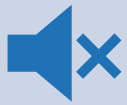
eHealth Exchange™

All Participant Call

June 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

Participant Spotlight	Ashley Green Shannon West, Datavant Brian Malachowski, Datavant
CMS-0057 Payer Update	Scott Rossignol
Hub Environment Upgrade Project	Michael McCune
Hub Dashboard Update/Poll	Jay Johnstone
Coordinating Committee Elections	Jayme Piña
Marketing Update	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Anyone

New Participants

Committed to improving patient care via data exchange

Ashley Green

Welcome!

Participant
eHealth Exchange

datavant

Datavant is the data collaboration platform trusted for healthcare. With a mission to make the world's health data secure, accessible, and actionable, Datavant works with payers, providers, life sciences, legal and insurance clients globally to accelerate insights. Datavant enables more than 60 million healthcare records to move between thousands of organizations across the healthcare ecosystem, more than 80,000 hospitals and clinics, 75% of the 100 largest health systems, and 350+ real-world data partners. Datavant has office locations in Boston, Dallas, New York and San Diego, with international offices in Barcelona and Galway.

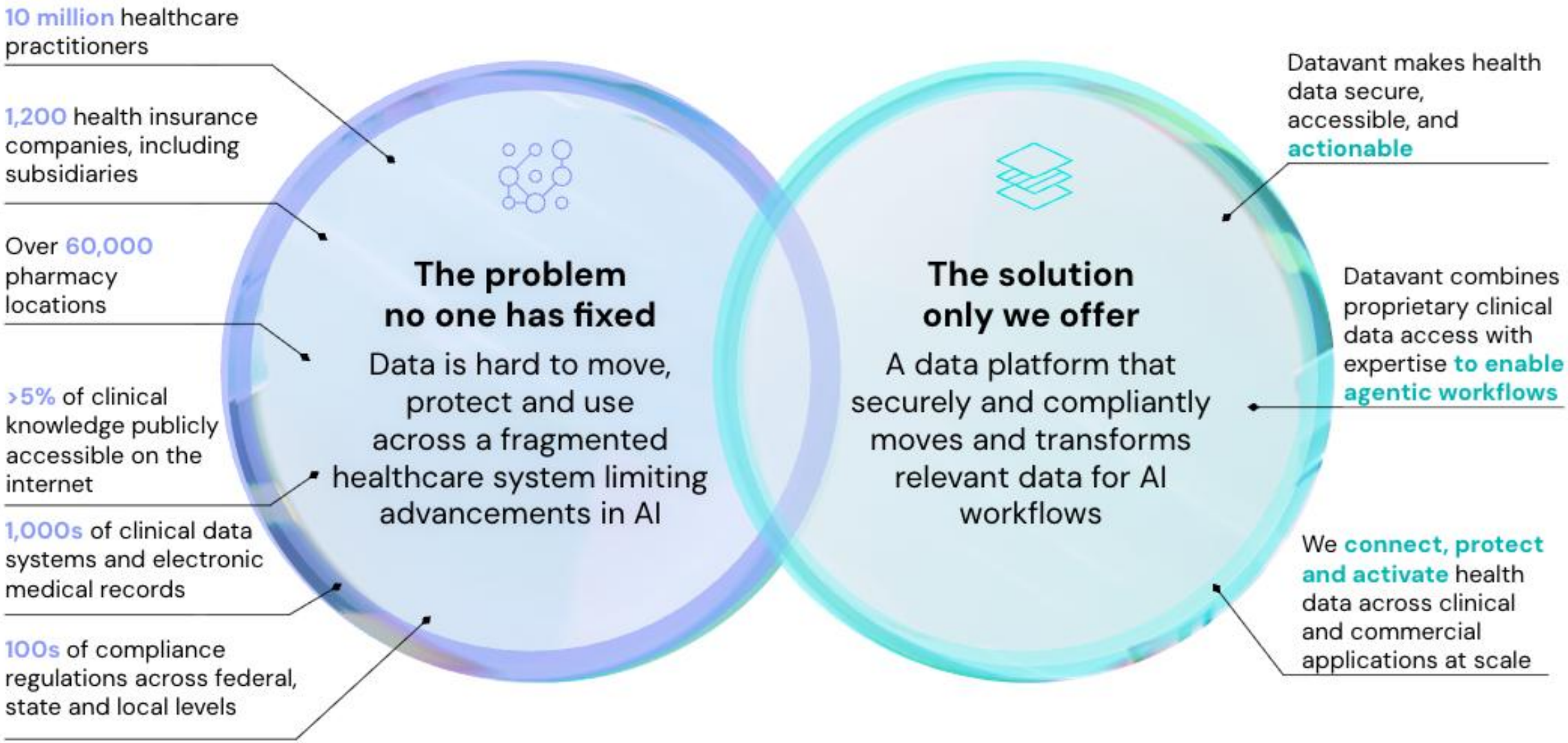
Learn more: [Datavant | The Data Collaboration Platform Trusted for Healthcare]

