

<b>General Instructions:</b> Please use a single row for each individual comment; feel free to add new rows as needed.					
<b>Comment #</b>	<b>Applicable Section from</b>	<b>Applicable Text from Draft DxF</b>	<b>Applicable Page Number(s)</b>	<b>A Brief Title or Summary of Your Comment</b>	<b>Full Text of Your Comment</b>
<p>Please provide sequential numbering for your individual comments</p>	<p>Please select the relevant section from the draft DxF Roadmap document in the drop-down menu in each field below.</p> <p>Note: "P1" indicates "Pillar #1", while "XP" indicates "Cross-Pillar".</p>	<p>If applicable, please copy and paste the relevant text from draft DxF Roadmap document in this field</p>	<p>Please input applicable page numbers in this field (e.g., "3" for a single page; "3-9" for a range of pages)</p>	<p>Please input a brief title or a high-level summary of your specific comment in this field.</p>	<p>Please input the full text of your comment in this field. Feel free to include any rationale or explanation for your comment.</p>
<b>1</b>	<b>General</b>			Introduction	<p>Thank you for the opportunity to contribute our perspective on the draft Data Exchange Framework (DxF) Roadmap. We have carefully examined the document and wish to offer our insights and recommendations to enhance its effectiveness and ensure it aligns with our collective mission of advancing care coordination, quality, and health equity throughout California's healthcare landscape. Covered California, the state's health insurance marketplace, is dedicated to expanding access to high-quality healthcare for residents. In our ongoing efforts to enhance the quality of care and streamline healthcare delivery, we emphasize the importance of efficient data exchange in our contracts. Recognizing the pivotal role that seamless sharing of patient information plays in reducing healthcare costs, improving outcomes, and empowering patients, we have proposed new provisions in our next contract cycle, requiring QHP issuers participating in Covered California to fully utilize the DxF to improve outcomes for enrollees. These include adherence to the California Health and Human Services DxF requirements, participation in Qualified Health Information Organization (QHIOs), and a commitment to sharing critical data to support population health management, among other initiatives aimed at advancing health equity and access.</p>

2	General			Support for the Central Tenets of the DxF	<p>We strongly support the central tenets outlined in the DxF Roadmap. California has several foundational elements already in place such as Health Information Exchanges, the All Payer Claims Database, and Health Plan Data that significantly improve coordination of care, quality, and equity. The DxF presents a key opportunity to break down silos across various areas, fostering a more integrated approach to care. We believe it is essential that the framework does not stifle innovation but rather encourages it, allowing for flexibility in design and execution. As such, we advocate for a design that is scalable and adaptable to accommodate future growth while building on existing infrastructure whenever possible.</p>
3	P2: Social Service Data Strategy			Expanding Use Cases and Stakeholder Consideration	<p>We encourage the roadmap to extend its vision beyond the initial focus on Admission, Discharge, and Transfer (ADT) event notifications. While important, the potential of the DxF extends into broader realms, including enhanced care coordination, comprehensive disease management, and proactively addressing social determinants of health (SDOH). Additionally, it is crucial to explicitly include and consider the roles of stakeholders beyond the traditional healthcare domain, thereby enriching the collaborative efforts initiated by entities such as California Department of Health Care Access and Information.</p>
4	XP: QHIOs			Streamlining Administration and Elevating State-Level Insights	<p>One of the most compelling opportunities the DxF presents is the potential to reduce administrative burdens. By streamlining data sharing and standardizing reporting practices, the framework could allow for state-level reporting on critical metrics like quality and equity across lines of business (LOBs) and departments. However, for this to be effective, the policies and procedures governing these activities must allow for additional use cases of the data. We believe that the creation of a dashboard for reporting critical metrics across lines of business and departments, consistent with these principles, would be highly welcomed by a diverse group of stakeholders, as there is no other statewide platform that currently integrates and aggregates social and clinical data. Health plans, public purchasers, advocates, and other key participants in the healthcare ecosystem are likely to see significant value in the availability of such a tool, which would facilitate a more comprehensive understanding of health quality and equity.</p>

5	P5: Impact Measurement			Ensuring Effective Impact Measurement and Accountability	<p>We fully support the focus on impact measurement, as outlined in Pillar 5. It is crucial that the success of the DxF is measured at the point of care, as this will provide insight into the tangible benefits of data exchange. However, we are concerned that the implementation of push notifications could inadvertently increase administrative burden if not executed properly. We recommend that the roadmap clearly address how the impact on care delivery and administrative processes will be measured and identify who will be responsible for assessing the metrics—whether it be CDII, QHI/Os, or the signatories themselves.</p>
6	P6: Participant Engagement			Ensuring Effective Impact Measurement and Accountability	<p>Additionally, accountability mechanisms should be a core component of the roadmap. While Pillar 6 acknowledges the lack of enforcement mechanisms for DxF participation, we urge the inclusion of specific strategies for addressing this gap. It is important to ensure that signatories are held accountable for their data-sharing commitments and that enforcement mechanisms are expanded beyond the current "signatures" approach.</p>
7	P6: Participant Engagement			Expanding Voluntary Signatories and Data Access	<p>To maximize participation in the DxF, we suggest broadening the circle of voluntary signatories. Including entities beyond the current scope can enrich the data exchange ecosystem, granting access to de-identified and aggregated data. This expansion is not merely about increasing numbers; it's about deepening the collaborative effort, thereby amplifying the quality and equity of care across the board.</p>
8	General			Conclusion	<p>In conclusion, we strongly support the vision outlined in the DxF Roadmap and believe that with the right adjustments, it can significantly improve the quality, efficiency, and equity of care across California. By addressing the concerns highlighted above, such as clarifying enforcement mechanisms, expanding use cases, and ensuring proper impact measurement, the DxF can help achieve its goals of better care coordination and a more integrated healthcare system.</p>