May 14, 2024

TEFCA Monthly eHealth Exchange Technical Webinar

Eric Heflin, Consultant

eHealth Exchange™

Agenda

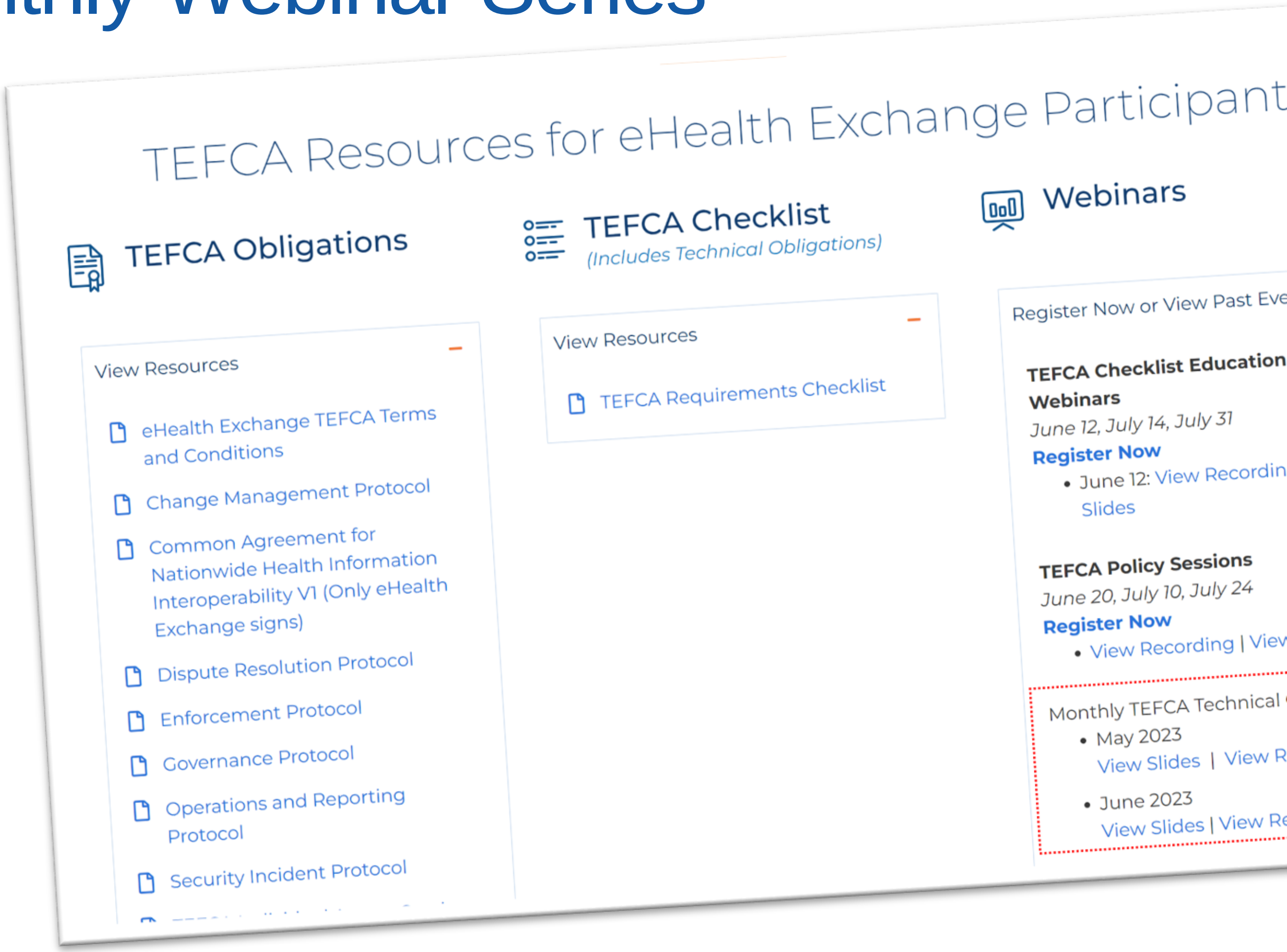
- Monthly TEFCA Technical Webinars
- TEFCA Overview - Reference
- XCPD Aggregated Responses Self-Test Tool
- QHIN Reporting and Volume Status
- eCR Public Health Reporting Via The eHealth Exchange QHIN Hub
- TEFCA New Common Agreement 2.0 Technical Considerations
- Open Discussion / Q&A
- For More Information (Including Office Hours)

eHealth Exchange™

Monthly TEFCA Technical Webinars

eHealth Exchange TEFCA Monthly Webinar Series

- Today’s webinar is part of a series
- Prior webinars covered:
- TEFCA Readiness Checklist
- Individual Access Services Providers
- Reporting Requirements
- Error Handling
- And more



TEFCA Resources for eHealth Exchange Participant

TEFCA Obligations

View Resources

- eHealth Exchange TEFCA Terms and Conditions
- Change Management Protocol
- Common Agreement for Nationwide Health Information Interoperability V1 (Only eHealth Exchange signs)
- Dispute Resolution Protocol
- Enforcement Protocol
- Governance Protocol
- Operations and Reporting Protocol
- Security Incident Protocol

TEFCA Checklist

(Includes Technical Obligations)

View Resources

- TEFCA Requirements Checklist

Webinars

Register Now or View Past Eve

TEFCA Checklist Education Webinars

June 12, July 14, July 31

Register Now

- June 12: View Recordin Slides

TEFCA Policy Sessions

June 20, July 10, July 24

Register Now

- View Recording | View

Monthly TEFCA Technical

- May 2023
  View Slides | View R
- June 2023
  View Slides | View Re

Prior webinars can be found at:

https://ehealthexchange.org/what-we-do/tefca-and-ehealth-exchange/

eHealth Exchange Monthly TEFCA Technical Webinar Series

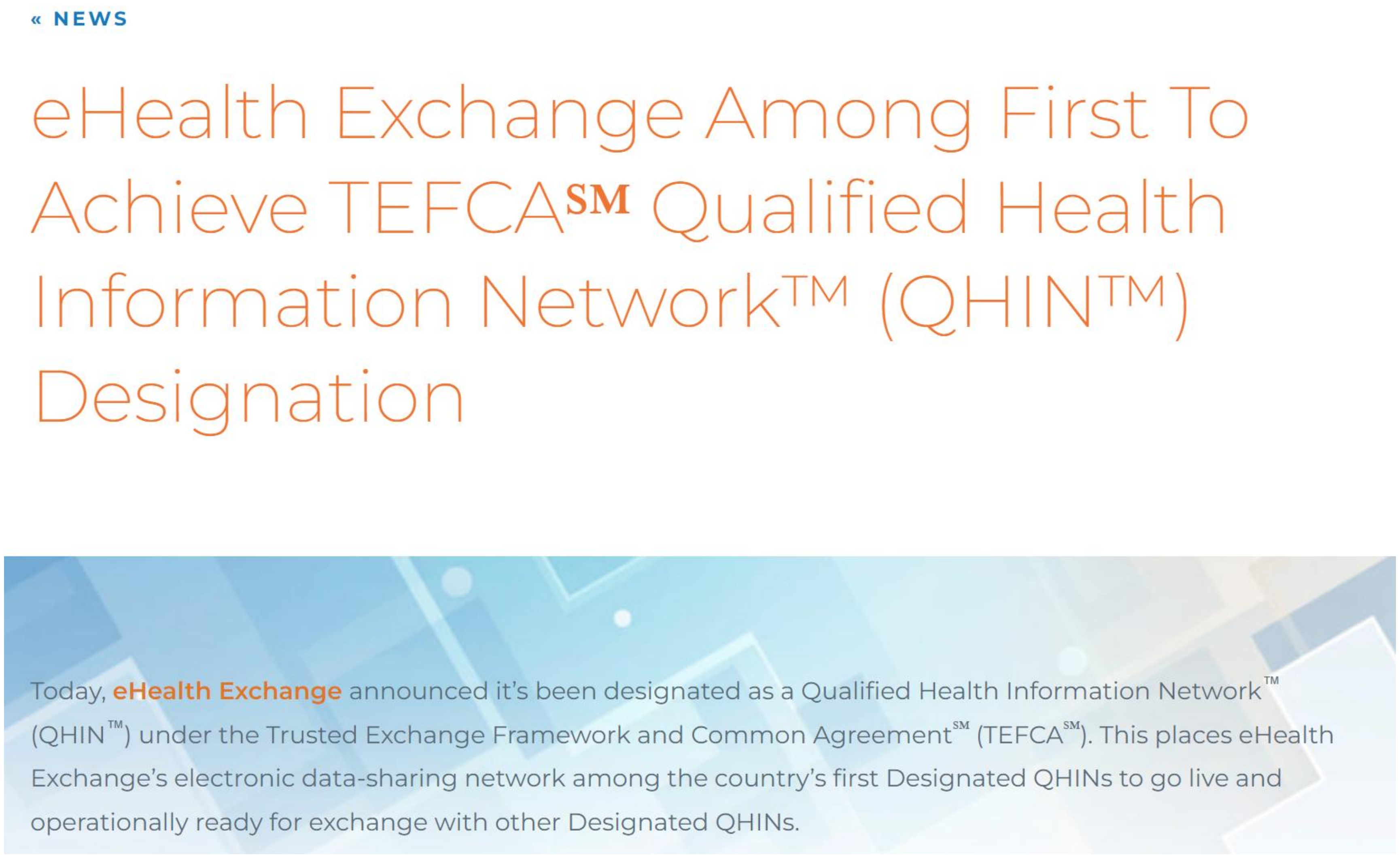
- May 2023 - *TEFCA Individual Access Services Providers Requirements*
  View Slides | View Recording
- June 2023 - *TEFCA Directory, Errors, Logs, and Reporting Requirements*
  View Slides | View Recording
- July 2023 - *TEFCA Draft Monthly and Quarterly Reports Review*
  View Slides | View Recording
- August 2023 - *TEFCA Updates and Aggregated Patient Discovery Requirement*
  View Slides | View Recording
- September 2023 - *TEFCA Hub Development Updates*
  View Slides | View Recording
- October 2023 - *Validation Status for the eHealth Exchange Hub, Individual Access Services Provider (IAS) SAML Simplifications, Lesson's Learned, New potential Purpose of Use*
  View Slides | View Recording
- November 2023 - *TEFCA FHIR Support, TEFCA Hub Technical Readiness, New QHIN Technical Framework, TEFCA Directory, Lessons Learned from Initial Sub-Participants*
- • TEFCA Reporting Requirements: RCE Updates
  View Slides | View Recording
- December 2023 - *ONC/HHS/RCE Announcement, Updated FHIR Roadmap for TEFCA Exchange, TEFCA Hub Technical Readiness*
  View Slides | View Recording

- TEFCA Checklist Education Webinars
- June 12: View Recording | View Slides
- July 14: View Recording
- July 31: View Slides

- Source: https://ehealthexchange.org/what-we-do/tefca-and-ehealth-exchange/

ONC/HHS/RCE Announcement

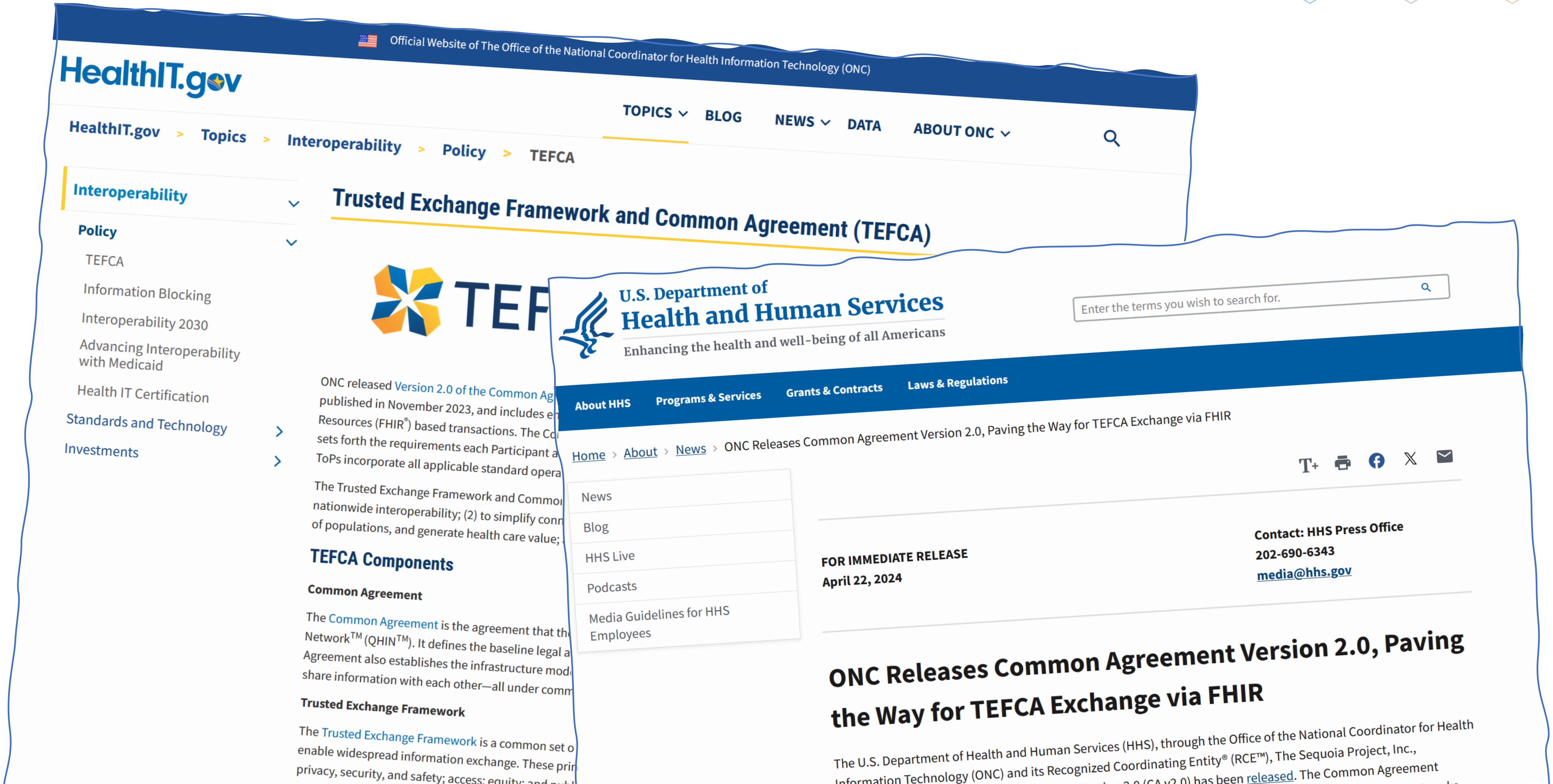
eHealth Exchange™



« NEWS

eHealth Exchange Among First To Achieve TEFCA℠ Qualified Health Information Network™ (QHIN™) Designation

Today, **eHealth Exchange** announced it's been designated as a Qualified Health Information Network™ (QHIN™) under the Trusted Exchange Framework and Common Agreement℠ (TEFCA℠). This places eHealth Exchange's electronic data-sharing network among the country's first Designated QHINs to go live and operationally ready for exchange with other Designated QHINs.



Official Website of The Office of the National Coordinator for Health Information Technology (ONC)

HealthIT.gov > Topics > Interoperability > Policy > TEFCA

Trusted Exchange Framework and Common Agreement (TEFCA)

ONC released Version 2.0 of the Common Ag
published in November 2023, and includes e
Resources (FHIR®) based transactions. The Co
sets forth the requirements each Participant a
ToPs incorporate all applicable standard opera

The Trusted Exchange Framework and Commo
nationwide interoperability; (2) to simplify conn
of populations, and generate health care value;

TEFCA Components

Common Agreement

The Common Agreement is the agreement that th
Network™ (QHIN™). It defines the baseline legal a
Agreement also establishes the infrastructure mod
share information with each other—all under comm

Trusted Exchange Framework

The Trusted Exchange Framework is a common set o
enable widespread information exchange. These prin
privacy, security, and safety; access; equity; and publ

U.S. Department of Health and Human Services
Enhancing the health and well-being of all Americans

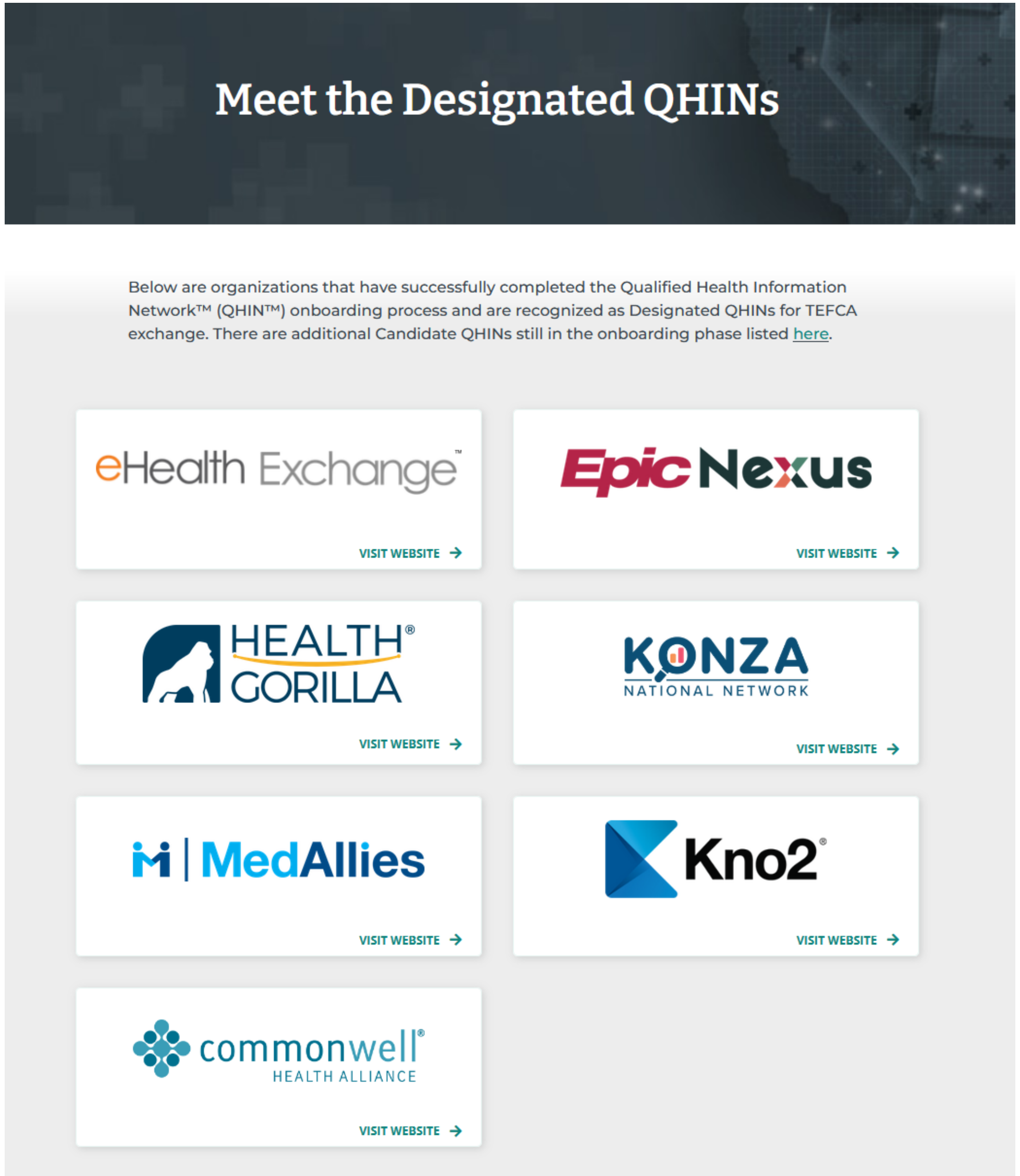
Home > About > News > ONC Releases Common Agreement Version 2.0, Paving the Way for TEFCA Exchange via FHIR

FOR IMMEDIATE RELEASE
April 22, 2024

Contact: HHS Press Office
202-690-6343
media@hhs.gov

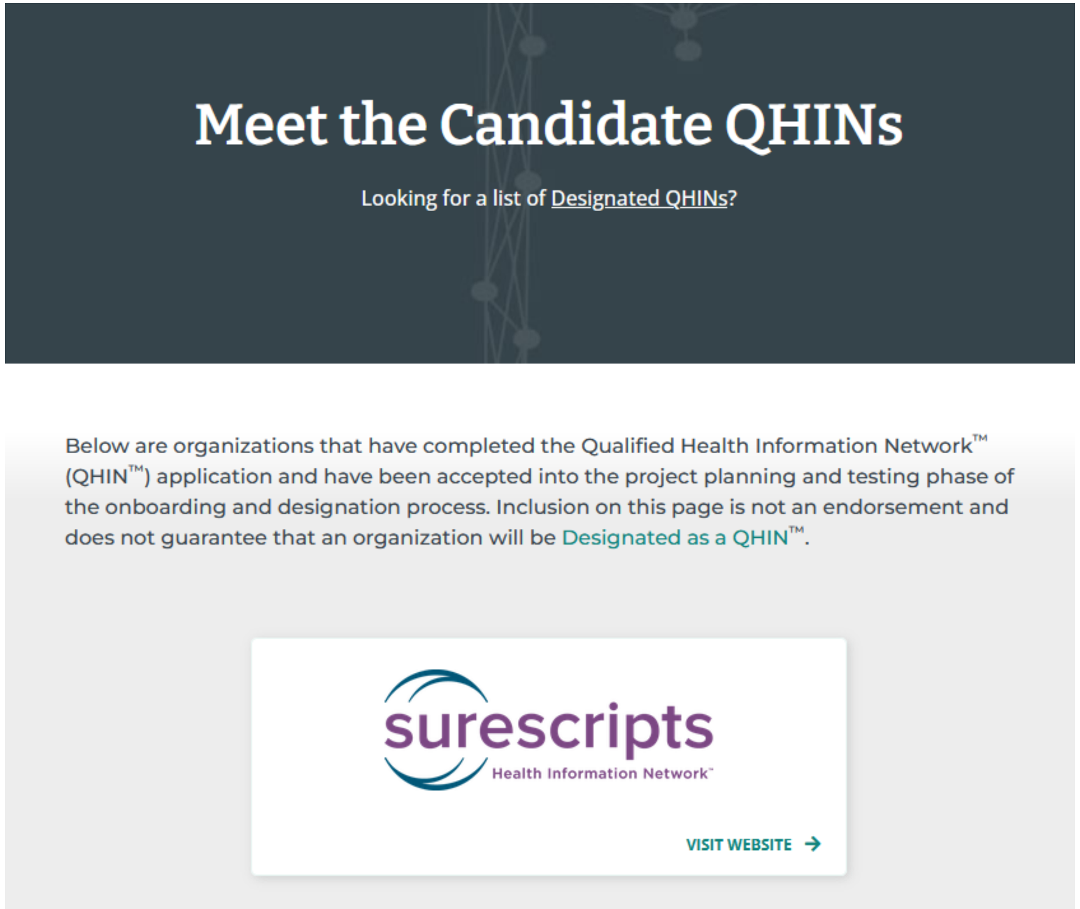
ONC Releases Common Agreement Version 2.0, Paving the Way for TEFCA Exchange via FHIR

The U.S. Department of Health and Human Services (HHS), through the Office of the National Coordinator for Health Information Technology (ONC) and its Recognized Coordinating Entity® (RCE™), The Sequoia Project, Inc., ... 2.0 (CA v2.0) has been released. The Common Agreement



Meet the Designated QHINs

Below are organizations that have successfully completed the Qualified Health Information Network™ (QHIN™) onboarding process and are recognized as Designated QHINs for TEFCA exchange. There are additional Candidate QHINs still in the onboarding phase listed here.

