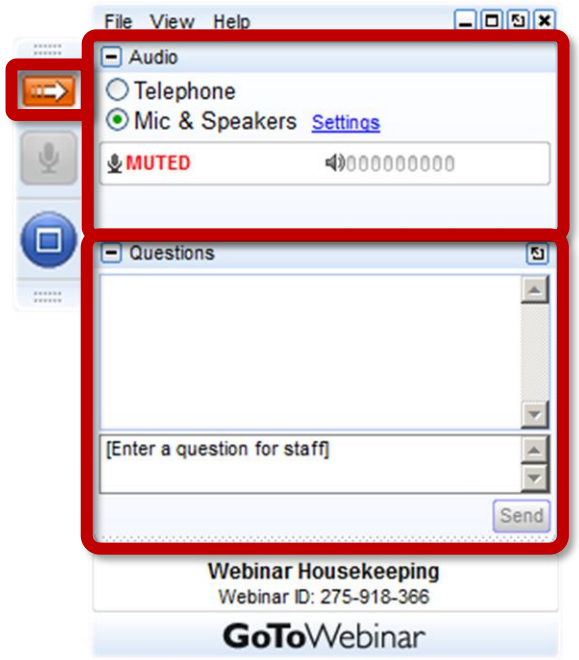
eHealth Exchange™

All Participant Call

June 20, 2024

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

Today's Topics

New Participants	Ashley Green
Public Health Update	Tiffanie Hickman
Payer Update	Tiffanie Hickman
Network Updates	Pat Russell
Coordinating Committee Elections	Pat Russell
Directory Portal	Mike McCune
Dashboard Update	Jay Johnstone
QHIN Update	Mike Yackanich Pat Russell
InterSystems Global Summit	Mike Yackanich & Michael McCune
Events & Other Exciting News	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Anyone

New Participants

eHealth Exchange™

Congratulations to our newest Participants!

Participant
eHealth Exchange

Patient First
Connected by CRISP Shared Services

Since opening its first medical center in 1981, Patient First's vision remains the same: making access to quality medical care as convenient and cost-effective as possible. Along with sophisticated, automated registration and treatment systems and its commitment to an excellent medical staff and quality of care have been widely accepted, allowing Patient First to expand considerably over the years. Patient First now offers both primary and urgent care services and participates in most insurance plans. They also provide a broad range of Occupational Health services. There are currently 78 Patient First centers in the mid-Atlantic region.

To learn more, visit https://www.patientfirst.com/about-us

VANDERBILT UNIVERSITY
MEDICAL CENTER

Vanderbilt Health is a growing health system anchored by Vanderbilt University Medical Center. It is one of the largest and most prominent academic medical centers in Southeast, with seven hospitals and more than 180 clinics across Tennessee and neighboring states.

Based in Nashville, Vanderbilt Health is a resource for patients and clinicians throughout Tennessee and beyond to provide advanced care for complex and rare conditions.

Through a network of regional hospitals and clinics, we aim to provide the best, right care in the best, right setting – which may be on our 21st Avenue campus in Nashville but increasingly is in communities closer to home.

To learn more, visit https://www.vumc.org/main/home

Committed to Improving Patient Care via Data Exchange

Congratulations to our newest Participants!

Participant
eHealth Exchange

Elevance Health

In partnership with nearly 102,000 associates, Elevance Health is fueled by our purpose to improve the health of humanity. Through our family of companies, we support health at every life stage, offering health plans and clinical, behavioral, pharmacy, and complex-care solutions that promote whole health.

Their approach to health begins by redefining health, reimagining the system, and strengthening our communities. Improving health for everyone is possible.

To learn more, visit https://www.elevancehealth.com/

Columbia University in the City of New York

Columbia University is one of the world's most important centers of research and at the same time a distinctive and distinguished learning environment for undergraduates and graduate students in many scholarly and professional fields. The University recognizes the importance of its location in New York City and seeks to link its research and teaching to the vast resources of a great metropolis. It seeks to attract a diverse and international faculty, staff, and student body, to support research and teaching on global issues, and to create academic relationships with many countries and regions. It expects all areas of the University to advance knowledge and learning at the highest level and to convey the products of its efforts to the world.

To learn more, visit https://www.columbia.edu/

Committed to Improving Patient Care via Data Exchange

Public Health Update

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Expanding Public Health Exchange

Today

1. Electronic Case Reporting (eCr)
2. Adverse Events (FDA FHIR)
   - Adverse Event Notifications
   - Supplemental Data Queries
3. PULSE Disaster Response

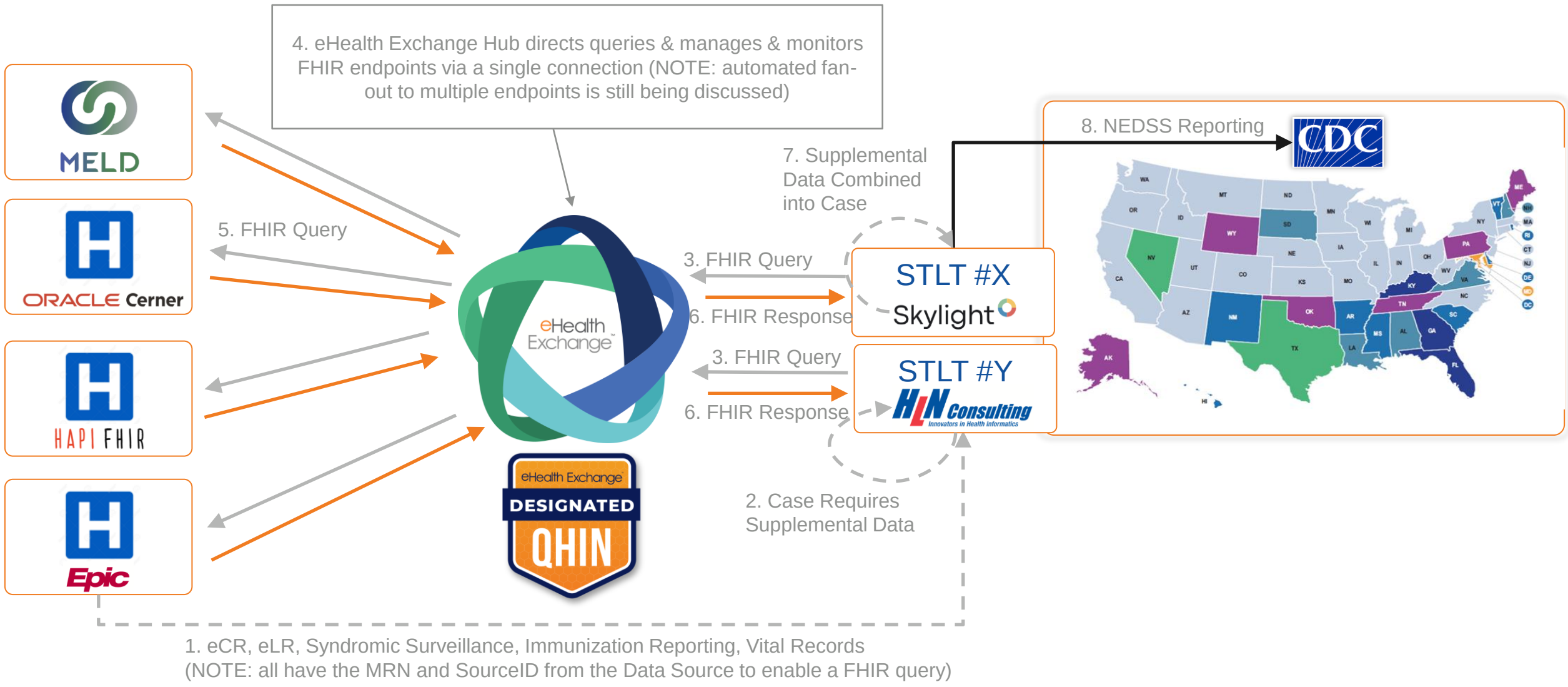
Near-Term?

