All Participant Call

January 2026

Housekeeping Items

All lines have been muted to avoid background noise.

Type questions in Q&A section at any time.
We'll open for questions after each agenda topic.

This meeting is being recorded and will be shared via email.

Today's Topics

|	
New Participant Spotlights	Ashley Green Phil Beckett, THSA
Accomplishment & Roadmap	Dennis Sherba
HHS Updates	Tina Feldmann
National Member Match	Michael McCune AJ Stangl, CRISP Paul Riker, Manifest MedEx
Carequality Directory	Jay Johnstone
Annual Meeting Recap	Tina Feldmann
Marketing Update	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Anyone

New Participants

Committed to improving patient care via data exchange

3

Congratulations!
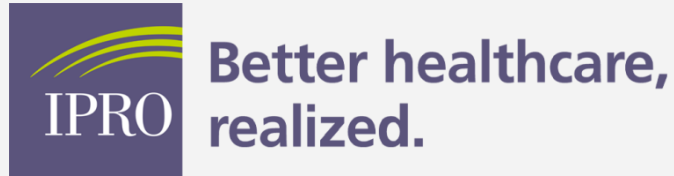
IPRO is a non-profit organization that works with state and federal governments, providers, consumers, and communities across the United States to help ensure that healthcare is safe, accessible, and equitable across all settings and payers. For over 40 years we've made use of clinical expertise, emerging technology, and data solutions to make the healthcare system work better. Learn more at https://ipro.org/.

Welcome THSA

The Texas Health Services Authority (the Authority) was formed under Texas Health and Safety Code Chapter 182 for the purpose of promoting, implementing, and facilitating the secure electronic exchange of health information in the State of Texas. The Authority accomplishes this purpose through its state-level health information exchange (HIE) and privacy and security certification and supporting programs. Learn more at https://thsa.org/.

Phil Beckett, Ph.D
CEO, THSA

5

Accomplishments & Roadmap

Highlighting focus areas for the upcoming year

2025 Accomplishments

Innovative Value

Increased Value & Stickiness

Public Health

- Contracted and designed CDC Immunization Gateway connectivity
- Improved task-based FHIR architecture for use by NIH All of Us and FDA BEST
- Implemented FHIR "fan-out" patient search to enhance task-based exchange

Payer/Provider Exchange

- Implemented Bulk FHIR so payers can retrieve data for entire roster to close HEDIS gaps in care
- Successfully validated HL7 FAST Security, UDAP and SSRAA to support TEFCA FHIR requirement

Member Attribution:

- Implemented National Member Matching Service

Awards 🏆

- Received KLAS "Peak" and "Points of Light" awards for payer/provider HL7 Da Vinci exchange
- Federal 100 Award for contributions to federal IT, driving innovation and improving public sector technology

Expanded Community

Increased Reliance on Data Exchanged Use

- Added HealtHIE Nevada to the eHealth Exchange QHIN
- Added 10 participants, expanding exchange in all 50 states:
  - Expanded payer participation with BCBS Association
  - Added Dallas County Health & Human Services as the first public health agency to join the network directly
- Facilitated 25+ billion transactions nationwide for eHealth Exchange, Carequality, and TEFCA
- Facilitated 132.5 million eCR submissions to APHL AIMS on behalf of eHealth Exchange participants, Carequality, & TEFCA
- Pledged to further promote interoperability as a CMS-Aligned Network

Automation & Analytics

Participant Directory

- Improved ease of use and performance
- Onboarded participants to new My Directory portal
- Provide access to Carequality endpoints through a new API and My Directory portal

Data Quality

- Implemented PHI Conformance Validation, including USCDI requirements

Policies & Procedures

Governance & Process Rigor

- Tightened application to strengthen vetting process
- Managed 11 Corrective Action Plans
- Created Operating Policies & Procedures to expand Notification Purpose of Use
- Created TEFCA Onboarding and Vetting Protocol
- Executed Annual Trust Attestations
- TEFCA Webinar and Companion eBook: What you need to know before choosing a QHIN

Business Discipline

Formalized Processes & Executed

- Briefed Capitol Hill 8 times and met with CMS at White House
- Expanded Board of Directors to strengthen and advance payer and public health strategies
- Renewed HITRUST and NIST Cybersecurity accreditations
- Created/updated 23 internal SOPs
- Updated Business Continuity, Info Blocking Compliance, & Disaster Recovery Plans
- Continually monitored network transactions to identify more unexpected exchange patterns and ensure reciprocity
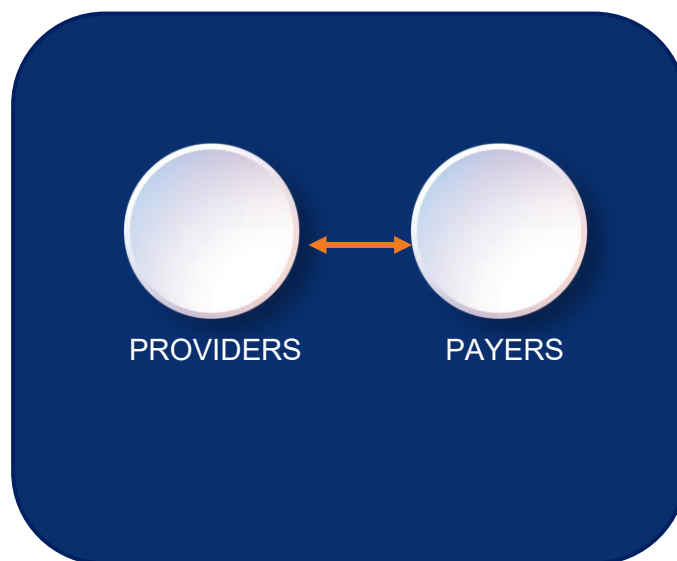
Our strategy is working!