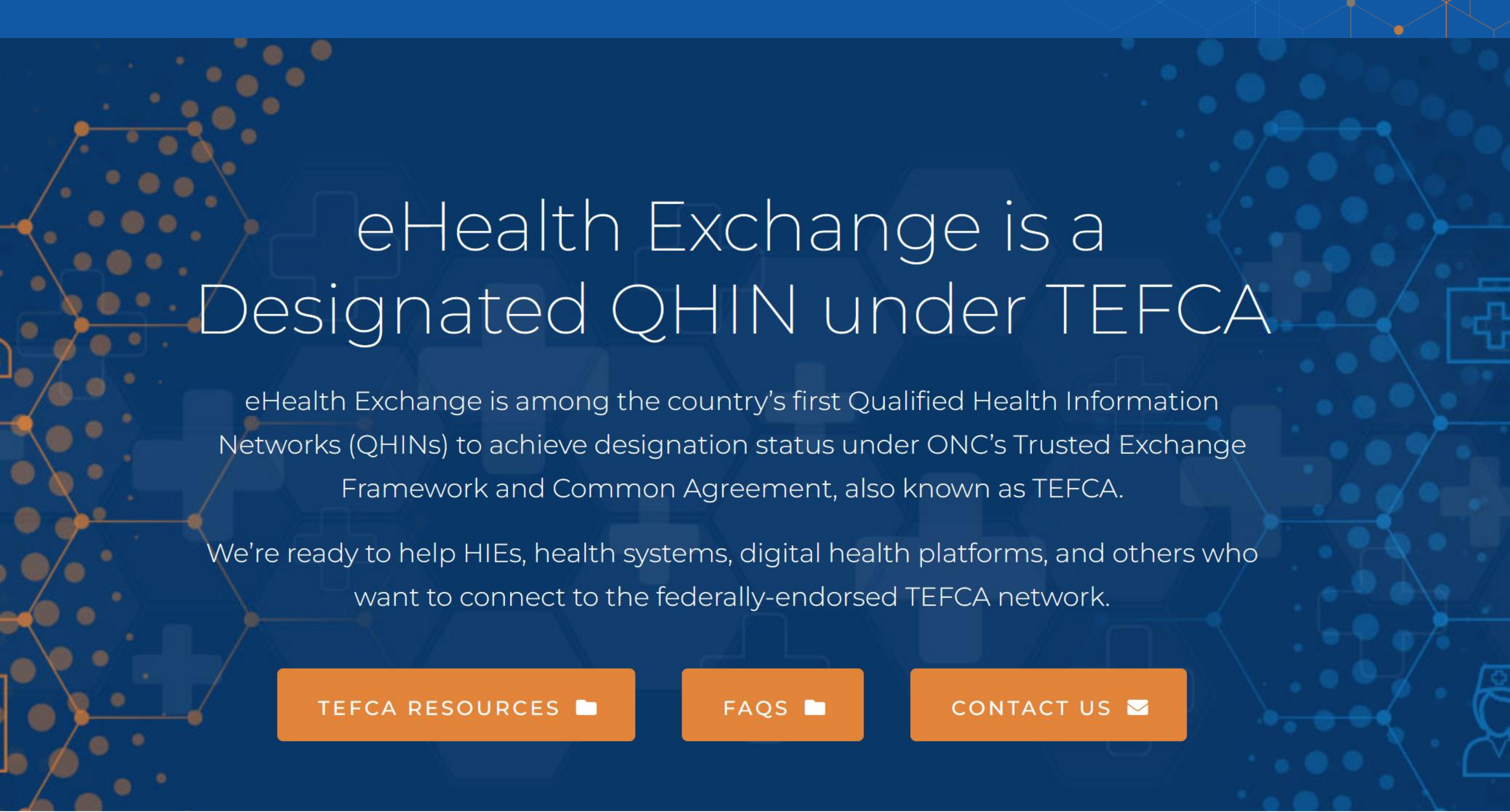


Meet the Candidate QHINs

Looking for a list of Designated QHINs?

Below are organizations that have completed the Qualified Health Information Network™ (QHIN™) application and have been accepted into the project planning and testing phase of the onboarding and designation process. Inclusion on this page is not an endorsement and does not guarantee that an organization will be Designated as a QHIN™.

Sources:
https://rce.sequoiaproject.org/designated-qhins/
https://rce.sequoiaproject.org/candidate-qhins/
e



eHealth Exchange is a Designated QHIN under TEFCA

eHealth Exchange is among the country's first Qualified Health Information Networks (QHINs) to achieve designation status under ONC's Trusted Exchange Framework and Common Agreement, also known as TEFCA.

We're ready to help HIEs, health systems, digital health platforms, and others who want to connect to the federally-endorsed TEFCA network.

TEFCA Overview - Reference

eHealth Exchange™

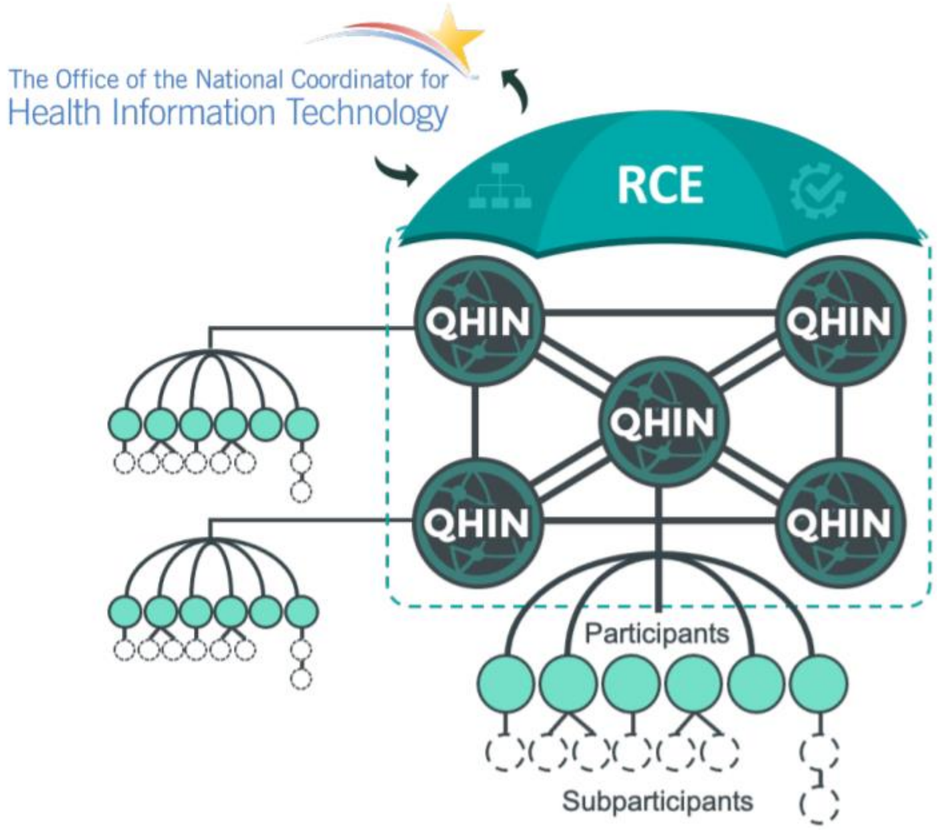
How Does TEFCA Work?

Common Agreement

QHIN Technical Framework

Standard Operating Procedures

FHIR Roadmap


The Office of the National Coordinator for
Health Information Technology
RCE
QHIN
QHIN
QHIN
QHIN
QHIN
Participants
Subparticipants

ONC defines overall policy and certain governance requirements.

RCE provides oversight and governing approach for QHINs.

Qualified Health Information Networks (QHINs) connect directly to each other to facilitate nationwide interoperability.

Each QHIN connects Participants, which connect Subparticipants.

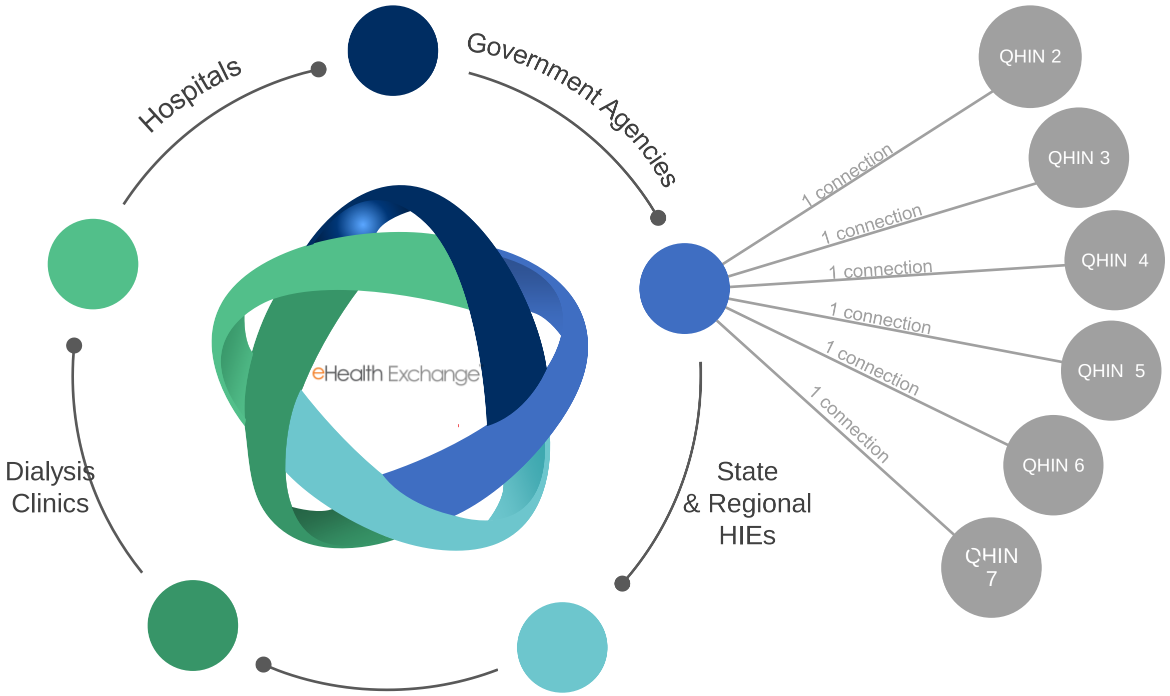
What is the Trusted Exchange Framework (TEFCA)?

It's a federally endorsed governance framework for **cross-network** exchange of healthcare records.

Similar to Carequality, it's a framework, and not a network:

- Technical & policy agreements
- Governing structure
- Federated architecture

Enables healthcare organizations connected to a TEFCA Qualified Health Information Network (QHIN) to exchange patient data with other healthcare organizations connected to other QHINs.



eHealth Exchange™

Leveraging the power of the federal government to expand & mature interoperability

eHealth Exchange
DESIGNATED
QHIN

Intent to Exchange from 11 HIEs Operating in 15 States Serving up to 126 Million Patients

CRISP Shared Services

Indiana Health Information Exchange

SCHIO
Serving Communities Health Information Organization
Community Interoperability Since 1996

GEORGIA HEALTH INFORMATION NETWORK

C3HIE

One Health Record

Manifest MEDEX

BIG SKY CARE CONNECT

contexture℠
Creating connections. Improving lives.

CyncHealth

FROM NUMBERS TO KNOWLEDGE
VHI
VIRGINIA HEALTH INFORMATION

AL, AK, AZ, CA, CO, CT, DC, GA, IA, IN, MD, NE, TX, VA, and WV

Learn more: BeMyQHIN.org

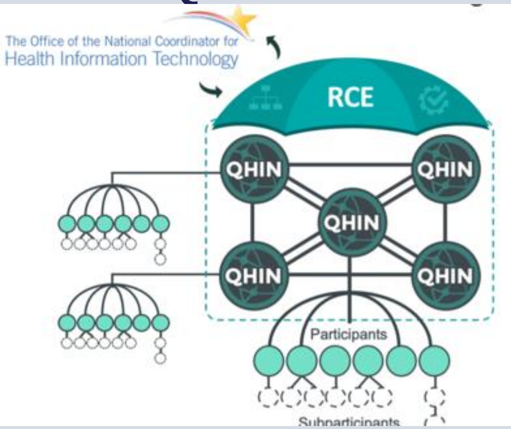
What's changed?

Before: eHealth Exchange Connected with TEFCA

Your organization can exchange with the eHealth Exchange's 320+ health systems, federal agencies, providers and provider collaboratives.

After: eHealth Exchange Went Live on TEFCA

Option for your organization to **also** exchange with healthcare organizations participating in TEFCA QHINs.


The Office of the National Coordinator for
Health Information Technology
RCE
QHIN
QHIN
QHIN
QHIN
QHIN
Participants
Subparticipants

How is the eHealth Exchange different?

eHealth Exchange

- ✓ National non-profit focused on the Public Good
- ✓ Single technical connection instead of hundreds
- ✓ Vendor agnostic
- ✓ 24x7x365 monitoring
- ✓ Enforced content quality assurance
- ✓ Analytics dashboard
- ✓ Broad federal agency connectivity
- ✓ Trust (no patient tracking, no selling data)

Other Networks

- ⚠ Multiple technical connections
- ⚠ Vendor specific
- ⚠ Limited to no 24x7x365 monitoring
- 🛑 No mandatory content testing
- ⚠ No or limited analytics portal dashboard
- 🛑 No broad federal agency connectivity

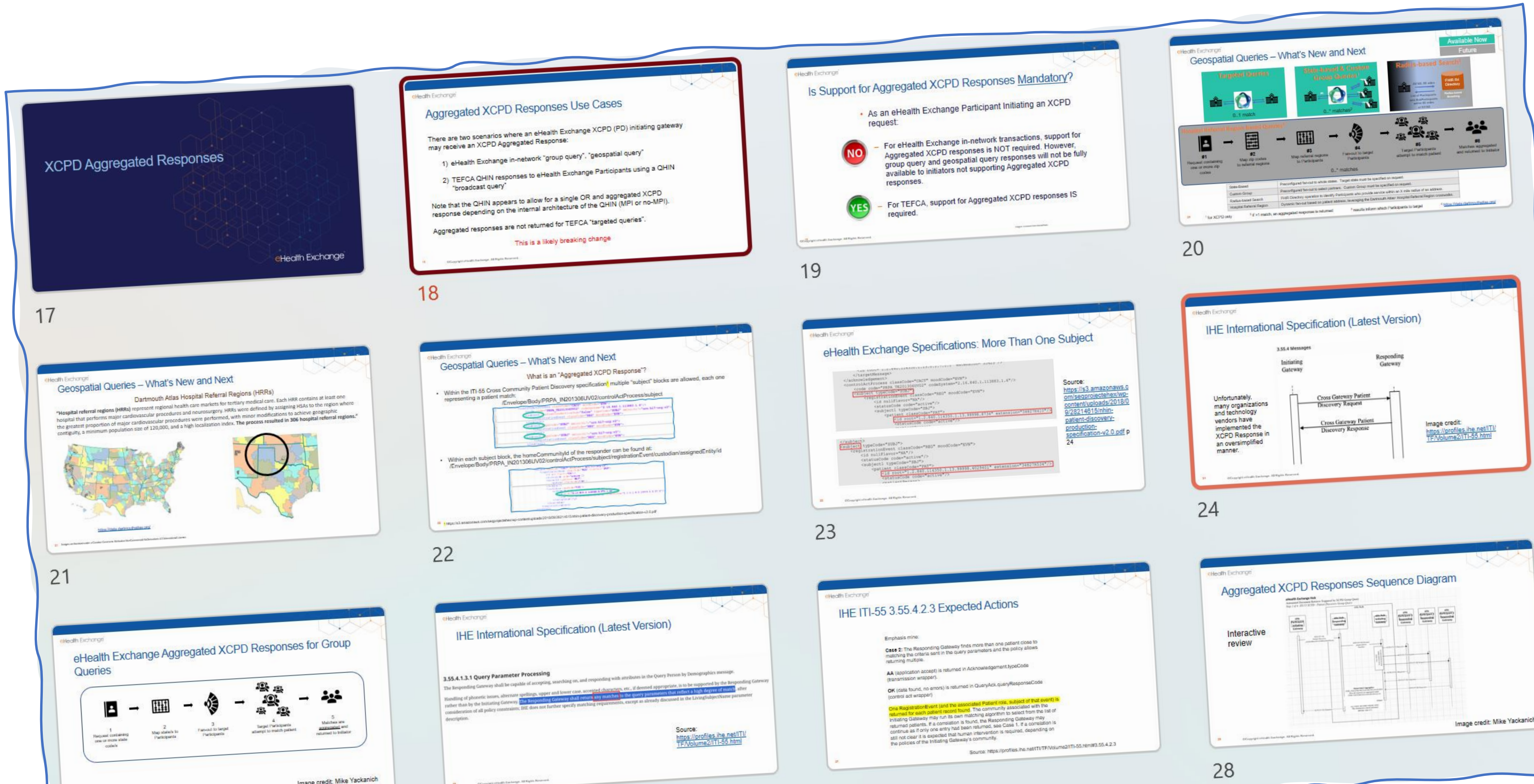
XCPD Aggregated Responses

New: Self-Service XCPD Aggregated Response Test Harness

eHealth Exchange™

Aggregated XCPD Responses

- See slides and recording from April 2024 for detailed background information
- New: Self-Testing Tool Walkthrough
- Updated Next Steps Recommendations



17
XCPD Aggregated Responses
eHealth Exchange

18
Aggregated XCPD Responses Use Cases
There are two scenarios where an eHealth Exchange XCPD (PD) initiating gateway may receive an XCPD Aggregated Response:
1) eHealth Exchange in-network "group query", "geospatial query"
2) TEFCA QHIN responses to eHealth Exchange Participants using a QHIN "broadcast query"
Note that the QHIN appears to allow for a single OR and aggregated XCPD response depending on the internal architecture of the QHIN (MPI or no-MPI).
Aggregated responses are not returned for TEFCA "targeted queries".
This is a likely breaking change

19
Is Support for Aggregated XCPD Responses Mandatory?
As an eHealth Exchange Participant Initiating an XCPD request:
NO – For eHealth Exchange in-network transactions, support for Aggregated XCPD responses is NOT required. However, group query and geospatial query responses will not be fully available to initiators not supporting Aggregated XCPD responses.
YES – For TEFCA, support for Aggregated XCPD responses IS required.

20
Geospatial Queries – What's New and Next

21
Geospatial Queries – What's New and Next
Dartmouth Atlas Hospital Referral Regions (HRRs)

22
Geospatial Queries – What's New and Next
What is an "Aggregated XCPD Response"?

23
eHealth Exchange Specifications: More Than One Subject

24
IHE International Specification (Latest Version)
Unfortunately, many organizations and technology vendors have implemented the XCPD Response in an oversimplified manner.
Initiating Gateway
Responding Gateway
Cross Gateway Patient Discovery Request
Cross Gateway Patient Discovery Response
Image credit: https://profiles.ihe.net/ITI/TF/Volume2/ITI-55.html

eHealth Exchange Aggregated XCPD Responses for Group Queries
Image credit: Mike Yackanich

IHE International Specification (Latest Version)
3.55.4.1.3.1 Query Parameter Processing
Source: https://profiles.ihe.net/ITI/TF/Volume2/ITI-55.html

IHE ITI-55 3.55.4.2.3 Expected Actions

28
Aggregated XCPD Responses Sequence Diagram
Interactive review
Image credit: Mike Yackanich

Aggregated XCPD Responses Use Cases

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  - For TEFCA, support for Aggregated XCPD responses IS required.

