participants.
- Stage 4:** End-to-End FHIR Exchange  
Allows TEFCA participants to begin exchanging data using FHIR APIs through QHINs (rather than peer-to-peer).

# FHIR Roadmap

## Gravity Tiered Pilot Approach

The [Gravity Project](#) (an HL7 FHIR Accelerator) is promoting social determinants of health (SDOH) data standards for health and social care data exchange using a [tiered approach](#) to FHIR adoption.

**Tier I:** Basic – Information content verification

Establishes information infrastructure and terminology using FHIR standards in preparation for Tiers II and III. Information can be exchanged by any method or not at all.

**Tier II:** Secure – Electronic information exchange

Begins exchange of data defined in Tier I. Allows organizations to leverage established content and transport standards (C-CDA, HL7 v2 messages, Direct secure messaging).

**Tier III:** Complete Gravity SDOH Data Model and Exchange

Organizations implement the complete Gravity FHIR implementation guide data model and exchange standards.

# Case for a DxF Roadmap for FHIR Adoption

While DxF continues to align with national and federally-recognized standards, FHIR adoption remains nascent in California's health care community.

- Organizations using nationwide networks and frameworks ([including TEFCA](#)) continue to use older exchange approaches rather than adopt more modern FHIR standards.
- QHIOs have not adopted FHIR extensively due to low demand and lack of DxF requirements to use FHIR.
- HIT Certification requires FHIR support in EHRs but does not require its use by providers.
- CMS rulemaking establishes requirements for impacted plans but not for providers.
- The TEFCA roadmap for FHIR will not support all the exchange types, Required Purposes, or Participants important to DxF, and has not been advancing.

In the April meeting, the Advisory Committee prioritized developing a DxF FHIR Roadmap.

# FHIR Roadmap

## For Discussion

*In the April meeting, the Advisory Committee prioritized developing a DxF FHIR Roadmap.*

- What priorities would the Advisory Committee recommend be include in a DxF Roadmap for FHIR Adoption?
- Options to consider might include:
  - Promoting adoption of FHIR content standards
  - Promoting adoption by health care providers of the FHIR standards required by CMS of impacted plans
  - Promoting support for FHIR by QHIOs

# Technical Standards Advancement

## Considerations for Potential Recommendations

- The Technical Standards Advancement Process might provide an efficient mechanism for technical and operational experts in FHIR to draft a recommended roadmap for Advisory Committee discussion.
- HCAI does not recommend any other priority standards for advancement in 2026:
  - The version of the [United States Core Data for Interoperability \(USCDI\)](#) was advanced on January 1, 2026, to align with federal standards for HIT Certification.
  - New technical standards requirements for Event Notification become effective August 1, 2026, as a result of the 2024 Technical Standards Advancement cycle.
  - HCAI has received no other requests for technical standards advancement.

# Technical Standards Advancement

## For Discussion

- Should HCAI convene the Standards Workgroup in 2026 to develop a draft DXF Roadmap for FHIR Adoption for the Advisory Committee to review in early 2027?
  - A typical process for selecting a Standards Workgroup would convene 10-15 technical and operational experts in FHIR standards and adoption from within California and nationally volunteering to serve through an open application process.
  - HCAI would then present the results and recommendations of the Standards Workgroup back to the Advisory Committee for discussion in early 2027.

# Public Comment

# Advisory Committee Vote

# Lunch

Item #5

# QHIO Program

*Jacob Parkinson, DxF Program Director*

*Robert M. Cothren, PhD, Data Exchange Framework Consultant*

# Today's Goals



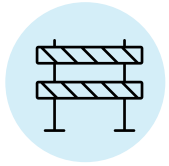
## **PROVIDE**

Background on the history and goals of the QHIO Program



## **ASSESS**

The current state of the QHIO Program



## **INTRODUCE**

The underlying issues impacting the QHIO Program

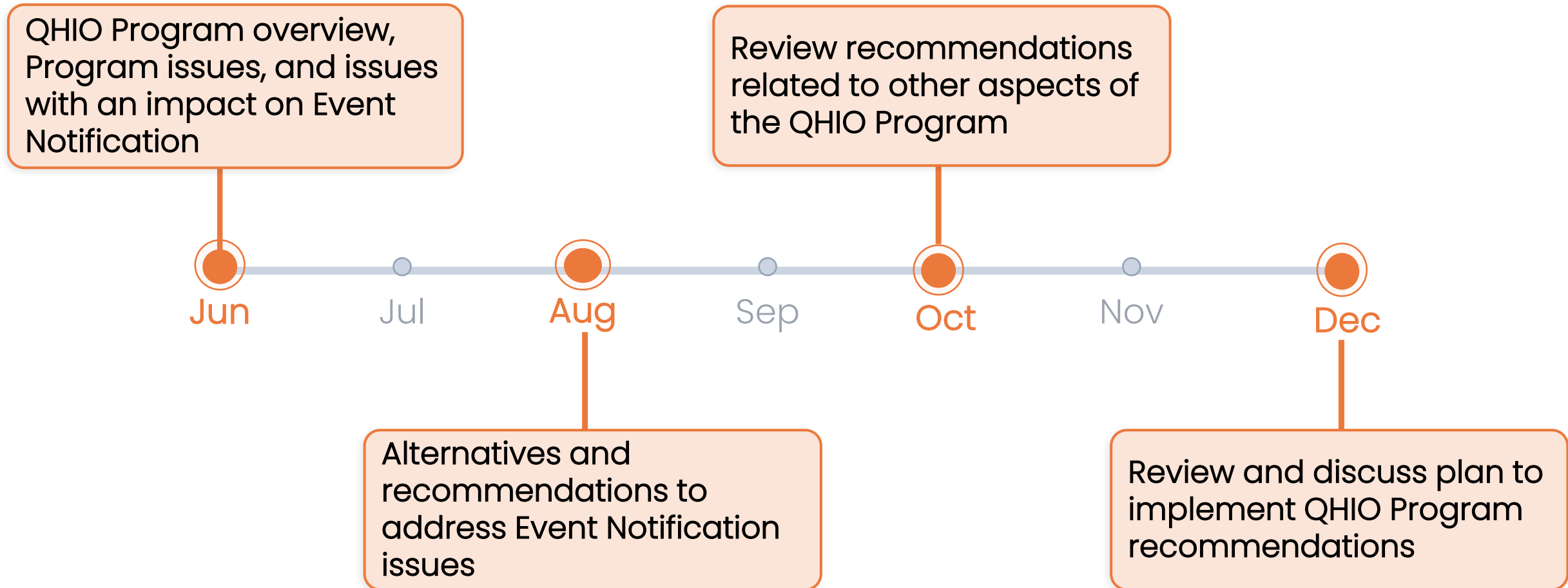


## **DISCUSS**

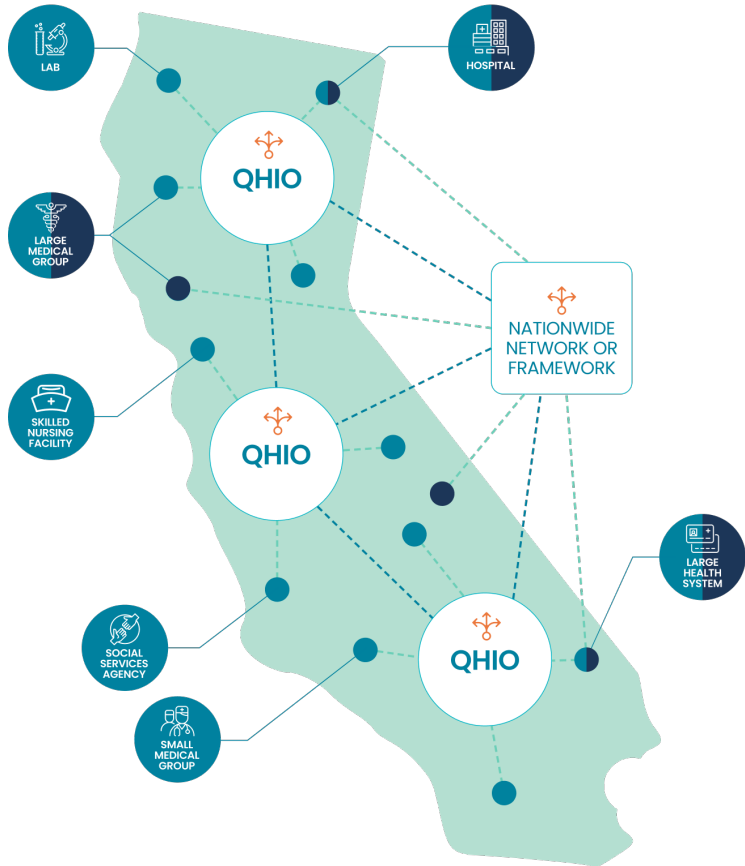
QHIO Program issues with the Advisory Committee

# 2026 Advisory Committee Meeting Roadmap

Between June and December, HCAI will seek Advisory Committee input and recommendations to strengthen the QHIO Program.



