

eHealth Exchange™

# All Participant Call

February 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               |
| MyDirectives               | Lisa Nelson<br>Scott Brown |
| TEFCA Update               | Dennis Sherba              |
| Use Case Spotlight - eCR   | Jay Johnstone              |
| Dashboard Focus Group      | Jay Johnstone              |
| Marketing Update           | Tiffanie Hickman           |
| Information & Resources    | Ashley Green               |
| Q&A                        | Anyone                     |

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# New Participants

Committed to improving patient care via data exchange



# Congratulations!



Metriport is building an internet for healthcare data, allowing healthcare innovators to access and manage the patient information they need to grow and scale quickly. We're a highly ambitious team of software engineers and healthcare enthusiasts, on a mission to accelerate healthcare development by making the sharing of medical data between healthcare providers and organizations across the US easy and instant.

Learn more at: [About Us | Metriport](#)



Founded in 1947, Milliman helps clients in the public and private sectors confront complex risk on a global scale—from extreme weather and market volatility to financial insecurity and rising health costs. Our solutions encompass insurance, financial services, healthcare, life sciences, and employee benefits. We are an independent firm with offices in major cities around the globe.

Learn more: [Our Story | Milliman | Worldwide](#)



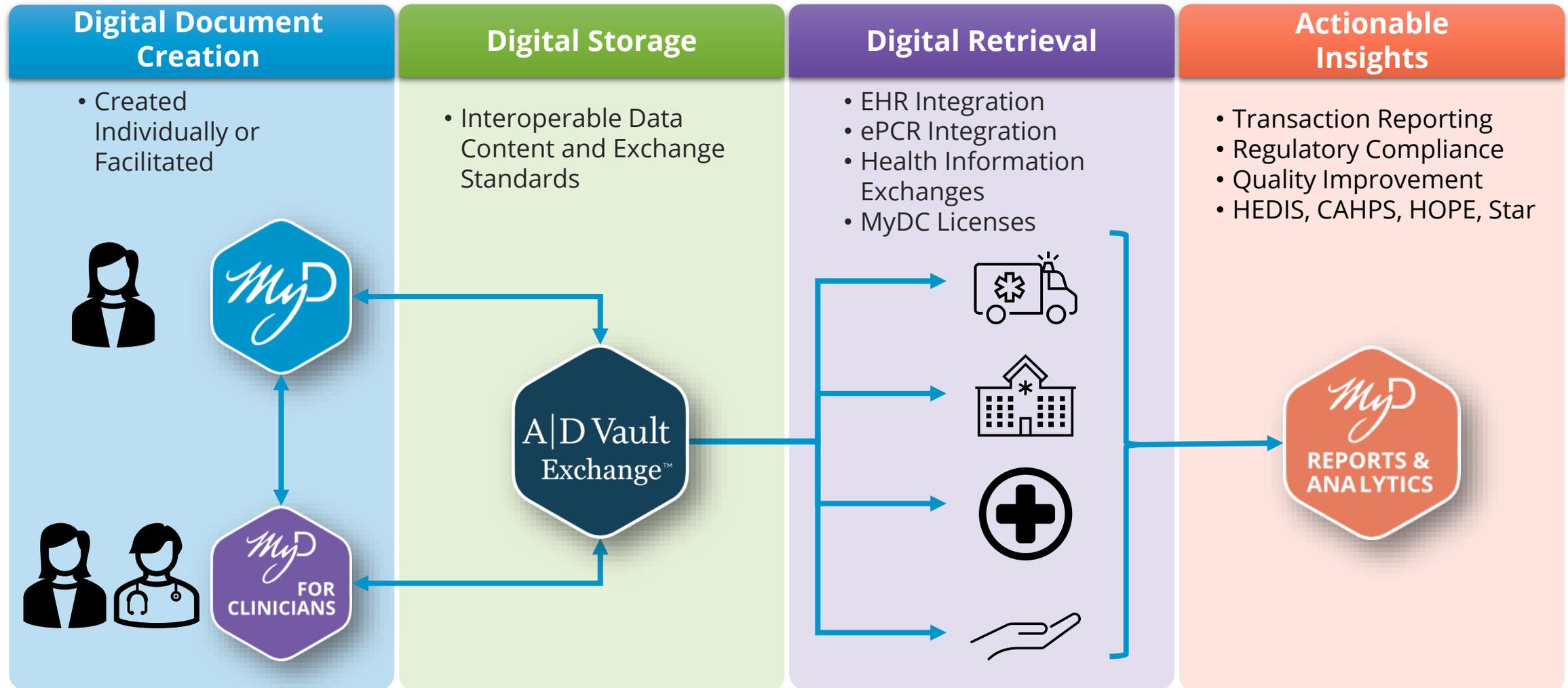


# MyDirectives Solutions Overview

## An Ecosystem for Advance Care Planning



# End-to-End Advance Care Planning



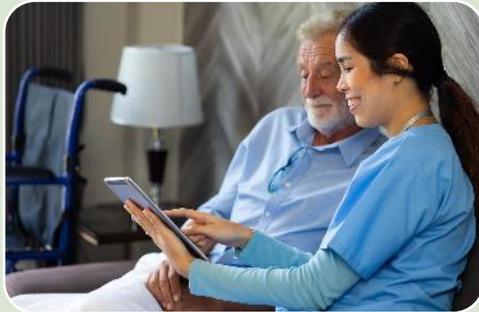
# Capturing Patient Treatment Intervention, Care Experience Preferences, and Consents Anywhere



Independent completion from home computer, laptop, or mobile device



Facilitated completion by clinicians and non-clinician healthcare workers



Facilitated completion through home health services



Facilitated completion in institutionalized settings



# Why MyDirectives Is Different

## Industry Pioneer

Focused on ALL aspects of digital ACP

- Legal
- Technical
- Clinical
- Policy



## National Adoption



Award-winning platform used in all 50 states for 15 years

## Certified Nationwide Registry



## Trusted by Premier Clients



## Gold Standard Partners



## Standards-Driven



## Interoperable Networks



## Integrated Into EHR Workflows



## 9-1-1 & ePCR Platform Integration



## National Recognition



# The Value of ACP

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31%

Decreased ICU utilization in last 30 days



21%

Decreased likelihood of dying in the hospital



18%

Increased use of hospice in last 3 days



24%

Decreased inpatient spending



17%

Lower total spending

Source: Chen, A. J., & Li, J. (2024). Paying for advance care planning in Medicare: Impacts on care and spending near end of life. *Journal of Health Economics*, 98, 102921.