Shannon West
Chief Strategy Officer

Brian Malachowski
Interoperability Product Leader

Datavant is the data collaboration platform trusted for healthcare

Our Mission: Make the world's health data secure, accessible, and actionable



datavant

Datavant Collaboration Platform is the common exchange and activation point for healthcare data supply and demand

Data Supply

- Patients
- EMRs
- Pharmacy
- Labs
- Claims
- Prescriptions
- 350+ Real-World Data Partners

datavant

Data Demand

Providers	Patients	Life Sciences	Government	Payers	Legal & Insurance
Value-Based Care Organizations	Medical Records	Clinical Trials	Disability Determination	Care Mgmt	Property & Casualty
Continuity of Care	Insights	Commercial	Population Health	Transitions of Care	Personal Injury
Population Health	Privacy Protection	Health Economics and Outcomes Research	Program Evaluation	Payment Integrity	Provider Accountability
Prior Authorization	Health Chats	Registry	Public Health	In-Office Assessment	Individual Review
Revenue Cycle Management	Therapy Discovery	Research	Research Databases	Risk Stratification	Underwriting
Release of Information		Real-World Data / Real-world Evidence	State / Local / Federal Applications	Underwriting	Benefit Determination
				Quality	

Digital Use Cases Health App / Tech · Patient Health · Ad-Tech

AI Models Training · Analysis · Validation

datavant

Payer-Provider Update

Scott Rossignol

CMS-0057F Compliance - How Are Things Going?

- 5 large payers joined the network, 4 since 2024
  - Humana Military, Cambia/Regence, Elevance, BCBSA (34 state plans), Select Health
  - Several more coming in through HIEs
  - … several others in contracting
- ePA work under way in Utah
- Payer-to-Payer pilot
  - 40 regular participants, 12 payer organizations participating
- National FHIR Pub/Sub service
- CMS Health Tech Ecosystem Pledge Progress

