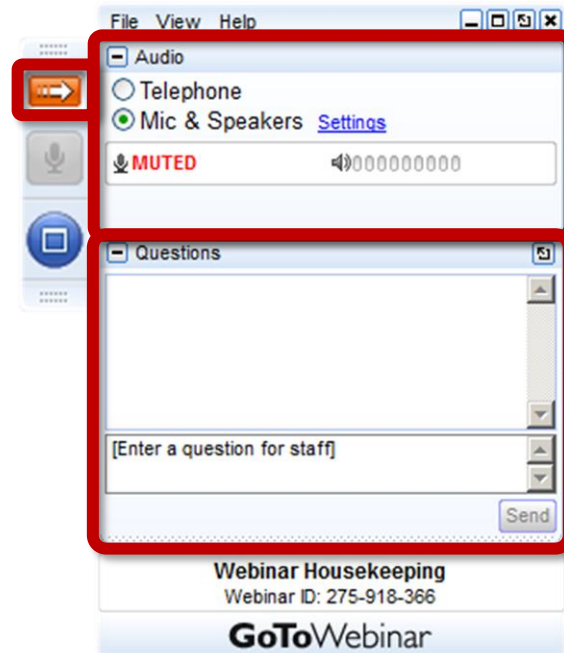




# All Participant Call

August 15, 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

Employee Spotlight	Tara Nylander
New Participants	Ashley Green
UDDI being Retired	Michael McCune
Geospatial Query Update	Mike Yackanich
Payer Update	Mike Yackanich
Coordinating Committee Elections	Pat Russell
QHIN Update	Mike Yackanich Pat Russell
Events & Other Exciting News	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Anyone

# Employee Spotlight

# Tara Nylander

Testing Program Engineer



# New Participants

# Congratulations to our newest Participants!



For more than 100 years, Cambia has been deeply rooted in a legacy of transforming the industry and the way people experience health care. And we're committed to delivering an easier, personalized health care experience for the next century.

Drawing upon its legacy business, Cambia has pivoted to meet the needs of today's health care consumers. Our six regional health plans, our health policy center, Echo Health Ventures and the Cambia Health Foundation are all united by our Cause— to serve as a catalyst to transform health care, creating a person-focused and economically sustainable health care system.

To learn more, visit <https://www.cambiahealth.com/about-us>

Committed to Improving Patient Care via Data Exchange



# Decommissioning Directory Support for the UDDI



## Retirement of support for the directory's UDDI interface

During the all-participant call in April 2024, the eHealth Exchange announced that UDDI support would be retired on **August 16, 2024**. The following was announced during the August 2024 call:

Even though the eHealth Exchange originally announced a 12/15/2023 retirement date for the UDDI, we are allowing for additional time for participants to migrate from the UDDI API to the FHIR R4 API content supported by the new directories, which are based on HAPI open-source.

### **A new retirement date for the UDDI API has been set:**

Access to the eHealth Exchange directory's UDDI APIs will be retired and will no longer be accessible by participants after **Friday August 16, 2024**. Your organization should consume the directory's FHIR R4 API content going forward. After this retirement date, there will not be any UDDI support by any of the eHealth Exchange directories.

# Retirement of support for the directory's UDDI interface

## Background:

- The FHIR R4 HAPI-based directories have been available to all participants since April 12, 2023.
- The legacy directories were retired on July 27, 2023, and are no longer accessible by participants. To facilitate the migration to the FHIR R4 HAPI-based directories, the eHealth Exchange **forwarded all requests (including UDDI requests)** from the legacy directories to the HAPI-based directories from August 10, 2023, onwards.

# Retirement of support for the directory's UDDI interface

Which directory API should I use instead of the UDDI API, and what are the endpoints?

Use the FHIR R4 directory APIs instead of the UDDI, with the following endpoints:

Validation FHIR R4 directory API endpoints:

- Base URL: <https://directory.val.ehealthexchange.org/fhir/Organization>
- List directory entries with Hub endpoints, to query another participant: [https://directory.val.ehealthexchange.org/fhir/Organization/\\$hub-aware](https://directory.val.ehealthexchange.org/fhir/Organization/$hub-aware)

Production FHIR R4 directory API endpoints:

- Base URL: <https://directory.prd.ehealthexchange.org/fhir/Organization>
- List directory entries with Hub endpoints, to query another participant: [https://directory.prd.ehealthexchange.org/fhir/Organization/\\$hub-aware](https://directory.prd.ehealthexchange.org/fhir/Organization/$hub-aware)

## Retirement of support for the directory's UDDI interface

Where can I get more information about using the current directories?

For the latest information about using the directory plus information for organizations that need to track deleted directory entries, please see <https://ehealthexchange.org/fhir-r4-directory-rollout/>.

If you require additional information about directory endpoint usage or require an API security key for the directory's FHIR R4 API, please submit a case using [techsupport@ehealthexchange.org](mailto:techsupport@ehealthexchange.org).

Note: Unlike the UDDI, the FHIR R4 API is secured by an API key issued to each participant's organization upon request. The API key should not be shared outside of your organization.

# Retirement of support for the directory's UDDI interface

## ACTION ITEMS for your organization:

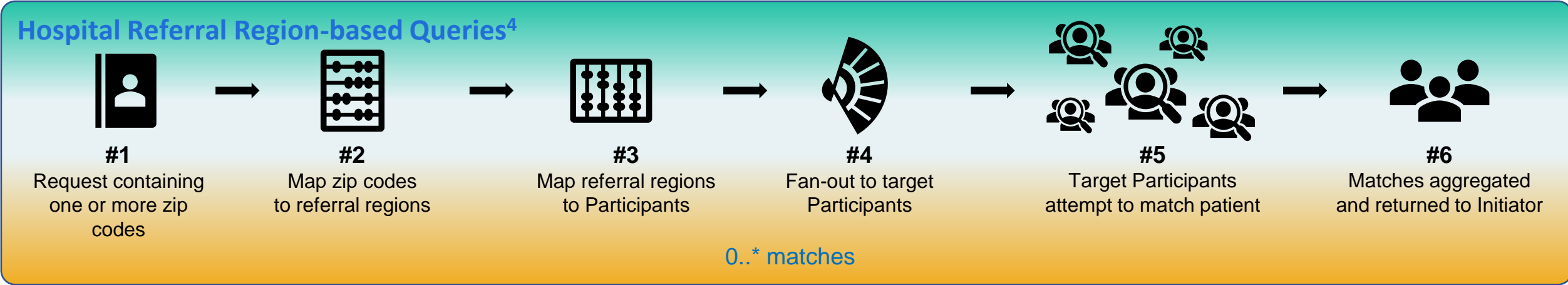
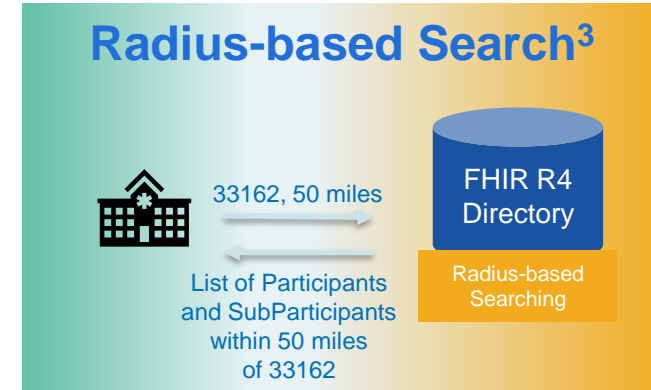
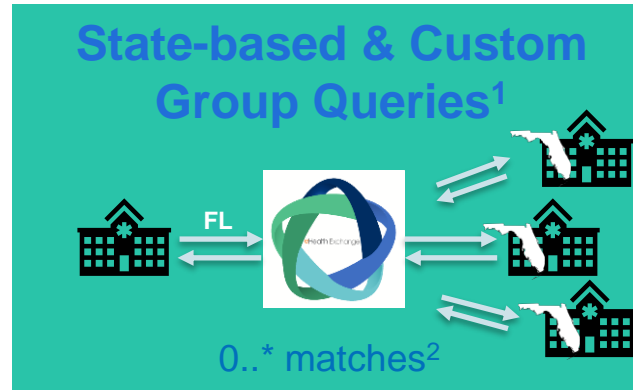
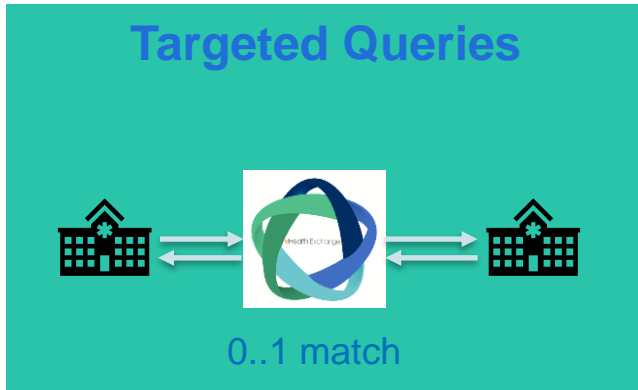
1. Verify that your organization is using the FHIR R4 directory API and not the UDDI API.
2. If you are not certain whether your organization is using the endpoints of the HAPI-based directories for FHIR R4 content and/or are concerned you may be relying on forwarding from the legacy directory (which is no longer accessible) to the new HAPI-based directories, please send an inquiry to [administrator@ehealthexchange.org](mailto:administrator@ehealthexchange.org).
3. If your organization is using the UDDI API, make plans to migrate to the directory's FHIR R4 API by **Friday August 16, 2024**.