# Accessibility and Interoperability

A secure, nationwide registry for  
universal storage and retrieval

*My*Directives<sup>®</sup>

# At the Center of the Ecosystem

A|D Vault  
Exchange™

- Nationwide registry securely stores all documentation
- Create or upload, store, edit, and share ACP documents, OOH-DNR and POLST forms, and video recordings
  - Advance care plans, advance directives, mental health advance directives, portable medical orders (POLST), among others



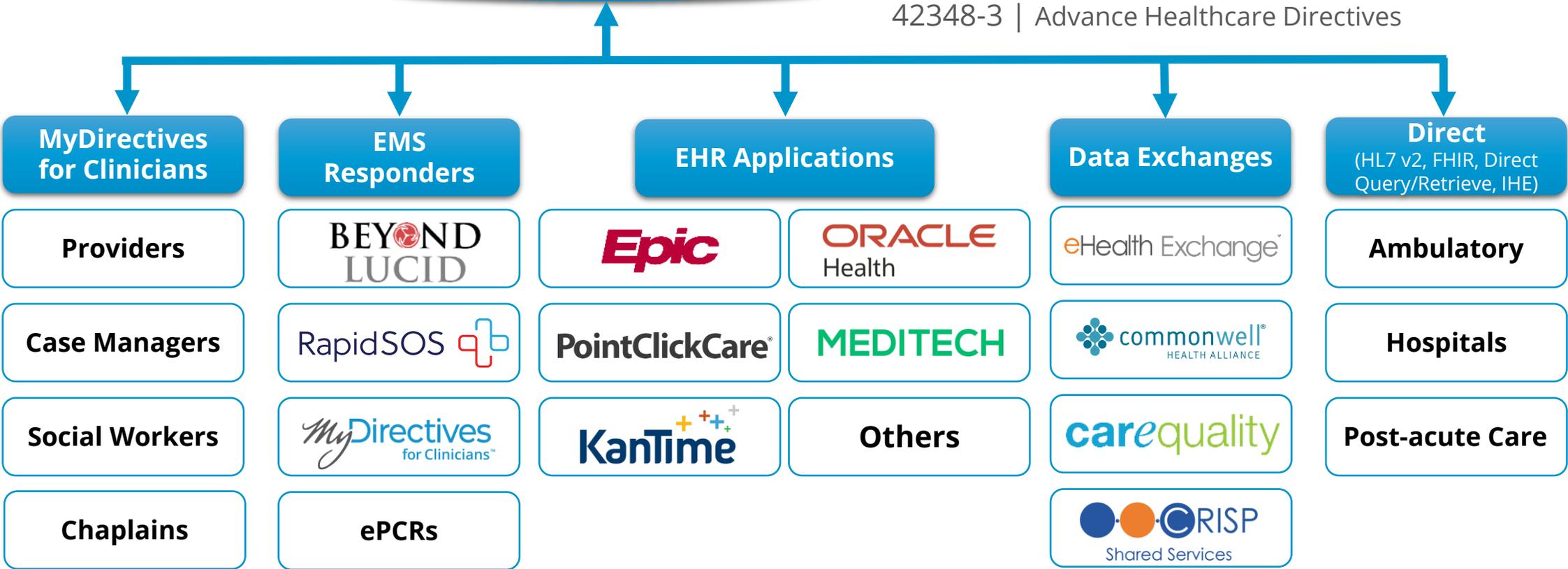
*My*Directives®

# Access Documents Anytime, Anywhere



eHex HCID:  
2.16.840.1.113883.4.823.1000.2.200

LOINC Document Category:  
42348-3 | Advance Healthcare Directives





# Digital Advance Directives

Individuals create and share consent, goals, preferences, and values.

## Healthcare Agent Designation

This screenshot shows the 'My Healthcare Agents' section of the MyDirectives interface. It features a navigation sidebar on the left with options like 'Home: My Dashboard', 'My Advance Care Plan', 'My Healthcare Agents', 'My Documents', 'My Contacts', 'My Account', and 'Help'. The main content area is titled 'My Healthcare Agents' and includes a welcome message for 'Richard'. Below this, there are instructions on how to designate an agent and a section for 'CURRENT HCA(S)'. A card for 'Bill Clark (Brother)' is shown as the 'Primary Healthcare Agent' with a status of 'Invite Pending'. The card includes his name, relationship, email address (bclark@mailinator.com), and document access permissions (Share). There are 'Remove' and 'Edit' buttons for this agent.

## Advance Care Planning Workflow

This screenshot displays the 'My Advance Care Plan' page. It features a navigation sidebar on the left. The main content area shows a welcome message for 'Richard' and a notification: 'You Have an Unsigned Draft in Our System'. Below this, there are sections for 'TOPICS TO DO' and 'COMPLETED'. The 'TOPICS TO DO' section includes 'Preferences in Major Health Events' (3/6 questions answered) and 'End of Life Preferences'. The 'COMPLETED' section includes 'What Matters Most to Me' and 'End of Life Preferences'. Each section has progress bars and buttons for 'Continue', 'Update', and 'Clear All Answers'. At the bottom, there is a 'My Documents' section with an 'Upload' button.

## Physician Summary

This screenshot shows the 'Summary for Physicians' page. It features a navigation sidebar on the left. The main content area is titled 'MyDirectives Universal Advance Digital Directive' and includes a 'Download' button. Below this, there is a table of document types and a table of patient information. The 'Patient Information' table lists 'RICHARD MUNOZ' with details like DOB, gender, address, and phone number. The 'Document Version' table shows 'Version 28 (Current)' signed on 02/13/2024 and 'Version 27 (Previous)' signed on 10/25/2023. There is also a section for 'Healthcare Agents' and 'Treatment Intervention Preferences'.

| Document Type  | Date Created | Last Updated | Name          | Permission |
|--|--------------|--------------|---------------|------------|
| MyDirectives Universal Advance Digital Directive <td>02/13/2024</td> <td>02/13/2024</td> <td>Rick Bailey</td> <td>View Only</td> | 02/13/2024   | 02/13/2024   | Rick Bailey   | View Only  |
|  |              |              | Mike Munoz    | Share      |
|  |              |              | Greg Wilson   | Share      |
|  |              |              | Bill Clark    | Share      |
|  |              |              | Wallet Card   | Share      |
|  |              |              | Jimmy Collins | Share      |





