



DxF Stakeholder Advisory Committee Meeting #4

QHIO Program Evolution

Introduction. The California Data Exchange Framework's (DxF) Stakeholder Advisory Committee Meeting will continue to discuss the evolution of the Qualified Health Information Organization (QHIO) Program at its October 15, 2026 meeting. This document has been developed to provide background and context for this topic's presentation and discussion.

Background. In August 2023, California's Center for Data Insights and Innovation (CDII) initiated an application process to identify organizations wishing to serve as DxF Qualified Health Information Organizations (QHIOs). These organizations would offer services to help DxF Participants meet their DxF data sharing obligations. Through this application process, nine organizations were identified and announced in October 2023 as DxF QHIOs.

QHIO Program Data Sources. As part of the October 2023 QHIO announcement, information was provided by each QHIO and made available on the DxF website. This information included a [*QHIO At A Glance*](#) document.

As the Program developed, CDII established several Program requirements, including the submission of quarterly reports from each QHIO to share the volumes and types of data exchange. Through these reporting requirements, CDII – and now HCAI – monitor the data exchange volumes supported by each QHIO.

Each DxF Participant is required to complete the Participant Directory. This Directory is where a Participant self-reports their use of QHIO services to support DxF data exchange.

The following pages describe and summarize these data with a focus on the geographies and participant types served by each QHIO, and the transactions they support as reflected in their 2026 quarterly reports to HCAI.

- I. **QHIO Service Areas, Types of Participants, and Number of Participants.** This table lists the geographies served by each QHIO as well as the number and type of DxF Participants they serve. It includes the QHIO's original statement of intent with respect to services as well as today's status:
- **Participant Service Areas:** Referencing the [QHIOs At A Glance](#) document first published in 2023, this column lists the geographies where each QHIO stated services are available.
 - **Type of Participants Served ([QHIOs At A Glance](#)):** This column reflects each QHIO's original statement regarding the range of Participants it will serve, referencing 9 Participant types: Acute Psychiatric Hospitals, Ambulatory Providers, Clinical Labs, Community Based Organizations, County Government, General Acute Care Hospitals, Health Plans, Skilled Nursing Facilities, State Government.
 - **Participant Census Regions:** Based on the ZIP code designations found in the July 1, 2026 DxF Participant Directory, this column identifies the number of [U.S. Census Regions](#) in California where the QHIO provides services to one or more Participant(s).
 - **Type of Participants Served (Participant Directory):** Here, the variety of Participants served is derived from the July 2026 Participant Directory and references 11 Participant types: Acute Care Setting, Ambulatory Care Setting, Ancillary Care, Community-Based Organization, Counties, Emergency Medical Service Providers, Pharmacy, Health Plans, Public Health, Social Service, Subacute Care Facility.
 - **Number of Participants:** This column displays the number of Participants in the July 2026 Participant Directory that selected each QHIO for Request for Information services.

The data in the chart are highlighted to reflect varying levels of service. Cells with the darkest shading represent broad geographic coverage and participation. Cells with the lightest shading reflect limited coverage and participation.

