PATH Collaborative (CPI)
Glossary of Terms for Cross-sector Data Sharing

CalAIM providers know that individuals with complex health and social needs can cycle through various systems, including healthcare, social services, and criminal justice, without cross-sector communication or coordination.

Cross-sector Data Sharing, one of the [Bold Goals of the CalAIM Transformation](#), allows for data from multiple systems to be shared among an individual's ecosystem of providers to gain a broader understanding of the gaps that exist across systems. Through agreements, policies and technology integrations, the larger care system works together to pinpoint process improvements to create efficiency better able to serve people with complex health and social needs.

Data Systems at an Organization Level	
EHR - Electronic Health Record	EHRs are real- time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care. EHRs are a vital part of health IT and can contain a patient's dates, allergies, radiology images, and laboratory and test results medical history, diagnoses, medications, treatment plans, immunization.
Case Management Systems	A traditional human services system built to track and disburse benefits such as food stamps, housing or transportation vouchers and continuous Medicaid coverage. Case Managers use dashboards to track individuals through recurring process flows, retrieve required information, trigger further processes, manage escalations and urgent matters, identify changes, make target- oriented decisions of a process to completion.
Case Management Example: HMIS- Homeless Management Information Systems	A local information technology system used to collect client level data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each counties' Continuum of Care is responsible for selecting an HMIS software solution that complies with the U.S. Dept. of Housing and Urban Development's (HUD) data collection, management, and reporting.
Care Management Systems	Care management systems center around the care plan rather than the task/process (case management) or the diagnosis/condition (EHR). Functions are built to engage users in a collaborative process designed to manage medical/social/mental health conditions more effectively.

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Care Management Example: [Point Click Care](#)	Partnership HealthPlan of California (PHC)'s ECM and Community Supports data sharing and information exchange system. The use of this platform aims to advance communication and share information between ECM members' care teams, integrate services, improve health outcomes, and streamline the ECM benefit delivery. The cloud- based module for ECM providers in Point Click Care enables data sharing and alerts for real- time care coordination. (Partnership Health Plan ECM Policy)

Identification and Consents	
DSA - [The Data Sharing Agreement](#)	The DxF key components for successful and secure data sharing include the CDii published Data Sharing Agreement (DSA) and associated Policies and Procedures (P&Ps) that explain the "rules of the road" for data sharing in California. These elements will be continuously updated as your needs change and standards evolve. There are mandates in place that certain specified entities sign begin sharing data by January 31, 2024.
NPI - [National Provider Identifier](#)	Unique national 10-digit provider identification number that is Health Insurance Portability and Accountability Act (HIPAA) compliant. (Source: Courtesy of Partnership Health Plan ECM page)
ROI - [Release of Information / Consent](#)	A Release of Information is an authorization form that expresses a client's consent to allow their personal data to be shared among providers and others within the system of care. Consent to share information is critical to the success of cross-sector care coordination. Consent includes working with legal departments among partners to create: (1) policies that enable partners to share data within the parameters allowed by federal and state law and (2) consent policies and protocols as an important way to express each client's understanding of and commitment to be part of the collaboration. ([Breaking Down Silos](#)) **Learn more about the** [CalAIM Shared Authorization Pilot Partnership HealthPlan ECM Release of Information Form](#) (available in multiple languages)

| Legal and Regulatory Frameworks	
BAA - [Business Associates Agreement](#)	The HIPAA Privacy Rule only applies to certain groups like health plans and certain healthcare providers. However, these providers often need help from other organizations to carry out their work. The Privacy Rule allows these healthcare providers to share health information with these "business associates" as long as they make sure the information is used only for its intended purpose, is kept safe, and helps the provider follow the Privacy Rule. The Privacy Rule requires that a covered entity obtain satisfactory assurances from its business