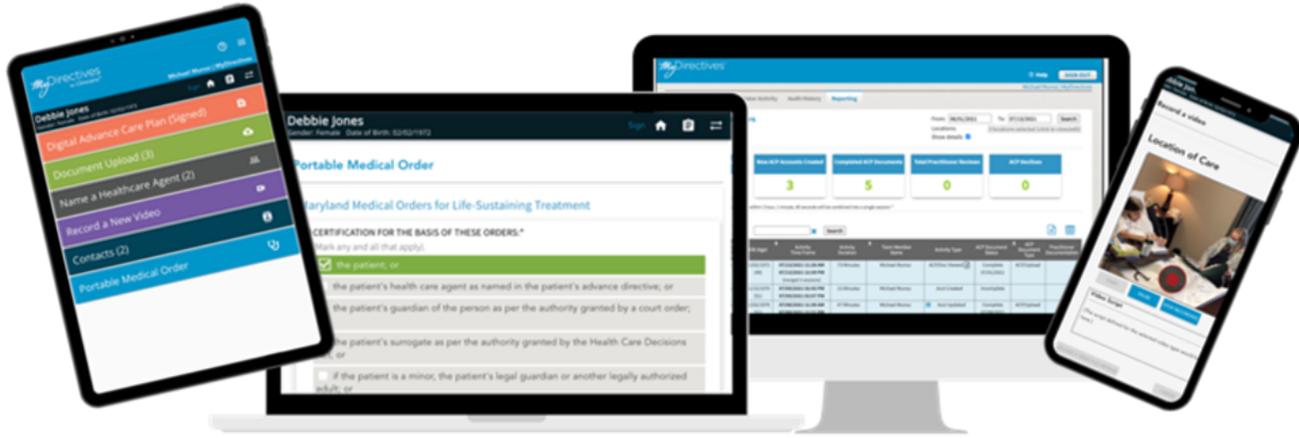
# Clinical ACP Facilitation

The heart of advance care planning

*My*Directives  
for Clinicians™



# MyDirectives for Clinicians™



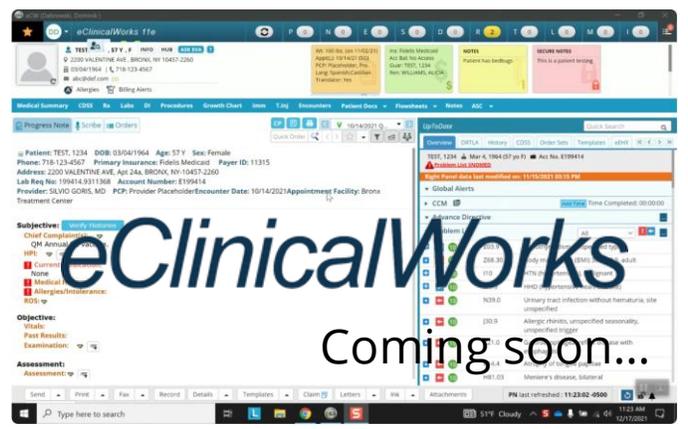
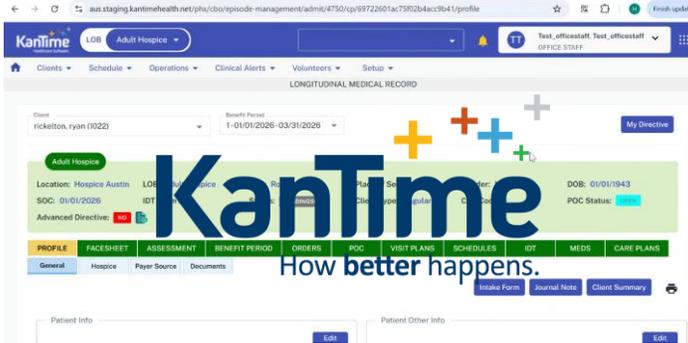
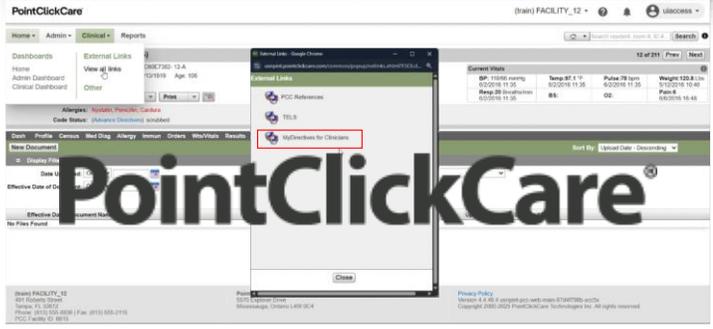
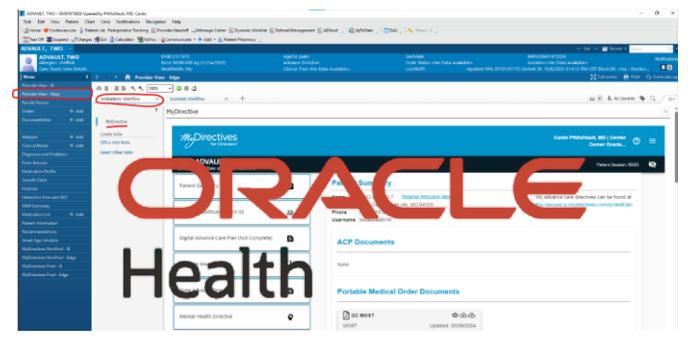
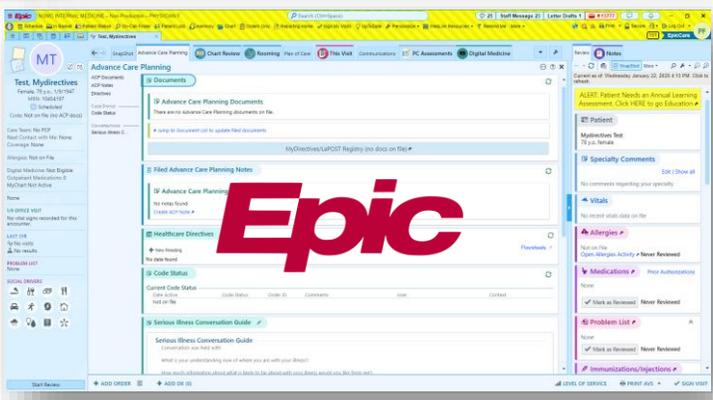
- Collect a patient’s Healthcare Agent consent, goals of care and treatment preferences
- Store completed ACP documents, PMO forms, and MHADs in the A|D Vault Exchange
- View and easily retrieve patient consents and care preferences, and portable provider orders