Streamline Exchange Between Public Health & Providers

PROVIDERS ↔ PUBLIC HEALTH
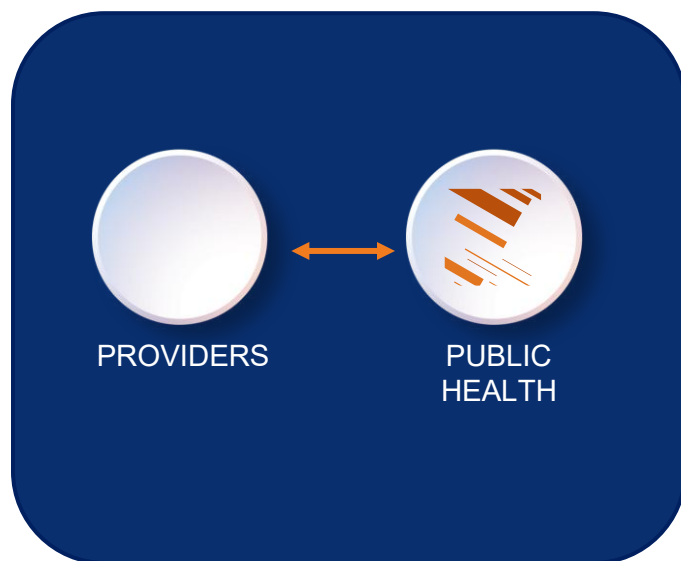
Streamline Exchange Between Payers & Providers

PROVIDERS ↔ PAYERS

Via Modern APIs for Maximum Scalability

DA VINCI HL7 FHIR

HL7 FHIR

2026 Roadmap

TEFCA

Modern Exchange Beyond Treatment

New **use cases** (e.g. government benefits determinations) & **technical specifications** according to Recognized Coordinating Entity's schedule

Reduce Burden

Increase Provider-Payer Exchange Adoption

- Prior Authorizations 🔥
- Clinical Data Exchange (CDex) 🔥
- Payer Data Exchange (PDex) 🔥
- Bulk Data Exchange 🔥 🔥
- HL7 Da Vinci Accelerator 🔥

Empower Public Health

New Capabilities via Networked FHIR

- Electronic Case Reporting via FHIR 🔥
- Case Investigations via FHIR 🔥
- Expand FDA Adverse Event exchange 🔥 🔥
- Immunization Exchange 🔥

CMS-Aligned Networks

Health Tech Ecosystem

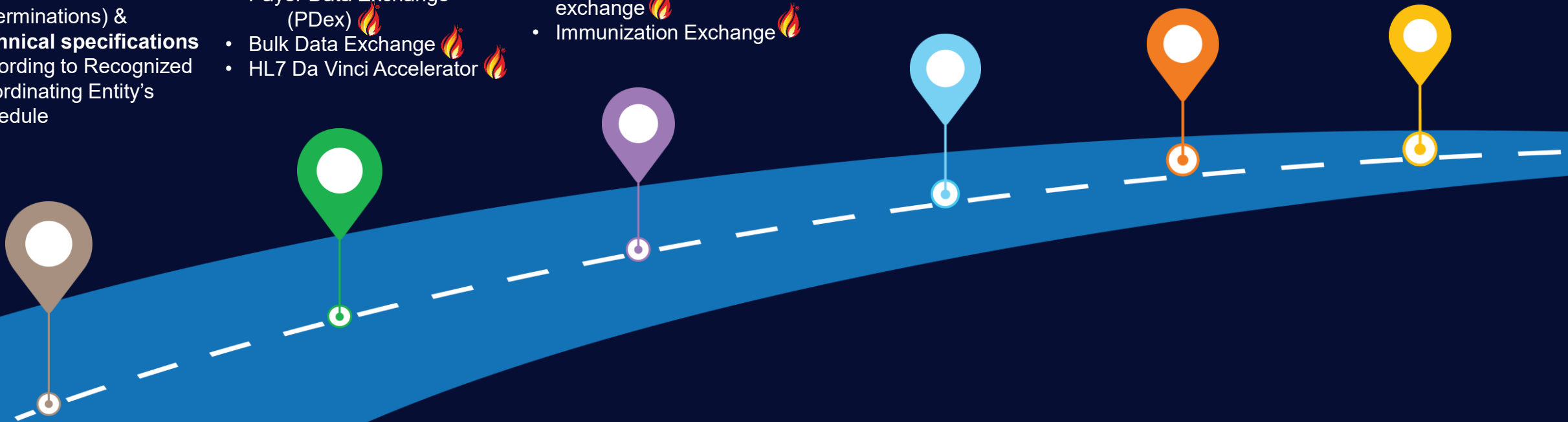- Adhere to CMS Interoperability Framework criteria

Data Quality

Enhance Content Sampling Capabilities

- USCDI v3 Content Validation
- FHIR Content Testing 🔥
- Refine PHI Content Conformance Validation

Transparency

Dashboard Enhancements

- Display FHIR Transactions 🔥
- Display Purpose of Use

HHS Updates

Recent messaging from ASTP and CMS

10

Messages from ASTP & CMS

When CMS launched its Health Tech Ecosystem in July 2025 with a list of front-line early adopters who signed a pledge to meet criteria to participate in the initiative, eyebrows raised with questions about what this may mean to TEFCA. In the past 30 days, CMS and ASTP have worked to help eliminate the confusion. **The big take away: these models are not competing, they are complimentary.**

Review the following resources first-hand:

- [Amy Gleason's session](#) at the eHealth Exchange Annual Meeting unpacks her "why" behind helping CMS build launch the initiative.