1. Supplemental Data Queries
   - Demographics to improve record linking
   - Attributes to prove equitable care delivery
   - Clinical records to enable case follow-up
2. Help provide plug-ins* (building blocks) to accelerate State, Tribal, Local and Territorial (STLT) public health connectivity with data networks
3. Aggregate** pseudonymized STLT data for national statistics and coordination. Tokenize aggregated data so agencies receiving pseudonymized data can request follow-up on specific patients.

*Data Integration Building Blocks (DIBBs)
**Tokenization such as PPRL (Privacy-Preserving Record Linking)

Helios Query & Retrieve

USE CASE: given a public health reportable case (#1), query data sources (#3) for supplemental data using FHIR r4 and leveraging a TEFCA QHIN hub (#4)



Payer Update

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The Da Vinci Trebuchet FHIR Project

Trebuchet Vision: *To enable Providers to choose one "All payer" prior authorization application or connected network for Clinical Date Exchange (CDex) or other Da Vinci/FHIR use cases using a designated QHIN (Qualified Health Information Network).*

- Trebuchet Goals: Accelerate FHIR Adoption and scaling of FHIR API's
  - Phase 1: Engage 3 payers, 3 providers, 2+ QHINs/vendors by 6/30/24
  - Phase 2: Engage 10 payers, 10 providers, 3+ QHINs, 5+ vendors by 3/31/25
- eHealth Exchange is working with numerous organizations on proof of concept projects for both Prior Authorization and CDex.
  - Phase 1 of the Trebuchet goals is in full swing and eHealth Exchange will provide go live updates in the next All Participant Call.
- Trebuchet has bi-weekly public calls every other Thursday.

For more information on Trebuchet: Da Vinci Trebuchet FHIR Pilots - Da Vinci - Confluence (hl7.org)

Prior Authorizations Today

Using Payer Web Portals

Providers make requests, often using ~20 different payer web portals:

- 20+ users/password
- Disjointed user experiences
- Lots of manual searching & data uploads

Using Smart-on-FHIR (EHR Plug-ins)

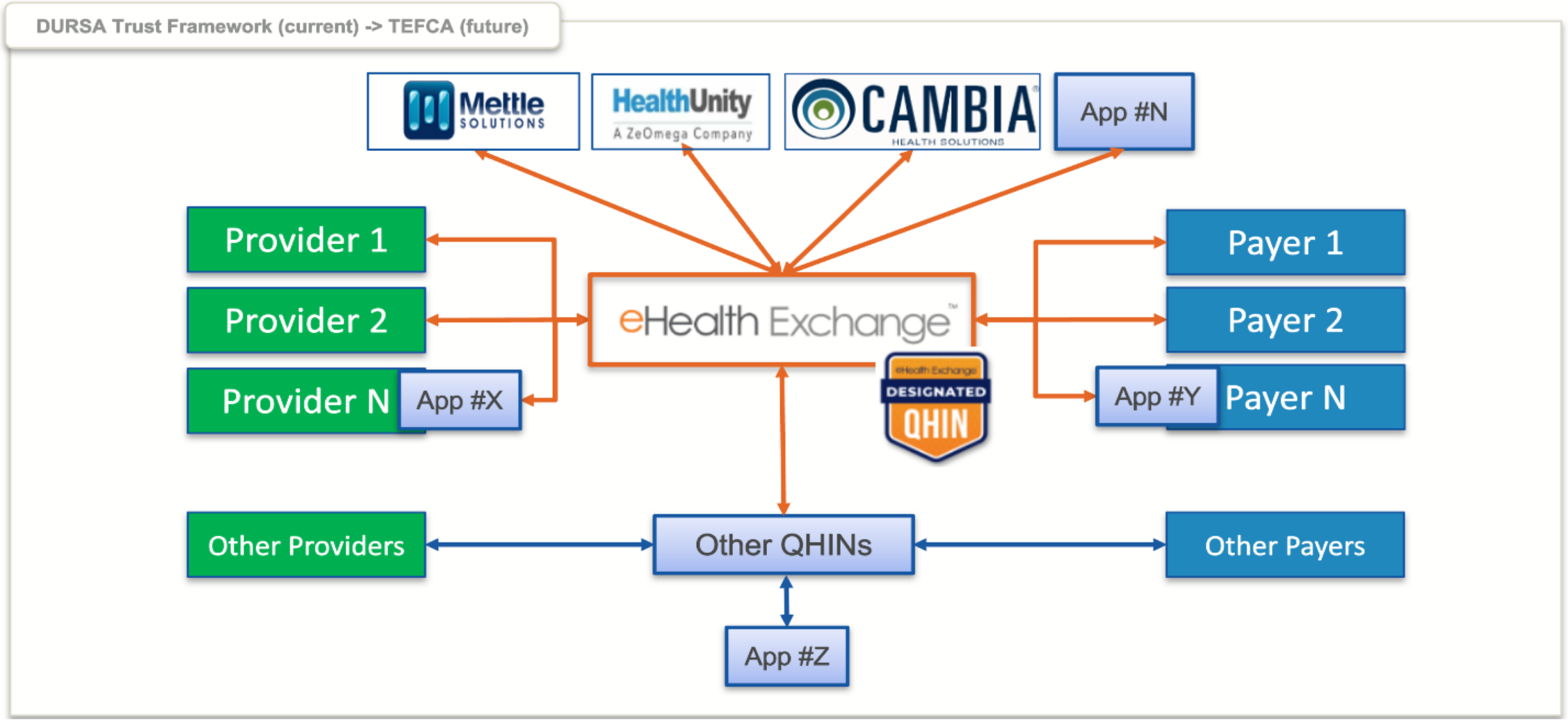
Regence/Cambia, CMS/Mettles, and others have proven Smart-on-FHIR apps work.

