

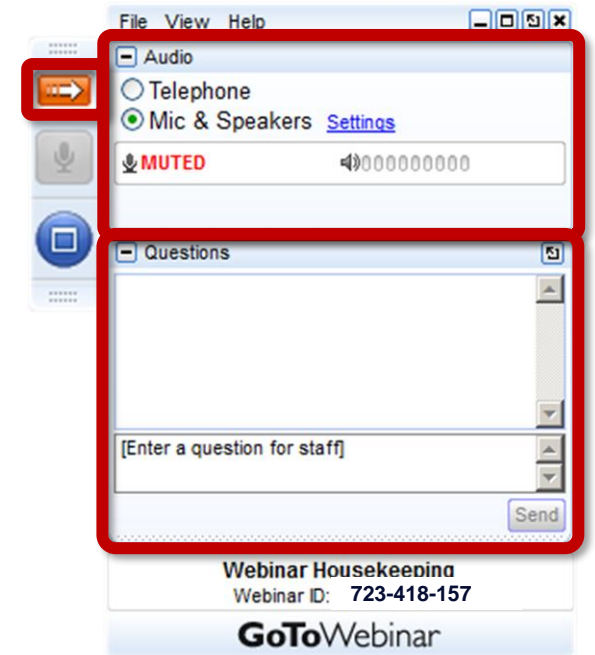
All Participant Call

May 2025



Housekeeping Items

- All lines have been muted.
- Issues with audio?
 - Dial in using: 631-992-3221
 - Access Code: 723-418-157
- Type questions in Q&A section at any time. We'll open for questions after each agenda topic.
- This meeting is being recorded, and the recording will be shared in our next newsletter.



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
OPP#17 Sup-Participant Identification	Michael McCune
My Directory Portal	Tiffanie Hickman
Responder Time Out Defaults	Mike Yackanich
Coordinating Committee Elections	Pat Russell
QHIN Update	Mike Yackanich
Task Based Exchange Data Lifecycle	Mike Yackanich
Employee Spotlight	Jayme Piña
Marketing Update	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Anyone

New Participants

Congratulations to our newest Participants!



Iron Bridge's mission is to revolutionize public health by providing innovative technology solutions that streamline interoperability among healthcare providers. We aim to facilitate seamless communication across EHR Vendors, Retail Pharmacies, Hospitals, and Laboratories, ensuring efficient and secure data exchange. As the exclusive U.S. provider connected to every state and territorial vaccine registry, they empower healthcare organizations to focus on delivering essential services. Guided by principles of integrity, trust, and innovation, their goal is to improve healthcare delivery and make quality, affordable healthcare accessible to all.



The [Blue Cross Blue Shield Association](#) is a national federation of 34 independent, community-based and locally operated Blue Cross Blue Shield companies. The Association owns and manages the Blue Cross Blue Shield trademarks and names in more than 170 countries and territories around the world. The Association also grants licenses to independent companies to use the trademarks and names in exclusive geographic areas.

Committed to Improving Patient Care via Data Exchange

OPP#17 Sub Participant Identification

OPP#17 - CSV Import Template Refinements

- The latest import template added the new columns including a column C which is “Org type”. This should be set to “Subparticipant” for importing records into the eHealth Exchange directory.
- It also added 4 new columns towards the far right which allows purpose of use values for each of the responding endpoint types: PD, QD, RD, XDR
- The second column provides the partOf relationship which is most important for participants to understand conceptually so they can establish a hierarchy between directory entries.

Screen Shots of the Updated Template Elements

- New import template on the top
- Prior template on the bottom
- Inserted new columns C, AL, AN, AP, AR

	B	C	D
1	*Parent (part of) OID/HCID (required)	*Org. type (required)	*Org. name (doing business as) (required)
2	*Parent (part of) OID/HCID (required)		*Org. name (doing business as) (required)

	AL	AM	AN	AO	AP	AQ	AR
1	PD - ITI-55 POU (optional)	QD - ITI-38 Endpoint (optional)	QD - ITI-38 POU (optional)	RD - ITI-39 Endpoint (optional)	RD - ITI-39 POU (optional)	XDR - ITI-41 Endpoint (optional)	XDR - ITI-41 POU (optional)
2		QD - ITI-38 Endpoint (optional)		RD - ITI-39 Endpoint (optional)		XDR - ITI-41 Endpoint (optional)	
3							

