



Data Exchange Framework (DxF)

Stakeholder Advisory Committee Meeting #4

Thursday, October 15, 2026

10:00 am – 4:00 pm PT



Agenda



- Item #1** Welcome & Introductions
- Item #2** Department Updates
- Item #3** HCAI DxF Program and Participant Verification Updates
- Item #4** Qualified Health Information Organization (QHIO) Program Evolution: Recommendation Determination
- Item #5** Public Accountability and Enforcement
- Item #6** Individual-Level Demographic Data and Health-Related Social Needs (HRSN) Data Part 1
- Item #7** Individual-Level Demographic Data and HRSN Data Part 2
- Item #8** General Public Comment
- Item #9** Closing Remarks & Adjournment

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

Item #1

Welcome & 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.
- **Members who are joining remotely are required to keep their camera on for the duration of the meeting.**
 - Members must announce when they are going off camera.
- **Instructions for connecting to the conference room's Wi-Fi are posted in the room.**
- **Please email Akira Vang (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
If you logged on from onsite via Zoom interface Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand If selected to share your comment, please begin speaking and do not unmute your laptop. The room’s microphones will broadcast audio.	If you are onsite and not using Zoom For members, physically raise your hand and the chair will recognize you when it is your turn to speak. For public participants, line up at the podium and the chair will recognize you when it is your turn to speak.	If you logged on from offsite via Zoom interface Press “Raise Hand” in the “Reactions” button on the screen If selected to share your comment, you will receive a request to “unmute,” please ensure you accept before speaking.	If you logged on via phone-only Press “*9” on your phone to “raise your hand” Listen for your phone number to be called by moderator If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6.”

Public Comment

Advisory Committee Vote: Approve Meeting #3 Minutes

Swearing In of Advisory Committee Vice Chair

Item #2

Department Updates

Elizabeth Landsberg, Director

Public Comment

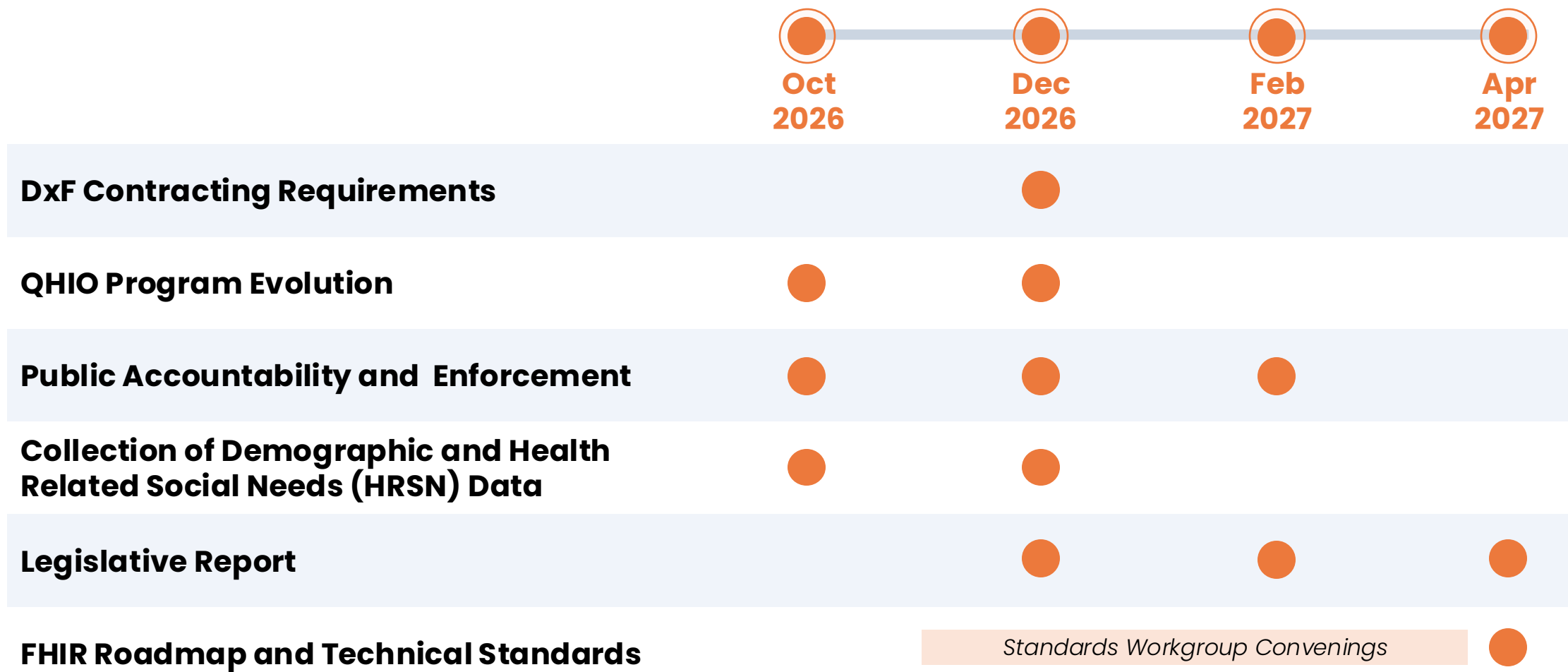
Item #3

HCAI DxF Program and Participant Verification Updates

Michael Valle, Assistant Director

Jacob Parkinson, DxF Program Director

Advisory Committee Discussion Topics



A draft FHIR Roadmap and draft Technical Standards recommendations will be reviewed with the committee in early 2027. Additional high-priority discretionary items will be incorporated as time permits.

Addressing Trust

HCAI is increasing trust in the QHIO Program by permitting, but not requiring, exchange with a new signatory to the DSA until the organization has completed Participant Verification.

Anticipated Activities

- Improving the Participant Verification procedure based on this committee's feedback.
- Updating the Participant Verification SOP, DxF DSA Signatory List, and/or Participant Directory Listing to report the verification status of each DxF Participant.
- Amending required Policies and Procedures to permit, but not require, that DxF Participants exchange health and social services

Anticipated Outcome

- Participants can use the Participant Verification process confirm that a signatory is a legitimate health- or social services-related organization, governmental agency, or vendors who provide services to one of those organizations.
- Participants can choose whether to exchange with those undergoing verification if they have other knowledge of their status or obligations outside of the DxF DSA.

Standards Workgroup Update

Purpose of the Workgroup

Advise HCAI on a DxF Roadmap for FHIR Adoption, including priorities for use cases, adoption strategies, cost mitigation, transition from legacy standards, and timeline for adoption.

Workgroup Participants and Meetings

- HCAI has selected 17 workgroup members through an open application process.
- Members represent ambulatory providers, hospitals/health systems, health plans, SNFs, behavioral health, FQHCs, EMS, social services, EHR vendors, QHIOs, CIEs/SHIEs, other intermediaries, Gravity Project, CMS, DHCS, and other CalHHS departments.
- Public one-hour virtual meetings will be held every three weeks, beginning **October 28, 2026**. Advisory Committee members are welcome to attend as a member of the public but must not participate in any form of public comment.

Next Steps for Advisory Committee

HCAI will share the workgroup's advice with SAC members at the April 2027 meeting.

