December 17, 2020

eHealth Exchange™

Please e-mail questions or concerns to
administrator@ehealthexchange.org

Annual Meeting

Virtual due to COVID-19

How Do I Participate?
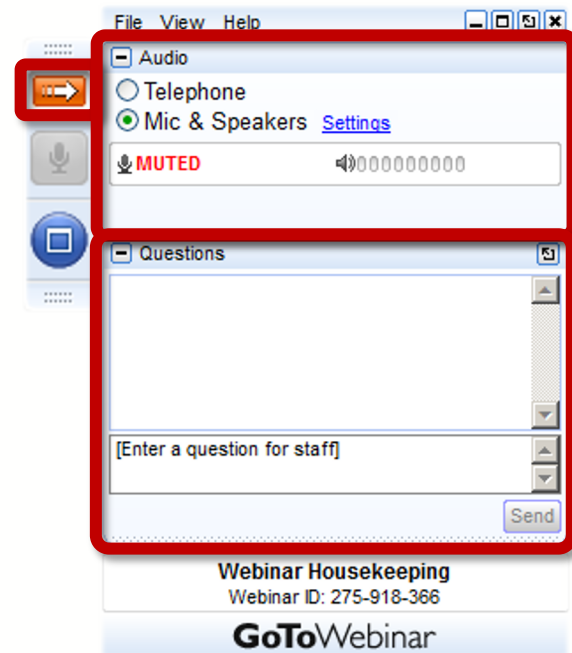
Your Participation

Open and close your control panel

Join audio:
- Choose "Mic & Speakers" to use VoIP
- Choose "Telephone" and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today's presentation is being recorded and will be provided within 48 hrs

Problems or Questions? Contact Hera Ashraf
(Marketing@ehealthexchange.org or 317-529-5862)

Today's Topics

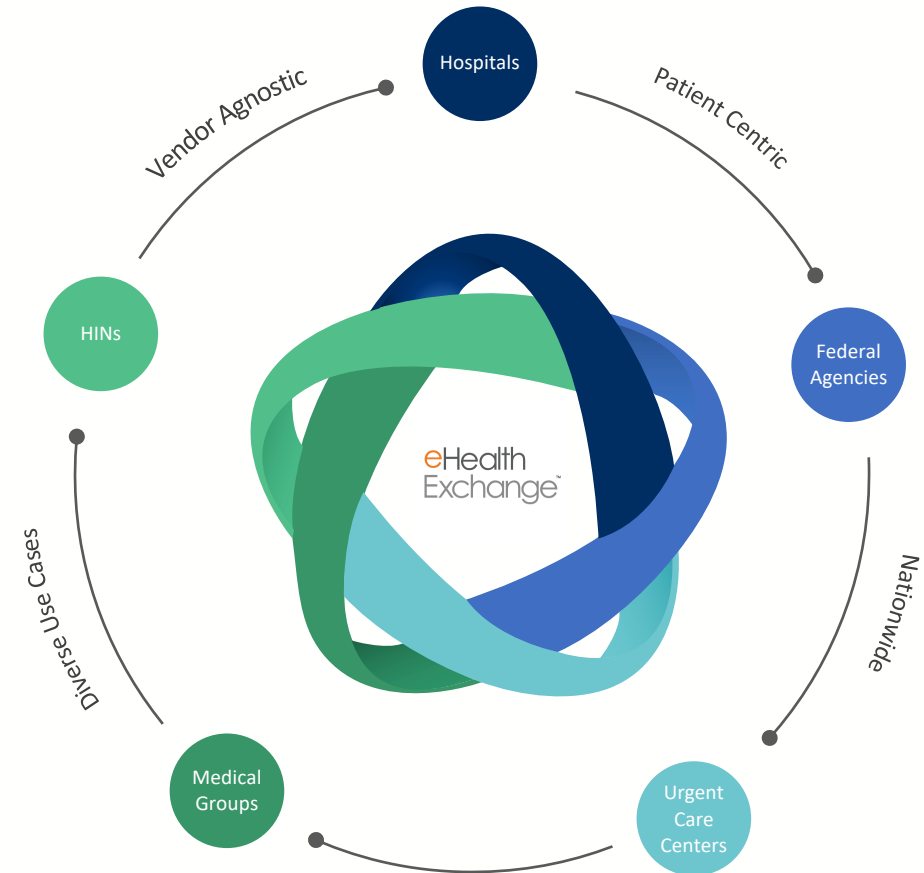|	
1. Who we are, What we do, & Why	Jay Nakashima
2. Use Cases Supported	Jay Nakashima, Mike McCune, Kati Odom-Bell, Eric Heflin, Pat Russell,
3. Hub Dashboard Analytics	Mike Yackanich
4. 2020 Accomplishments	Jay Nakashima
5. **Questions & Answers**	**Everyone**
5. Roadmap	
- Summary Highlights	Jay Nakashima
- Geospatial Fan-Out Queries	Eric Heflin
- FHIR (Patient Data Exchange)	Mike Yackanich
- FHIR Directory Upgrade to FHIR R4	Mike McCune
- Hospital Directory Search on Web Site	Mike McCune
- Validate Real-World Interoperability (Content Remediation Deadline)	Matt Blackmon
- Production Content Quality Scans	Matt Blackmon
- Digital Security Certificate Authorities Changing	Kati Odom-Bell
6. Reminder – Year-end Digital Certificates Expiring	Kati Odom-Bell
7. Moving Forward	Jay Nakashima
8. **Questions & Answers**	`

eHealth Exchange™

eHealth Exchange Highlights

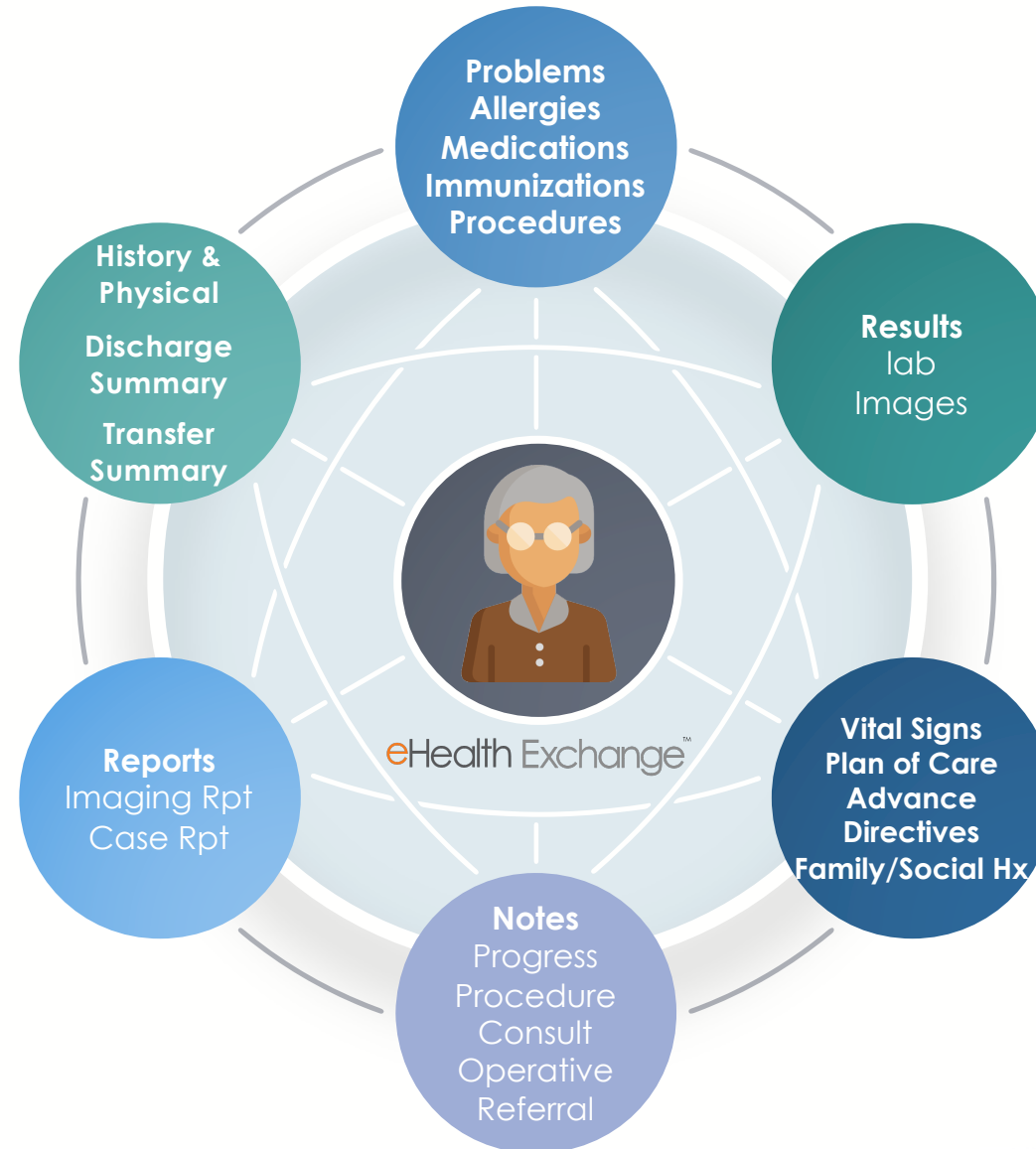Who we are, what we do, & why

eHealth Exchange™

What is eHealth Exchange?

A health data-sharing network providing a single connection to the country!

- Facilitates electronic exchange of patients' medical information

- Improves the speed, quality, safety, and cost of patient care

- Informs clinical decisions **when seconds and minutes matter**

What data is exchanged?

Problems
Allergies
Medications
Immunizations
Procedures

History &
Physical

Discharge
Summary

Transfer
Summary

Results
lab
Images

Reports
Imaging Rpt
Case Rpt

eHealth Exchange™

Vital Signs
Plan of Care
Advance
Directives
Family/Social Hx

Notes
Progress
Procedure
Consult
Operative
Referral

eHealth Exchange™

How are we different?

Diverse Use Cases

The longest-standing nationwide network supporting diverse use cases

Federal Connectivity

The only network enabling providers & regional networks direct exchange with federal agencies

Incubated by the U.S. Department of Health and Human Services as an ONC initiative in 2006

The eHealth Exchange is now a non-profit Health Information Network (HIN) dedicated to the public good.

The oldest and most mature national patient data exchange network

Vendor Agnostic

The only vendor-independent nationwide network. Supports 61 HIEs' platforms.

Network of Networks

- Exchange with 61 state & regional HIEs

- Exchange with 20+national networks

eHealth Exchange™

How connected is eHealth Exchange?

We're a national community connecting:		
All **50** States	**70,000** Medical Groups	
Federal Agencies (DoD, VA, SSA)	**5,800** Dialysis Centers	
75% of U.S. Hospitals	**8,300** Pharmacies	

61 Regional and State HINs

Exchanging more than 550 million clinical documents annually

Connecting federal agencies & the private sector in all 50 states

PULSE
Patient Unified Lookup System for Emergencies

+connectivity with 20+ additional national networks

eHealth Exchange

We also connect participants to 20+ additional Networks

eHealth Exchange Breakdown

Over 3,000 hospitals

Health Systems 206
70%

HIEs (State, Regional)
61, 21%

Ambulatory 17,
6%

Federal Agencies
3, 1%

Other
5, 2%

eHealth Exchange™

We're Growing!

