

# Connecting for Better Health Meeting

January 25, 2024

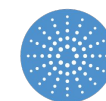


Connecting for Better Health

Advancing data sharing to improve the health of all Californians

# Agenda

No.	Item	Minutes
1	Welcome and Introductions	5 minutes
2	Federal Updates	30 minutes
3	State Updates	10 minutes
4	DxF Updates	10 minutes
5	News, Events and Announcements	5 minutes



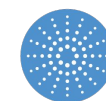
# About The Coalition

**Our Vision:** Every Californian and their care teams have the information and insights they need to make care seamless, high quality and affordable.



## Policy Priorities

- **DSA Education & Implementation:** Promote awareness of the DSA and support data exchange implementation to realize the promise of AB 133
- **Funding:** Advocate for the state to dedicate continued funding for health and social services data sharing and encourage state agencies to seek federal match when and where appropriate
- **Integration of social services data:** Develop and communicate case studies and policy recommendations that support cross-sector data sharing, consent, and authorization
- **Advance DxF Governance, Enforcement, and Accountability:** Work towards the passage of DxF legislation, monitor state legislation and budgetary actions related to data sharing, and provide critical feedback to CDII and other state agencies to resolve challenges



# Federal Updates



# HTI-1 Final Rule – Published Dec 13, 2023

ONC published the *Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency and Information Sharing Final Rule*, referred to as **HTI-1**

- HTI-1 implements key provisions of the **21st Century Cures Act**, with a specific emphasis on health IT certification and information blocking
- ONC is [currently hosting information sessions](#) on the rule

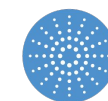
## Key Components:

- **Algorithm transparency** requirements for AI and predictive analytics
- **Adopts USCDI V3** as the baseline standard for ONC-certified health IT by 2026
- **Updates Information Blocking** regulations by revising exception conditions and definitions
- **Establishes TEFCA Manner Exception** to encourage participation in the national framework
- **Interoperability-focused reporting metrics** for most developers of ONC-certified health IT



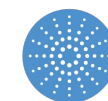
# HTI-1 Final Rule – Information Blocking Exceptions

- **Infeasibility Exception Revisions**
  - Revises “uncontrollable events” condition
  - Adds “third party seeking modification use” condition
  - Adds “manner exception exhausted” condition
- **Manner Exception Revisions**
  - Renamed manner exception to remove content condition
- **Establishes TEFCA Manner Exception** to encourage participation
  - When an actor and requestor are both TEFCA participants, fulfilling certain requests for EHI only via TEFCA is not considered information blocking



# HTI-1 Final Rule – Artificial Intelligence Transparency

- **Defines Predictive Decision Support Intervention (DSI)** and adopts DSI Certification Criterion that includes technical capabilities and transparency requirements for Health IT Modules “to improve trustworthiness and support consistency around the use of predictive algorithms or models in health care.”
- **Scope of impacted predictive DSIs** is constrained to those supplied by a developer of certified Health IT as part of the Health IT module
- **Beginning January 1, 2025** developers with health IT certified to the DSI criterion must comply with the associated maintenance of certification requirement



# HTI-1 Discussion





# CMS Interoperability and Prior Authorization Rule - Finalized January 17, 2024

## By January 2027:

- **Patient Access API:** Prior Authorization info must be added to Patient Access API
- **Provider Access API:** Impacted payers must implement a Provider Access API with claims and encounter data, USCDI elements, and some prior authorization information
- **Payer to Payer API:** Impacted payers must implement a Payer to Payer API with claims and encounter data, USCDI elements, and some prior authorization information
- **Prior Authorization API:** Impacted payers must implement a Prior Authorization API that can support a prior authorization request and response

## By January 2026:

- **Prior Authorization Processes:** Prior Authorization decisions must be sent within 72 hours for expedited requests and 7 days for standard requests. Specific reasons for denied prior authorization decisions must be sent via portal, fax, email, mail or phone.