OPP#17 Sup-Participant Implementation

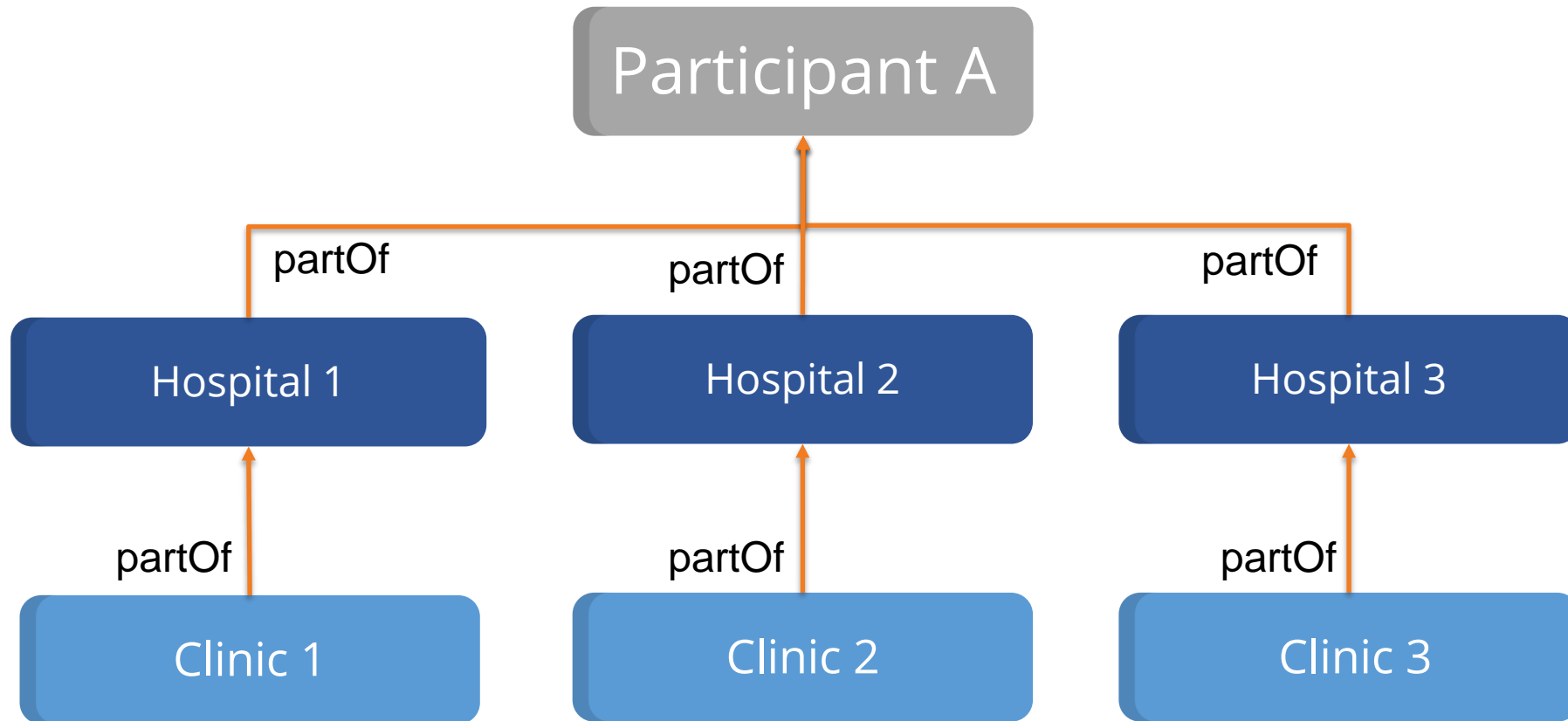


eHealth Exchange™

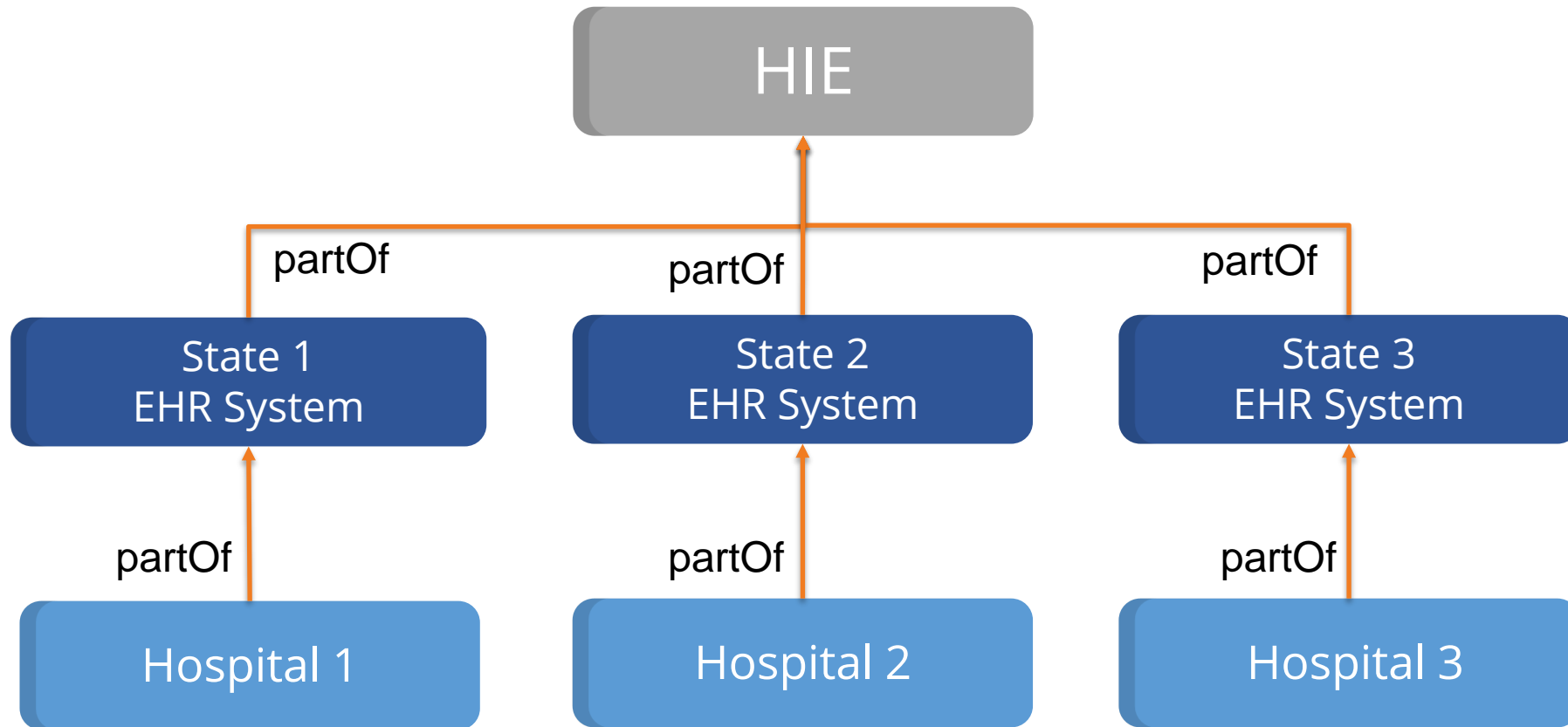
Import Template Validation Process

- Validation checks the following for the import file:
 - Provide a value for all required fields.
 - The HCID should be unique compared to all other import file entries and compared to pre-existing directory entries.
 - Validate partOf relationships and enforce proper ordering. (Ensure referenced entries exist above the current row or are already in the directory)
 - Prevent self-referential partOf values: A partOf column value should not reference the OID/HCID column value for any import file row.
 - Validate field formats (e.g., ZIP codes, phone numbers, state abbreviations, URLs, etc.).
 - Verify identifiers (e.g., CLIA, CCN, NPI, AAID as valid OIDs).
 - Ensure GPS coordinates are valid based on address information.
 - Check for a valid code under “HL7 org. role” and “Location type”