# Geospatial Query Update

# Geospatial Queries – What’s New and Next

Available Now

Future



State-Based	Preconfigured fan-out to whole states. Target state must be specified on request.
Custom Group	Preconfigured fan-out to select partners. Custom Group must be specified on request.
Radius-based Search	FHIR Directory operation to identify Participants who provide service within an X mile radius of an address.
Hospital Referral Region	Dynamic fan-out based on patient address, leveraging the Dartmouth Atlas <sup>4</sup> Hospital Referral Region crosswalks.

<sup>1</sup> for XCPD only

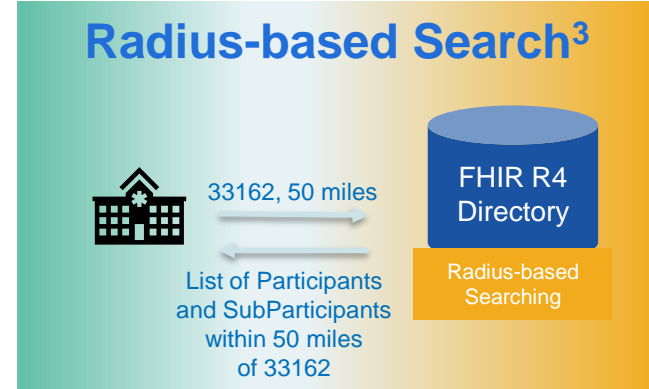
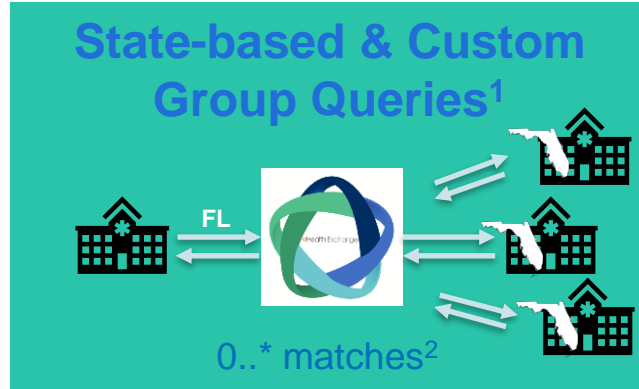
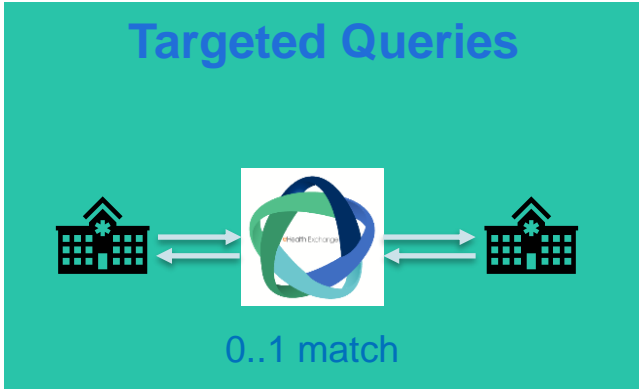
<sup>2</sup> if >1 match, an aggregated response is returned

<sup>3</sup> results inform which Participants to target


<sup>4</sup> <https://data.dartmouthatlas.org/>

# Geospatial Queries – What’s New and Next


Available Now  
Future




## Hospital Referral Region-based Queries<sup>4</sup>




**#1**  
Request containing one or more zip codes




Map zip codes to referral regions




Map referral regions to Participants



Fan out to target Participants



Target participants attempt to match patient



**#6**  
Matches aggregated and returned to Initiator

**Now available for testing in Validation environment**

0..\* matches

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<sup>2</sup> if >1 match, an aggregated response is returned

<sup>3</sup> results inform which Participants to target

<sup>4</sup> <https://data.dartmouthatlas.org/>



# Fan-out Overview

Fanout to eHX Responding Gateways is determined by:

- Finding all HRR areas within the Patient's or Initiator's Postal Code
- *Then* finding all the Postal Codes that are within all those HRR areas
- *Then* finding all TargetHCIDs within all those Postal Codes
- *Also* ensures no Target is a loop back to target or itself