Legend:
- Total Participants (contracts, not hospitals)
- Participants' Additional Connected IT Platforms (aka "Nodes")

| Year	Total Participants	Nodes
2012	23	
2013	41	
2014	81	
2015	112	
2016	134	15
2017	186	19
2018	249	20
2019	273	24
2020	295	26
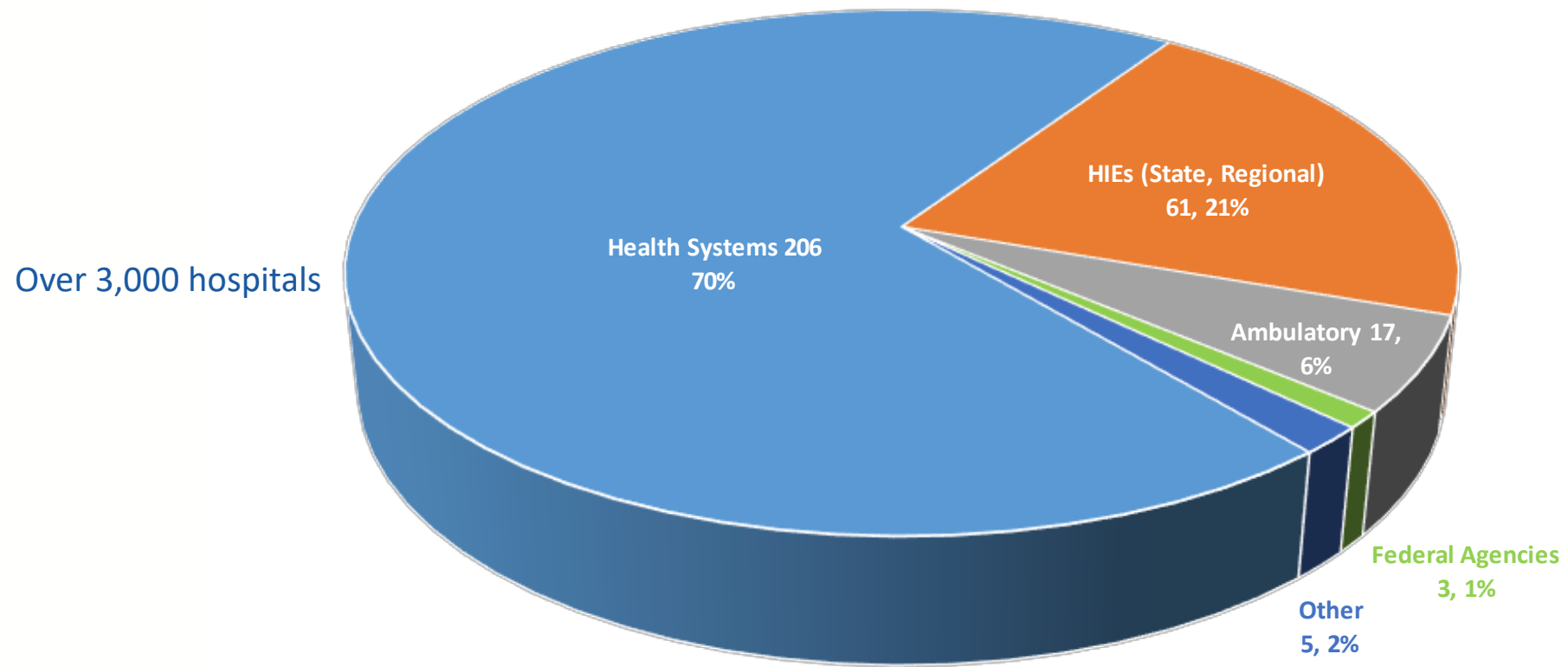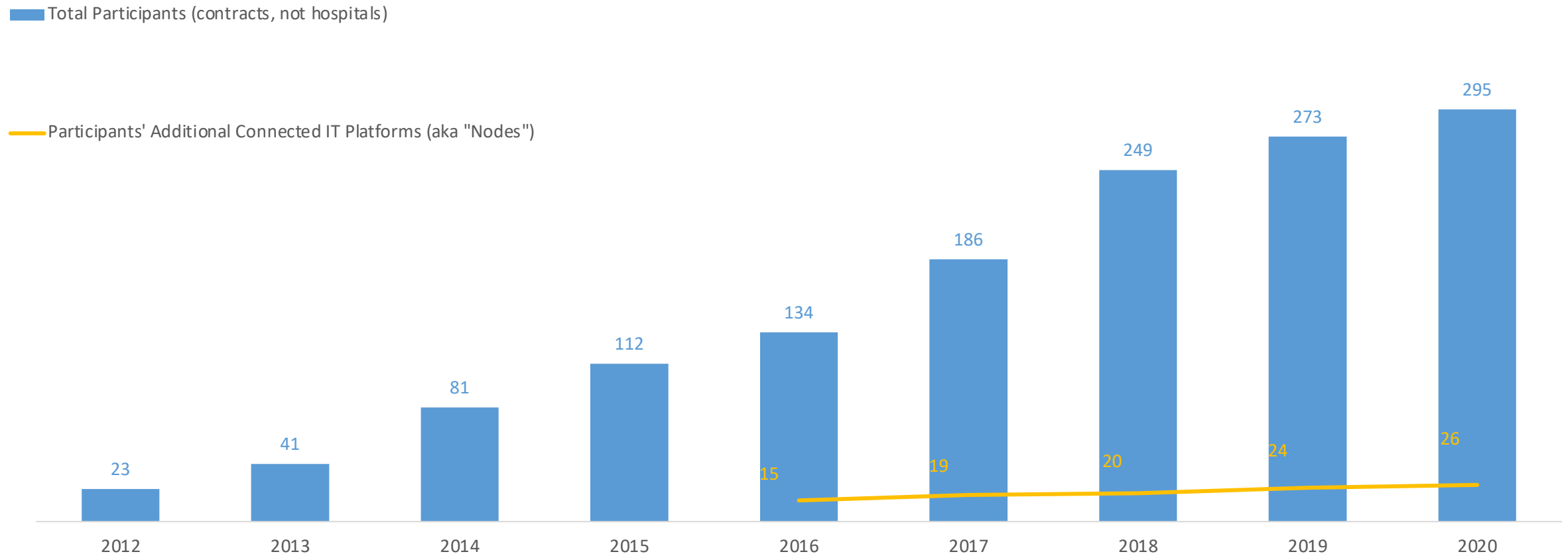
22 New Participants Added in 2020!

1. Healthcare Access San Antonio (HASA)
2. ADVault, Inc.
3. Association of Public Health Laboratories (APHL)
4. Fresenius Medical Care North America
5. Saint Francis Health System (OK)
6. Connected Care Health Services, Inc.
7. UCLA Health
8. Dayton Children's Hospital
9. TriHealth
10. University Health System (UHS- San Antonio)
11. Mount Sinai Helath System (NY)
12. University of Illinois Hospital and Health Sciences System (UIC)
13. Northeast Georgia Medical Center, Inc. (NGHS)
14. El Camino Health
15. Audacious Inquiry
16. Hoag Clinic
17. Baptist Health (BHSI, KY)
18. Seattle Children's
19. Big Sky Care Connect
20. Group Health Cooperative of South Central Wisconsin (GHC-SCW)
21. Boston Medical Center
22. Orlando Health Inc

Committed to Improving Patient Care via Data Exchange

Single API Exchanges 500M Clinical Documents Annually

✓ Platform to Introduce New Capabilities

✓ 1 API with all eHealth Exchange participants

✓ Same API facilitates Carequality exchange
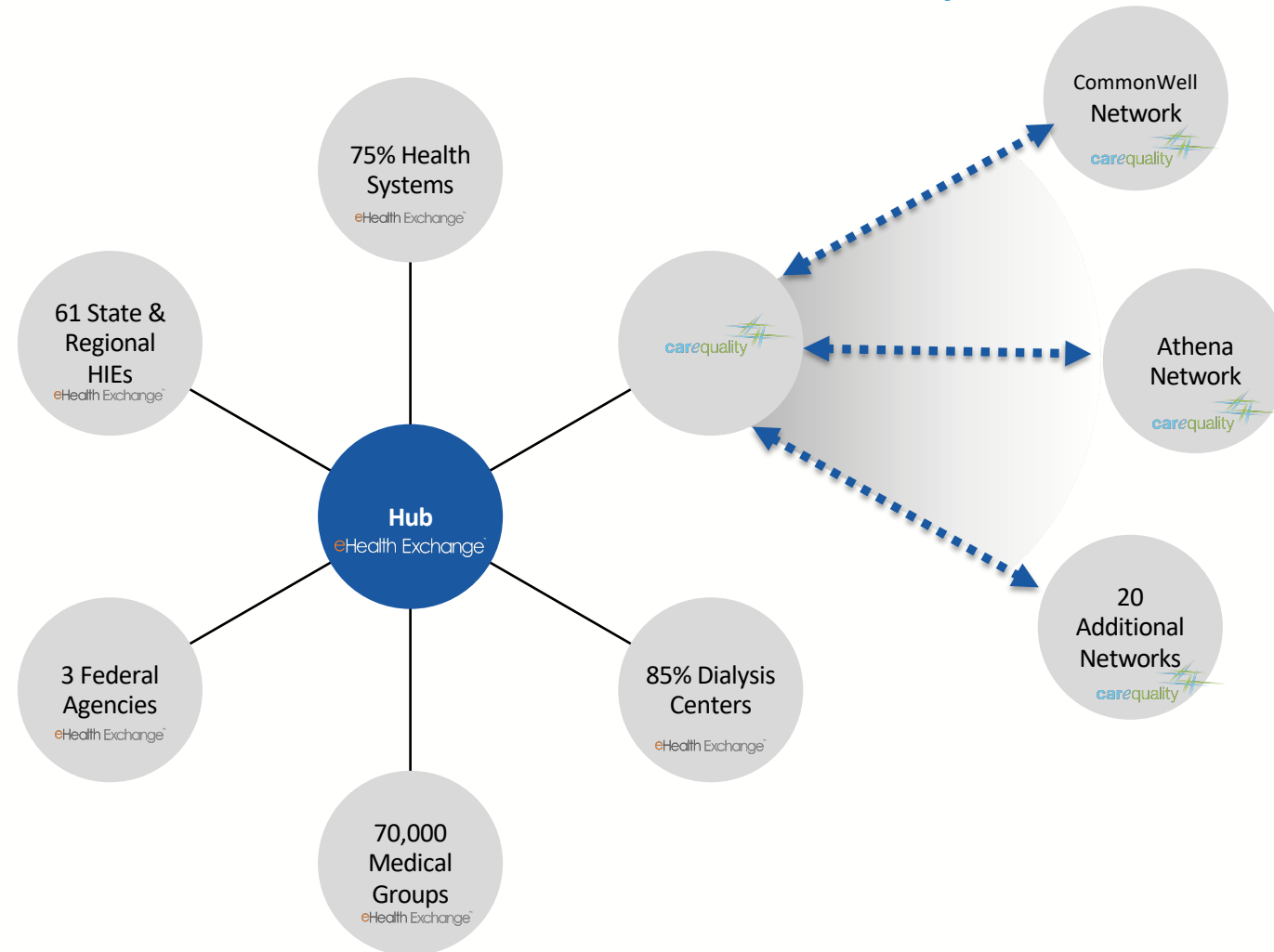
Use Cases Already Supported

Please adopt these workflows

eHealth Exchange™

Which Use Cases Does the eHealth Exchange Support?