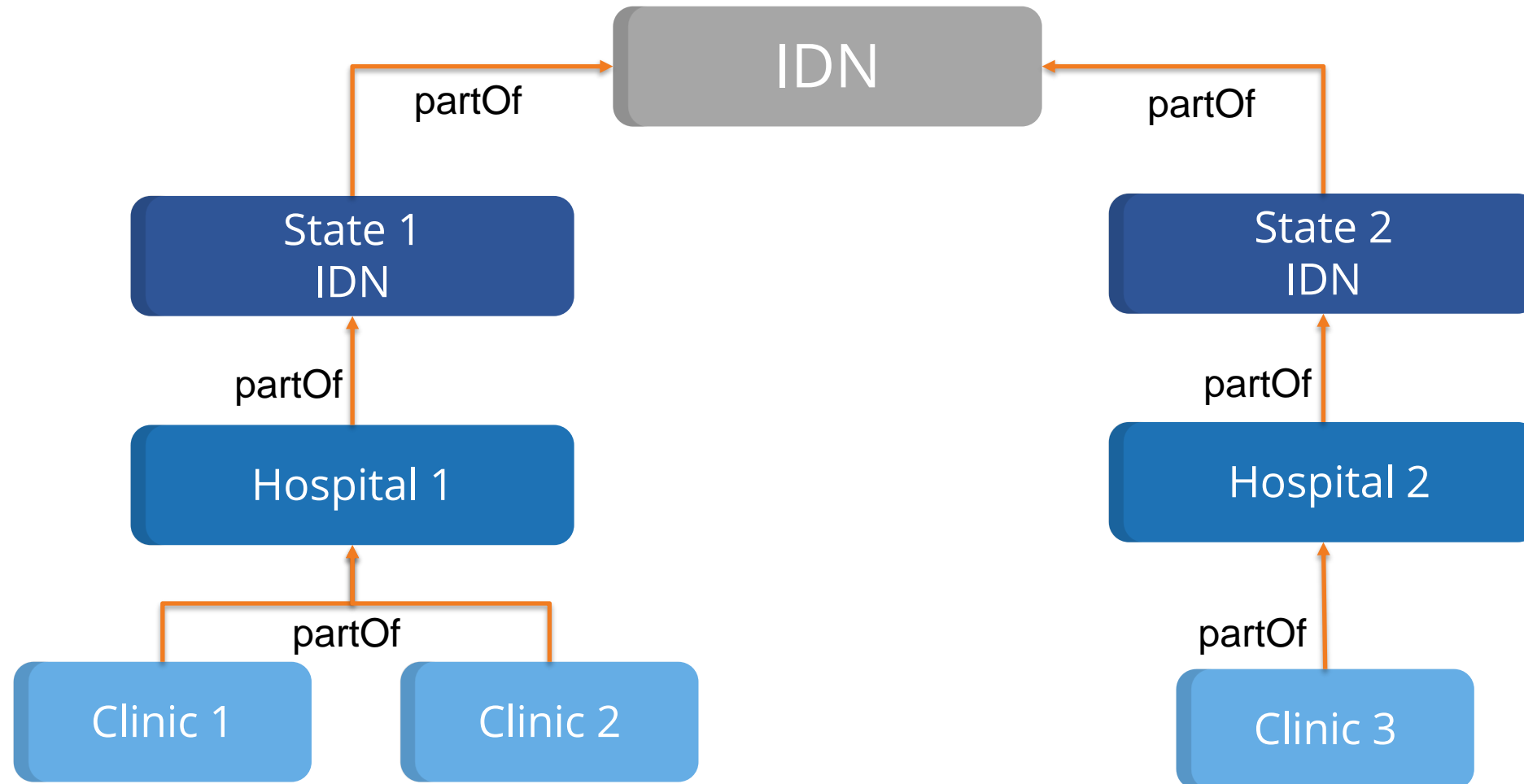
Visual Examples of “partOf” Column



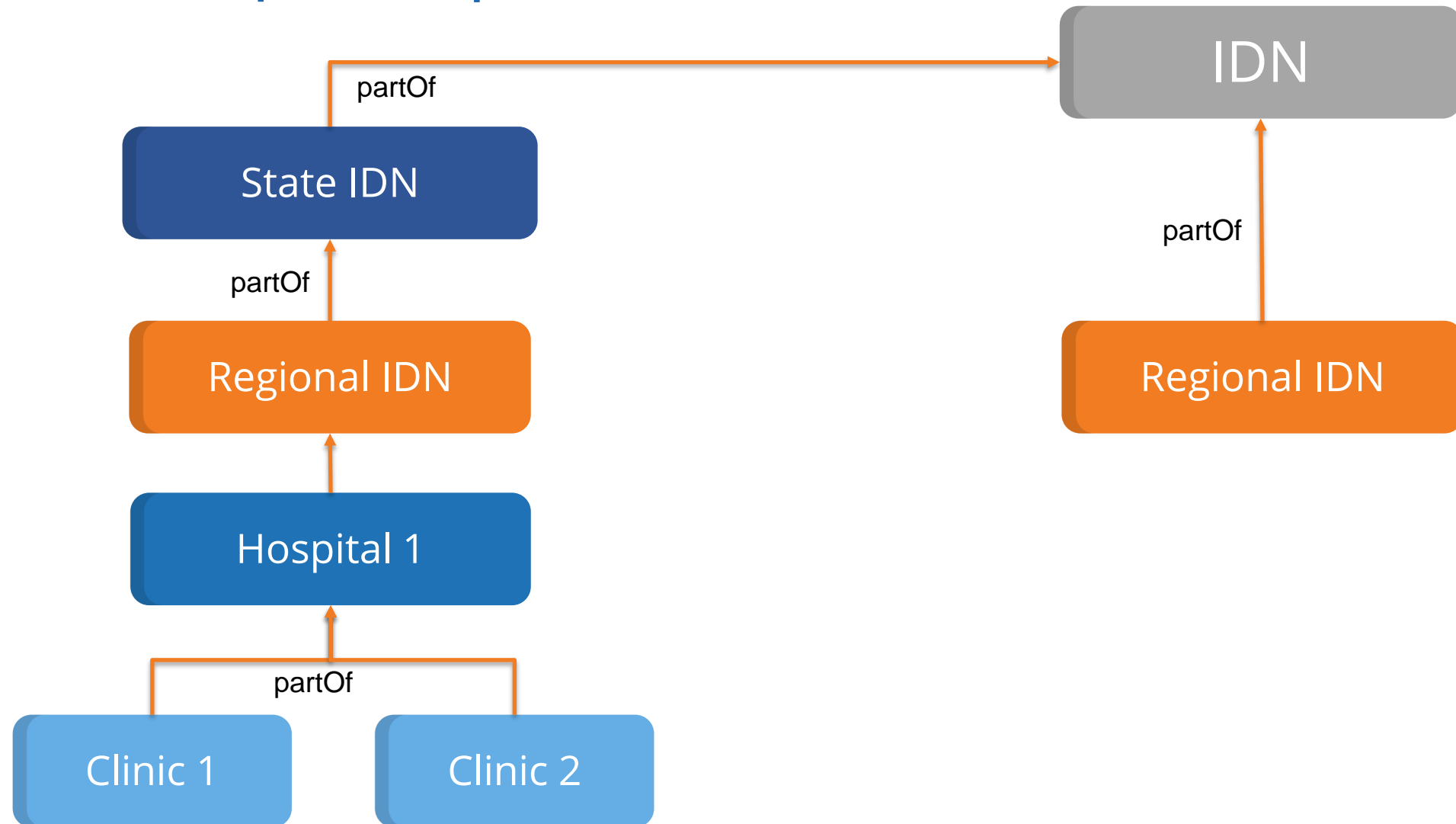
Visual Examples of “partOf” Column



Visual Examples of “partOf” Column



Visual Examples of “partOf” Column



Message Example

```
<saml2:AttributeStatement>
  <saml2:Attribute Name="urn:oasis:names:tc:xspa:1.0:subject:organization-id"
    NameFormat="urn:oasis:names:tc:SAML:2.0:attrname-format:uri">
    <saml2:AttributeValue xsi:type="xsd:string">urn:oid: 2.16.840.1.113883.100.200.300</saml2:AttributeValue>
  </saml2:Attribute>
</saml2:AttributeStatement>
<saml2:AttributeStatement>
  <saml2:Attribute Name="urn:oasis:names:tc:xspa:1.0:subject:organization"
    NameFormat="urn:oasis:names:tc:SAML:2.0:attrname-format:uri">
    <saml2:AttributeValue xsi:type="xsd:string">Provider's Health System</saml2:AttributeValue>
  </saml2:Attribute>
</saml2:AttributeStatement>
<saml2:AttributeStatement>
  <saml2:Attribute Name="urn:nhin:names:saml:homeCommunityId"
    NameFormat="urn:oasis:names:tc:SAML:2.0:attrname-format:uri">
    <saml2:AttributeValue xsi:type="xsd:string">urn:oid: 2.16.840.1.113883.100.200</saml2:AttributeValue>
  </saml2:Attribute>
</saml2:AttributeStatement>
```

Verify that the provider's organization ID matches with an existing **sub-participant** entry in the eHealth Exchange directory.

Verify that the home community ID (HCID) matches with an existing **participant** entry in the eHealth Exchange directory.

My Directory Portal



MyDirectory Portal

The MyDirectory Portal is a user Interface that helps eHealth Exchange manage the directory for the eHealth Exchange network and 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. It is currently in use by eHealth Exchange staff in Production.

The pilots have completed testing in validation and have worked on completing production validation in early April.

eHealth Exchange will slowly roll out the My Portal Directory to all participants over the rest of 2025.

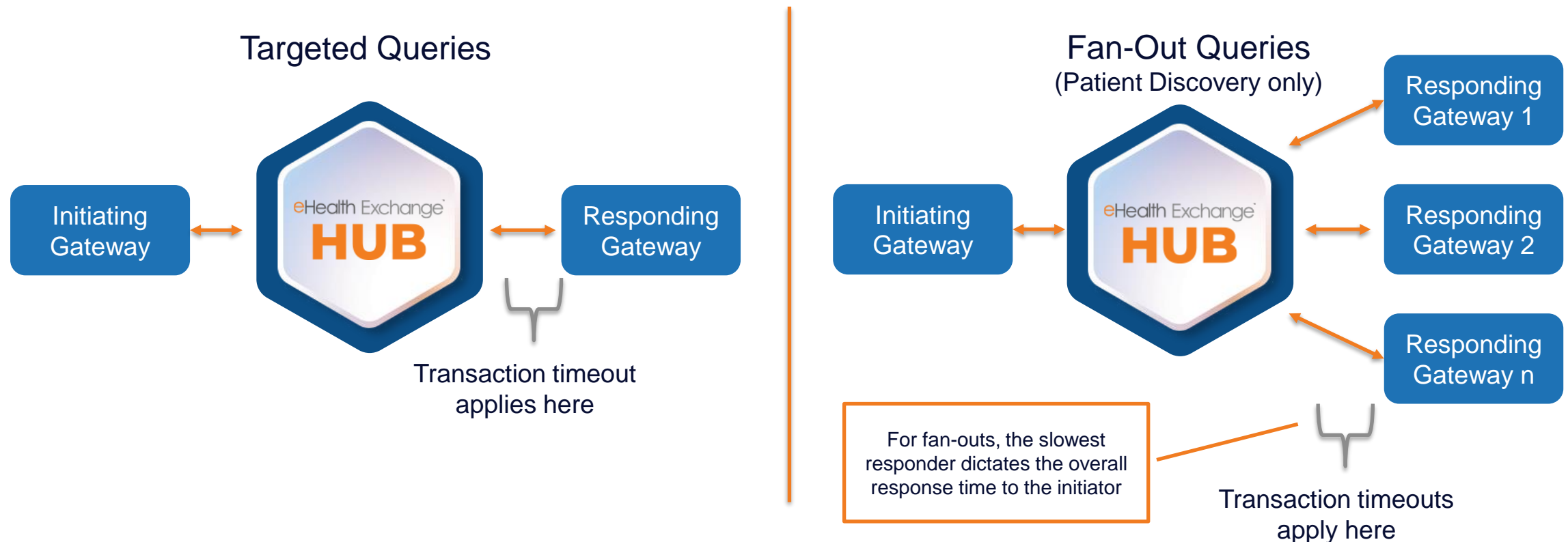


eHealth Exchange Hub Transaction Timeout Configuration Review and Recommendations

eHealth Exchange Hub Timeout Configuration

Timeout Context: What is included in the timeout?