# Goals of the QHIO Program

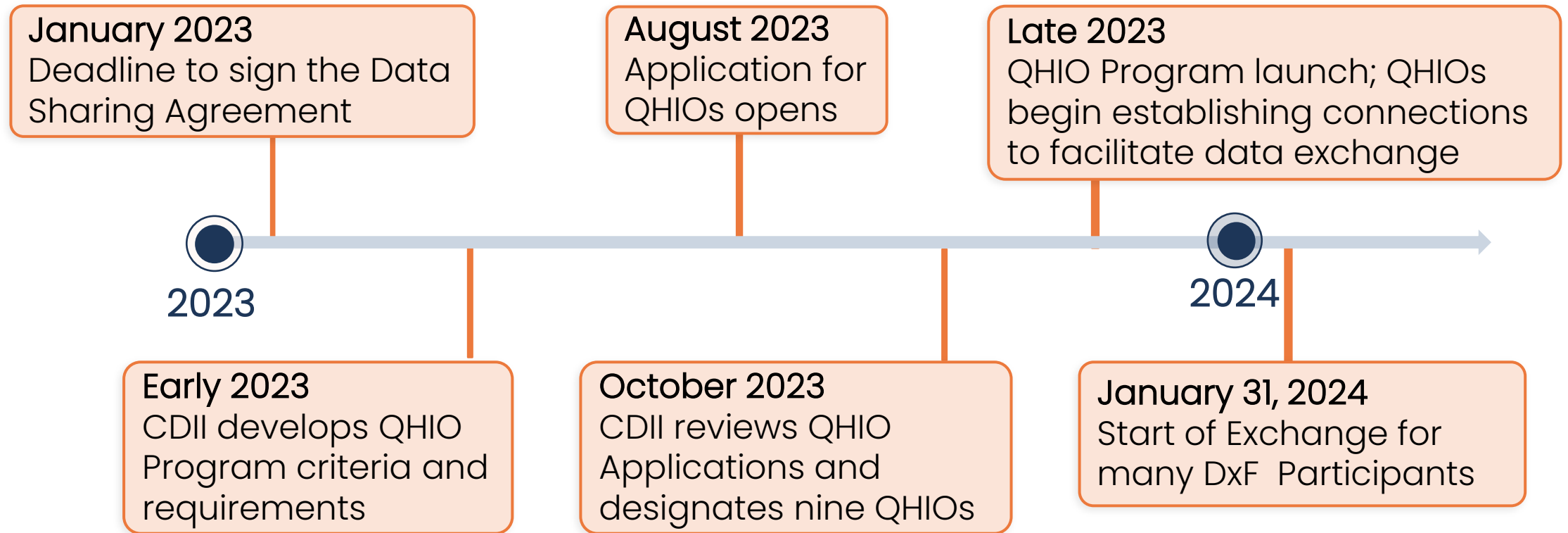


The QHIO Program has two goals under the DxF:

- Goal 1: **Create a statewide network for exchange, and**
- Goal 2: **Help Participants meet their data sharing obligations**

# History of the QHIO Program

The QHIO Program launched in 2023 to identify organizations to help Participants meet their DxF data sharing obligations.



# QHIO Application Process

The development of the application process began in **early 2023** as CDII identified the capabilities intermediaries would need to support statewide data exchange.

The QHIO application opened in August 2023, and asked applicants to attest to specific capabilities.

Due to the limited time prior to the start of exchange and lack of funding for a test harness to demonstrate capabilities, the application relied on attestations to the capabilities.

Following closure of the application window in September 2023, CDII reviewed and scored all applications. Nine QHIOs were selected and announced in October 2023.



# QHIO Application Content

QHIO applicants supplied information and attestations to the capabilities they were required to meet across three content areas:

- **Organization.** Organizational structure and governance model, data exchange experience, DSA contractual alignment, financial stability, and commitment to collaborate with CDII and support DSA Signatory Grantees.
- **Privacy and Security.** Requirements demonstrating rigorous privacy and information security capabilities.
- **Functional Capabilities.** Ability to manage individual identities and Participant information, requirements to participate in national networks or frameworks, and to facilitate and support data exchange transactions in accordance with DSA P&Ps.



# QHIO Program Launch

The QHIO Program launched immediately following the announcement of the inaugural group of QHIOs.

- **Communication.** The QHIO Program established weekly huddles with CDII to collaboratively work through and address issues, including areas where QHIOs were not yet fully complying with QHIO program requirements. These huddles continued as the DxF transitioned to HCAI.
- **QHIO-to-QHIO Exchange.** During each huddle, the QHIOs were asked to update Program staff and the other QHIOs on the progress and status of their exchange capabilities, including QHIO-to-QHIO exchange and sharing of ADT event notifications.



# QHIO Program Current State

While progress has been made, the QHIO Program has not fully achieved its primary goals.

## Goal 1: Support Statewide Exchange of HSSI

- **SUPPORTED:** Requests for Information for treatment purposes
- **NOT SUPPORTED:** Requests for Information for other purposes (e.g., payment, operations, and public health)
- **NOT SUPPORTED:** Information Delivery
- **PARTIALLY SUPPORTED:** Event Notification

## Goal 2: Help Participants Meet DxF Requirements

- **Four** of the QHIOs do not offer services to all the organization types found in the DxF Participant community
- **Three** of the QHIOs do not support the exchange of claims data
- **Three** of the QHIOs do not support the exchange of behavioral health or social services data

Source: ["QHIOs at a Glance"](#)

# QHIO Program Issues

## Sustainability

QHIOs sustainability concerns may be exacerbated by an attempt to support all program needs.

Goal #1

Goal #2

## Service Gaps

Every QHIO does not serve all Participant types or provide all forms of exchange.

Goal #2

## Reciprocity

Imbalance in the bidirectional exchange between QHIOs has prevented collaboration and statewide exchange.

Goal #1

## Trust

Lack of trust due to privacy and security concerns has prevented collaboration and statewide exchange.

Goal #1

## Voluntary Adoption

The technology agnostic structure of the DxF has prevented comprehensive statewide exchange.

Goal #1

Goal #2

## Oversight Limitations

Attestation based oversight mechanisms has prevented full accountability in the program.

Goal #1

Goal #2

# QHIO Program Issue: Sustainability

Meeting the diverse needs of all DxF Participants is difficult due to differences in information requirements, technology capabilities, and data types.

**In an attempt to meet many Participants' needs, program requirements may not align with QHIO business models.** Some require services that QHIOs are not structured, funded, or technologically positioned to provide.

**There is no consistent funding model to support the full range of Participant needs.** Those who benefit most from broad data exchange are not always the ones able or incentivized to pay for it, creating a market-level financing gap that limits what QHIOs can sustainably offer.

Addressing these varied needs requires significant capital and operational investment, creating long-term sustainability risks for some QHIOs.

**QHIOs sustainability concerns may be exacerbated by an attempt to support all program needs.**

# QHIO Program Issue: Service Gaps

**Services Limited to Some DxF Participants.** QHIOs often limit their focus to a specific subset of the Participant community, limiting the availability of services for certain Participants.

**Limited Support for All Exchange Types.** QHIOs have focused on transaction types established for existing clients and are hesitant to offer new services where there isn't a consistent funding source to cover the cost of those services. As a result, some forms of exchange required by the DxF receive little support from QHIOs.

**Regional Gaps.** Some QHIOs provide services to a dedicated region, while others provide services across the state, creating territorial fragmentation and regional gaps unaddressed by any.

**Every QHIO does not serve all Participant types  
or provide all forms of exchange.**

# QHIO Program Issue: Reciprocity

**Exchange Imbalance.** Not all QHIOs offer the same forms of data exchange nor at the same volumes, creating unequal burden and benefit to each QHIO and workload that may generate revenue for other QHIOs.