Treatment / Care Coordination
Enables access to critical information to support improved care coordination for patients by their providers during transitions of care

Social Security Disability Benefits Determination
Automates the request and retrieval of records to support applicants' claims for disability benefits, accelerating determination process

Immunization Notifications
Enables the push of immunization data for treatment purposes *(not related to immunization registries)*

Electronic Case Reporting
Enables providers to automatically transmit comprehensive case reports from the electronic health record (EHR) to public health agencies

Life Insurance Applications
Automates the request and retrieval of clinical records for life insurance applications

Encounter Alerts
Enables event notification of clinical encounters (with robust clinical details) to state & regional HIEs to populate longitudinal patient records

Prescription Drug Monitoring Program (PDMP) Pilot
Enables exchange of PDMP data via FHIR

Syndromic Surveillance Reporting
Enables providers to push discrete disease notifications (not full case reports) to public health agencies

Consumer Access to Health Information
Enables clinical exchange between patient and provider, often via a Personal Health Record (PHR)
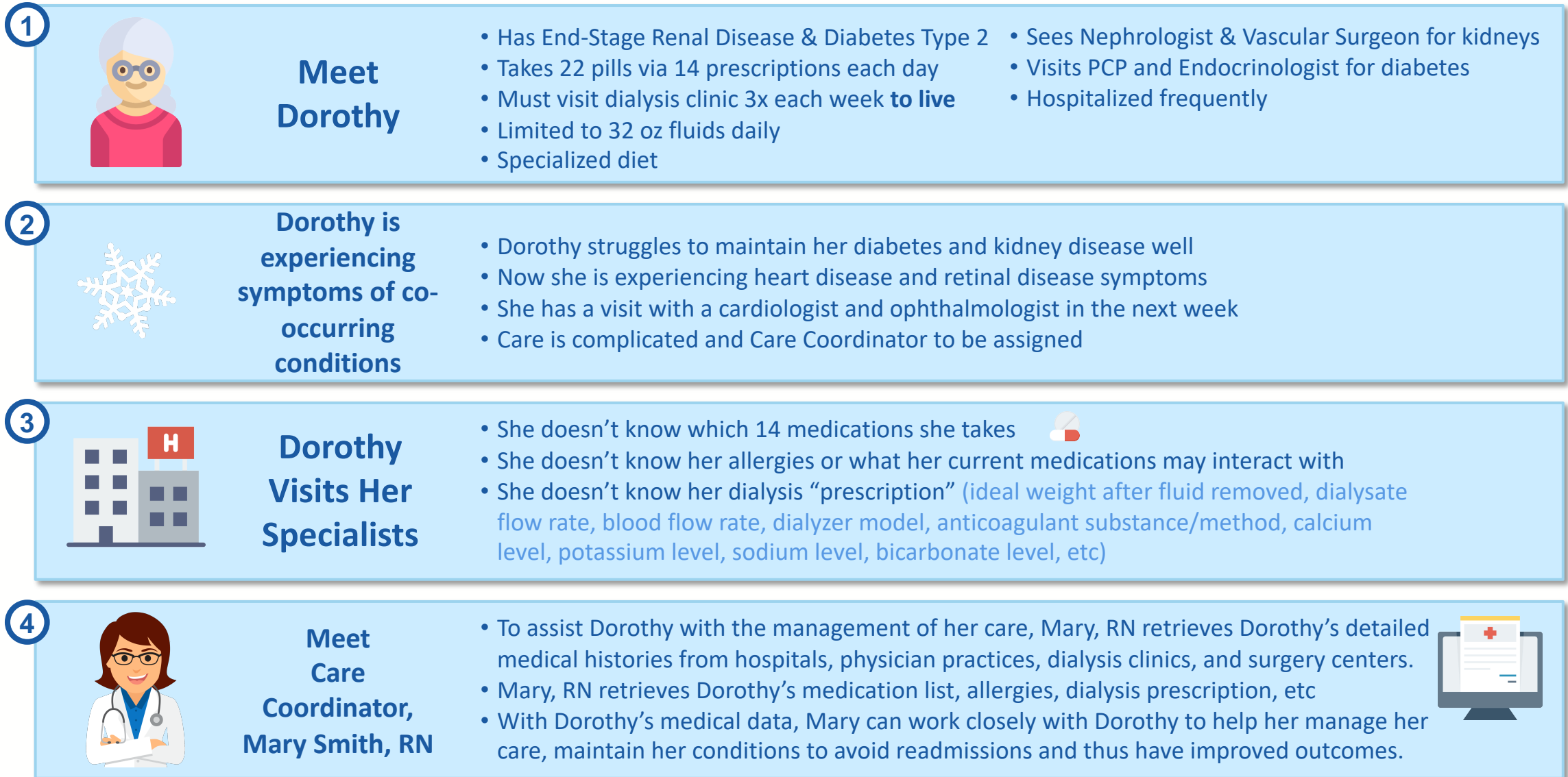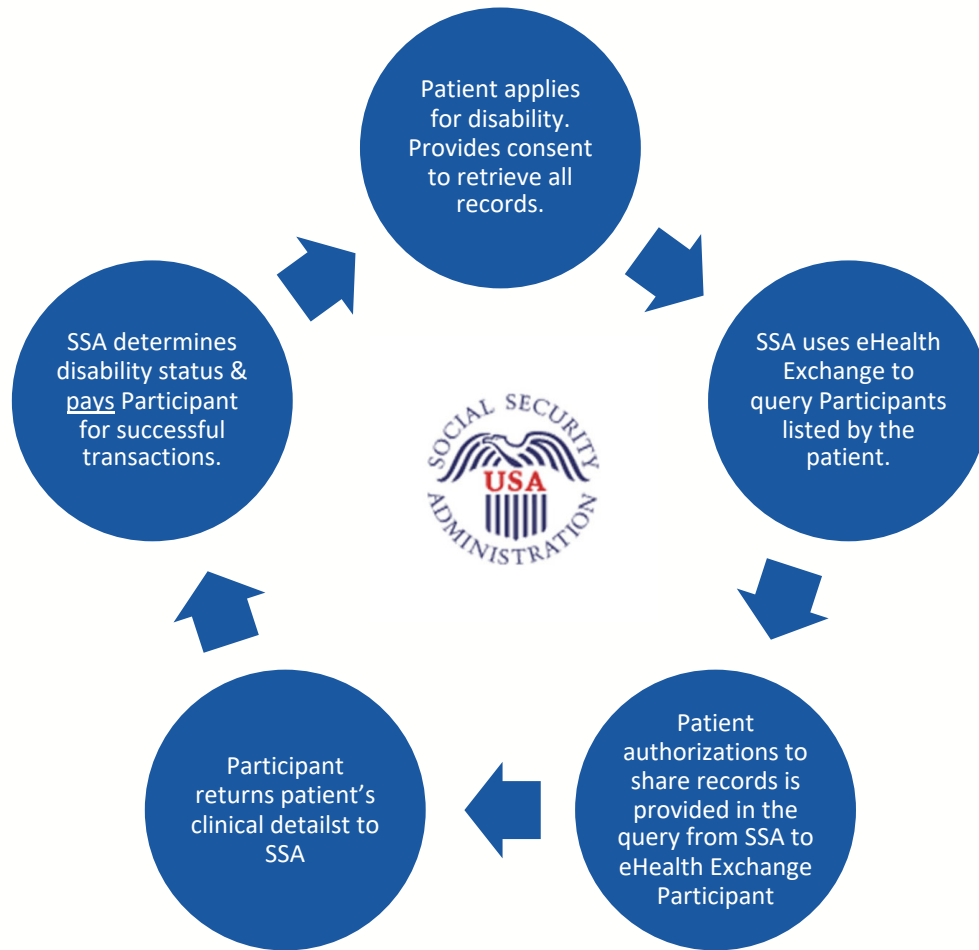
Image Share
Enables organizations to share images

Approved but not yet implemented by Participants

eHealth Exchange

Use Case #1: Care Coordination

① Meet Dorothy
- Has End-Stage Renal Disease & Diabetes Type 2
- Takes 22 pills via 14 prescriptions each day
- Must visit dialysis clinic 3x each week **to live**
- Limited to 32 oz fluids daily
- Specialized diet
- Sees Nephrologist & Vascular Surgeon for kidneys
- Visits PCP and Endocrinologist for diabetes
- Hospitalized frequently

② Dorothy is experiencing symptoms of co-occurring conditions
- Dorothy struggles to maintain her diabetes and kidney disease well
- Now she is experiencing heart disease and retinal disease symptoms
- She has a visit with a cardiologist and ophthalmologist in the next week
- Care is complicated and Care Coordinator to be assigned

③ Dorothy Visits Her Specialists
- She doesn't know which 14 medications she takes
- She doesn't know her allergies or what her current medications may interact with
- She doesn't know her dialysis "prescription" (ideal weight after fluid removed, dialysate flow rate, blood flow rate, dialyzer model, anticoagulant substance/method, calcium level, potassium level, sodium level, bicarbonate level, etc)

④ Meet Care Coordinator, Mary Smith, RN
- To assist Dorothy with the management of her care, Mary, RN retrieves Dorothy's detailed medical histories from hospitals, physician practices, dialysis clinics, and surgery centers.
- Mary, RN retrieves Dorothy's medication list, allergies, dialysis prescription, etc
- With Dorothy's medical data, Mary can work closely with Dorothy to help her manage her care, maintain her conditions to avoid readmissions and thus have improved outcomes.

eHealth Exchange

- SSA Disability Determination is made possible by the Access Consent Policy (ACP) Use Case.

- A patient applies for disability services, providing consent to retrieve records from their physicians to the SSA.

- The SSA then uses the eHealth Exchange to query for patient's records, providing consent with each query message.

- SSA provides payment to Participant for each successful transaction.

- The SSA Disability Use Case has significantly decreased the time it takes for SSA to make an eligibility determination, speeding up the process for those patients in need.

eHealth Exchange

What is Electronic Case Reporting (eCR)?
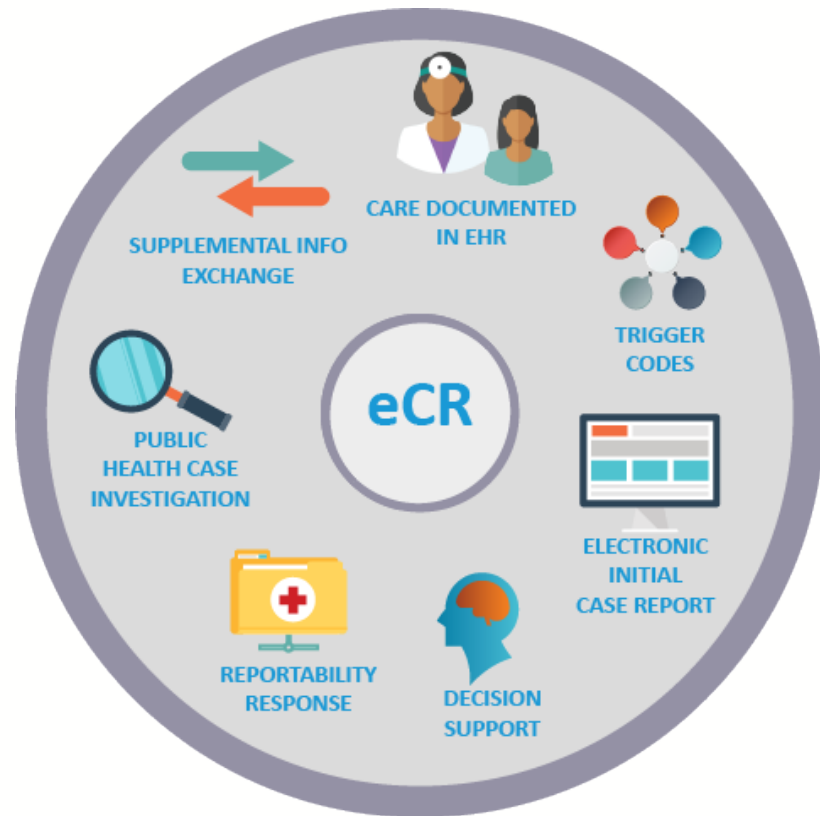
Electronic Case Reporting (eCr) refers to automated generation and transmission of case reports from EHRs to public health agencies for review and action.
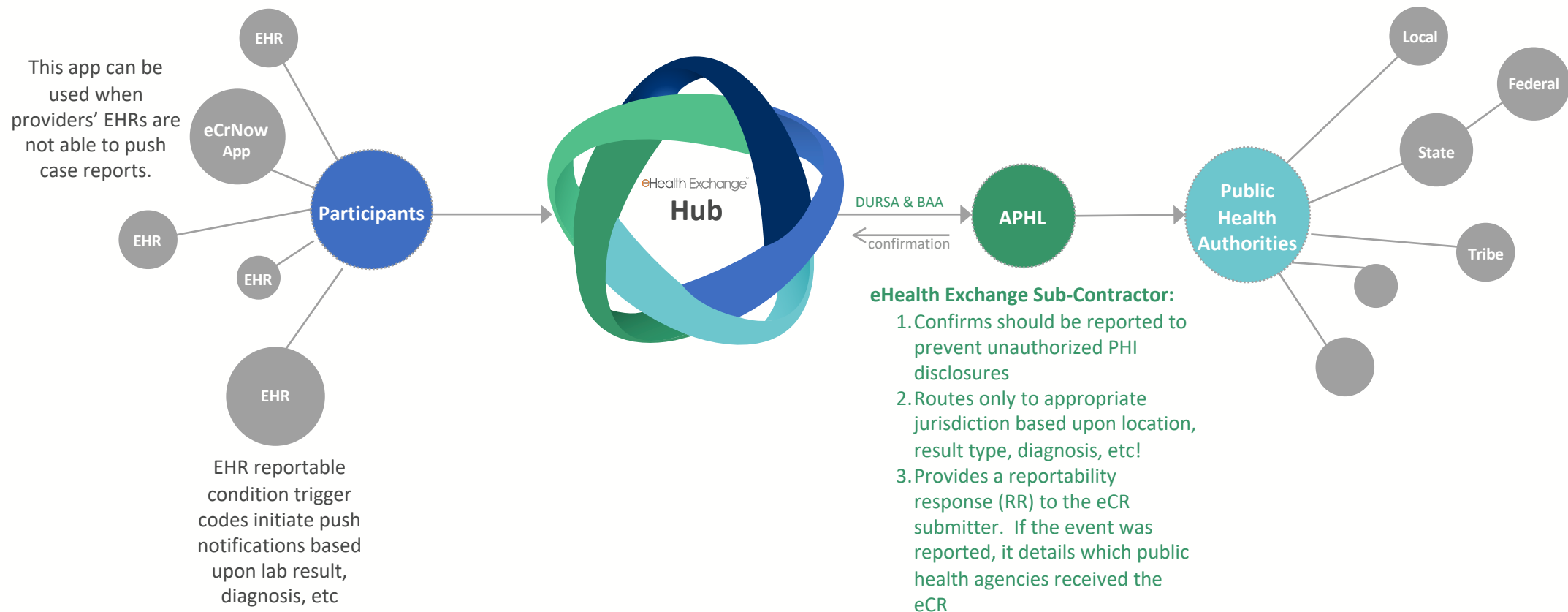
Case reporting is used for:

- Real-time monitoring of infectious disease outbreaks at the local, state and national levels
- Outbreak response including investigating possible cases, to help track exposures, origin of outbreak and controlling response activities
- Closed loop communication for the submission of and action needed by

Pushing Electronic Case Reports (eCr)

This app can be used when providers' EHRs are not able to push case reports.

EHR reportable condition trigger codes initiate push notifications based upon lab result, diagnosis, etc

Participants

Hub

eHealth Exchange

DURSA & BAA

confirmation

APHL

Public Health Authorities

EHR · eCrNow App · EHR · EHR · EHR

Local · Federal · State · Tribe

eHealth Exchange Sub-Contractor:
1. Confirms should be reported to prevent unauthorized PHI disclosures
2. Routes only to appropriate jurisdiction based upon location, result type, diagnosis, etc!
3. Provides a reportability response (RR) to the eCR submitter. If the event was reported, it details which public health agencies received the eCR

eHealth Exchange

eCR Onboarding Steps

1. Confirm your gateway supports IHE ITI-41 (XDR) or IHE ITI-80 (XCDR)*. The eHealth Exchange document submission specification further constrains and enhances ITI-41 and ITI-80, so among other things, SAML security must be supported.

2. Notify administrator@ehealthexchange.org your organization wants to push electronic case reports to APHL (Association of Public Health Laboratories).

3. Respond to the ~6 questions administrator@ehealthexchange.org asks you. As an example, one question is which endpoint your organization will use to receive Reportability Response messages from APHL (Association of Public Health Laboratories).

4. Conduct transport testing first in a non-production (validation) environment, followed by a validation of submission in production.

   a. You may choose any available synthetic test patient for the eCR submissions during testing.

   b. APHL AIMS will likely organize and manage the testing where the eHealth Exchange provides testing support as needed.

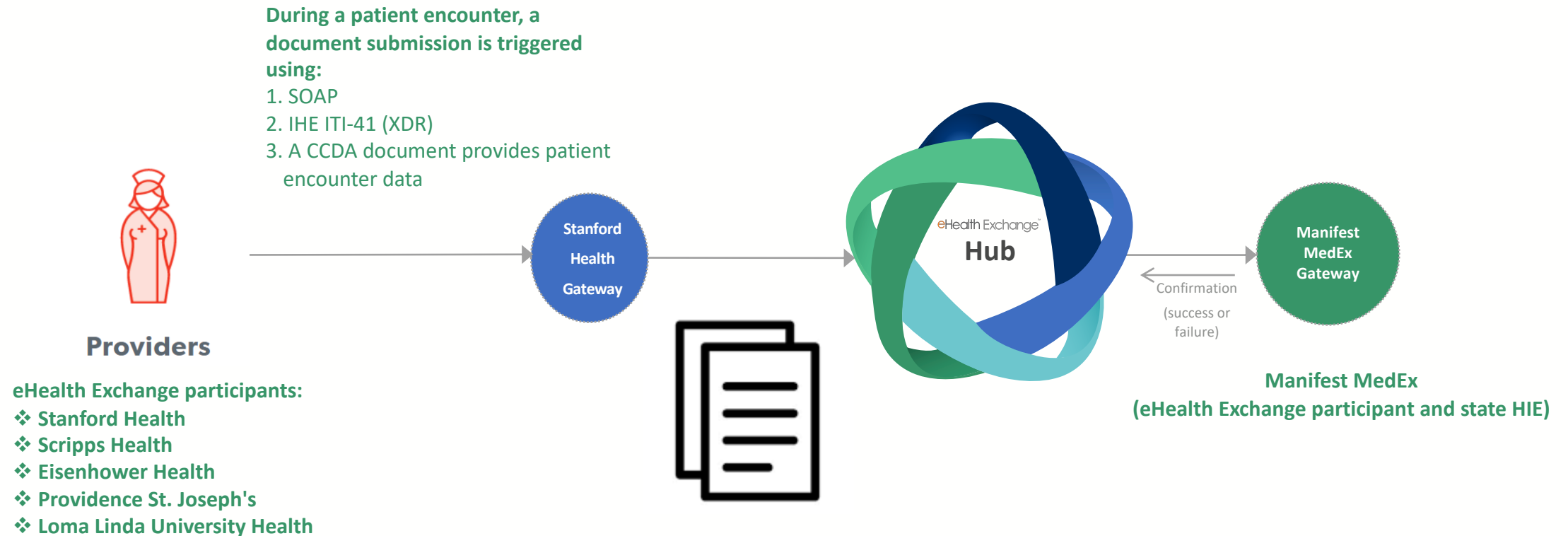| APHL AIMS document submission endpoints for eCR			
Environment	Transaction Type	Home Community ID	Document Submission Endpoint
Validation (non-production)	IHE ITI-41 with SAML security	2.16.840.1.114222.4.3.4.52.3	https://hub001val.ehealthexchange.org/ehx/1.0.0/iti41/2.0?_eHxHubRouteTo=2.16.840.1.114222.4.3.4.52.3
Production	IHE ITI-41 with SAML security	2.16.840.1.114222.4.3.4.52.1	https://hub001prod.ehealthexchange.org/ehx/1.0.0/iti41/2.0?_eHxHubRouteTo=2.16.840.1.114222.4.3.4.52.1

eHealth Exchange

A document submission is triggered using:
1. SOAP
2. IHE ITI-41 (XDR)
3. 3) A CCDA document provides the COVID-19 vaccination record

Walgreens Gateway

eHealth Exchange Hub

VHA – DoD Joint Gateway

Confirmation (success or failure)

A Veteran is administered a COVID-19 vaccine at a Walgreens Clinic

eHealth Exchange

During a patient encounter, a document submission is triggered using:
1. SOAP
2. IHE ITI-41 (XDR)
3. A CCDA document provides patient encounter data

Providers

eHealth Exchange participants:
❖ **Stanford Health**
❖ **Scripps Health**
❖ **Eisenhower Health**
❖ **Providence St. Joseph's**
❖ **Loma Linda University Health**

Stanford Health Gateway

eHealth Exchange **Hub**

Confirmation (success or failure)

Manifest MedEx Gateway

Manifest MedEx (eHealth Exchange participant and state HIE)

eHealth Exchange

PULSE for Disaster Response

PULSE - Meet Henry

1

During a major flood dialysis patient Henry is evacuated from Louisville to Lexington.

- Prescriptions left at home
- Not sure which Rx he takes
- Henry is supposed to take 14 Rx
- Dialysis 3X weekly needed to live

2

- Henry presents at a field clinic where a volunteer physician retrieves Henry's medication list even though Henry's pharmacy & Nephrologist's office both flooded.
- To prevent hospitalization, the volunteer physician generates new prescriptions & coordinates emergent dialysis treatment.
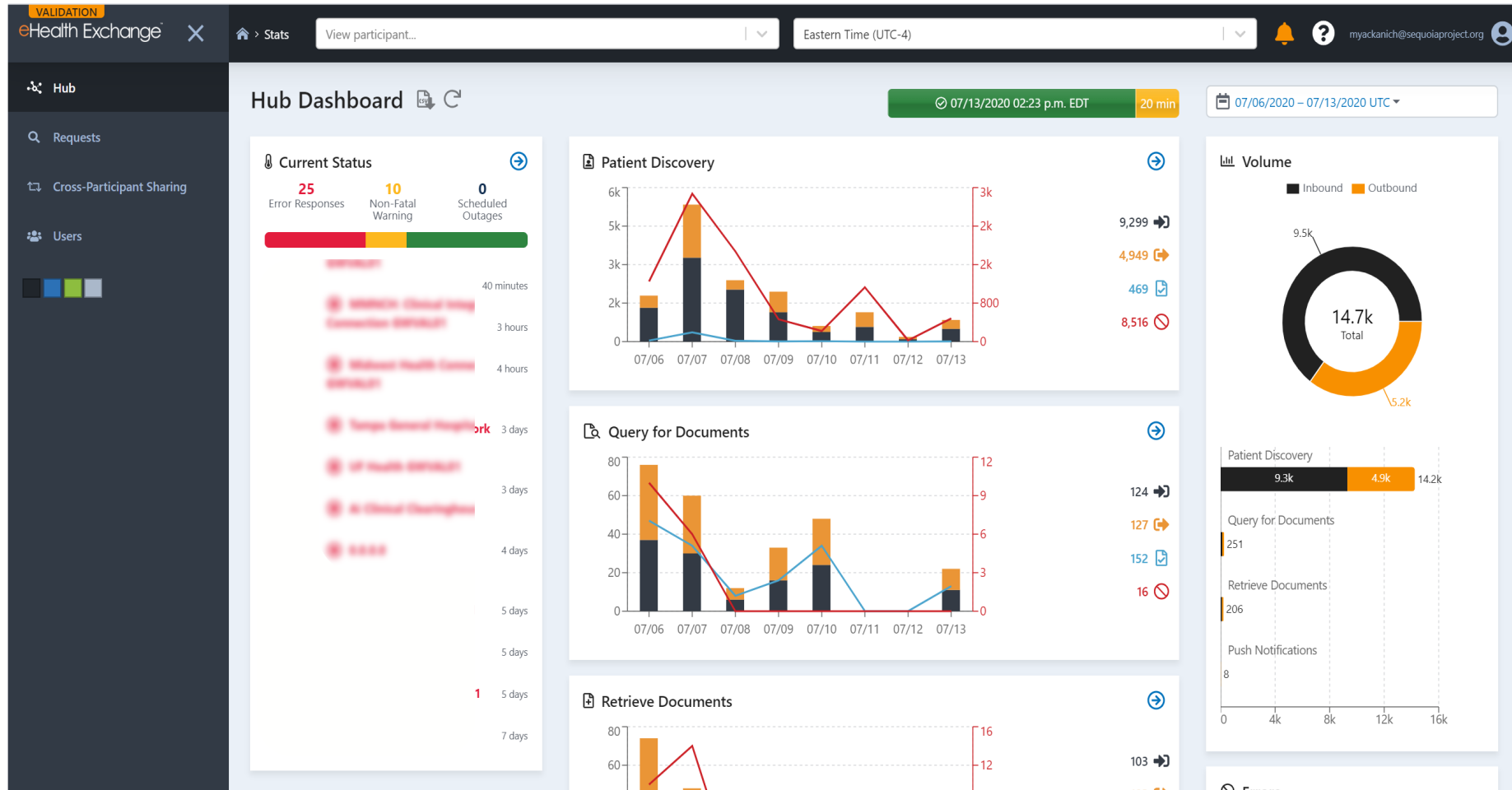
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Dashboard Insights