DA VINCI HL7 FHIR

To deploy at scale:

1. Payers need single nationwide trust agreement with one connection to providers.
2. Providers need a single EHR app (not 20), trust agreement, and single technical connection to work with payers nationwide.

Trebuchet Prior Authorization



Provider & Payer Clinical Data Exchange (CDex)

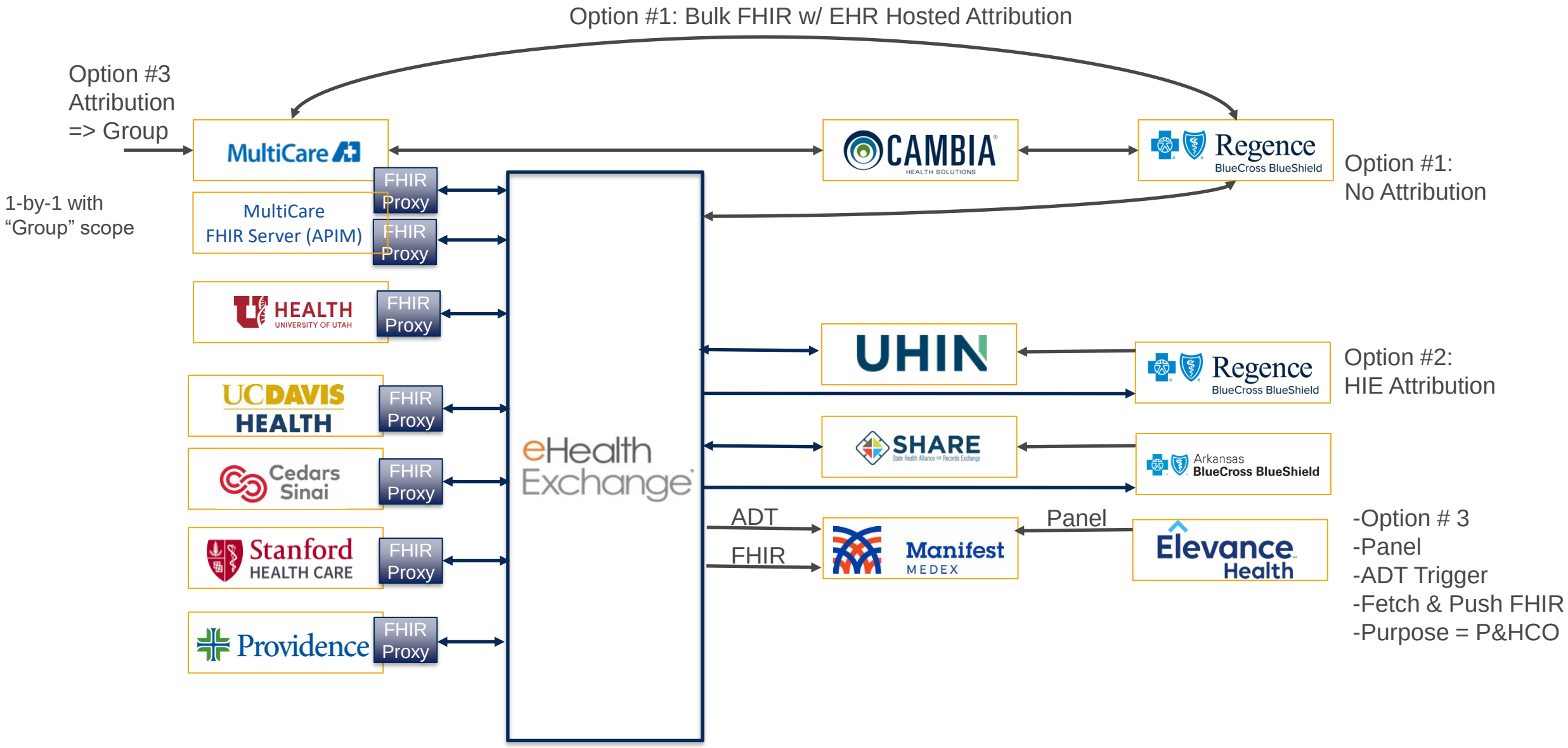
Today

1. Payers and providers actively exchange patient-specific clinical data.
   - Care gaps (bi-directional) for HEDIS and other quality efforts.
   - Risk-Adjustment
   - Payers retrieve population-level clinical data for attributed patients to reduce manual chart chasing
2. But this population-level data exchange **lacks scalability** (consistency and automation) required to reduce strain.

HL7 DaVinci CDEX

- HL7 DaVinci's technical specification has been designed by providers and payer to standardize provider-payer clinical exchange.
- Payers can only retrieve data for attributed members when they share full demographics.
- Providers consent to exchange when they are satisfied HIPAA Minimum Necessary has been addressed.
- This is often solved by payers retrieving data only for each date-based Encounter.

Trebuchet: CDex



Network Updates

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Particle Health

The information revealed on the questionable queries for Treatment were via Carequality and not on eHealth Exchange.

eHealth Exchange has not been requested to issue a Dispute to Carequality as an Implementer on behalf of any Participants exchanging via eHealth Exchange.

We consider this matter closed.

C3HIE (formerly HASA)

Current Status of Suspension and requirements to reconnect.

eHealth Exchanged worked with C3HIE regarding their Corrective Action Plan (CAP).