**Enables clinicians and non-clinician healthcare workers to engage patients at the point-of-care to have compassionate ACP conversations.**



# MyDirectives for Clinicians in Your EHR

Familiar experience, comprehensive integration



Single sign-on, shared launch context, EHR write back



# Case Study: Oregon POLST Registry

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- Collaboration with Oregon Health & Sciences University (OHSU)
- Initial migration of over 200K completed POLST documents
- Ongoing feed of 2,500 new or voided documents per month
- Now POLST documents are accessible at St. Charles Health System through Epic Care Everywhere
- Accessible to emergency personnel EDs/ERs and EMS around the state

**eHex HCID:**

2.16.840.1.113883.4.823.1000.2.200

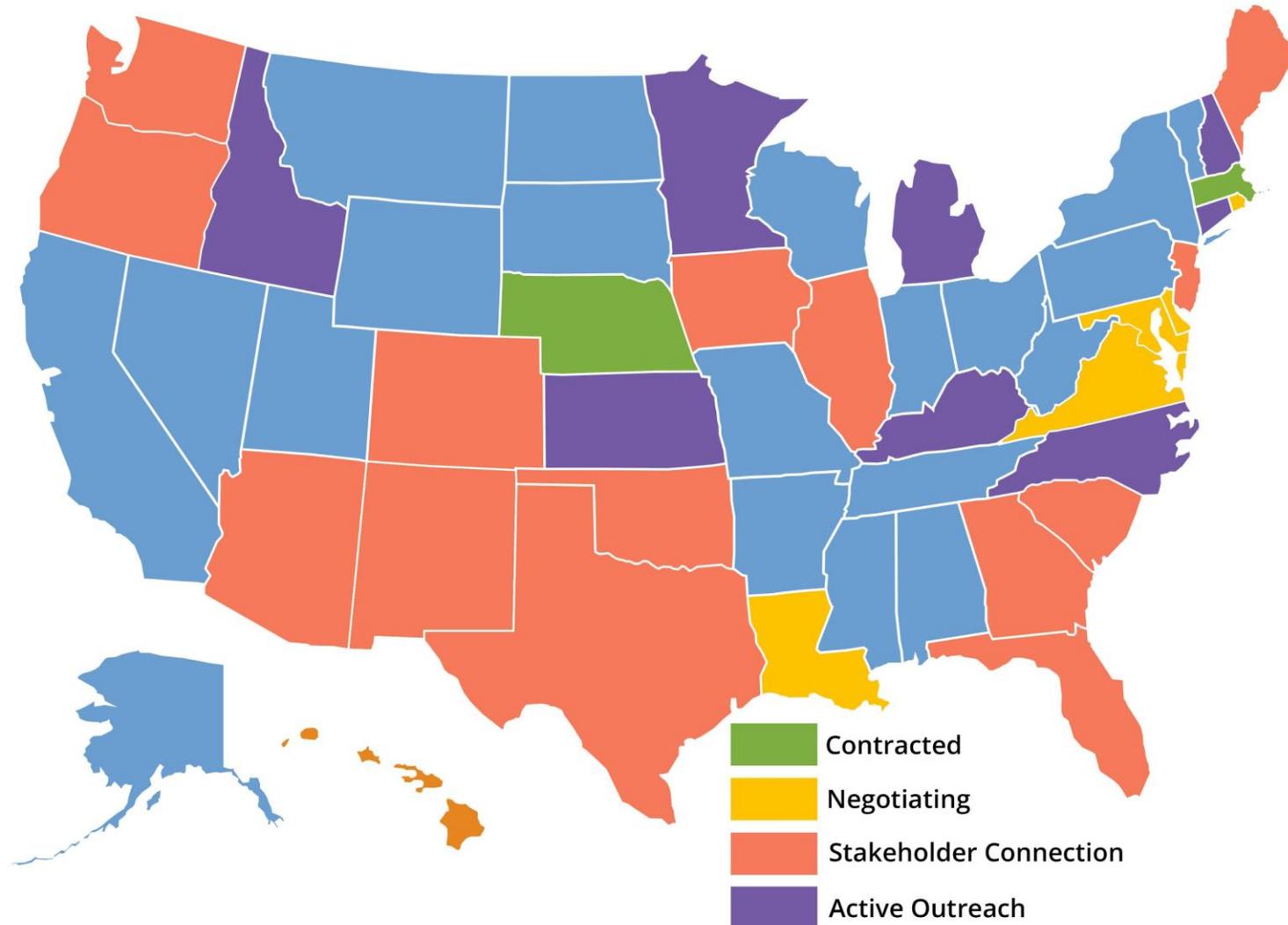
**LOINC Document Category:**

42348-3 | Advance Healthcare Directives



1.2.840.114350.1.13.500.2.7.3.688884.100

# Nationwide ACP Ecosystem Strategy



MyDirectives is actively engaged with several states to advance development of statewide ACP ecosystems.

**Every state and the District of Columbia has access** to ACP documents and portable medical orders stored in the A|D Vault Exchange nationwide registry via eHEX.



## Contact Information

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☎ 469-238-2858 ext. 110



**Thank you!**



# TEFCA Update

Highlighting policy and participation information



# Designated Qualified Health Information Networks



Designated  
QHINs

eHealth  
Exchange™

**Epic** Nexus

 **HEALTH®  
GORILLA**

**KONZA HEALTH**  
The Connections to Make a Difference

**MEDALLIES®**  
A CENTAURI HEALTH SOLUTIONS COMPANY

 **Kno2®**

 **commonwell®**  
HEALTH ALLIANCE

*eClinicalWorks*  
**PRISMA**Net

**surescripts**  
Health Information Network™

 **Netsmart**

**ORACLE** Health  
Information Network, Inc.™





# eHealth Exchange QHIN Participant Stages

## Live



1 Federal Agency,  
3 HIEs, and  
Nationwide Public Health

## Testing



1 Federal Agency, 4 HIEs

## Intent to Participate



1 Payer Platform, 10 HIEs including  
Delaware HIN becoming a new  
participant

# QTF 2.1 Updates

## Highlights:

- Support for directed queries is a major component of QTF 2.1.
  - Directed query support was released in coordination with the release of the new Government Benefits Determination SOP, which paves the way for the SSA to participate in TEFCA.
- Cryptography Changes
- USCDI V3 – new mandatory dates
- New IACP Document ID format (will impact SSA initiated patient discovery requests)



