



Manifest
MEDEX

Data Exchange Framework Updates: Available Grants and QHIOs

Wednesday, May 10 from 12 pm – 1 pm PT



Felix Su

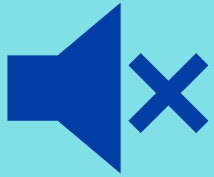
Director of Policy
Member, CalHHS DxF Implementation
Advisory Committee



Jason Buckner

Chief Information Officer
Member, CalHHS Data Sharing Agreement and
Policies & Procedures Subcommittee

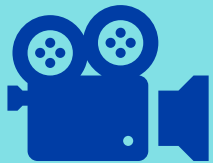
WEBINAR HOUSEKEEPING



All lines are muted.



You may submit a question at any time through the Q&A box located at the bottom center of your screen.

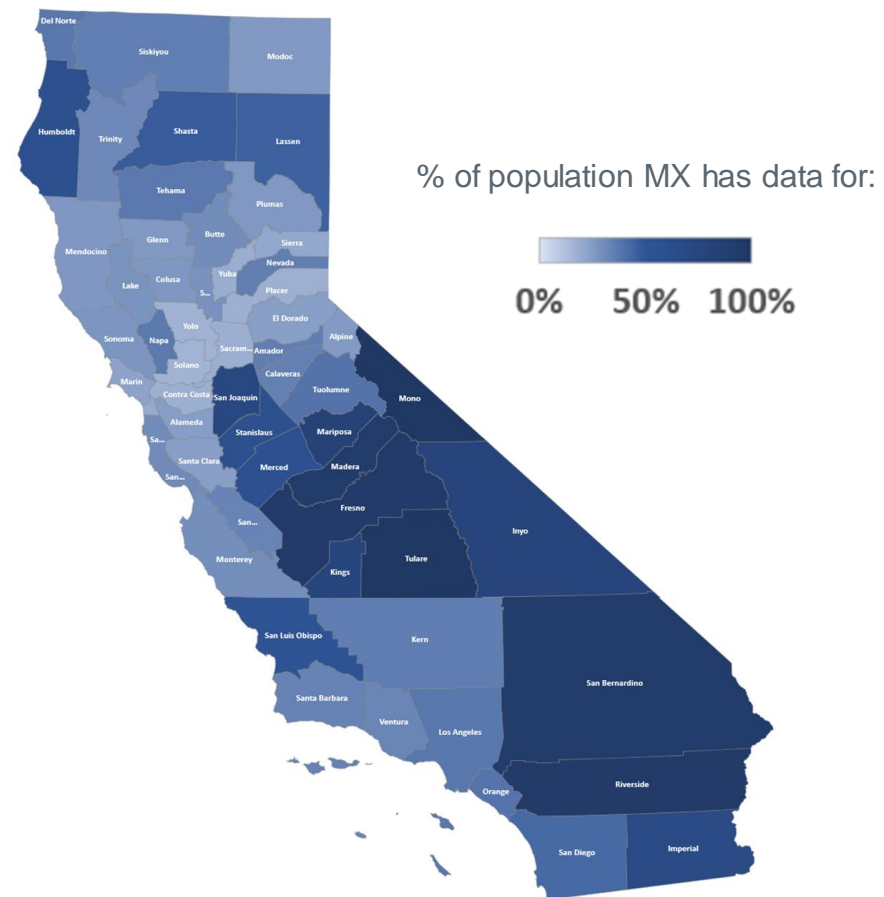


This session will be recorded. It will be available to attendees via email, added to our website, and shared via social media.



ABOUT MANIFEST MEDEX

- Mission: provide every healthcare organization in California with the information they need to improve care, enhance health, and lower costs
- Largest nonprofit health information organization in California
- Providing claims, clinical, and lab data for:
 - 36M Californians
 - 13 health plans
 - 125+ hospitals
 - 1800+ providers
 - 1.5M+ admission, discharge, and transfer (ADT) notifications delivered monthly
- Hi-Trust Certified
- NCQA Validated Data Streams
- Interoperability with 70+ EHRs
- Access to national networks via eHealth Exchange





AGENDA

1

CalHHS Data Exchange Framework (DxF) and Data Sharing Agreement (DSA)