The timeout applies to the Responding Gateway connection,
and NOT the round-trip synchronous response back to the Initiating Gateway



eHealth Exchange Hub Timeout Configuration

Current Configuration

Hub Default Timeout Value	300 seconds
<i>Optional</i> Querystring Parameter to Override Hub Default Timeout	<code>_eHxHubTimeout=sss</code> (Valid values 5 to 600 seconds)

- Default timeout applies to all transactions (if not overridden)
- Each transaction type can have its own timeout value
- Optional timeout override is available on a per-request basis
- Auto-retry configuration may impact overall sync response
- Override value must be between 5 and 600 seconds
- If override value is less than 5, timeout will be set to 5
- If override value is greater than 600, timeout will be set to 600

Example Requests	Hub Behavior
hub001prod.ehealthexchange.org/ehx/1.0.0/iti55/2.0?_eHxHubRouteTo=<Target HCID>	Responder timeout is 300 seconds (Hub default)
hub001prod.ehealthexchange.org/ehx/1.0.0/iti38/3.0?_eHxHubRouteTo=<Target HCID>&eHxHubTimeout=60	Responder timeout is 60 seconds (initiator override)
hub001prod.ehealthexchange.org/ehx/1.0.0/iti41/2.0?_eHxHubRouteTo=<Target HCID>&eHxHubTimeout=3	Responder timeout is 5 seconds (shortest threshold)
hub001prod.ehealthexchange.org/ehx/1.0.0/iti39/2.0?_eHxHubRouteTo=<Target HCID>&eHxHubTimeout=1000	Responder timeout is 600 seconds (longest threshold)

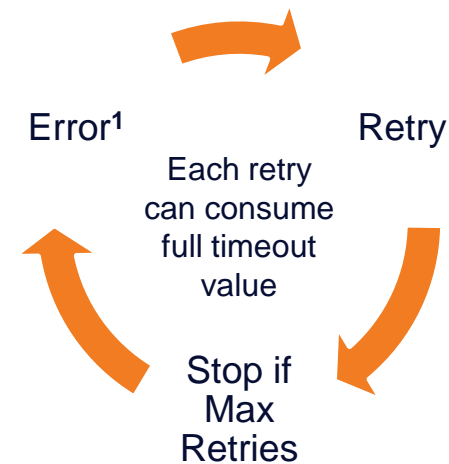
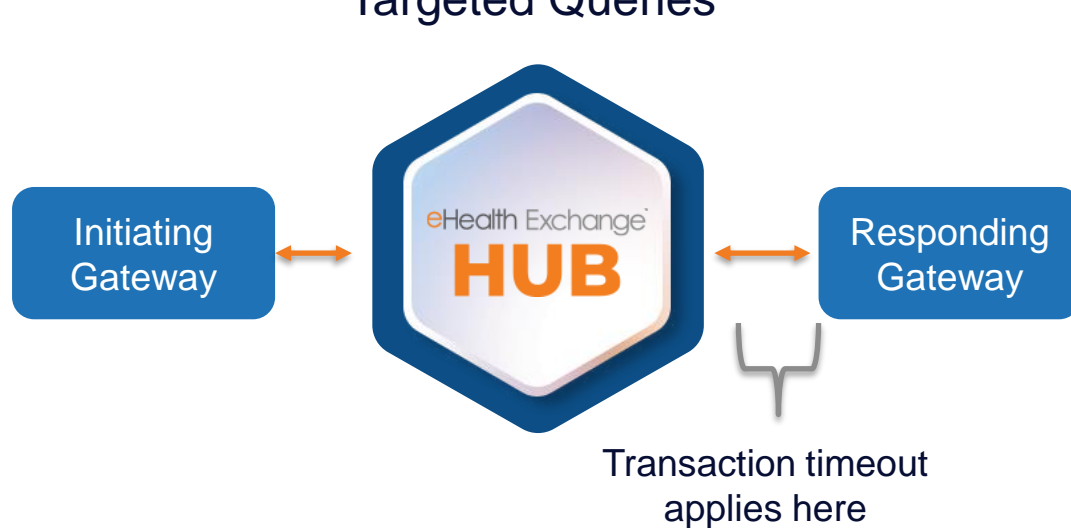
eHealth Exchange Hub Timeout Configuration

Impact of Auto-retry Configuration

The eHealth Exchange Hub contains auto-retry functionality. This logic can be configured to

- a) retry connection between the Hub and the Participant Responding Gateway, and
- b) resend the transaction

Targeted Queries



¹ Only certain errors are retried

Maximum retry count is 3. Therefore, if Hub Timeout is 300 then theoretically the initiator might experience a 900 second delay before getting a response to their synchronous connection.



eHealth Exchange Hub Timeout Configuration

Current Timeout Override Usage¹

- There are currently only three (3) Participants using the timeout override, all for patient discovery fan-out queries
- The volume of fan-out queries is very, very low compared to overall volume (<1%)
- They leverage the `_eHxHubTimeout` override parameter:
 - Org A sets timeout to 25 seconds
 - Org B sets timeout to 120 seconds
 - Org C sets timeout to
 - 20 seconds for 98% of their queries
 - 30 seconds for 2% of their queries

¹ From iService ticket <https://iservice.intersystems.com/iservice/issue/S503047>

eHealth Exchange Hub Timeout Configuration

Recommendations

1. Implement different Timeout values by transaction type
Proposal: XCPD should have lower timeout than XCA and XDS.b
2. Reduce default Hub Timeout value
Current for all transactions: 300 seconds
Proposal: XCPD: 45 seconds / XCA & XDS.b: 120 seconds
3. Reduce maximum timeout override
Current timeout override range: 5 to 600 seconds
Proposal: 5 to 180 seconds

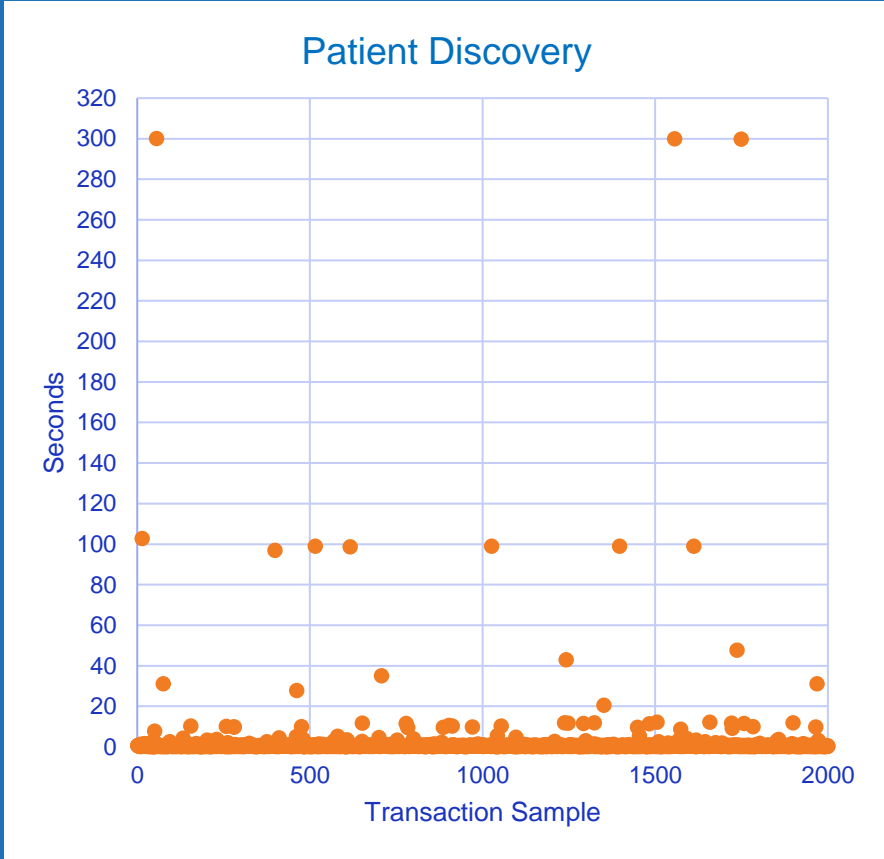
eHealth Exchange Hub Timeout Configuration

Participant Poll

Q1: Which of the following Hub default timeout configurations for **Patient Discovery** would you prefer?