The Coordinating Committee approved the CAP during the June 18 meeting, with weekly updates until CAP completed.

The Coordinating Committee also approved C3HIE to reconnect and begin responding to other Participant queries.

The Coordinating Committee approved C3HIE to begin initiating queries 7 days post completion of the CAP. Date TBD.

Precision Data Capture

On June 5, 2024, requested a 10-business day Voluntary Suspension, which ended on June 18. On June 18, requested an additional 10-business day Voluntary Suspension which will end June 28.

Precision Data Solution has requested this suspension so it can investigate concerns it received outside of eHealth Exchange that some of its queries may have possibly improperly asserted Treatment as a Permitted Purpose.

No eHealth Exchange Participants have issued any concerns.

Coordinating Committee Elections

eHealth Exchange™

2024 Coordinating Committee (CC) Seats

	Representative	Term Date
HIO	Dan Paoletti	9/30/2026
	John Kansky	9/30/2026
	Pam Matthews	9/30/2024
IDN	Patti Cuartas, PA	9/30/2026
	Matt Eisenberg, MD	9/30/2026
	Paul Matthews	9/30/2026
Other	Arun Gopalan	9/30/2026
	Open (formerly Eric Liederman)	9/30/2024
	Derek Plansky	9/30/2024

2024 Coordinating Committee (CC) Election Timeline

- Nominating Committee – Nominating Committee selected (Matt Eisenberg, Paul Matthews, Hussein Ezzeldin, and Dan Paoletti)
- Announce elections during monthly All Participant – June and July
- July 12 - Email Participant notice for elections
- July 15 – July 26 - Open for applications
- July 29 - August 9 - Nominating Committee Review Applications
- August 9 - Nominating Committee finalizes slate of nominees
- August 20 - Coordinating Committee approves slate of nominees
- August 26 – August 30 - Participants Vote
- September 3 - 6 - Time for a runoff if needed
- Sept 17 - New Coordinating Committee Members shadow CC Call
- Sept 19 - Notice to Participants on monthly All Participant Call
- Sept 23 – October 11, Orientation
- October 15 - First New CC Member meeting

Directory Portal

eHealth Exchange™

Directory Portal

What is the directory portal?

- The directory portal is a user interface that helps the eHealth Exchange manage the directory for the eHealth Exchange network and the eHealth Exchange QHIN directory for the TEFCA network. It is a means of conveying the technical information needed to make connections to eHealth Exchange participants.

- Right now, the directory portal is used by eHealth Exchange staff, but in the near future, we will make the directory portal available to participants and their solution providers.

Directory Portal

What types of changes can I make with the directory portal?

- Organization name and multiple alias names, if desired
- Add identifiers: CLIA for labs, CCN for CMS and NPI
- Add assigning authority IDs which may represent your master patient index system(s)
- State(s) of Operation for your organization – where do you provide care?
- Organization phone, email and website
- Contacts – typically technical contacts but project managers may be appropriate too

Directory Portal

What types of changes can I make with the directory portal? (continued)

- Address for participant and sub-participant directory entries. Sub-participant directory entries represent physical provider locations such as hospitals or doctor's offices, so sub-participant entries may be used to "geo-fence" requests.
- Endpoints – how does the Hub make a connection to your organization, so that others may connect to you? Typical endpoint types which are populated in the directory include the following:
  - Patient discovery: does the patient exist within the organization?
  - Query for documents: What types of documents are available for the patient?
  - Retrieve documents: Obtain documents such as a longitudinal clinical care document or an encounter document.

Directory Portal

What are sub-participant entries in the directory and what is their purpose?

Sub-participant directory entries represent physical locations for healthcare, such as hospitals, clinics or doctor's offices. Sub-participant entries may be used by participants to determine whether or not they will query an organization listed in the directory. Compelling reasons for providing sub-participant entries:

1. Name recognition: Your clinicians don't recognize the name of an HIE in the directory which is populated as a participant directory entry type, but they do recognize the name of a sub-participant entry, which is "Mercy Health Hospital", for example.
2. Geo-fencing: You need to determine whether to query an organization in the directory, and using a sub-participant entry, you realize that your patient is within a 20 mile radius of a hospital listed by a participant.
3. Transparency: With sub-participant entries, I know the provider/payer organizations that exist on the eHealth Exchange network, and I am no longer uncertain about which organizations may be querying me which are under the "umbrella" of a participant.

Directory Portal

What information is required for a sub-participant entry that is not required for a participant entry?

- Information about the service delivery role type is required. For example, is the provider location a hospital (HOSP), an outpatient facility (OF) or a hemodialysis unit (HD)?
- For a full list of possible service delivery role type codes, see the FHIR implementation guide:

  Service Delivery Location Role Type

Directory Portal

DEMONSTRATION

Dashboard Update

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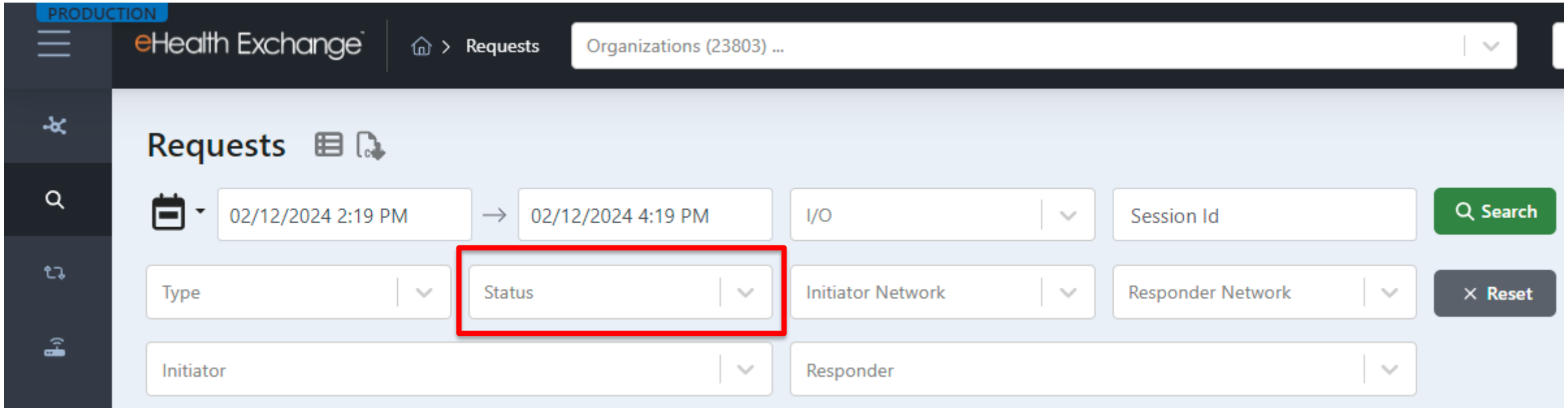
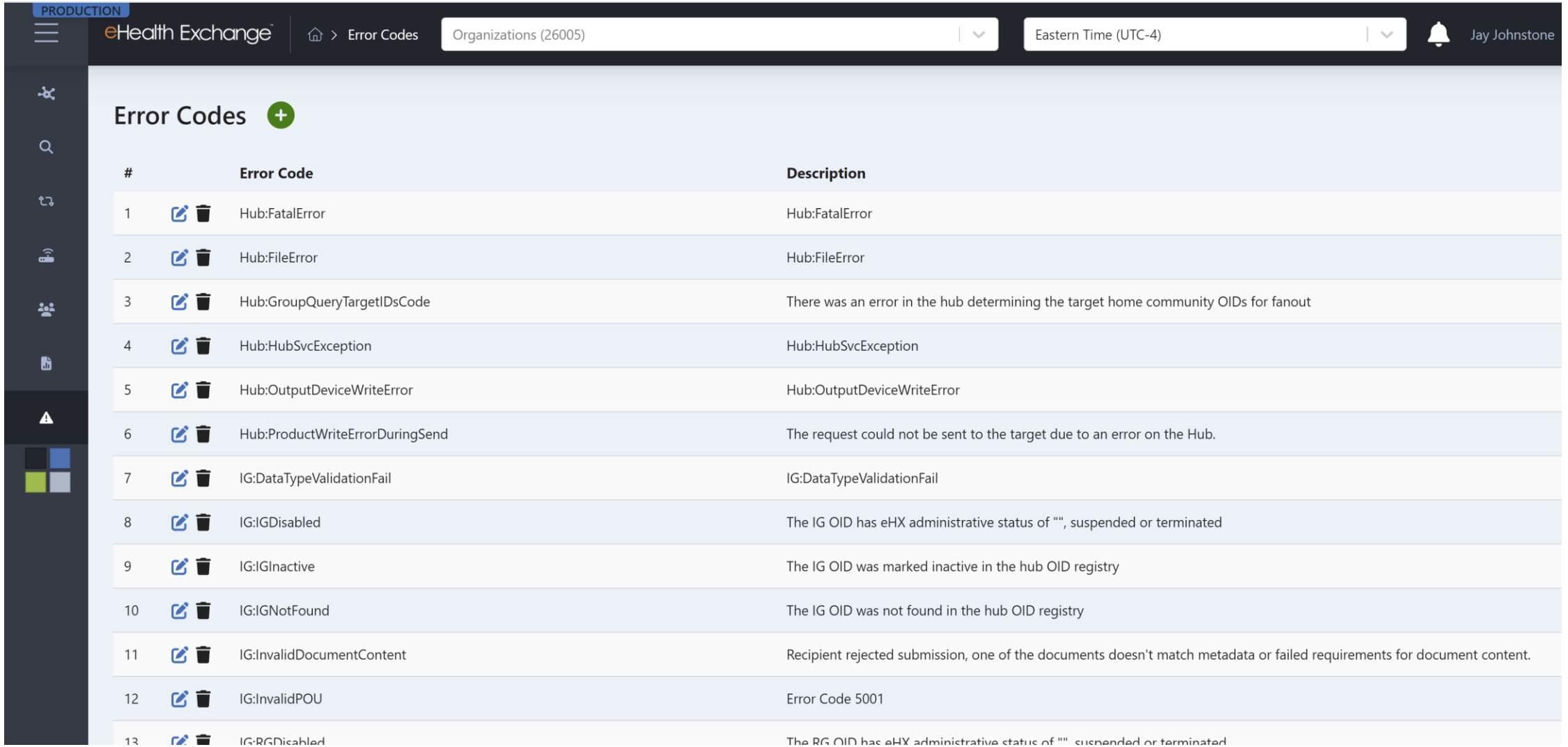


#	Time (EST)	I/O	Type	Initiator Network	Initiator	Responder Network	Responder	Results	Error	Time
1	02/12/2024 4:34:59 p.m.			CQ	2.16.840.1.113883.4.391.1000.324966	eHX		0	Routing	0.00s

#	Time (EST)	I/O	Type	Initiator Network	Initiator	Responder Network	Responder	Results	Error	Time
1	02/12/2024 4:36:55 p.m.			eHX	Federal HIE – DoD, VA, USCG *Federal HIE – DoD, VA, USCG*	eHX		0	IHE_Response	0.22s
2	02/12/2024 4:36:55 p.m.			eHX	Federal HIE – DoD, VA, USCG *Federal HIE – DoD, VA, USCG*	eHX	Centralis Health *Centralis Health*	0	IHE_Response	0.20s
3	02/12/2024 4:36:54 p.m.			eHX	Federal HIE – DoD, VA, USCG *Federal HIE – DoD, VA, USCG*	eHX		0	IHE_Response	2.07s

Expanded Error Codes



Error Codes

#	Error Code	Description
1	Hub:FatalError	Hub:FatalError
2	Hub:FileError	Hub:FileError
3	Hub:GroupQueryTargetIDsCode	There was an error in the hub determining the target home community OIDs for fanout
4	Hub:HubSvcException	Hub:HubSvcException
5	Hub:OutputDeviceWriteError	Hub:OutputDeviceWriteError
6	Hub:ProductWriteErrorDuringSend	The request could not be sent to the target due to an error on the Hub.
7	IG:DataTypeValidationFail	IG:DataTypeValidationFail
8	IG:IGDisabled	The IG OID has eHX administrative status of "", suspended or terminated
9	IG:IGInactive	The IG OID was marked inactive in the hub OID registry
10	IG:IGNotFound	The IG OID was not found in the hub OID registry
11	IG:InvalidDocumentContent	Recipient rejected submission, one of the documents doesn't match metadata or failed requirements for document content.
12	IG:InvalidPOU	Error Code 5001
13	IG:RGDisabled	The RG OID has eHX administrative status of "", suspended or terminated