Images: Licensed from iStockPhoto

Aggregated XCPD Response Testing

NOW AVAILABLE

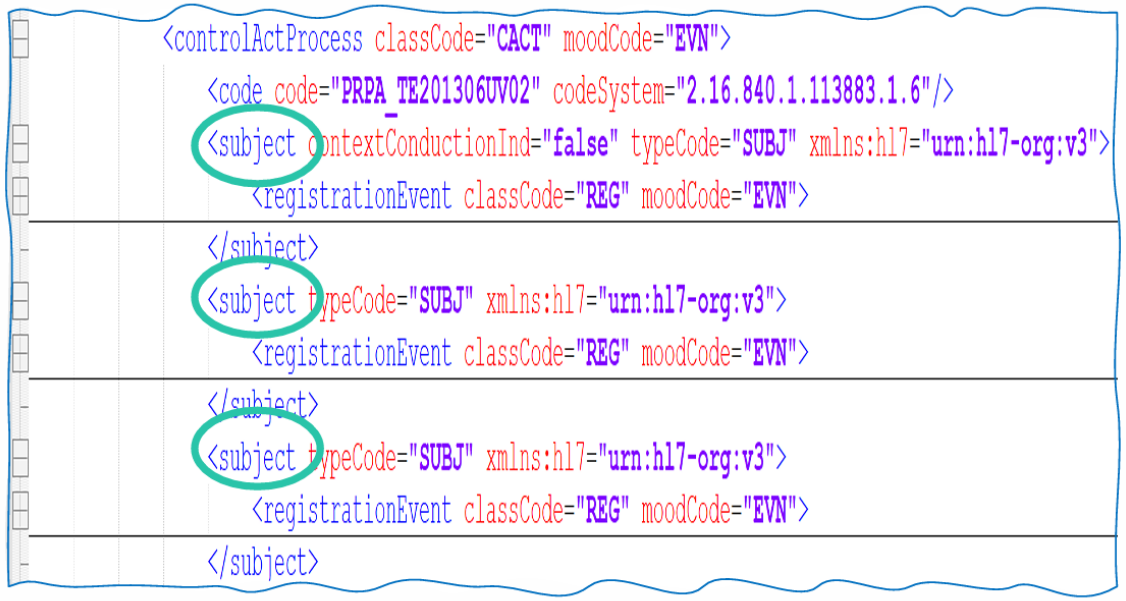
Test your ability to consume and process an aggregated Patient Discovery response!

https://hub001val.ehealthexchange.org/ehx/1.0.0/iti55/2.0?_eHxHubRouteTo=GeoStateTEST

Test Patient Demographics

given	NWHINONE
family	NWHINZZZTESTPATIENT
birthdate	1/1/1981
gender	M
address	1100 Test Street
city	Helena
state	AL
postal code	35080

Aggregated XCPD Response



```
<controlActProcess classCode="CACT" moodCode="EVN">
    <code code="PRPA_TE201306UV02" codeSystem="2.16.840.1.113883.1.6"/>
    <subject contextConductionInd="false" typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
        <registrationEvent classCode="REG" moodCode="EVN">
    </subject>
    <subject typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
        <registrationEvent classCode="REG" moodCode="EVN">
    </subject>
    <subject typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
        <registrationEvent classCode="REG" moodCode="EVN">
    </subject>
```

Suggested Next Steps

- Determine if your gateway technology supports this standards-based feature
  - Use the new eHealth Exchange test harness to assess your system's compatibility with Aggregated XCPD responses
- Work with eHealth Exchange staff to
  - Understand the impact if your technology platform does not support aggregated XCPD responses
  - Create an action plan

Image licensed from iStockPhoto

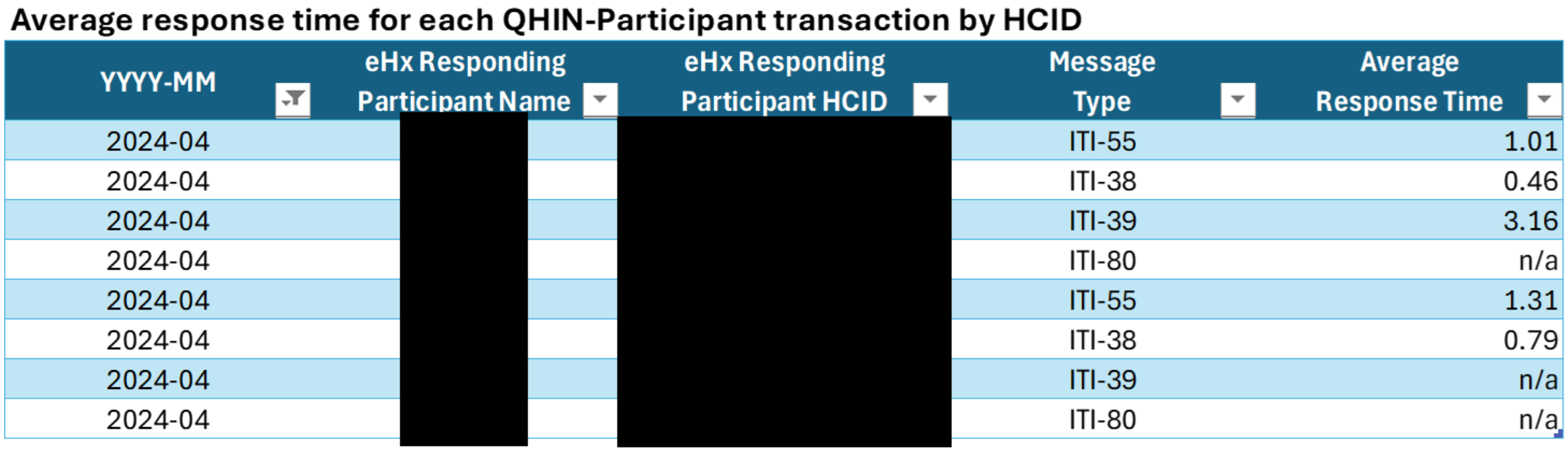
QHIN Reporting and Volume Status

As Mandated by QTF v1.1 QTF-124

eHealth Exchange™

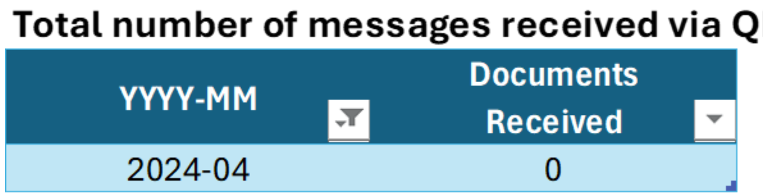
QHIN-to-QHIN Reporting and Volume Status – April 2024

As Responding Gateway



Average response time for each QHIN-Participant transaction by HCID

YYYY-MM	eHx Responding Participant Name	eHx Responding Participant HCID	Message Type	Average Response Time
2024-04	[redacted]	[redacted]	ITI-55	1.01
2024-04	[redacted]	[redacted]	ITI-38	0.46
2024-04	[redacted]	[redacted]	ITI-39	3.16
2024-04	[redacted]	[redacted]	ITI-80	n/a
2024-04	[redacted]	[redacted]	ITI-55	1.31
2024-04	[redacted]	[redacted]	ITI-38	0.79
2024-04	[redacted]	[redacted]	ITI-39	n/a
2024-04	[redacted]	[redacted]	ITI-80	n/a



Total number of messages received via QHIN Message Delivery

YYYY-MM	Documents Received
2024-04	0

eHealth Exchange QHIN Volume Metrics

eHealth Exchange QHIN Transaction Volume – As A Responder (April 2024)

Transaction Type	Patient Discovery Requests from Other QHINs to eHealth Exchange QHIN	% NOT Matched Due to Out of Service Area	Requests from Other QHINs Forwarded to eHx QHIN Participants	eHealth QHIN Participant Match Results	Avg Response Time in Seconds (eHx Hub + Participant)
Patient Discovery	9,950,727 15%↑	99.7%	~31,877 (0.3%)	~25,684 (81%)	1.15
Document Query	n/a	n/a	8,320 95%↑	2,559 clinical documents Identified	0.69
Document Retrieve	n/a	n/a	928 74%↑	924 clinical documents retrieved	3.16

!

1. ↑↓ Month-over-month percentage change in **total requests** has been added

2. Our QHIN Participants are not yet initiating requests, but at least one may be initiating by end of May

3. Interestingly, after the eHealth Exchange QHIN returns patient matches to one vendor via TEFCA, that vendor initiates QD & RD through the traditional eHealth Exchange network (not through TEFCA network).

eCR Public Health Reporting Via The eHealth Exchange QHIN Hub

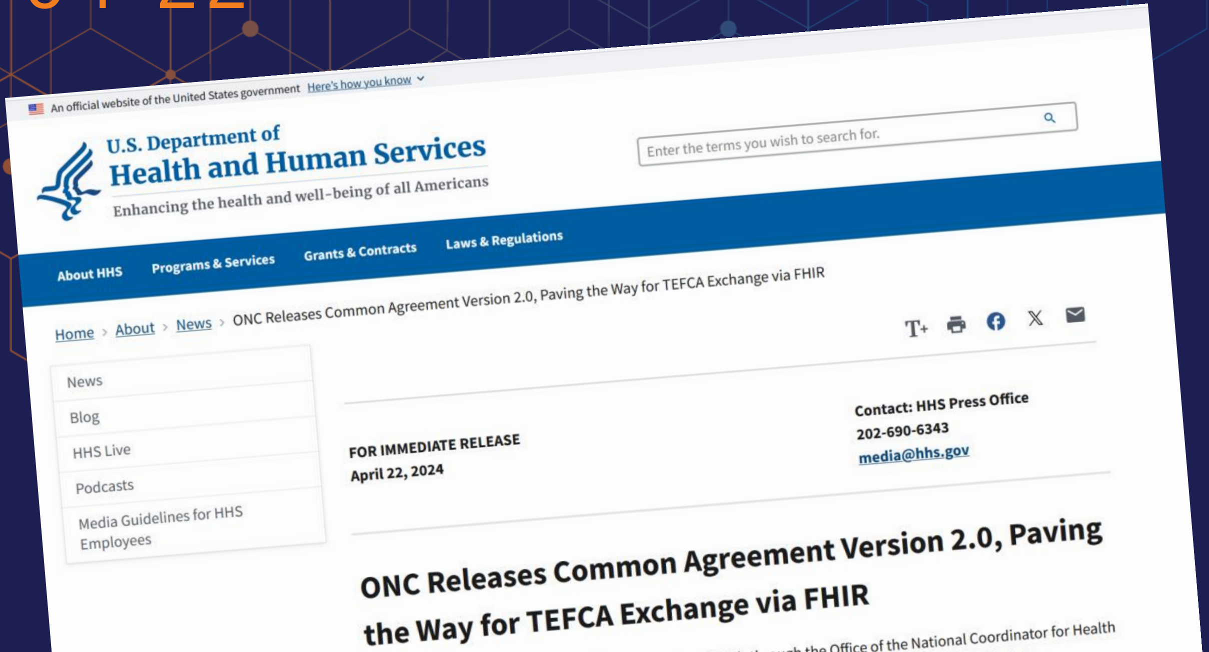
eCR Public Health Reporting Via The eHealth Exchange QHIN Hub

- APHL AIMS has officially opted-in to exchange under TEFCA with the eHealth Exchange as its QHIN
- The goal to begin exchanging for eCR under TEFCA is July 1, 2024
- The eHealth Exchange, APHL AIMS and a vendor are all working together to meet the stated deadline for eCR exchange
- Testing is underway with AIMS and the eHealth Exchange with informal reportability response testing with a vendor
- We have completed our first major milestone for eCR preparation and are working on our second milestone now

Image licensed from iStockPhoto

TEFCA New Common Agreement 2.0

Technical Considerations
Version 2.0 Published 2024-04-22


An official website of the United States government Here's how you know
U.S. Department of
Health and Human Services
Enhancing the health and well-being of all Americans
Enter the terms you wish to search for.
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Media Guidelines for HHS Employees

FOR IMMEDIATE RELEASE
April 22, 2024

Contact: HHS Press Office
202-690-6343
media@hhs.gov

ONC Releases Common Agreement Version 2.0, Paving the Way for TEFCA Exchange via FHIR

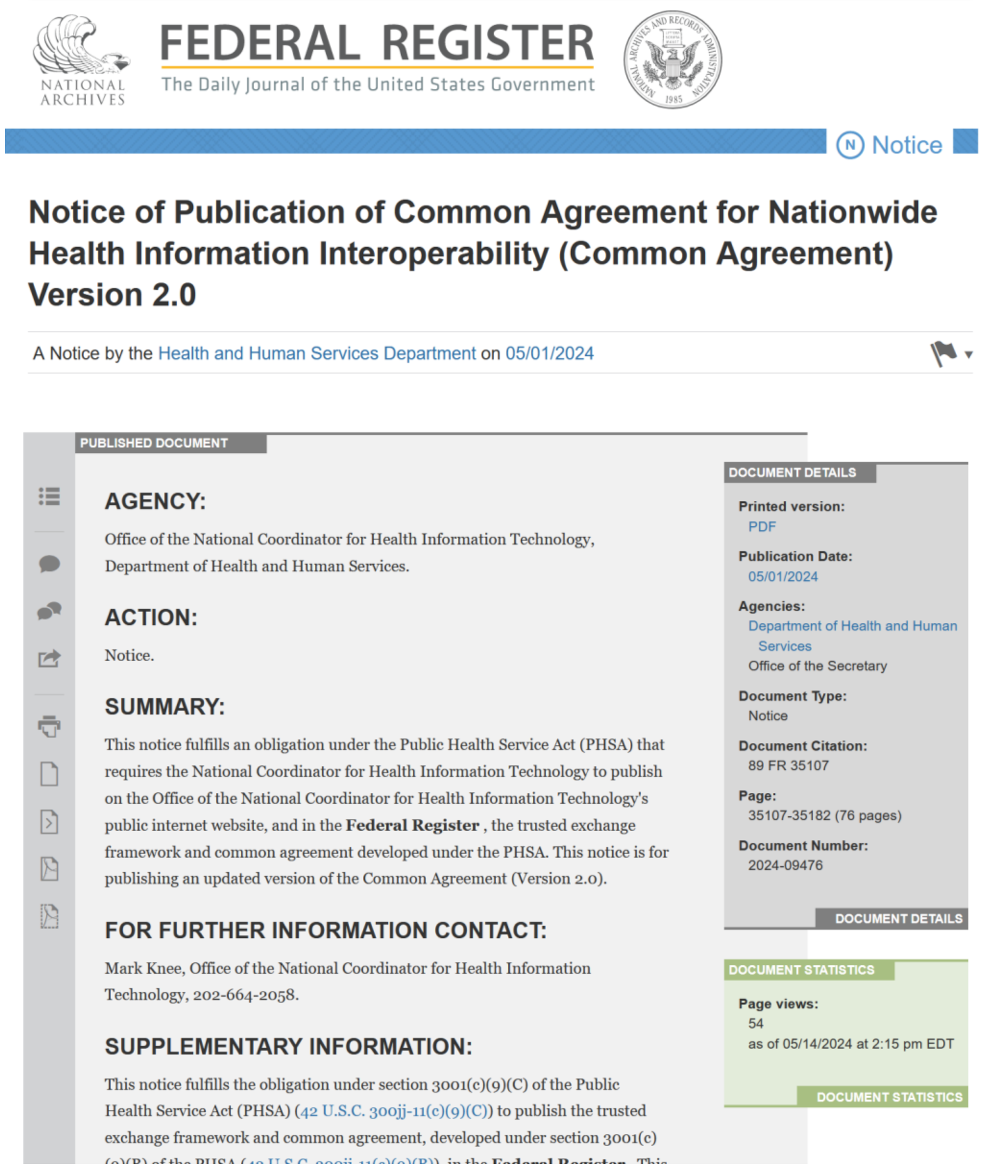
the Office of the National Coordinator for Health

Common Agreement v1.1 v 2.0

- Context
- High-Level Changes
- Detailed Technical Changes
- Comparing:
  - https://rce.sequoiaproject.org/wp-content/uploads/2023/11/Common-Agreement-v1.1.pdf
  - https://rce.sequoiaproject.org/wp-content/uploads/2024/04/Common-Agreement-v2.0_508-1.pdf
- Out of Scope: Policy, Legal and Other Non-Technical Topics

Published in the Federal Register 2024-05-01

- Source: https://www.federalregister.gov/documents/2024/05/01/2024-09476/notice-of-publication-of-common-agreement-for-nationwide-health-information-interoperability-common
- Pages: 35107-35182



NATIONAL ARCHIVES

FEDERAL REGISTER

The Daily Journal of the United States Government

Ⓝ Notice

Notice of Publication of Common Agreement for Nationwide Health Information Interoperability (Common Agreement) Version 2.0

A Notice by the Health and Human Services Department on 05/01/2024

PUBLISHED DOCUMENT

AGENCY:

Office of the National Coordinator for Health Information Technology, Department of Health and Human Services.

ACTION:

Notice.

SUMMARY:

This notice fulfills an obligation under the Public Health Service Act (PHSA) that requires the National Coordinator for Health Information Technology to publish on the Office of the National Coordinator for Health Information Technology's public internet website, and in the **Federal Register** , the trusted exchange framework and common agreement developed under the PHSA. This notice is for publishing an updated version of the Common Agreement (Version 2.0).

FOR FURTHER INFORMATION CONTACT:

Mark Knee, Office of the National Coordinator for Health Information Technology, 202-664-2058.

SUPPLEMENTARY INFORMATION:

This notice fulfills the obligation under section 3001(c)(9)(C) of the Public Health Service Act (PHSA) (42 U.S.C. 300jj-11(c)(9)(C)) to publish the trusted exchange framework and common agreement, developed under section 3001(c)(9)(B) of the PHSA (42 U.S.C. 300jj-11(c)(9)(B)), in the **Federal Register**. This

DOCUMENT DETAILS

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PDF

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Office of the Secretary

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2024-09476

DOCUMENT DETAILS

DOCUMENT STATISTICS

Page views:
54
as of 05/14/2024 at 2:15 pm EDT

DOCUMENT STATISTICS

New TEFCA Common Agreement v2.0

January 2022

Common Agreement v1

The Common Agreement version 1 was the initial version of the Common Agreement and reflected policies developed with extensive public input.

Related QTF Version: 1
Related FHIR Roadmap Version: 1

December 2023

Common Agreement v1.1

The Common Agreement version 1.1 included changes required by HHS prior to TEFCA exchange going live. *This is the version in operation as of the official launch of TEFCA exchange.*

Related QTF Version: 1.1
Related FHIR Roadmap Version: 2

April 2024

Common Agreement v2

The Common Agreement version 2.0 includes enhancements and updates to support HL7 FHIR® based transactions.

Related QTF Version: 2 – DRAFT
Related FHIR Roadmap Version: 2

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/04/RCE-Monthly-Informational-Call-4-16-2024-v2_-FINAL-FINAL.pdf

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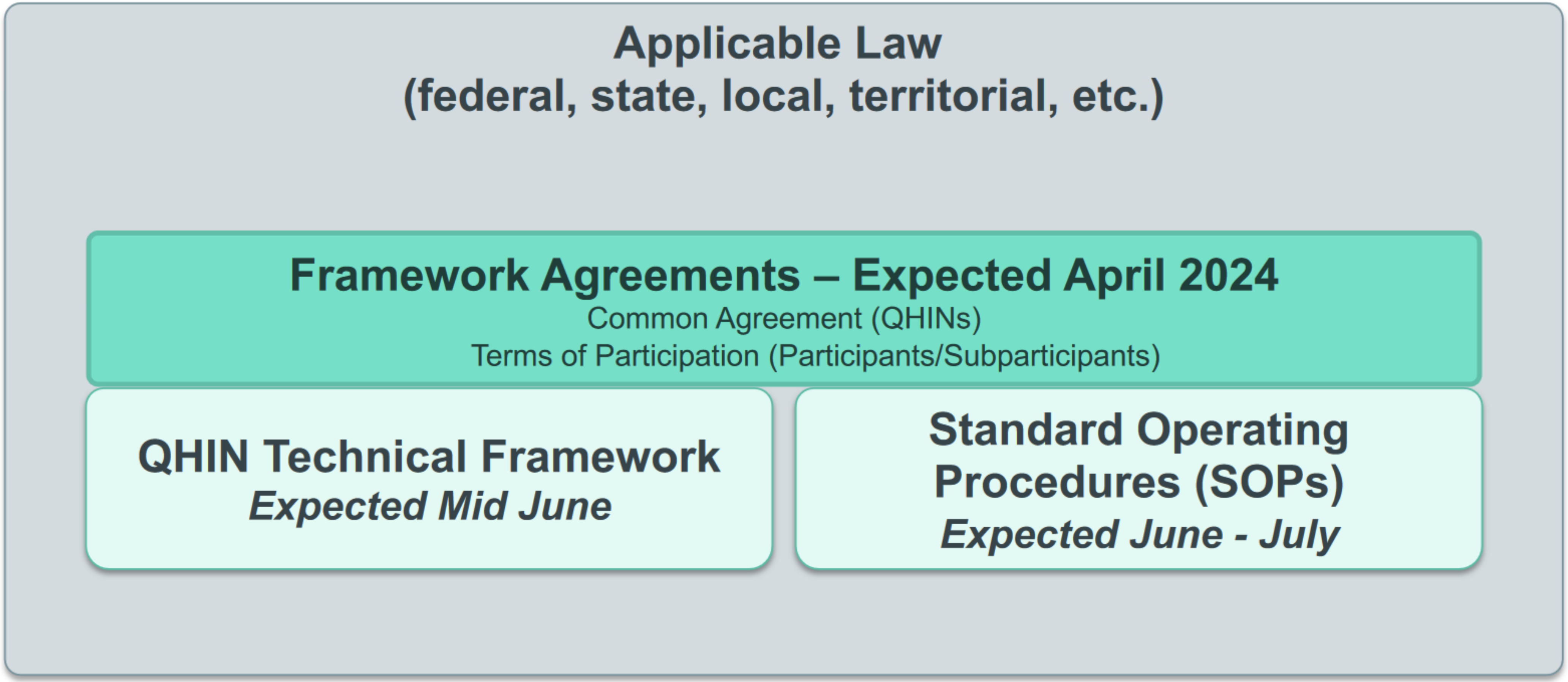
Additional Updates In Process From The RCE



Applicable Law
(federal, state, local, territorial, etc.)