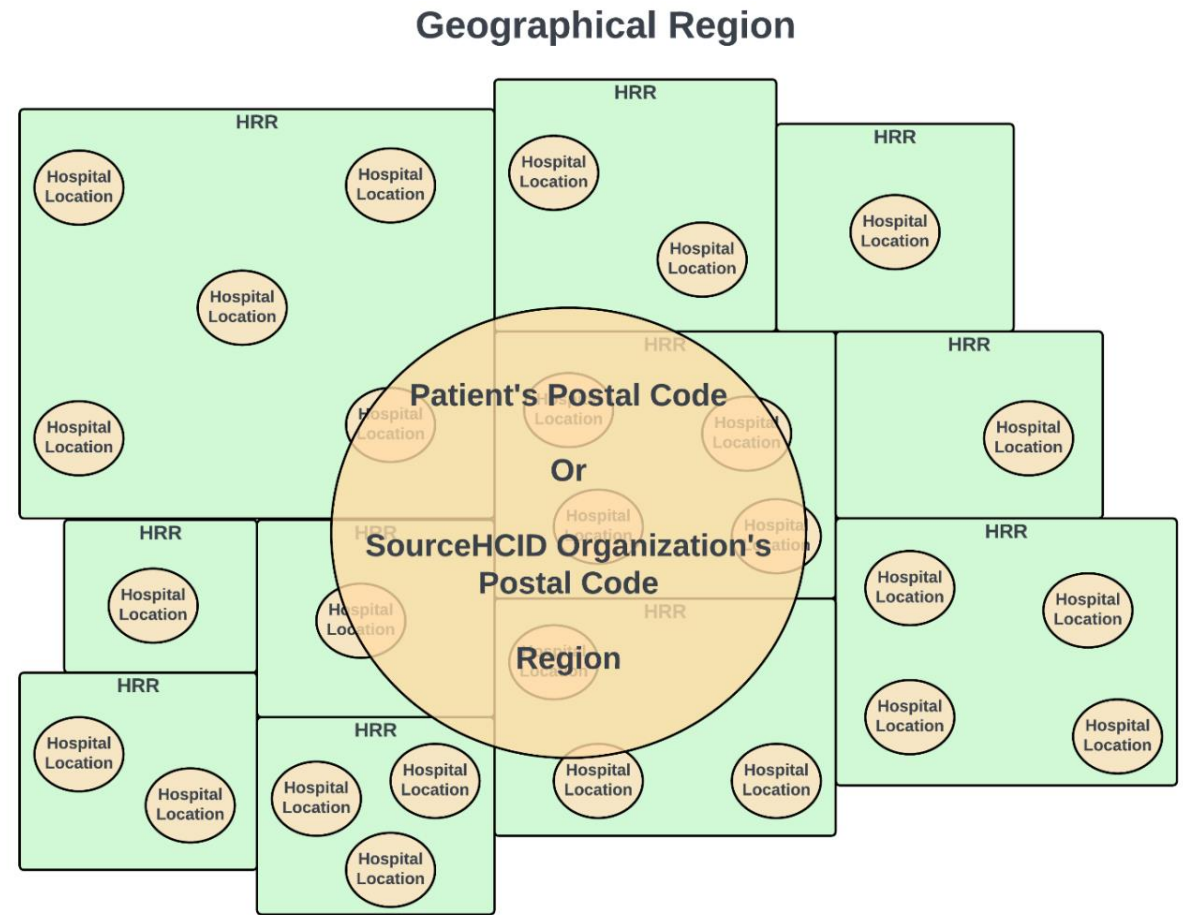


Illustration of the organization locations that will be included in the group query fanout based upon HRR. Only organizations within a HRR that intersects the patient or organization's location will be in the list. In this illustration; there will be 18 responding gateways in the fanout list.

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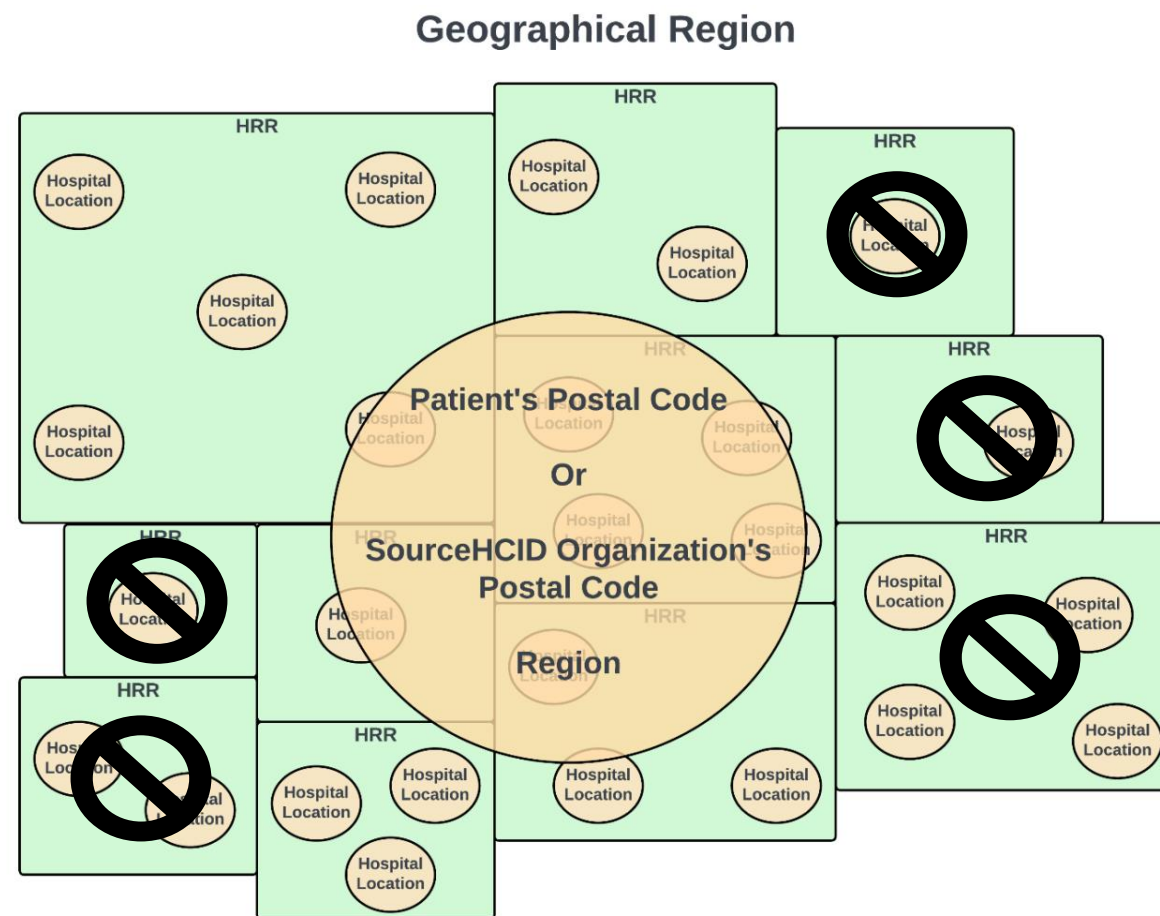


Illustration of the organization locations that will be included in the group query fanout based upon HRR. Only organizations within a HRR that intersects the patient or organization's location will be in the list. In this illustration; there will be 18 responding gateways in the fanout list.

# Hospital Referral Region Fan-out Testing

**NOW AVAILABLE**

Test the new dynamic hospital referral region geospatial fan-out service,  
and your ability to consume and process an aggregated Patient Discovery response!

[https://hub001val.ehealthexchange.org/ehx/1.0.0/iti55/2.0?\\_eHxHubRouteTo=HRRFANOUT](https://hub001val.ehealthexchange.org/ehx/1.0.0/iti55/2.0?_eHxHubRouteTo=HRRFANOUT)

## 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:h17="urn:h17-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>
  <subject typeCode="SUBJ" xmlns:h17="urn:h17-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
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  </subject>
```

# 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](https://hub001val.ehealthexchange.org/ehx/1.0.0/iti55/2.0?_eHxHubRouteTo=GeoStateTEST)

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  </subject>
  <subject typeCode="SUBJ" xmlns:h17="urn:h17-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>
```

# Geospatial Queries – What’s New and Next

## What is an “Aggregated XCPD Response”?

- Within the ITI-55 Cross Community Patient Discovery specification<sup>1</sup> multiple “subject” blocks are allowed, each one representing a patient match:

/Envelope/Body/PRPA\_IN201306UV02/controlActProcess/subject

```

<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>

```

- Within each subject block, the homeCommunityId of the responder can be found at:  
/Envelope/Body/PRPA\_IN201306UV02/controlActProcess/subject/registrationEvent/custodian/assignedEntity/id

```

<subject typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
  <registrationEvent classCode="REG" moodCode="EVN">
    <id nullFlavor="NA"/>
    <statusCode code="active"/>
    <subject1 typeCode="SBJ">
      <patient classCode="PAT">
    </subject1>
    <custodian typeCode="CST">
      <assignedEntity classCode="ASSIGNED_ENTITY">
        <id root="2.16.840.1.113883.3.579.1.22"/>
        <code code="NoHealthDataLocator" codeSystem="1.3.6.1.4.1.19376.1.2.27.2"/>
      </assignedEntity>
    </custodian>
  </registrationEvent>
</subject>