- [Steve Posnak's recent blog](#) "The Tide and the Speedboats: TEFCA and CMS-Aligned Networks" highlights their similarities and differences.
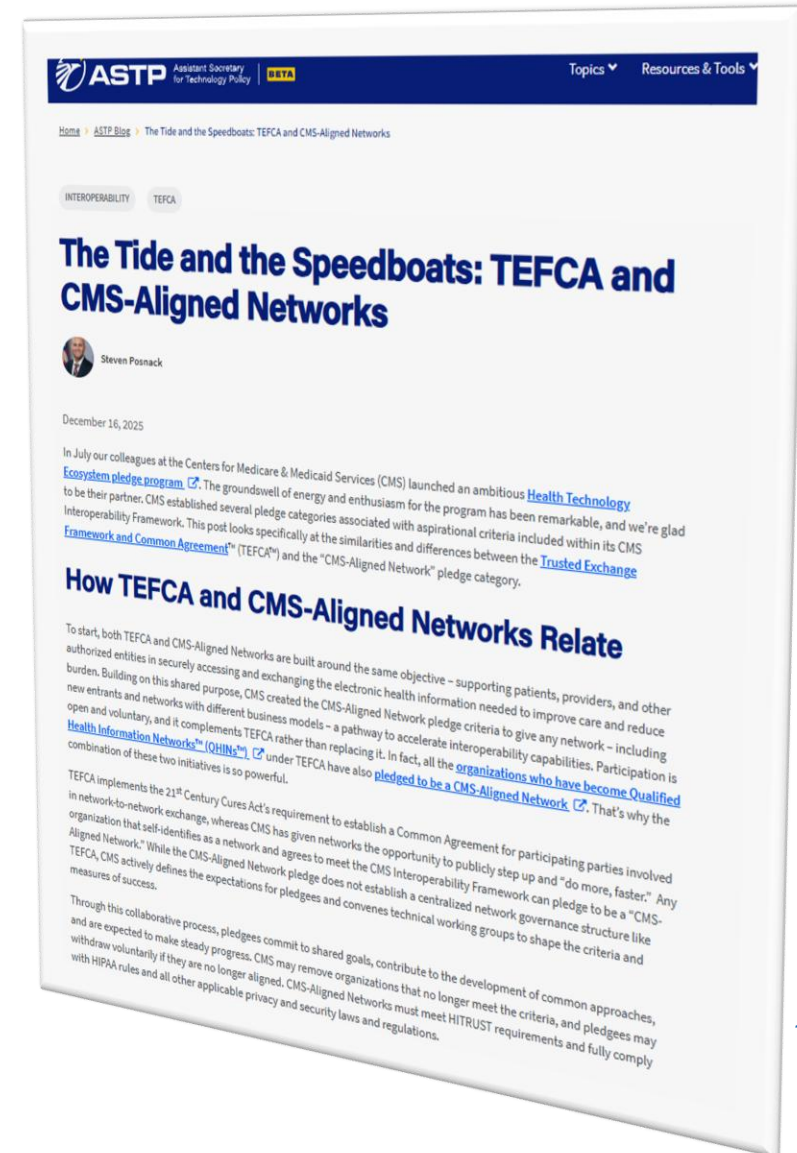
TEFCA vs. CMS-Aligned Networks

Where they align:

- Both promote standards-based, secure data exchange
- Both aim to reduce fragmentation and improve access to health information
- Both support patient access, care coordination, and better outcomes

Where they differ:

- TEFCA provides a nationwide governance and trust framework, designed to scale broadly across networks and use cases
- CMS-Aligned Networks offer a voluntary, use-case-driven approach, enabling faster innovation aligned to CMS priorities and program needs

"The main difference is the pace and structure. TEFCA progresses through a formal, stepwise governance process, while CMS-Aligned Networks evolve through an ongoing connect-a-thon style model that encourages rapid testing, learning, and refinement."

12

More updates from ASTP

- [HHS Releases the HTI-5 Proposed Rule to Modernize the ONC Health IT Certification Program](#)

- [TEFCA Government Benefits Determination is here!](#)

- [Why TEFCA's Hardest Problem isn't Tech, It's Trust](#)

- [New Enforcement Discretion Notices from ASTP](#)

- [HHS Wants Your Ideas to Accelerate AI in Clinical Care](#)

