

Operating Policy & Procedure (OPP)

Subject: Sub-Participant Identification to Support Transparency and Trust		
Status: Final	Policy #: OPP- 17	
Effective Date: 7/25/2024	Version: 1.0	Page 1 of 6

I. Purpose

The Coordinating Committee created this Operating Policy & Procedure to provide Participants more of the transparency needed to understand the specific entities exchanging data within the network, in a scalable fashion given the size and breadth of eHealth Exchange.

This transparency is essential to obtaining and maintaining trust. This openness is critical because Participants responding to requests for data need to understand and track the specific entities to whom data is being disclosed.

II. Policy

1. Within each electronic request for data, initiating Participants must identify the specific entity (not individuals), as practical, originating the request for data so responders understand and can track which entity originally requested data. Participants must flow-down this requirement to each of its Sub-participants that initiate requests for data. Participants may request clarifications from eHealth Exchange staff.
2. Within the eHealth Exchange Directory, Participants, their Sub-participants, their Sub-participants' Sub-participants, etc, must identify each entity who requests data via the Participants' participation in eHealth Exchange so responders understand which entity originally requested data. Sub-participants' physical addresses must also be listed. Updates must be made as soon as new entities have the ability to request data. Participants may petition the Coordinating Committee for an exception on behalf of themselves or their Sub-participants. Participants may request clarifications from eHealth Exchange staff.
 - a. The Coordinating Committee has determined it is generally practical for Participants to indicate in the eHealth Exchange Directory that they hold data for each **entity with a unique physical address** such as the "Main Street Hospital, 100 Main Street, Chicago, IL 60601".

The Coordinating Committee has determined it is not practical for Participants to always indicate in the eHealth Exchange Directory all the individuals (e.g. "Dr Smith") for whom they share data.

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III. Procedure

Specifying the Originating Entity in Each Request for Data:

1. When initiating requests for data:
 - a. Participants, their Sub-participants, their Sub-participants' Sub-participants, etc, must identify the eHealth Exchange Participant ultimately responsible for requesting data in the SAML **homeCommunityId** attribute, or within the FHIR header.
 - b. Participants, their Sub-participants, their Sub-participants' Sub-participants, etc must identify the entity originating the request for data in each SAML **subject:organization** and **subject:organization-id** attribute, or must list the originating entity in FHIR headers. The **subject:organization-id** must be populated with a Home Community ID OID correlating to an eHealth Exchange directory entry, typically a Sub-Participant level entry.
 - c. Participants, their Sub-participants, their Sub-participants' Sub-participants, etc may, but are not required to identify the usernames or individual names representing users requesting data, in the SAML **subject-id attribute**, or within FHIR headers when practical.

Populating the eHealth Exchange Directory with Sub-Participants:

1. eHealth Exchange Participants must populate the eHealth Exchange Directory with their Sub-participants, their Sub-participants' Sub-participants, etc to the extent practical to reflect their constituency who requests data. These updates must be made as soon as new entities have the ability to request data. Each Participant must review its Directory entries at least annually for accuracy and completeness.

Participants may need assistance from Participants' technology vendors, and others, to accomplish this. The DURSA, section 12.01, expressly requires all Participants and their Technology Partners, to comply with the DURSA and other requirements such as this one. Participants are required to have the ability to require their Technology Partners to comply.

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- a. The Coordinating Committee has determined it is generally practical for Participants to detail in the eHealth Exchange Directory the entities for whom Participants hold data (e.g. “Main Street Hospital at 100 Main Street, Chicago, IL 60601, organization NPI 1111111111”).
 - b. The Coordinating Committee acknowledges it is not practical for Participants to detail in the eHealth Exchange Directory every individual healthcare practitioner (e.g. “Dr Smith”) for whom they exchange data.
 - c. eHealth Exchange Participants must populate the eHealth Exchange directory with Sub-participants as soon as new entities are provided the ability to request data. The eHealth Exchange directory may be updated in one of two ways:
 - i. Participants may populate Sub-participant and Sub-participant’s Sub-participants in the eHealth Exchange directory themselves directly via a FHIR API.
 - ii. Participants may alternatively populate the eHealth Exchange directory via the eHealth Exchange web portal with all their Sub-participants, their Sub-participants’ Sub-participants, etc, as practical, and must include these entities’ physical addresses. Participants or their technology vendors may upload a large number of sub-participant entries using a CSV formatted file.
2. Each eHealth Exchange directory entry for physical locations where requests for data are originated must include a Sequoia Project Service Delivery Location Role code (e.g. “HOSP” for hospital, “PROFF” for individual practitioner offices, “PHARM” For Pharmacies”, “Hlab” for clinical laboratories, “HD” for dialysis clinic, “Administrative” for non-providers and non-payers) as defined at <https://sequoiaproject.org/SequoiaProjectHealthcareDirectoryImplementationGuide/output/ValueSet-SequoiaServiceDeliveryLocationRoleTypeValueSet.html>. Note this industry-standard code set is imperfect, so Participants only need to make good faith efforts to assign these codes to physical care locations, especially if their directory entries are voluminous.
 3. Each eHealth Exchange directory entry must include an HL7 FHIR Organization Role code (e.g. “Provider”, “Payer”, “HIE/HIO”, “Agency” for government public health agency, “Research” for research-related organizations) as defined at <https://hl7.org/fhir/R4/valueset-organization-role.html>.