```

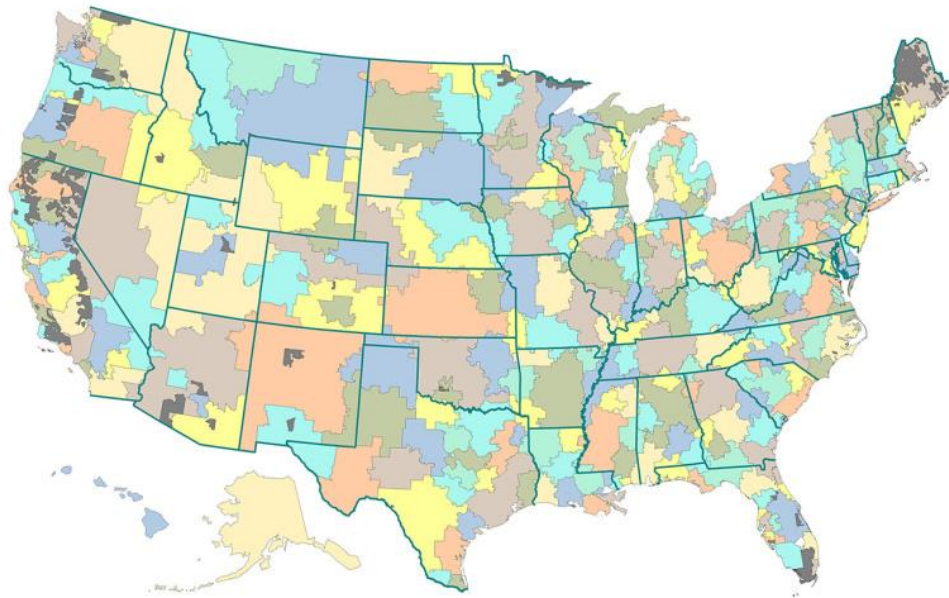
<sup>1</sup> <https://s3.amazonaws.com/seqprojectehex/wp-content/uploads/2018/09/28214615/nhin-patient-discovery-production-specification-v2.0.pdf>



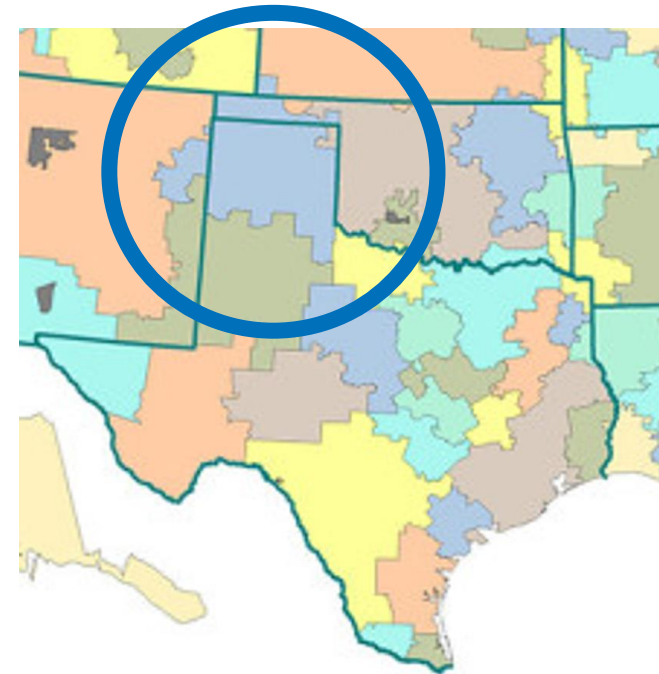
# Geospatial Queries – What's New and Next

## Dartmouth Atlas Hospital Referral Regions (HRRs)

“**Hospital referral regions (HRRs)** represent regional health care markets for tertiary medical care. Each HRR contains at least one hospital that performs major cardiovascular procedures and neurosurgery. HRRs were defined by assigning HSAs to the region where the greatest proportion of major cardiovascular procedures were performed, with minor modifications to achieve geographic contiguity, a minimum population size of 120,000, and a high localization index. **The process resulted in 306 hospital referral regions.**”



<https://data.dartmouthatlas.org/>



# Prior Auth/Payer Update

# The Da Vinci Trebuchet FHIR Project

*Trebuchet Vision: To enable Providers to choose one “All payer” prior authorization application or connected network for Clinical Data 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 \(hl7.org\)](#)



# Status Update

**GO LIVE ?**



**DA VINCI**  
HL7 FHIR  
**Clinical Data Exchange (CDex)**

eHealth Exchange  
CDex Task Based Approach

July 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



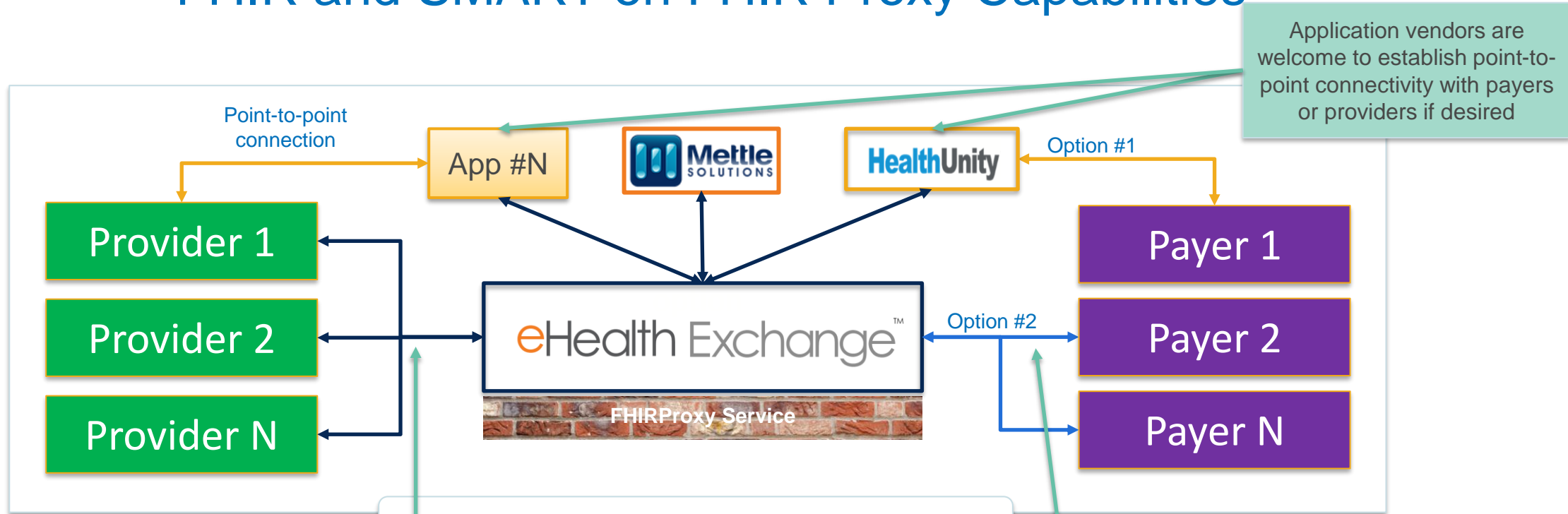
**SMART**®

eHealth Exchange  
SMART on FHIR Proxy

August 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

# FHIR and SMART on FHIR Proxy Capabilities



Obtain connectivity without implementation overhead

The eHealth Exchange establishes a single connection to each participant on our network, and enables connectivity to that participant to everyone else on the network