National Member Match

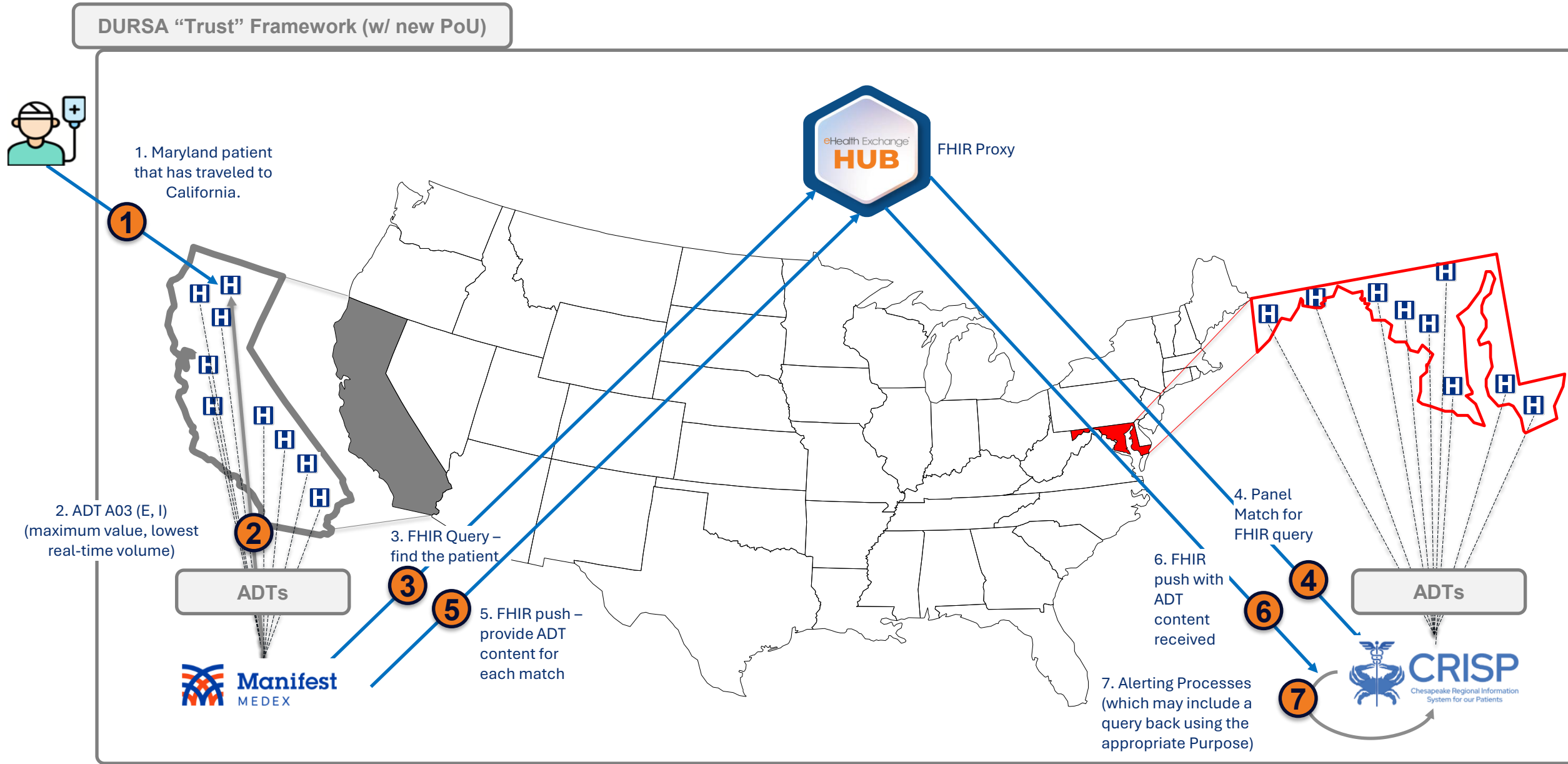CRISP and Manifest MedEx post go-live discussion

Introductions

- **AJ Stangl**, Technical Lead, Engineering – CRISP
  - CRISP Shared Services Overview

- **Paul Riker**, Principal Technical Consultant – Manifest MedEx
 - Manifest MedEx Overview

Concept: a federated approach for matching members across the USA (for RLS, trigger events, CMS-0057)

DURSA "Trust" Framework (w/ new PoU)

eHealth Exchange
HUB
FHIR Proxy

1. Maryland patient that has traveled to California.

2. ADT A03 (E, I) (maximum value, lowest real-time volume)

3. FHIR Query – find the patient

4. Panel Match for FHIR query

5. FHIR push – provide ADT content for each match

6. FHIR push with ADT content received

7. Alerting Processes (which may include a query back using the appropriate Purpose)

ADTs

Manifest MEDEX

CRISP
Chesapeake Regional Information System for our Patients

National Member Match Service

As a Payer (or a Provider with value-based care contracts), I want to be triggered about all member encounters (from anywhere in the U.S.), to then obtain episodic clinical data to update priorities for care management teams, update gaps-in-care, and update risk stratification.

17
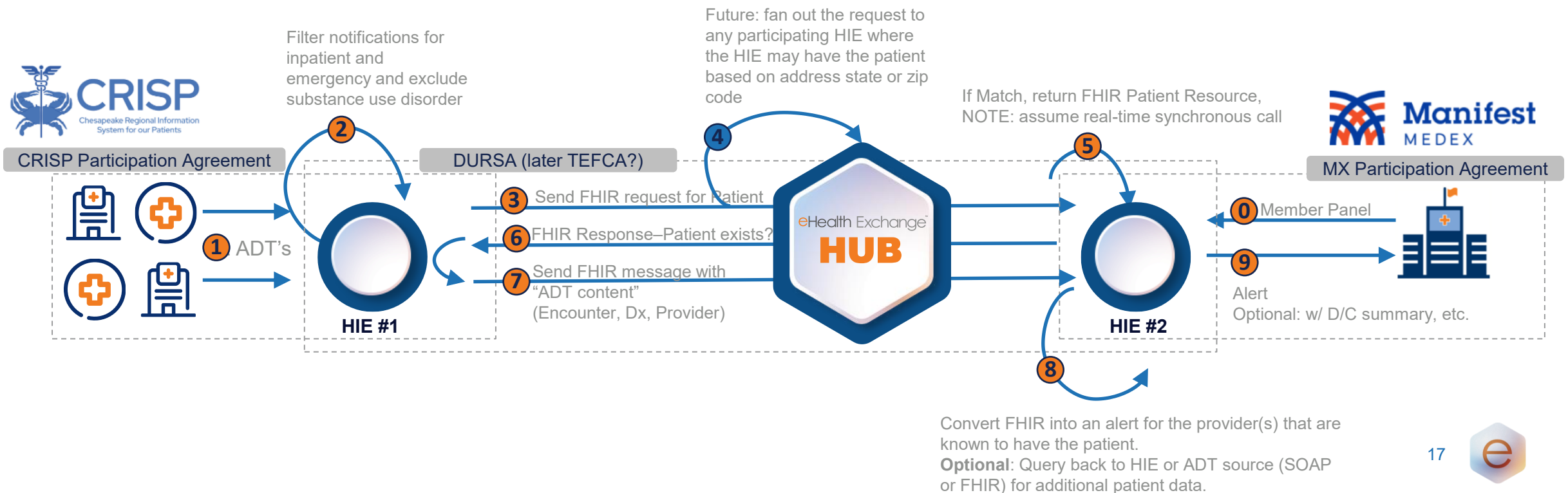
Metrics (as of 12/10/2025)
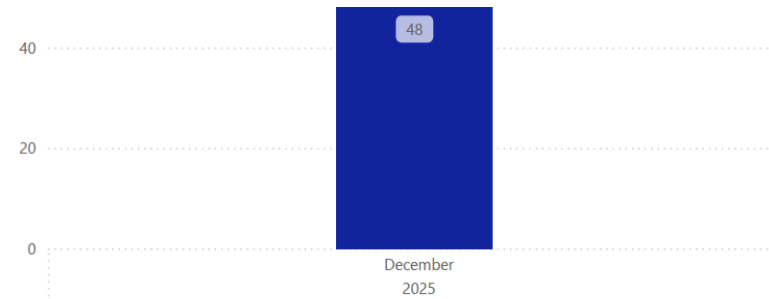