# QTF 2.1 Updates

- Recent eHealth Exchange collaboration with the RCE has confirmed the following:
  - Each directed query (QHIN to QHIN messaging) must specify a single target and not multiple responding targets. Reference page 11 of QTF 2.1:
    - 2) The Initiating QHIN queries its QHIN Directory to identify the appropriate Responding QHIN for each Responding Node provided by the Initiating Node.
    - 3) For each Responding Node provided by the Initiating Node, the Initiating QHIN creates an IHE Cross Gateway Patient Discovery [ITI-55] Request based on the Query Solicitation and sends it via the Initiating Gateway to the Responding Gateway of the Responding QHIN for the Responding Node. See *IHE ITI TF-2b: 3.55*.
      - a) The ITI-55 request indicates which Responding Node is requested to respond “by populating the homeCommunityId of the requested community into the id element within the device of the receiver”.



# QTF 2.1 Updates

- Directed query response from the responding QHIN seems to imply the use of an MPI and allows for a multiple patient match response, as per page 11 of QTF 2.1:
- 4) Each Responding QHIN compares the demographics to its known patients, applying its own algorithm(s) to determine potential matches, and returns an IHE Cross Gateway Patient Discovery [ITI-55] Response to the Initiating QHIN's Initiating Gateway.
    - a) Each IHE Cross Gateway Patient Discovery [ITI-55] Response contains zero or more patient matches from the indicated Responding Node listed underneath them in the RCE Directory, including demographics and patient ID as known by the Responding Node. The Response may contain multiple entries where each entry reflects a different source of information but will include only one identifier per patient per Responding Node.



# QTF 2.1 Updates

- Directed Query (DQ) alternate flow 3.2 allows for the use of Document Query to retrieve I/ACP, if needed (see page 17):

**Alternate Flow 3: Initiating Node asserts an Instance Access Consent Policy or Access Consent Policy**

- 1) The Initiating Node includes the URI(s) of one or more Access Consent Policies (ACPs) or Instance Access Consent Policies (IACP) in its Query Solicitation.
  - a) An ACP may have an associated instance (IACP, e.g., a signed patient consent form) for a specific patient.
- 2) Each Responding Node obtains the (I)ACP per the Document Retrieve Workflow with the option of additionally using the Document Query workflow if additional information is needed to retrieve the document.

Note: Currently, under the eHealth Exchange network, SSA partners use both Document Query and Document Retrieve to obtain patient consent documents from the SSA, but QTF 2.1 allows the SSA partner to skip Document Query and only use Document Retrieve.



# QTF 2.1: QTF-710 through QTF-712 added

- Added three new Directed Query conformance statements

Support participants, as applicable).

**QTF-37** Initiating QHINs MUST include all patient demographics available including patient identifiers used in TEFCAs and those that are widely applicable provided in the Query Solicitation in the XCPD Request resulting from that Query Solicitation, unless demographics are provided that are not supported by the XCPD profile, with the exception of Social Security Number which MAY be included.



QTF v2

**QTF-38** Each Patient Discovery match (i.e., RegistrationEvent) MUST include the code NotHealthDataLocator to indicate that the corresponding community does not maintain externally available location information about this patient. See *IHE ITI TF-2b: 3.55.4.2.2.5 Specifying Support as a Health Data Locator*.

**QTF-39** Patient Discovery Responses returning HomeCommunityIDs MUST include the Responding Node's HomeCommunityID, Assigning Authority, and the patient identifier when a successful patient match is found.

**QTF-40** Data for address fields used in Patient Discovery Queries MUST be converted, if

demographics are provided that are not supported by the XCPD profile, with the exception of Social Security Number which MAY be included.

**QTF-710** Initiating QHINs MAY direct a Query to a specific Responding Node in the XCPD [ITI-55] Request by including the Responding Node's HomeCommunityID in the receiver/device/asAgent/representedOrganization/id/@root attribute

**QTF-711** If the receiver/device/asAgent/representedOrganization/id/@root attribute is populated with the HomeCommunityId of a Responding Node, the Responding QHIN



QTF v2.1

MUST respond with information from the Responding Node corresponding to that HomeCommunityId.

**QTF-712** If the HomeCommunityId is not associated with a Responding Node that is served by the Responding QHIN, then it SHOULD return an error as specified in Case 5 of ITI TF-2b section 3.55.4.2.3

**QTF-713** Each Patient Discovery match (i.e., RegistrationEvent) MUST include the code NotHealthDataLocator to indicate that the corresponding community does not



# QTF 2.1 Security Changes

## Cryptography Changes:

- Upgraded from 112 bits to 128 bits for x.509 certificate signatures
- Downgraded from 256 to 128 bits for public keys strength
- Recognizes Hardware Security Modules (HSMs)

QTF-201 QHINs MUST obtain TLS server certificates which are X.509 version 3 certificates with a signature that is at least 128 bit strength, and a public key of at least 128 bit strength; such certificates MUST be obtained, installed, and used in accordance with Applicable Law, and any relevant SOPs or implementation guides adopted by the RCE.

QTF-202 QHINs MUST deploy hardware and/or software cryptographic modules certified to meet Federal Information Processing Standards (FIPS) Publication 140-2<sup>15</sup> or 140-3.<sup>16</sup>



# QTF 2.1: Document Query / Retrieve Clarification

- Clarifies that Document Query and Document Retrieve SHOULD use C-CDA v2.1 for structured data (page 3)

IHE does not define a document beyond “a collection of bytes, including proprietary and textual formats.”<sup>22</sup> Therefore an XCA document may be any form of information including C-CDA 2.1, FHIR® resources, PDF, or other formats. For purposes of Document Query and Retrieve, C-CDA 2.1 is the expected format for all patient information. If a Responding Node is unable to return a C-CDA 2.1 document, the data may be converted to the C-CDA 2.1 template by a Responding QHIN, Participant, or Subparticipant prior to transmission to the Initiating QHIN.



IHE does not define a document beyond “a collection of bytes, including proprietary and textual formats.”<sup>22</sup> Therefore an XCA document may be any form of information including C-CDA 2.1, FHIR® resources, PDF, or other formats. For purposes of Document Query and Retrieve, C-CDA 2.1 is the expected format for all structured patient information. If a Responding Node is unable to return a C-CDA 2.1 document, the data may be converted to the C-CDA 2.1 template by a Responding QHIN, Participant, or Subparticipant prior to transmission to the Initiating QHIN.