Insight into your organization's data exchange
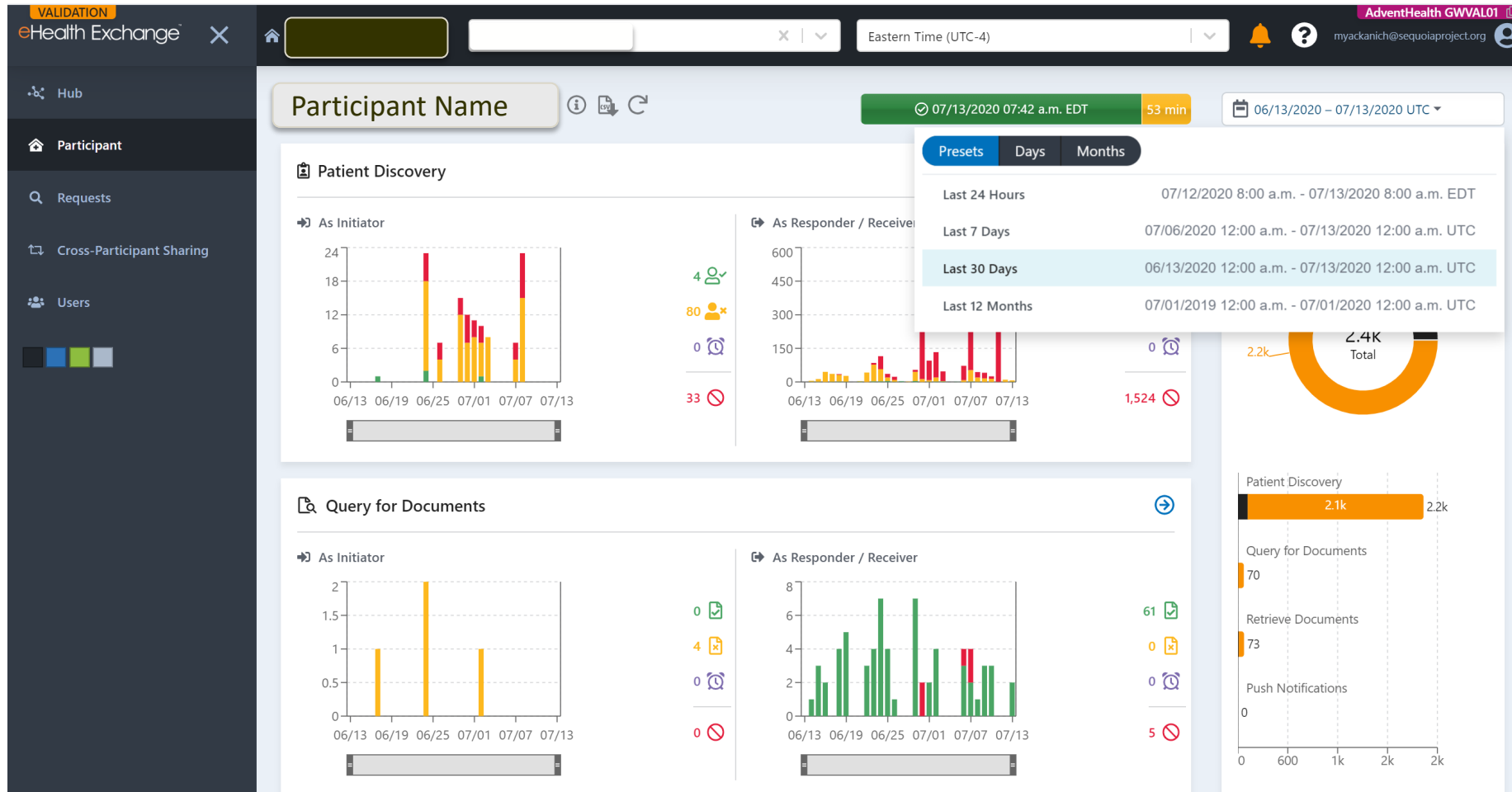
eHealth Exchange™

Hub Status and Transaction Metrics (Global View)

- Overall Hub status
- Hub transaction metrics
- Participants' responding gateway status
- Trending data
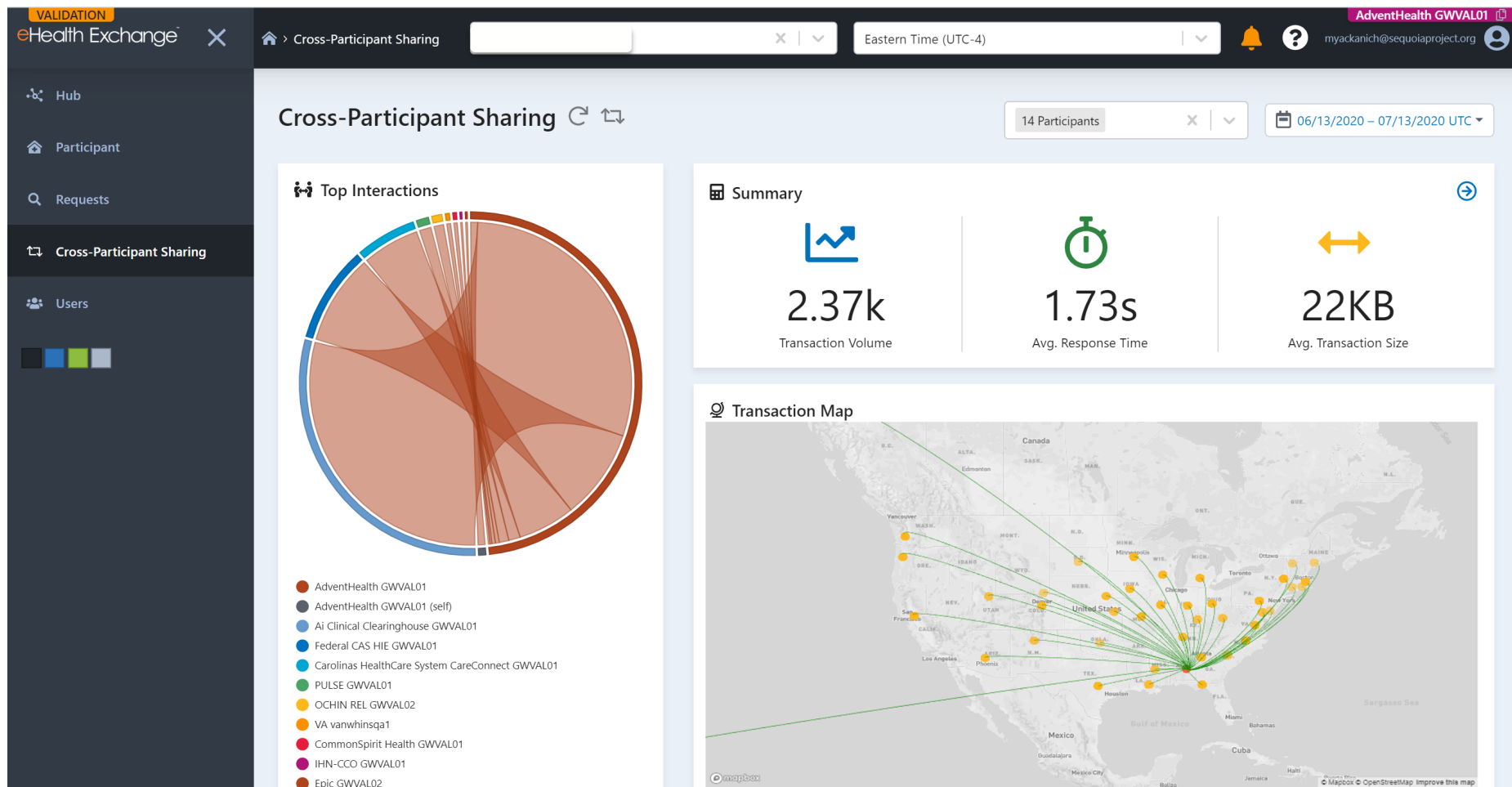- *No PHI/PII on the Dashboard*

Participant Status and Transaction Metrics

- *Your* data exchange metrics
- Avg response times
- Trending data
- Drill-down/Download Capability
- *No PHI/PII on the Dashboard*

Cross-Participant Transaction Metrics

- Who is querying your organization?
- Where are your clinicians searching?
- Xact volume, response times, etc.

How do I access the Dashboard?

Each organization is provisioned with a "Authorized Agent" account. That user can then create additional accounts for access to their organization's Dashboard.

- Contact your organization's authorized agent to request an account

   OR

- Contact the Hub Service Desk for assistance in identifying your authorized agent
  - servicedesk@hub.ehealthexchange.org or 833-793-0188

Environment	URL
PROD	https://insightsprod.ehealthexchange.org/#/login
VAL	https://insightsstage.ehealthexchange.org/#/login

eHealth Exchange

2020 Accomplishments

Key Highlights

eHealth Exchange™

2020 Accomplishments

New Use Cases

Increased Value & Stickiness

- Event Notifications go-live
- Electronic Care Reporting go-live
- Providing Electronic Case Reporting (eCr) for Carequality networks
- PDMP FHIR Proof of Concept with CDC, DOJ, ONC, NE, PA, MD, UT
- Broadcast queries for VA, DoD & QHIN
- Success at 4 FHIR Connectathons

Expanded Connectivity

Hub Implementation & New Participants

- Exchanged over 550 million CDAs
- Carequality go-live
- Dashboard v2.0 go-live to improve customers' insights
- Nationwide PULSE connectivity
- Implemented Hub transformations to overcome interoperability barriers
- Added 20 new participants

Specifications

Standardization

- Adopted NIST 800-63A (IAL Level 2 or 3) for Individual Identity Proofing
- Developed Push specifications permitting:
  - IHE SOAP XML based transactions using IHE ITI-41 and ITI-80, &
  - FHIR-based push of FHIR resources and/or CDA documents

Policies & Procedures

Governance & Process Rigor

- Updated all 13 network Operating Policies & Procedures (OPP)
- Updated the Validation Plan twice
- Updated OPP9 Digital Certificates
- Created OPP14 Duty to Respond
- Created OPP15 Hub Transformations
- TEF Common Agreement Education

DURSA Amended

Governance

New DURSA went into effect 2-1-2020 to provide:

- Network to network connectivity
- Expanded Permitted Purposes
- Different Adverse Security Event notification timeframe for exchange with non-Federal Partners

Business Discipline

Formalized Processes & Executed

- Created Information Blocking Risk Assessment
- Created Business Continuity Recovery plan
- Created Disaster Recovery Plan
- Created 4 new internal SOPs
- Dramatically improved Accounts Receivables
- Enhanced web site usability

← **QHIN Preparation** →

eHealth Exchange

Questions & Answers

Please e-mail questions or concerns to administrator@ehealthexchange.org

eHealth Exchange

2021 Roadmap

Key Anticipated Capabilities

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2021 Roadmap Highlights*

FHIR Requests
Retrieve labs/meds only, USCDI fields, non-Treatment Purposes of Use, Subscribe to Auto-Updates

Production Content Scans
Scan Production content you receive for interoperability conformance (LOINC, RxNorm, SNOMED, etc)

Hospital Search via Web Site
Identify which hospitals exchange within a given state, within x miles or a zip code or latitude/longitude

FHIR Directory
Upgrade from Argonaut Project FHIR STU 3 to FHIR R4 so EHRs and HIEs can better import participants' connectivity data

Enhance Network
Encourage Reference Labs, additional Federal Agencies, Immunization Registries, etc to join network

Dashboard Insights
Enhance Dashboard with insights regarding exchange with non-eHealth Exchange networks

Geo-Spatial Fan-Out v1
Ask Hub to retrieve all patient information from locations with a state or within 50 miles of the zip code provided.