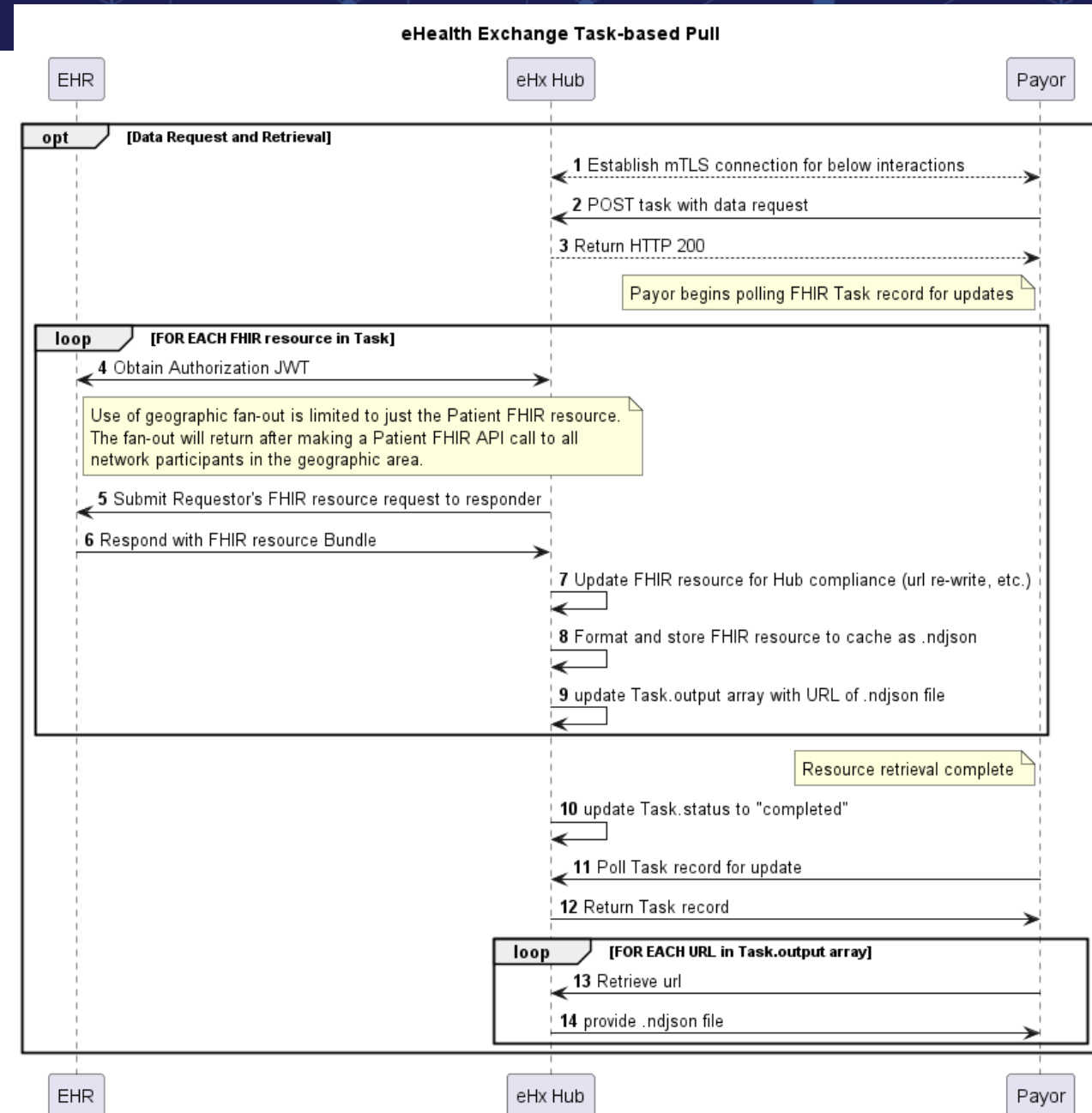
Instead of sending and receiving HTTP traffic point-to-point, traffic can be routed through the eHealth Exchange.

This saves on implementation and contracting costs for all parties, and makes the process significantly faster

# CDex Task Based Data Retrieval

- The requestor submits a Task to the eHealth exchange that specifies details of the data requirements
  - Identifies a responding provider (or a geographic region to search<sup>1</sup>)
  - Identifies the FHIR resources to retrieve
- eHealth Exchange retains the ndjson FHIR resource data for 2 hours from the completion of the Task processing.
  - Polling interval for data retrieval is expected to be 1 hour or less.

<sup>1</sup> geospatial fan-out is a Phase II requirement



# Coordinating Committee Elections

## 2024 Coordinating Committee (CC) Seats

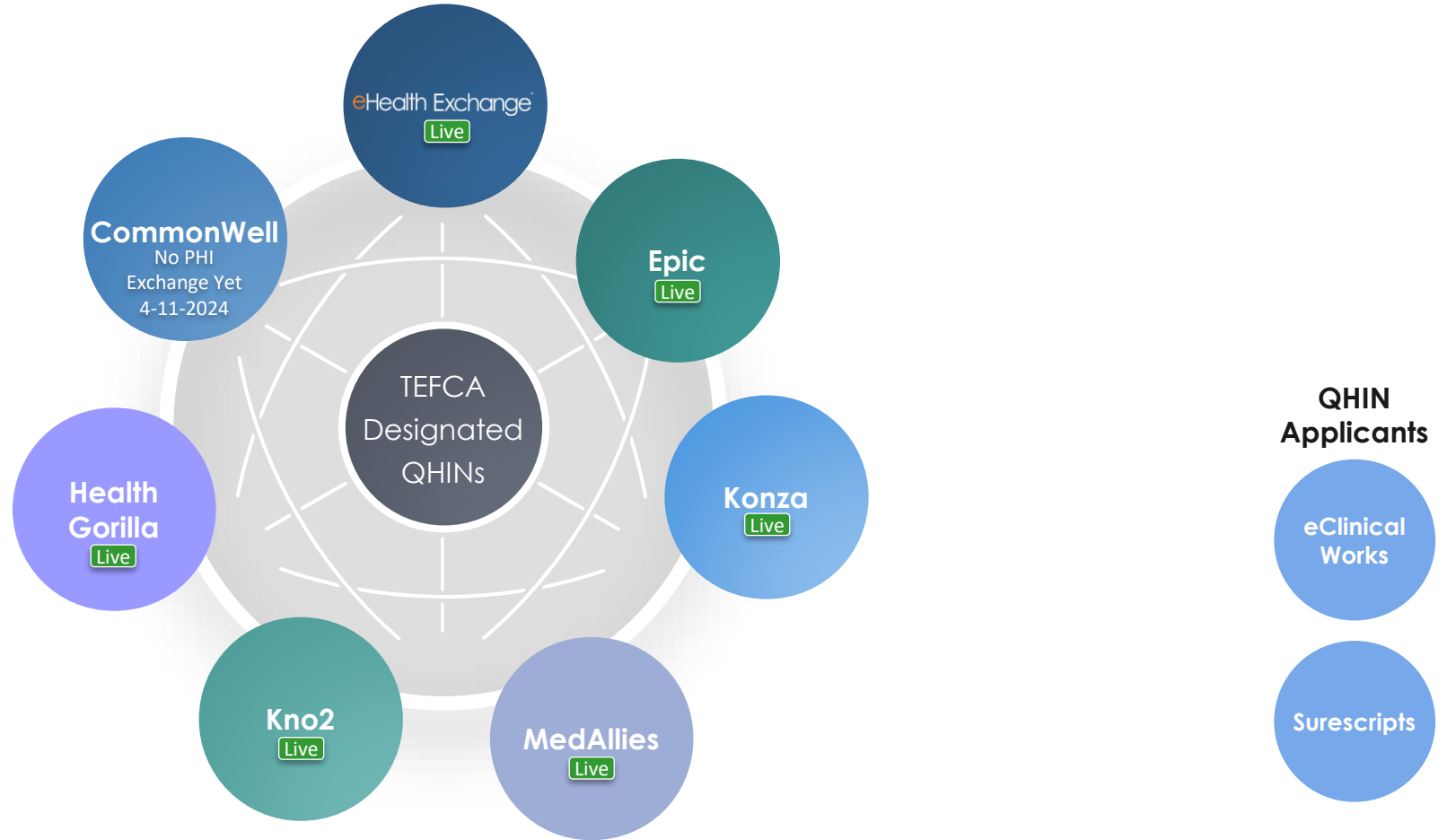
	<b>Representative</b>	<b>Term Date</b>
<b>HIO</b>	Dan Paoletti	9/30/2026
	John Kansky	9/30/2026
	<b>Pam Matthews</b>	<b>9/30/2024</b>
<b>IDN</b>	Patti Cuartas, PA	9/30/2026
	Matt Eisenberg, MD	9/30/2026
	Paul Matthews	9/30/2026
<b>Other</b>	Arun Gopalan	9/30/2026
	<b>Open (formerly Eric Liederman)</b>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