MX initiates a $Match
- CRISP is the responder
- MX only queries for "MD" patients
- MX only triggers for A03 I and E

Nationwide ADT - Outbound

$match Requests

Outcome By Day	Overall Outcome	Match Found and ADT Sent
• Match Found	• Match Found	• Yes • No
48 (December 2025)	48 (100%)	2 (4.17%) / 46 (95.83%)

ADT Requests

Outcome By Day	Sources
• Match Found	15 (34.88%)
43 (December 2025)	12 (27.91%), 5 (11.63%), 3 (6.98%), 2 (4.65%), 2 (4.65%), 2 (4.65%), 2 (4.65%), 1 (2.33%), 1
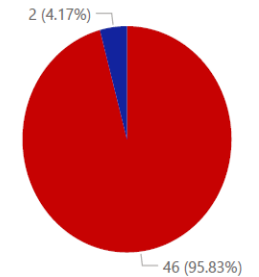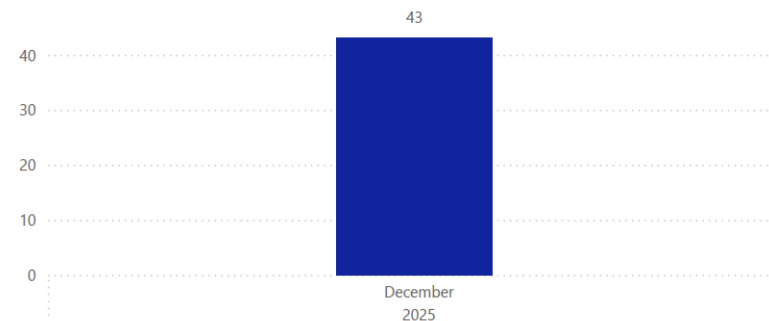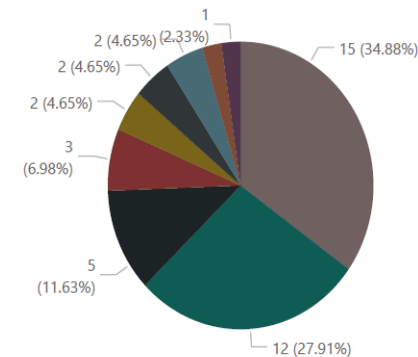
Metrics (as of 12/10/2025)
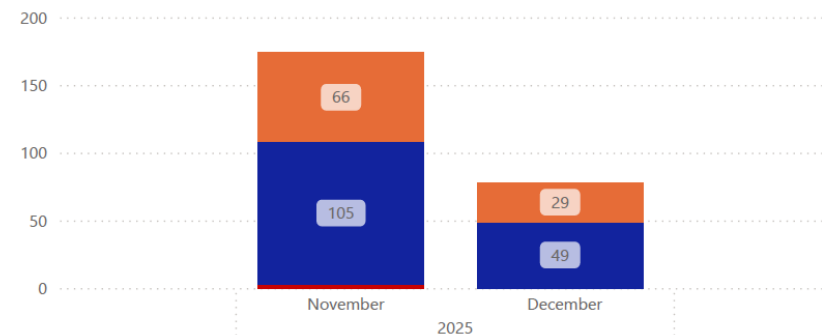

CRISP Shared Services initiates a $Match

- MX is the responder
- CRISP only queries for "CA" patients
- CRISP only triggers for A03 I and E
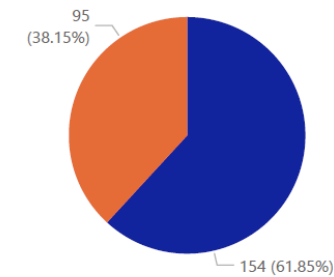
Nationwide ADT - Inbound

$match Requests

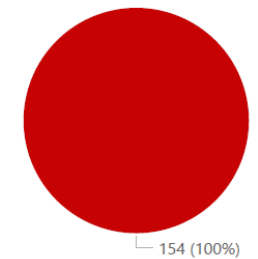**Outcome By Day**
- Exception Error
- Match Found
- No Match Found

November: 105 (Match Found), 66 (No Match Found)
December: 49 (Match Found), 29 (No Match Found)

Overall Outcome
- Match Found
- No Match Found

95 (38.15%)
154 (61.85%)

Match Found and ADT Sent
- Yes

154 (100%)