QHIN Update

eHealth Exchange™

eHealth Exchange QHIN Volume Metrics

eHealth Exchange QHIN Transaction Volume – As A Responder (May 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	12,587,806 27%↑	99.7%	~31,612 (0.3%)	~25,217 (80%)	1.18
Document Query	n/a	n/a	6,234 25%↓	4,554 clinical documents Identified	0.60
Document Retrieve	n/a	n/a	1,067 15%↑	1,066 clinical documents retrieved	2.78

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 July

3. Interestingly, after the eHealth Exchange QHIN returns patient matches to Epic via TEFCA, Epic initiates QD & RD through the traditional eHealth Exchange network (not through TEFCA network). This is Epic's default behavior, although it appears Epic customers can override this.

eHealth Exchange™

QHIN-to-QHIN Exchange

*2024 Performance Measures**

* Based on QTF-124 requirement within QTF v1.1

Performance Measures

In order to accurately measure the effectiveness of QHIN-to-QHIN exchange, the RCE will collect several performance measures from QHINs. These data are meant to assess the performance of QHINs for each use case. The measures by themselves will not directly impact a QHIN's Designation status.

QTF-124

The following data MUST be submitted to the RCE for each calendar month by the 15th of the following month:

- Downtime for the QHIN's gateway Actors (e.g., Initiating Gateway, Responding Gateway) in minutes in the reporting month. Reports MUST include planned and unplanned downtime by Actor.

- As a QHIN Initiating Gateway:
    a. Raw count of successful (i.e., completed without error) QHIN-to-QHIN transactions, per Responding QHIN, within the reporting period for each of:
        1. Patient discovery
        2. Document query
        3. Document retrieve
        4. Message delivery
    b. Raw count of errors in QHIN-to-QHIN transactions, per Responding QHIN per IHE metadata error code received within the reporting period.
    c. Raw count of connectivity errors per Responding QHIN received within the reporting period.
    d. Average response time for each QHIN-to-QHIN transaction, per Responding QHIN transacted with during the reporting period. Each data point must include the message type, average response time, and Responding QHIN.
    e. Total number of documents retrieved via QHIN Query within the reporting period.
    f. Total number of documents successfully delivered via Message Delivery within the reporting period.

- As a QHIN Responding Gateway:
    a. Average response time for each QHIN-Participant transaction by HCID within the reporting period.
    b. Total number of messages received via QHIN Message Delivery within the reporting period.

eHealth Exchange™

QHIN-to-QHIN Exchange

*2024 Performance Measures**

* Based on QTF-124 requirement within QTF v1.1

Submitted (May)

As Responding Gateway

Average response time for each QHIN-Participant transaction by HCID

YYYY-MM	eHx Responding	eHx Responding	Message	Average
2024-05	ALOHR	1.3.6.1.4.1.38694	ITI-55	1.1
2024-05	ALOHR	1.3.6.1.4.1.38694	ITI-38	0.57
2024-05	ALOHR	1.3.6.1.4.1.38694	ITI-39	2.78
2024-05	ALOHR	1.3.6.1.4.1.38694	ITI-80	n/a
2024-05	CRISP	2.16.840.1.113883.3.651	ITI-55	1.33
2024-05	CRISP	2.16.840.1.113883.3.651	ITI-38	0.65
2024-05	CRISP	2.16.840.1.113883.3.651	ITI-39	n/a
2024-05	CRISP	2.16.840.1.113883.3.651	ITI-80	n/a

Total number of messages received via QHIN Message Delivery

YYYY-MM	Documents
2024-05	0

Common Agreement (CA)v2.0 With Terms of Participation (ToP)

- Published in the Federal Register May 1, 2024
- Become effective date 60 days after it is published in the Federal Register (June 30, 2024)
- Common Agreement v2.0, Section 1.2.4, the ToP has180 days after published in the Federal Register for QHINs to implement (December 31, 2024)
  - Allows time for QHINs, Participants and Subparticipants to implement the ToP with current participating organizations
- CA v2.0, Section 14.1, requires QHINs to make available evidence that Participants and Subparticipants have received the ToP

Current Timeline

- eHealth Exchange evaluated Terms and Conditions and Protocols for edits
  - Edits to these documents were based on alignment with the RCE Terms of Participation, CA v2.0 and Updated RCE SOPs
  - QGC approved redlines in May via email
  - Objection Period Notice sent to QHIN Participants (live, testing and those committed to joining) on May 31, 2024
  - If fewer than 1/3 object, the updated eHealth Exchange QHIN Terms and Conditions and Updated Protocols go into effect July 1, 2024
- eHealth Exchange sent the ToP to all QHIN Participants (live, testing or committed to joining)via email, on May 24, 2024, and this communication has been stored if requested by the RCE.
- Participants will send the ToP to their participating organizations and retain the communication
  - If requested by the RCE, per ToP, Section 4.2, ToP Record, QHINs are required to provide this evidence within 4 business days of request
- Additional Updated and New RCE SOPs to be released throughout the summer at minimum
  - See next slide for details

RCE Timeline for Updated and New SOPs, QTF v2

- Week of June 17
  - QTF v2
  - FHIR SOP
  - SOPs: Expectations for Cooperation, Governance Approach and IAS Provider Requirements
- July 1
  - SOP Security Incident Reporting
  - SOPs: RCE Directory Services Requirements, Delegation of Authority, Exchange Purposes
- Week of July 22
  - SOPs: Implementation SOPs for Individual Access Services and Public Health, Onboarding & Designation/Application, QHIN Security for the Protection of TEFCA Information, Dispute Resolution
- September 6
  - SOPs: Governance, Participant/Subparticipant Security Requirements

InterSytems Global Summit

eHealth Exchange™

eHealth Exchange Receives IMPACT Award

The **IMPACT Awards** by InterSystems recognizes innovative projects that have had significant positive impact to their organization and/or their industry. This recognition is highly selective; the evaluation committee chose less than 50 projects from over 1,000 global candidate nominees.

Selection was based on the following three criteria:

1. Makes a significant difference
2. Breaks new ground
3. Sets an example

FDA Biologics Effectiveness and Safety (BEST) Pilot

(Electronic exchange of rich clinical data supporting validation of adverse events)

The FDA BEST Pilot was the first-of-its-kind, large-scale Networked FHIR implementation validating that FHIR can be successfully deployed nationwide to help not only healthcare providers, but also public health agencies.