# CMS Interoperability & Prior Authorization Discussion



# USCDI Draft Version 5 - Out for Comment

- *United States Core Data for Interoperability (USCDI) [draft version 5](#)* released by ONC
- **Proposes 2 new data classes (Observations and Orders) and 13 new data elements**
- **ONC seeks feedback on:**
  - Suggestions for improving data classes and elements
  - Should other elements classified as Level 2 be included?
  - What barriers may exist for implementation?

New Data Classes and Data Elements Added to Draft USCDI v5

<b>Clinical Notes</b> <ul style="list-style-type: none"> <li>• Emergency Department Note</li> <li>• Operative Note</li> </ul>	<b>Immunizations</b> <ul style="list-style-type: none"> <li>• Lot Number</li> </ul>	<b>Laboratory</b> <ul style="list-style-type: none"> <li>• Test Kit Unique Device Identifier</li> </ul>
<b>Medications</b> <ul style="list-style-type: none"> <li>• Route</li> </ul>	<b>New Data Class</b> <hr/> <b>Observations</b> <ul style="list-style-type: none"> <li>• Advance Directive Observation</li> <li>• Sex Parameter for Clinical Use</li> </ul>	<b>New Data Class</b> <hr/> <b>Orders</b> <ul style="list-style-type: none"> <li>• Orders</li> </ul>
<b>Patient Demographics/Information</b> <ul style="list-style-type: none"> <li>• Interpreter Needed</li> <li>• Pronoun</li> <li>• Name to Use</li> </ul>	<b>Provenance</b> <ul style="list-style-type: none"> <li>• Author</li> <li>• Author Role</li> </ul>	

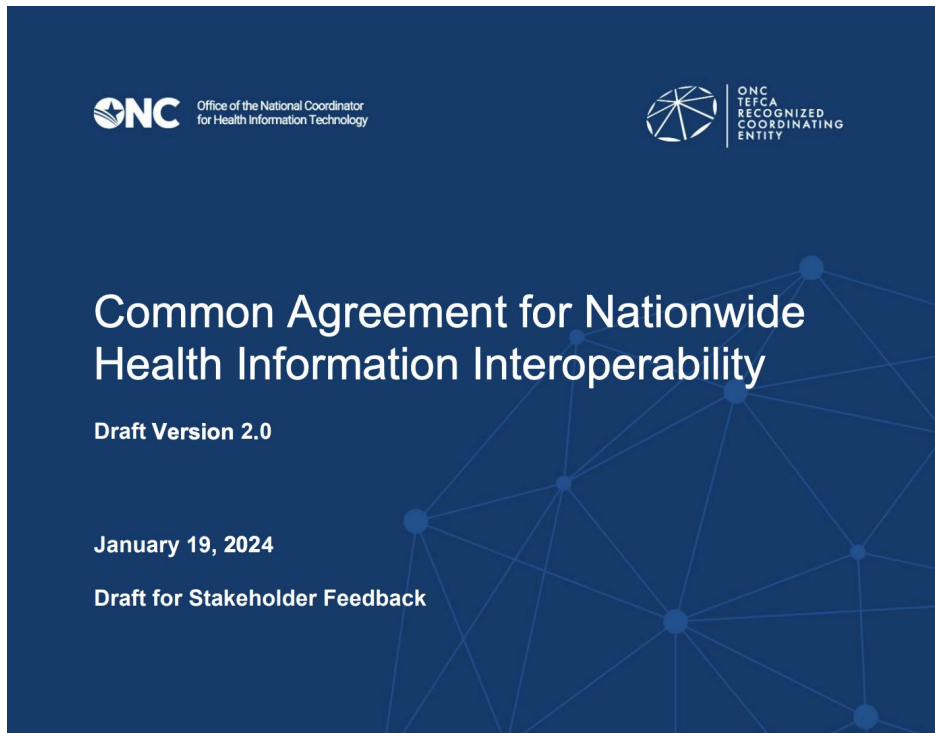


**Public Comment due April 15**

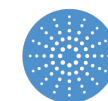


# TEFCA 2.0 Draft - Out for Comment

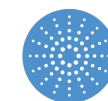
- [15 draft documents](#) available for feedback by February 5, 2024, including **Common Agreement Version 2, QHIN Technical Framework Version 2, and multiple Standard Operating Procedures (SOPs)**