Public Comment

Item #4

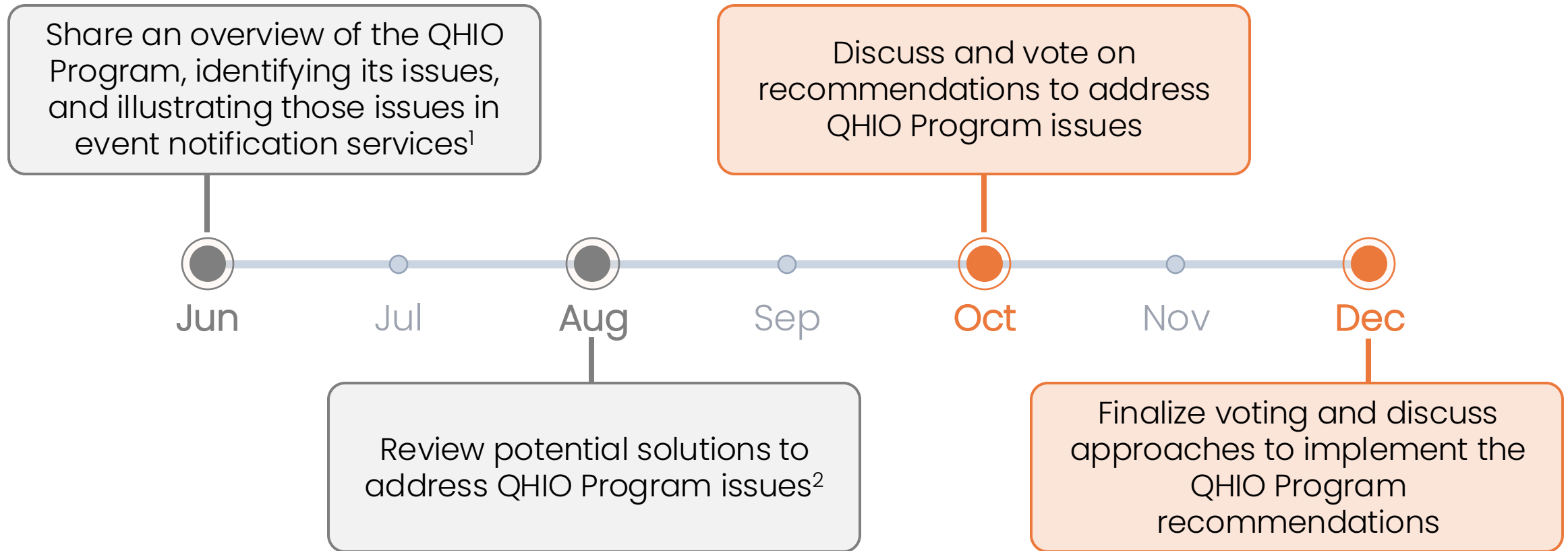
QHIO Program Evolution: Recommendation Determination

Jacob Parkinson, DxF Program Director

Reminder

2026 Advisory Committee Meeting Roadmap

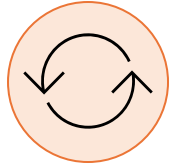
Between June and December, HCAI seeks Advisory Committee input and recommendations to strengthen the QHIO Program.



¹ Reference: [June 18, 2026, Stakeholder Advisory Committee](#)

² Reference: [August 20, 2026, Stakeholder Advisory Committee](#)

Today's Goals



Recap

QHIO Program issues introduced at the June meeting



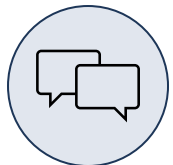
Review

Potential solutions discussed at the August meeting



Describe

Proposed approaches to address QHIO Program issues



Discuss and Vote

Recommend approaches to address QHIO Program issues

Recap

Goals of the QHIO Program

Goal #1

**Support Statewide
Exchange of HSSI**

Goal #2

**Help Participants Meet
DxF Requirements**

Recap

QHIO Issues Impacting Goals

Sustainability

QHIOs' sustainability concerns may be exacerbated by an attempt to support all DxF 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 have prevented full accountability in the Program.

Goal #1

Goal #2

Recap of Potential Solution

Require Minimum Operating Threshold

Goal #1

QHIOs must demonstrate a minimum volume of existing business when seeking to qualify for an exchange type.

QHIO Issues Addressed

- **Sustainability**: QHIOs have already made the required investment and have existing business aligned with their business model/customer base.
- **Service Gaps**: QHIOs demonstrate existing service delivery with applicable Participants.
- **Reciprocity**: More equitable distribution of investment and revenue opportunities through demonstrated operating thresholds.
- **Oversight Limitations**: Clear evidence of capabilities through delivered services.

Pros

- Provides market-based evidence of capability.
- Reduces imbalance among QHIOs supporting the exchange type.
- Minimizes duplicative investments across the industry.

Cons

- More challenging for new or small organizations to qualify for an exchange type.
- Some existing QHIOs may no longer qualify for an exchange type.

Recap of Potential Solution

Require Minimum Operating Threshold

Options to Implement

- Can implement through revisions to QHIO Program.
- May require periodic re-qualification or terms.
- May require new application criteria for existing and new applicants.

Test Using Event Notification

- Ensures QHIOs qualifying for an exchange type can deliver the required services.
- Improves statewide exchange with QHIO focus on demonstrated service capabilities.
- Aligns services with existing business.

HCAI Perspectives

- Aligns with state trends (e.g., Maryland selection of an existing commercial service, Massachusetts minimum requirement of 20 or more acute care hospital customers).
- Improves upon the current attestation model for QHIO qualification.
- Achievable with modest effort for QHIOs, Participants, and the State; gains outweigh the effort required.
- Should improve Participant satisfaction in the QHIO Program.
- Accommodates a model in which QHIOs pay for receiving data for which they cannot reciprocate.

Recap of Potential Solution

Allow QHIOs to Specialize

Goal #1

QHIOs choose to support specific DxF exchange type(s) and seek qualification for these exchange type(s). Participants choose a QHIO that provides the services they need.

QHIO Issues Addressed

- **Sustainability**: QHIOs only need to make investments in the exchange types they offer and where they see a business rationale.
- **Reciprocity**: Leads to more equity in investment for QHIOs choosing a particular exchange type.
- **Voluntary Adoption**: Provides Participants with transparency into QHIO areas of focus.

Pros

- QHIOs invest in the services that align with their business model, avoiding expenses their customer base doesn't need and their business model doesn't support.
- QHIOs can focus on their strengths.

Cons

- Few QHIOs may choose to seek qualification for every exchange type, resulting in fewer QHIO options that meet all needs for some Participants.
- Some Participants may need to switch QHIOs or use more than one QHIO.

Recap of Potential Solution

Allow QHIOs to Specialize

Options to Implement

- Can implement through revisions to expand the QHIO Program.
- May require new application criteria for existing and new applicants.
- Would require existing QHIOs to select exchange types for which they seek qualification.

Test Using Event Notification

- Aligns with prior DxF stakeholder recommendation for a QHIO network specializing in event notification.
- Improves statewide exchange as QHIOs focus on service strengths.
- Aligns services with existing business models.

HCAI Perspectives

- Aligns with several state trends (e.g., Maryland's one vendor, Massachusetts' two vendors, New York's shift away from equivalent services offered by all Qualified Entities to two that will specialize in events).
- Better aligns the QHIO Program and current/prospective QHIOs with DxF priorities.
- Achievable with modest effort for QHIOs, Participants, and the State; gains outweigh effort required.
- Likely to improve Participant satisfaction in the QHIO Program, may also lower costs.
- Contributes to more balanced, equitable program operations for QHIOs.
- Creates opportunity for other intermediaries – not currently qualified – to participate.

Recap of Potential Solution

Require Participant Use of QHIO Services

Goal #1

Require that Participants engaged in specific forms of exchange use QHIO services to break down silos, fill gaps in nationwide networks, and create greater efficiencies.

QHIO Issues Addressed

- **Sustainability**: Require use of QHIO services for specific exchange types, providing a more reliable customer base and revenue stream.
- **Voluntary Adoption**: Participants must contract with a QHIO offering the exchange service to share data with every other Participant.