For example, with event notification, QHIOs that serve event senders (e.g., acute care hospitals) primarily incur costs that produce revenue for QHIOs that primarily serve notification recipients (e.g., health plans).

**Market overlap and competition** between QHIOs has led to immense scrutiny of the fairness of exchange between QHIOs and has often resulted in reluctance or refusal to collaborate.

**Imbalance in the bidirectional exchange between QHIOs has prevented collaboration and statewide exchange.**

# QHIO Program Issue: Trust

**Lack of Trust.** QHIOs and their Participants have signed the DSA and must follow its P&Ps and Participants rely on trust that others are requesting data for Permitted Purposes under those requirements.

- QHIOs have no explicit role in monitoring their Participants' actions. There is no required reporting for QHIOs on the use of their data, abnormal patterns in exchange by their Participants, or reviews undertaken to investigate.
- Recent allegations of inappropriate access and data misuse by participants of a QHIO has led other QHIOs to limit data exchange with them.

**Lack of trust due to privacy and security concerns  
has prevented collaboration and statewide exchange.**

# QHIO Program Issue: Voluntary Adoption

**Lack of Prescribed Technologies.** Fragmented technology adoption has continued with the lack of a requirement under the DxF to use a specific technology. Participants may use any network, health information organization, or technology that complies with the DSA and its P&Ps.

**Voluntary Use of a QHIO.** Participants are not required to use a QHIO. The 30+ percent that choose not to use a QHIO are excluded from the statewide exchange network developed through this program.

**A fully technology agnostic structure to the DxF  
has prevented comprehensive statewide exchange.**

# QHIO Program Issue: Oversight Limitations

**Attestation-Based Qualification.** Due to resource constraints, the program has relied primarily on attestations to verify compliance with program requirements, contributing to today's variability in capabilities and service levels.

**Minimal Prescribed Standards.** The program has often relied on the QHIOs to agree upon their own standards for exchanging with one another. However, disagreements in standard data sets and formats have often prevented meaningful collaboration and progress.

**Attestation based oversight mechanisms  
has prevented full accountability in the program.**

# Public Comment

# QHIO Program

## For Discussion

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- Do these QHIO Program challenges reflect your observations and experience?

# Public Comment

# Break

Item #6

# QHIO Program Issues Impacting Event Notification

*Jacob Parkinson, DxF Program Director*

*Robert M. Cothren, PhD, Data Exchange Framework Consultant*

# Today's Goals



## REVIEW

Requirements and workflows for Event Notification in California



## UNDERSTAND

The current state of Event Notification in California across stakeholder roles



## DISCUSS

The QHIO Program issues limiting statewide Event Notification in California



## PREVIEW

The Event Notification and how we might address these issues

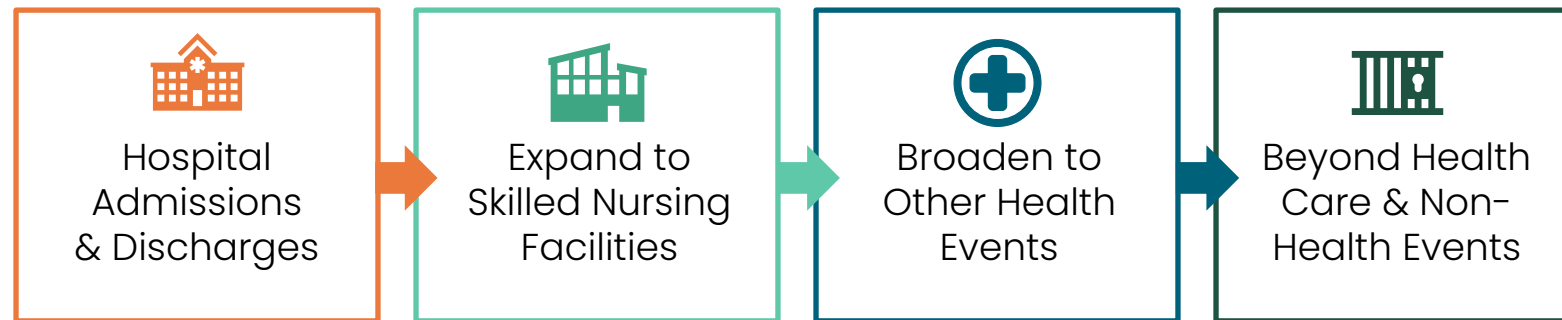
# DxF Event Notification Goals



## Goal of Statewide Event Notification

Enable a common, statewide system that delivers timely health event notification to authorized DxF Participants to improve care coordination and whole person care.\*

### Phased Approach



### QHIO Program Utilization



# Technical Requirements for Exchange P&P

## Event Notification Requirements

### Notification Content & Format

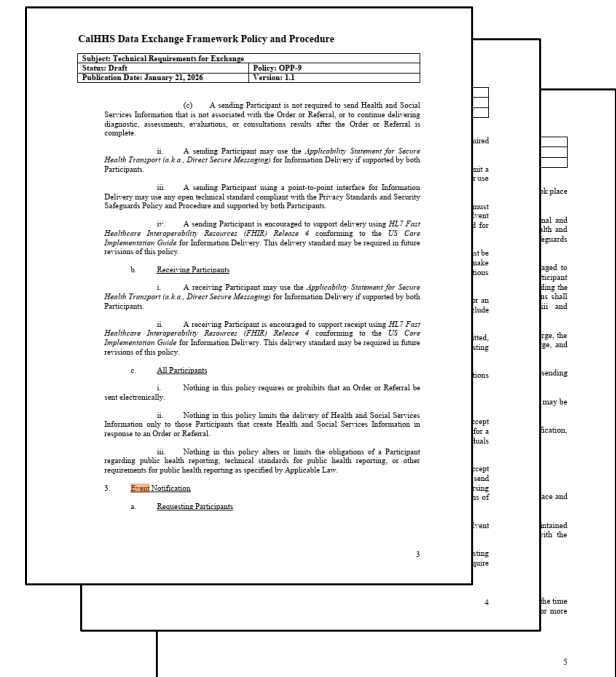
- Events limited to Admissions and Discharges
- Notifications must include a defined, minimum set of elements required to understand the event
- Hospitals / EDs must support HL7 v2 ADT messages; other formats are optional (if agreed-to by both parties)
- Additional information about the event may be requested separately via Request for Information

### How Event Notifications are Requested

- Hospitals / EDs (or their intermediaries) must support requests via Rosters; other request methods may be used (if agreed-to by both parties)
- Requests must include a defined, minimum set of elements

### Exchange Participation

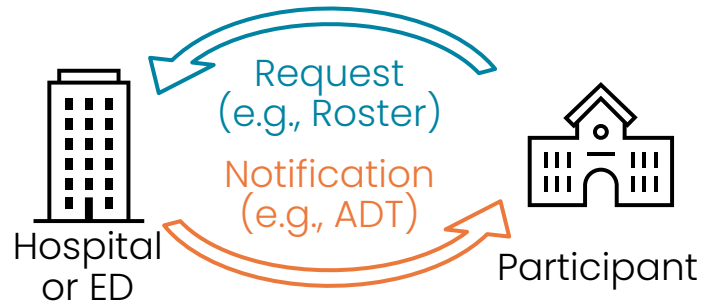
- Allows Event Notification via any HIE network, HIO, or technology, including QHIOs (QHIO use is optional)



The full [Technical Requirements for Exchange P&P](#)\* language can be found on the [DxF](#) website.