Interoperability Validation
Confirm data exchanged can be consumed by EHRs & other systems as communicated since 2016

Streamline Certificates
DirectTrust
- Choice
- Redundancy
- Improve Service

*Highlights only (not exhaustive list)
*Market disruptions may change these priorities
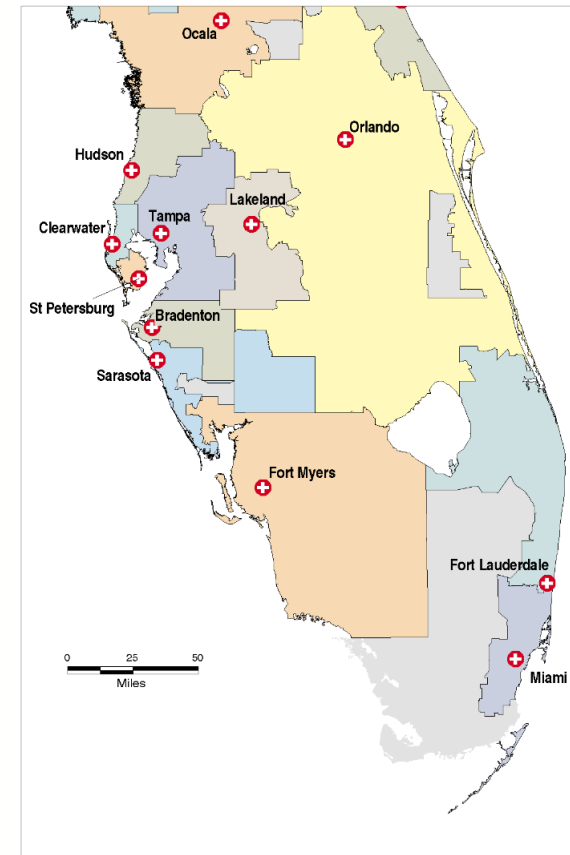*Plan to apply to be QHIN if ONC's TEFCA program is finalized

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2021 Roadmap

Geospatial Fan-Out Queries

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Geospatial Queries Agenda

- Why Are We Deploying Geospatial Queries?
- What Are Geospatial Regions?
- What Is The Workflow?
- What Is The Timeline?
- What Are The Next Steps?

Map 3.6. Southwest Florida Hospital Referral Regions

eHealth Exchange

Why Are We Developing Geospatial Queries?

- Currently, eHealth Exchange Participants send queries to a single Participant at a time
- However, in some use cases, eHealth Exchange Participants need the ability to query one or more geographical regions where a patient has been treated
- Would enable a query of all connected orgs servicing an entire state, or arbitrary region

eHealth Exchange
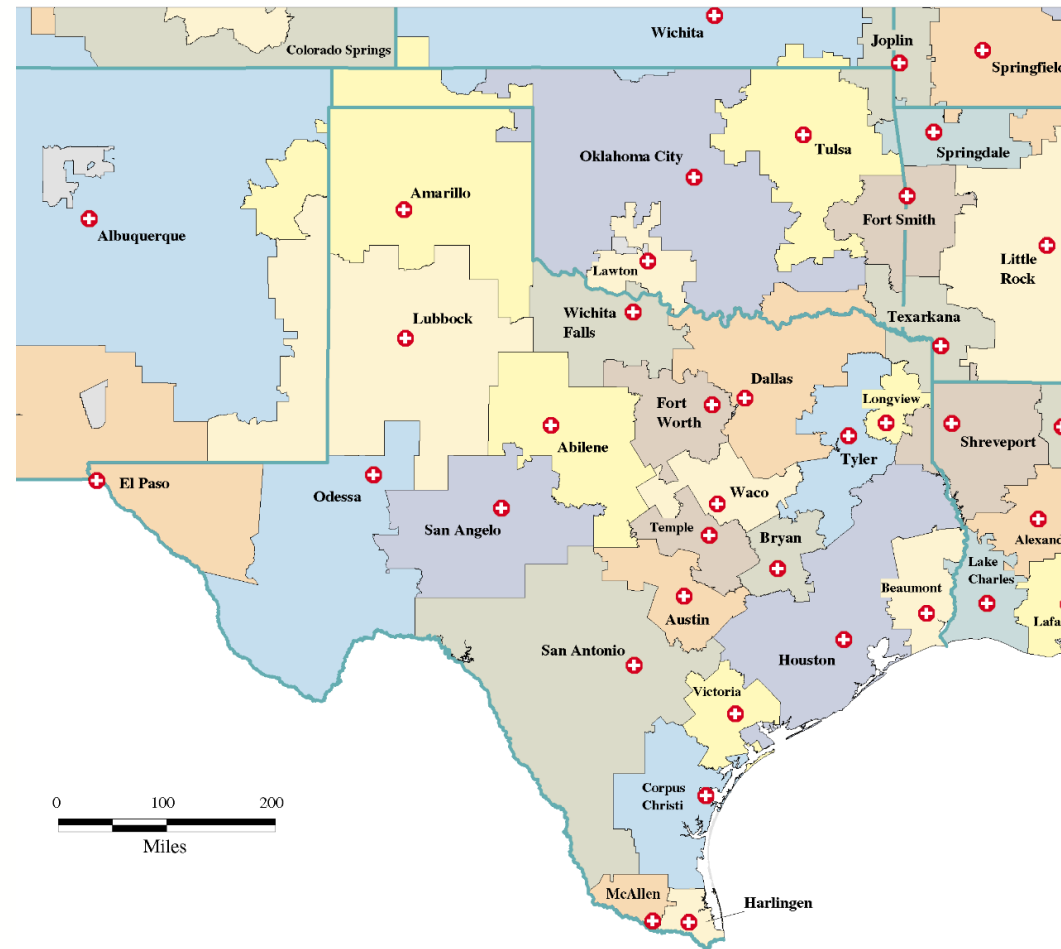
Why Are We Developing Geospatial Queries?

- Other Benefits
  - Potentially avoid or defer broadcast query which would be "expensive" in terms of the transaction volumes for each Participant
  - Avoid sending queries to organizations with no reasonable probability of containing data for that patient (e.g. query to Alaska for a life-long Florida resident)
  - Represents a balance between full national-scale broadcast queries and single Participant queries
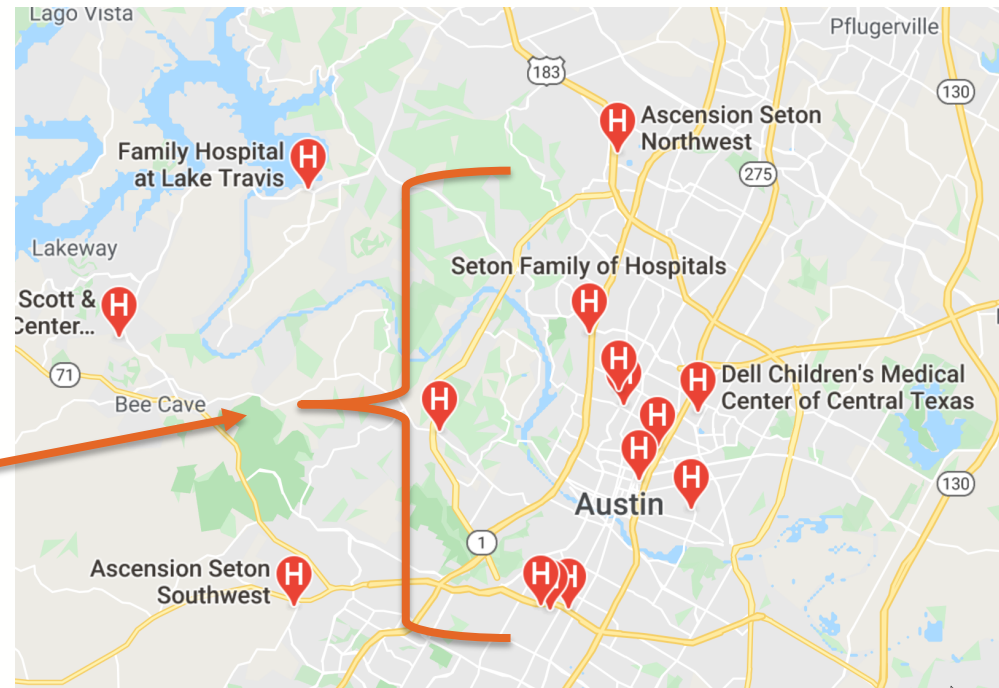 - Leverages the fact that most care is local to a patient

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What Are Geospatial Regions?

- A region is simply an area of the USA defined by a boundary
- Examples:
  - Area Serviced by a single hospital

eHealth Exchange™
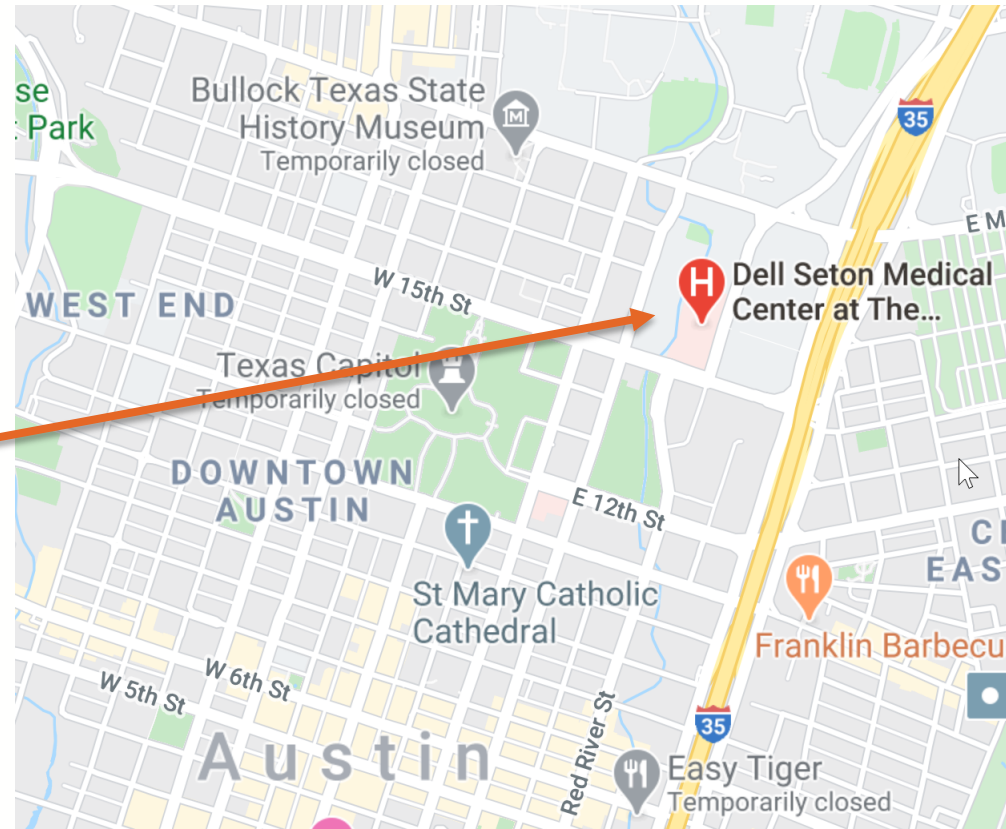
What Are Geospatial Regions?