# 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

# QHIN Update

# Designated Qualified Health Information Networks (QHINs)





# New Public Health Use Cases



ONC  
TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

ANNOUNCEMENT

## New TEFCA Milestones

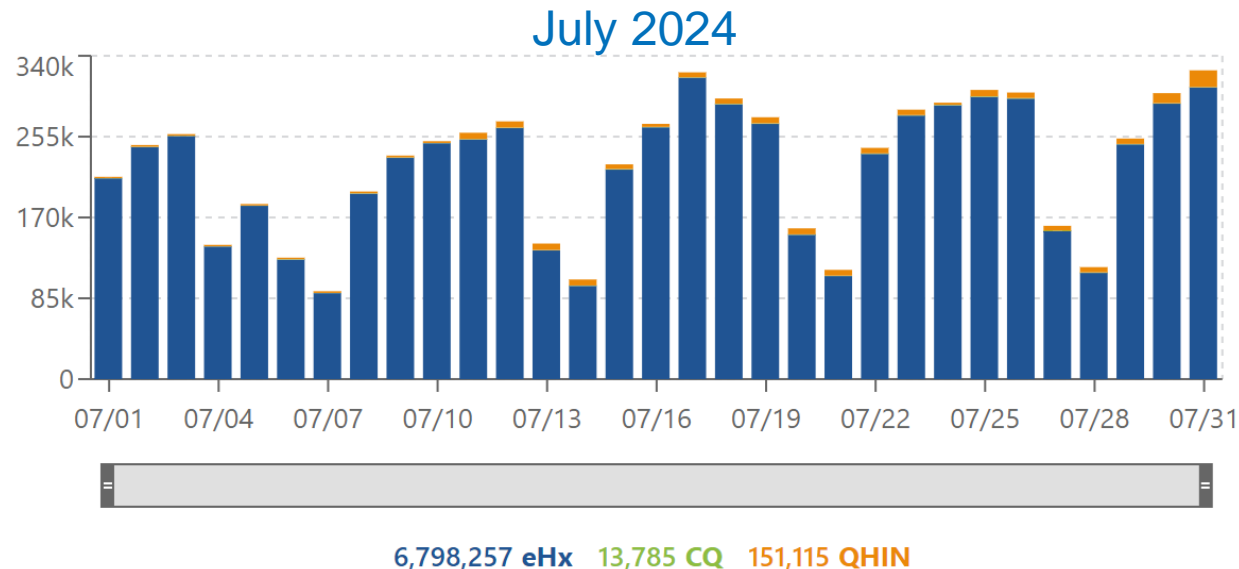
As we celebrate six months since Trusted Exchange Framework and Common Agreement™ (TEFCA™) exchange went live, the Office of the National Coordinator for Health IT (ONC) and The Sequoia Project, as the TEFCA Recognized Coordinating Entity® (RCE™), announce another significant advancement for health information exchange on a national scale.

**“The Centers for Disease Control and Prevention (CDC) has achieved a major public health milestone – the launch of the first two public health use cases for TEFCA, electronic case reporting and public health query!”**

# New Public Health Use Cases

As of July 1, eHx QHIN began to initiate to the TEFCA network for two Public Health use cases:

1. Three (3) Public Health Agencies within CRISP Shared Services began to query the TEFCA network with purpose of use of T-PH (Public Health)
2. APHL AIMS began to exchange across TEFCA network with the Public Health sub-exchange purpose of T-PH-ECR (Electronic Case Reporting)



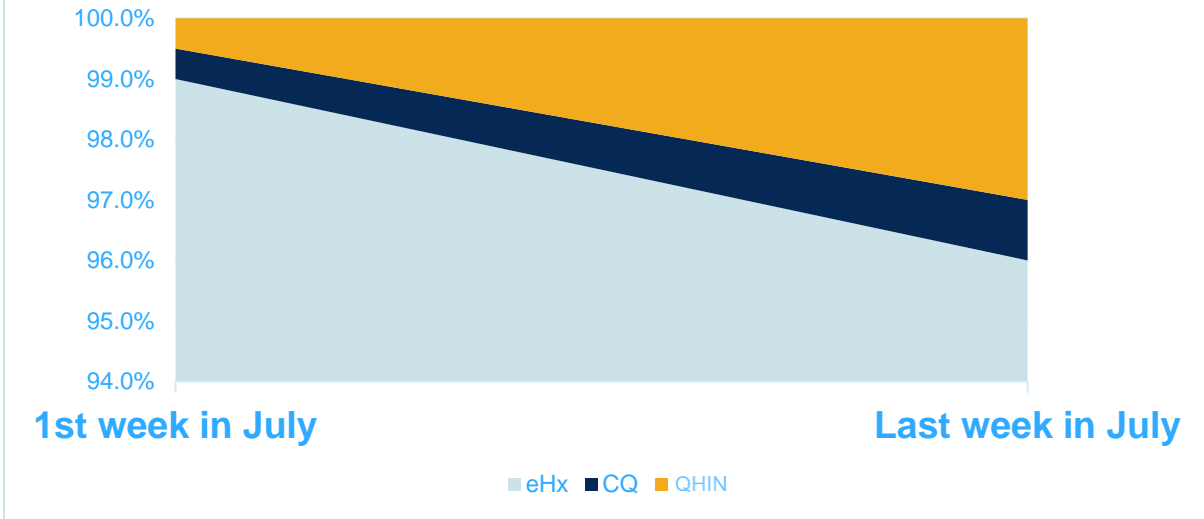
# New Public Health Use Cases

Fun with graphs!