Framework Agreements – Expected April 2024
Common Agreement (QHINs)
Terms of Participation (Participants/Subparticipants)

QHIN Technical Framework
Expected Mid June

Standard Operating Procedures (SOPs)
Expected June - July

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/04/RCE-Monthly-Informational-Call-4-16-2024-v2_-FINAL-FINAL.pdf

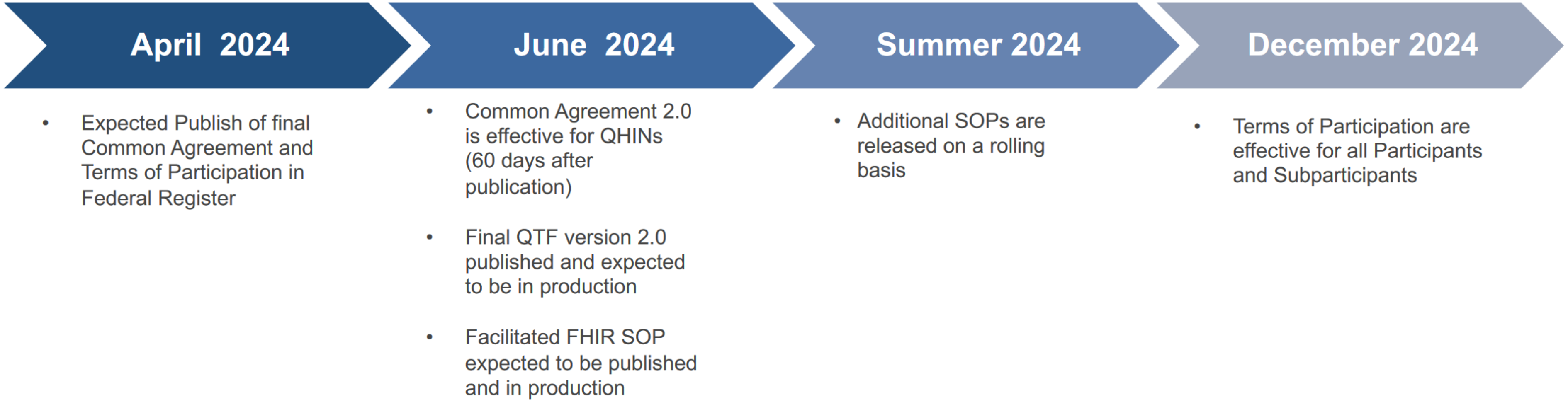
Expected SOP Batch Releases

Batch 1 Published on ONC website in April (Effective: 60 days after publication in Federal Register)	Batch 2 (Publish 60 days after publication in Federal Register)	Batch 3 (Publish Summer 2024)	Batch 4 (Publish Summer - Fall 2024)
• Common Agreement Version 2.0 • Terms of Participation (ToP)	• Governance Approach SOP • Expectations for Cooperation SOP • Individual Access Services (IAS) Provider Requirements • Exchange Purposes SOP • Delegation of Authority SOP • RCE Directory Service Policy SOP • QHIN Technical Framework (QTF) Version 2.0 • *New* Facilitated FHIR Implementation SOP • Security Incident Reporting SOP	• XP Implementation SOP: IAS Demographic Matched • XP Implementation SOP: Public Health • XP Implementation SOP: Health Care Operations • QHIN Security for the Protection of TEFCA Information (TI) • Participant/Subparticipnat Additional Security Requirements • QHIN Onboarding & Designation SOP • QHIN Application SOP	• Update SOPs published on website (Dispute Resolution and Means to Demonstrate U.S Ownership and Control of a QHIN)

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/04/RCE-Monthly-Informational-Call-4-16-2024-v2_-FINAL-FINAL.pdf

Transition from Version 1.1 to Version 2.0

- TEFCA is currently live on Common Agreement Version 1.1 for QHINs
- Applicable Flow-Down provisions are applied to Participants and Subparticipants
- There is a transition period to allow for adoption of the new Framework Agreements by those who are already live
  - 60 days for the Common Agreement
  - 180 days for the Terms of Participation
- During the transition, all TEFCA connected entities can engage in TEFCA Exchange for approved Exchange Purposes
- QHINs are responsible for adding new TEFCA connected entities to the RCE Directory as they sign the Terms of Participation



April 2024

- Expected Publish of final Common Agreement and Terms of Participation in Federal Register

June 2024

- Common Agreement 2.0 is effective for QHINs (60 days after publication)
- Final QTF version 2.0 published and expected to be in production
- Facilitated FHIR SOP expected to be published and in production

Summer 2024

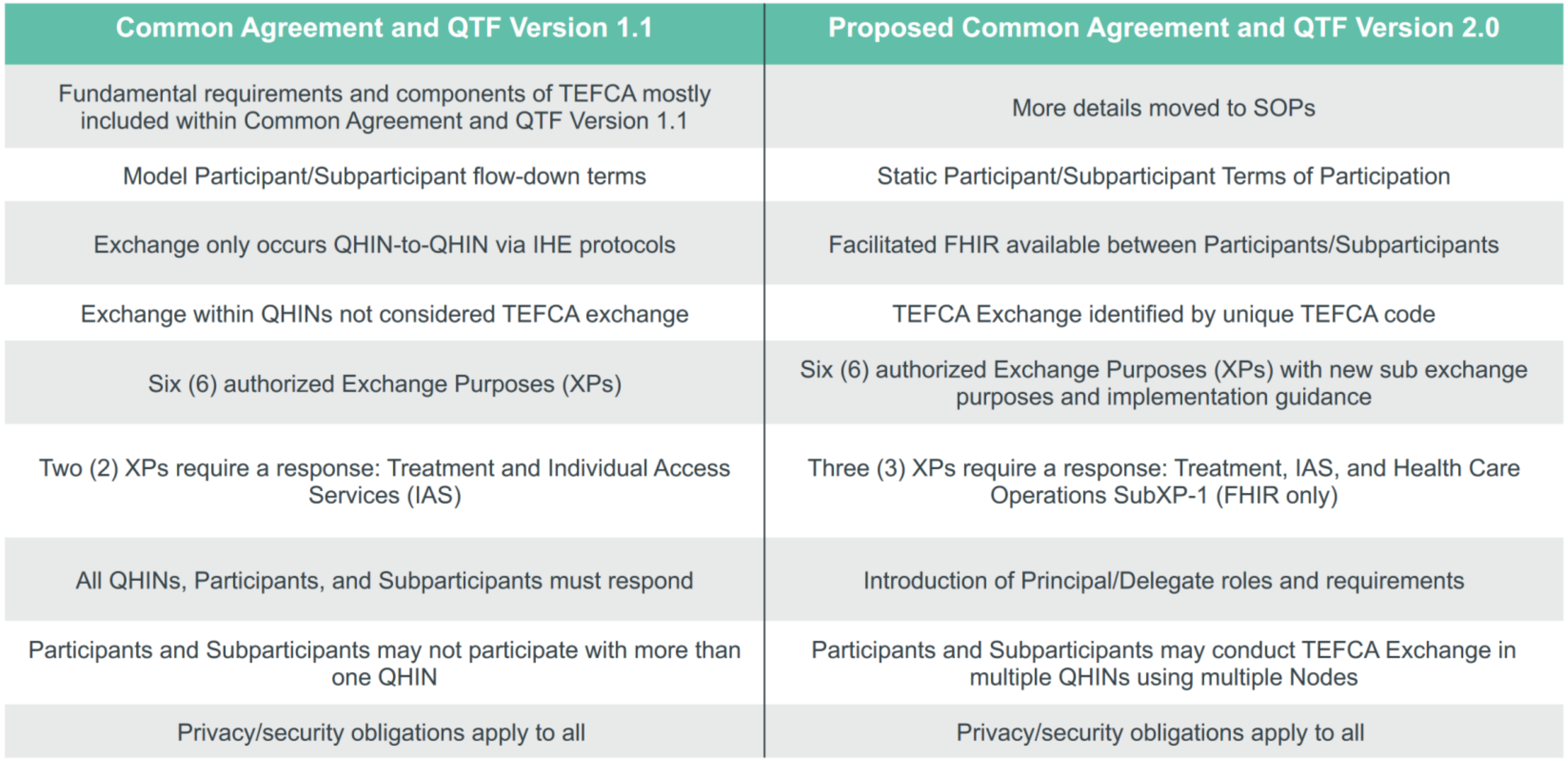
- Additional SOPs are released on a rolling basis

December 2024

- Terms of Participation are effective for all Participants and Subparticipants

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/04/RCE-Monthly-Informational-Call-4-16-2024-v2_-FINAL-FINAL.pdf

Key Concepts that have Evolved: Common Agreement Version 1.1 to Version 2.0



Common Agreement and QTF Version 1.1	Proposed Common Agreement and QTF Version 2.0
Fundamental requirements and components of TEFCA mostly included within Common Agreement and QTF Version 1.1	More details moved to SOPs
Model Participant/Subparticipant flow-down terms	Static Participant/Subparticipant Terms of Participation
Exchange only occurs QHIN-to-QHIN via IHE protocols	Facilitated FHIR available between Participants/Subparticipants
Exchange within QHINs not considered TEFCA exchange	TEFCA Exchange identified by unique TEFCA code
Six (6) authorized Exchange Purposes (XPs)	Six (6) authorized Exchange Purposes (XPs) with new sub exchange purposes and implementation guidance
Two (2) XPs require a response: Treatment and Individual Access Services (IAS)	Three (3) XPs require a response: Treatment, IAS, and Health Care Operations SubXP-1 (FHIR only)
All QHINs, Participants, and Subparticipants must respond	Introduction of Principal/Delegate roles and requirements
Participants and Subparticipants may not participate with more than one QHIN	Participants and Subparticipants may conduct TEFCA Exchange in multiple QHINs using multiple Nodes
Privacy/security obligations apply to all	Privacy/security obligations apply to all

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/04/RCE-Monthly-Informational-Call-4-16-2024-v2_-FINAL-FINAL.pdf

Policy/Technical Advisory Group

- **Purpose:** Serve as an **Advisory Group** to the Transitional Council to deliberate and review proposed amendments to the Common Agreement v2, the QTF v2, and associated SOPs.
- **Responsibilities:**
  - Review proposed amendments to the Common Agreement v2, the QTF v2, and associated SOPs and provide feedback to the RCE and ONC on the proposed changes.
    - The feedback is intended to be advisory only and the RCE and ONC are not required to incorporate any specific feedback into the draft Common Agreement Version 2.0.
  - Discuss practical and operational implementation questions and considerations that arise from policy and technical requirements across TEFCA.
- **Composition:** Continuation of the Applicant QHIN, QHIN, and Participant/Subparticipant Representative(s) involved in the Policy/Technical Working Group.
- **Timing and cadence:** The group will meet weekly until the formation of the caucuses, at which point we will re-assess timing and cadence.
- **Next Steps**: RCE will distribute draft charter to the Transitional Council for feedback and vote

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/04/RCE-Monthly-Informational-Call-4-16-2024-v2_-FINAL-FINAL.pdf

Summary of Stakeholder Feedback Received

Participation in Multiple QHINS

- Support for flexibility to allow Participation through multiple QHINs
- Desire for additional flexibility from what was proposed

Principal/Delegate

- Broad support for defining Principal/Delegate roles with some recommendations for clarification
- Support for delineating between initiating and responding systems

Terms of Participation Transition

- Recommendation to provide transition period for Participants/Subparticipants to adopt Terms of Participation

FHIR® Based Exchange

- Recommendation to allow for transition period to adopt widescale FHIR using UDAP, including allowing for multiple approaches for Facilitated FHIR in the interim
- Recommendations to clarify FHIR US Core Version

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/03/Final_RCE-Monthly-Informational-Call-3-19-202415-Read-Only.pdf

Summary of Stakeholder Feedback Received

Health Care Operations SubXP SOP

- Varied views on scope of Health Care Operations SubXP:
  - Some desire to narrow use-cases while others support broader definition
  - General concern for Response requirements for HCO SubXP when using FHIR

Public Health SubXP SOP

- Public Health is seen as a valuable Exchange Purpose
- RCE received input on a variety of uses cases, including Electronic Case Reporting, Electronic Report, and Case Investigation
- The RCE is working closely with the CDC and ONC on alignment of TEFCA Exchange to optimize support for Public Health and expand educational efforts

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/03/Final_RCE-Monthly-Informational-Call-3-19-202415-Read-Only.pdf

Stakeholder Feedback on Facilitated FHIR® Proposals

US Core Version

- Concern with incompatibility between US Core 3.1.1 and subsequent versions
- Suggest supporting any of the FHIR US Core versions that are conformant to FHIR US Core 4.0.0

HL7 FAST UDAP Security for Scalable Registration, Authentication, and Authorization STU 1.0.0 US Implementation Guide (HL7 SSRAA IG)

- Concern that HL7 SSRAA IG is not yet broadly adopted within the industry and an early requirement to use the HL7 SSRAA IG could slow adoption of FHIR
- Suggest creating an interim approach to allow for more than one method of FHIR exchange while QHINs, Participants, and Subparticipants implement the HL7 SSRAA IG

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/03/Final_RCE-Monthly-Informational-Call-3-19-202415-Read-Only.pdf

FHIR® Early Production Goals

Create an interim approach, starting in 2024, to enable FHIR Early Adopters to do Facilitated FHIR using more than one method for registration, authentication, and authorization.

Provide a roadmap to adopt a consistent, widescale approach to Facilitated FHIR with sufficient lead time for implementation.

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/03/Final_RCE-Monthly-Informational-Call-3-19-202415-Read-Only.pdf

FHIR® Early Production Standard Operating Procedure (SOP)

- **The SOP will detail the allowable methods of FHIR for registration, authentication, and authorization through December 31, 2025, including:**
  - » HL7 FAST UDAP Security for Scalable Registration, Authentication, and Authorization STU 1.0.0 US Implementation Guide (HL7 SSRAA IG)
  - » SMART Application Launch Framework Implementation Guide (SMART) Release 1.0.0
  - » Some other authentication and authorization framework that adheres to the requirements of the QTF based on out-of-band arrangements between exchange partners including manual registration
- **After January 1, 2026, all TEFCA Exchange using FHIR will use HL7 SSRAA FHIR IG Release 1.0.0**
- **FHIR exchange will comply with US Core v4.0.0**

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/03/Final_RCE-Monthly-Informational-Call-3-19-202415-Read-Only.pdf

ONC Office of the National Coordinator for Health Information Technology

ONC TEFCA RECOGNIZED COORDINATING ENTITY

Common Agreement for Nationwide Health Information Interoperability

Version 1.1

November 2023

ONC Office of the National Coordinator for Health Information Technology

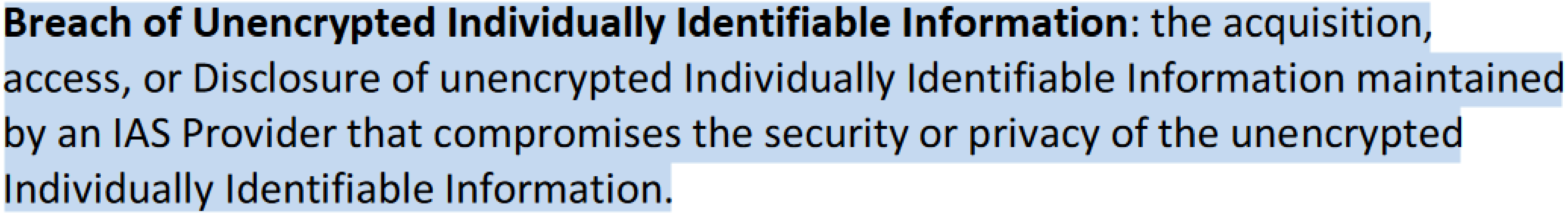
ONC TEFCA RECOGNIZED COORDINATING ENTITY

Common Agreement for Nationwide Health Information Interoperability

Version 2.0

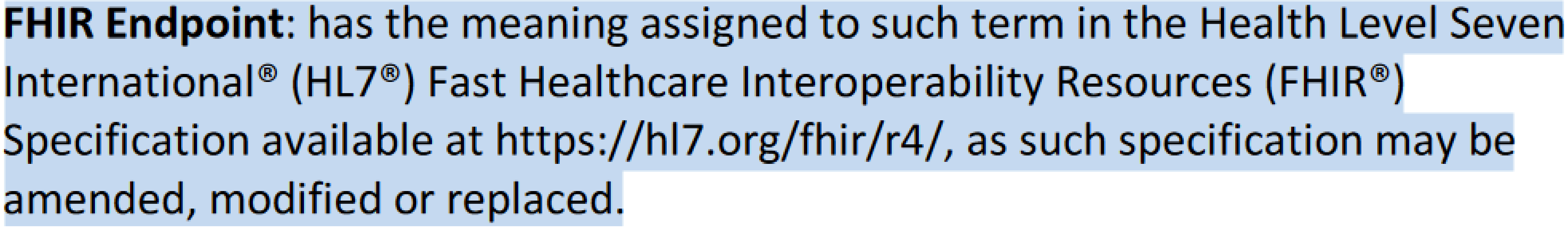
April 2024

New Definition: Breach of Unencrypted IAS Information



Breach of Unencrypted Individually Identifiable Information: the acquisition, access, or Disclosure of unencrypted Individually Identifiable Information maintained by an IAS Provider that compromises the security or privacy of the unencrypted Individually Identifiable Information.

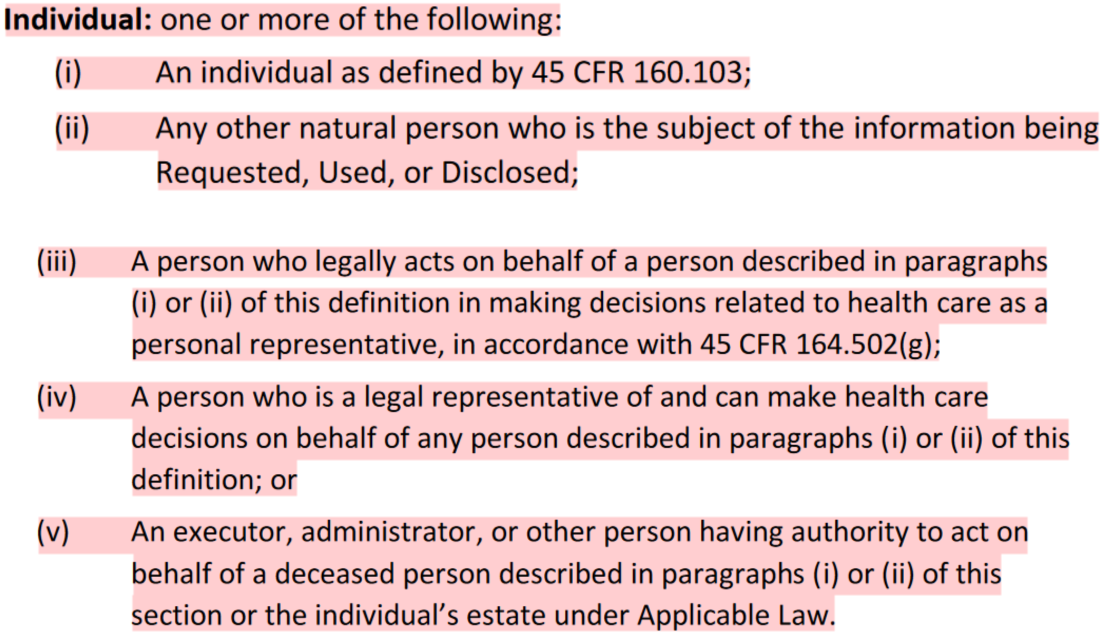
New Defined Term: FHIR Endpoint



FHIR Endpoint: has the meaning assigned to such term in the Health Level Seven International® (HL7®) Fast Healthcare Interoperability Resources (FHIR®) Specification available at https://hl7.org/fhir/r4/, as such specification may be amended, modified or replaced.

Revised Definition of an ‘Individual’

OLD



Individual: one or more of the following:

(i) An individual as defined by 45 CFR 160.103;

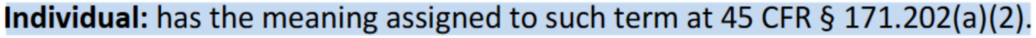
(ii) Any other natural person who is the subject of the information being Requested, Used, or Disclosed;

(iii) A person who legally acts on behalf of a person described in paragraphs (i) or (ii) of this definition in making decisions related to health care as a personal representative, in accordance with 45 CFR 164.502(g);

(iv) A person who is a legal representative of and can make health care decisions on behalf of any person described in paragraphs (i) or (ii) of this definition; or

(v) An executor, administrator, or other person having authority to act on behalf of a deceased person described in paragraphs (i) or (ii) of this section or the individual’s estate under Applicable Law.