- **[Upcoming Public Webinars:](#)**
  - Tuesday, January 30: 9:00am PST
  - Friday, February 2: 10:00am PST
- **Public Comment due February 5** via [online form](#) or email [rce@sequoiaproject.org](mailto:rce@sequoiaproject.org)



# State Updates



# Updated CalAIM Data Guidance and Population Health Management Guide

## ECM and Community Supports HCPCS Coding Guidance (January 2024)

- Defines HCPCS codes and modifiers to report Enhanced Care Management and Community Supports service encounters
- **Medi-Cal MCPs and CalAIM providers are expected to adhere to these updates by March 31, 2024**

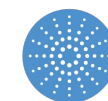
## CalAIM: Population Health Management (PHM) Policy Guide (January 2024)

- Establishes requirements for Medi-Cal managed care plans (MCPs) to implement PHM
- Clarifies the modified Population Needs Assessment (PNA) requirement that MCPs must **collaborate meaningfully** with local health departments on community health assessments (CHAs)/Community Health Improvement Plans (CHIPs) **by sharing data**



# California Legislation Tracking

No./Author	Summary	Recent Developments
<a href="#"><u>AB 1011</u></a> <b>(Weber)</b>	Imposes new restrictions on the sale, disclosure of “social care information” on users of “closed-loop referral systems” including public agencies, non-profits, health care providers, vendors.	Two-year bill
<a href="#"><u>AB 1331</u></a> <b>(Wood)</b>	Establishes DxF governing board; outlines appointment of members; requires board approval for any amendments to DSA; requires QHIOs to be non-profits; decrease size of board to five members; require certain reports and educational efforts related to consumers and data; among other requirements.	Two-year bill
<a href="#"><u>AB 236</u></a> <b>(Arambula and Boerner)</b>	Requires health plans and insurers to annually verify and delete inaccurate listings from its provider directories to be at least 60% accurate, with administrative penalties for failure to meet benchmarks. Authorizes DMHC and Department of Insurance to develop uniform formats for plans and insurers to use to request directory information from providers and authorizes the establishment of methodology and processes to ensure provider directory accuracy.	Passed APPR. Committee as Amended (1/18) and Ordered to Third Reading (1/23)
<a href="#"><u>SB 294</u></a> <b>(Wiener)</b>	Requires health plans and disability insurers that uphold grievance decisions to automatically submit decisions to the Independent Medical Review System within 24 hours, along with relevant information.	Passed APPR. Committee as Amended (1/18) and Ordered to Third Reading (1/22)



# Data Exchange Framework Updates





# DSA Grant Reporting Revisions

## DSA Grant Milestone Requirements:

- 12 months from time of award to reach Milestone 1
- 24 months from time of award to reach Milestone 2

**Round 3 Application Now Closed**

## **CDII has revised the quarterly reporting requirements for 2024:**

- Progress reporting is now optional through May 31, 2024
- **First required quarterly submission of a Progress Report is June 30, 2024**
  - Grantees do not have to report until June 2024 if they have not met Milestone 1
  - Progress reports submitted early will satisfy the first required quarterly progress report

**Progress reports submitted early demonstrating achievement of a milestone should receive funds within 45 days**



# Policies and Procedures (P&P) Updates

P&P Topic	Status
Breach Notification	Administrative Changes, <a href="#">Finalized</a> (Dec 11)
Data Elements to Be Exchanged	Amendment, <a href="#">Finalized</a> (Dec 19)
Individual Access Services	Administrative Changes, Finalized ( <a href="#">Jan 18</a> )
Permitted, Required, and Prohibited Purposes	Administrative Changes, Finalized ( <a href="#">Jan 18</a> )
California Information Blocking Prohibitions	Administrative Changes, Finalized ( <a href="#">Jan 18</a> ) <a href="#">Open for New Administrative Changes</a>
Participant Directory	New, Finalized ( <a href="#">Jan 18</a> )
Fees	New, Finalized ( <a href="#">Jan 18</a> )



