

**From:** DMHC Licensing eFiling

**Subject:** APL 23-014 - Mandatory Signatories to the CalHHS Data Exchange Framework - REVISED

**Date:** Friday, May 19, 2023, 9:22 AM

**Attachments:** APL 23-014 - Mandatory Signatories to the CalHHS Data Exchange Framework - REVISED (5.19.23).pdf

Dear Health Plan Representative:

The Department of Managed Health Care (Department) issues this revised All Plan Letter (APL) 23-014 to clarify that the requirement to sign the Health and Human Services Data Exchange Framework (DxF) Data Sharing Agreement (DSA), pursuant to Health and Safety Code section 130290, is only applicable to full-service health care services plans.

Thank you.

## ALL PLAN LETTER

DATE: Issued on April 24, 2023  
Updated May 18, 2023

TO: All Knox-Keene Act Licensed Full-Service Health Care Service Plans

FROM: Nathan Nau  
Deputy Director, Office of Plan Monitoring

SUBJECT: APL 23-014 – Full-Service Health Care Service Plans Are Mandatory Signatories to the CalHHS Data Exchange Framework- REVISED

---

The purpose of this All Plan Letter (APL) is to inform all full-service health care service plans of their requirement to sign the Health and Human Services Data Exchange Framework (DxF) Data Sharing Agreement (DSA).<sup>1</sup> This DSA defines the parties that are subject to the DxF's new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies.

### I. Background

Assembly Bill (AB) 133 (Committee on Budget, 2021) (Health and Safety Code (HSC) Section 130290) requires the California Health and Human Services Agency (CalHHS) to develop a DxF. The DxF, finalized on July 1, 2022, includes a single DSA and common set of policies and procedures for governing the exchange of electronic health information across California.

The DxF does not create new technology or a central infrastructure for managing all data exchange. Rather, its intent is to create a flexible, secure environment for full-service health care service plans and government organizations to share health information using national standards and a common set of policies to improve the health outcomes of the individuals they serve.

---

<sup>1</sup> Health and Safety Code 130290.

## Goals and Benefits

The goal of California's Health and Human Services DxF is to ensure that every Californian, as well as the health and government entities who serve them, can access the patient information needed to provide safe and effective care, regardless of where in the state they are located. The DxF advances health equity for all Californians by facilitating the secure and appropriate exchange of health and social services information.

The DxF will, in addition to other goals, identify gaps in, and propose solutions to gaps, in the life cycle of health information, including:

- Health information creation, including the use of national standards in clinical documentation, health plan records, and social services data.
- Translation, mapping, controlled vocabularies, coding, and data classification.
- Storage, maintenance, and management of health information.
- Linking, sharing, exchanging, and providing access to health information.

## II. Implementation Timeline

Health care services organizations were required to execute the DSA on or before January 31, 2023. Full-service health care service plans are among the mandatory health care organizations that are subject to this requirement and must become signatories of the DSA. Full-service health care service plans can review the [DxF Frequently Asked Questions](#) and access the [DxF signing portal](#) on the CalHHS Center For Data Insights and Innovation website.

By January 31, 2024, signatories to the DSA shall exchange health and social services information in real time, with each other and with public health and social services, for treatment, payment, or health care operations, and public health activities. Any sharing of health and social services information must still comply with applicable state and federal law. Some organizations, such as smaller physician practices and clinics, rehabilitation, long-term acute care, psychiatric, and critical access hospitals, and smaller rural acute care hospitals, will have until January 31, 2026 to implement the Data Exchange Framework.