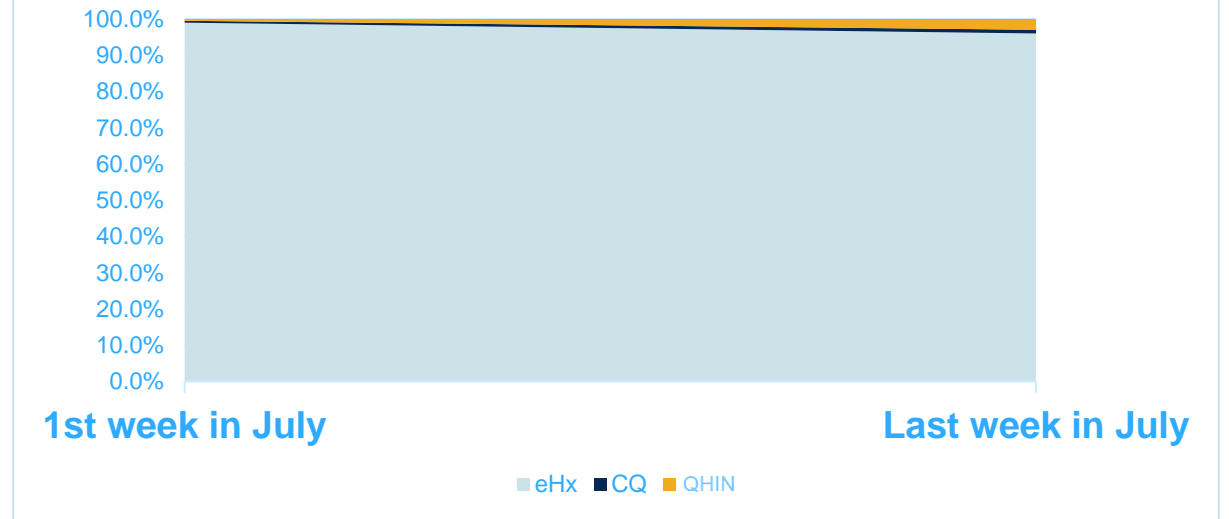
## Ross Perot

Message Delivery Volume  
July 2024  
First Week versus Last Week

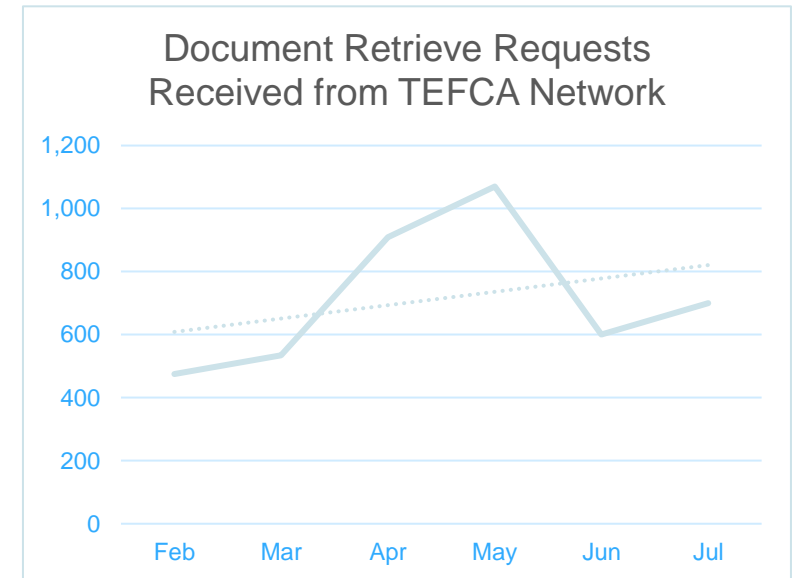
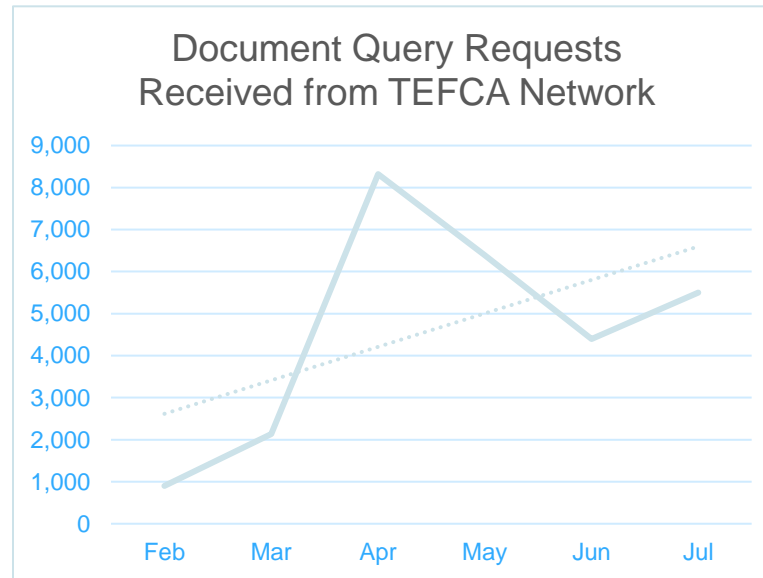
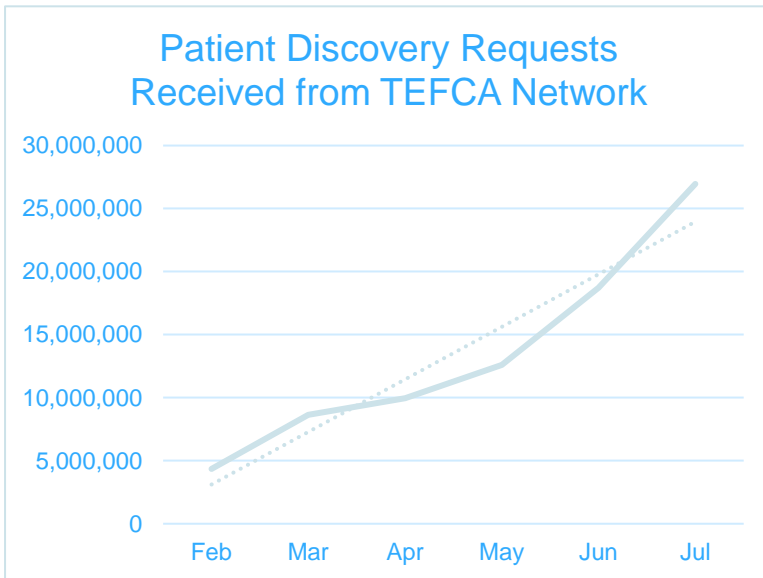


## Reality

Message Delivery Volume  
July 2024  
First Week versus Last Week



# eHealth Exchange QHIN Volume Metrics



## QHIN-to-QHIN Exchange

### 2024 Performance Measures

eHx began to initiate on TEFCA on July 1<sup>st</sup>,  
and now must provide initiator gateway metrics

#### 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.

## QHIN-to-QHIN Exchange 2024 Performance Measures

# Submitted (July)

### As Responding Gateway

#### Average response time for each QHIN-Participant transaction by HCID

YYYY-MM	eHx Responding	eHx Responding	Message	Average
2024-07			ITI-55	3.19
2024-07			ITI-38	0.44
2024-07			ITI-39	3.53
2024-07			ITI-80	n/a
2024-07			ITI-55	4.75
2024-07			ITI-38	2.62
2024-07			ITI-39	n/a
2024-07			ITI-80	n/a
2024-07			ITI-80	0.62

#### Total number of messages received via QHIN Message Delivery

YYYY-MM	Documents
2024-07	151,115

# Exchanging PHI via the eHealth Exchange QHIN



# Who is Testing via the eHealth Exchange QHIN



Indian Health Service





# Intent to Participate



# Events & Other News

# TEFCA SOP Information Webinars

## Webinar #1

Aug 13<sup>th</sup> | 1-2pm

Exchange Purposes

Treatment Implementation

[Watch Recording →](#)

## Webinar #3

Sept 5<sup>th</sup> | 12-1pm

eHealth Exchange TEFCA

Security Protocol

Security Incident Reporting SOP

[Register Now →](#)

## Webinar #2

Aug 21<sup>st</sup> | 2:30-3:30pm

Delegation of Authority SOP

Directory Implementation

[Register Now →](#)

## Webinar #4

Sept 24<sup>th</sup> | 11am-12pm

Facilitated FHIR Implementation

Follow-up Topics from previous sessions

[Register Now →](#)



# OPP #17 Sub-Participant Identification Information Webinar

This OPP requires participants to populate the eHealth Exchange directory with sub-participants by November 25, 2024. We are here to help you understand the policy and to guide you through this transition. Join us for a review of the policy and get your questions answered.