QHINs must implement the IHE XCA profile to enable Query-based QHIN-to-QHIN document exchange. The specified standard for Document Query and Retrieve is included in Table 8





# QTF 2.1: QTF-913 through QTF-915: Updated USCDI Dates

- Updated USCDI dates

QTF-77 Data created or captured and sent on or after December 31, 2024 SHOULD conform to data classes, data elements, and vocabulary requirements in USCDI V1 or later. Legacy data captured and sent prior to December 31, 2024 MAY conform to USCDI data classes, data elements, and vocabulary requirements in USCDI V1 or later.

- a. As of January 1<sup>st</sup>, 2026, all data created or captured and sent MUST conform to USCDI V3 data classes, data elements, and vocabulary requirements.
- b. Where no code matching a data requirement exists in a USCDI specified code system, a code from a recognized code system (e.g., ICD-10, LOINC) SHOULD be used or a custom code MAY be used.



QTF-913 If the data can be mapped to data classes, data elements and vocabulary requirements specified in USCDI V3.1, data sent on or after December 31, 2025 MUST conform to data classes, data elements, and vocabulary requirements in USCDI V3.1

QTF-914 As of January 1<sup>st</sup>, 2027, all information sent MUST conform to USCDI V3.1 data classes, data elements, and vocabulary requirements.

QTF-915 Where no code matching a data requirement exists in a USCDI specified code system, a code from a recognized code system (e.g., ICD-10, LOINC) SHOULD be used or a custom code MAY be used.



# QTF 2.1: QTF-1515: New Requirement: Specifies IACP ACP Document ID Format

QTF-1515 An (I)ACP in IHE Document Sharing format asserted by an Initiating Node MUST be specified using an Attribute element with a Name of "urn:ihe:iti:xua:2025:document-resource-id" and value consisting of a single composite value encoding the DocumentEntry Uniqueid, Repository Uniqueid and the HomeCommunityId in CX-style concatenation syntax (i.e., <DocumentEntry>&lt;Repository>&lt;HCID>) without urn:oid format.

- a. The HomeCommunityId SHOULD be specified but defaults to the HCID of the Initiating Node if not specified.
- b. The Repository Uniqueid SHOULD be specified. If not supplied, a Document Query SHOULD be done to locate the (I)ACP document
- c. DocumentEntryId MUST be specified.

As Example:

```
<saml:Attribute Name="urn:ihe:iti:xua:2025:document-resource-id">  
  <saml:AttributeValue>  
    2.16.840.1.113883.3.72.5.9.1&1.2.840.113619.6.197.412&1.3.6.1.4  
    .1.21367.13.20.1000  
  </saml:AttributeValue>  
</saml:Attribute>
```

**Note: This informs how the SSA will specify a patient consent document in a SSA patient discovery request.**



# QTF 2.1: Additional Information

- For additional changes and more detail, please reference the Technical Workgroup meeting hosted by Eric Heflin on February 5<sup>th</sup>. Email [administrator@ehealthexchange.org](mailto:administrator@ehealthexchange.org) for a PDF formatted slide deck of the Technical Workgroup presentation.