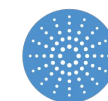
# Participant Directory and Fees P&Ps – Finalized January 18

## Finalized Updates from the Draft P&P: Participant Directory

- Intermediaries can enter preferences for receiving data and receiving requests for ADTs
- Primary signatories to update information for their subordinate signatories
- Participants can indicate if a type of exchange does not apply to them, such as receiving requests for ADTs
- CDII may determinate if designated intermediaries that are non-Participants or a National Network can be included in the Participant Directory
- Clarifies that other exchange methods not listed as options in the Participant Directory are permissible if agreed upon by both parties and comply with the P&Ps

## Finalized Updates from the Draft P&P: Fees

- Revised from "**except to the extent permissible under Applicable Law**" to "**Unless required by Applicable law**" no fees can be charged for Individual Access Services
- Adds clarification that this applies to computer-to-computer information exchange and instances that does not require electronic storage media, such as disks and USB flash drives

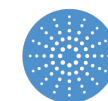


# Administrative Modification – California Information Blocking Prohibitions P&P

To align with **ONC’s HTI-1 Final Rule**, CDII is re-releasing the California Information Blocking Prohibition P&P for [administrative modification](#):

- Changing references to “Content and Manner Exception” to state “Manner Exception”
- Updates federal regulations referenced to ensure consistency with updates

Objections are due by **Monday, February 19** via a [web-based form](#)



# QHIO Program Discussion

## From 01.24.24 CDII IAC/P&P Meeting

What is needed to make the QHIO Program meaningful?

How should we measure QHIO Program impact?

What are DxF Participant expectations for QHIOs?



# News, Events, And Announcements



# Announcement: Complete Interest Form for C4BH “Day at the Capitol”



**Thursday, March 7**

**[Interest Form Link](#)**

*We hope you can join us!*



# Announcement: C4BH will be at ViVE – Join Us!



Please Join Us for a

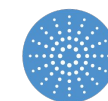
# Happy Hour

AT ViVE



Sunday, February 25<sup>th</sup>  
from 4:30 - 6:30 P.M. at  
Fleming's Steakhouse at L.A. Live

blue  | Industry Initiatives





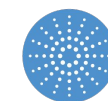
# What We're Reading – Check Out C4BH's Newsletter!

## Research Reveals Low Documentation of SDOH with Z-Codes

Health care providers can use Z-codes in their coding processes to record patient information related to the social determinants of health (SDOH). Two independent studies reveal extremely low use.

One identified that over 50% of hospitals use the Z-code for housing insecurity, but less than 10% use any other type of Z-code.

The other supports this finding of low Z-code documentation, finding it 50% higher among Medicaid patients compared to those commercially insured, likely due to SDOH factors being more likely to impact their health. [Read More](#)



# Upcoming Events

- **Jan 25, 12PM PT:** E-Consult Workgroup | Impact of eConsults on Outcomes, Expenditures, and Utilization Webinar | [Register here](#)
- **Jan 29, 1PM PT:** San Diego Health Connect with 4Medica | Seeing Health Data in New Light Webinar | [Register here](#)
- **Jan 30, 12PM PT:** The Sequoia Project | Draft TEFCA Materials Webinar #2 | [Register here](#)
- **Feb 1, 10AM PT:** ONC | HTI-1 Final Rule Overview with Q&A Information Session | [Register here](#)
- **Feb 5-6:** ITUP Annual Conference | Sacramento, CA | [Register here](#)
- **Feb 12-13:** WEDI-HL7 Health Equity Forum & Workshop | Virtual / Washington, DC | [Register here](#)
- **April 26:** Riverside County Medical Association | First Annual AI Healthcare Conference | Rancho Cucamonga, CA | [Register here](#)