QHIO Service Areas, Types of Participants, and Number of Participants

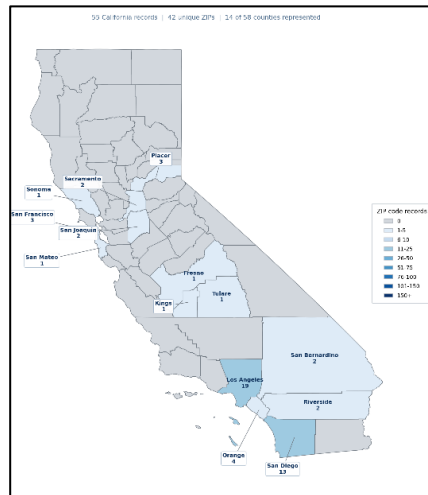
2023 Intent: QHIOs at a Glance		Organization Name, Type and Headquarters	2026 Status: DxF Participant Directory		
Participant Service Areas	Type of Participants Served		Participant Census Regions	Type of Participants Served*	Number of Participants
All regions	8 of 9 types	Cozeva Applied Research Works, Inc. For-profit - San Ramon, CA	9 of 10 regions	2 of 10 types	55
All regions	8 of 9 types	Health Gorilla For-profit - Coral Gables, FL	9 of 10 regions	4 of 10 types	32
All regions	5 of 9 types	Long Health For-profit - San Jose, CA	8 of 10 regions	1 of 10 types	51
Los Angeles County and Southern California	9 of 9 types	LANES Los Angeles Network for Enhanced Services Not-for-profit - Los Angeles, CA	6 of 10 regions	5 of 10 types	197
All regions	9 of 9 types	Manifest MedEx Not-for-profit - Riverside, CA	10 of 10 regions	9 of 10 types	669
Orange County and neighboring counties	5 of 9 types	OCPH Orange County Partners in Health HIE Not-for-profit - Orange, CA	3 of 10 regions	3 of 10 types	17
Northern and Central California and neighboring counties	9 of 9 types	SVMS SacValley MedShare Not-for-profit - Chico, CA	9 of 10 regions	6 of 10 types	454
San Diego and Imperial Counties and San Mateo EMS	9 of 9 types	SDHC San Diego Health Connect Not-for-profit - San Diego, CA	5 of 10 regions	6 of 10 types	114

*Type of Participants Served reflects the variety of Participants served by each QHIO. The QHIO must provide services to at least 3 organizations of a given type for it to be listed.

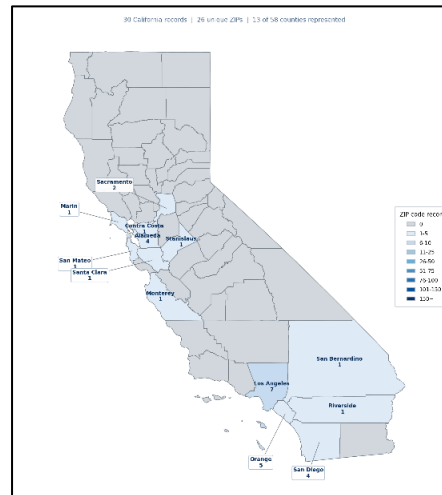
- II. **QHIOs Serving California Counties.** The maps on the following page display the distribution of DxF Participants across California's counties for each QHIO where the greater intensity of a county's shading reflects a greater number of QHIO participants. These maps were generated from an analysis of the ZIP codes entered by DxF Participants in the DxF Participant Directory as of July 1, 2026.