# Event Notification: Basic Patterns

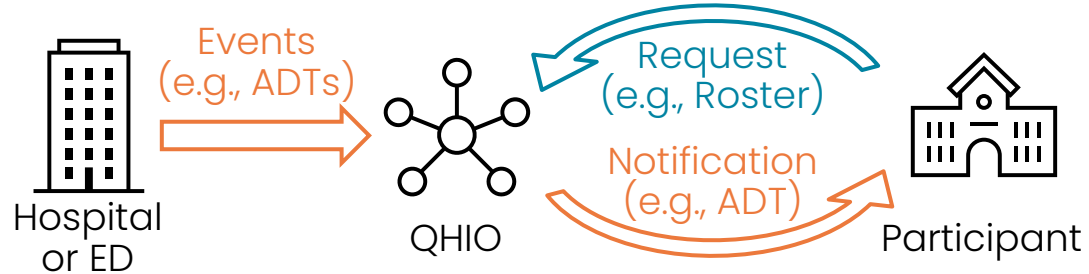
Hospital / ED / Skilled Nursing Facility (SNF) choosing to use its own technology (e.g., EHR, vendor that is not a QHIO)



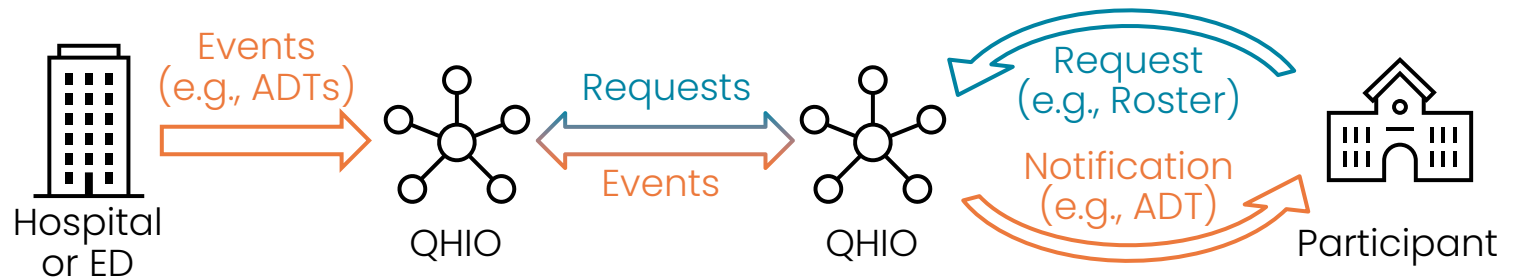
80% of Hospitals / EDs use a QHIO for Event Notification; ¼ of those only for Event Notification

85% of Participants rely on a QHIO to receive Notifications

Hospital / ED / SNF using the same QHIO as the Participant(s) requesting Notifications



Hospital / ED / SNF and Participant(s) using different QHIOs



# Why Event Notification Matters to Patients

## Stories of a Connected CA: Lisa and Dr. Tom



Lisa calls 911. Before EMS arrives, they already have her medications, allergies, & history — pulled instantly from the network.



The ED sends an automatic event notification. Dr. Tom, her PCP, is alerted the moment Lisa is admitted. No phone tag, no delay.



Armed with Lisa's full history, her care team treats her correctly from the start — right drug, right dose, no harmful interactions.



Another notification fires when Lisa goes home. Dr. Tom requests her discharge summary and is ready for her follow-up visit.

### No Gaps in Awareness

Providers are notified automatically—no one has to call around or hope the word gets out.

### Safer, Smarter Care

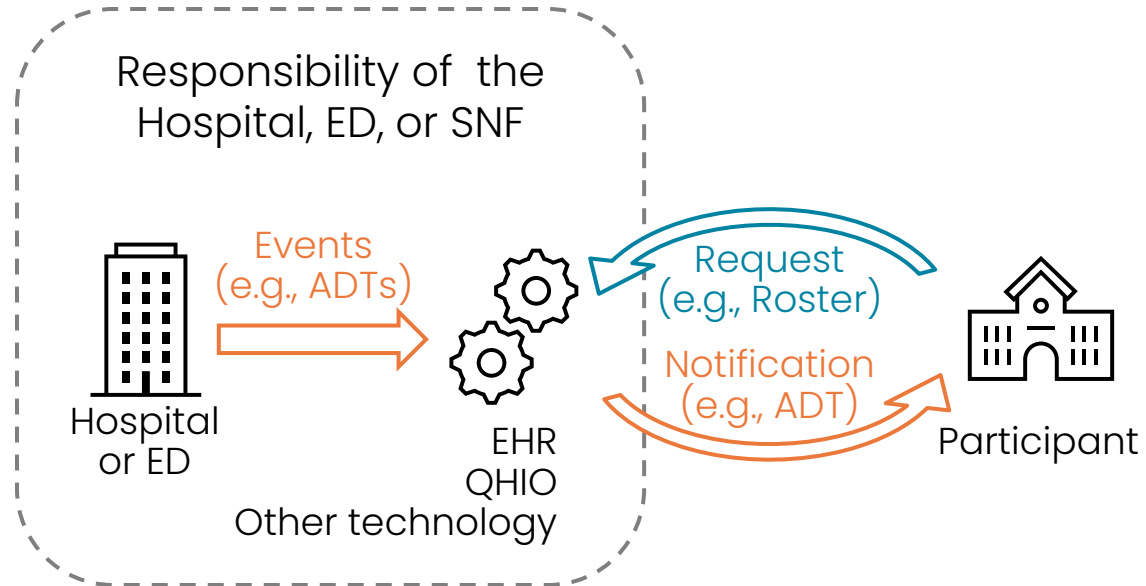
Full history at every handoff means fewer errors, fewer duplicate tests, better decisions

### Smoother Recovery

Timely discharge notifications prepare the care team before the patient even walks in the door.

# Event Notification: The Problem

Hospital / ED / SNF using any technology or Intermediary



Per the DxF, every Hospital, ED, and SNF (or their technology or Intermediary) must:

1. Receive 100s or 1,000s of requests for Notifications containing 100s to 1,000,000s of Individuals from any/all authorized Participants periodically, perhaps monthly
2. For each of 100s or 1,000s of events each day, match the event in real time to an Individual on all requests
3. For each of 100s or 1,000s of matches, send Notifications in real time to each of 100s or 1,000s of Participants that requested them for that Individual

# Introduction to Event Notification

## For Discussion

Do you have any questions about:



Goals

The goals of statewide Event Notification under the DxF?



Requirements

The requirements for Event Notification within the P&Ps?



Structure

How Event Notification is structured in California?

# Sources of Data on Impacts

Participant Directory	71% of Participants (nearly 3600) have completed their Participant Directory choices
QHIO Measures	Based on preliminary analysis of 2026 Q1 measurement reports
Participant Survey	Almost 100 Participants responded about receiving Event Notifications; few hospitals responded
Contract Reporting	Plan use of QHIOs and receipt of Event Notification are reported to Covered California
Interviews	Discussions with Participants, particularly plans, on their experience with Event Notification

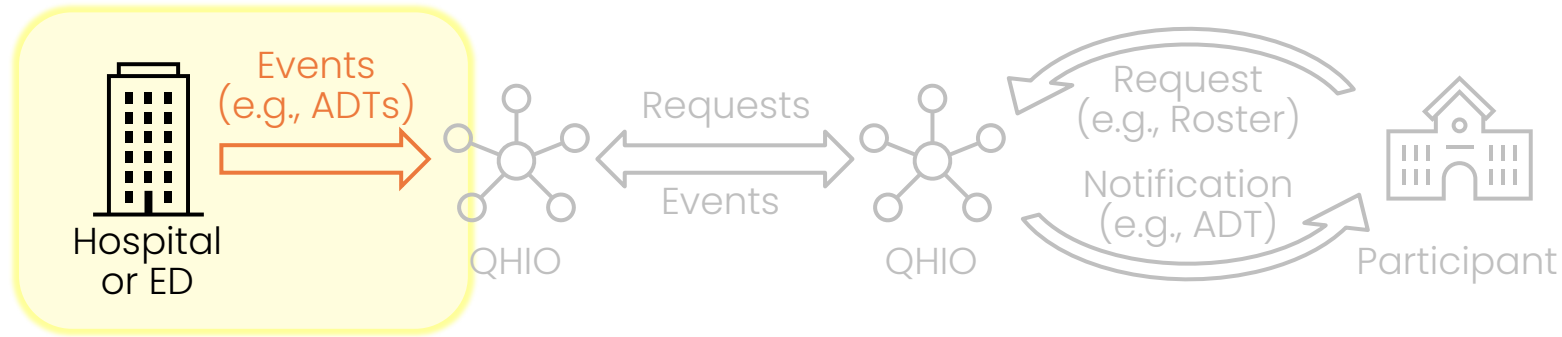
# Event Notification Issue Areas by Role



## 1 Hospital/ED Requirements

- Accept requests for Event Notifications as a Roster of Individuals and the Required Purpose for the request from any authorized Participant; other formats are allowed if both parties agree.
- Share Admission and Discharges Event Notifications for patients receiving care at their facilities in real time with all authorized Participants that request them for a Required Purpose.
- Send Event Notifications as HL7 v2 ADT messages; other formats are allowed if both parties agree.
- Remain responsible for meeting DxF obligations regardless of whether using their own technology or an Intermediary, such as a QHIO.
- Do not charge Participants to receive Event Notifications.