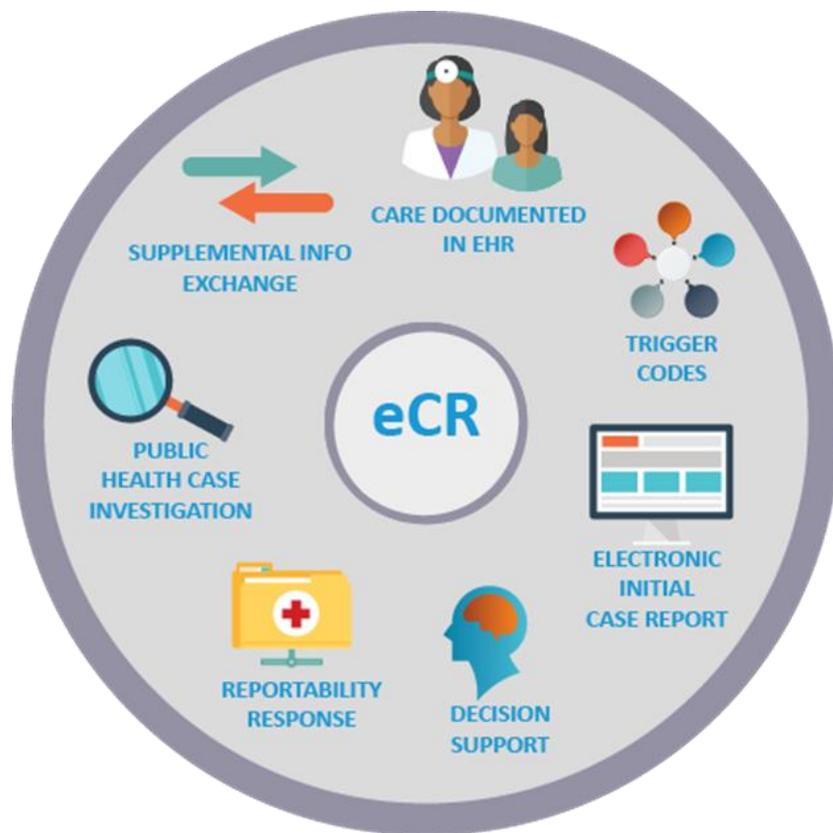


# Use Case Spotlight

## Electronic Case Reporting (eCR)

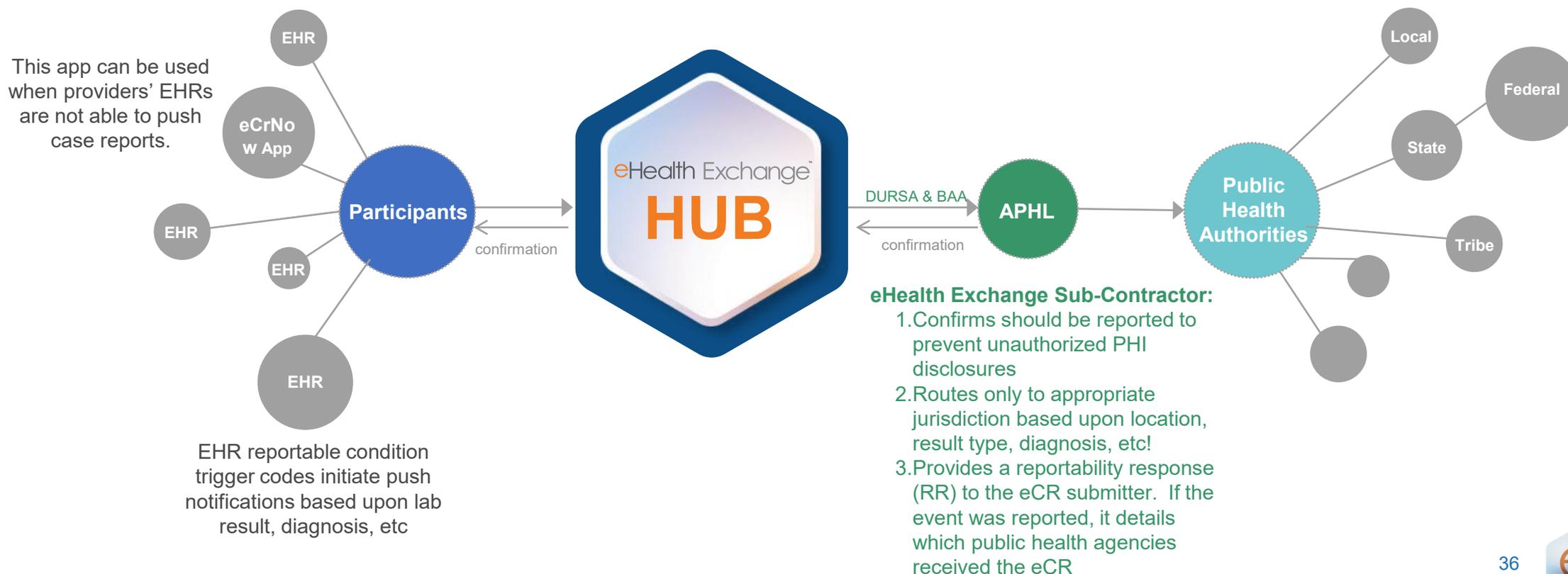


# Electronic Case Reporting (eCR)



- Automated generation and transmission of case reports from EHRs to Public Health Agencies
- Use Cases:
  - Real-time monitoring of infectious disease outbreaks at the local, state, and national levels
  - Outbreak response including investigating possible cases, tracking exposures, origin of outbreak, and controlling response activities
  - Closed loop communication for the submission of and action needed by

# Pushing Electronic Case Reports (eCR)



# ECR Onboarding

1. Confirm your gateway supports IHE ITI-41 (XDR)
2. Notify [administrator@ehealthexchange.org](mailto:administrator@ehealthexchange.org) that your organization would like to push eCRs to APHL (Association of Public Health Laboratories)
3. Fill out the short eHealth Exchange eCR Setup Checklist. This will be provided along with a kick-off call with APHL
4. Complete non-production transport testing, and schedule go-live

| Environment                 | Transaction Type              | APHL AIMS document submission endpoints for eCR |   |
|-----------------------------|-------------------------------|---|---|
|                             |                               | Home Community ID                               | Document Submission Endpoint  |
| Validation (non-production) | IHE ITI-41 with SAML security | 2.16.840.1.114222.4.3.4.52.3                    | <a href="https://hub001val.ehealthexchange.org/ehx/1.0.0/iti41/2.0?_eHxHubRouteTo=2.16.840.1.114222.4.3.4.52.3">https://hub001val.ehealthexchange.org/ehx/1.0.0/iti41/2.0?_eHxHubRouteTo=2.16.840.1.114222.4.3.4.52.3</a>   |
| Production                  | IHE ITI-41 with SAML security | 2.16.840.1.114222.4.3.4.52.1                    | <a href="https://hub001prod.ehealthexchange.org/ehx/1.0.0/iti41/2.0?_eHxHubRouteTo=2.16.840.1.114222.4.3.4.52.1">https://hub001prod.ehealthexchange.org/ehx/1.0.0/iti41/2.0?_eHxHubRouteTo=2.16.840.1.114222.4.3.4.52.1</a> |