2

DSA Signatory Grants Program

3

Partnering with Manifest MedEx to Meet Data Sharing Requirements

4

Q&A



**The CalHHS Data Exchange Framework (DxF)
and Data Sharing Agreement (DSA)**



CALIFORNIA'S FIRST-EVER STATEWIDE DATA EXCHANGE FRAMEWORK

Assembly Bill 133 is state law requiring the establishment of the [California Health and Human Service Agency's Data Exchange Framework \(DxF\)](#)

Required entities that must [sign](#) the Data Sharing Agreement (DSA) by January 31, 2023, and [share](#) health information by January 31, 2024

- General acute care hospitals
- Physician organizations and medical groups
- Skilled nursing facilities
- Health care service plans and disability insurers
- Clinical laboratories; and
- Acute psychiatric hospitals

CalHHS has created a [self-service portal](#) application for organizations to digitally sign the DSA

CalHHS CalHHS Data Sharing Agreement Signing Portal Home | Help | Search | Sign in/Register

Welcome to the CalHHS Data Sharing Agreement Signing Portal!

Signing the Data Sharing Agreement is a critical next step toward full implementation of the Data Exchange Framework.

It's time to ensure every Californian, no matter where they live, can trust that their health and social services providers can securely access critical patient information to provide safe, effective, whole person care.

Data Sharing Agreement

[Register to Start](#)

Most healthcare organizations are required to share health information by January 31, 2024



QUALIFIED HEALTH INFORMATION ORGANIZATIONS (QHIOS)

- The Qualified Health Information Organization (QHIO) Program is designed to identify health information organizations (HIOs) that can help DSA signatories meet their obligations under the DxF/DSA per AB 133
- The QHIO Application and QHIO Program Policies & Procedures have been released for public comment; the public comment period will close at 8AM PT on Monday, May 15, 2023
- Initial QHIOs are expected to be announced in July

Manifest MedEx intends to apply to become QHIO

MX leadership has served on the DxF Stakeholder Advisory Committee, Implementation Advisory Committee, and the Data Sharing Agreement Policies and Procedures Subcommittee



MEET AB133 AND DXF REQUIREMENTS WITH MANIFEST MEDEX

Manifest MedEx can help **providers, hospitals, and other health care organizations** meet data sharing requirements under AB133 by:



Securely exchanging DxF required clinical data,



In nationally adopted technical standards,



With other DSA signatories,



For required and permitted uses only.





MEET AB133 AND DXF REQUIREMENTS WITH MANIFEST MEDEX (CONT.)

Manifest MedEx can help **health plans** meet health data sharing requirements, including exchanging or making available:

- Adjudicated claims
- Encounter information from capitated providers
- Clinical data as defined by USCDI v2, including laboratory results when maintained by the impacted payer





DSA Signatory Grants Program

Overview and Eligibility, Funding Maximums, Timeline



DSA SIGNATORY GRANT PROGRAM

- The CA Governor and State Legislature allotted one-time funding to provide direct support to DSA Signatories to subsidize implementation efforts
- Up to \$47 million will be administered by the CalHHS Center for Data Insights & Innovation to help DSA Signatories meet their technical and organizational data sharing requirements to be to comply with the DxF by January 31, 2024





DSA SIGNATORY GRANTS PROGRAM: FUNDING ROUNDS

| Application Rounds | Estimated Application Window | Estimated Dates of Award Announcements |
|--------------------|------------------------------|--|
| Round 1* | 5/15/23 – 6/15/23 | 8/1/23 |
| Round 2* | 6/15/23 – 7/15/23 | 9/1/23 |
| Round 3** | 7/1/23 – 9/20/23 | 12/1/23 |

**limited to required signatories only*

***All other signatories can begin to apply*

CDII will reserve funding to ensure that **at least three rounds** of funding opportunities are available to Signatory applicants; additional rounds may be held based on application volume, and CDII **will notify** Signatories before the last round of grant application closes

Visit the CDII website to access the [**DSA Signatory Grants Applicant Guidance Document**](#) for more information



DSA SIGNATORY GRANTS

The DxF is “technology agnostic” and allows DSA Signatories to meet data-sharing obligations through their own technology or through choosing an intermediary that provides for data exchange