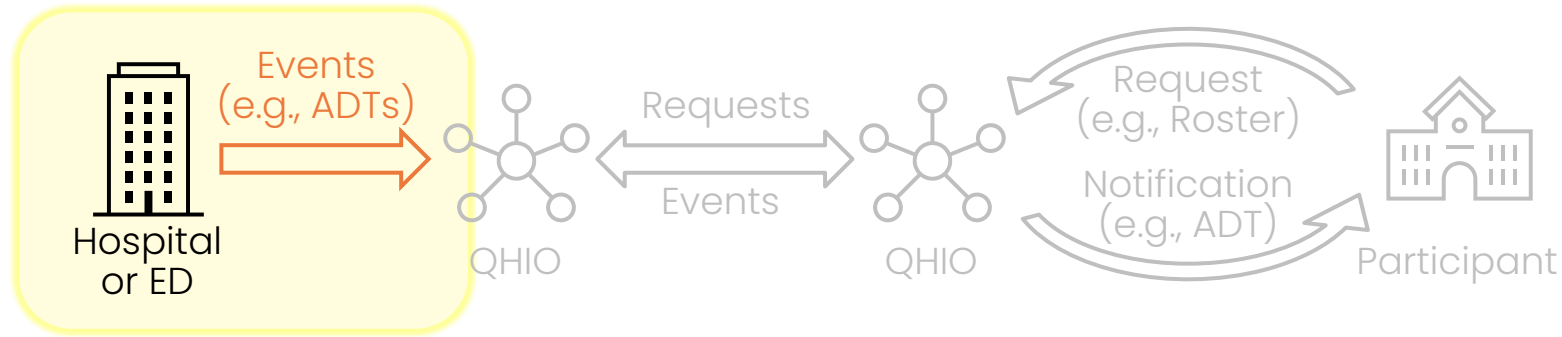
# Event Notification Issue Areas by Role



## 2 Hospital/ED Use of QHIOs

- 80% of acute care settings voluntarily use a QHIO to send Event Notifications.
- 25% of acute care settings using a QHIO for Event Notification use another mechanism (such as a nationwide network) for other exchange types.
- Of acute care settings using a QHIO, 98% use four of the eight QHIOs; two of the QHIOs serve no acute care settings.
- The four QHIOs used by the majority of acute care settings receive 99% of all Admissions and Discharges received by a QHIO.

# Event Notification Issue Areas by Role



## 3

### QHIO Program Issues

- **Sustainability** (meeting Participant needs): Meeting the Event Notification needs of acute care settings may require some QHIOs to make significant investments and/or change their business models.
- **Service Gaps** (services limited to some Participants): The business models of some QHIOs don't include serving acute care settings as customers.
- **Service Gaps** (limited support for all Exchange types): The business models of some QHIOs don't include accepting and processing Events from acute care settings.

# Hospitals, EDs, and SNFs

## For Discussion

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- What questions do you have about Event Notifications from the point of view of Hospitals, EDs, and SNFs?
- What other issues have you heard from your stakeholders required to send Notifications of Admissions and Discharges?

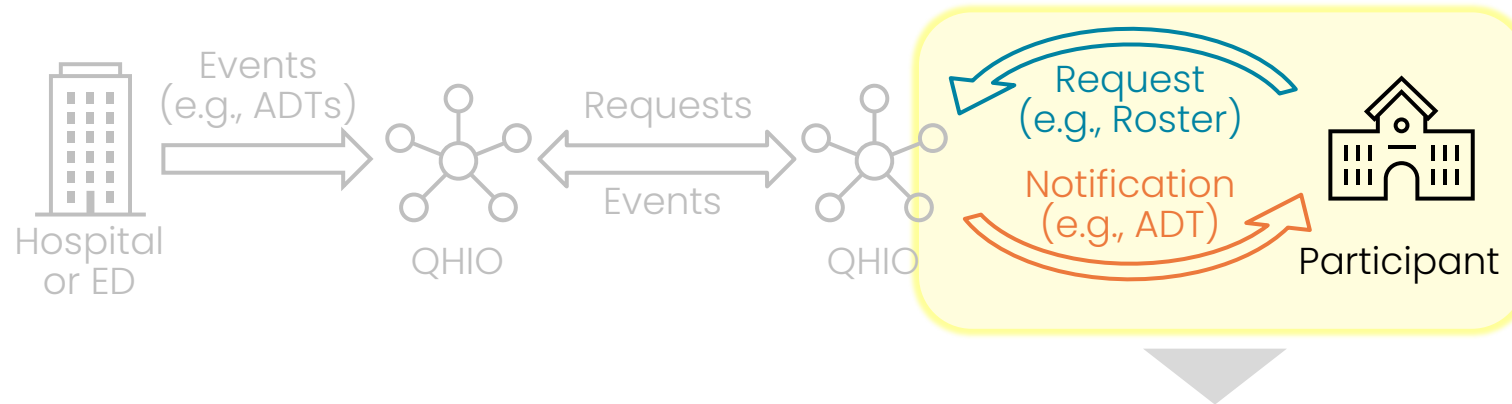
# Event Notification Issue Areas by Role



## 1 Participant Requirements

- Identify the individuals for whom they want to receive Event Notifications.
- Understand how to submit requests for Event Notifications for each Hospital, ED, and SNF as declared by the entity in the Participant Directory.
- Submit accurate Rosters or other requests for Event Notification to each of the Hospitals, EDs, SNFs, or their Intermediaries, and update the Roster or request timely (e.g., monthly).
- Be able to receive and appropriately use Event Notifications in accordance with Required Purposes DxF.
- Be able to request additional information via Request for Information when more Health and Social Services Information is needed, such as a discharge summary.

# Event Notification Issue Areas by Role



## 2 Participant Use of QHIOs

- 45% of Participants are receiving Notifications; an additional 40% are interested in receiving them but don't yet have the capability.
- 65% of Participants receiving Notifications are interested in receiving statewide Notifications.
- Only 55% of Participants are satisfied with the Notifications they receive.
- 85% of Participants use a QHIO to make requests for and receive Notifications.
- 80% of Participants request Notifications through a method other than submitting a Roster, 45% through some method of attribution.
- 40%-60% of Participants are satisfied with various aspects of QHIO services when receiving Notifications; 65% feel costs of QHIOs are too high

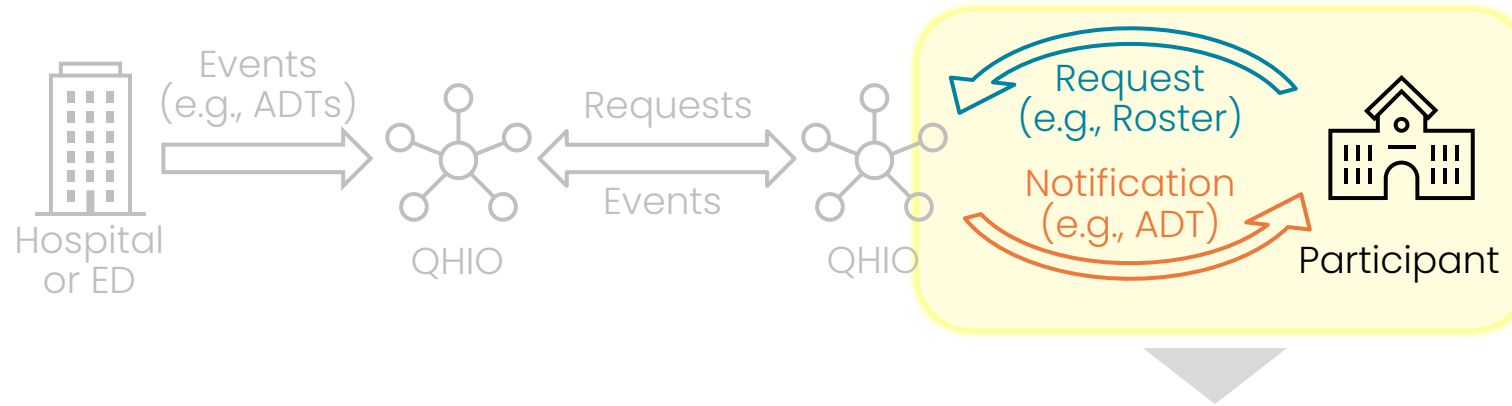
# Event Notification Issue Areas by Role



## 2 Participant Use of QHIOs

- The number of Participants submitting Rosters to an individual QHIO ranges from 1 to more than 800 organizations.
- The total number of individuals included on Rosters submitted to a given QHIO ranges from less than 500 to 28 million.
- Some Participants (e.g., plans) must contract with multiple QHIOs to obtain Notifications from a high percentage of the hospitals of interest (e.g., member hospitals).
- Some Participants (e.g., plans) must contract with non-QHIO Intermediaries to obtain Notifications from a high percentage of the hospitals of interest (e.g., member hospitals).