Pros

- Participants are not required to make dedicated connections with Participants choosing 'Self'.
- Participants are not required to contract with multiple intermediaries to obtain statewide coverage for a single exchange type.
- A single connection results in statewide exchange.

Cons

- May require some Participants to contract with a QHIO that have not chosen to do so already.
- Limits choice for applicable exchange types.

Recap of Potential Solution

Require Participant Use of QHIO Services

Options to Implement

- May require legislative change to the statute.
- May require a new application cycle to create opportunities for current service organizations.
- May require pricing guidelines.

Test Using Event Notification

- Aligns with prior DxF stakeholder recommendation for a QHIO network specializing in event notification.
- Enables statewide event notification through contracting with a single QHIO, reducing costs and complexity for Participants sending and receiving events.

HCAI Perspectives

- Aligns with state trends (e.g., North Carolina, Maryland, and Massachusetts require certain organizations to participate in selected services and/or with selected vendors; TEFCA requires use of a QHIN).
- May not be applicable for all exchange types, especially where nationwide networks exist.
- May not be appropriate for all Participants (e.g., labs and pharmacies don't necessarily need QHIOs).
- Will require time to implement legislative change and allow some Participants to adjust vendors.
- Provides a clear path to breaking down data silos to create statewide exchange.
- Satisfies a goal of many DxF Participants to work with a single entity to obtain statewide exchange.

Recap

Fist-to-Five Polling to Inform Next Steps in Developing Potential Solution



I don't support this approach



I have strong reservations, this approach needs revision



I am uncomfortable with this approach, but can live with it



I am okay with this approach



I support this approach



I enthusiastically support this approach

Recap

Committee Feedback to Potential Solutions

Potential Solutions Introduced in August

- 1** **Require a Minimum Operating Threshold.** QHIOs must demonstrate a minimum volume of existing business when seeking qualification.
- 2** **Allow QHIOs to Specialize.** QHIOs may support specific exchange type(s) and seek qualification for these exchange type(s).
- 3** **Require Participant Use of QHIO Services.** Require that Participants engaged in specific forms of exchange use QHIO services to break down silos, fill gaps in nationwide networks, and create greater efficiencies

Committee Feedback*

4 (out of 5)
"I support this approach"

2 (out of 5)
"I am uncomfortable with this approach, but I can live with it"

3 (out of 5)
"I am okay with this approach"

**Average across 19 responses received from Committee members during the August 2026 meeting*

Solution 1: Full Service QHIOs

Vision

An organization that qualifies as a QHIO serves as a **“one-stop shop”** that provides services DxF Participants need to meet their DxF requirements.

To qualify as a QHIO, an organization must demonstrate it meets **minimum operating thresholds** for core exchange services.



Requirements

- Set minimum operating thresholds for two DxF exchange types:
 - Request for Information
 - Event Notification.
- Do not set a minimum operating threshold for Information Delivery.
- Require QHIOs meet the minimum operating thresholds to demonstrate their capabilities, and support Information Delivery services without a requirement to meet a minimum Information Delivery threshold.

Solution 1: Full Service QHIOs

The QHIO as a “one-stop shop” is designed to help any Participant meet the three exchange types defined in the DxF’s Technical Requirements for Exchange Policy and Procedure (P&P)*

Request for Information

Any DxF Participant can request an Individual’s Health and Social Information (HSSI) from another DxF Participant and must respond to a request from other DxF Participants. Information is shared using USCDI v3. Participants are encouraged to use HL7 FHIR Release 4.

Example: A Participant uses a QHIO to request clinical records for a new patient referred to them, including procedures, diagnoses, lab results, immunizations, prescribed medications, and other patient visit summary information.

Event Notification

Any DxF Participant can request event notifications from hospitals and EDs for a roster of individuals under their care. All hospital and ED DxF Participants must accept these requests for event notifications from Participants and send notifications as HL7 Messaging Standard Version 2.5.1 Admit, Discharge, Transfer (ADT) messages and USCDI v3.

Example: A health plan sends a roster of their high-risk members to a QHIO to request notifications from all DxF Participant hospitals and EDs.

Information Delivery

Any DxF Participant that maintains data related to an order or referral for services may send information pertaining to that order or referral to the Participant requesting the referral using Direct Secure Messaging or HL7 FHIR Release 4.

Example: A patient is referred from one DxF Participant primary care provider (PCP) to a specialist. The specialist returns a Secure Message with a patient visit summary documenting services provided and other clinical findings to the PCP.

Current State of QHIO Support for Each Exchange Type

Request for Information

- QHIOs support DxF Participants with the creation of requests and the return of responses. Responses contain a comprehensive summary of HSSI for the Individual.
- Today's QHIOs and DxF Participants leverage national networks (e.g., TEFCA) to support Request for Information transactions.
- Requests for Information for non-Treatment purposes are less reliably supported by nationwide networks or QHIOs.

Event Notification

- DxF has not achieved statewide event notification due to reciprocity and trust challenges in the QHIO program. Separately, many acute care and SNF organizations do not use QHIOs to meet this exchange requirement.
- National networks do not support event notification.

Information Delivery

- Today's QHIOs and DxF Participants indicate low demand for this exchange type. Direct Secure Messaging is not widely adopted and used in California.
- Other data exchange pathways can in part support this need.

Solution 1: Full Service QHIOs With Minimum Operating Thresholds

Proposed Requirement

HSC130291 requires HCAI to “establish a process to designate qualified health information organizations as data-sharing intermediaries that have demonstrated their ability to meet requirements of the California Health and Human Services Data Exchange Framework”.

To meet requirements and demonstrate ability, the QHIO Program would require QHIOs **meet minimum operating thresholds for Request for Information and Event Notification exchange types**.

Request for Information

QHIOs must actively participate in a nationwide network for Request for Information services and serve a minimum number of DxP Participants with Request for Information responses.

Illustrative Example: QHIO Program could require each QHIO connect to eHealth Exchange and serve at least 25 DxP Participants for whom they will respond to Requests for Information.

Event Notification

QHIOs must meet a threshold volume of events (or facilities sending events) to enable statewide event notification services

Illustrative Example: The QHIO Program could require each QHIO to receive real-time events directly from at least 15 DxP Participants.

Information Delivery

Given low demand from DxP Participants for Information Delivery services, specified operating thresholds would not be required.

Impact: Based on today’s use of QHIO services, ~4 of today’s 8 QHIOs might meet these illustrative thresholds and could satisfy the requirements.

Solution 1: Impacts & Considerations

Impact

Impact on Current QHIOs:

- Some current QHIOs may not meet minimum operating thresholds if the QHIO Program adopts minimum operating thresholds

Impact on the Current QHIO Program:

- Reduces service gaps
- Improves balance and reciprocity within the QHIO Program
- Minimizes some elements of QHIO oversight

Impact on Participants:

- Fewer QHIO options, but greater confidence in the service levels of available QHIOs
- While minimum operating thresholds will strengthen the QHIO Program and further enable statewide exchange, they will not guarantee every Participant's needs are met, or data are available for all patients.

Considerations

Program Issues Addressed:

- ✓ Sustainability
- ✓ Service Gaps
- ✓ Oversight Limitations
- ✓ Reciprocity

Actions Required:

Update QHIO Program requirements to:

- Establish minimum operating thresholds
- Require minimum operating thresholds as part of an updated QHIO Program application process

Solution 2: Complement the Full Service QHIOs with DxF Recognized Specialists

Vision

Provide Participants who do not require the comprehensive services offered by QHIOs the option to use an organization recognized by HCAI as a “DxF Recognized Specialist” in one of the three exchange types. To be recognized as a DxF Recognized Specialist, an organization must:

- Demonstrate they meet the **minimum operating thresholds** for their selected exchange type.
- Abide by select QHIO program requirements related to privacy / security or pricing.
- **Exchange with other QHIOs for that exchange type without charging them.**



Requirements

For DxF Recognized Specialists:

- Organizations choose an exchange type “track” to become a DxF Recognized Specialist
- Organizations must demonstrate the **minimum operating threshold** for the chosen exchange type
- Organizations must follow select applicable QHIO program requirements, including the requirement to exchange with all other Recognized Specialists and QHIOs.