AI highlights at Intersystems Global Summit

Intersystems presented many AI topics, but here are some highlights:

- The right time to get started with AI is “now”.
- Start with a simple AI project, following these principles:
  - Look for easy prototypes!
  - Stick to the 20/20 rule:

    Less than 20 days

    Less than 20K

AI highlights at Intersystems Global Summit

Follow these steps in your AI journey:

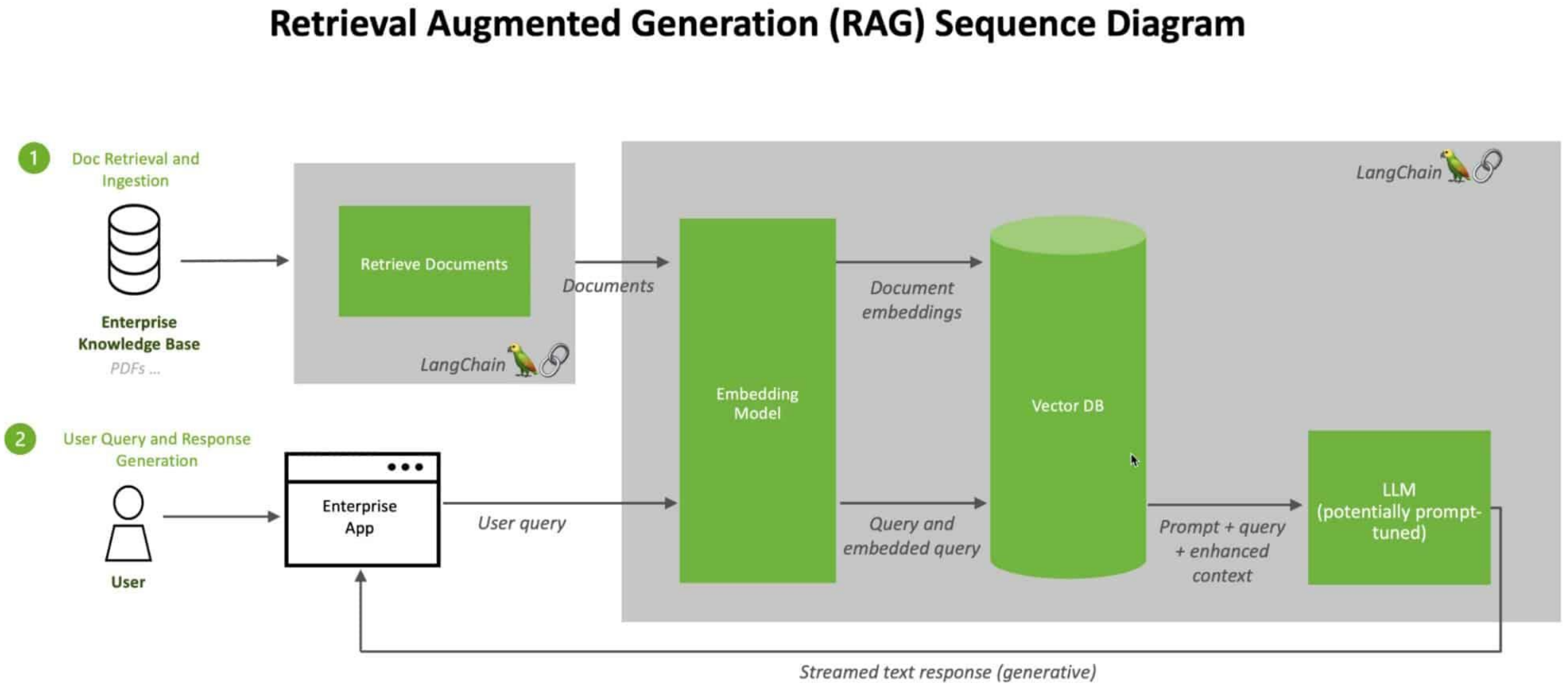
1) Understand the core concepts of AI
2) Identify business pain points and bottlenecks
3) Map AI capabilities to #2
4) Analyze use cases
5) Prioritize and prototype
6) Iterate and improve

AI highlights at Intersystems Global Summit

The latest AI buzzword is “Retrieval-augmented generation” or RAG.

- RAG is a technique for enhancing the accuracy and reliability of generative AI models with facts fetched from external sources not available to the Large Language Model (LLM). In other words, it fills a gap in how Large Language Models (LLMs) work.
- LLMs are a form of generative AI. LLMs can perform a variety of natural language processing (NLP) tasks, such as recognizing, translating, predicting, or generating text or other content. They can also answer questions and perform many other cognitive tasks.
- For example, ChatGPT from OpenAI is a LLM that is trained on large amounts of data, most of which is publicly available. However, your organization has domain specific knowledge and/or proprietary knowledge that is not captured by LLMs. RAG utilizes your organization’s knowledge and can feed it into a LLM to improve its generative capabilities. RAG can also help by submitting the best worded and most appropriate question(s) to the LLM.

AI highlights at Intersystems Global Summit



AI highlights at Intersystems Global Summit

How does Intersystems support the RAG model?

- Your domain knowledge (text and/or documents) can be converted into mathematical representations called “vectors”. Vectors make it easy for a computer system to compare similarities or differences in text content. For example, if you ask a program if two phrases have the same meaning, it compares the vector for each phrase using one or more mathematical comparison techniques.
- Intersystems IRIS can store vectors as a datatype in database tables. IRIS can be queried to run comparisons between vectors and look for similarities.
- The Intersystems platform has a high level of support for Python, which is the primary language for working with generative AI, RAG models and LLMs.

AI highlights at Intersystems Global Summit

Potential uses for AI in healthcare?

- Reduce the overwhelming number of Patient Portal Messages in Health Systems
- Continuity of Care – referral management and patient transfers
- Value-based care – patient stratification and risk scoring, utilization management
- Reimbursement – Codings, Denials Management
- Corporate functions – managing back-office, administrative functions, call center enablement
- Clinical Operations and Clinical Analysis
- Quality and Outcomes – regulatory compliance

Events & Other News

eHealth Exchange™

Updated eHealth Website

Let's Take a Tour

Join us as we **illuminate** progress made during the year, **amplify** the work to push interoperability forward, as we **stay on beat** with regulatory updates.