# Event Notification Issue Areas by Role



## 3

### QHIO Program Issues

- **Sustainability** (meeting Program requirements): Variability in QHIO business model/size and service focus has limited some QHIOs' ability or willingness to receive and process large Rosters.
- **Sustainability** (meeting Participant needs): Many Participants believe QHIOs costs are too high.
- **Service Gaps** (services limited to some Participants): Some QHIOs have very few Participants using them to receive Notifications.
- **Service Gaps** (limited support for all Exchange types): Some QHIOs may not support Rosters.
- **Reciprocity** (exchange imbalance): The differences in QHIO services and customers has led to uneven distribution of investment (to ingest Events and process Rosters) and revenue opportunities (by providing Notifications), driven by sustainability issues and impeding collaboration.

# Event Notification Issue Areas by Role



## 3

### QHIO Program Issues

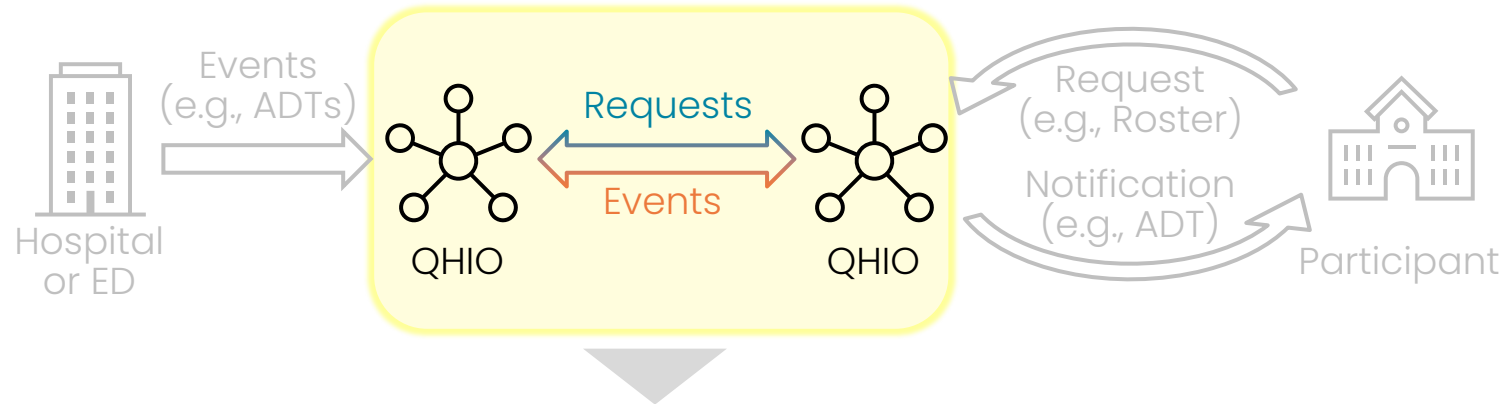
- **Voluntary Adoption** (voluntary use of a QHIO): Participants must contract with and submit Rosters to non-QHIO Intermediaries to receive Event Notifications from across the state.
- **Voluntary Adoption** (voluntary use of a QHIO): Participants must contract with and submit Rosters to multiple QHIOs to receive Event Notifications from across the state.
- **Oversight Limitations** (minimal prescribed standards): QHIOs have not collaborated to define how to exchange Rosters, Events, and/or Notifications to address the Lack of QHIO-to-QHIO Exchange.

# Recipients of Event Notifications

## For Discussion

- What questions do you have from the point of view of Participants receiving Event Notifications?
- What other issues have you heard from your stakeholders wishing to receive Notifications of Admissions and Discharges?

# Event Notification Issue Areas by Role

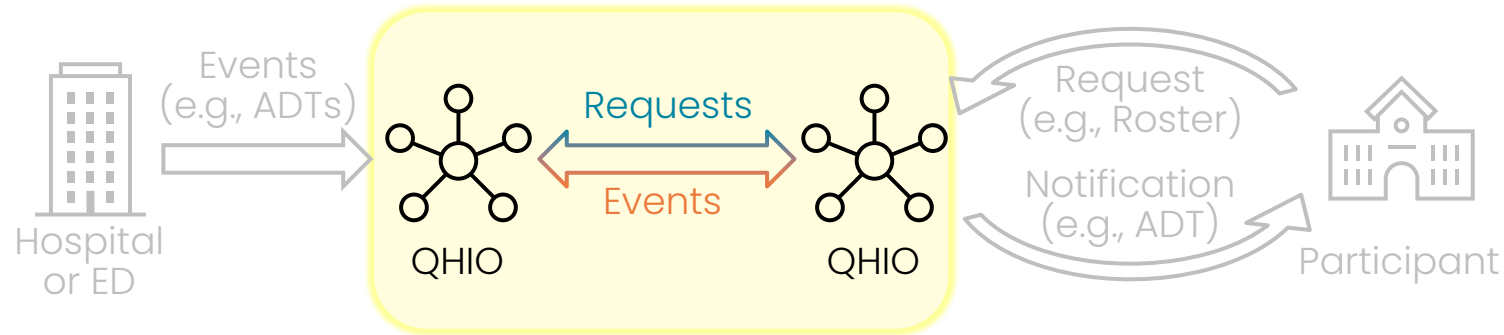


## 1

### QHIO Requirements

- Support Hospitals, EDs, and SNFs in sending Notification of Admissions and Discharges in real time, such as receiving Rosters on their behalf, matching events to Rosters, and/or sending Notifications on their behalf.
- Support Participants in receiving Notification of Admissions and Discharges in real time, such as constructing and/or sending Rosters on their behalf, receiving Notifications, and optionally presenting and/or formatting Notifications to match Participant workflow and capabilities.
- Ensure Event Notifications are exchanged only for Required Purposes.
- Collaborate with other QHIOs to develop standards and triggers to exchange Rosters, events, and/or Notifications to enable statewide Event Notification.
- Optionally, obtain additional information automatically via Request for Information.

# Event Notification Issue Areas by Role

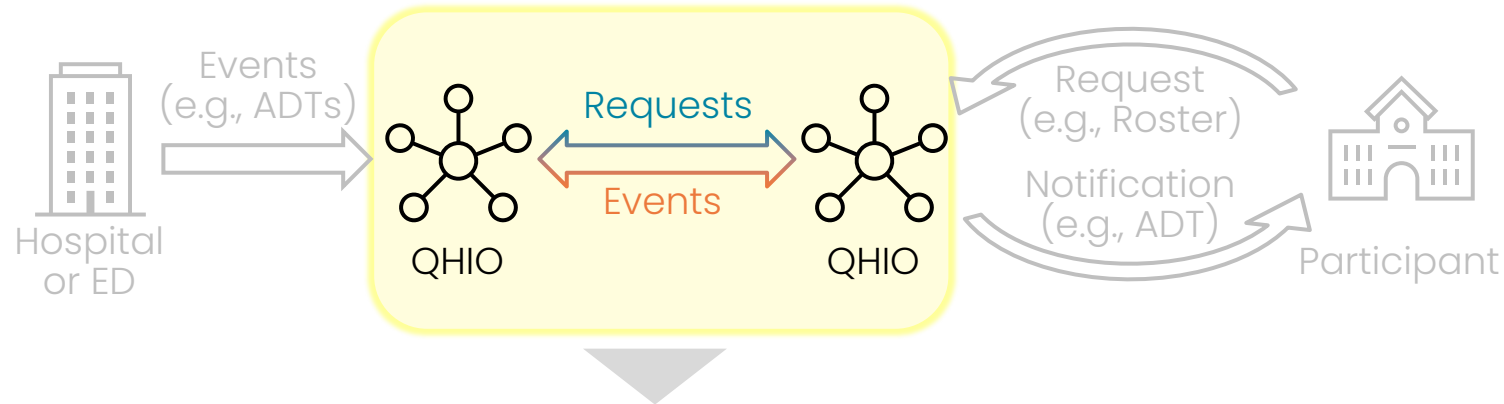


## 2

### QHIOs Today

- QHIOs collectively receive >90 million ADT messages quarterly, including 3.5 million admission events, 7.2 million registration events, and 11 million discharge events.
- QHIOs collectively send approximately 20 million Event Notifications quarterly.
- Four QHIOs receive >99% of admission, registration, and discharge events.
- Four QHIOs receive 98% of requests for Notifications via Rosters.
- Four QHIOs send >99% of Notifications.
- After 2.5 years in the program, only 33% of the QHIO-to-QHIO connections to share Rosters and Events are active, 22% are in progress, and 44% not actively progressing towards this expectation.
- Several QHIOs refuse to share Events or Notifications with a QHIO accused of allowing several clients to inappropriately access and use health information.