eHealth Exchange Support for CMS-0057F

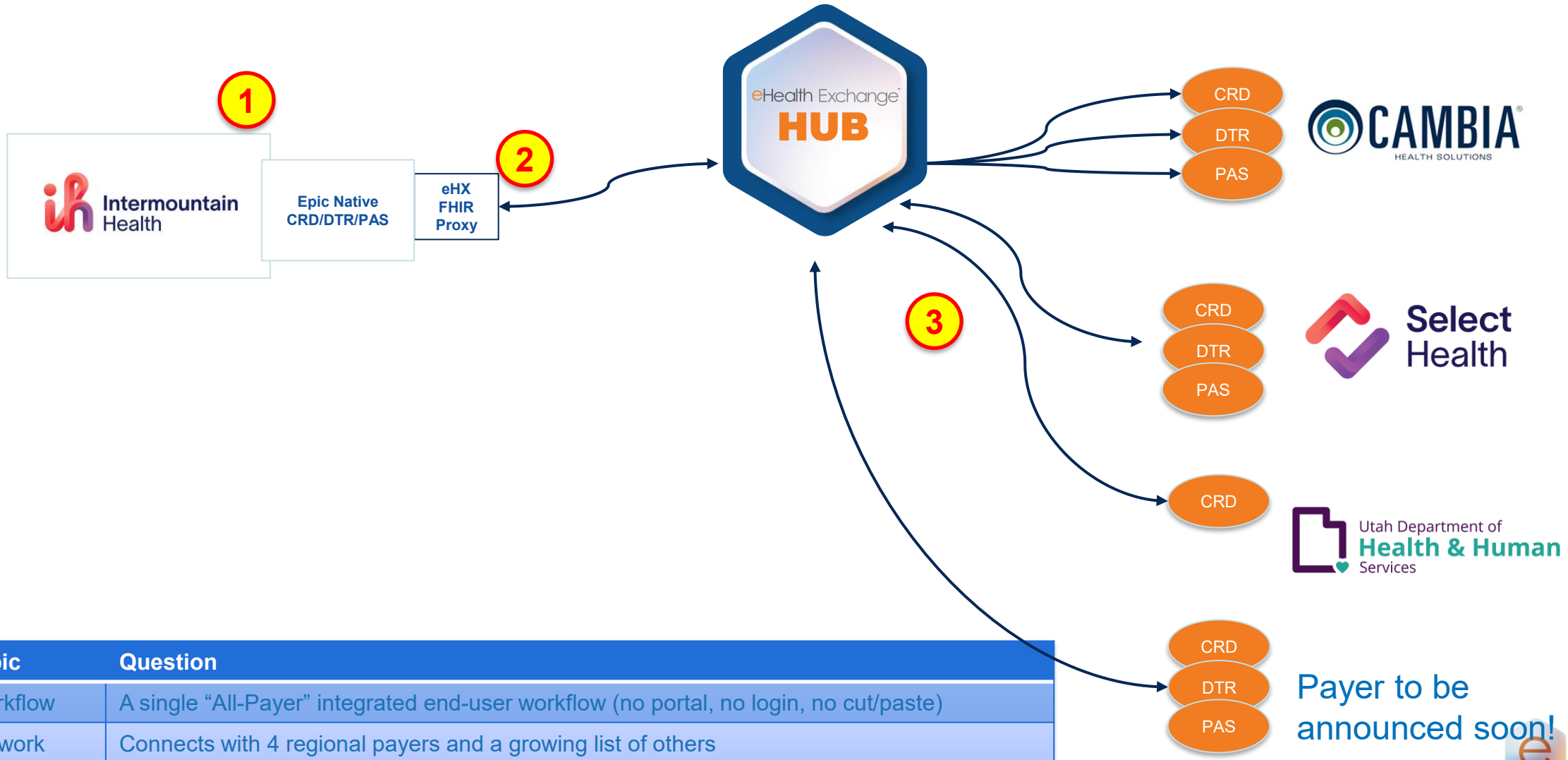
- FHIR Proxy + Task-based Exchange In Production
  - Supports Da Vinci Payer-to-Payer, CDEX, DTR, PAS, ATR
- CDS Hooks Proxy In Development
  - Da Vinci CRD
- Bulk FHIR In Production
  - Support quality measures data exchange (dQM, Payer-to-Payer workflows)
- SMART on FHIR Proxy In Production
  - Support SOF-based ePA workflows for EHRs that do not support native ePA

DaVinci Burden Reduction (ePA) - Project Overview

- Deploy Da Vinci CRD, DTR, and PAS Workflows into Production within the Intermountain Epic system using Epic's native ePA functionalities
- Integrations with payer organizations via the eHealth Exchange network including:
  - Select Health
  - Cambia
  - Utah Medicaid
  - Cigna
- Measure utilization and outcomes