> QHIO Onboarding Grants

- “Assisted” pathway
- An opportunity for Signatories to achieve their DSA requirements through a QHIO, who will provide technical and operational assistance

> Technical Assistance (TA) Grants

- An opportunity that Signatories can use to fund a range of technical and operational assistance activities to achieve their DSA requirements, including onboarding to an HIO or QHIO

Applicants may only apply for one of the above grant opportunities



QHIO ONBOARDING GRANT USES

Permissible Uses

- **Offset QHIO costs to:**
 - Connect to a DSA Signatory's EHR (or other electronic record-based system)
 - Develop capabilities to perform the HIE capabilities outlined in the DSA and its P&Ps
- **Offset Signatory configuration costs for:**
 - The DSA Signatory EHR (or other electronic documentation system) to enable their connection to the QHIO
 - The retention of IT personnel resource for onboarding

Impermissible Uses

- Ongoing HIE operations
- Purchasing new EHR technology
- Onboarding to a non-qualified HIO
- Changing from one QHIO to another
- Connecting to multiple QHIOs



TECHNICAL ASSISTANCE (TA) GRANT USES

Permissible Uses

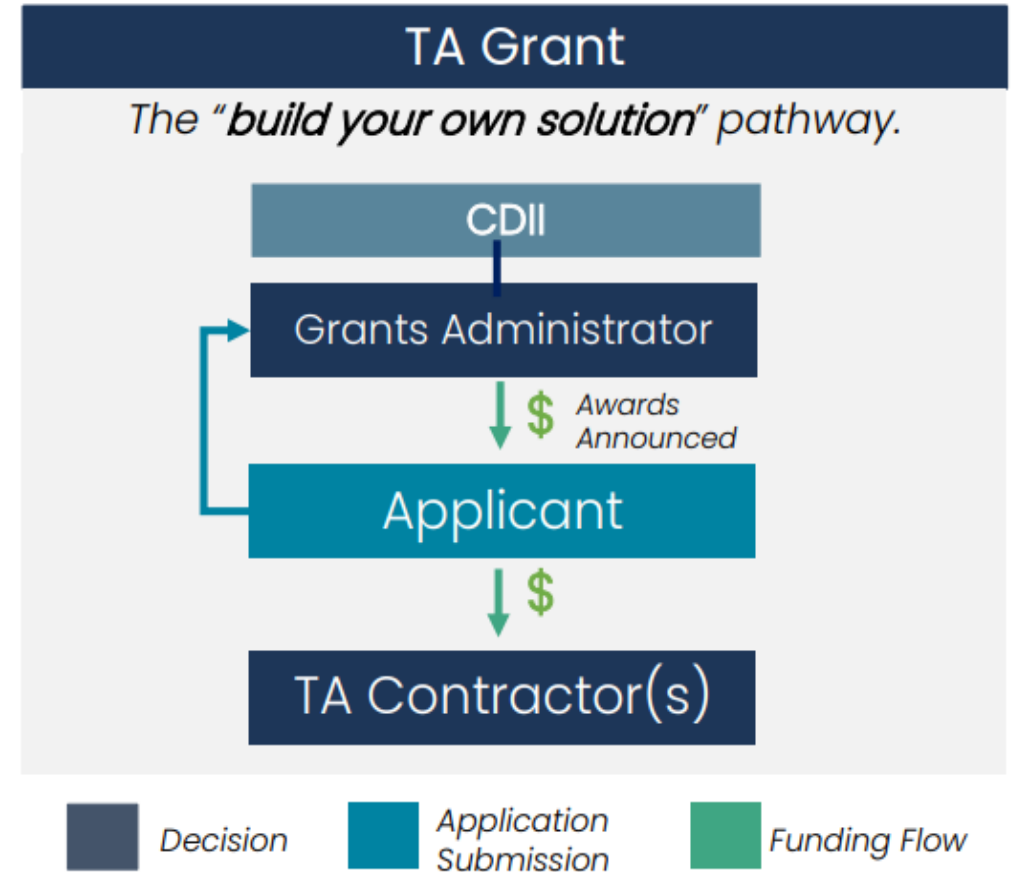
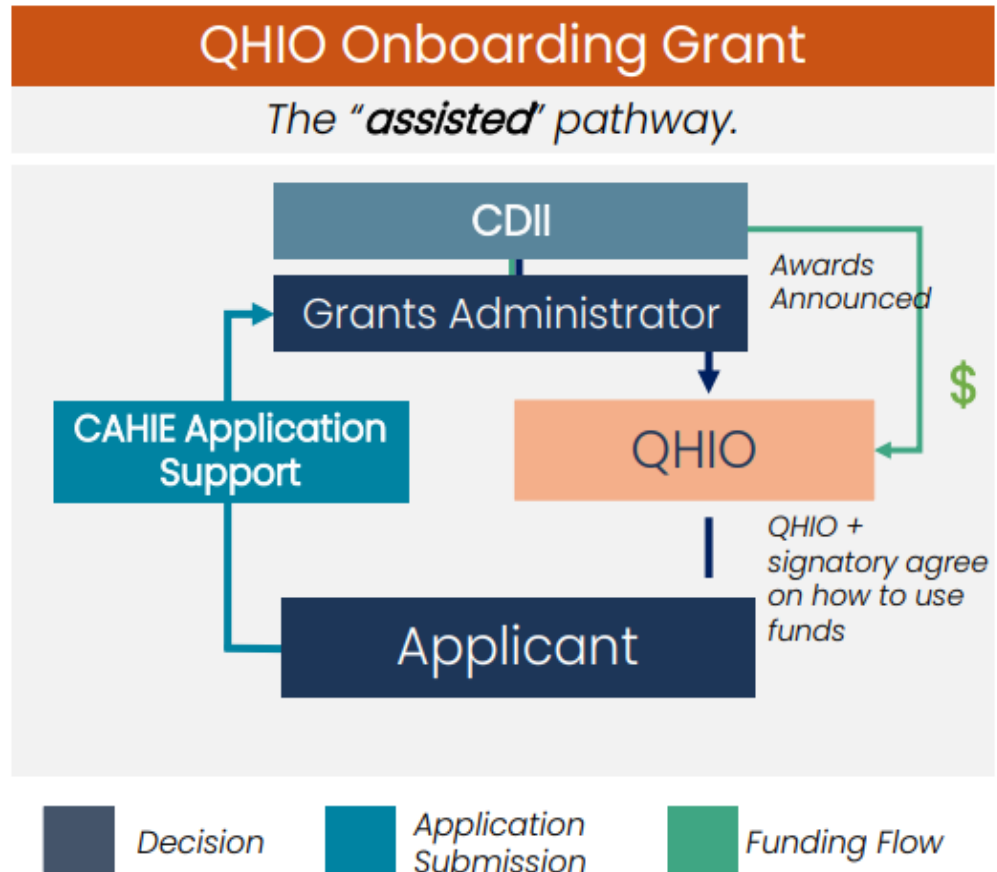
- Identifying and contracting with a technology solution that will help them achieve real-time data exchange in accordance with the DxF by conducting gap analysis
- Implementing a technology solution capable of supporting real-time data exchange in accordance with the DxF to offset costs associated with technical integrations
- Adjusting, upgrading, or adopting a certified EHR or other electronic record system required to enable real-time data exchange in accordance with the DxF
- Creating and providing training for new operational and clinical workflows required to complete real-time data exchange in accordance with the DxF

Impermissible Uses

- For activities that do not support Signatories in achieving their DSA requirements or that do not establish data exchange with other health and social services organizations
- For activities other than those specified in their Application
- For ongoing subscription or recurring costs associated with an electronic documentation system, a QHIO, or other health information technology (IT) systems



DSA SIGNATORY GRANTS: APPLICATION PROCESS





DSA SIGNATORY GRANT ELIGIBILITY

- An organization that already conducts the real-time data exchange required by the DSA and its P&Ps is not eligible for a grant because additional support is not needed
- All Signatories included in the Application must have signed the DSA prior to submitting the Grant Application
- Parent organizations are strongly encouraged to coordinate Grant Application efforts for their subordinate organizations and submit one Grant Application (i.e., an **Umbrella Application**) where possible

Definitions For This Slide

Umbrella Applicant: An organization applying for multiple Signatories, which may include but is not limited to:

- A health system applying on behalf of hospitals and physician practices that are part of its organization
- An Independent Physician Association
- A Management Services Organization