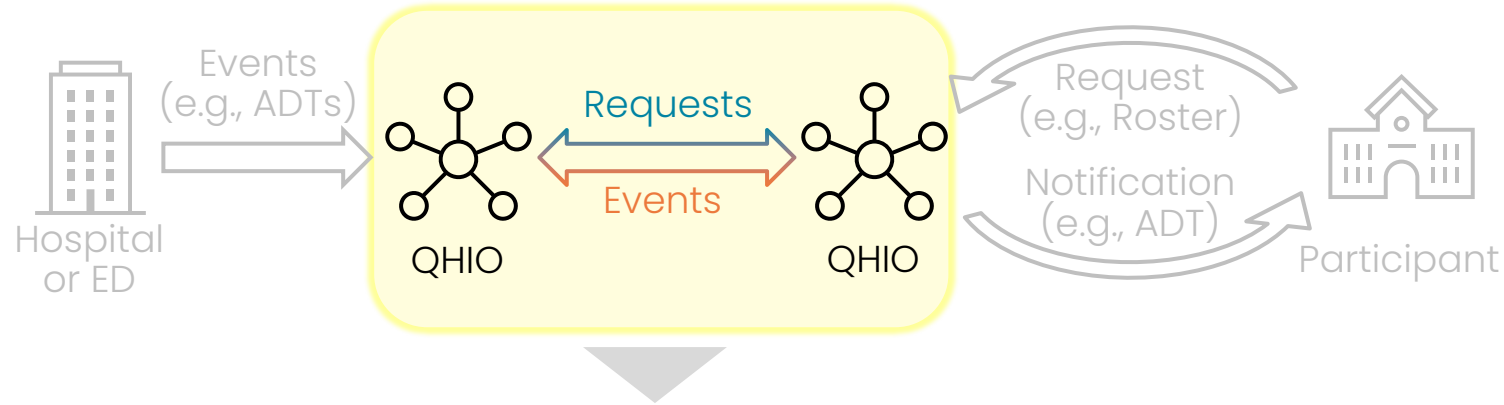
# Event Notification Issue Areas by Role



## 3 QHIO Program Issues

- **Sustainability** (meeting Participant needs and Program requirements): Variation in customer base, service offerings, and lack of reciprocity create sustainability challenges for many QHIOs.
- **Service Gaps** (services limited to some Participants): Some QHIOs don't serve many Participants with receiving Events, receiving Rosters, and sending Notifications.
- **Reciprocity** (exchange imbalance): The differences in QHIO services and customers has led to uneven distribution of investment (to ingest Events and process Rosters) and revenue opportunities (by providing Notifications), driven by sustainability issues and impeding collaboration.

# Event Notification Issue Areas by Role



## 3

### QHIO Program Issues

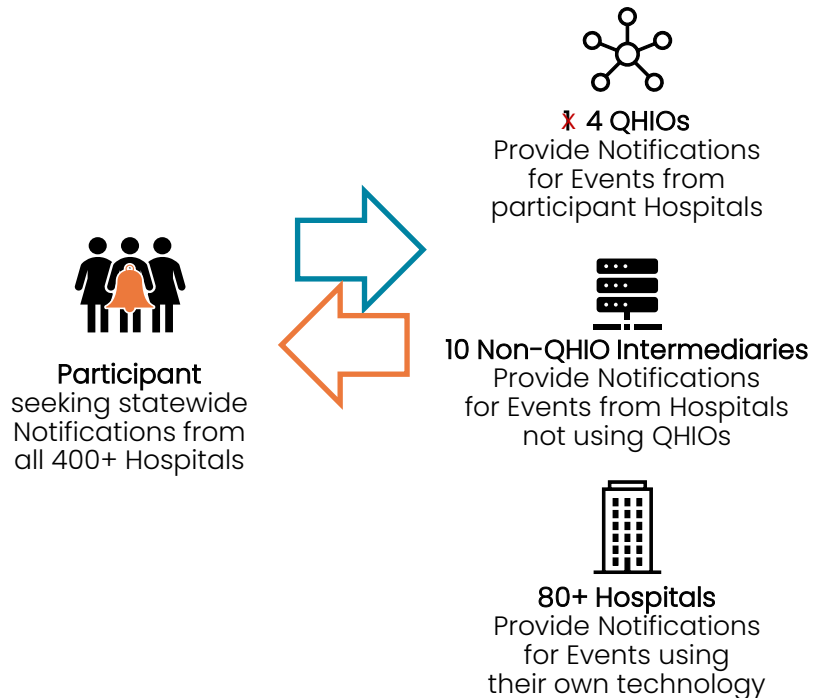
- **Oversight Limitations** (attestation-based qualification): QHIOs do not share Rosters or Events, limiting statewide exchange.
- **Oversight Limitations** (lack of prescribed technologies): QHIOs have not collaborated to define how to exchange Rosters, Events, and/or Notifications to define un-prescribed technologies.
- **Trust**: QHIOs are limiting exchange of Events and Notification due to accusations of inappropriate access and use of health information.

# Summary of QHIO Program Issues

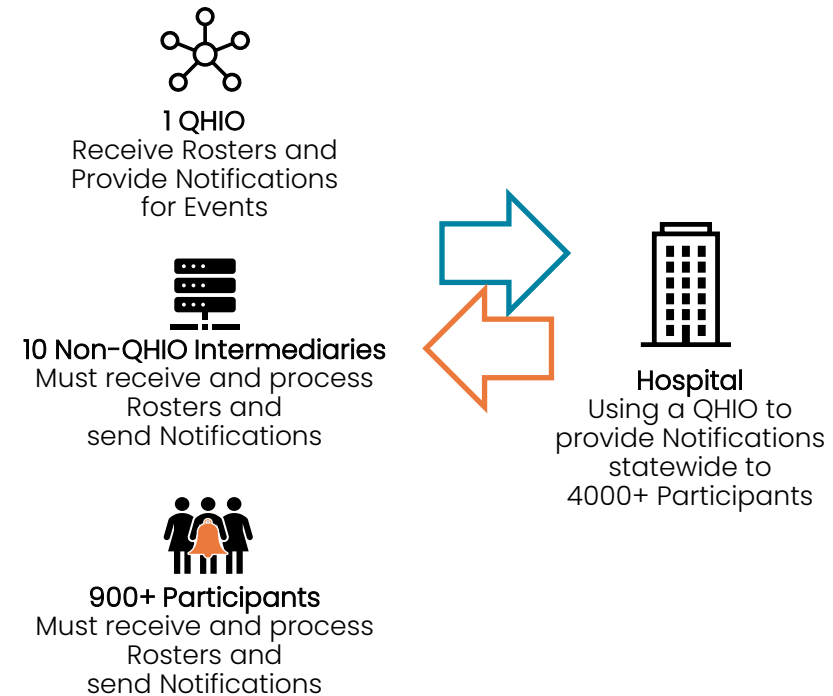
Issues	Sources	Recipients	QHIOs
Sustainability*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Service Gaps	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Reciprocity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Voluntary Adoption	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Limitations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

\* "Sustainability" is sustainability for the QHIO, not the source (hospital, ED, or SNF) or recipient (any Participant).

# Resulting Complexity



A Participant wishing to receive statewide Notifications must submit Rosters to and receive Notifications from >90 separate entities.



A Hospital providing statewide Notifications must submit ADTs to their QHIO and accept/process Rosters from and send Notifications to >900 separate entities.