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  - Area Serviced by a single hospital
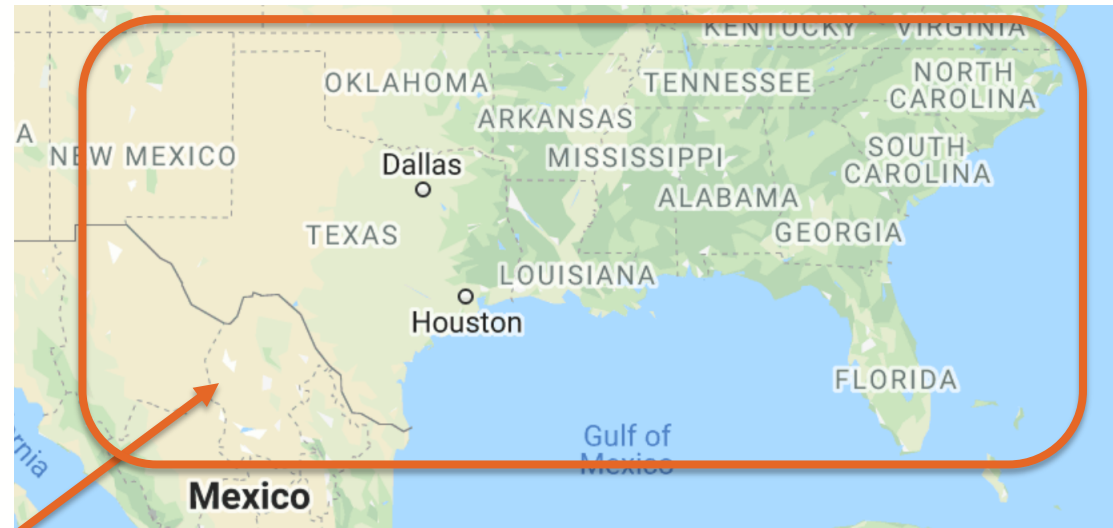 - Broad area around a city

What Are Geospatial Regions?

- A region is simply an area of the USA defined by a boundary

- Examples:
  - Area Serviced by a single hospital
  - Broad area around a city
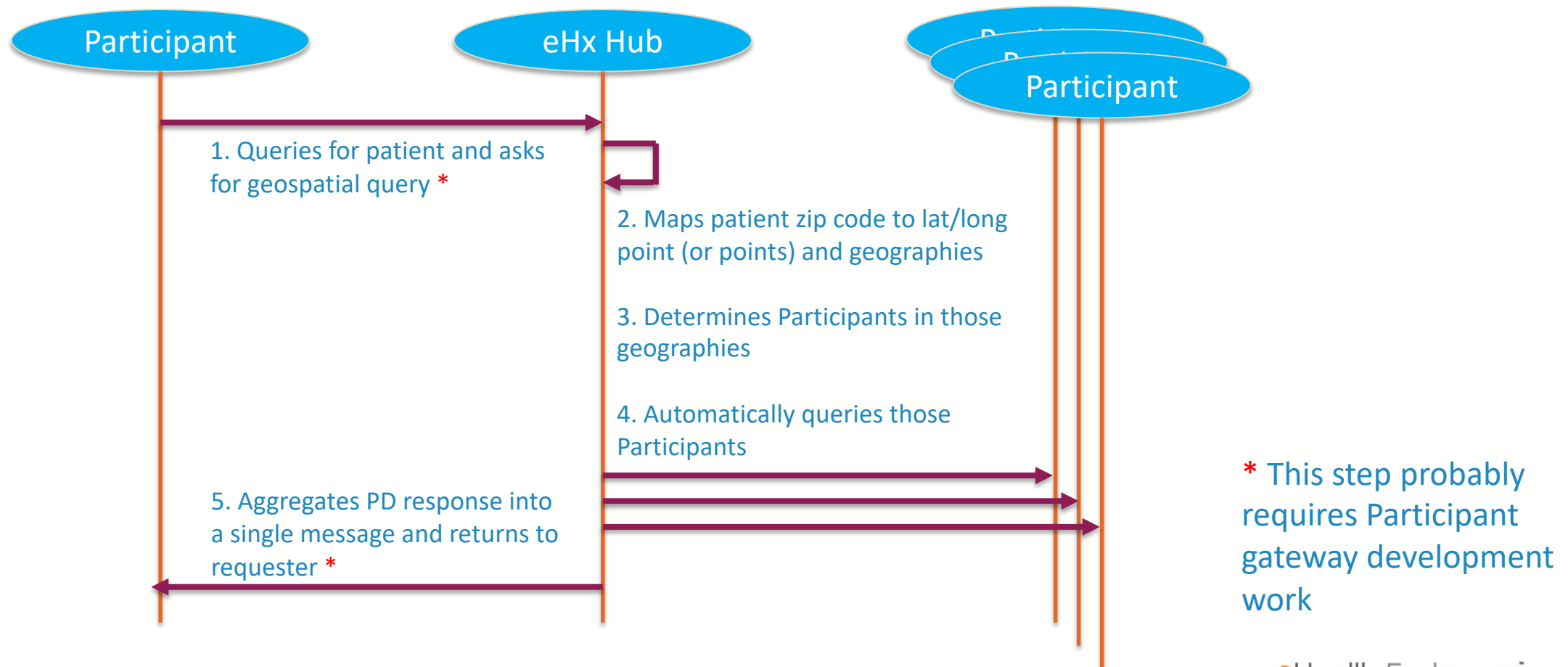 - Single State

eHealth Exchange

What Are Geospatial Regions?

- A region is simply an area of the USA defined by a boundary
- Examples:
  - Area Serviced by a single hospital
  - Broad area around a city
  - Single State
  - Group of States

Solution Workflow (Sequence Diagram)

Participant

eHx Hub

Participant

1. Queries for patient and asks for geospatial query *

2. Maps patient zip code to lat/long point (or points) and geographies

3. Determines Participants in those geographies

4. Automatically queries those Participants

5. Aggregates PD response into a single message and returns to requester *

* This step probably requires Participant gateway development work

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What Is The Geospatial Queries Timeline?

Q4 2020

Q1 2021

Q2 2021

VAL

PROD

Enhanced

eHealth Exchange

What Are The Next Steps?

- We are testing **now** with a few Participants.

- We are seeking Early Adopters
  - Help test the initial (state-level) queries
  - Help define and refine requirements esp. use cases and geographies

- If interested, please contact your primary eHealth Exchange staff member or send an email to administrator@ehealthexchange.org
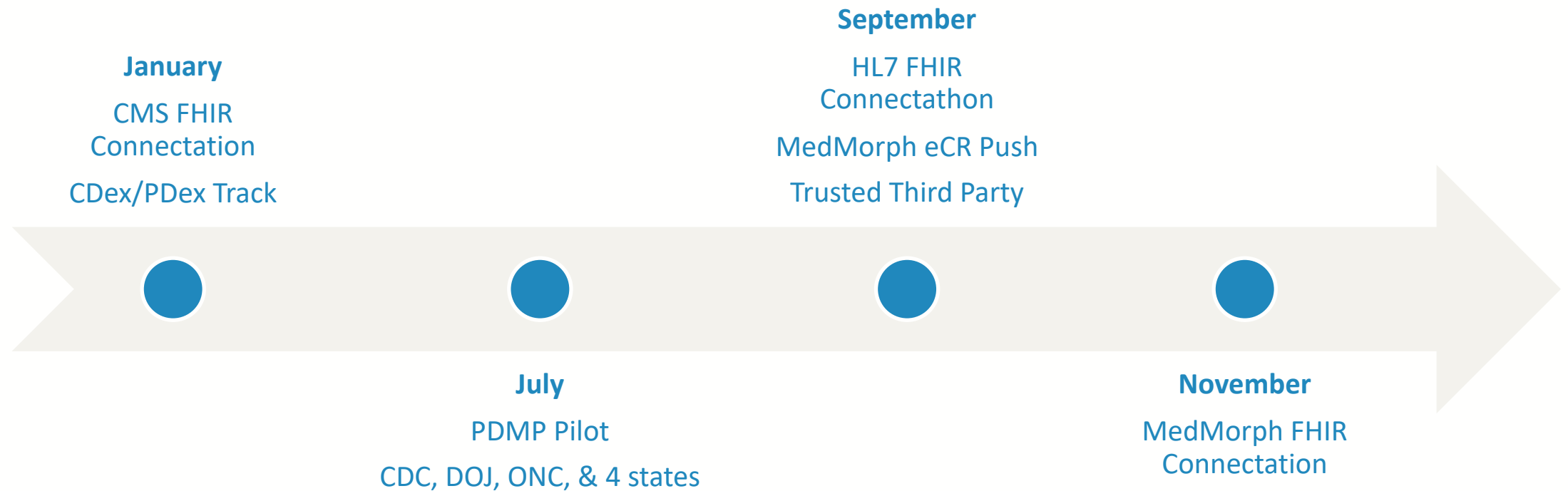
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2021 Roadmap

Patient Data Exchange via FHIR

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2020 FHIR Highlights

September

HL7 FHIR
Connectathon

MedMorph eCR Push

Trusted Third Party

January

CMS FHIR
Connection

CDex/PDex Track

July

PDMP Pilot

CDC, DOJ, ONC, & 4 states

November

MedMorph FHIR
Connection

MedMorph = **M**aking **E**HR **D**ata **Mo**re Available for **R**esearch and **P**ublic **H**ealth

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FHIR Approach - Meeting Participants Where They Are

Participants are and will continue to be at different stages in their ability to support FHIR-based data exchange. Therefore we are evaluating functionality that will support a variety of patterns.

- Some Participants may support both FHIR Client and Server capabilities.

- Some may support FHIR Server functionality and the ability to accept FHIR writes - but not be able to initiate FHIR requests.

