

CalHHS Data Exchange Framework
Technical Advisory Committee (TAC) Recommendations

Date(s): October 9, 2025 – November 20, 2025

Topic: Identity Management

Attendance

Facilitators: Rim Cothren, Cindy Bero

Committee Members (in attendance): Aaron Goodale, Ashutosh Pandey, Benjamin Beasley, Chris Ticknor, Craig Sanderson, Danielle Friend, Brian Thomas, Eric Jahn, Eric Nielson, Jack Cheng, Jeff Jarrett, Jeff Spevacek, Joe Sullivan, John Helvey, Julie Silas, Ken Riomales, Lloyd Fischer, Mukund Wadekar, Rebecca Fisher, Uma Chandavarkar, Vishaun Lekraj

Objective

Identify, characterize, and prioritize the issues in statewide identity management that DxF needs to address.

Recommendations

The following recommendations were summarized by the Facilitators as the consensus of Committee Members. This summary may not reflect HCAI recommendations or intended actions.

1. Focus first on person matching.

The TAC reaffirmed the goals of the Strategy for Digital Identities to focus efforts on person matching, identity resolution, and record linking.

The TAC noted, however, that failures in identity assurance are closely related to person matching. DxF should continue to monitor opportunities to promote identity assurance.

2. Recognize that person matching and identity assurance challenges impact Individuals as well as DxF Participants.

That TAC noted that failures in person matching and identity assurance not only affect DxF Participants, but have a significant impact on the Individual. Beyond

care coordination, failures in identity management can limit an individual's access to services or create an inappropriate loss in benefits for which the individual qualifies.

3. Identity management challenges create a lack of trust, missed opportunities, and inefficiency.

The TAC reached consensus on a problem statement concerning identity management on the DxF, namely:

Identifying individuals across health care, social services, and public health systems is unreliable and inaccurate.

Inaccuracy and unreliability are due to:

- Lack of easy access to common authoritative identity by all authorized Participants, particularly for individuals with minimal demographic information (e.g., unhoused, minors)
- Incentives to create and propagate unmatched identities and leave them unresolved

Inaccuracy and unreliability lead to:

Individual impacts:

- Mistaken identity
- Degraded trust in the health care and social services system and how data is used
- Delays in receiving services, lost access to services

Service impacts:

- Degraded trust in the data being shared
- Missed opportunities to collaborate and coordinate care
- Duplicative efforts and operational, clinical, and financial inefficiencies

4. Focus on access to and utilization of existing authoritative sources of identity.

The TAC noted that organizations create identities and sometimes propagate them, creating duplicate identities in other systems, when they lack access to authoritative sources.

DxF should focus on easing DxF Participant access to authoritative sources of identity to reduce the need to create new identities. Such authoritative sources might be the product of state departments (e.g., Department of Motor Vehicles for driver’s license or ID cards, Medi-Cal for Client Index Numbers (CINs)) or private sector (e.g., a health plan for its member IDs).

The TAC contrasted this recommendation to creating a new “authoritative DxF identity source of truth”, either as a cross-reference mapping of authoritative sources or as a “derived” probabilistic matching using a technology solution such as a master person index. TAC therefore recommended against an earlier recommendation in the Strategy for Digital Identities for the state to create a statewide, shared master person index.

5. Provide a way for DxF Participants to identify when they searched for an individual in an authoritative source and failed to find an expected match to reduce creating duplicates.

The TAC noted that organizations may propagate duplicate identities when they believe that an identity should exist in an authoritative source but could not locate it, perhaps due to poor access or perhaps due to the individual presenting for services without the necessary documentation (e.g., a health plan ID card).

DxF should focus on providing a way for a DxF Participant to communicate such failures so as not to propagate duplicates. The recommendation was not to create a listing of all failed searches. Instead, if a DxF Participant expected to find a match with an authoritative source (e.g., could not locate a CIN for a client claiming to be enrolled in Medi-Cal but without their Benefits Identification Card) and therefore “created” an identity without it, other Participants might want to be made aware of the failure (e.g., a claim submitted to Medi-Cal on behalf of the individual might flag that a CIN was sought but not found).