Option #	Default Timeout Configuration (seconds)	% Xacts < Timeout
1	20	99.2%
2	30	99.3%
3	45 (eHealth Exchange recommendation)	99.5%
4	60	99.5%
5	90	99.5%

Response Time - Peak Volume



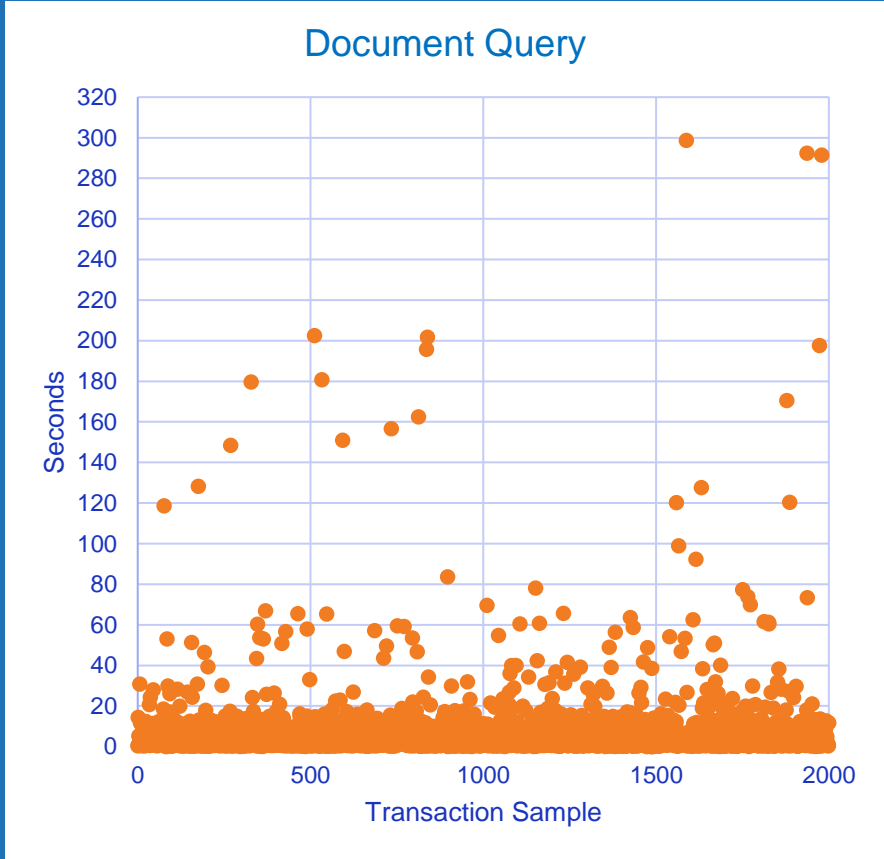
eHealth Exchange Hub Timeout Configuration

Participant Poll

Q2: Which of the following Hub default timeout configurations for **Document Query** would you prefer?

Option #	Default Timeout Configuration (seconds)	% Xacts < Timeout
1	45	96.8%
2	60	98.0%
3	90	98.9%
4	120 (eHealth Exchange recommendation)	99.1%
5	200	99.8%

Response Time - Peak Volume



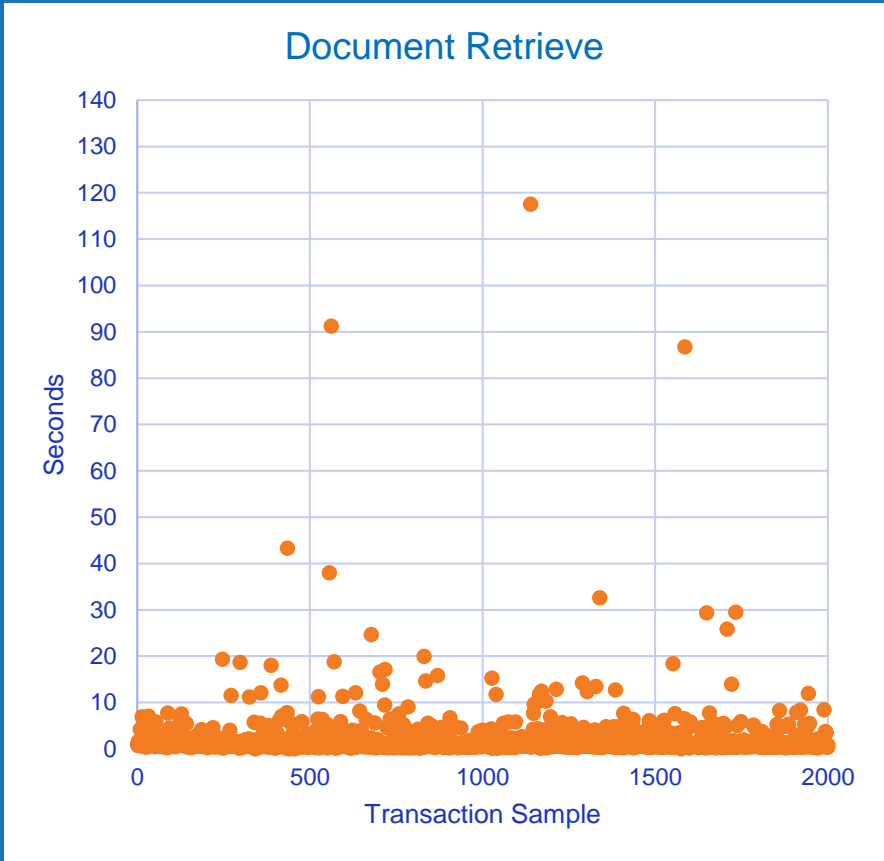
eHealth Exchange Hub Timeout Configuration

Participant Poll

Q3: Which of the following Hub default timeout configurations for **Document Retrieve** would you prefer?

Option #	Default Timeout Configuration (seconds)	% Xacts < Timeout
1	45	99.8%
2	60	99.8%
3	90	99.9%
4	120 (eHealth Exchange recommendation)	100%
5	200	100%

Response Time - Peak Volume



eHealth Exchange Hub Timeout Configuration

Participant Poll

Q4: Which of the following **Hub timeout override** ranges would you prefer?

Option #	Minimum - Maximum (seconds)
1	3 or 5 to 60
2	5 to 120
3	5 to 180 (eHealth Exchange recommendation)
4	10 to 200
5	30 to 300

eHealth Exchange Hub Timeout Configuration

As a Responder

As a Participant of the eHealth Exchange, there is an expectation that data exchange and related metrics are monitored.

There is a [Hub Dashboard enhancement](#) under development that will allow Participants to view volume and error threshold exceptions.

Phase I - identify when volume as an initiator or responder (by transaction type) exceeds 2 standard deviations for the same day and hour over the past 6 weeks. When this occurs, an entry will be added to the Participant's [Volume Threshold Reporting](#) page.

Phase II – additional functionality to opt-in to receive [alerts](#) such as email or SMS text whenever thresholds are exceeded.

Coordinating Committee Elections

2025 Coordinating Committee Seats

Representative	Term Date
Dan Paoletti	9/30/2026
John Kansky	9/30/2026
Pam Matthews	9/30/2027
Patti Cuartas	9/30/2026
Matt Eisenberg	9/30/2025
Paul Matthews	9/30/2025
Arun Gopalan	9/30/2026
Open (formerly Sheryl Turney)	9/30/2027
Julie Riddler	9/30/2027

2025 Coordinating Committee Election Timeline

July

August

September/October



1. Announce during All Participant Call – May, June, July
2. September 2-8: Time for a runoff if needed

Background

The Coordinating Committee manages the Network, not to be confused with the eHealth Exchange Board that manages the Company running the network. The Coordinating Committee is granted formal authority under the DURSA to oversee and facilitate continued development, implementation, and operation of the eHealth Exchange Network. The Coordinating Committee does have 3 members on the Board at the same time.

The DURSA and Operating Policy and Procedure #2: Coordinating Committee General Operating Procedures, establish the composition of the Coordinating Committee and provide additional background information. [Please click here to view a copy of OPP #2.](#)

Expectations of Coordinating Committee Members

The primary purpose of the Coordinating Committee is to govern the eHealth Exchange and provide strategic direction to assure continued growth and innovation. Key responsibilities include:

- Administration and maintenance of the DURSA, which serves as the legal and policy framework for the network and eHealth Exchange Operating Policies and Procedures (OPPs), including outage notices, breach notification, dispute resolution, issue resolution, and change management
- Implementation and support of the onboarding and participant / product testing process
- Assessment of ongoing performance of the eHealth Exchange implementation components (e.g. implementation specifications, test cases, test data sets, testing tools, legal framework, governance processes, network grievance process, service registry, digital certificates) and evaluating the need and readiness for other components, as needed
- Development of connectivity strategies and evaluation of new use cases to increase connectivity and transaction volumes for eHealth Exchange Participants
- Fulfilling all other responsibilities delegated by the Participants to the Coordinating Committee