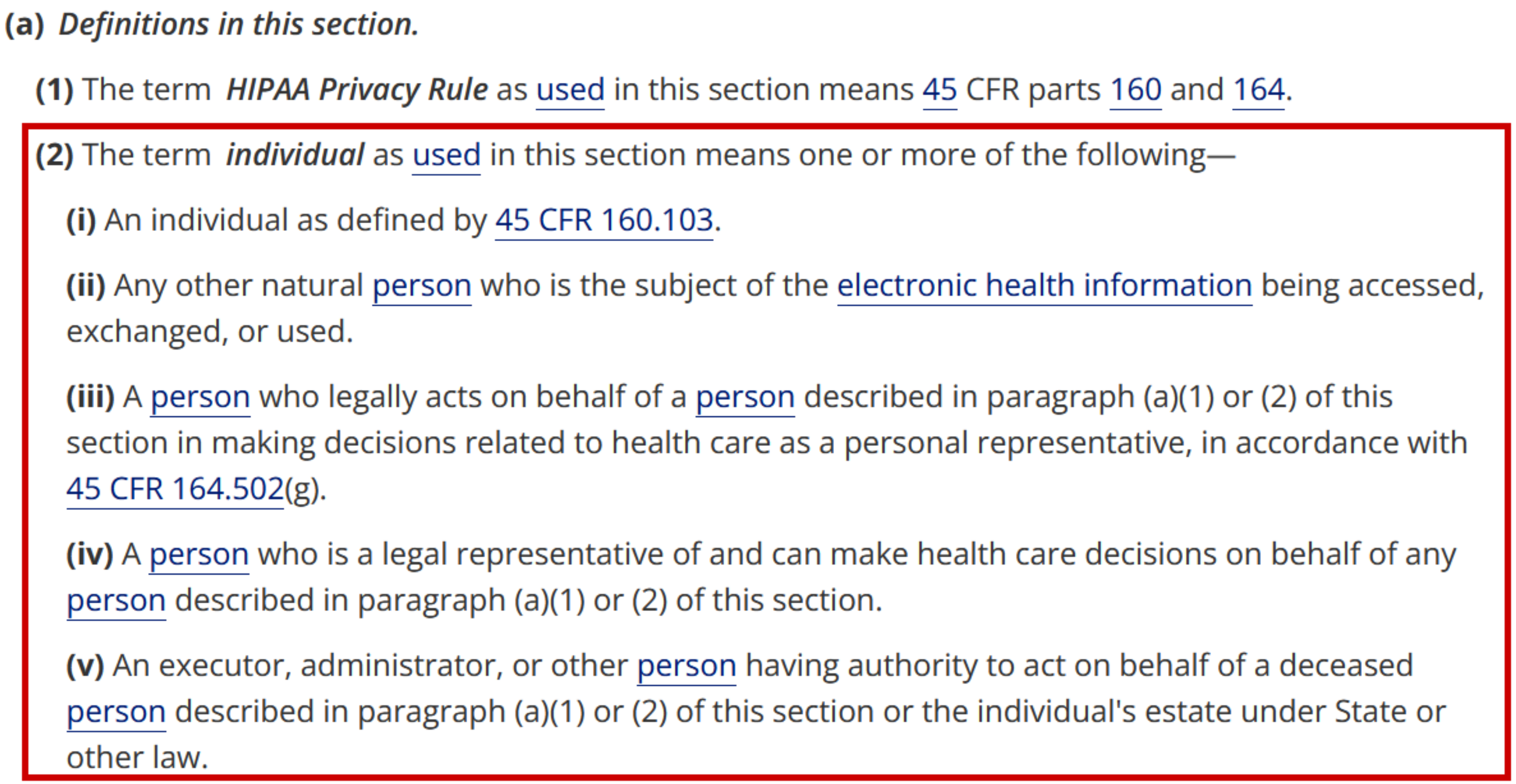
New



Individual: has the meaning assigned to such term at 45 CFR § 171.202(a)(2).

Revised Definition of an ‘Individual’

https://www.law.cornell.edu/cfr/text/45/171.202



(a) ***Definitions in this section.***

(1) The term ***HIPAA Privacy Rule*** as used in this section means 45 CFR parts 160 and 164.

(2) The term ***individual*** as used in this section means one or more of the following—

(i) An individual as defined by 45 CFR 160.103.

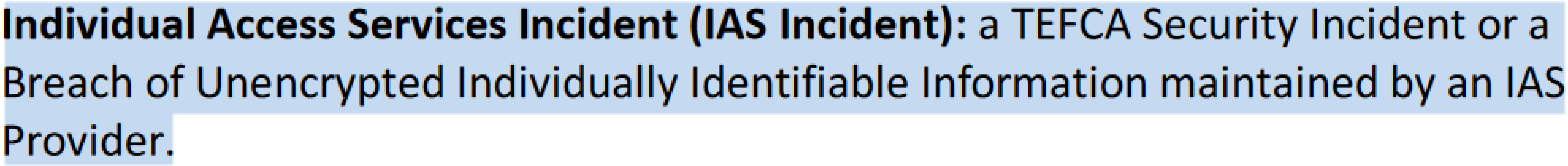
(ii) Any other natural person who is the subject of the electronic health information being accessed, exchanged, or used.

(iii) A person who legally acts on behalf of a person described in paragraph (a)(1) or (2) of this section in making decisions related to health care as a personal representative, in accordance with 45 CFR 164.502(g).

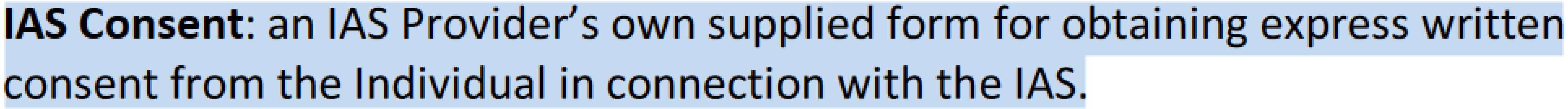
(iv) A person who is a legal representative of and can make health care decisions on behalf of any person described in paragraph (a)(1) or (2) of this section.

(v) An executor, administrator, or other person having authority to act on behalf of a deceased person described in paragraph (a)(1) or (2) of this section or the individual's estate under State or other law.

New Defined Terms: ‘IAS Incident’ and ‘IAS Consent’

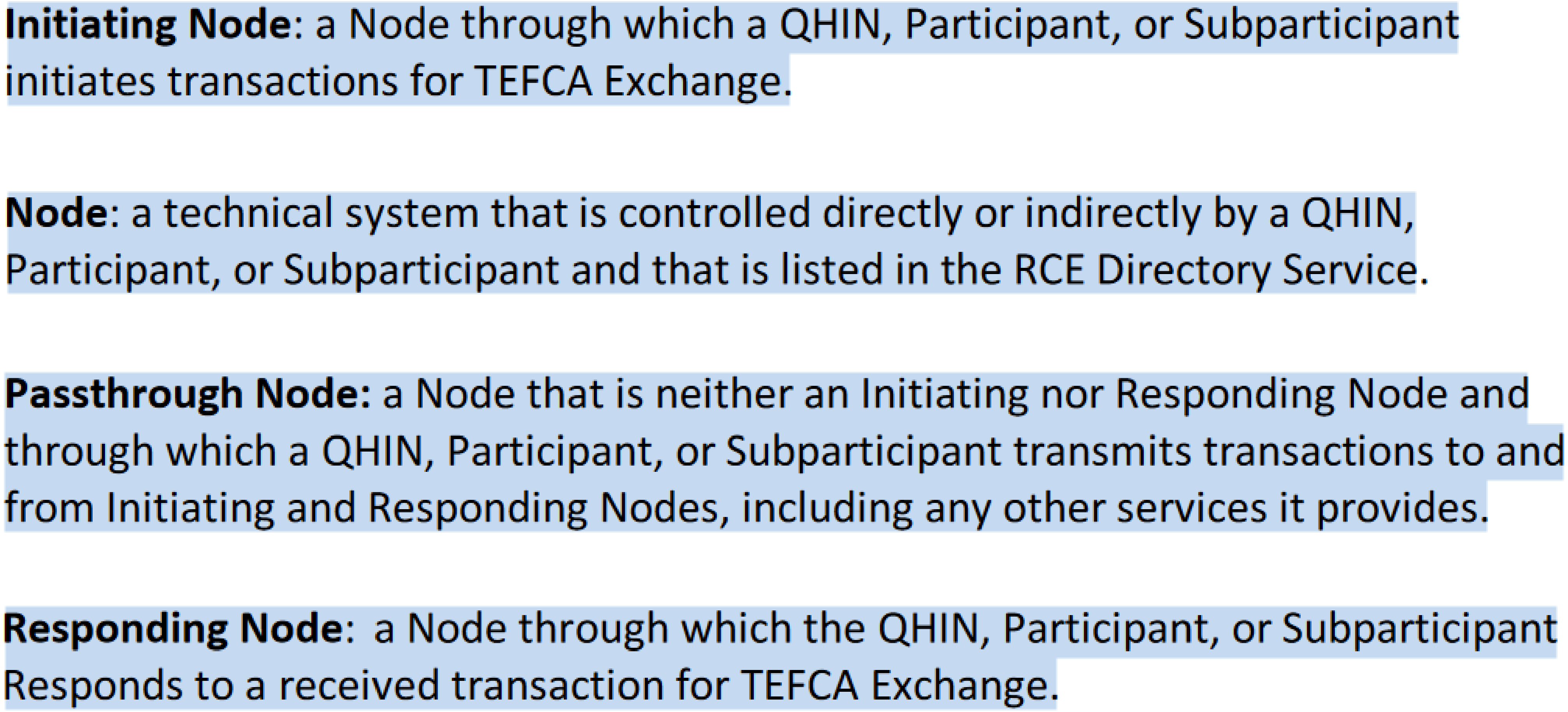


Individual Access Services Incident (IAS Incident): a TEFCA Security Incident or a Breach of Unencrypted Individually Identifiable Information maintained by an IAS Provider.



IAS Consent: an IAS Provider’s own supplied form for obtaining express written consent from the Individual in connection with the IAS.

New Actor Names: Initiating, Passthrough, Responding Nodes



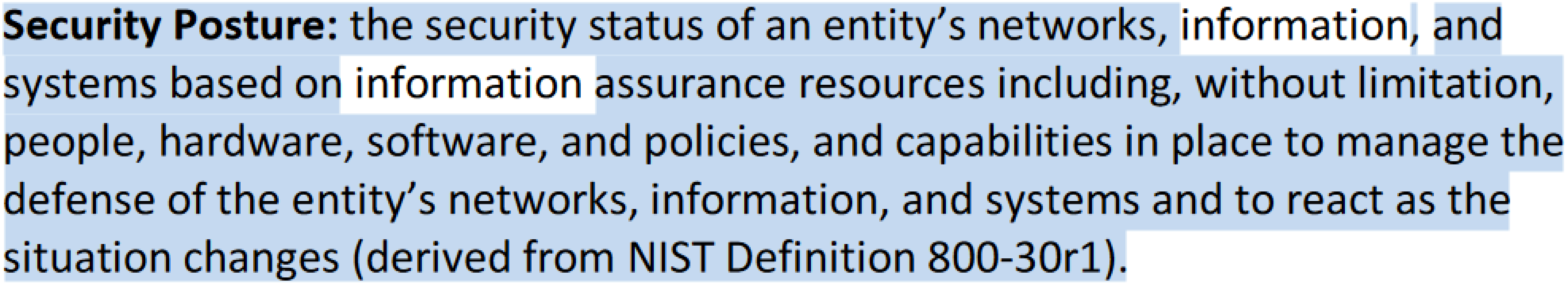
Initiating Node: a Node through which a QHIN, Participant, or Subparticipant initiates transactions for TEFCA Exchange.

Node: a technical system that is controlled directly or indirectly by a QHIN, Participant, or Subparticipant and that is listed in the RCE Directory Service.

Passthrough Node: a Node that is neither an Initiating nor Responding Node and through which a QHIN, Participant, or Subparticipant transmits transactions to and from Initiating and Responding Nodes, including any other services it provides.

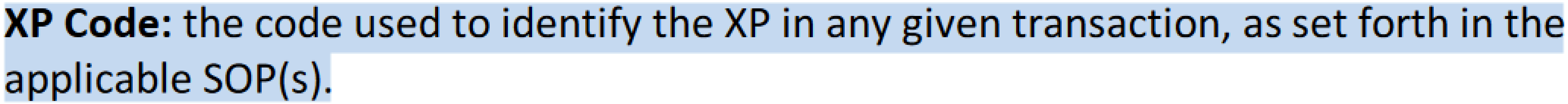
Responding Node: a Node through which the QHIN, Participant, or Subparticipant Responds to a received transaction for TEFCA Exchange.

New Defined Term ‘Security Posture’



Security Posture: the security status of an entity’s networks, information, and systems based on information assurance resources including, without limitation, people, hardware, software, and policies, and capabilities in place to manage the defense of the entity’s networks, information, and systems and to react as the situation changes (derived from NIST Definition 800-30r1).

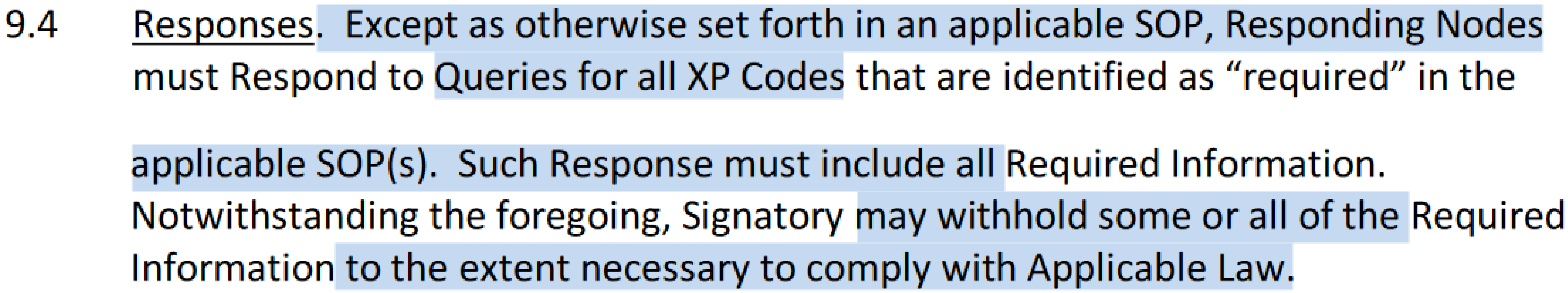
New Defined Term ‘XP Code’



XP Code: the code used to identify the XP in any given transaction, as set forth in the applicable SOP(s).

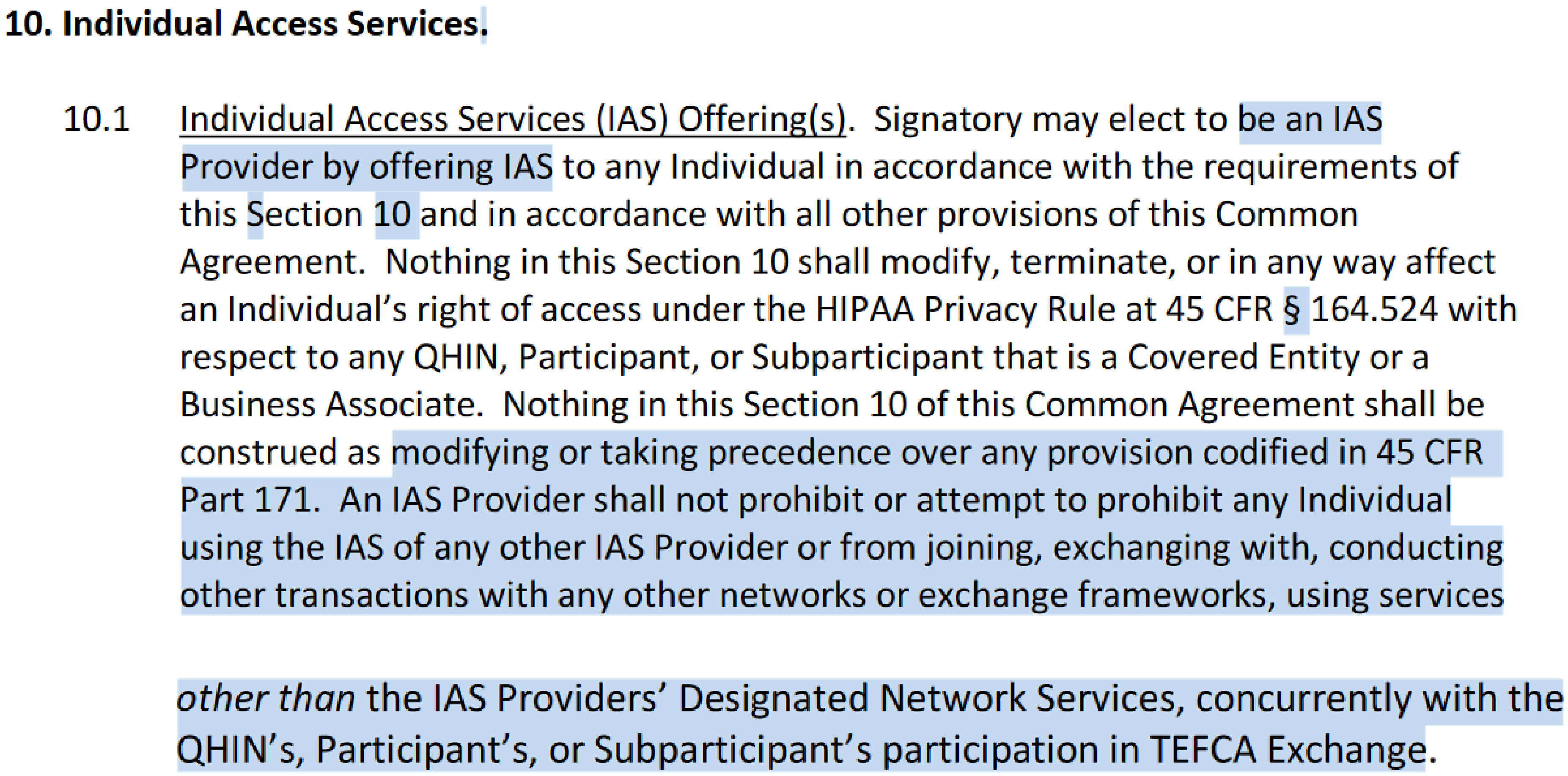
Mandatory Response Text (Moved to an SOP)

In the below excerpt, the text with a blue background is new:



9.4 Responses. Except as otherwise set forth in an applicable SOP, Responding Nodes must Respond to Queries for all XP Codes that are identified as “required” in the applicable SOP(s). Such Response must include all Required Information. Notwithstanding the foregoing, Signatory may withhold some or all of the Required Information to the extent necessary to comply with Applicable Law.

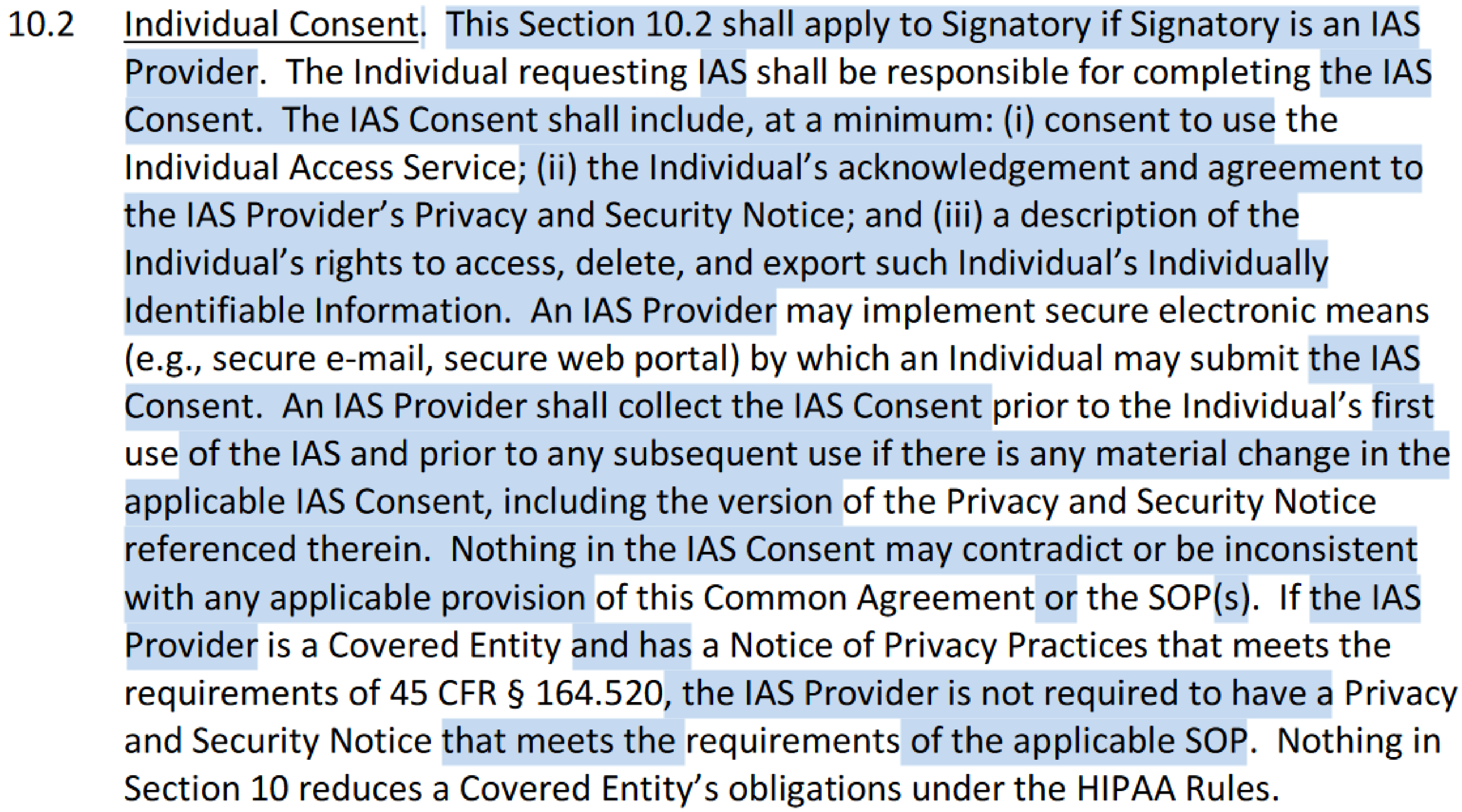
New: IAS Multiple Services Providers Considerations



10. Individual Access Services.

10.1 Individual Access Services (IAS) Offering(s). Signatory may elect to be an IAS Provider by offering IAS to any Individual in accordance with the requirements of this Section 10 and in accordance with all other provisions of this Common Agreement. Nothing in this Section 10 shall modify, terminate, or in any way affect an Individual's right of access under the HIPAA Privacy Rule at 45 CFR § 164.524 with respect to any QHIN, Participant, or Subparticipant that is a Covered Entity or a Business Associate. Nothing in this Section 10 of this Common Agreement shall be construed as modifying or taking precedence over any provision codified in 45 CFR Part 171. An IAS Provider shall not prohibit or attempt to prohibit any Individual using the IAS of any other IAS Provider or from joining, exchanging with, conducting other transactions with any other networks or exchange frameworks, using services *other than* the IAS Providers' Designated Network Services, concurrently with the QHIN's, Participant's, or Subparticipant's participation in TEFCA Exchange.