BASELINE FUNDING MAXIMUM PER INSTANCE

The following table indicates the Baseline Funding Maximum amount that an Applicant may request for each **Instance** included in the Application based on the **Primary Signatory** using that Instance

| Type of Primary Signatory Using the Instance | Baseline Funding Maximum |
|---|--------------------------|
| General Acute Care Hospitals | \$50,000 |
| Acute Psychiatric Hospitals | \$50,000 |
| Skilled Nursing Facilities | \$50,000 |
| Physician Organizations and Medical Groups | \$35,000 |
| Health Insurance Plans | \$25,000 |
| Clinical Laboratories | \$15,000 |
| Encouraged and Voluntary Signatories (including Counties) | \$25,000 |

Definitions For This Slide

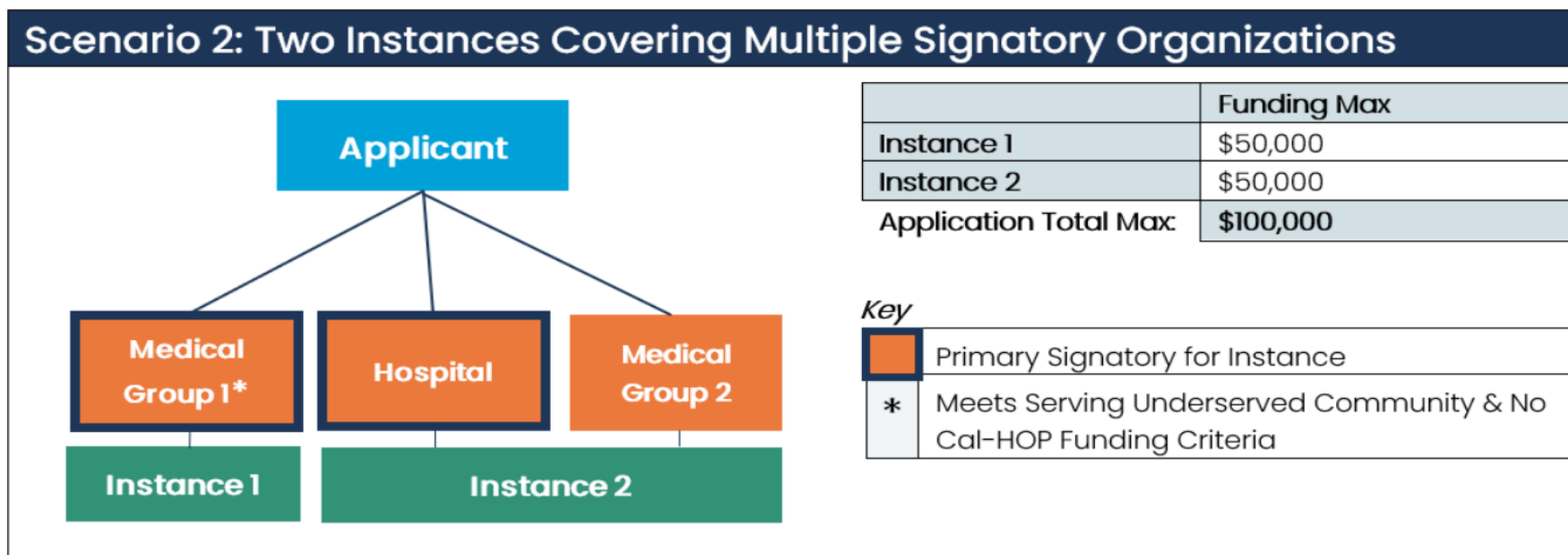
Instance: A singular configuration for an electronic record system product that may exist within and/or across multiple DSA signatories included in the Application

Primary Signatory: For each Instance in the Application, the organization serving the largest number of individuals over a 12-month period, as measured by unique individuals served or the volume of interactions (i.e., visits, admissions, etc.); the Primary Signatory's features will determine funding for the Instance



EXAMPLES OF INSTANCES

- In this example, EHR Instance 2 is used by both a hospital and a medical group that signed the DSA; any individual logging into the EHR at the hospital or medical group can access records created and maintained across both signatories
- The hospital serves more patients and is the Primary Signatory that determines Funding Max for Instance 2