Experience and Skills

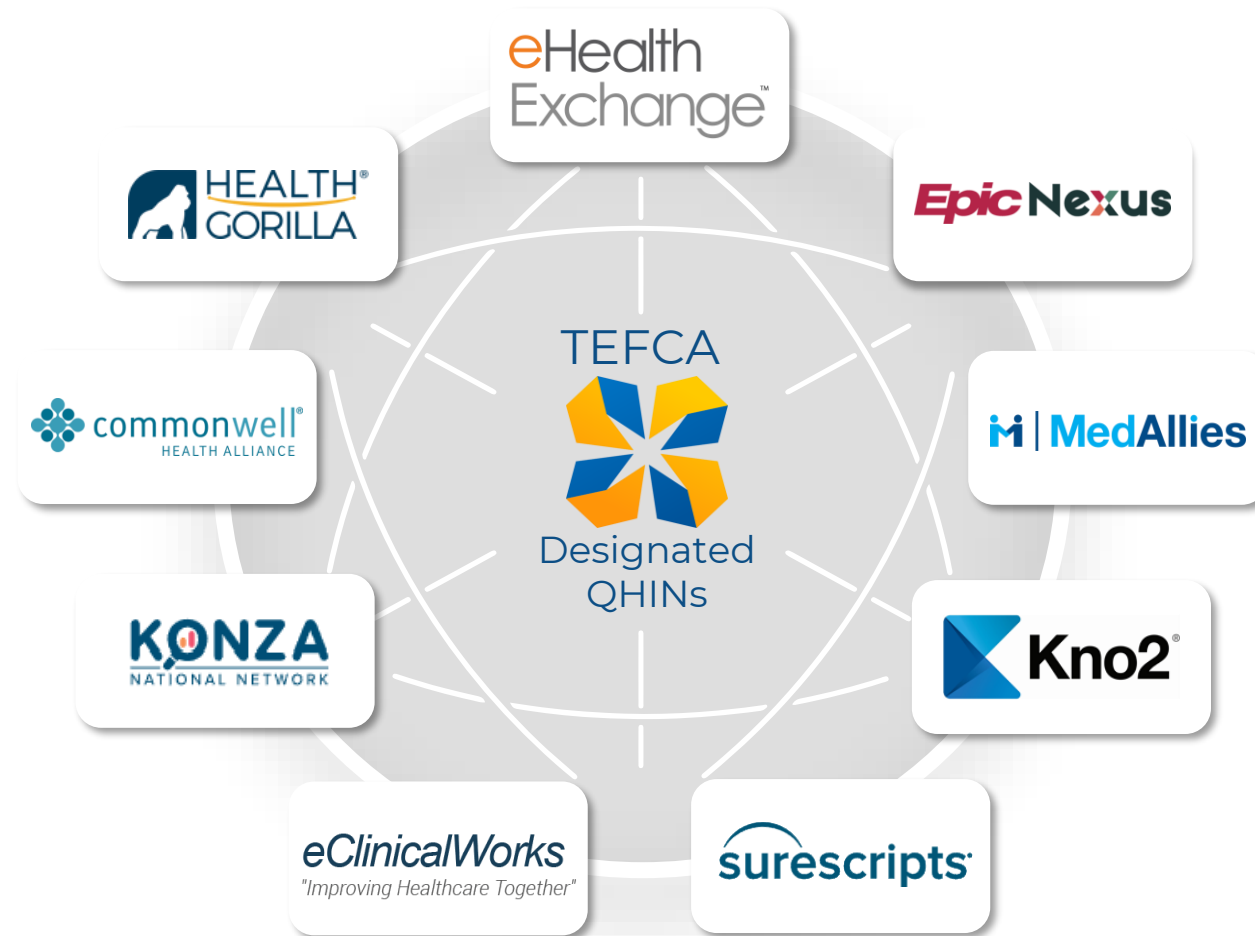
Because the focus of the Coordinating Committee is to set the strategic direction for the network, the ideal candidate should meet the following criteria:

- Full Time Employee or Independent Contractor of the Non-Federal or Federal Participant
- Should be a senior-level executive within the organization
- A minimum of 10 years' experience in the HIE / HIT industry or similar industries
- Extensive knowledge of the HIE / HIT industry, including HIE governance and implementation
- Knowledge of HIE / HIT policy along with operational knowledge of how HIE works
- Insights into the HIE / HIT market dynamics, and the role that a successful public-private collaborative can play in advancing implementation of HIE, etc.
- Experience serving on other corporate board or governing bodies
- Ability to participate in a minimum of 80% of the CC calls (1 per month), special e-mail votes, and ad hoc calls as necessary, and reviewing materials. (Time commitment is approximately 4 hours a month)
- Willingness to serve a 3 year term

QHIN Update



Designated Qualified Health Information Networks



**Candidate
QHINs**

 **Netsmart**

Oracle Health Information Network
logo to be provided when available



eHealth Exchange QHIN Participant Stages

Live



1 Federal Agency,
2 HIEs, and
Nationwide Public Health

Testing



4 HIEs

Intent to Participate



8 HIEs

Alabama One Health Record (ALOHR) Update

**ALOHR began initiating query-based exchange on
Tuesday, April 8th**

Alabama One is eHealth Exchange's first organization to begin *querying* the TEFCA network for Treatment purposes

They have over 10 SubParticipants querying the TEFCA network,
with more to follow in the coming weeks



eHealth Exchange Task-Based Exchange (TBE)

Data Lifecycle

eHealth Exchange Task-Based Exchange¹ - Overview

Task-Based Exchange is an asynchronous FHIR workflow whereby an initiator constructs a FHIR Task resource and POSTs the resource to a service that will execute the requests contained within the Task. Upon completion of the processing, the TBE service marks the Task as completed and provides one or more URLs that the initiator can use to retrieve the data.

Key concepts:

Task.requestor	The organization requesting the data
Task.owner	The data holder
Task.input[] array	Queries to execute (e.g., FHIR GETs)
Task.output[] array	URLs to retrieve the results of the queries
Task.status	Progress indicator (in-progress, completed, etc.)

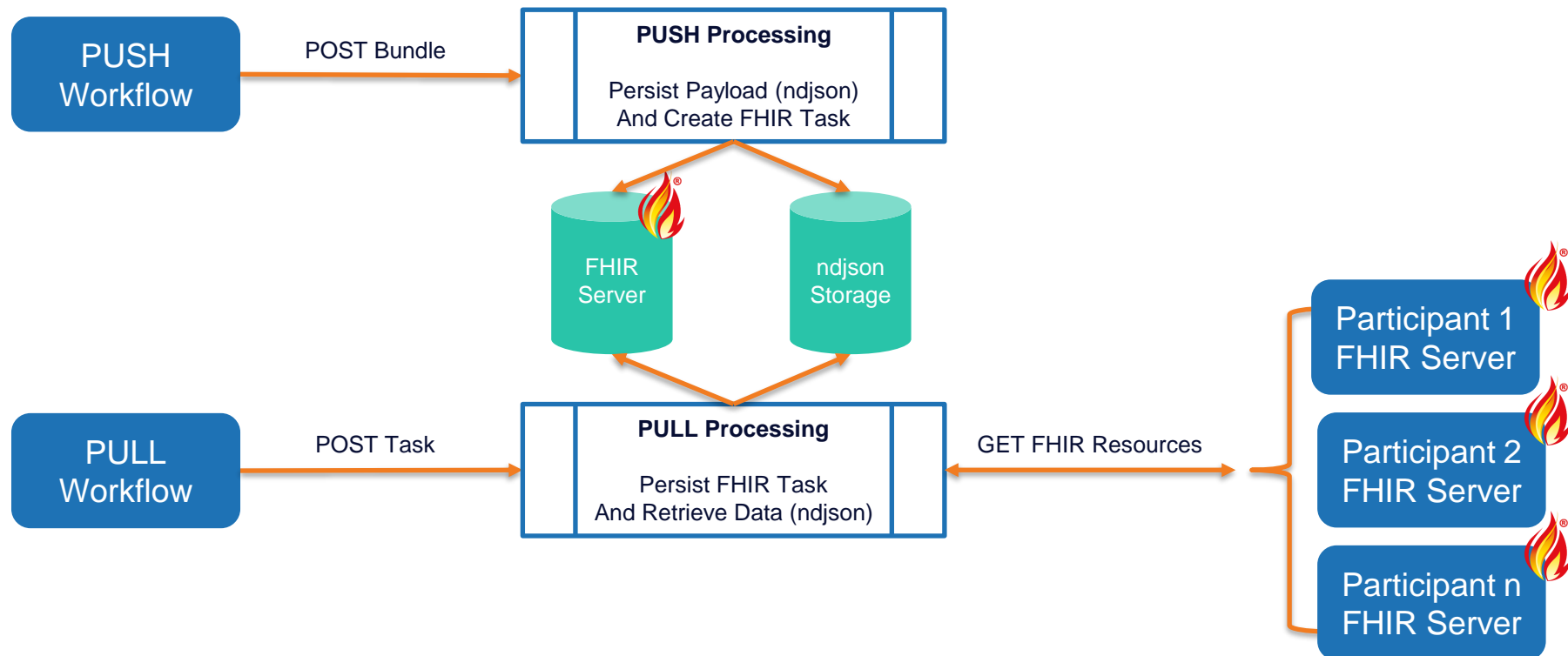
Unlike synchronous FHIR interactions, Task-Based Exchange requires that the TBE service (intermediary) store the retrieved data on a temporary basis to give the initiator time to retrieve the data.