	associate that they will appropriately safeguard the protected health information it receives or creates on behalf of the covered entity. The satisfactory assurances must be in writing, whether in the form of a contract or other agreement between the covered entity and the business associate.
DxF - Data Exchange Framework-	The California Health and Human Services Agency's Data Exchange Framework (DxF) is the first-ever, statewide data sharing agreement that will accelerate and expand the exchange of health information among health care entities, government agencies, and social service organizations beginning in 2024. (Connecting for Better Health)
42 CFR Part 2 - Final Rule– Behavioral Health Data	The Part 2 statute (42 U.S.C. 290dd-2) protects the records of the treatment of any patient in connection with any program or activity relating to substance use disorder treatment, rehabilitation, or education to help address concerns that discrimination and fear of prosecution deter people from entering treatment. Recent 2024 Federal Final Rule changes required that certain aspects of 42 CFR Part 2 be brought more in line with HIPAA. Items such as consent, use and disclosure, and patient notifications now follow the same guidelines as other HIPAA practices. For more information: 42CFR Part 2 Final Rule Fact Sheet
Information Blocking	Information blocking is a practice by an "actor" that is likely to interfere with the access, exchange, or use of electronic health information (EHI), except as required by law or specified in an information blocking exception. The Cures Act applied the law to healthcare providers, health IT developers of certified health IT, and health information exchanges (HIEs)/health information networks (HINs). Federal rules now establish "disincentives" for any health care providers that commit Information Blocking.

Health Information Sharing	
CIE - Community Information Exchange	A CIE is an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning. (Sonoma Connect | Sonoma Unidos) Care planning tools enable partners to integrate data from multiple sources and make bi-directional referrals to create a shared longitudinal record. By focusing on these core components, a CIE enables communities to shift away from a reactive approach to providing care toward proactive, holistic, person -centered system of care. (CIE San Diego) Learn more: Sonoma CIE, North Country CIE, Oregon CIE
CLR - Closed-Loop Referrals	A referral initiated on behalf of a Medi-Cal Managed Care Member to a service or support that is supported, tracked and monitored and results in a known closure.

HIE - Health Information Exchange	A system that electronically links medical records across healthcare systems and organizations. HIEs can give providers a more complete picture of consumers' medical history and healthcare utilization, facilitate coordination of care across multiple systems, and assist in population health monitoring and data gathering. HIEs must abide by the Health Insurance Portability and Accountability Act (HIPAA) and other laws that protect patient privacy.
HIO - Health information organization	A health information organization is an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards. Another way to think of an HIO, is the organization that created to facilitate an HIE, often made up of multiple stakeholders to improve the quality, safety, and efficiency of access to care through data sharing.
QHIO - Qualified Health Information Organization	Nine state-designated data exchange intermediaries that facilitate the exchange of Health and Social Services information between DxF participants. This explainer document provides information about the QHIOs serving CalAIM providers.

While the number of acronyms and changing terminology surrounding the evolving data landscape may feel overly burdensome. We hope that this data glossary primer breaks down the entry points into the future of Medi-Cal, where the important work you do is less burdensome and more beneficial through shared systems.
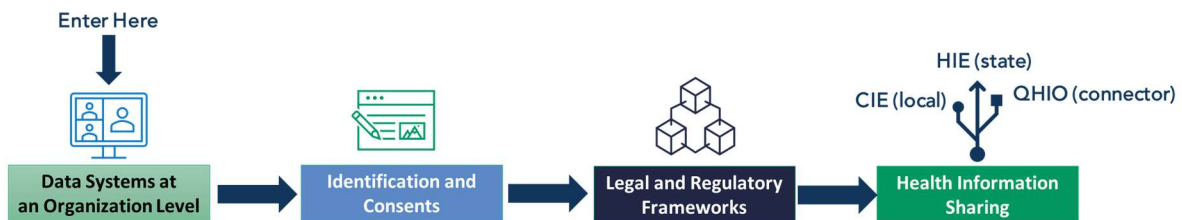
For more information, resources, and technical assistance specific to cross-sector collaboration and data sharing, visit the PATH Collaborative Planning and Implementation page on the PHIL website.
Contact the PHIL team at path@pophealthinnovationlab.org or Tammy Chandler, PATH Quality Improvement & Program Manager at tchandler@phi.org with specific questions.