ENHANCED FUNDING MAXIMUM PER INSTANCE

Signatories meeting certain criteria may need additional resources to achieve DSA requirements. Instances that serve certain Signatories (including Primary Signatories) may be eligible for Enhanced Funding if they meet the following criteria, outlined in the DxF guidance document:

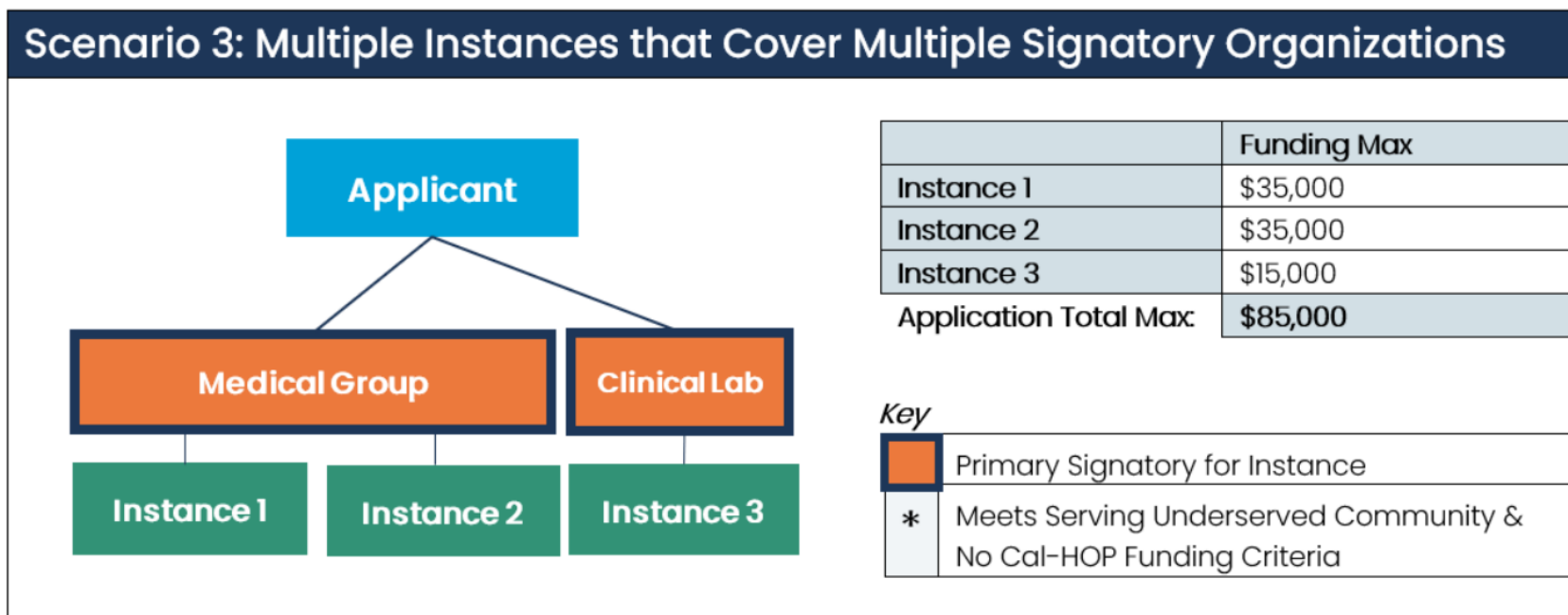
- “Serving Underserved Communities” Criteria; and
- “No Cal-HOP Funding” Criteria

| Type of Primary Signatory Using the Instance | Baseline Funding Maximum |
|---|-----------------------------------|
| General Acute Care Hospitals, Acute Psychiatric Hospitals, and Skilled Nursing Facilities | \$100,000 |
| Physician Organizations and Medical Groups | \$50,000 |
| Health Insurance Plans and Clinical Laboratories | Not eligible for enhanced funding |
| Encouraged and Voluntary Signatories (including Counties) | \$50,000 |



EXAMPLES OF INSTANCES

- In this example, individual practices belonging to the same medical group that signed the DSA are split between using two different EHR Instances (1 and 2)
- Each Instance is separately eligible for the baseline Funding Max for Medical Groups





DSA SIGNATORY GRANT APPLICATION TOTAL FUNDING MAXIMUMS

- Applicants will provide a budget request as part of their submission
- CDII reserves the right to award less than what was requested in an Application
- Umbrella Applications that request less funding than the maximum amount permitted may receive preferential scoring for demonstrating efficiencies of scale
- Funding is intended to subsidize investments in achieving DSA requirements and may not cover total investment costs
- CDII has set the total cap for an Application (regardless of the number of Signatories and Instances covered) at **\$500,000**



PROGRESS REPORTS, MILESTONES, AND PAYMENTS

QHIO Onboarding Grants: Payments by Milestone

Signatory and QHIO sign a contract to onboard the signatory to the QHIO.