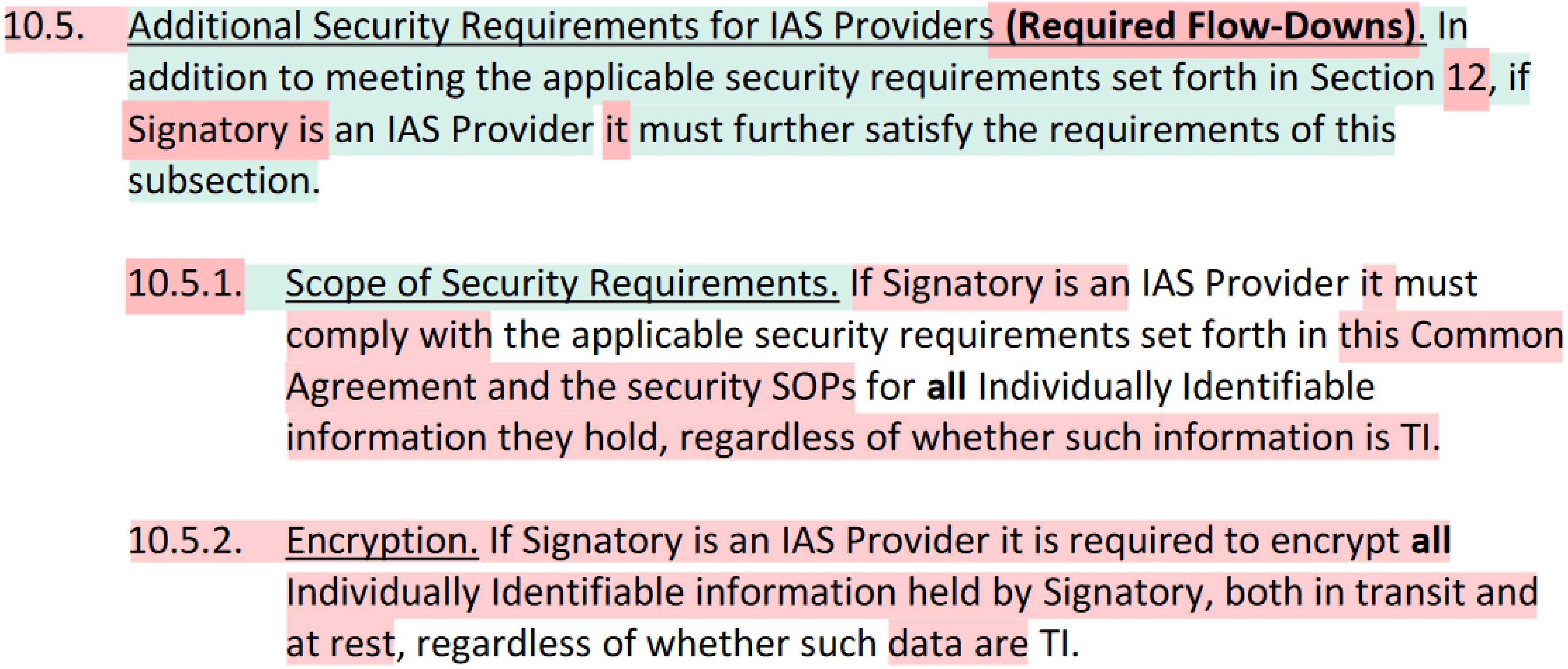
New: IAS Provider Consent Considerations



10.2 Individual Consent. This Section 10.2 shall apply to Signatory if Signatory is an IAS Provider. The Individual requesting IAS shall be responsible for completing the IAS Consent. The IAS Consent shall include, at a minimum: (i) consent to use the Individual Access Service; (ii) the Individual's acknowledgement and agreement to the IAS Provider's Privacy and Security Notice; and (iii) a description of the Individual's rights to access, delete, and export such Individual's Individually Identifiable Information. An IAS Provider may implement secure electronic means (e.g., secure e-mail, secure web portal) by which an Individual may submit the IAS Consent. An IAS Provider shall collect the IAS Consent prior to the Individual's first use of the IAS and prior to any subsequent use if there is any material change in the applicable IAS Consent, including the version of the Privacy and Security Notice referenced therein. Nothing in the IAS Consent may contradict or be inconsistent with any applicable provision of this Common Agreement or the SOP(s). If the IAS Provider is a Covered Entity and has a Notice of Privacy Practices that meets the requirements of 45 CFR § 164.520, the IAS Provider is not required to have a Privacy and Security Notice that meets the requirements of the applicable SOP. Nothing in Section 10 reduces a Covered Entity's obligations under the HIPAA Rules.

Revised IAS Provider Security Requirements

- Blue background text is new. Red background text was removed. Green text was moved.
- Version 1.1 text:



10.5. Additional Security Requirements for IAS Providers **(Required Flow-Downs)**. In addition to meeting the applicable security requirements set forth in Section 12, if Signatory is an IAS Provider it must further satisfy the requirements of this subsection.

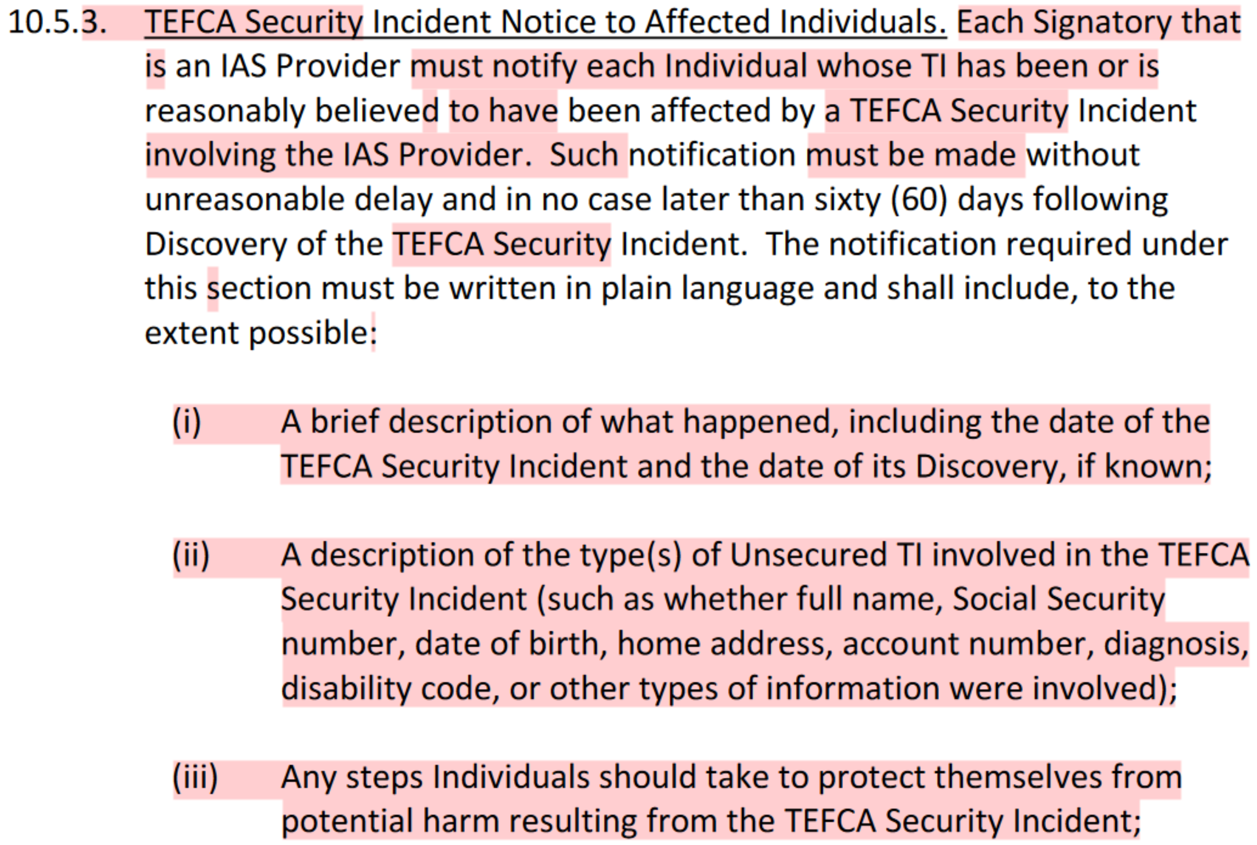
10.5.1. Scope of Security Requirements. If Signatory is an IAS Provider it must comply with the applicable security requirements set forth in this Common Agreement and the security SOPs for **all** Individually Identifiable information they hold, regardless of whether such information is TI.

10.5.2. Encryption. If Signatory is an IAS Provider it is required to encrypt **all** Individually Identifiable information held by Signatory, both in transit and at rest, regardless of whether such data are TI.

Revised IAS Provider Security Requirements (Contd.)

- Blue background text is new. Red background text was removed. Green text was moved.

- Version 1.1 text:



10.5.3. TEFCA Security Incident Notice to Affected Individuals. Each Signatory that is an IAS Provider must notify each Individual whose TI has been or is reasonably believed to have been affected by a TEFCA Security Incident involving the IAS Provider. Such notification must be made without unreasonable delay and in no case later than sixty (60) days following Discovery of the TEFCA Security Incident. The notification required under this section must be written in plain language and shall include, to the extent possible:

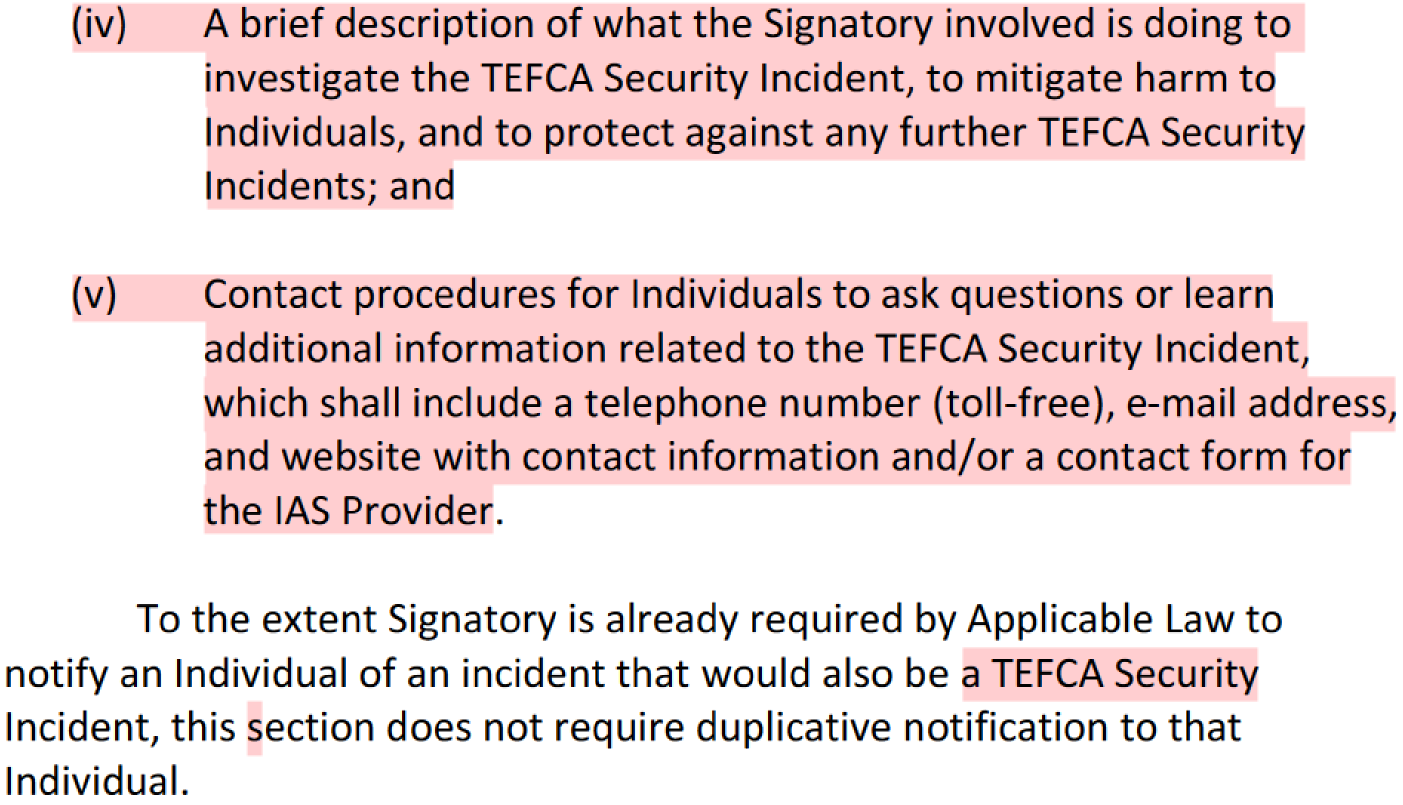
(i) A brief description of what happened, including the date of the TEFCA Security Incident and the date of its Discovery, if known;

(ii) A description of the type(s) of Unsecured TI involved in the TEFCA Security Incident (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(iii) Any steps Individuals should take to protect themselves from potential harm resulting from the TEFCA Security Incident;

Revised IAS Provider Security Requirements (Contd.)

- Blue background text is new. Red background text was removed. Green text was moved.
- Version 1.1 text:



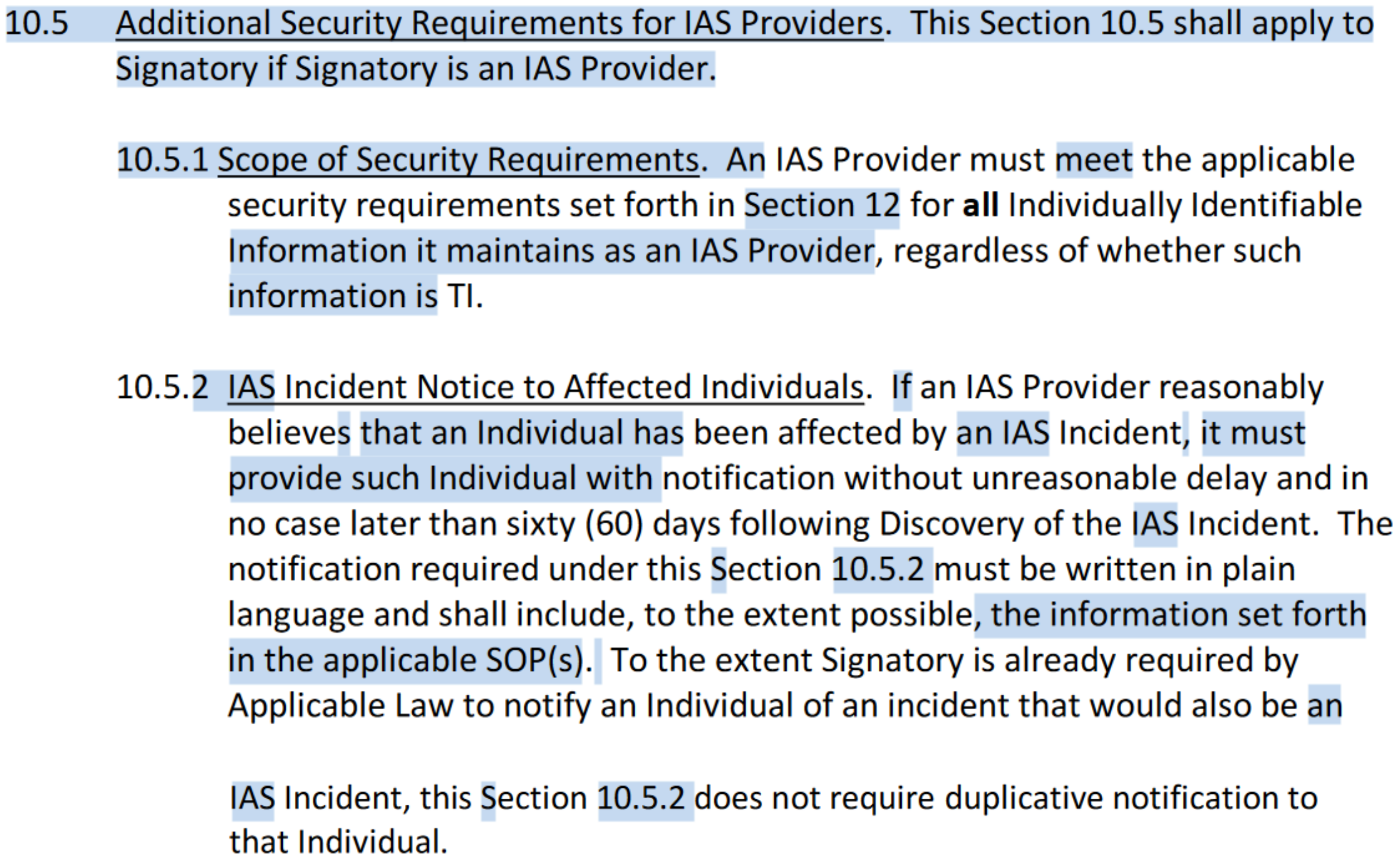
(iv) A brief description of what the Signatory involved is doing to investigate the TEFCA Security Incident, to mitigate harm to Individuals, and to protect against any further TEFCA Security Incidents; and

(v) Contact procedures for Individuals to ask questions or learn additional information related to the TEFCA Security Incident, which shall include a telephone number (toll-free), e-mail address, and website with contact information and/or a contact form for the IAS Provider.

To the extent Signatory is already required by Applicable Law to notify an Individual of an incident that would also be a TEFCA Security Incident, this section does not require duplicative notification to that Individual.

Revised IAS Provider Security Requirements (Contd.)

- Blue background text is new. Red background text was removed. Green text was moved.
- Version 2.0 text:



10.5 Additional Security Requirements for IAS Providers. This Section 10.5 shall apply to Signatory if Signatory is an IAS Provider.

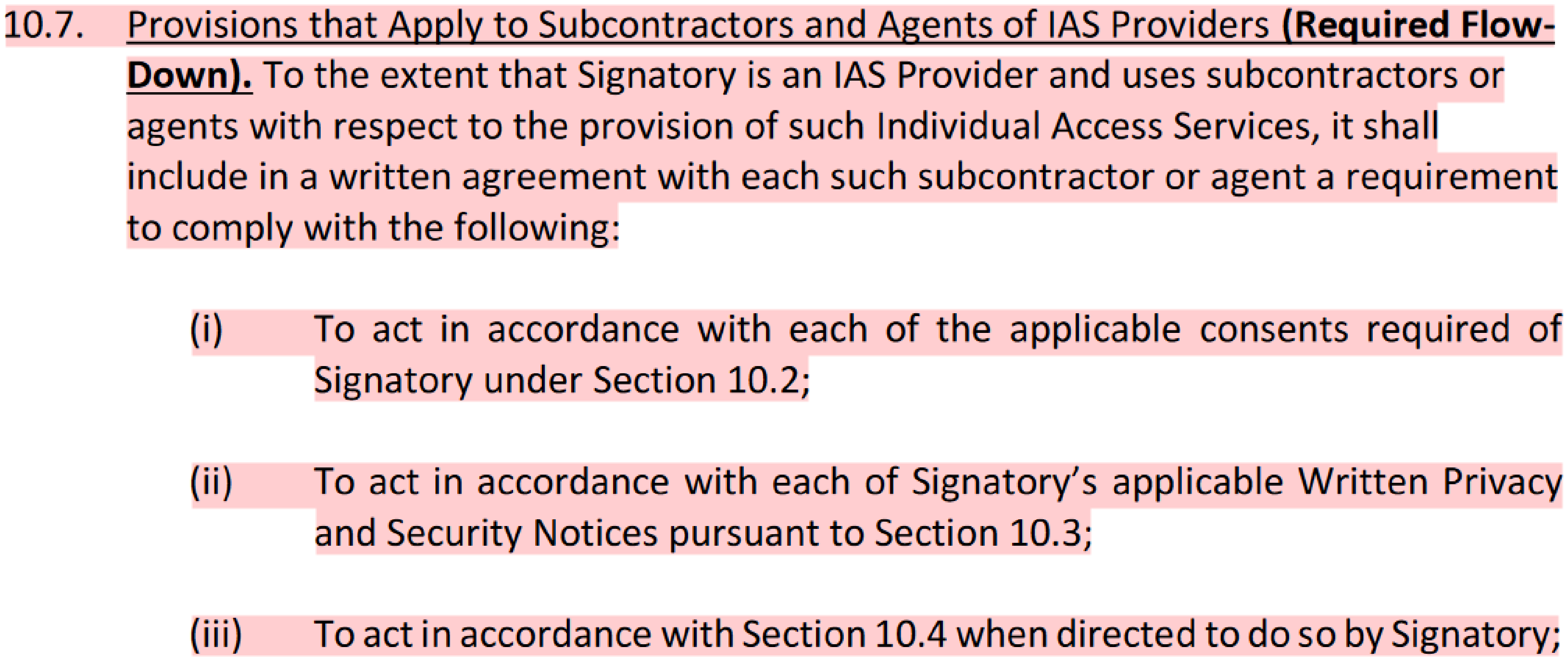
10.5.1 Scope of Security Requirements. An IAS Provider must meet the applicable security requirements set forth in Section 12 for **all** Individually Identifiable Information it maintains as an IAS Provider, regardless of whether such information is TI.