ADT Requests

Outcome By Day
- Accepted
- Rejected

November: 102
December: 50

Sources

23 (15.03%)
16 (10.46%)
14 (9.15%)
11 (7.19%)
10 (6.54%)
9 (5.88%)
6 (3.92%)
6 (3.92%)
5 (3.27%)
5 (3.27%)
5 (3.27%)
5 (3.27%)
5 (3.27%)
3 (1.96%)
3 (1.96%)
2 (1.31%)
1 (0.65%)
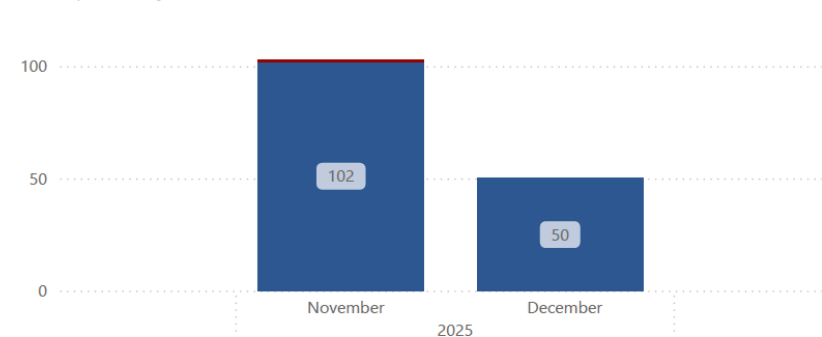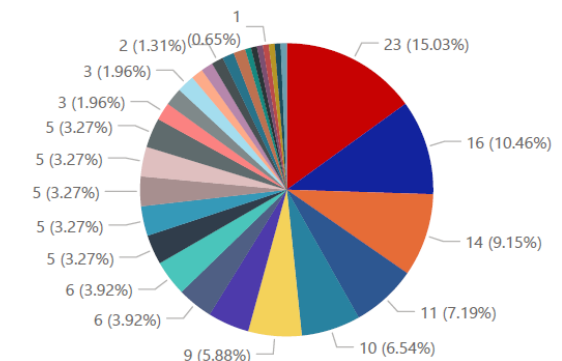
Technical Triumphs and Hurdles

- Discuss the high-level implementation process.

- Overall, what was easy and what was hard to develop and implement for this project?

20

Technical Triumphs and Hurdles Cont.

- What was the difficulty level for the following and do you have any additional comments?:
  - ADT to FHIR JSON mapping
  - Filtering ADTs at the HIE level
    - How was this implemented?
    - Do you have thoughts on potential filtering improvements or filtering additions?
- Discuss sending notifications to Manifest MedEx and CRISP Shared Services (CSS) providers about out of state healthcare encounters.
  - How were notifications implemented and what options were explored?
  - Do the providers have automated "call backs" to retrieve additional clinical data from the HIE involved with out of state care? If not, is that being considered?

Future Considerations

- Now that the pilot is live in production, what are the biggest areas for potential improvement?

- How can we make the member match solution easier and faster to implement for other participants that want to join in this new use case?

- How would you like to widen the scope of this pilot? What would bring the most benefit to Manifest MedEx? What would bring the most benefit to CRISP Shared Services (CSS)?

Future Considerations Continued

- Could the scope be widened beyond just inpatient emergency care triggered by ADTs, and if so, would there be considerable benefits and what would be the implementation hurdles?

- Would you like to see payers involved and notified at the same time as Manifest MedEx/CSS providers are notified of out of state healthcare encounters? If so, what is the best way to implement the solution for payer notifications? Would Manifest MedEx/CSS providers be responsible for notifying payers or would it be the Manifest MedEx/CSS HIEs?

23

Future Considerations Continued

- Would you like to see the eHealth Exchange play a bigger role in this solution? For example, as a hypothetical, what if the eHealth Exchange recorded the cross-HIE notifications and built an RLS-like solution that all participants could use?
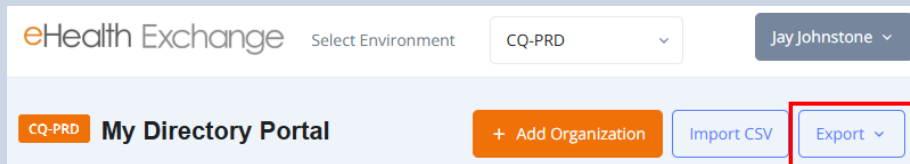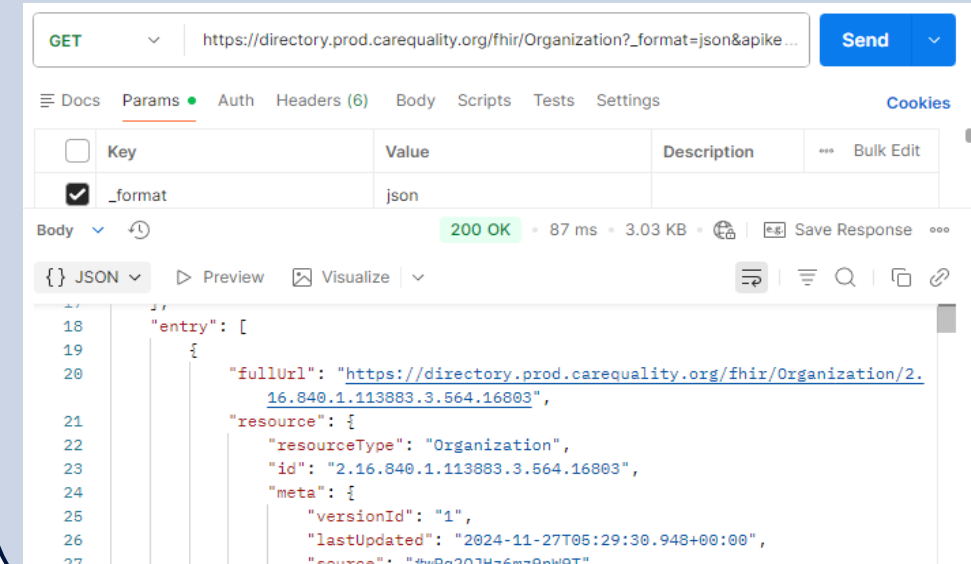
Carequality Directory