4

Contracts: eHealth Exchange DURSA

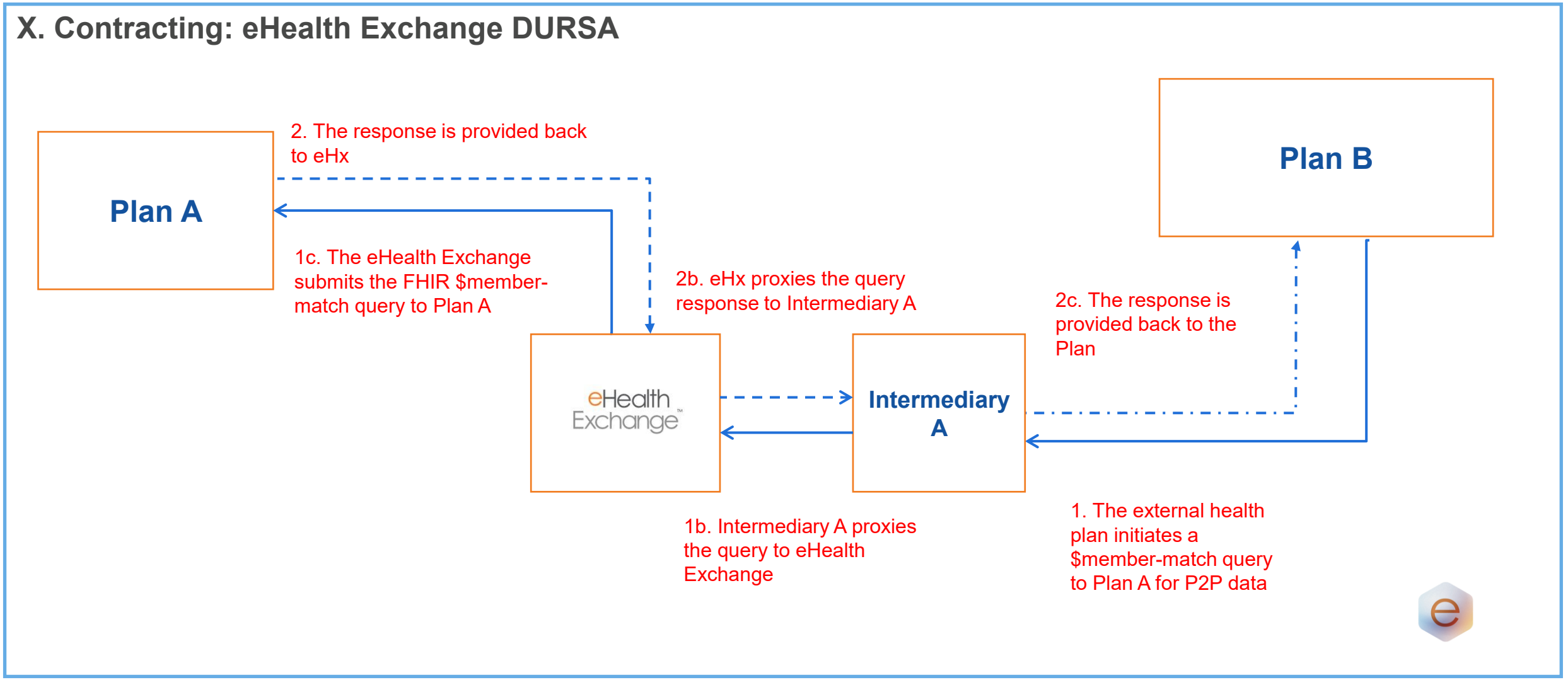


#	Topic	Question
1	Workflow	A single “All-Payer” integrated end-user workflow (no portal, no login, no cut/paste)
2	Network	Connects with 4 regional payers and a growing list of others
3	Routing	Provider- and Payer-driven exchange is enabled through the same setup
4	Legal	The eHealth Exchange DURSA covers legal and contractual requirements

Payer-to-Payer Pilot - Participating Organizations

Organization	Ready to Connect?	Contacts
eHealth Exchange	Prod - Yes Non-prod - Yes	Scott Rossignol, Tiffanie Hickman
CVS Aetna	Prod – No (10/26) Non-prod – Yes	Joel Hansen, Nehal Amin (Product mgr) Kyle Brew (1upHealth)
United Healthcare/Optum	Prod – No (7/26) Non-prod – Yes (outbound only, June for inbound)	Jitendra Patil, Ram Krishnan, Terri Melchior
BCBSA	Prod – No (1/27) Non-prod – No (7/26)	Jena Dangerfield, Karuna Relwani
Cigna	Prod - No Non-prod – No	Ben Mcmeen, Jason Teeple
1UpHealth	Prod - ? Non-prod - Yes	Kyle Brew – can test on behalf of other entities
Wellmark	Prod - No Non-prod – No (Q3)	Eric Vander Wall
Alliance Health Plan	Prod – No (7/26 or earlier) Non-prod – Yes	Cheri McGeehan, Sherry Perkins
Opala	Prod – No (Q3) Non-prod – No (Q3)	Scott Ross, Meghan Quint
Humana	Prod – Yes (Outbound-only), 9/26 (Inbound) Non-prod – Yes (Outbound-only), 9/26 (Inbound)	GB, Nick Najar, Apurva Nayak, Chitra
BCBS Kansas	Prod – No (1/27) Non-prod – No – timelines TBD, est Q3	Kevin Jones, Sujata Mallik
Highmark	Prod – No (1/27) Non-prod – Not established yet	Sabarish Kathiresapandian, Wayne Williams