## Webinar #1

Aug 16<sup>th</sup> | 11am-12pm



[Register Now →](#)

## Webinar #2

Sept 10<sup>th</sup> | 1-2pm



[Register Now →](#)



eHealth Exchange™

# Hub Dashboard Training Webinar

September 17, 2024  
3:00 - 4:00 PM ET

Register



# Upcoming Events

## August

### [BCBS eSolutions Xchange](#)

August 25-28, 2024 | Amelia Island, FL

**Exhibiting Booth #11**

**Speaking: Jay Nakashima**

## September

None at this time.

## October

### [Civitas Annual Meeting](#)

October 15-17, 2024 | Detroit, MI

**Exhibiting & Speaking**

### [WEDI National Conference](#)

October 15-17, 2024 | Washington, DC

**Speaking: Jay Nakashima**

## November

### [NCQA Health Innovation Summit](#)

October 31- November 2, 2024 |

Nashville, TN

**Exhibiting Booth #415**





eHealth Exchange  
**ANNUAL  
MEETING**  
NASHVILLE ★ TN  
DECEMBER **10** 2024

Registration  
**NOW OPEN**

[ehealthexchange.org/annual-meeting](https://ehealthexchange.org/annual-meeting)

# 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)

[Annual Meetings 2024 - Start your reservation \(passkey.com\)](https://passkey.com)





# Sponsorship Prospectus Available



Sponsorship	Cost
Reception Sponsorship	\$10,000
Entertainment Sponsorship	\$4,000
Wi-Fi Sponsorship	\$4,000
Break Sponsorship	\$2,000
Advocate Sponsorship	\$1,000

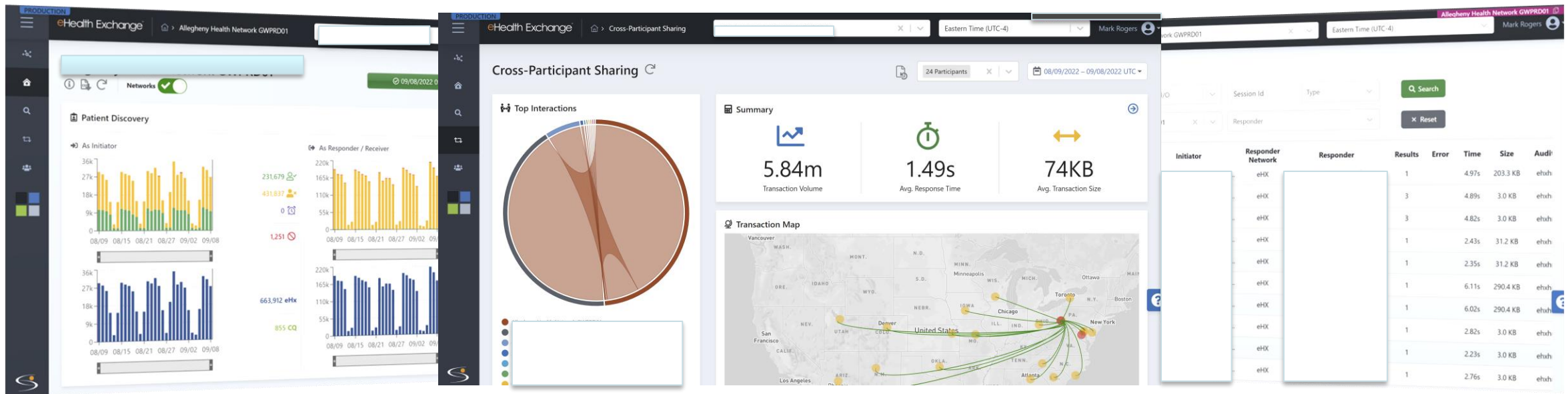
# Information & Resources

# 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](mailto: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.

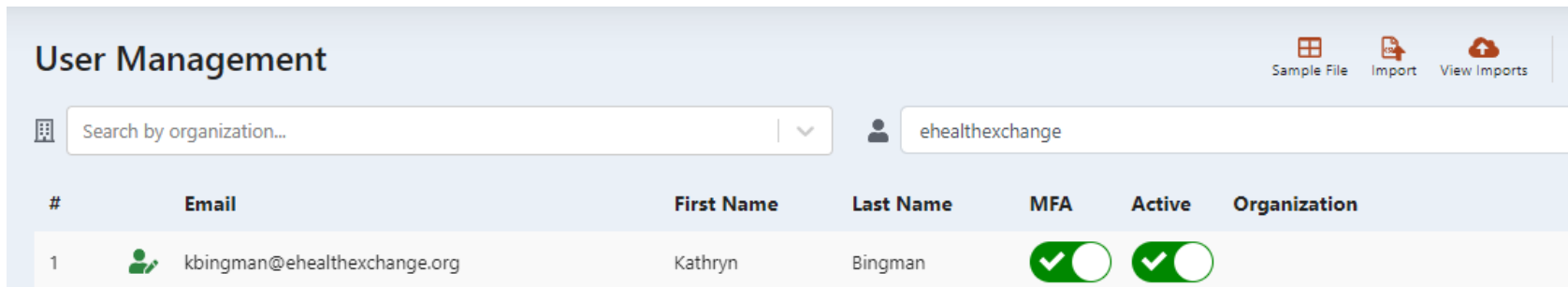


- Identify transaction volume, response times, drill-down, & download.
- Who is querying your organization?
- Where are your clinicians searching?
- How much care occurs outside your organization?


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](mailto:administrator@ehealthexchange.org).



The screenshot shows the 'User Management' interface. At the top right, there are navigation links: 'Sample File', 'Import', and 'View Imports'. Below the title, there is a search bar labeled 'Search by organization...' and a user selection dropdown currently showing 'ehealthexchange'. The main content is a table with the following columns: '#', 'Email', 'First Name', 'Last Name', 'MFA', 'Active', and 'Organization'. One user is listed with ID '1', email 'kbingman@ehealthexchange.org', first name 'Kathryn', and last name 'Bingman'. Both the 'MFA' and 'Active' columns for this user have green checkmarks in toggle switches.

#	Email	First Name	Last Name	MFA	Active	Organization
1	 kbingman@ehealthexchange.org	Kathryn	Bingman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

# Weekly Technical Work Group

**Thursdays 4-5pm Eastern:** email [administrator@ehealthexchange.org](mailto: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	<a href="mailto:support@directtrust.zohodesk.com">support@directtrust.zohodesk.com</a>
Hub and Hub Dashboard Assistance	Hub Service Desk	<a href="mailto:servicedesk@hub.ehealthexchange.org">servicedesk@hub.ehealthexchange.org</a>
Directory Assistance, setup, changes	Tech Support	<a href="mailto:techsupport@ehealthexchange.org">techsupport@ehealthexchange.org</a>
Testing Questions	Testing Team	<a href="mailto:testing@ehealthexchange.org">testing@ehealthexchange.org</a>
Questions about the DURSA, policy, or anything else!	Administrator	<a href="mailto:administrator@ehealthexchange.org">administrator@ehealthexchange.org</a>

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



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