¹The eHealth Exchange Task-Based Exchange service was modelled after the HL7.org Da Vinci CDex Task-Based Approach

TBE Data Lifecycle - Overview

Task-Based Exchange - Data Persistence

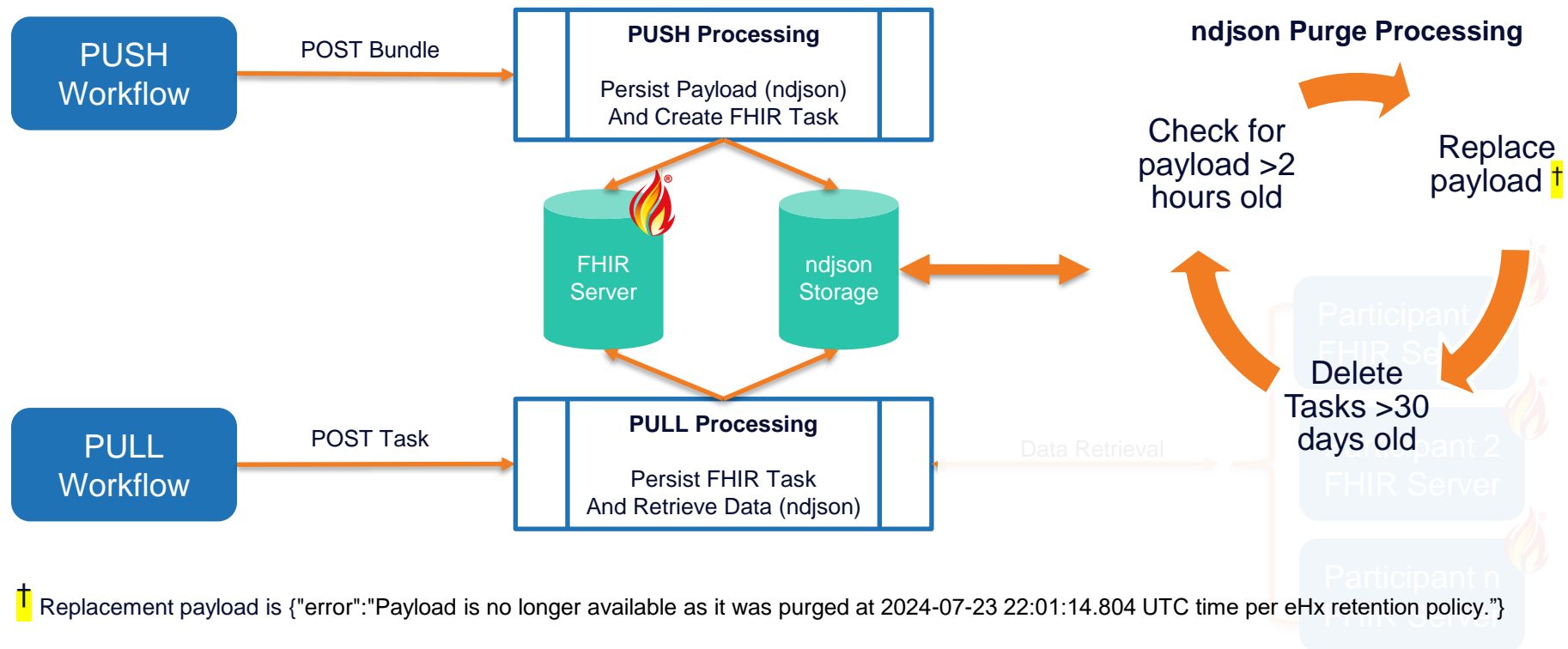
The eHealth Exchange persists FHIR Task Resources in a FHIR Server (no clinical data)
Patient data provided from Participants (either Push or Pull workflows) is persisted in a custom ndjson table



TBE Data Lifecycle - Overview

eHealth Exchange Clinical Data Retention Policy

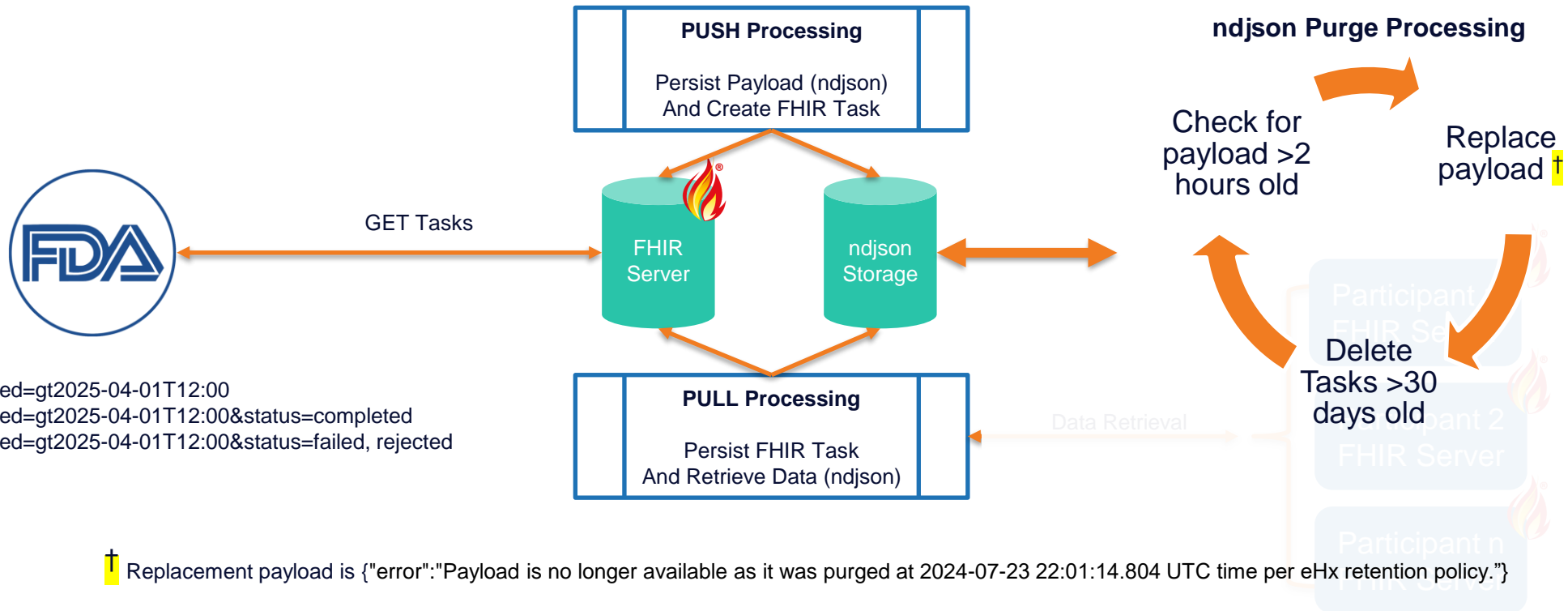
The eHealth Exchange retains two (2) hours of clinical data, after which it is purged (e.g., CDA documents, MTOM attachments, FHIR resources)