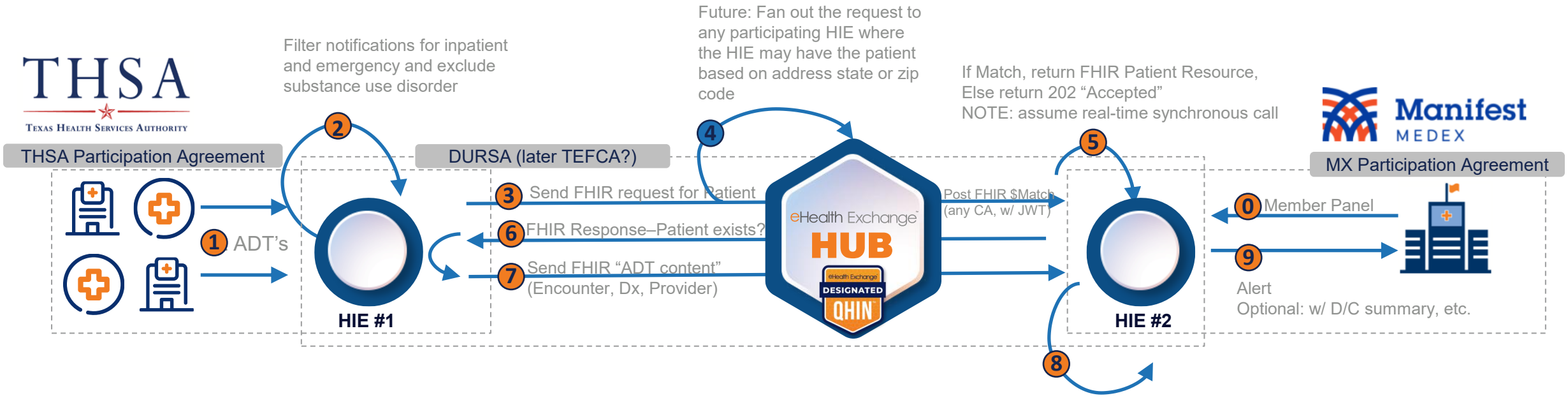
Payer-to-Payer $member-match with 1 or more Intermediaries



FHIR Pub/Sub (fka Member Match) Use Case

Use Case

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.



Workgroups


EHRs and Providers Workgroup
Patient Preferences & Consent Workgroup
Kill the Clipboard Workgroup
Delegation Workgroup
Networks Workgroup
Identity Verification & Authentication Workgroup
Conversational AI Workgroup
Record Locator Services (RLS) Workgroup
Audit & Access History Workgroup
Payer Workgroup
Diabetes and Obesity Prevention Workgroup
FHIR Notifications (Pub/Sub) Workgroup

Future Changes to eHx to Accommodate CMS HTE

- Enable participant opt-in to CMS HTE standards (much like TEFCA/CQ)
  - Patient Matching Algorithm
  - FHIR Pub/Sub producers and subscribers
  - Patient Access using OIDC (TEFCA IAS-like)
  - Payer-Provider connectivity + ePA
- Audit Event log access via Patient Access application
  - Driven by PIX Manager identifier chaining
- FHIR Pub/Sub infrastructure
  - Live with 2 HIEs, adding a 3rd now
- Network peering agreements with other CMS Aligned Networks

TRUST VERIFYING & ENHANCED EXCHANGE SERVICES

27May2026

A set of services to meet expanding network and regulatory requirements, non-Treatment exchange purposes, all while applying a “trust & verify” approach

TRANSACTION FLOW

Step #1
NETWORK CONNECTION
Participants securely connect to a network which provides a single endpoint for initiating and responding to queries (and over-arching governance).