10.5.2 IAS Incident Notice to Affected Individuals. If an IAS Provider reasonably believes that an Individual has been affected by an IAS Incident, it must provide such Individual with notification without unreasonable delay and in no case later than sixty (60) days following Discovery of the IAS Incident. The notification required under this Section 10.5.2 must be written in plain language and shall include, to the extent possible, the information set forth in the applicable SOP(s). To the extent Signatory is already required by Applicable Law to notify an Individual of an incident that would also be an IAS Incident, this Section 10.5.2 does not require duplicative notification to that Individual.

Revised IAS Provider Security Requirements (Contd.)

- Blue background text is new. Red background text was removed. Green text was moved.

- Version 2.0 text:
- Section 10.7 was removed



10.7. Provisions that Apply to Subcontractors and Agents of IAS Providers **(Required Flow-Down).** To the extent that Signatory is an IAS Provider and uses subcontractors or agents with respect to the provision of such Individual Access Services, it shall include in a written agreement with each such subcontractor or agent a requirement to comply with the following:

(i) To act in accordance with each of the applicable consents required of Signatory under Section 10.2;

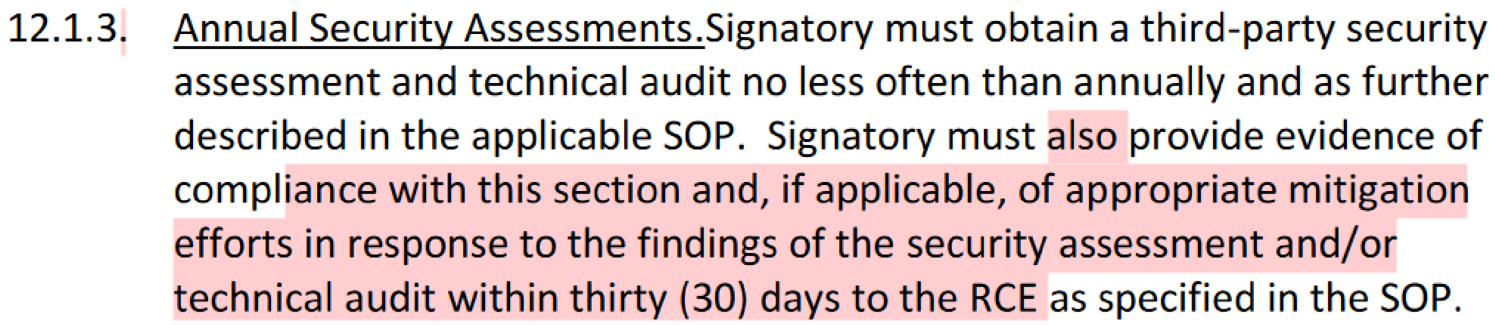
(ii) To act in accordance with each of Signatory's applicable Written Privacy and Security Notices pursuant to Section 10.3;

(iii) To act in accordance with Section 10.4 when directed to do so by Signatory;

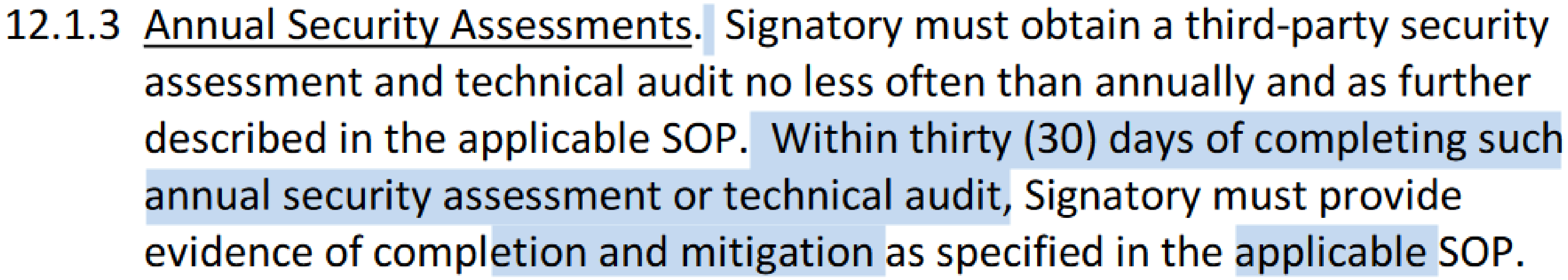
Revised Annual Security Assessments Text

OLD (Top Left)

NEW (Bottom Right)



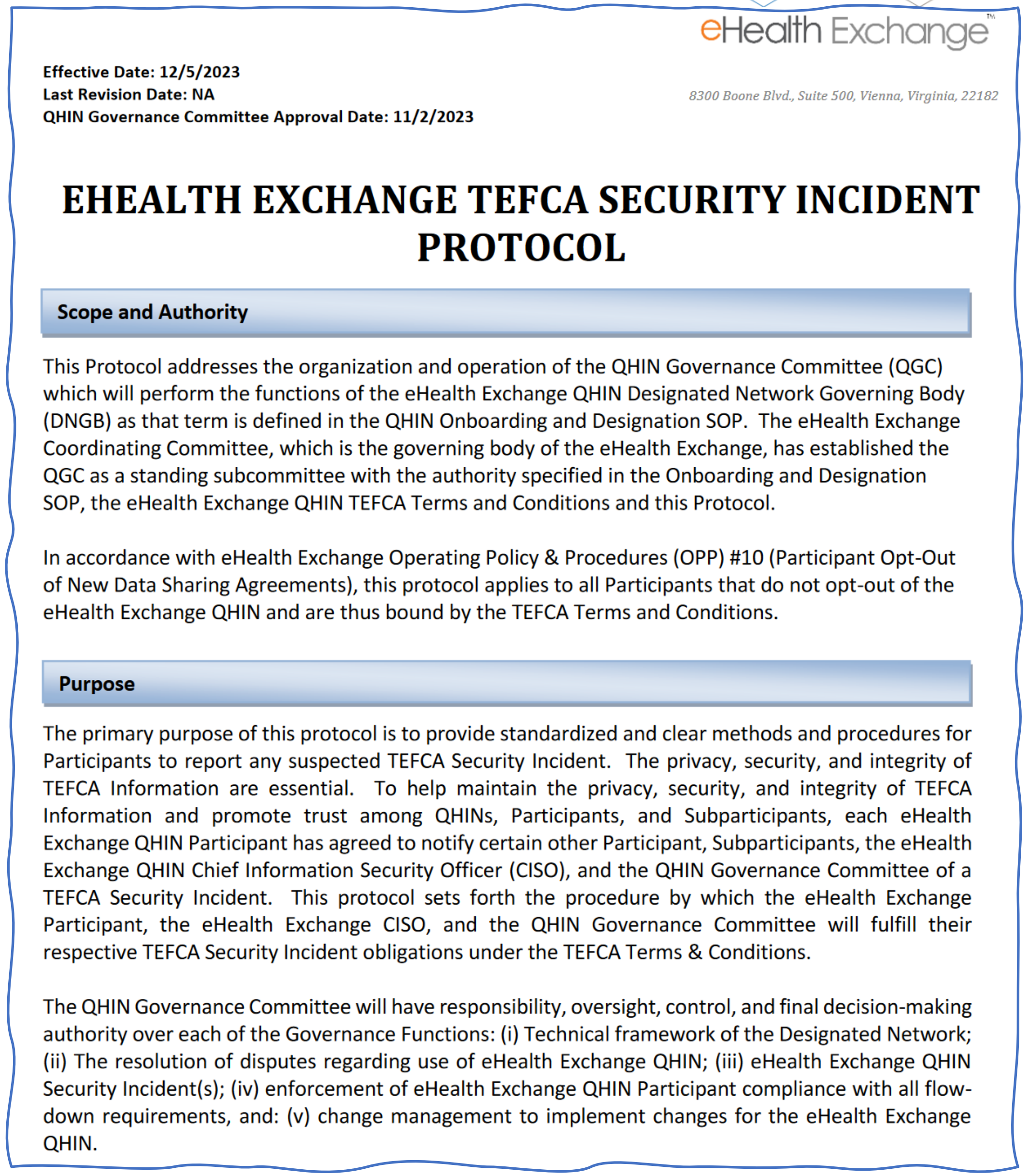
12.1.3. Annual Security Assessments.Signatory must obtain a third-party security assessment and technical audit no less often than annually and as further described in the applicable SOP. Signatory must also provide evidence of compliance with this section and, if applicable, of appropriate mitigation efforts in response to the findings of the security assessment and/or technical audit within thirty (30) days to the RCE as specified in the SOP.



12.1.3 Annual Security Assessments. Signatory must obtain a third-party security assessment and technical audit no less often than annually and as further described in the applicable SOP. Within thirty (30) days of completing such annual security assessment or technical audit, Signatory must provide evidence of completion and mitigation as specified in the applicable SOP.

eHealth Exchange TEFCA Security Incident Protocol

- Source: https://ehealthexchange.org/wp-content/uploads/2023/12/20231205-eHealth-Exchange-TEFCA-Security-Incident-Protocol.pdf



eHealth Exchange™

8300 Boone Blvd., Suite 500, Vienna, Virginia, 22182

Effective Date: 12/5/2023
Last Revision Date: NA
QHIN Governance Committee Approval Date: 11/2/2023

EHEALTH EXCHANGE TEFCA SECURITY INCIDENT PROTOCOL

Scope and Authority

This Protocol addresses the organization and operation of the QHIN Governance Committee (QGC) which will perform the functions of the eHealth Exchange QHIN Designated Network Governing Body (DNGB) as that term is defined in the QHIN Onboarding and Designation SOP. The eHealth Exchange Coordinating Committee, which is the governing body of the eHealth Exchange, has established the QGC as a standing subcommittee with the authority specified in the Onboarding and Designation SOP, the eHealth Exchange QHIN TEFCA Terms and Conditions and this Protocol.

In accordance with eHealth Exchange Operating Policy & Procedures (OPP) #10 (Participant Opt-Out of New Data Sharing Agreements), this protocol applies to all Participants that do not opt-out of the eHealth Exchange QHIN and are thus bound by the TEFCA Terms and Conditions.

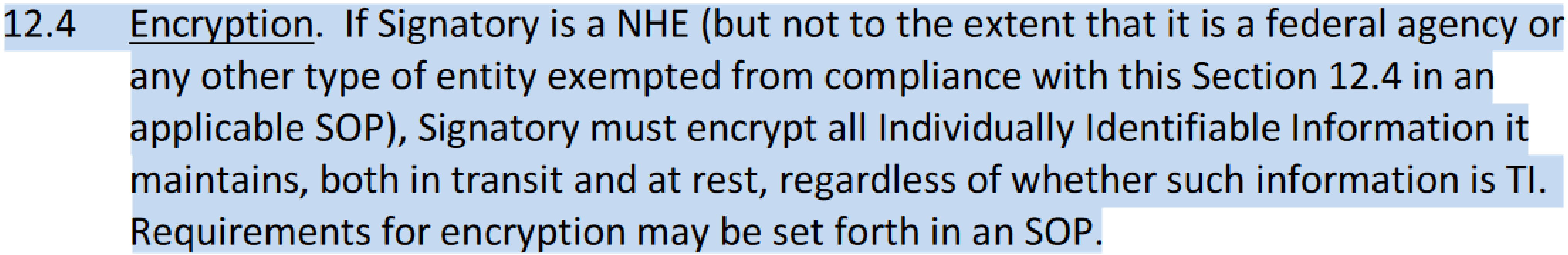
Purpose

The primary purpose of this protocol is to provide standardized and clear methods and procedures for Participants to report any suspected TEFCA Security Incident. The privacy, security, and integrity of TEFCA Information are essential. To help maintain the privacy, security, and integrity of TEFCA Information and promote trust among QHINs, Participants, and Subparticipants, each eHealth Exchange QHIN Participant has agreed to notify certain other Participant, Subparticipants, the eHealth Exchange QHIN Chief Information Security Officer (CISO), and the QHIN Governance Committee of a TEFCA Security Incident. This protocol sets forth the procedure by which the eHealth Exchange Participant, the eHealth Exchange CISO, and the QHIN Governance Committee will fulfill their respective TEFCA Security Incident obligations under the TEFCA Terms & Conditions.

The QHIN Governance Committee will have responsibility, oversight, control, and final decision-making authority over each of the Governance Functions: (i) Technical framework of the Designated Network; (ii) The resolution of disputes regarding use of eHealth Exchange QHIN; (iii) eHealth Exchange QHIN Security Incident(s); (iv) enforcement of eHealth Exchange QHIN Participant compliance with all flow-down requirements, and: (v) change management to implement changes for the eHealth Exchange QHIN.

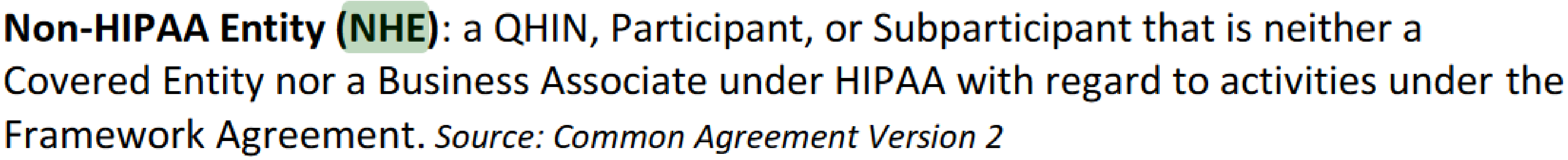
New Encryption Requirement

- Next text in section 12.4



12.4 Encryption. If Signatory is a NHE (but not to the extent that it is a federal agency or any other type of entity exempted from compliance with this Section 12.4 in an applicable SOP), Signatory must encrypt all Individually Identifiable Information it maintains, both in transit and at rest, regardless of whether such information is TI. Requirements for encryption may be set forth in an SOP.

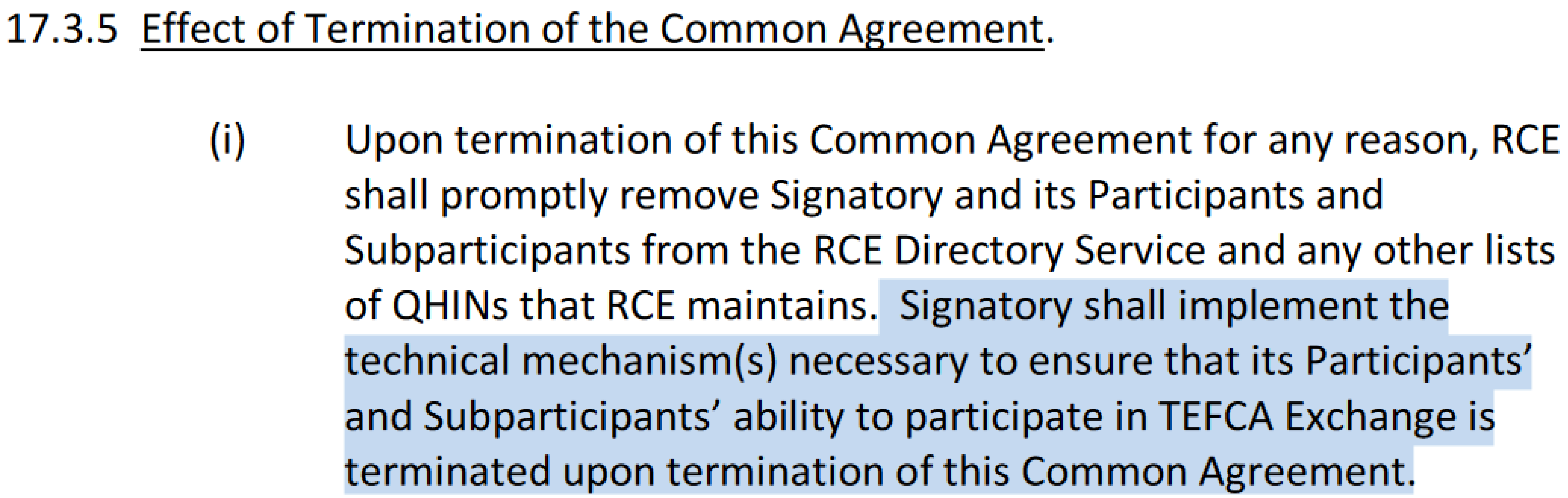
- From the TEFCA Glossary:



Non-HIPAA Entity (NHE): a QHIN, Participant, or Subparticipant that is neither a Covered Entity nor a Business Associate under HIPAA with regard to activities under the Framework Agreement. *Source: Common Agreement Version 2*

Source: https://rce.sequoiaproject.org/wp-content/uploads/2024/01/Draft-TEFCA-Glossary-508-Compliant.pdf

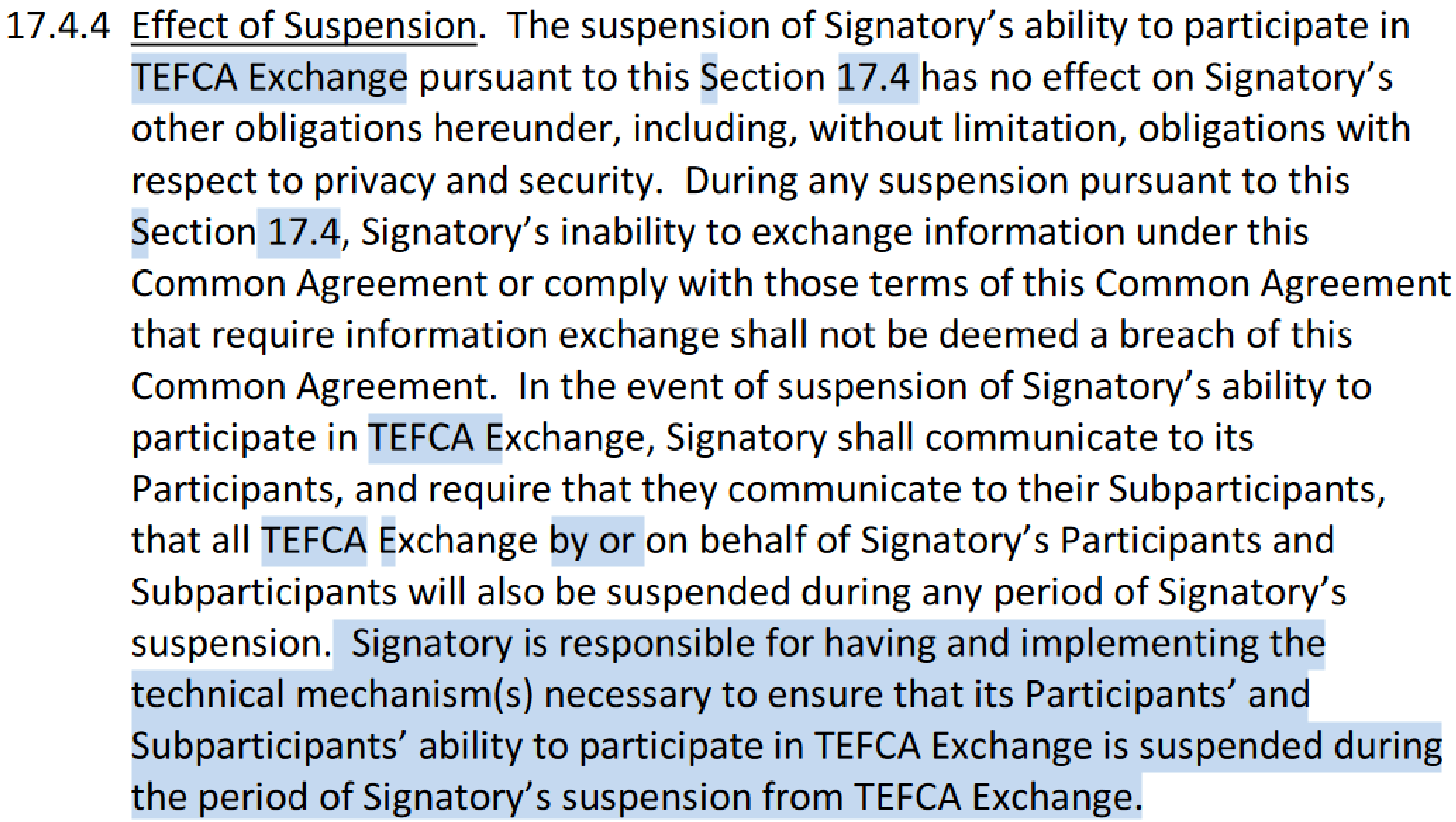
New Termination Technical Control Requirement



17.3.5 Effect of Termination of the Common Agreement.

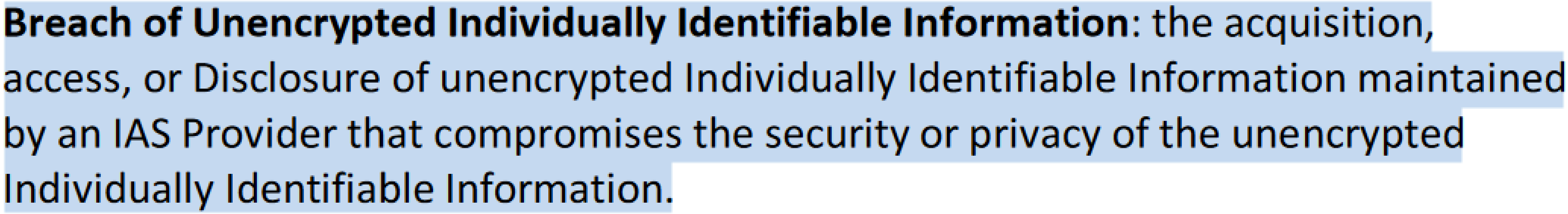
(i) Upon termination of this Common Agreement for any reason, RCE shall promptly remove Signatory and its Participants and Subparticipants from the RCE Directory Service and any other lists of QHINs that RCE maintains. Signatory shall implement the technical mechanism(s) necessary to ensure that its Participants' and Subparticipants' ability to participate in TEFCA Exchange is terminated upon termination of this Common Agreement.