Join Us!

Hotel Information Embassy Suites by Hilton Downtown Nashville

708 Demonbreun Street

Nashville, TN 37203

Room Rate

$249 + taxes/night

(available until November 19, 2024)

Upcoming Events

June

Hub Dashboard Training Webinar

June 25, 2024 | 4-5 PM ET

Register Here

July

2024 Annual Research Meeting | AcademyHealth

June 29-July 2, 2024 | Baltimore, MD

Speaking: Jay Nakashima

August

Medicaid Enterprise Systems Community (MESC) 2024

August 12-15, 2024 | Louisville, KY

Speaking: Jay Nakashima with Gary Parker (Alabama One Record)

BCBS eSolutions Xchange

August 25-28, 2024 | Amelia Island, FL

Exhibiting

Speaking: Jay Nakashima

Information & Resources

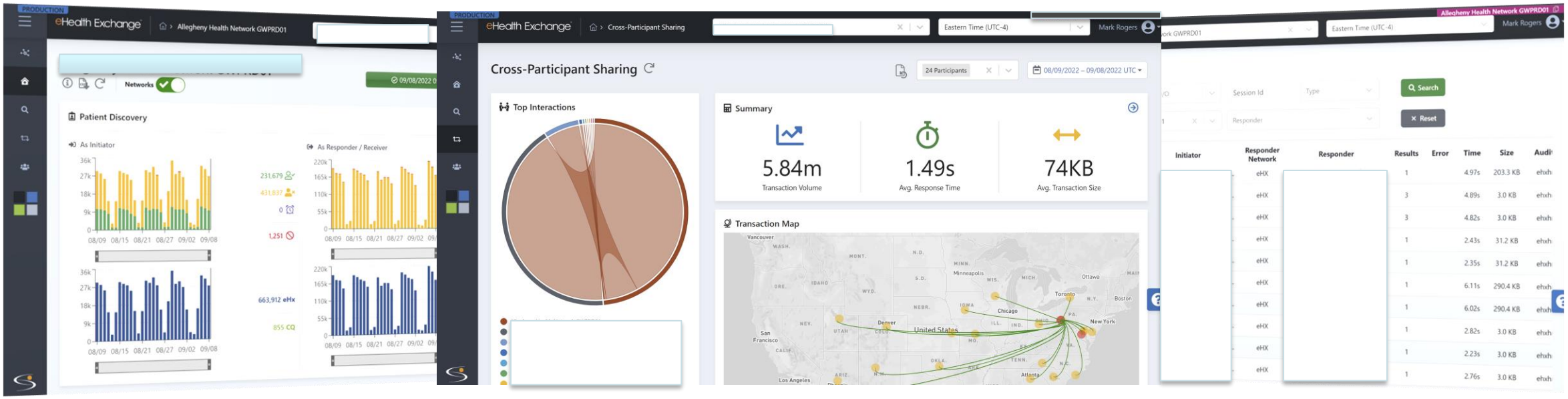
eHealth Exchange™

Contacts for Your Organization

We want to ensure that we are reaching the right people at your organization with our communications.

- If you have had recent or past changes and are unsure if we have an updated list: email administrator@ehealthexchange.org requesting the Contact List Template to complete and return.
- The template asks name, title, phone number, email address, and what type of emails the resource should receive.
- This will assist eHealth Exchange and each Participant in knowing that the communication we send is received appropriately.

Your Hub Dashboard – Your web portal providing interoperability insights.

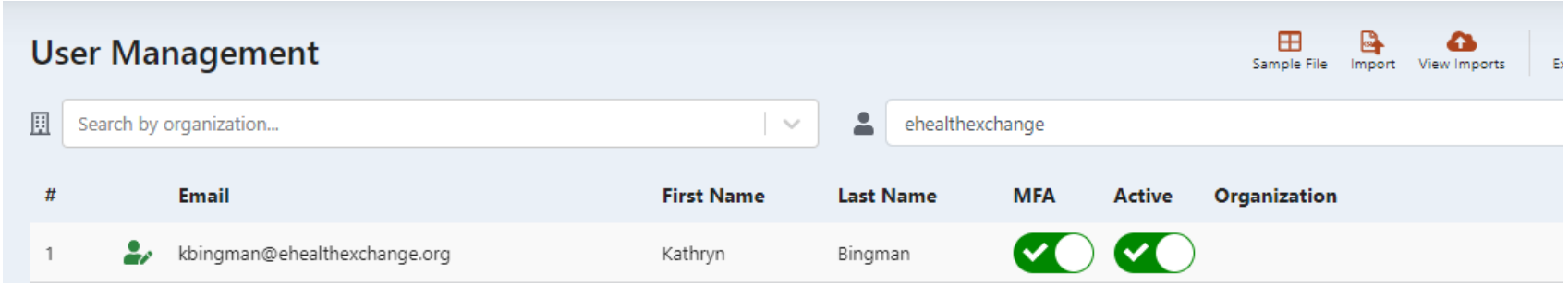


- **Identify transaction volume, response times, drill-down, & download.**
- **Who is querying your organization?**
- **Where are your clinicians searching?**
- **How much care occurs outside your organization?**

Access Hub Dashboard: https://insightsprod.ehealthexchange.org/#/hub

Hub Dashboard Access

Don’t forget to maintain your Hub Dashboard accounts! If nobody at your organization currently has the rights to add/remove Dashboard accounts, please reach out to us at administrator@ehealthexchange.org.



Weekly Technical Work Group

Thursdays 4-5pm Eastern: email administrator@ehealthexchange.org for an invite

Typical Topics:

1. Technical Specifications
2. Testing
3. Hub Updates
4. Capacity planning [Final Thursday each month]

Request an invite: https://ehealthexchange.org/technical-workgroup-form/

How might I obtain assistance?

What	Who	How
Certificates	DirectTrust Support	support@directtrust.zohodesk.com
Hub and Hub Dashboard Assistance	Hub Service Desk	servicedesk@hub.ehealthexchange.org
Directory Assistance, setup, changes	Tech Support	techsupport@ehealthexchange.org
Testing Questions	Testing Team	testing@ehealthexchange.org
Questions about the DURSA, policy, or anything else!	Administrator	administrator@ehealthexchange.org

Visit: https://ehealthexchange.org/contact-us/

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