Step #2
PATIENT DISCOVERY
Record Location Services are provided in a federated manner, with various logic schemes to optimize matching and performance.

Step #3
DATA EXCHANGE
Data are exchanged via legacy IHE SOAP/CDA and/or FHIR (including capabilities for “Minimum Necessary”)

TRUST VERIFYING SERVICES

01 Network Dashboard
Each network provides each Participant a dashboard to monitor network traffic for both initiating and responding queries.

The dashboard includes transaction volumes and response times and can also be used by the network governance to verify conformance to policies.

02 Audit-Log Transparency
Each network provides an accounting of all network-facilitated transactions (including treatment): Who, When, & Why.

This API ensures a timely response for patient each request.

The audit log can also include non-matches (for networks that cache non-matches).

CMS HTE

03 Relationship Interlock
Each network supports a federated “relationships” API to enable verification of “Attribution” instead of relying on “Assertions” by requesters during data exchange:

- Patient-Payer
- Patient-Provider
- Patient-Public Health

04 Consent & Preferences
Each network supports a federated consent registry API to enable verification of patient consent preferences.

Initial support is for Opt-in and Opt-out consent, this API can expand to include patient preferences to filter data by: Purpose, Relationships, Encounter, Provider, or Data Class.

CMS HTE CMS-0057

05 Data Quality
Each network measures Data Quality, both during initial onboarding and continuous monitoring in production.

This enables semantic interoperability and aligns with digital quality measures and requirements from other initiatives. Data Quality is foundational to AI advancements.

ENHANCED EXCHANGE SERVICES

06 Directory Services
Each network supports a directory that includes attributes to enable exchange and linkage to other networks or CMS directories.

- Home Community ID (HCID)
- Provider Org NPI (Type 2)
- Payer NAIC ID
- FHIR endpoints

CMS-HTE

07 Federated RLS
Each network supports a “Federated” RLS approach by performing patient demographic matching using either its own algorithm or its Participants algorithms (including regional HIEs and other partners).

The Federated RLS is optimized by geo-location (using current and historical addresses). The Federated RLS also supports directed and broadcast (fan-out) queries.

CMS-HTE

08 PIX Manager
Each network supports a PIX Manager which caches patient correlations in a PHI-lite manner by only storing “linked” PatientIDs.

The PIX Manager serves as the basis for other services including:

- Pub/Sub
- RLS Link-Forwarding

09 Networked FHIR
Each network includes a “FHIR Proxy” service which is configured and installed at each Participant (this serves as an interim alternative to UDAP-DCS/SSRRA).

The Networked FHIR service also enforces “Minimum Necessary” policies using FHIR Bundle Profiles which can be tied to specific purposes of use (and patient consent).

CMS-0057

10 Pub/Sub
Each network supports a pub/sub model, so that trigger events can generate an alert to subscriber(s) with known relationships (including the patient).

CMS-HTE

eHealth Exchange Hub

Environment Upgrade Project

Michael McCune

Hub Upgrade

What?

A version upgrade of the technology platform to the latest version of InterSystems HealthShare and IRIS for Health.

Why?

New features, performance and stability improvements, and preparation for new use cases and workflows.

When?

- A cloned environment was provisioned to test/validate the upgrade to ensure services will continue to function as expected.
- Mitigation of impacted customizations was completed.
- Code freeze scheduled to begin on Thu 6/4, with expected duration of ~8 weeks.

Impacts?

Overarching goal is that there will be no service interruption during the upgrade. Onboarding and configuration updates can continue to be performed, as needed, during the duration of the code freeze.

eHealth Exchange Hub

IP Address Range Expansion and Separation

Michael McCune

IP Address Expansion

What?

- The eHealth Exchange network will be implementing updates to the public IP addresses used in our Validation and Production eHealth Exchange network Hub environments. No changes are being made to the Test environment, nor to our QHIN or FHIR Hub environments.