Solution 2 Example: Event Notifications Specialist

ADT Event Specialists would allow DxF hospitals, EDs and SNF Participants to use a Specialist to meet ADT event notification requirements that they can't meet using their own technology or other networks

Background

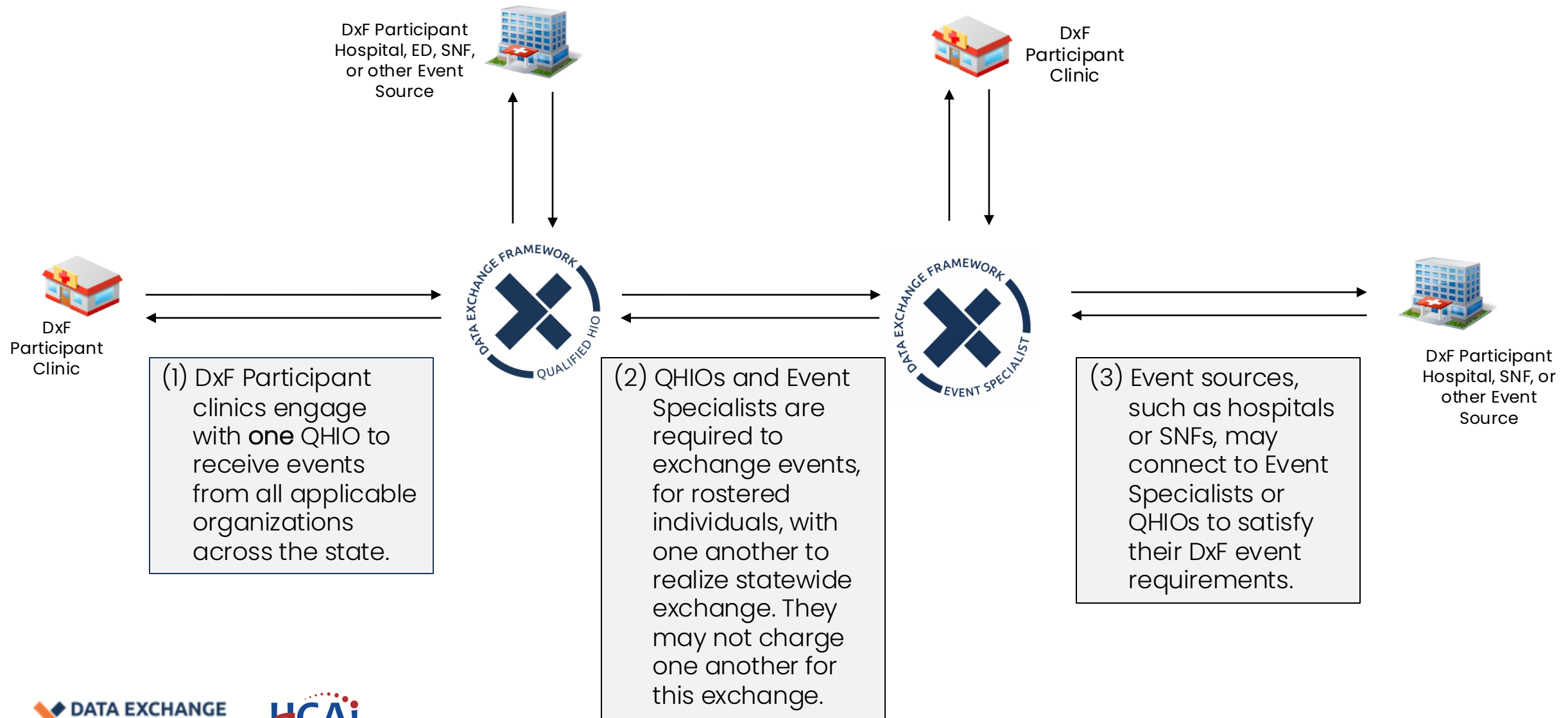
Many DxF Participants use their own technology or other non-QHIO networks to meet DxF requirements – including for event notifications.

- Acute care hospitals and EDs are required to share events; Skilled Nursing Facilities (SNFs) are encouraged to share events:
 - 48.6% of acute care facilities report using a QHIO to share their events. Approximately 30% have not declared how they share events.
 - 6.7% of SNFs report using a QHIO to share events.
- DxF Participants seeking statewide event notifications today must connect to multiple networks and/or directly to some facilities

Proposed Requirements

- Establish a minimum threshold that Specialists must meet for Event Notifications. Specialists could be required to meet similar minimum thresholds to those specified for the QHIO program for Events.
- Specialists would be required to share event notifications with QHIOs and other event notification Specialists and would be prohibited from charging QHIOs or other Specialists for them.
- Specialists would be prohibited from charging QHIOs or other Specialists for these events.

Solution 2: Potential Impact of Recognized Specialists



Solution 2: Impacts & Considerations

Impact

Impact on Current QHIOs:

- QHIOs that do not meet future minimums for all DxF services may find an opportunity through this specialization path
- Full-service QHIOs will face competition from Specialists also recognized by HCAI

Impact on Recognized Specialists:

- Creates opportunities for organizations whose business model focuses on specific exchange types
- Minimum operating thresholds will hold Specialists accountable

Impact on Participants:

- A separate qualification track may create confusion for Participants
- Participants who choose a Specialist may need to contract with other organizations to meet all their DxF requirements, increasing burden
- Participants may choose a Specialist to meet DxF gaps that their current technology or network can't satisfy
- Increases Participant choice by including organizations that are recognized by HCAI as capable of providing specific services to fill gaps and meet exchange needs

Considerations

Program Issues Addressed:

- ✓ Sustainability
- ✓ Service Gaps

Actions Required:

Establish a Specialist Program:

- Develop an application for candidate Specialists
- Establish Specialist program requirements
- Open applications and select Specialists who meet minimum operating thresholds and agree to other program requirements

Other Solutions: Require Use of a QHIO (or DxF Recognized Specialist) and Pricing Transparency*

Vision

All DxF Participants would be required to use a QHIO, identified nationwide network, or DxF Recognized Specialist (if established) to fulfill two DxF exchange types:

- Requests for Information
- Event Notifications



Requirements

- All Participants would be required to use a QHIO, Recognized Specialist (if established) or nationwide network for Requests for Information
- DxF Participants that are Hospitals and Emergency Departments would be required to use a QHIO or Recognized Specialist (if established) to share admission and discharge event notifications with other DxF Participants

Vision

Require price transparency for QHIOs (and Recognized Specialists if established)



Requirements

Require organizations who become QHIOs or Recognized Specialists (if established) to publish the prices of their services

Discussion

1. Should HCAI establish minimum operating thresholds for organizations seeking to become QHIIOs?
2. Should HCAI complement the QHIIO Program with a DxF Recognized Specialist Program for Participants seeking services to support a specific exchange type?
3. Should HCAI require use of a QHIIO, DxF Recognized Specialist (if established), or nationwide network to fulfill Request for Information and Event Requirements?
4. Should HCAI require price transparency for QHIIOs and DxF Recognized Specialists (if established)?