QHIO submits progress report attesting to signed contract.

CDII releases Milestone 1 funding to QHIO.

QHIO successfully completes onboarding of signatory, and real-time data exchange begins.

QHIO submits progress report attesting to complete onboarding, co-signed by signatory.

CDII releases Milestone 2 funding to QHIO.



TA Grants: Payments by Milestone

Signatory and TA Contractor sign a contract for TA services specified in TA Grant application.

Signatory submits progress report attesting to signed contract.

CDII releases Milestone 1 funding to Signatory.

TA Contractor completes all services specified in TA Grant application.

Signatory submits progress report attesting to completed services.

CDII releases Milestone 2 funding to Signatory.



| Year | Progress Report Due Date | Estimated Payment Date for Reports Attesting to a Milestone ⁷ |
|------|--|--|
| 2023 | Optional reports attesting to Milestone completion will be accepted anytime during 2023. | Funds will be disbursed on an ongoing basis. |
| | | |
| 2024 | March 29, 2024 | April 28, 2024 |
| | June 28, 2024 | July 28, 2024 |
| | September 30, 2024 | October 30, 2024 |
| | December 31, 2024 | January 30, 2025 |
| 2025 | March 31, 2025 | April 30, 2025 |
| | June 30, 2025 | July 30, 2025 |
| | September 30, 2025 | October 30, 2025 |
| | December 31, 2025 | January 30, 2026 |
| 2026 | March 31, 2026 | April 30, 2026 |
| | June 30, 2026 | July 30, 2026 |
| | September 30, 2026 | October 30, 2026 |
| | December 31, 2026 | January 30, 2027 |



Benefits to partnering with Manifest MedEx



GETTING STARTED WITH MX



1

Complete the Necessary Paperwork

- Sign the DSA
- Sign a participation agreement with MX
- Submit your Grant Application

2

Integrate Your Data Streams with MX

Connect your data streams to MX so you can meet the requirements to share data

3

Access Longitudinal Health Records, ADT Notifications, and More!

Save time, improve care coordination and patient outcomes, and reduce costs with a suite of MX tools and services

Complete Steps 1 and 2 to Meet DxF Data Sharing Requirements

Additional Benefits to Joining MX

Next Steps





WHAT'S NEXT?

1. Sign the DSA
2. Review the DSA Signatory Grants Application Guidance Document and Template
3. Determine if you are eligible for a DSA Signatory Grant
4. Contact Manifest MedEx to discuss proposed activities and Funding Request
 - We will help you determine budget, type, and size of Application (e.g., Individual or Umbrella Application)
5. Apply for either a TA Grant or a QHIO Onboarding Grant
 - If you choose a QHIO Onboarding Grant, email grantsupport@cahie.org to begin Application process with CAHIE
 - Make sure to list **Manifest MedEx** as your intended QHIO or Technical Solution in your Application!
6. Submit your Grant application during an open round on the DxF Grant Portal – the sooner the better, as there is limited funding
7. Follow us on social media @ManifestMedEx and visit our [DxF Resources Page](#) to stay up to date on future webinars, policy updates, and upcoming events!



Manifest
MEDEX

Meet DSA Data Sharing Requirements with Manifest MedEx

Thursday, May 25 from 12 pm – 1 pm PT



Adam Harrison

Chief Growth Officer,
Manifest MedEx



Brittany Weppeler

Chief of Staff,
Manifest MedEx



Felix Su

Director of Policy,
Manifest MedEx and Member,
CalHHS DxF Implementation
Advisory Committee

Click the link in the chat and register today to ensure that your organization has the resources it needs to help comply with the DxF and participate in creating a healthy California for all!



QUESTIONS?