- As part of this update, inbound and outbound traffic will be assigned separate IP addresses. In addition, environments will expand from a single IP address to multiple IP addresses.

Why?

- These changes are part of our ongoing infrastructure enhancements to support continued growth, scalability, and reliability across the network.

When?

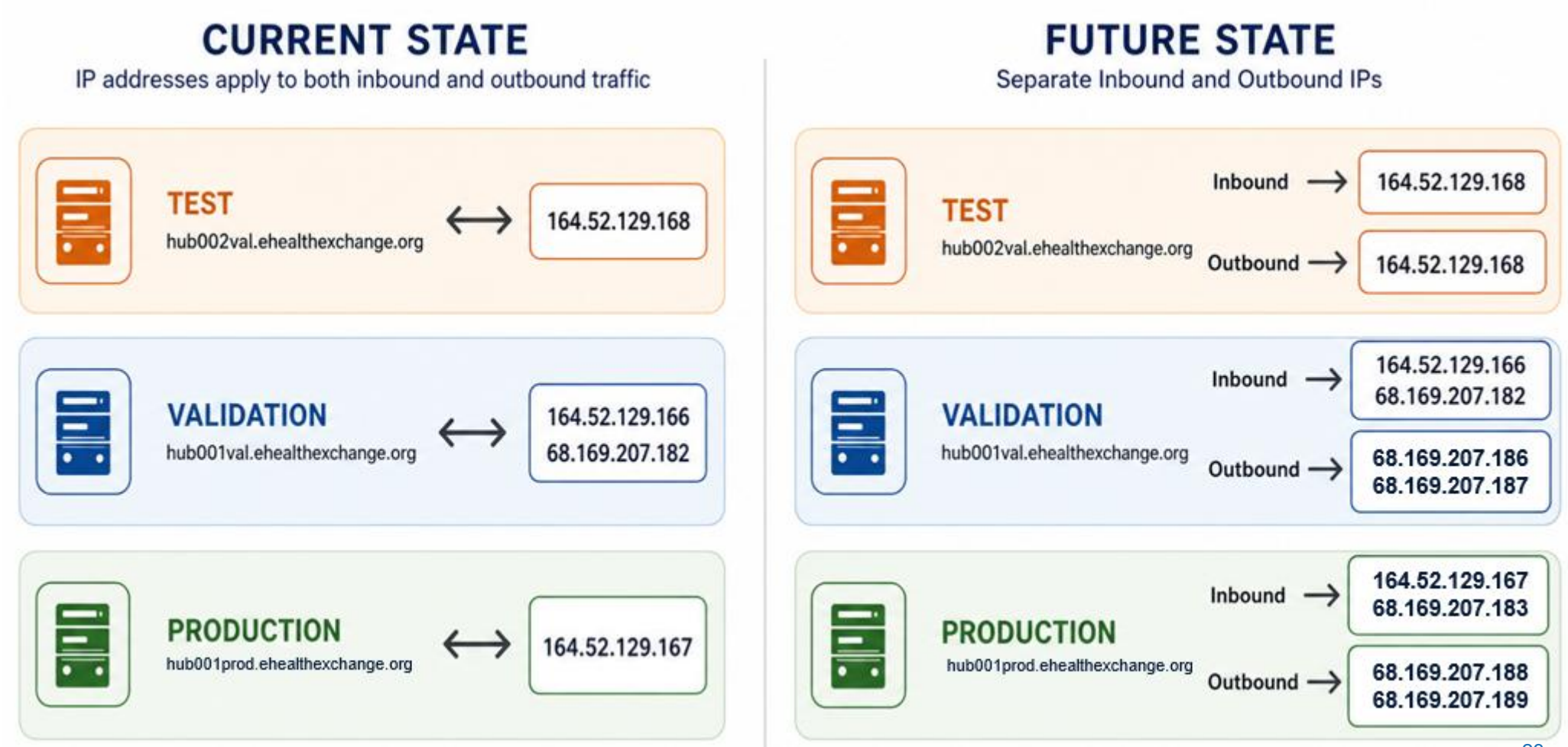
- To minimize participant impact, the changes have been scheduled during weekend maintenance windows when network traffic is at its lowest volume.