Public Comment

Advisory Committee Vote

Vote

1. Should HCAI establish minimum operating thresholds for organizations seeking to become QHIOs?
2. Should HCAI complement the QHIO Program with a DxF Recognized Specialist Program for Participants seeking services to support a specific exchange type?

Public Comment

Lunch

Item #5

Public Accountability and Enforcement

Jacob Parkinson, DxF Program Director

Advisory Committee Meeting Roadmap: Public Accountability and Enforcement

Today's Agenda: DxF Compliance Landscape

- Preview DxF compliance rates
- Discuss existing enforcement mechanisms

(55 mins)

Meeting #6: Discuss Enforcement Options

- Review other state enforcement activities*
- Discuss potential new frameworks for enforcement, investigation, and dispute resolution

(75 mins)

Meeting #5: Public Purchaser Contracting Requirements

- Review updated DxF required signatory compliance rates
- Discuss Purchaser contracting requirements

(75 mins)

Meeting #7: Vote on Accountability and Enforcement Recommendations

- Evaluate and vote on recommendations to include in the July 2027 report to the Legislature

(60 mins)

Reminder: DxF Accountability Requirements

Health and Safety Code (HSC) Section 130290 requires certain entities to execute the DSA and participate in data exchange.

Sign the DxF Data Sharing Agreement (DSA)

HSC Section 130290(f)* requires specified entities to **execute the DSA** by January 31, 2023, July 1, 2026, or July 1, 2027.

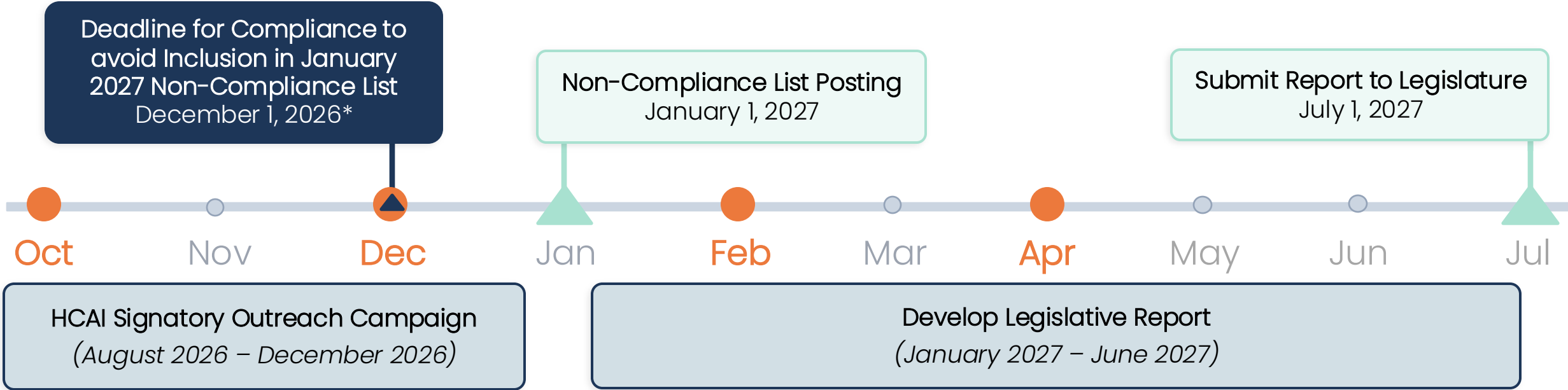
Exchange Health Information

HSC Section 130290(b)** requires specified entities to **begin data exchange** by January 31, 2024, July 1, 2026, July 1, 2027, or January 31, 2029.

For more information regarding who is required to sign the DxF DSA and by what deadline they must sign, please refer to FAQs [#1](#) and [#3](#).

DxF and SB 660 Accountability Milestones

To hold required signatories accountable for executing the DSA under HSC Section 130290*, SB 660 requires that HCAI: (1) publish and maintain a list of all entities deemed noncompliant; and (2) develop and submit a report to the Legislature that includes an evaluation of the need for a framework for enforcement and investigation and resolution of disputes among DxF participants regarding the DSA and P&Ps.



*California HSC Section 130290(f) and HSC Section 130290(k)(4)(G)(as amended by Stats. 2025, Ch. 325, § 1 (SB 660, Menjivar), effective January 1, 2026).
**The January 1, 2027 list includes only signatories whose DSA execution deadline was on or before January 1, 2027.

Non-Compliance List Posting

“Commencing January 1, 2027, the department shall publish and keep current on its internet website the names of any known entities the department deems not to be in compliance with the requirement to execute the California Health and Human Services Data Exchange Framework data sharing agreement pursuant to subdivision (f).”*

- The deadline for required signatories to sign the DxF DSA to avoid being included in the January 1, 2027 Non-Compliance List is December 1, 2026.**
- The list will then be **updated periodically** to reflect any changes in compliance status among required signatories.
- Entities will have the opportunity to submit documents to HCAI to appeal or explain their non-compliance.
 - Any **statements of extenuating circumstances** will also be published alongside the list each update cycle.
- Further detail will be provided in the **SOP: DxF Non-Compliance List**.

Supporting Documents***

- Non-Required Signatory Attestation – *Attest compliance or non-required signatory status*
- Statement of Extenuating Circumstances – *Explain circumstances impacting ability to execute the DxF DSA*
- **Non-Compliance Appeal** – *Appeal HCAI non-compliance determinations (to be developed)*

Reminder: DxF Required Signatory Methodology

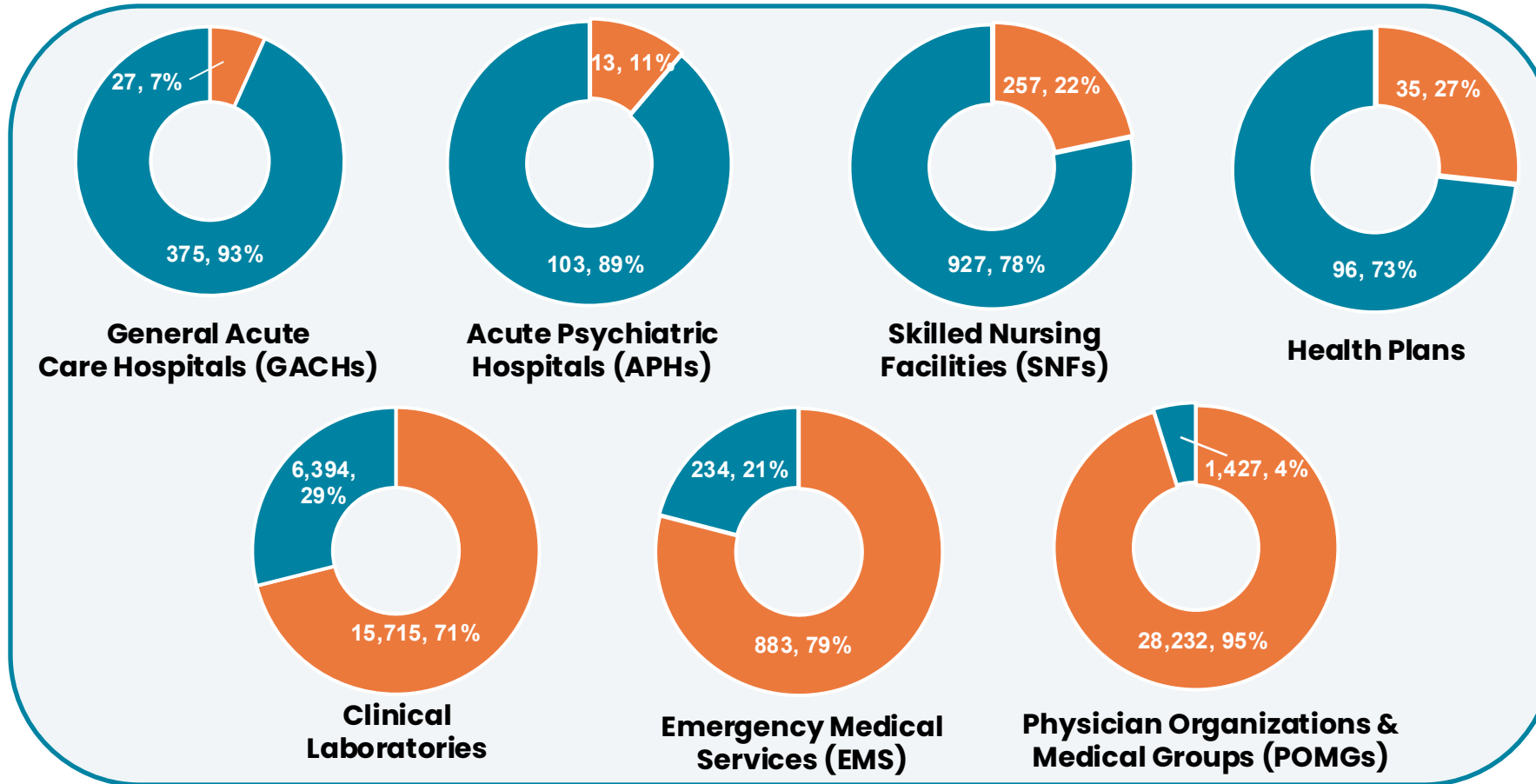
HCAI will publish the DxF Required Signatory Methodology to support signatories in understanding which entities are required to comply with SB 660 DxF DSA signing requirements.