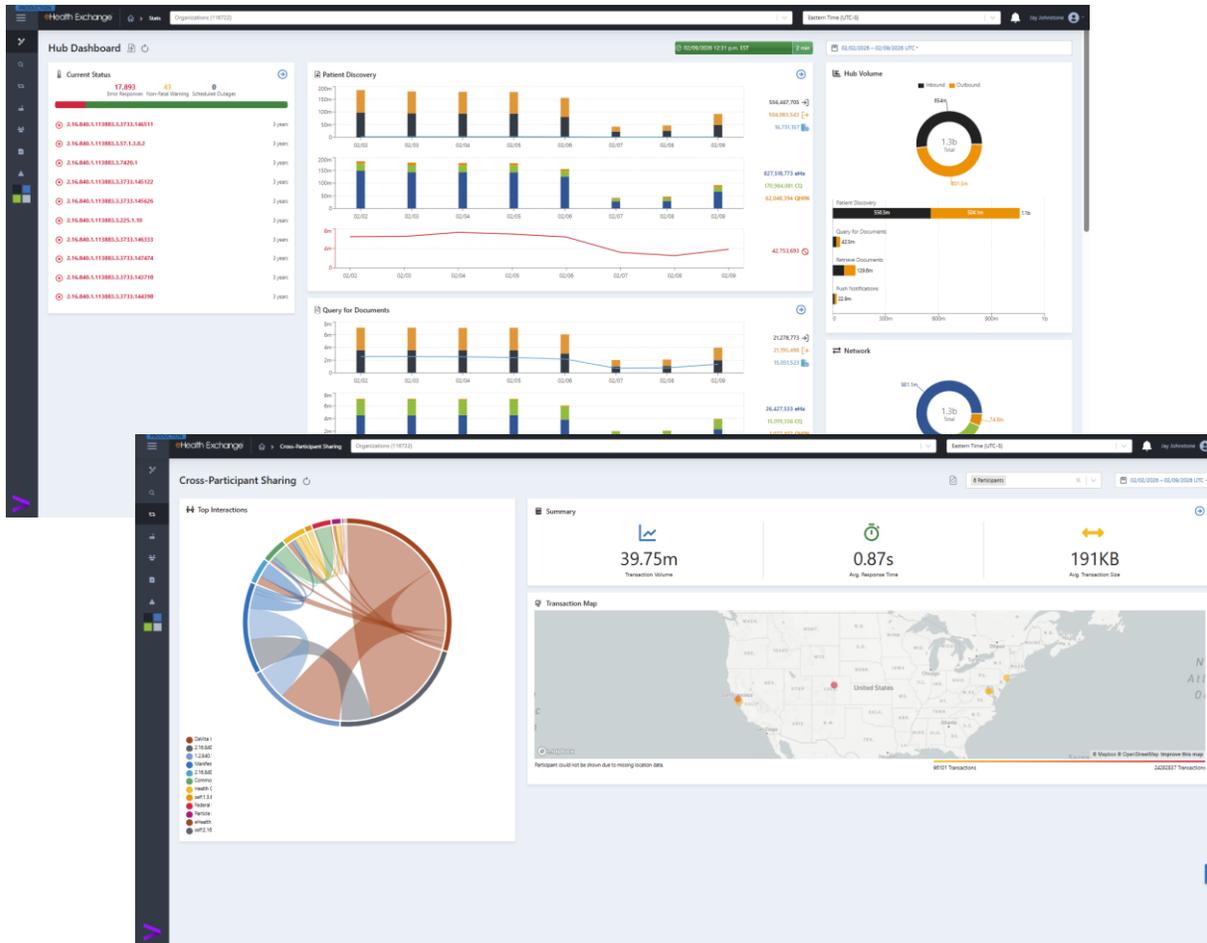


# Dashboard Focus Group

Call for participants to join us!



# New Dashboard Focus Group



- Influence and prioritize future development projects on the Hub Dashboard
- Reach out to [administrator@ehealthexchange.org](mailto:administrator@ehealthexchange.org) to get involved!





# Marketing Updates

News, events, webinars, and more...



# Recent Publications & Coverage

- FEB 2** • [From Momentum to Meaning: Reflections on 2025 and What Comes Next - eHealth Exchange](#)
- JAN 29** • [How 17 health plans are shifting priorities in 2026 - Becker's Payer Issues | Payer News](#)
- JAN 19** • [Jay Nakashima, President of eHealth Exchange - Becker's Healthcare Podcast | Listen Notes](#)
- JAN 16** • [Episode 233- Inside TEFCA: QHIN Leaders on the State of Nationwide Interoperability - Workgroup for Electronic Data Interchange \(WEDI\)](#)
- JAN 8** • [TEFCA, Bulk Exchanges, Government Agencies, and Other Advances in Healthcare Interoperability with Jay Nakashima from eHealth Exchange | Healthcare IT Today](#)



# Upcoming Events



[CMS Event Link](#)

Feb 25 | Washington DC + Virtual

4th ANNUAL

Spring Payer Issues  
Roundtable

[Becker's Healthcare Event Link](#)

Apr 13-14 | Chicago, IL



[HIMSS Event Link](#)

Mar 9-12 | Las Vegas, NV



[eSolutions Xchange Event Link](#)

Apr 19-22 | Chattanooga, TN



# Let's Meet Up at HIMSS26

- MP11551 — Meeting Place, Venetian Level 1
- Schedule time to connect, visit <https://ehealthexchange.org/himss26/>

**HIMSS**<sup>®</sup> 26

March 9-12 | Las Vegas



# 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 eHealth Exchange Monthly Webinars



## Technical Workgroup

March 5th | 4-5:00 PM ET



## All Participant Call

March 12th | Noon-





eHealth Exchange

# ANNUAL MEETING

LOST PINES RESORT & SPA

## Save the Date

TUESDAY

OCT **27** 2026

AUSTIN, TX

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

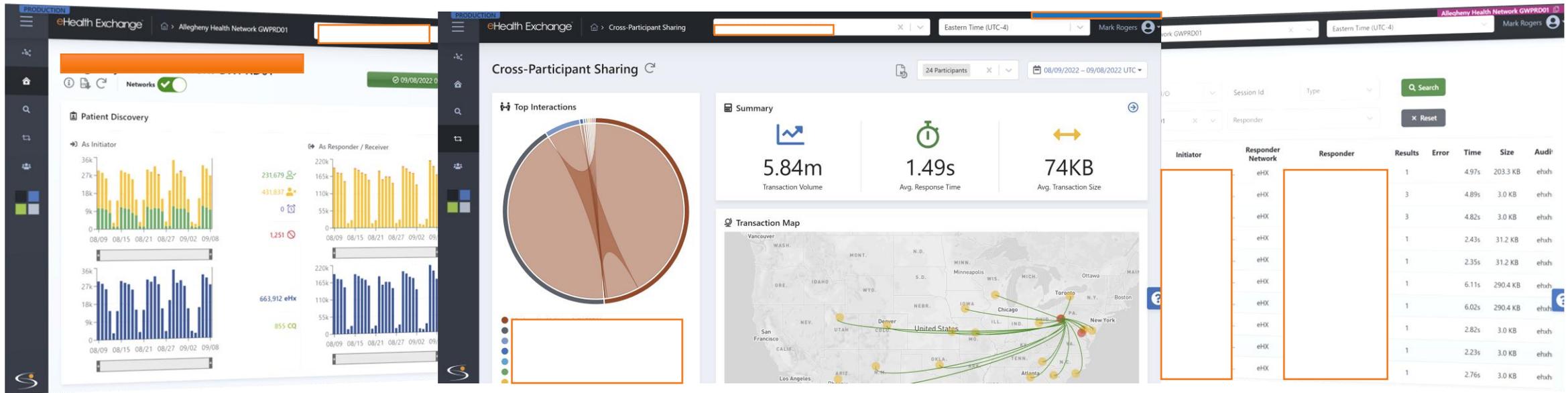


# Resources

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 1<sup>st</sup> 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](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.



# How might I obtain assistance?

| What   | Who                 | How  |
|--|---------------------|--|
| Certificates   | DirectTrust Support | <a href="mailto:support@directtrust.zohodesk.com">support@directtrust.zohodesk.com</a>       |
| Technical Support                                    | Technical Support   | <a href="mailto:servicedesk@hub.ehealthexchange.org">servicedesk@hub.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/>



The logo for eHealth Exchange features the word "eHealth Exchange" in a white, sans-serif font. The lowercase letter "e" is highlighted in orange. A small trademark symbol (TM) is positioned to the upper right of the word "Exchange". The logo is centered within a large, stylized hexagonal grid pattern that is composed of thin lines and small dots, transitioning from orange on the left to blue on the right.

eHealth Exchange™

[ehealthexchange.org](http://ehealthexchange.org)