QHIOs Serving California Counties

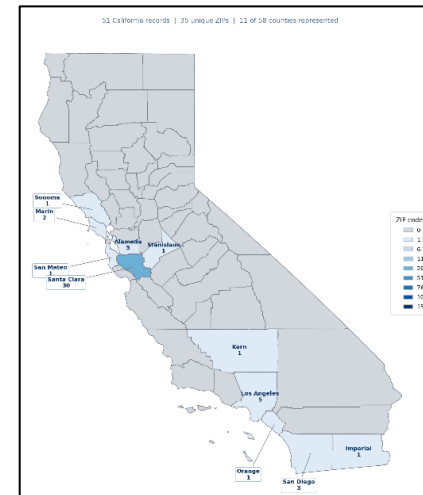
Cozeva



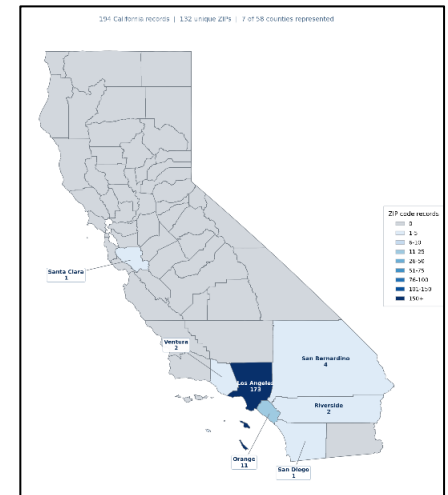
Health Gorilla



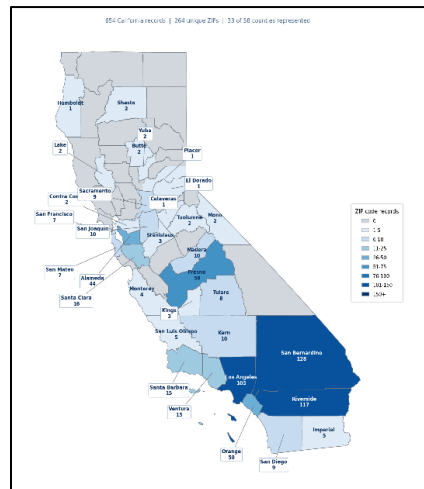
Long Health



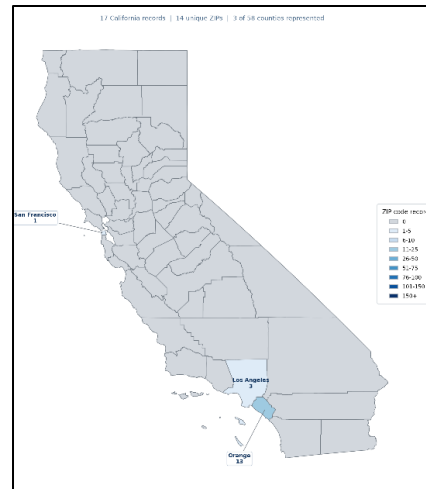
LANES



Manifest MX



OCPH



III. **QHIO Data Exchange Activity in 2026.** Through analysis of the quarterly reports submitted by each QHIO to HCAI in 2026, the next chart reflects the volume of transactions managed by each QHIO in three key areas of data exchange:

Requests for Information Sent.

This includes the Request for Information transactions sent by the QHIO on behalf of its clients. Given the challenges of separating request activity for DxP Participants from that of other QHIO clients, these volumes may include requests from clients who are not DSA signatories.

Acute Care and ED Discharge Events Received.

This includes the acute care and emergency department discharge events the QHIO received from DxP Participants. Of the various types of events reported by Participants, discharge events are one of the most reliable and best reflect each instance of acute care and emergency care activity.

Event Notifications Shared with Participants.

This includes the number of event notifications shared with Participants. These notifications may include different types of events (e.g., admissions, discharges, registrations) and may include various methods of sharing (e.g., messaging, file sharing, portal views).

The volume of data exchange activity in each of these areas is expressed in three categories defined below and the cells are shaded to reflect these volumes:

- **Less than 5,000** transactions of this type were reported for the quarter
- **5,000 – 100,000** transactions of this type were reported for the quarter
- **More than 100,000** transactions of this type were reported for the quarter

QHIO Data Exchange Activity in 2026

QHIO	Requests for Information Sent	Acute Care and ED Discharge Events Received	Event Notifications Shared with Participants
Cozeva Applied Research Works, Inc.	Less than 5,000	Less than 5,000	Less than 5,000
Health Gorilla	More than 100,000	5,000-100,000	Less than 5,000
Long Health	5,000-100,000	Less than 5,000	5,000-100,000
LANES Los Angeles Network for Enhanced Services	5,000-100,000	More than 100,000	More than 100,000
Manifest MedEx	More than 100,000	More than 100,000	More than 100,000
OCPH Orange County Partners in Health – HIE	Less than 5,000	Less than 5,000	Less than 5,000
SVMS SacValley MedShare	Less than 5,000	More than 100,000	More than 100,000
SDHC San Diego Health Connect	More than 100,000	More than 100,000	More than 100,000

■ Less than 5,000
 ■ 5,000-100,000
 ■ More than 100,000

Full Service QHIOs and Use Cases. DxF QHIOs support the three defined DxF exchange types to enable a range of Participant use cases. These exchange types and two illustrative use cases are described in the table below and the narrative that follows. It is important to note that the DxF and the QHIO Program cannot confirm that every QHIO currently delivers every listed data element as QHIOs can only access and share data elements that are made available to them by each data source.