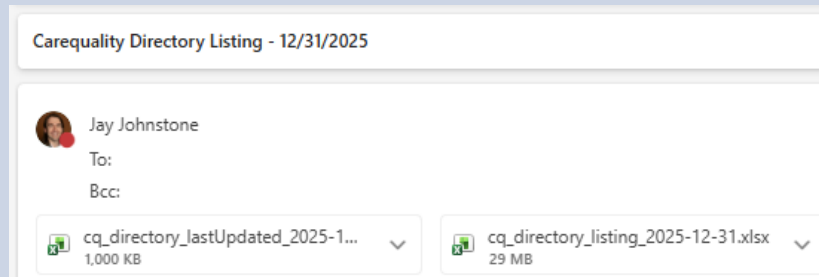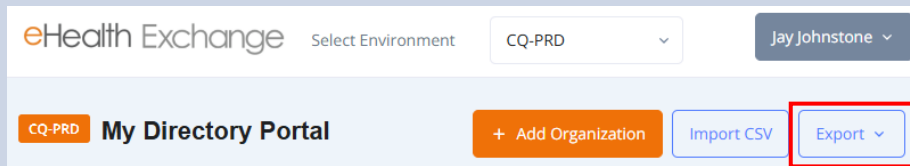# How to access the Carequality Directory: Today
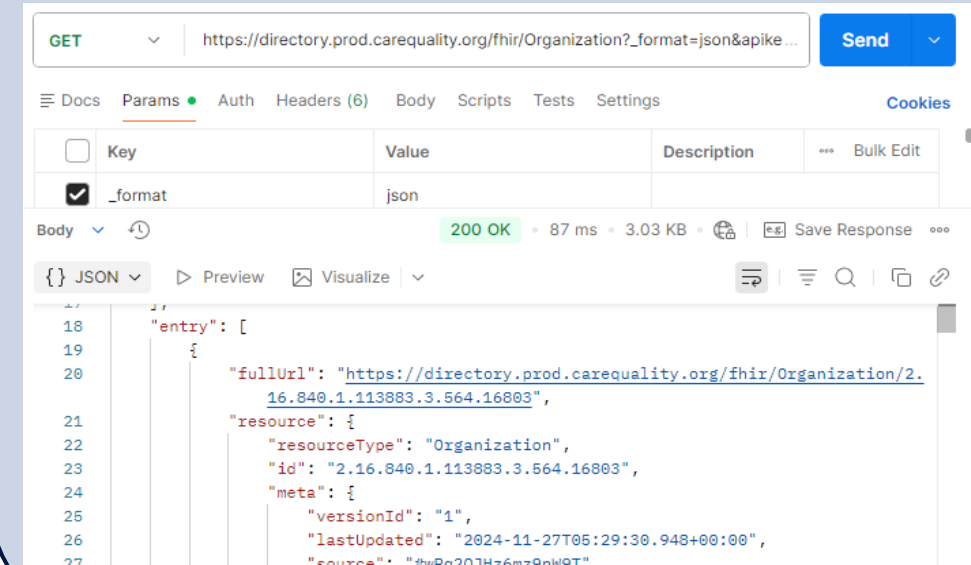
My Directory Portal

API

Weekly Email
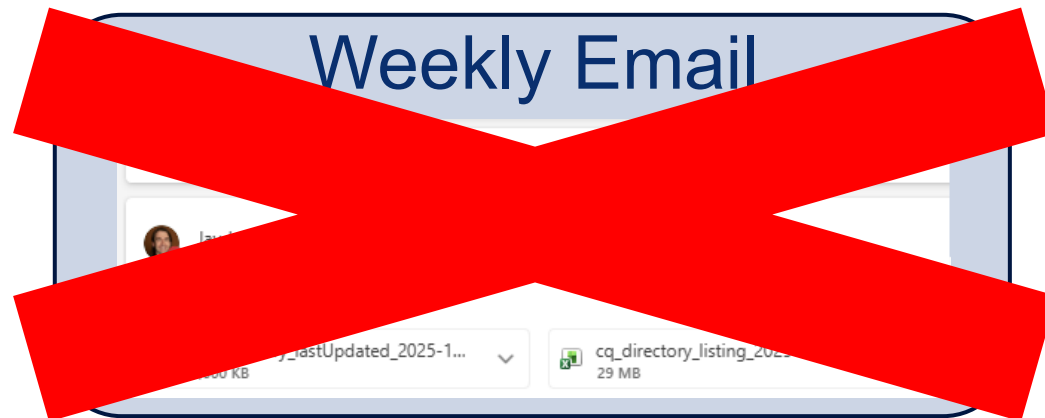
How to access the Carequality Directory: Feb 26

My Directory Portal

API

Weekly Email

I know how you're feeling...

But Jay, why?

- Email only updated weekly

- API matches the eHealth Exchange Directory workflow
  - Updated daily

- My Directory Portal export replaces the email
  - Updated daily

- Computer replaces me

29

But Jay, how??

- Email administrator@ehealthexchange.org

- Ask for access to the My Directory Portal

- Also ask for access to the Carequality Directory API

- DO THIS BEFORE FEB 25

Annual Meeting

A recap of 2025 and what to expect in 2026

Packed Venue

Survey Feedback

How would you rate your overall experience at the 2025 eHealth Exchange Annual Meeting?	Extremely Useful	Very Useful	Somewhat Useful	Slightly Useful	Not at all Useful
	77.78%	14.81%	3.70%	3.70%	0.00%

93.6% Positive Response

Were the topics covered (e.g., TEFCA, CMS-Aligned Network, FHIR implementation, public health data modernization, payer-provider exchange) relevant to your professional needs?	Extremely Relevant	Very Relevant	Somewhat Relevant	Slightly Relevant	Not at all Relevant
	66.67%	29.63%	3.70%	0.00%	0.00%

96.3% Positive Response

Did you gain actionable insights or knowledge from the event? If so, please share an example.	Yes	No	Unsure	Blanks
	81.48%	3.70%	11.11%	3.70%

81.5% Positive Response

Would you recommend this meeting to others?	Yes	No	Unsure
	92.59%	3.70%	3.70%

92.6% Positive Response

Annual Meeting Content Available

Whether you joined us in Nashville or followed along from afar, we're excited to share all **2025 Annual Meeting content will be made available to the public:**

- full session recordings
- downloadable presentations
- photo gallery capturing the day

We hope these materials continue to spark ideas, conversations, and progress.