- The **DxF Required Signatory Methodology** outlines the parameters HCAI uses to determine the denominator of required signatories by entity type as defined by HSC Section 130290(f)*.
- The methodology relies on public data sources, California licensing and regulatory agency data, and HCAI datasets.
- The methodology was informed by stakeholder feedback, including review by state associations representing providers.
- HCAI will continue to develop and refine the methodology as licensing and regulatory information evolves and stakeholder feedback is received.

Update: DxF DSA Signing Rates

Signing rates vary significantly across signatory groups.

DSA Signing Rates by Signatory Type, as of September 30, 2026 (9,556, 17.5%)*



To increase DSA signing rates, HCAI is conducting an outreach campaign that includes:

- Direct outreach to unsigned required signatories
- Coordinating with state associations
- Exploring opportunities to collaborate with regulating agencies to communicate DxF requirements and support compliance

Context: Regulatory Accountability and Enforcement Levers

State regulatory, licensing, and public purchasing agencies have a range of regulatory accountability and enforcement authorities defined in statute (and in some cases further specified in regulations and contracts) that allow them to take certain actions.

Regulatory Accountability and Enforcement Levers		
Category	Levers (Illustrative)	Who Can Take This Action?
Contractual	- Imposing contracting requirements - Terminating agreements	Agencies that contract with and purchase goods and/or services from an entity
Corrective	- Corrective action plans - Notices of non-compliance - Cease-and-desist orders	Agencies with direct oversight authority over licensing, accreditation, or certification
Operation / Financial	- Restrictions on operations - Issuing penalties/fines and sanctions	
Licensing / Credentialing	License restriction, suspension and revocation	

Update: Regulating Agency Meetings

- HCAI met with the regulating and licensing agencies that oversee required DxF signatories.*
- In these meetings, agencies committed to supporting DxF compliance through:
 - Communicating DxF requirements through existing channels (e.g., All Provider Letters, All Facility Letters);
 - Notifying entities of DSA-signing status and compliance expectations; and,
 - Referring entities to HCAI resources and compliance processes.
- However, agencies expressed hesitation to enforce DxF requirements for the entities they regulate or license without explicit statutory authority.

Public Purchaser Contracting Requirements

SB 660 establishes direct oversight authority for public purchasers to oversee enforce DxF compliance under HSC Section 130920 through contractual levers. All public purchasers have implemented contracting requirements that satisfy the requirement in SB 660.*

	Current Contract Requirement	DHCS Medi-Cal Managed Care Plans	Covered CA Qualified Health Plans	CalPERS Health Benefits Program
	SB 660 Requirement			
Additional Requirements	Sign the DSA	Comply with all DxF P&Ps	Execute the DxF DSA	Comply with HSC Section 130290
	Connect with a QHIO	–	Participate in at least one QHIO; report on use of services and functions for certain activities	–
	ADT Event Notifications	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	–
	Share Data	Use standards defined by the DxF when sharing data, including with DHCS and contracted CalAIM providers	Share standardized monthly enrollee data with primary care practices	–
	Network Provider / Subcontractor Compliance	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 DxF

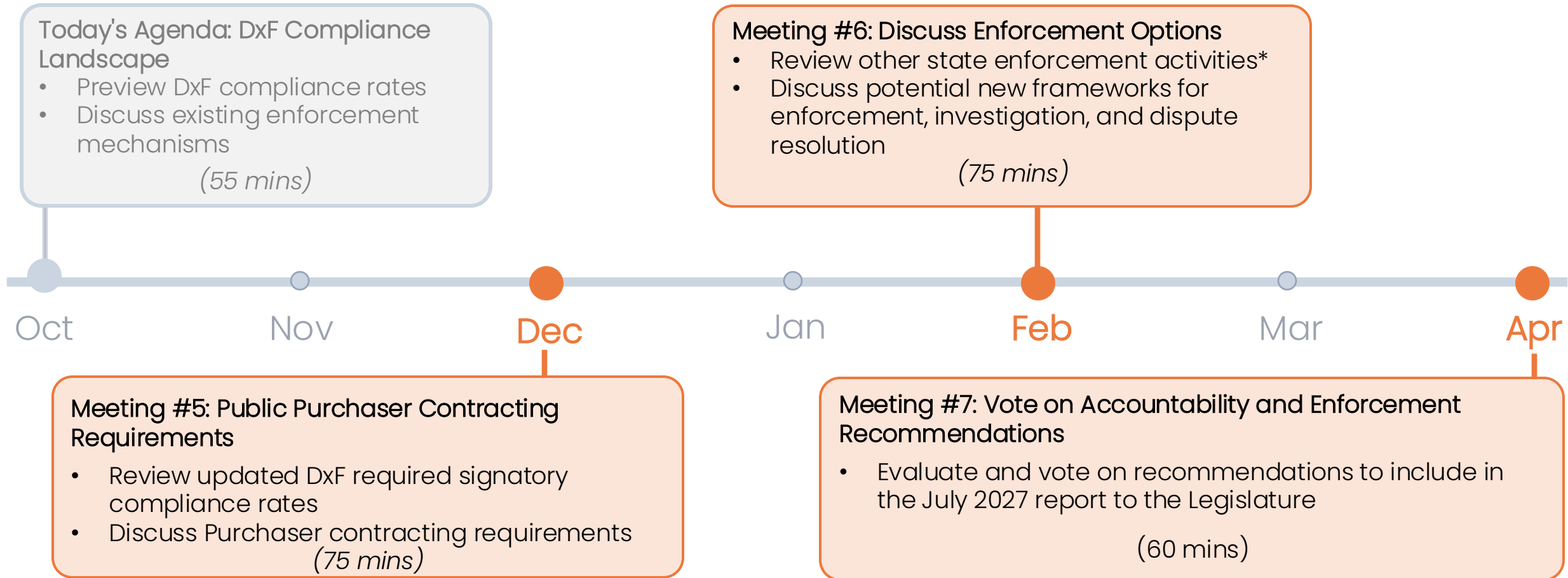
Public Purchaser Contracting Requirements

For Discussion

- What contracting requirements would be most effective in promoting DxF compliance?
- What reporting, monitoring, or oversight mechanisms should public purchasers implement to assess and promote DxF compliance?
- What considerations should guide the development of aligned public purchaser contracting requirements (for discussion in December)?