Exchange Patterns and Data Types. The DxF QHIOs support three exchange patterns under the DxF:

Exchange Type	Start of Exchange	QHIO Actions, HSSI Exchanged and Associated Specifications	Next Steps
Request for Information	A DxF Participant contacts the QHIO to request Health and Social Services Information (HSSI) for specified Individual(s).	The QHIO sends a Request for Information to organizations maintaining this data. Available, lawfully shareable electronic health information is returned, including CCDs with USCDI v3 data for diagnoses, labs, medications, allergies, immunizations and notes; plan claims/encounters if relevant. If the Individual is not found, a null/error response may apply.	Participant receives and reviews the requested data to support care decisions and service delivery to the Individual.
Information Delivery	Participant contacts the QHIO to respond to an order or referral.	The QHIO gathers HSSI detailing the results of an order/referral and sends this information to the Participant who requested the services. The HSSI includes CCDs with USCDI v3 data for diagnoses, labs, medication, allergies, immunizations, and notes.	Upon receiving results from an order/referral, the Participant reviews the results, updates records, and determines next steps.
Event Notification	Participants request event notifications by sharing with a QHIO the list of	QHIOs receive the identities of the Individuals the Participant would like to receive Event Notifications for and share them with all other QHIOs so each QHIO can monitor for a match to incoming events.	Once a Participant learns an individual of interest has been admitted or discharged, the Participant

Exchange Type	Start of Exchange	QHIO Actions, HSSI Exchanged and Associated Specifications	Next Steps
	Individuals they would like to receive events for (often via a roster).	QHIOs receive events from acute care and emergency departments. Upon arrival, events are matched to the list of individuals. When an event matches a listed Individual, a notification is sent to the Participant who listed that individual or to the QHIO that shared that identity. Notifications are sent in real-time and identify the Individual, facility, event type, date/time and additional details when available. Event data follows HL7 v2.5.1 ADT standards and include: patient information, sending organization, facility name/NPI, event type, and event date/time. Admission type/reason and relevant professional if known; discharge diagnosis and disposition if known.	can submit a Request for Information (query) to their QHIO, requesting additional clinical information and/or engage with the Individual and their care givers to support the care transition.

Crosswalk of Data Elements Needed by Providers with DxF Requirements. Details related to DxF data exchange requirements can be found in the [Data Elements to be Exchanged P&P](#), the [Technical Requirements for Exchange P&P](#), and other [DxF Policies and Procedures](#) and are further summarized in the chart below. In this chart, DE refers to Data Elements to be Exchanged P&P, TR to Technical Requirements for Exchange P&P, and USCDI to the 2026 v3 baseline. Standards examples are illustrative.

#	Data exchanged	Data standards, vocabularies, and code sets employed by QHIOs	Availability or usability to confirm
1	Diagnoses and problems	DE §§ II.1.a.i and II.2.a: provider EHI and USCDI. Problems lists, and diagnosis codes use SNOMED CT or ICD-10-CM. [1, 3]	Current versus historical status and diagnosis dates.
2	Lab orders and results	DE §§ II.1.a.i and II.2.a: EHI includes maintained orders; USCDI documents test results and test status. [1, 3]	A test order does not establish completion; retain result dates and source.
3	Immunizations	DE §§ II.1.a.i and II.2.a: USCDI Immunizations; CVX and the Vaccine NDC Directory–Vaccine NDC Linker Table. [1, 3]	Historical and externally administered vaccines may be incomplete.
4	Medications filled	DE §§ II.1.a.i/iii and II.2.a: medication dispensed status and plan pharmacy claims. RxNorm; NDC optional for USCDI medications. APL 25-015: pharmacy claims monthly on request, within 14 days. [1, 3, 5]	Prescribing, dispensing and current use differ; confirm pharmacy/PBM coverage.
5	Allergies and intolerances	DE §§ II.1.a.i and II.2.a: USCDI medication substance, drug class and reaction; RxNorm/SNOMED CT. Notes may also reference other allergies and sensitivities. [1, 3]	An empty list does not establish absence of allergies.
6	Provider notes, documents and discharge summaries	DE §§ II.1.a.i and II.2.a: EHI and USCDI clinical notes, including discharge summaries and procedure notes; LOINC note types. [1, 3]	Narrative documents may require review before information can populate a registry.
7	Facility ADT ED, acute and subacute	TR § II.3: requested hospital/ED admission and discharge alerts use HL7 v2.5.1 ADT or a later compatible version. Alerts from skilled nursing facilities are encouraged under DxF but not required. [2]	Confirm facility and event coverage, especially post-acute settings.