[2025 Annual Meeting Materials](#)

Top 5 Favorite Sessions

The Power of a Mother's Why: Amy Gleason's Motivation to Transform Health Data Exchange	1
Morning Keynote Address: CMS Deputy Administrator and COO, Kim Brandt	2
Talking Turkey About TEFCA	2
Healing Healthcare: Connecting Data and Lived Experience to Drive Meaningful Change by Erica Olenski	3
Straight Talk About CMS: A Moment or a Movement?	3
How to Change Someone's Mind	4
Igniting Interoperability: Real-World FHIR Services and Use Cases	5
Let's Stop Doing Stupid Stuff	5

2026 Annual Meeting Tentative Schedule

Registration – Q1

Sponsor Prospectus – Q1

Call for Speakers – Q2

Speaker Notifications – Q3

Marketing Updates

News, events, webinars, and more…

Upcoming Events

[HL7 Event Link](#)
Jan 13-15 | Virtual

[CMS Event Link](#)
Feb 25 | Washington DC + Virtual

[ASTP Event Link](#)
Feb 11-12 | Washington, DC

[HIMSS Event Link](#)
Mar 9-12 | Las Vegas, NV

40

Let's Meet Up at HIMSS26

- MP11551 — Meeting Place, Venetian Level 1

- Schedule time to connect with us
Email administrator@ehealthexchange.org

41

eHealth Exchange at HIMSS26

Pre-Conference Forum Panel

[Preconference Forums - Interoperability Forum | HIMSS Global Health Conference & Exhibition](#)

- **Title:** CMS 0057 and ePrior Authorization: What Providers and Payers Need to Know

- **Date/Time:** Monday, March 9, 2026 | 10:35 am – 11:15 am | Venetian | Level 5 | Palazzo L

- **Description:** The CMS 0057 final rule is reshaping how healthcare organizations handle prior authorizations. This session will equip providers and payers with the knowledge they need to understand regulatory obligations, prepare for compliance deadlines, and optimize their electronic prior authorization workflows for improved efficiency and patient care.

HIMSS Global Health Conference & Exhibition

[Find Sessions | HIMSS Global Health Conference & Exhibition](#)

- **Title:** Scaling Digital Quality Measurement with Bulk FHIR and Real-World Collaboration

- **Date/Time:** Wednesday, March 11, 2026 | 3:15 pm – 4:15 pm | Venetian | Level 3 | San Polo 3404

- **Description:** The Bulk FHIR Quality Coalition—led by NCQA in collaboration with health plans, providers, and health information networks—set out to prove that exchanging clinical data for digital quality measurement can be fast, scalable, and standards-based. This panel brings together key participants from the inaugural NCQA Bulk FHIR Cohort, including MultiCare, Cambia Health Solutions, and eHealth Exchange, to share their perspectives, technical lessons, and policy implications of implementing regulated FHIR APIs for HEDIS reporting.

Upcoming Webinars
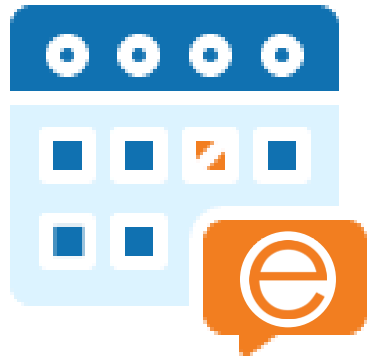
[Technical Workgroup](#)

February 5th | 4-5:00 PM ET

[All Participant Call](#)

February 12th | 1-2PM ET

Launch Polls

- What cadence would you prefer for these All Participant webinars?

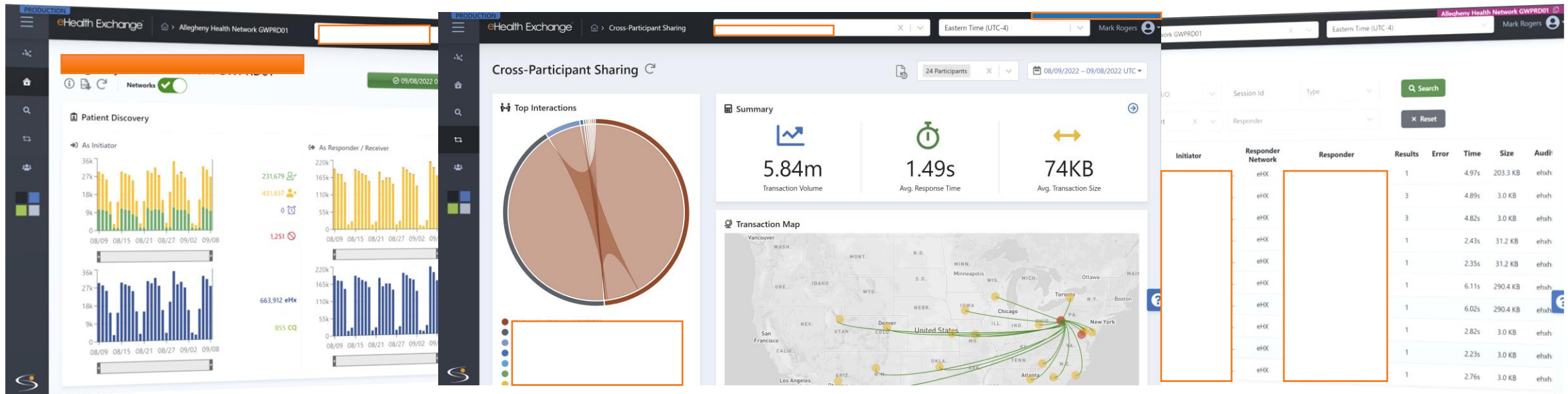- What topics would you like us to address?

44

Resources

Hub dashboard, updating your info, how to get in touch…

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 Workgroup

- Every 1st Thursday 4-5pm Eastern

- Typical Topics
  - Technical Specifications
  - Testing
  - Hub Updates
  - Capacity planning

- [Register Here](#)

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/

ehealthexchange.org