*QHIO Program issues have resulted in complexity unsustainable by either hospitals/EDs/SNFs or receiving Participants.*

# QHIOs

## For Discussion

- What questions do you have about Event Notifications from the point of view of QHIOs?
- What other issues have you heard from your stakeholders required to send Notifications of Admissions and Discharges or wishing to receive Notifications using a QHIO?

# Public Comment

# Preview of Next Steps

## UPCOMING EVENT

# Event Notification Webinar

*Hosted by HCAI*

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Thursday

**July 16, 2026**

*Time to be announced*

## What to Expect

### Multi-State Perspectives

- Several states will discuss how they are implementing Event Notification within their state at a public webinar hosted by HCAI.

### Educational & Informative

- Members of the public and Advisory Committee members may find the event educational and informative.

### Public Webinar

- Open to all interested in learning from peer states.

# Preview of August Meeting

## Event Notification Discussion

Continue discussion of QHIO Program Issues impacting Event Notification:

- Discussing Event Notification in other states
- Discussing recommendations of the 2025 Technical Advisory Committee
- Discussing and voting on recommendations to address QHIO Program issues to advance Event Notification



## Recommendations to Address QHIO Program Issues may include\*

- Allowing QHIOs to specialize to address Sustainability, Service Gaps, Reciprocity, Voluntary Adoption
- Requiring QHIOs to have significant business to participate in a statewide network to address Sustainability, Service Gaps, Reciprocity, Oversight Limitations
- Requiring or promoting use of QHIOs to address Sustainability, Voluntary Adoption
- Establishing QHIO-to-QHIO exchange standards to address Oversight Limitations

\* Recommendations may change or new recommendations may be added based on today's discussion and feedback.

Item #7

# General Public Comment

*Jennifer Sayles, MD, MPH, Committee Chair*

Item #8

# Closing Remarks & Adjournment

*Jennifer Sayles, MD, MPH, Committee Chair*

# Future Meeting Dates

Advisory Committee Meeting	Date	Time
In-Person Meeting # 3	August 20, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 4	October 15, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 5	December 17, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 6	February 18, 2027	10:00 am – 4:00 pm PT
In-Person Meeting # 7	April 15, 2027	10:00 am – 4:00 pm PT

## Preliminary Meeting #3 Topics

- QHIO Program Evolution: Solution to QHIO Program Issues Impacting Event Notification
- Public Accountability and Enforcement: Overview of Approach and Discussion
- Individual Level Demographic Data and Health Related Social Needs (HRSN) Data: Overview of Demographic and HRSN Data Collection

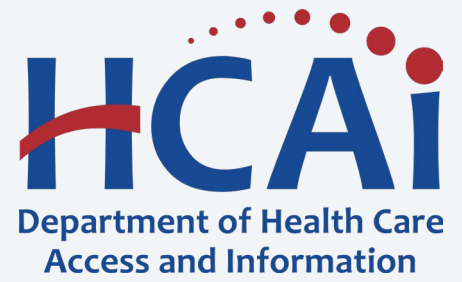


# Stay informed!

Add yourself to our mailing list for DxF updates.



[dxf.chhs.ca.gov/stayinformed/](https://dxf.chhs.ca.gov/stayinformed/)



# Appendix

# Preliminary Meeting Topics

## Meeting #3 – August 2026

- QHIO Program Evolution: Solution to QHIO Program Issues Impacting Event Notification
- Public Accountability and Enforcement: Overview of Approach and Discussion
- Individual Level Demographic Data and Health Related Social Needs (HRSN) Data: Overview of Demographic and HRSN Data Collection

## Meeting #4 – October 2026

- QHIO Program Evolution: Background and Recommendations for Information Delivery, Request for Information and TEFCA Exchange Types
- Legislative Report: Consumer Experience with Health and Social Services Information Exchange (HSSI)
- Individual-Level Demographic Data and HRSN Data: Recommendations for Statutory Changes

*Note: These meeting topics are subject to change.*

# Preliminary Meeting Topics (cont.)

## Meeting #5 – December 2026

- Legislative Report: Overview of SB 660 Requirement
- Legislative Report: Signatory Technical Assistance (TA) and Grant Programs
- QHIO Program Evolution: Implementation of QHIO Program Recommendations
- Individual-Level Demographic Data and HRSN Data: Implementation Support

## Meeting #6 – February 2027

- FHIR Roadmap: Review of draft FHIR Roadmap
- Legislative Report: Additional Enforcement and Dispute Resolution
- Legislative Report: Independent Governing Board
- Legislative Report: Other Signatory Categories

*Note: These meeting topics are subject to change.*

# CalPERS Contract Language

"Contractor will work with CalPERS to comply with California Health and Safety Code 130290, which established the California Health and Human Services Agency's 'Data Exchange Framework,' including working with its Participating Providers to facilitate or incentivize their collection and use of required data."

# Covered CA Contract Language (1 of 2)

“Contractor must...

- 1) Execute the DSA as required by Health and Safety Code section 130290. “
- 2) Participate in at least one QHIO, that will share data to support quality measurement and operations purposes and report on its use of that QHIO’s services and functions to support the following activities:
  - a) Contractor’s DSA obligations set forth in the DxF P&Ps, including sharing data that Contractor is required to provide access to or exchange under the Data Elements to Be Exchanged P&P.”
  - b) Request, receive, and use information from providers, hospitals, and other DxF Participants as needed by Contractor to support population health management, clinical care, and coordination initiatives for its Covered California Enrollees. These include the Quality Transformation Initiative, Healthcare Evidence Initiative, and Quality Rating System.
  - c) Enhance demographic and social risk factor data capture to improve health equity and access.
  - d) Monitor network hospitals’ compliance with the requirement under the Technical Requirements for Exchange P&P. “

# Covered CA Contract Language (2 of 2)

"3) Send Notification of Admit, Discharge, and Transfer (ADT) Events when requested by a DxF Participant for Covered California Enrollees. As requested by Covered California, Contractor must report:

- a) A list of network hospitals by region, including psychiatric hospitals and critical access hospitals, that have not sent requested Notification of ADT Events to at least one QHIO.
- b) For the above list, a description of whether and how these hospitals are sending Notification of ADT Events using methods that are acceptable to all requesting DxF Participants, as required by the Technical Requirements for Exchange P&P. "

"4) Unless prohibited by law, share information on Covered California Enrollees with primary care practices using standard file formats for assigned and selected members monthly. This benefits the primary care practices by supporting improvement on their quality measure performance, identifying and managing key populations to improve specific outcomes, and supporting partnership between practices and QHP Issuers on high risk and high cost populations.

- a) Data types to share include: Member enrollment/eligibility file, medical claims, behavioral health claims, pharmacy claims (no cost included in claims file), ADT feeds when available, and member assessment and care management data collected by the plan."

# DHCS Contract Language (1 of 2)

“Contractor must... comply with all data sharing agreements, including data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework in accordance with Health & Safety Code (H&S) section 130290.”

“Network Provider must execute the California Health and Human Services Data Exchange Framework data sharing agreement pursuant to H&S section 130290.”

“Subcontractors and Downstream Subcontractors must execute the California Health and Human Services Data Exchange Framework data sharing agreement, if applicable, pursuant to H&S section 130290.”

“Contractor must...facilitate exchange of necessary Member Information in accordance with any and all State and federal privacy laws and regulations, including data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework in accordance with H&S section 130290”

“Contractor must... Require all of its contracted hospitals, and all SNFs with electronic health records, to send Admission, Discharge, and Transfer (ADT) notifications to Contractor for each of its assigned Members in accordance with Interoperability and Patient Access Final Rule set forth at CMS-9115-F, and in accordance with the California Health and Human Services Data Exchange Framework set forth in H&S section 130290, and as further specified in the PHM Policy Guide”

# DHCS Contract Language (2 of 2)

“Contractor must use defined federal and State standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with Enhanced Care Management (ECM) Providers and with DHCS in compliance with data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework, in accordance with H&S section 130290.”

“Contractor must use defined federal and State standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with Community Supports Providers and with DHCS in compliance with data exchange policies and procedures, as defined by the California Health and Human Services Data Exchange Framework in accordance with H&S section 130290, when sharing physical, behavioral, social, and administrative data with Community Supports Providers and with DHCS.”

“Contractor must participate in the California Health and Human Services Data Exchange Framework to exchange health information or provide access to health information to and from various entities in real time as set forth in H&S section 130290.”