#	Data exchanged	Data standards, vocabularies, and code sets employed by QHIOs	Availability or usability to confirm
8	Health plan claims and encounters, (facility, professional, LTC and pharmacy)	DE § II.1.a.iii incorporates data required under CMS-9115-F (85 FR 25510); adjudicated claims, encounters and USCDI clinical data, when maintained and legally shareable. DE §§ II.2.b and II.3 govern standards/formats. Code examples: ICD-10-CM, CPT/HCPCS, ICD-10-PCS and NDC. [1, 6]	Claims lag and completeness vary; costs may be omitted outside individual access.
9	Member eligibility and attribution	DE §§ II.1.a.iii and II.2.a: USCDI Health Insurance Information includes coverage status/type and member, subscriber, group and payer identifiers. These elements do not specify a complete PCP or value-based payment attribution roster. [1, 3]	A complete, current PCP or VBP attribution roster requires separate confirmation.
10	Behavioral claims and substance use disorder (SUD) records	Claims: DE § II.1.a.iii; e.g., ICD-10-CM diagnoses and CPT/HCPCS services. Clinical content: DE §§ II.1.a.i and II.2-3. 42 C.F.R. Part 2 may protect SUD records; it is not a separate vocabulary. The Purposes P&P § II.2.a (pp. 1-2) expressly addresses Part 2 exchange, with necessary authorizations and compliance with law. [1, 4, 6]	Verify lawful access and consent handling across organizations and networks.
11	Demographics and contact details	DE §§ II.1.a.i and II.2.a: USCDI names, birth date, address, phone and language; TR § II.4 governs person matching. [1-3]	Validate matching and outreach information; source records may conflict.
12	Procedures	DE §§ II.1.a.i and II.2.a: USCDI Procedures; SNOMED CT or CPT/HCPCS; procedure notes provide context. [1, 3]	A procedure code may establish service history without documenting findings.

Sources:

[1] Data Elements (DE) to Be Exchanged P&P • [2] Technical Requirements (TR) for Exchange P&P • [3] USCDI v3 • [4] Permitted, Required, and Prohibited Purposes P&P §§ II.1.a, II.2.a • [5] 2026 USCDI baseline • [6] 45 CFR § 162.1002 code sets

Rows 11-12 provide additional data needed for the use cases. The final column identifies implementation questions to verify; it is not an assessment of each QHIO's current capabilities. This crosswalk describes DxP requirements and excludes separate DHCS program requirements.

Use Cases

The following use cases show how a QHIO supports the Individual's care by locating and retrieving the data necessary to support the clinic in making its care and outreach decisions.

Use Case 1: Treatment and care management. A patient with limited history available in the local EHR presents to an emergency department with altered mental status. The care team needs timely access to the patient's clinical history, medications, and recent care to support treatment and coordinate follow-up with the patient's primary care provider.