TBE Data Lifecycle - Overview

Initiator Task Polling

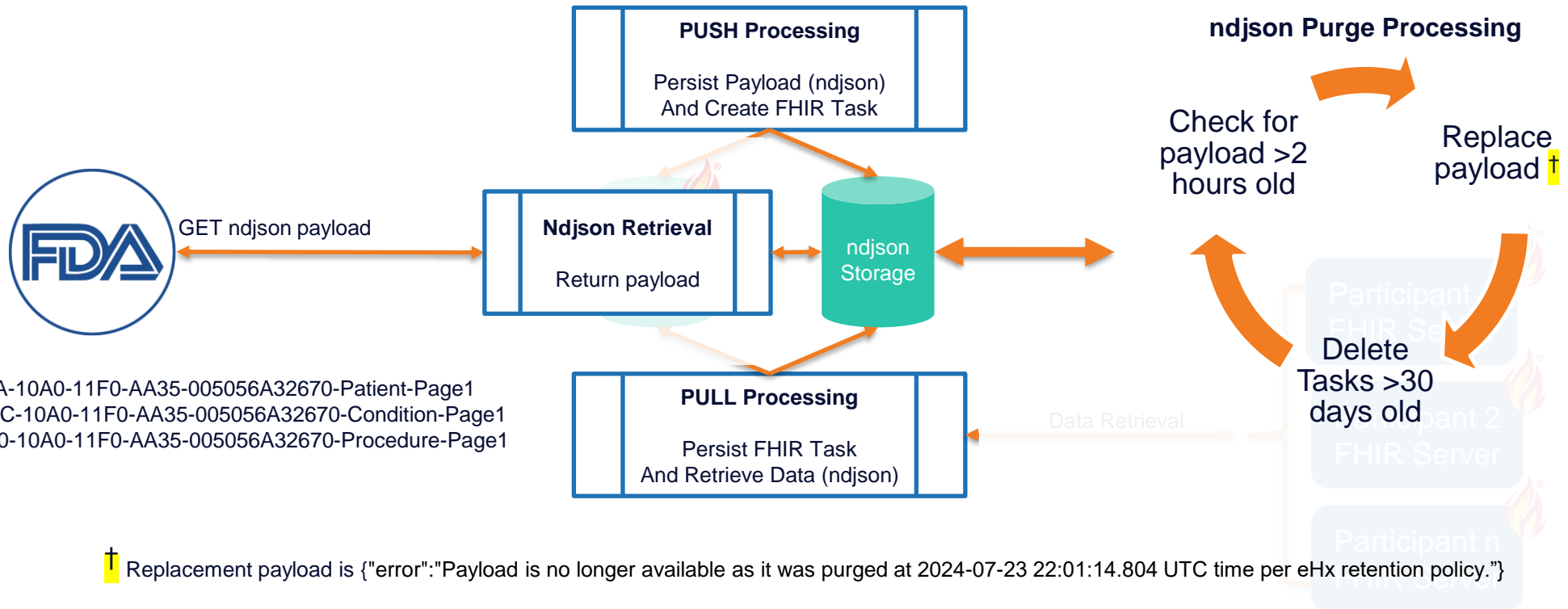
An initiator of a TBE Pull workflow or the expected recipient of a Push workflow
MUST poll the eHx FHIR Server to identify Tasks that have been completed or failed



TBE Data Lifecycle - Overview

Initiator Data Retrieval

After polling for Tasks that were completed, retrieve ndjson payload from the Task.output[] array



TBE Data Lifecycle - Overview

ndjson Storage

All FHIR data retrieved or pushed to the eHx TBE services are persisted in a custom table

Field Name	Purpose
HubTaskResourceId	FHIR Resource Id of the Task associated with this ndjson payload.
FileURL	URL provided in the Task.output[] array that is associated with this ndjson payload. This is the URL that the initiator would perform a GET on.
RowGUID	Unique identifier of this row.
DataQuery	The query that was executed to retrieve this data. For the Push workflow, this will reflect the Patient resource that was included in the Bundle (e.g., Patient/1003342354V585019).
InitiatorCName	The CName of the certificate of the organization who either initiated a Pull workflow, or who is the intended recipient of a Push workflow. This represents the only organization who is authorized to retrieve this payload.
NdjsonStream	The data payload.
RowCreated	Date/time that the row was created.
RowLastAccessed	Date/time of the last access (which would have been from the InitiatorCName organization).
TaskCompleted	Date/time that the overarching Task was completed.
DataCleared	Date/time that the payload (i.e., clinical content) was purged.

Employee Spotlight



WELCOME

Jayme Piña

Director of Governance & Onboarding

eHealth Exchange



Marketing Update

Upcoming Reoccurring Webinars



eHealth Exchange Technical Workgroup

May 8 | 4-5:00 PM

RESCHEDULED



eHealth Exchange TEFCA Updates Webinar

~~**May 13 | 3:30-4:30 PM ET**~~

CANCELLED



eHealth Exchange All Participant Call

June 12 | 1-2PM ET

RESCHEDULED

eHealth Exchange™

Hub Dashboard Training Webinar

June 5, 2024

1:00 - 2:00 PM ET

Register



Upcoming Conferences

May

[APHL Annual Conference](#)

May 5-8 | Oregon

[KLAS K2 Collaborative Payer/Provider Summit](#)

May 20-22 | Salt Lake City | UT

June

[CSTE 2025 \(Council for the State & Territorial Epidemiologist\)](#)

June 8-12 | Grand Rapids, MI

[AHIP 2025 \(America's Health Insurance Plan\)](#)

June 17-19 | Las Vegas, NV

[InterSystems Ready Global Summit](#)

June 22-25 | Orlando, FL

July

Nothing at this time.

2025 Annual Meeting



- Back to Nashville, TN
- November 18, 2025
- Co-located again with The Sequoia Project and Carequality following November 19-20, 2025
- Embassy Suites by Hilton Downtown Nashville

Hotel Booking is officially open!
[2025 Annual Meeting - eHealth Exchange](#)

Registration coming soon.

Use Case Video Resources

Task Based Exchange Overview and Demo: <https://youtu.be/NjXs2tNRQgU>

Clinical Document Exchange (CDex) Overview & Demo: <https://youtu.be/cbycmE-qhuU>

Bulk FHIR Overview for HEDIS Reporting: https://youtu.be/_Sd-6FvJTHc

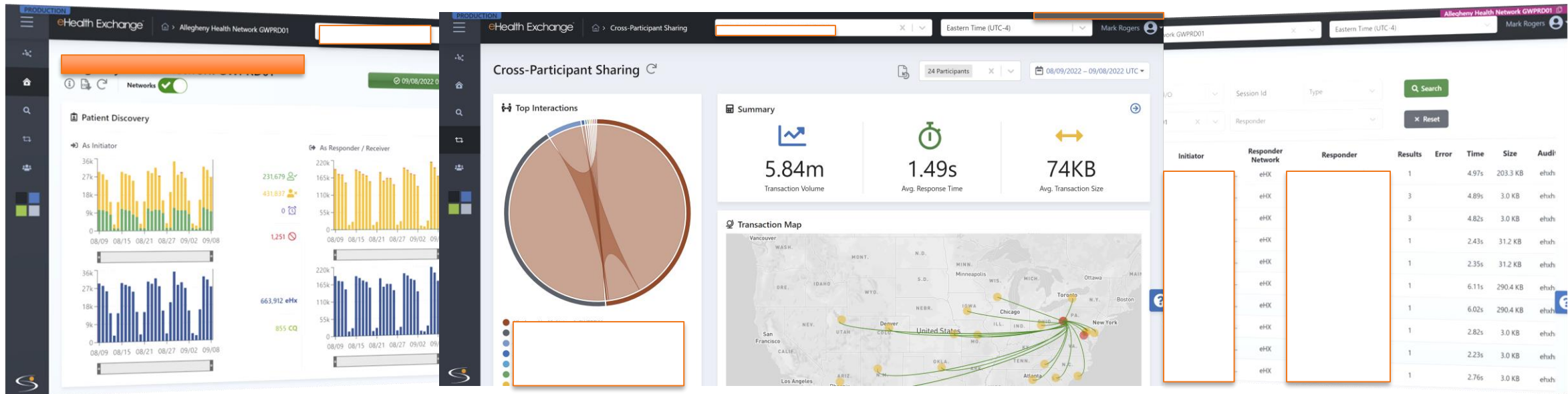
SMART on FHIR Proxy Demo for Prior Authorization: <https://youtu.be/vqeUJRqyfZI>

Subscribe to our YouTube Channel: [eHealth Exchange - YouTube](#)

Information & Resources



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>

Monthly Technical Work Group

Every 1st Thursday 4-5pm Eastern:

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/>

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.

How might I obtain assistance?

What	Who	How
Certificates	DirectTrust Support	support@directtrust.zohodesk.com
Technical Support	Technical Support	servicedesk@hub.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/>

The logo for eHealth Exchange, featuring the word "eHealth" in orange and "Exchange" in white, with a small trademark symbol (TM) to the right. The text is centered over a background of a hexagonal grid with some cells highlighted in orange and blue.

eHealth Exchange™

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