Looking Ahead

Next, HCAI and the Advisory Committee will discuss public purchaser contracting requirements, including recommendations for alignment across purchasers.



Public Comment

Item #6

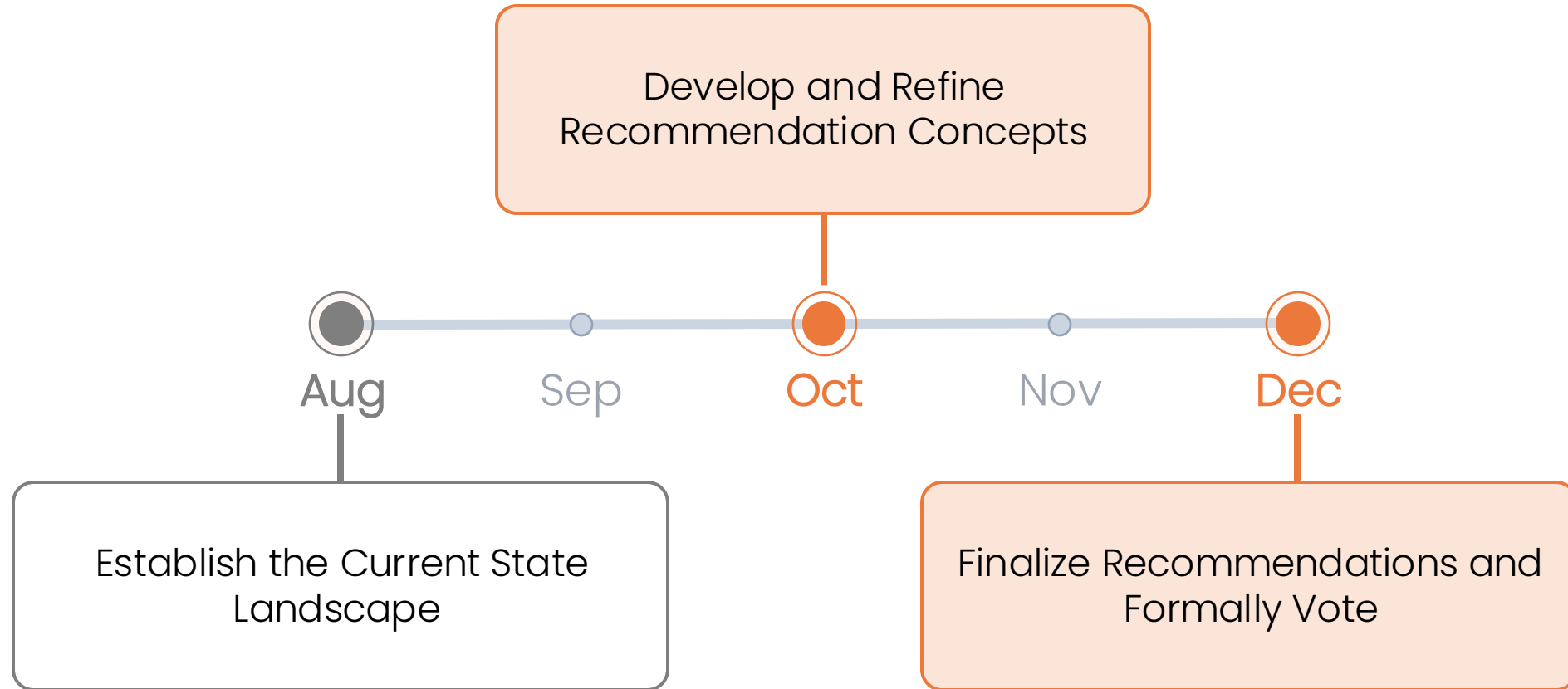
Individual-Level Demographic Data and HRSN Data Part 1

Jacob Parkinson, DxF Program Director

SB 660 Requirement and Committee Charge

- By January 1, 2027, SB 660 requires the Committee to develop recommendations to require specified entities to collect individual-level demographic and health-related social needs (HRSN) data about Californians served.
- Recommendations must be developed in consultation with signatories, consumer advocates, and racial equity experts.
- Recommendations may address:
 - Statutory changes
 - Training and technical assistance
 - Best practices for data collection

Path to Recommendations



Today's Objectives

Refine the scope and proposed actions within the recommendation concepts.

Assess feasibility and implementation needs across health care and community organizations.

Identify areas of agreement and unresolved questions to inform draft recommendations for December.

Committee members may suggest revisions or additional concepts during today's discussion.

August Meeting: Context & Key Takeaways

Policy and Standards Context

- **Collection and exchange are distinct:** DxF exchange requirements apply to information Participants maintain and may legally share. The Data Elements to Be Exchanged policy does not require Participants to obtain data they do not maintain.
- **Existing standards provide a foundation:** National standards can inform consistent definitions and documentation, while collection practices require separate consideration.

Key Takeaways from Presentations and Committee Discussion

- **Data gaps:** Incomplete SOGI and disability information and inconsistent HRSN documentation limit usability.
- **Implementation needs:** Workflows, data mapping, consent, and trust require attention across health care and community settings.
- **Practical uses:** Information should support care coordination, housing referrals, outreach, and Medi-Cal renewal.

Committee Outreach: Suggested Recommendation Priorities

Following the August meeting, voting members were invited to identify recommendation priorities and expertise they could contribute. Responses were collected individually in accordance with Bagley-Keene requirements.

Suggested priorities included:

- Build on existing standards and support consistent collection with less duplicate entry.
- Provide implementation assistance and funding through practical tools, training and support for organizations with limited capacity.
- Clarify consent and appropriate use, strengthen transparency, and safeguard sensitive information.
- Build on existing referral and housing partnerships, with useful information flowing across organizations.
- Consider clearer collection requirements and preserve SOGI and disability information.
- Involve patients and community-based organizations in design and governance.

These themes reflect responses the post-August member outreach and do not represent Committee consensus.

Potential Recommendation Concepts

Concept	Potential Focus
1. National Standards and Collection Best Practices	Identify existing standards and resources and where additional collection guidance is needed.
2. Data Completeness and Collection Expectations	Improve completeness and accuracy through collection best practices and potential legislative changes.
3. Privacy, Transparency, and Community Participation	Identify safeguards and ways for individuals and community organizations to shape collection practices and appropriate use.
4. Targeted Implementation Support	Identify training, technical assistance, partnerships and resources that support data collection and use for referrals and follow-up.

Today's discussion will explore scope, feasibility, and implementation needs. Members may suggest revisions or additional concepts.

Concept 1: National Standards and Collection Best Practices

Potential Recommendation:

- Identify existing national standards and resources, and where supplemental best-practice guidance would improve collection and documentation.

What this could include:

- Draw on applicable standards and resources, including USCDI and Gravity Project resources.
- Consider developing a reference guide linking data elements to applicable standards, definitions, and collection practices.
- Support self-reported information and consistent recording of unknown or declined responses.
- Reduce duplicate entry and accommodate different clinical and community workflows and technology capabilities.

Committee Input:

- Which existing standards and resources are most useful for collection and documentation?
- What additional guidance is needed across different organizations and systems?

Concept 2: Data Completeness and Collection Expectations

Potential Recommendation:

- Identify collection best practices and potential legislative changes to improve the completeness and accuracy of individual-level demographic and HRSN data.