The emergency department and QHIO take the following actions:

#	Step	Exchange type or clinic activity	QHIO action and data exchanged	Clinic action
1	Patient presents with altered mental status	ED clinical activity	Patient is identified, but the ED's local EHR contains no meaningful prior clinical history.	ED begins evaluation but needs outside information to safely diagnose and treat the patient.
2	Query for outside clinical information	Request for Information	ED requests available information through its QHIO. The QHIO queries the network and returns available clinical information, potentially including diagnoses/problems, medications, allergies, labs, prior encounters, procedures, and clinical notes.	ED reviews the returned longitudinal clinical information.
3	Identify relevant history	Request for Information / clinical review	Returned information identifies epilepsy, chronic renal insufficiency, prior Keppra treatment, and a recent PCP note documenting that the patient had run out of medication and has experienced severe post-seizure confusion.	ED incorporates the outside information into the assessment and treatment plan.

#	Step	Exchange type or clinic activity	QHIO action and data exchanged	Clinic action
4	Treat the patient	ED clinical activity	QHIO information supplements the ED's local clinical evaluation and testing.	ED restarts seizure treatment and considers renal function in medication dosing. Patient improves and becomes stable for discharge.
5	Transition back to primary care	Request for Information	PCP requests ED discharge summary, medication information, relevant laboratory results, diagnoses, and follow-up instructions via the QHIO. This request can be made after the patient notifies the PCP they were hospitalized or after the PCP receives a notification that the patient was discharged from the ED.	PCP receives the information needed to conduct next-day follow-up, reconcile medications, and continue management.

Use case 2: Population health management. A primary care clinic conducts routine colorectal cancer screening outreach for its adult patients age 45 and older. Because patients may receive care outside the clinic, the clinic's EHR may not contain all available information needed to accurately determine screening status. The clinic uses enrollment and eligibility data to establish its active monthly patient panel and works with its QHIO to conduct recurring panel-level queries for available colorectal cancer screening information across the QHIO/DxF network. The query is limited to individuals with whom the clinic has or had a treatment relationship, and the requested HSSI pertains to that relationship.

The returned information is incorporated into the clinic's EHR or population health management tool, where applicable measure criteria are applied to identify patients who remain due for screening and should receive outreach. The clinic tracks its colorectal cancer screening rate throughout the year using the QHIO queries and has increased screening from 50% to 80% of its patients. This is what we call 'population health management'.

The population health program and QHIO take the following actions:

#	Step	Exchange pattern or clinic activity	Information received or reviewed	Clinic action
1	Establish active practice panel	Enrollment and eligibility data acquisition	Enrollment and eligibility information from the clinic's contracted health plans is used to establish the active monthly patient population.	The practice establishes its active panel and identifies the population potentially eligible for colorectal cancer screening, including adults age 45 and older.
2	Submit recurring panel query	Request for Information – Panel Level	On a regular basis, such as monthly, the clinic provides its QHIO with the practice panel and requests data needed to assess colorectal cancer screening status.	Maintain the panel and establish the recurring query rather than initiating individual patient queries.
3	Search across the QHIO/DxF network	Request for Information	The QHIO searches its available data and the QHIO/DxF network for relevant information for patients in the panel, including available FIT results, colorectal screening procedures, diagnoses, and relevant claims/encounters.	No individual chart-by-chart query is required by clinic staff.
4	Return matched panel data	Request for Information	The QHIO returns available matched information for the requested panel, including relevant results/codes, service or result dates, and source information.	Receive the QHIO information into the clinic's EHR or population health management tool and match it to the corresponding patients.

#	Step	Exchange pattern or clinic activity	Information received or reviewed	Clinic action
5	Apply measure criteria and identify screening gaps	Internal clinical activity	The EHR/PHM tool combines available QHIO information with existing clinic data and applies the applicable denominator, exclusion, and numerator criteria.	Identify patients who meet denominator criteria but do not have evidence satisfying the numerator and generate a measure-specific gap list or population health registry for outreach.
6	Conduct targeted outreach	Internal clinical activity	Updated screening status and available patient contact information are reviewed.	Contact patients with identified screening gaps and arrange the appropriate next step for colorectal cancer screening.
7	Refresh panel and repeat cycle	Information Delivery / Request for Information	New screening results and other available information are received through ongoing exchange and subsequent recurring panel queries.	Update screening status in the EHR/population health tool and repeat the process as the active monthly panel and available information change.