

**DATE:** September 5, 2023

ALL PLAN LETTER 23-013 (*REVISED*)

**TO:** ALL MEDI-CAL MANAGED CARE PLANS

**SUBJECT:** MANDATORY SIGNATORIES TO THE CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DATA EXCHANGE FRAMEWORK

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care plans (MCPs) of their requirement to sign the California Health and Human Services Agency (CalHHS) Data Exchange Framework (DxF) Data Sharing Agreement (DSA). 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. Revised text is found in *italics*.

**BACKGROUND:**

Assembly Bill 133 (Committee on Budget, Chapter 143, Statutes of 2021) and Health and Safety Code (HSC) section 130290 require CalHHS to develop *the California Health and Human Services Data Exchange Framework*.<sup>1</sup> The DxF, finalized on July 1, 2022, includes a single DSA and a common set of policies and procedures (P&Ps) for governing the exchange of health and social services information among health care entities and government agencies in California.

A broad spectrum of health care organizations are required execute the DSA by January 31, 2023, and exchange or provide access to health information with other mandated organizations ("*Participants*")<sup>2</sup> by January 31, 2024.

The DxF does not create new technology or a central infrastructure for managing all data exchange. Rather, it *establishes a single DSA and common set of P&Ps that will govern the exchange of health and social services information to promote whole person care and ensure that medical, behavioral, and social services systems in California are*

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<sup>1</sup> State law is searchable at: <https://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml>  
Legislation is searchable at: <https://leginfo.legislature.ca.gov/faces/codes.xhtml>

<sup>2</sup> According to the DxF Glossary of Defined Terms, "*Participant(s)*" means an organization that is a signatory to the DSA, including any identified subordinate entities of that signatory. The DxF Glossary of Defined Terms is available at: [https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS-DxF-Glossary\\_Final\\_v1\\_7.12.23.pdf](https://www.cdii.ca.gov/wp-content/uploads/2023/07/CalHHS-DxF-Glossary_Final_v1_7.12.23.pdf)

*able to work together and securely share information pertinent to an individual's health and wellbeing.*

The goal of the DxF is to ensure that every Californian, as well as the health *and human service* and governmental entities who serve them, can access information needed to provide safe and effective care *for all Californians*, 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.

The DxF aligns with current requirements of California Advancing and Innovating Medi-Cal (CalAIM) initiative. *The Department of Health Care Services (DHCS)* published the CalAIM Data Sharing Authorization Guidance<sup>3</sup> in March of 2022, which supports data sharing between MCPs, health care providers, community-based social and human service providers, local health jurisdictions, and county and other public agencies that provide services and manage care under CalAIM.

#### **POLICY:**

##### **Mandatory Signatories**

Most health care services organizations, including MCPs, are required to execute the DSA on or before January 31, 2023. These entities are defined in HSC section 130290(f) and include:

- Health care service plans (including Knox-Keene licensed MCPs) and disability insurers providing hospital, medical, or surgical coverage that are regulated by the California Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI).<sup>4</sup>

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<sup>3</sup> For more information on data sharing requirements for CalAIM, see the CalAIM Data Sharing Authorization Guidance, which is available at:

<https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance.pdf>

<sup>4</sup> DMHC released corresponding guidance in APL 23-014 which is available at:

<https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2023-014%20->

- MCPs that have signed a comprehensive risk contract with DHCS pursuant to Chapter 7 or Chapter 8 of the Welfare and Institutions Code and that are not regulated by DMHC or CDI.
- General acute care hospitals, as defined by HSC section 1250.
- Physician organizations (e.g., Independent Practice Associations that exchange health information) and medical groups.
- Skilled Nursing Facilities, as defined in HSC section 1250.
- Clinical laboratories, as defined in Business and Professions Code section 1265 and that are licensed by the California Department of Public Health.
- Acute psychiatric hospitals, as defined in HSC section 1250.

Entities required to sign the DSA can access the DxF signing portal on the CalHHS Center for Data Insights and Innovation website.<sup>5</sup> After signing the DSA, *most* signatories will be required to exchange health and social services information or provide access to health information to and from every other *Participant* in real time *starting no later than January 31, 2024*, as specified in the DSA and its P&Ps. Additional information can be found in the DxF Frequently Asked Questions.<sup>6</sup>

*By January 1, 2024, each MCP must submit an Excel tracker to their MCO Contract Manager listing its Subcontractors and Network Providers, the status of their DxF DSA signatures, and the proportion of all Network Providers and Subcontractors in compliance. MCPs must list on the Excel tracker all Subcontractors and Network Providers belonging to any category referenced above that were required to execute the DSA on or before January 1, 2023. MCPs do not need to list on the Excel tracker the Subcontractors and Network Providers belonging to any category referenced below that has until January 31, 2026, to implement the DxF, but may include them on the tracker if they have signed.*

By January 31, 2024, *most* signatories, including MCPs, must exchange health and social services information or provide access to health information as specified in the DSA and its P&Ps. Any sharing of health and social services information must comply with all applicable state and federal privacy laws.

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[%20Mandatory%20Signatories%20to%20the%20CalHHS%20Data%20Exchange%20Framework.pdf?ver=ooEDjobF8iHy8mt1ECmDPA%3D%3D](#)

<sup>5</sup> The CalHHS DSA Signing Portal is available at: <https://signdxf.powerappsportals.com/>

<sup>6</sup> The CalHHS DxF Frequently Asked Questions is available at: <https://www.chhs.ca.gov/wp-content/uploads/2023/01/Data-Exchange-Framework-FAQ-2023-1-23.pdf>

Some health care service organizations have until January 31, 2026, to implement the DxF. These entities include:

- Physician practices of fewer than 25 physicians,
- Rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds,
- State run acute psychiatric hospitals, and
- Nonprofit clinics with fewer than 10 health care providers.

*MCPs were required to submit a copy of their organization's signed DxF DSA to their Managed Care Operations Division (MCO) Contract Manager by July 31, 2023, and must continue to maintain a current DSA.*

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.<sup>7</sup> These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

DHCS will monitor MCPs for compliance with these requirements. DHCS may impose Corrective Action Plans (CAPs), as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 23-012, Enforcement Actions: Administrative and Monetary Sanctions, and any subsequent updates. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

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<sup>7</sup> For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, Medi-Cal Managed Care Health Plan Guidance on Network Provider Status, and any subsequent updates. APLs are searchable at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

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If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief  
Managed Care Quality and Monitoring Division