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4. Participants and their technology vendors may request support from eHealth Exchange staff when populating the eHealth Exchange Directory.

5. Although not required at this time, Participants are strongly encouraged to also include the following for themselves, their Sub-participants, their Sub-participants' Sub-participants, etc given that multiple data sharing frameworks already require this detail, and the Coordinating Committee may also begin requiring this information in the future:
 - i. The Purposes of Use code each Participant, their Sub-participants, their Sub-participants' Sub-participants, etc responds with data to (e.g. "Treatment", "Public Health", "Request" for Individual Access, etc), to the extent practical. The responder's Purpose of Use is associated with the entity's connection endpoints.
 - ii. The Purposes of Use code each Participant, their Sub-participants, their Sub-participants' Sub-participants, etc uses to initiate requests for data (e.g. "Treatment", "Public Health", "Request" for Individual Access, etc), to the extent practical. The initiator's Purpose of Use is not associated with the entity's connection endpoints.
 - iii. The Organization-level NPI # (Type 2), or Provider-level NPI # (Type 1) in cases where an Organization-level NPI is not needed and has not been acquired for each Participant, Sub-participant, Sub-participants' Sub-participants, etc, to the extent practical.
 - iv. CMS Certification Numbers (CCN), when assigned, for hospitals only, as listed at <https://data.cms.gov/tools/medicare-inpatient-hospital-look-up-tool> or <https://data.medicare.gov/widgets/xubh-q36u>
 - v. CLIA (CMS Clinical Laboratory Improvement Amendments) certification identifiers for clinical laboratories initiating requests for data, to the extent practical.

6. Participants shall have 120 calendar days from the effective date of this Operating Policy and Procedure (OPP) to comply. The Coordinating Committee will publish this

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OPP with the effective date so that Participants are on notice as to the compliance deadline.

Within 90 calendar days of the effective date of this notice, Participants may alternatively provide the Coordinating Committee a detailed and compelling justification for not complying on time, as well as a proposed date when they will be able to comply, if applicable.

If a Participant does not comply by the required due date and does not request and receive an extension from the Coordinating Committee, eHealth Exchange staff shall notify the Coordinating Committee of non-compliance. The Coordinating Committee will then adhere to documented procedures outlined in *OPP #3: Participation-Changes, Suspension, Termination*, to determine and implement an appropriate response. It is possible the Coordinating Committee might direct eHealth Exchange staff to suspend the Participant’s digital security credentials, in effect suspending the Participants’ ability to exchange data, if the Participant fails to comply with this policy. Furthermore, continued non-compliance could result in the permanent revocation of a Participant’s digital security credentials.

IV. Definitions

See the Operating Policy and Procedure Glossary of Terms document. All other capitalized terms, if not defined herein, shall have the same meaning as set forth in the DURSA

V. References

“Restatement II of the Data Use and Reciprocal Support Agreement (DURSA)”, Version Date: August 13, 2019

VI. Related Policies and Procedures

- a. OPP #1: Review and Disposition of Applications for Participation
- b. OPP #3: Participation-Changes, Suspension, Termination

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VII. Version History

ID	Date	Comments
1	06/18/2024	The Coordinating Committee approved this Operating Policy and Procedure (OPP).
2		

Note eHealth Exchange staff may revise this Operating Policy & Procedure (OPP) with non-substantive changes (e.g. hyperlink updates, correcting typos, correcting grammar, adding related OPPs, etc) without processing revisions through official change management processes.