New Suspension Technical Control Requirement

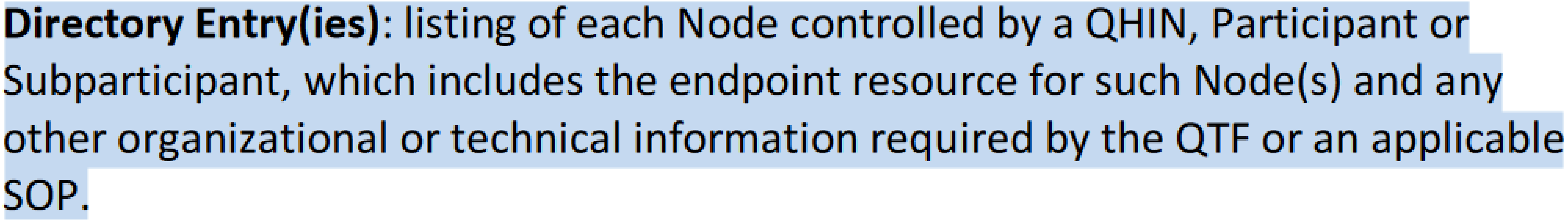


17.4.4 Effect of Suspension. The suspension of Signatory's ability to participate in TEFCA Exchange pursuant to this Section 17.4 has no effect on Signatory's other obligations hereunder, including, without limitation, obligations with respect to privacy and security. During any suspension pursuant to this Section 17.4, Signatory's inability to exchange information under this Common Agreement or comply with those terms of this Common Agreement that require information exchange shall not be deemed a breach of this Common Agreement. In the event of suspension of Signatory's ability to participate in TEFCA Exchange, Signatory shall communicate to its Participants, and require that they communicate to their Subparticipants, that all TEFCA Exchange by or on behalf of Signatory's Participants and Subparticipants will also be suspended during any period of Signatory's suspension. Signatory is responsible for having and implementing the technical mechanism(s) necessary to ensure that its Participants' and Subparticipants' ability to participate in TEFCA Exchange is suspended during the period of Signatory's suspension from TEFCA Exchange.

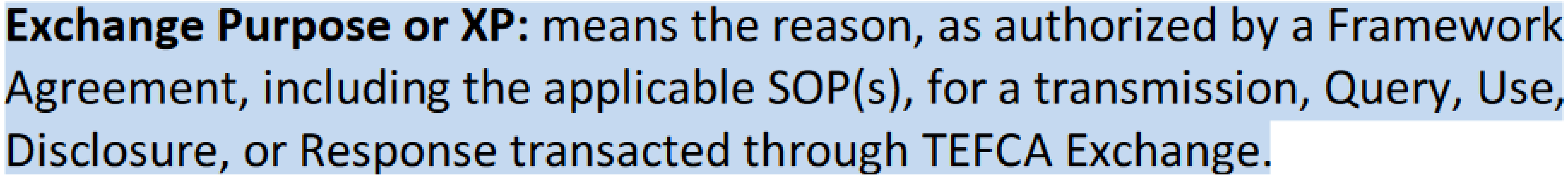
New Exhibit 1 Technical Considerations



Breach of Unencrypted Individually Identifiable Information: the acquisition, access, or Disclosure of unencrypted Individually Identifiable Information maintained by an IAS Provider that compromises the security or privacy of the unencrypted Individually Identifiable Information.

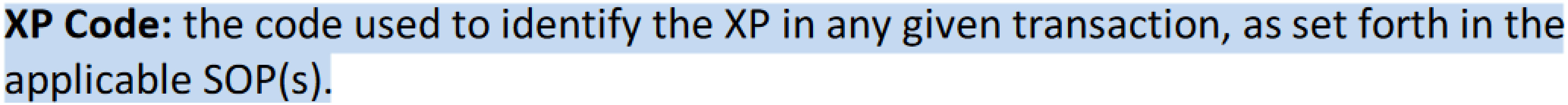


Directory Entry(ies): listing of each Node controlled by a QHIN, Participant or Subparticipant, which includes the endpoint resource for such Node(s) and any other organizational or technical information required by the QTF or an applicable SOP.

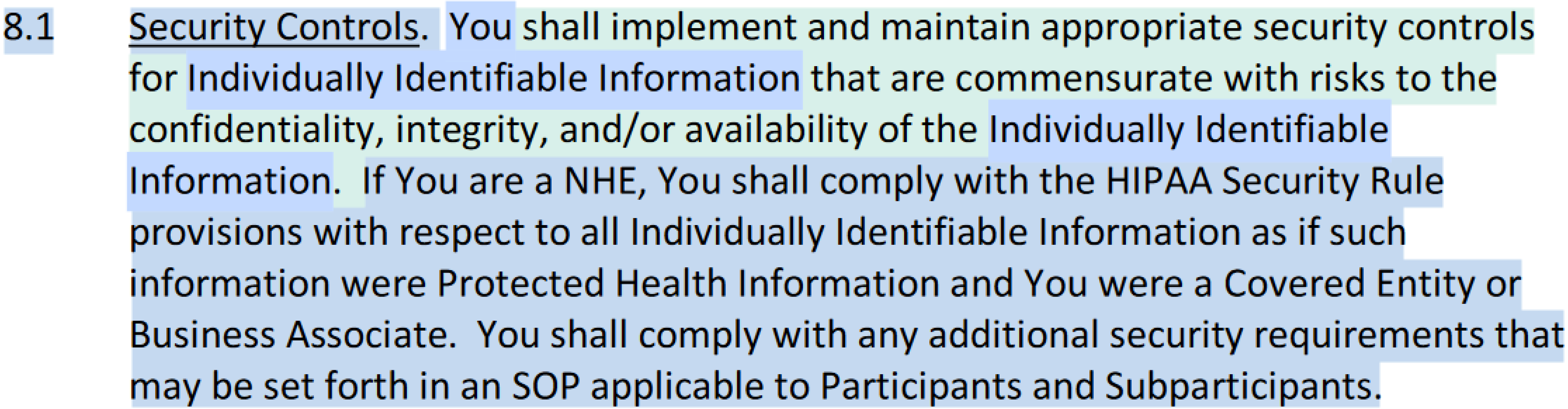


Exchange Purpose or XP: means the reason, as authorized by a Framework Agreement, including the applicable SOP(s), for a transmission, Query, Use, Disclosure, or Response transacted through TEFCA Exchange.

New Exhibit 1 Technical Considerations (Contd.)



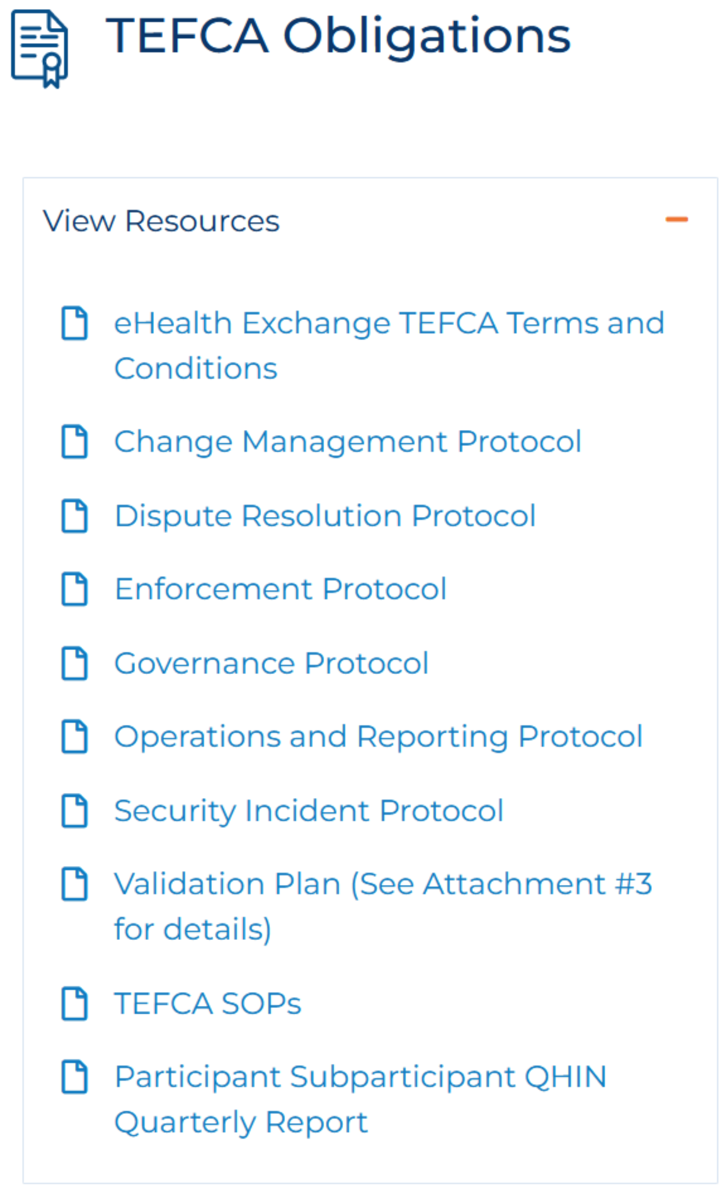
XP Code: the code used to identify the XP in any given transaction, as set forth in the applicable SOP(s).



8.1 Security Controls. You shall implement and maintain appropriate security controls for Individually Identifiable Information that are commensurate with risks to the confidentiality, integrity, and/or availability of the Individually Identifiable Information. If You are a NHE, You shall comply with the HIPAA Security Rule provisions with respect to all Individually Identifiable Information as if such information were Protected Health Information and You were a Covered Entity or Business Associate. You shall comply with any additional security requirements that may be set forth in an SOP applicable to Participants and Subparticipants.

Current eHealth Exchange Protocols

- Source:
- https://ehealthexchange.org/what-we-do/tefca-and-ehealth-exchange/



TEFCA Obligations

View Resources −

- eHealth Exchange TEFCA Terms and Conditions
- Change Management Protocol
- Dispute Resolution Protocol
- Enforcement Protocol
- Governance Protocol
- Operations and Reporting Protocol
- Security Incident Protocol
- Validation Plan (See Attachment #3 for details)
- TEFCA SOPs
- Participant Subparticipant QHIN Quarterly Report

Q&A/Open Discussion

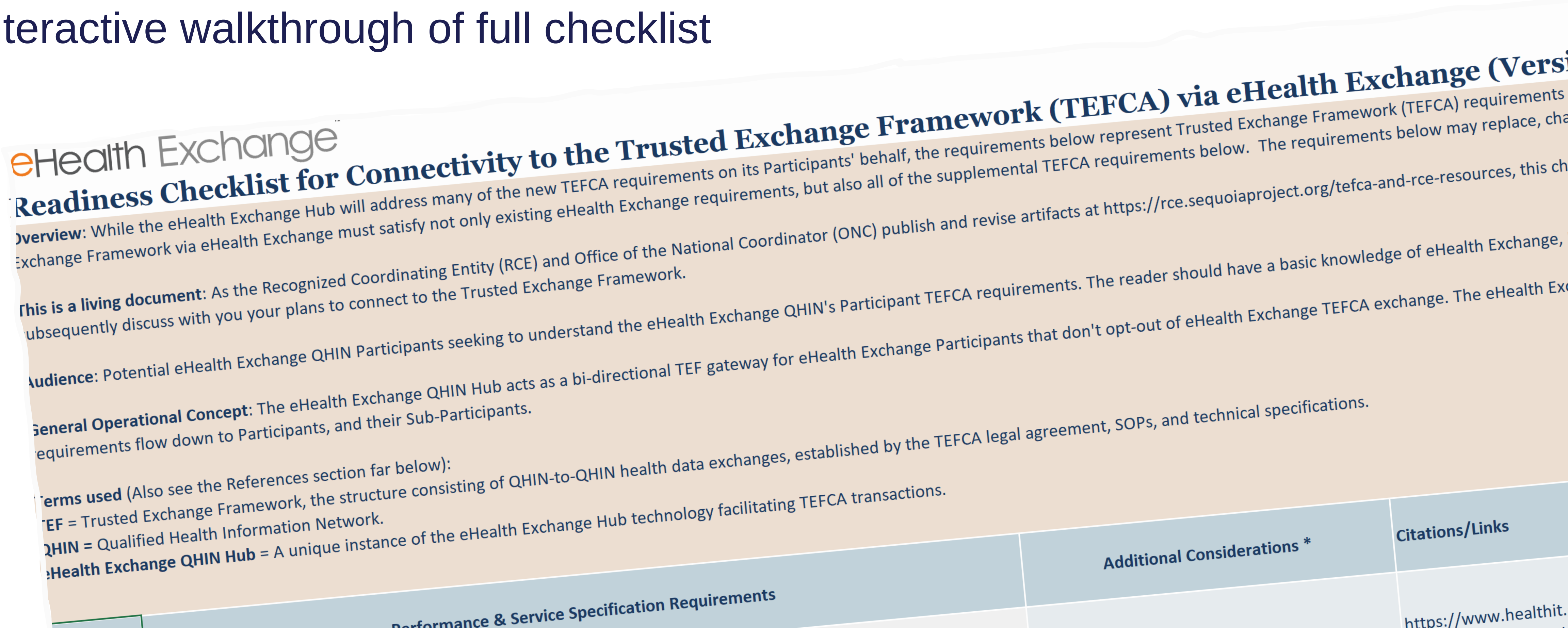
eHealth Exchange™

For More Information

eHealth Exchange™

Readiness Checklist Directory & Reporting

- https://ehealthexchange.org/what-we-do/tefca-and-ehealth-exchange/
- Interactive walkthrough of full checklist



eHealth Exchange

Readiness Checklist for Connectivity to the Trusted Exchange Framework (TEFCA) via eHealth Exchange (Versi

Overview: While the eHealth Exchange Hub will address many of the new TEFCA requirements on its Participants' behalf, the requirements below represent Trusted Exchange Framework (TEFCA) requirements
Exchange Framework via eHealth Exchange must satisfy not only existing eHealth Exchange requirements, but also all of the supplemental TEFCA requirements below. The requirements below may replace, cha

This is a living document: As the Recognized Coordinating Entity (RCE) and Office of the National Coordinator (ONC) publish and revise artifacts at https://rce.sequoiaproject.org/tefca-and-rce-resources, this ch
subsequently discuss with you your plans to connect to the Trusted Exchange Framework.

Audience: Potential eHealth Exchange QHIN Participants seeking to understand the eHealth Exchange QHIN's Participant TEFCA requirements. The reader should have a basic knowledge of eHealth Exchange,

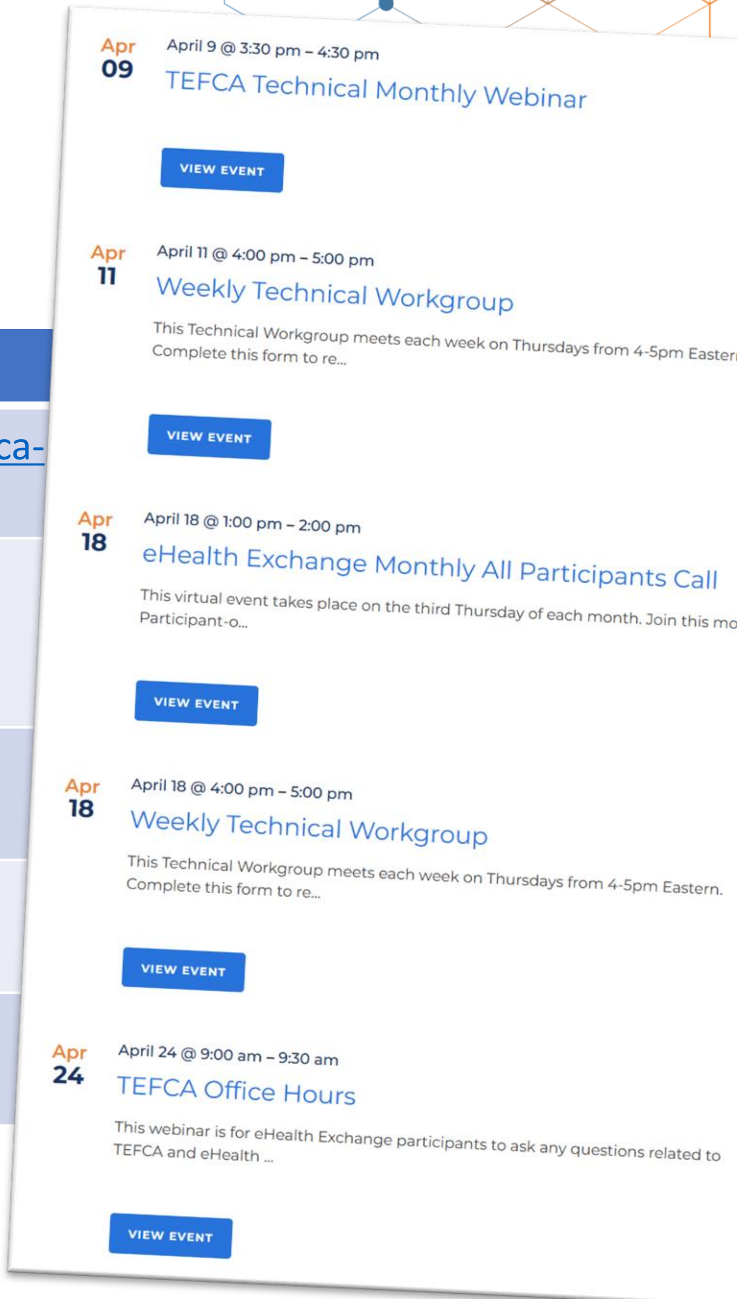
General Operational Concept: The eHealth Exchange QHIN Hub acts as a bi-directional TEF gateway for eHealth Exchange Participants that don't opt-out of eHealth Exchange TEFCA exchange. The eHealth Ex
requirements flow down to Participants, and their Sub-Participants.

Terms used (Also see the References section far below):
TEF = Trusted Exchange Framework, the structure consisting of QHIN-to-QHIN health data exchanges, established by the TEFCA legal agreement, SOPs, and technical specifications.
QHIN = Qualified Health Information Network.
eHealth Exchange QHIN Hub = A unique instance of the eHealth Exchange Hub technology facilitating TEFCA transactions.

	Performance & Service Specification Requirements	Additional Considerations *	Citations/Links
			https://www.healthit.

How might I obtain additional information?

How	When	Where
1. Visit eHealth Exchange Web Site	Any time	https://ehealthexchange.org/what-we-do/tefca-and-ehealth-exchange
2. Monthly Participant Web Meetings	Typically, the 3rd Thursday of Each Month at 1 pm ET	https://ehealthexchange.org/events
3. Monthly TEFCA Technical Call	See web site	https://ehealthexchange.org/events
4. Email	Any time if you have a specific question	administrator@ehealthexchange.org
5. Monthly TEFCA Office Hours (Q&A)	See web site	https://ehealthexchange.org/events



Apr 09
April 9 @ 3:30 pm – 4:30 pm
TEFCA Technical Monthly Webinar
VIEW EVENT

Apr 11
April 11 @ 4:00 pm – 5:00 pm
Weekly Technical Workgroup
This Technical Workgroup meets each week on Thursdays from 4-5pm Easter
Complete this form to re...
VIEW EVENT

Apr 18
April 18 @ 1:00 pm – 2:00 pm
eHealth Exchange Monthly All Participants Call
This virtual event takes place on the third Thursday of each month. Join this mo
Participant-o...
VIEW EVENT

Apr 18
April 18 @ 4:00 pm – 5:00 pm
Weekly Technical Workgroup
This Technical Workgroup meets each week on Thursdays from 4-5pm Eastern.
Complete this form to re...
VIEW EVENT

Apr 24
April 24 @ 9:00 am – 9:30 am
TEFCA Office Hours
This webinar is for eHealth Exchange participants to ask any questions related to
TEFCA and eHealth ...
VIEW EVENT

Major Technical Differences eHealth Exchange QHIN Participants Must Support

- Adopt USDCI v1 data classes and elements
- Adhere to Project US@ patient addressing
- Adopt IHE ITI Technical Framework Revisions 17.0 (versus Revision 8.0)
- Accept aggregated XCPD responses
- New PurposeOfUse values
- Various requirements such different consent attribute structure, sub-participant directory entries and detailed reporting, onboarding log submissions, specific test patients, and quarterly reporting.

Next Steps

1. Review the published policy documents (not discussed today)
2. Review the TEFCA Readiness Checklist
3. Let the eHealth Exchange staff know of your organization’s intentions (if you haven’t already)

email: administrator@ehealthexchange.org