What this could include:

- Assess what organizations currently collect and where information is incomplete.
- Consider benchmarks for improving data completeness and potential legislative collection requirements.
- Clarify which entities proposed collection requirements would cover and how other organizations would support implementation.
- Consider phased implementation based on readiness and support needs.

Committee Input:

- What would help organizations improve data completeness and accuracy?
- Where would guidance help, and what statutory collection requirements should the Committee consider recommending?

Discussion of Concepts 1 and 2

Prioritize

- What actions would most improve the completeness and accuracy of demographic and HRSN data?
- Which existing standards and resources should guide collection, and where is additional guidance needed?

Assess feasibility

- How should collection practices account for different organizational workflows and technology capabilities?
- What could best practices address, and what statutory changes should the Committee consider recommending?
- Would phased implementation help, and what should inform the sequence?

Refine

- What specific statutory changes, training and technical assistance, and best practices should we move to final consideration in December?
- What revisions, additional concepts, or unresolved questions should inform the next draft?

Concept 3: Privacy, Transparency, and Community Participation

Potential Recommendation:

- Identify collection best practices, assistance needs, and potential legislative changes that address privacy concerns and strengthen patient and community participation.

What this could include:

- Explain why information is requested, how it may be used or shared, and what choices individuals have.
- Develop practical guidance on consent, privacy, and appropriate use across clinical and community settings.
- Identify safeguards, including ways to raise and address concerns.
- Engage individuals, community-based organizations, and community health workers in designing and reviewing collection and use practices.

Committee Input:

- Which privacy and transparency gaps should the recommendations address?
- What role should individuals and communities have in shaping these practices?
- Where would guidance help, and where should statutory changes be considered?

Concept 4: Targeted Implementation Support

Potential Recommendation:

- Identify training, technical assistance, and resources that help organizations collect useful information and use it to support referrals and follow-up.

What this could include:

- Identify support needs among small practices and other clinical, community-based, and social-service organizations.
- Provide training on sensitive questions, documentation, and use of information for referrals and follow-up.
- Tailor support to organizations' staffing and technology capabilities.
- Identify funding and other resources needed for implementation and ongoing support.

Committee Input:

- What assistance would most improve collection and use of the information?
- Which organizations could provide training or technical assistance, and what other resource gaps remain?
- What organizations are the best messengers? Can HCAI partner with others to amplify this message?

Public Comment

Break

Item #7

Individual-Level Demographic Data and HRSN Data Part 2

Jacob Parkinson, DxF Program Director

Concept 3: Privacy, Transparency, and Community Participation

Potential Recommendation:

- Identify collection best practices, assistance needs, and potential legislative changes that address privacy concerns and strengthen patient and community participation.

What this could include:

- Explain why information is requested, how it may be used or shared, and what choices individuals have.
- Develop practical guidance on consent, privacy, and appropriate use across clinical and community settings.
- Identify safeguards, including ways to raise and address concerns.
- Engage individuals, community-based organizations, and community health workers in designing and reviewing collection and use practices.

Committee Input:

- Which privacy and transparency gaps should the recommendations address?
- What role should individuals and communities have in shaping these practices?
- Where would guidance help, and where should statutory changes be considered?

Concept 4: Targeted Implementation Support

Potential Recommendation:

- Identify training, technical assistance, and resources that help organizations collect useful information and use it to support referrals and follow-up.

What this could include:

- Identify support needs among small practices and other clinical, community-based, and social-service organizations.
- Provide training on sensitive questions, documentation, and use of information for referrals and follow-up.
- Tailor support to organizations' staffing and technology capabilities.
- Identify funding and other resources needed for implementation and ongoing support.

Committee Input:

- What assistance would most improve collection and use of the information?
- Which organizations could provide training or technical assistance, and what other resource gaps remain?
- What organizations are the best messengers? Can HCAI partner with others to amplify this message?

Discussion of Concepts 3 and 4

Prioritize

- What training or technical assistance is most needed, and which organizations need support first?
- What safeguards, communication practices, and opportunities for individual and community participation would strengthen trust?

Assess feasibility

- Who could provide implementation support, and what staffing, technology, or funding gaps remain?
- How can support help organizations use collected information for referrals and follow-up?
- Which privacy and participation concerns could guidance address, and which may warrant statutory recommendations?

Refine

- What specific statutory changes, training and technical assistance, and best practices should we move to final consideration in December?
- What revisions, additional concepts, or unresolved questions should inform the next draft?

Public Comment

Item #8

General Public Comment

Katie Heidorn, MPA, Committee Vice Chair

Item #9

Closing Remarks & Adjournment

Katie Heidorn, MPA, Committee Vice Chair

Future Meeting Dates

Advisory Committee Meeting	Date	Time
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 #5 Topics

- Recommendations for HRSN and Demographic Data Reporting
- Implementation of QHIO Program Recommendations
- Public Purchaser Contracting Requirements
- Overview of Legislative Report Required by SB 660

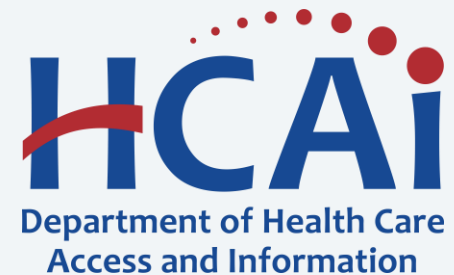


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Appendix

DxF Required Signatory Methodology Data Sources (1/3)

GACHs

Definition: General Acute Care Hospitals (GACHs), as defined in HSC Section 1250

Data Source: Licensed and Certified Healthcare Facility Locations, [CalHHS Open Data Portal](#)

APHs

Definition: Acute Psychiatric Hospitals (APHs), as defined in HSC Section 1250

Data Source: Licensed and Certified Healthcare Facility Services, [CalHHS Open Data Portal](#)

SNFs

Definition: Skilled Nursing Facilities (SNFs), as defined in HSC Section 1250 that maintain electronic health records

Data Source: Licensed and Certified Healthcare Facility Services, [CalHHS Open Data Portal](#)

DxF Required Signatory Methodology Data Sources (2/3)

Plans

Definitions:

- Health care service plans and disability insurers providing hospital, medical, or surgical coverage regulated by DMHC or CDI
- Medi-Cal managed care plans under a comprehensive risk contract with DHCS and that are not regulated by DMHC or CDI

Data Sources:

- DMHC-Regulated Health Plan Listing, DMHC
- [List of Insurers Providing Health Insurance Coverage](#), CDI
- DHCS-Regulated Medi-Cal Managed Care Plan Listing, DHCS

Labs

Definition: Clinical Laboratories, as defined in Business and Professions Code section 1265 and that are regulated by the California Department of Public Health

Data Source: [Laboratory Testing Sites and Personnel Lists](#), CDPH Laboratory Field Services

DxF Required Signatory Methodology Data Sources (3/3)

EMS

Definition: Emergency medical services, as defined in Health and Safety Code section 1797.72

Data Sources:

- [CEMSIS Provider ID List](#), CEMSIS
- [California Public Ground Emergency Medical Transport Providers](#), DHCS
- [Local EMS Agencies](#), EMSA

POMGs

Definition: Physician organizations and medical groups

Data Sources:

- [List of Capitated Providers and RBOs](#), DMHC
- [RBO Statement of Organization](#), DMHC
- [Medi-Cal FFS Provider Listing](#), DHCS
- [California Health Care Quality Report Cards](#)
- [NPES NPI Registry](#), CMS
- [Licensed and Certified Healthcare Facility Services](#), CalHHS Open Data Portal
- [Health Center Program Uniform Data System](#), HRSA Data Warehouse
- [Outpatient Surgery Setting Database](#), Medical Board of California

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.”