- Others may not have any FHIR support, but would still want to be able to retrieve data that is made available by other Participants' FHIR Servers.
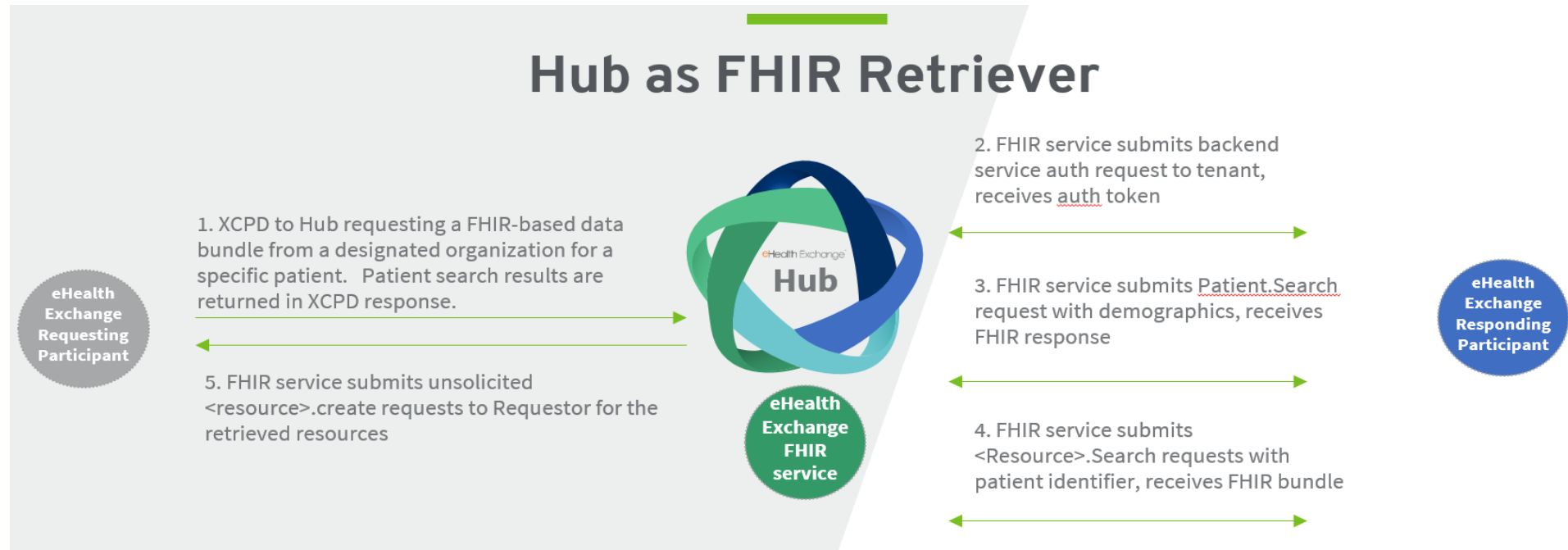
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Use Case 1: Pure FHIR-based Data Exchange

For Participants with ability to initiate and respond to FHIR requests

Hub as FHIR Proxy

1. RESTful request to Hub requesting a FHIR resource from a designated organization

eHealth Exchange Requesting Participant

4. The FHIR bundle is returned as a response to the RESTful request

eHealth Exchange FHIR service

2. FHIR service submits backend service auth request to tenant, receives auth token

3. FHIR service submits <Resource>.Search request with demographics, receives FHIR bundle

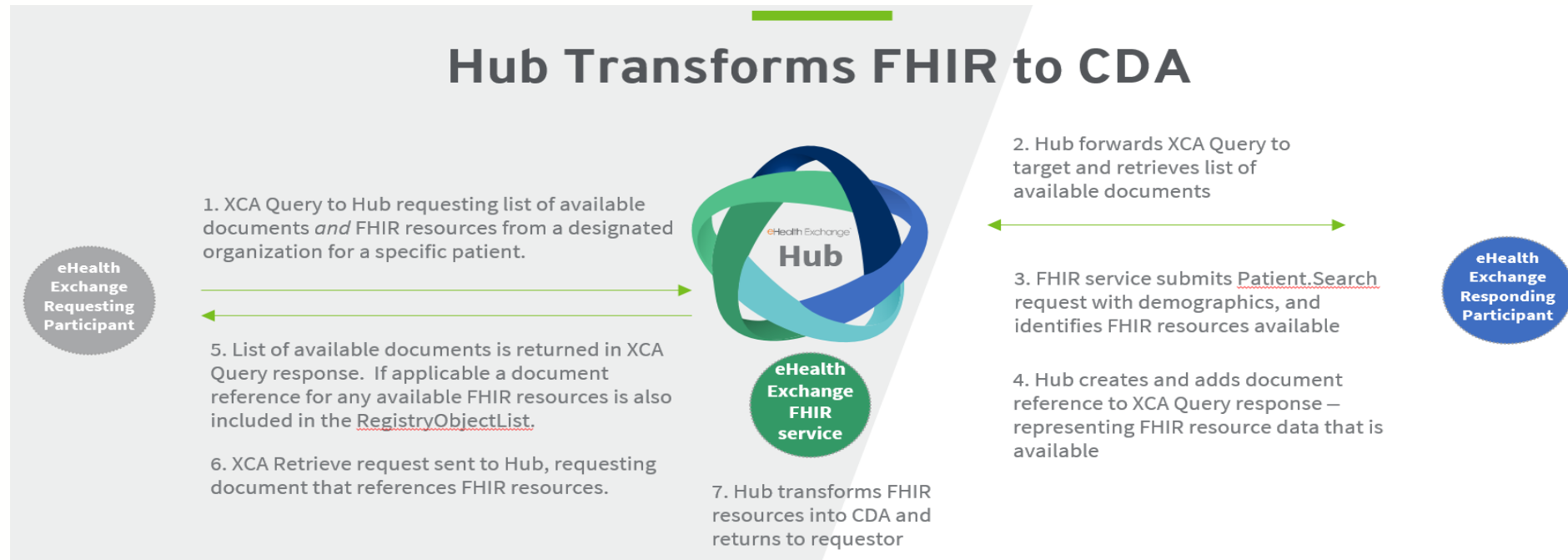eHealth Exchange Responding Participant

Use Case 2: SOAP-based Request / FHIR-based Response

For Participants with ability to allow authorized external entity to write FHIR resources

Hub as FHIR Retriever

eHealth Exchange Requesting Participant

1. XCPD to Hub requesting a FHIR-based data bundle from a designated organization for a specific patient. Patient search results are returned in XCPD response.

5. FHIR service submits unsolicited <resource>.create requests to Requestor for the retrieved resources

Hub

eHealth Exchange FHIR service

2. FHIR service submits backend service auth request to tenant, receives auth token

3. FHIR service submits Patient.Search request with demographics, receives FHIR response

4. FHIR service submits <Resource>.Search requests with patient identifier, receives FHIR bundle

eHealth Exchange Responding Participant

Use Case 3: Hub Transforms FHIR to CDA

Participants with no native FHIR support

Hub Transforms FHIR to CDA

1. XCA Query to Hub requesting list of available documents *and* FHIR resources from a designated organization for a specific patient.

5. List of available documents is returned in XCA Query response. If applicable a document reference for any available FHIR resources is also included in the RegistryObjectList.

6. XCA Retrieve request sent to Hub, requesting document that references FHIR resources.

eHealth Exchange Requesting Participant

Hub

eHealth Exchange FHIR service

7. Hub transforms FHIR resources into CDA and returns to requestor

2. Hub forwards XCA Query to target and retrieves list of available documents

3. FHIR service submits Patient.Search request with demographics, and identifies FHIR resources available

4. Hub creates and adds document reference to XCA Query response — representing FHIR resource data that is available

eHealth Exchange Responding Participant

2021 Roadmap

FHIR Directory Upgrade to FHIR R4

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Transition the directory to FHIR R4

- Lantana drafted a base FHIR R4 implementation guide that eHX is currently reviewing. The eHX implementation guide will inherit from this base Implementation Guide (IG) and include eHX specific constraints and requirements

- Lantana began work on loading production data into a HAPI FHIR R4 server. As part of this effort, Lantana developed an automated script to transform data from non-compliant FHIR, FHIR STU3 to FHIR R4 in preparation for loading existing production data into a HAPI FHIR R4 server

- This automated script will also assist in providing options to participants that are not immediately ready to transition to FHIR R4 by offering endpoints for different implementation versions (non-compliant, STU3, R4)

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2021 Roadmap

Hospital Directory Search on Web Site

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Hospital Directory Search on Web Site

2021 Roadmap

Digital Security Certificate Authorities Changing

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What's Changing?

- To adopt best practices, increase customer support, provide choice, provide easier workflow, and most importantly redundancy, DirectTrust will manage digital certificates.

- DirectTrust will be the managing organization with 3-4 Certificate Authorities (CAs in contract phase).

- eHealth Exchange staff will no longer manage the issuance, renewals, revocations, etc. of eHealth Exchange certificate(s).

- DirectTrust will be responsible for working directly with eHealth Exchange Participants.

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What do I need to do?

- If your organization's eHealth Exchange or Carequality certificate expires January 2021, you should have received a transition plan for the new Certificate Authority (CA).

- All Participants (even those who won't be transitioned to a new CA until later in 2021) will need to update their trust bundles for EACH of their environments (VAL and PRD) to include 3-4 new CA chains.

- The updates to trust bundles are needed to ensure existing Entrust certificates are compatible with the certificates issued by new CA's.

- **Update your trust bundle before <u>February 15, 2021</u>, even if your certificate expires later in the year**

- When the time comes for your organization to renew your certificate in 2021, eHealth Exchange staff and DirectTrust staff will work with your organization's Subscriber to complete any needed forms and transition your organization to the new certificate and CA support.

- Process documentation and e-mail updates will be provided in the near future.

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2021 Roadmap

Complete Interoperability Commitment

Remediate Content Validation Issues by 4-30-2021

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Content Remediation Deadlines

To **fulfill our 2018 pledge to ensure real-world interoperability**, by April 30, 2021 - all Participants must have:

1. **Remediated** all reported content errors

    or

2. **Received** a waiver from the CC
   - If unable to remediate all errors and conformance issues after a good-faith remediation effort beginning when they failed content validation, participants may submit a remediation plan and/or a conformance waiver request to the eHealth Exchange for Coordinating Committee consideration by **2/28/2021**.
   - The Coordinating Committee has not yet determined their criteria for accepting/denying waiver requests

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Interoperability Testing Platform – Validator Update

- All tooling issues are resolved that were reported as of December 11. Any additional issues will be reported here:

    https://gazellecontent.sequoiaproject.org/EVSClient/home.seam

- Communications (Content Testing Deadline Reminder May 1, 2020)
    - Reminder message sent November 4, 2020
    - Phone outreach to Vendors completed
    - Phone outreach to Participants (Tested on or before 10/1/2019)
    - Epic Customers should work with their TS to resolve remaining errors
    - Office hours began with biweekly calls on October 19, 2020

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eHealth Exchange Content Testing Program Office Hours

eHealth Exchange staff started additional support related to content testing for Participants to ask questions during "Office Hours" biweekly call on October 19, 2020 1:00 - 1:30pm ET through April 26, 2021.

Please join the meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/988830037

You can also dial in using your phone.
United States (Toll Free): 1 877 309 2073
United States: +1 (646) 749-3129

Access Code: 988-830-037

New to GoToMeeting? Get the app now and be ready when your first meeting starts:
https://global.gotomeeting.com/install/988830037

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Production Content Quality Scans

Proposed Optional Service

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Production Content Quality Scans

- What is it?
  - **Similar** to the existing Content Testing Program in that it examines the exchanged data content for conformance
  - With a few **key differences**:
    - Optional
    - PHI-enabled in the proper environments
    - Active with live exchange
- Details are forthcoming on this exciting new offering including a pilot project

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Certificate Renewal Reminders

Don't forget to renew your digital certificates

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End of Year Certificate Renewal Reminders

- Given scheduled time off for the upcoming holiday seasons, **please check your certificates before the December holidays to identify when they expire.**

- If you need help determining your expiration date, please reach out to techsupport@sequoiaproject.org.

- If your certificate expires in December, please begin your renewal process as early as possible (right now).

- eHealth Exchange staff will be available for emergency outages, but we'd like to avoid this if at all possible.

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Moving Forward

Eric Heflin

- A National Treasure

- 2nd eHealth Exchange employee hired

- As announced last summer, he'll begin focusing full-time on Texas interoperability improvement beginning January 1st

- Transitioning to part-time eHealth Exchange consultant managing the Technical Workgroup, Specification Development, etc

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Please engage!

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How might I obtain additional information?

How	When	Where
1. Visit eHealth Exchange Web Site	Any time	https://ehealthexchange.org
2. Monthly Participant Web Meetings	Typically the 3rd Thursday of Each Month at 1 pm ET	https://ehealthexchange.org/events
3. Weekly Technical Workgroup	Thursdays 4-5 ET	https://ehealthexchange.org/events
4. Content Remediation Q&A	Every Other Monday 1-1:30 ET	https://ehealthexchange.org/events
5. Email	Any time if you have a specific question	administrator@ehealthexchange.org
6. Annual In-Person Meeting	December 2021	Washington, DC

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Questions & Answers

Please e-mail questions or concerns to administrator@ehealthexchange.org

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