IP Address Expansion

Definitions

- **FQDN** (Fully Qualified Domain Name): The complete domain name that uniquely identifies a host or service on a network.
- **IPA**: IP Address
- **INBOUND IPA(s)**: The Hub's public IP address(es) that participant systems use to establish connections and send messages to the eHx Hub. These IP addresses can be determined by performing a DNS lookup on the Hub's FQDN.
- **OUTBOUND IPA(s)**: The Hub's public IP address(es) that serve as the source addresses for requests originating from the eHx Hub. Participant systems will see these IP addresses as the origin of traffic sent by the Hub.

IP Address Expansion



IP Address Expansion

Current State

(IP addresses apply to both inbound and outbound traffic)

ENV	FQDN	IPA(s)
TEST	hub002val.ehealthexchange.org	164.52.129.168
VALIDATION	hub001val.ehealthexchange.org	164.52.129.166, 68.169.207.182
PRODUCTION	hub001prod.ehealthexchange.org	164.52.129.167

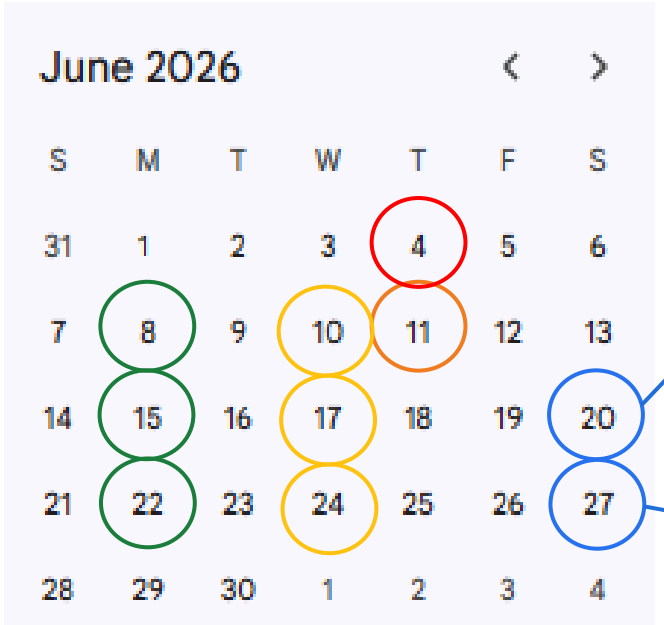
Future State

ENV	FQDN	Inbound IPA(s)	Outbound IPA(s)
TEST	hub002val.ehealthexchange.org	164.52.129.168	164.52.129.168
VALIDATION	hub001val.ehealthexchange.org	164.52.129.166, 68.169.207.182	68.169.207.186, 68.169.207.187
PRODUCTION	hub001prod.ehealthexchange.org	164.52.129.167, 68.169.207.183	68.169.207.188, 68.169.207.189

IP Address Expansion

Timeline

- Communication at Technical Workgroup call
- Communication Sent to Participants
- Targeted Communication to Impacted Participants
- Communication at All Participant call
- Maintenance Events



UAT Environment Migration (Sat 6/20 10am)

LIVE Environment Migration (Sat 6/27 10am)

IP Address Expansion

ACTION REQUIRED !!!

- Organizations that utilize IP address allowlisting must update their firewall and network security configurations to include the new IP addresses listed above.
- **Please share this notification with the appropriate network, firewall, and security administrators within your organization** to ensure any necessary configuration changes are completed prior to the implementation date.

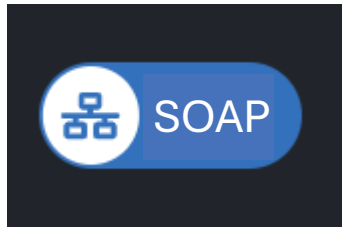
Failure to update allowlists
WILL result in connectivity issues
following the maintenance event(s)

Hub Dashboard Update

FHIR Dashboard Coming Soon...

- We are looking for Participant feedback!
- Toggle between current dashboard and FHIR dashboard:

- What should we name the current dashboard?



Coordinating Committee

Upcoming election process

Jayme Piña

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

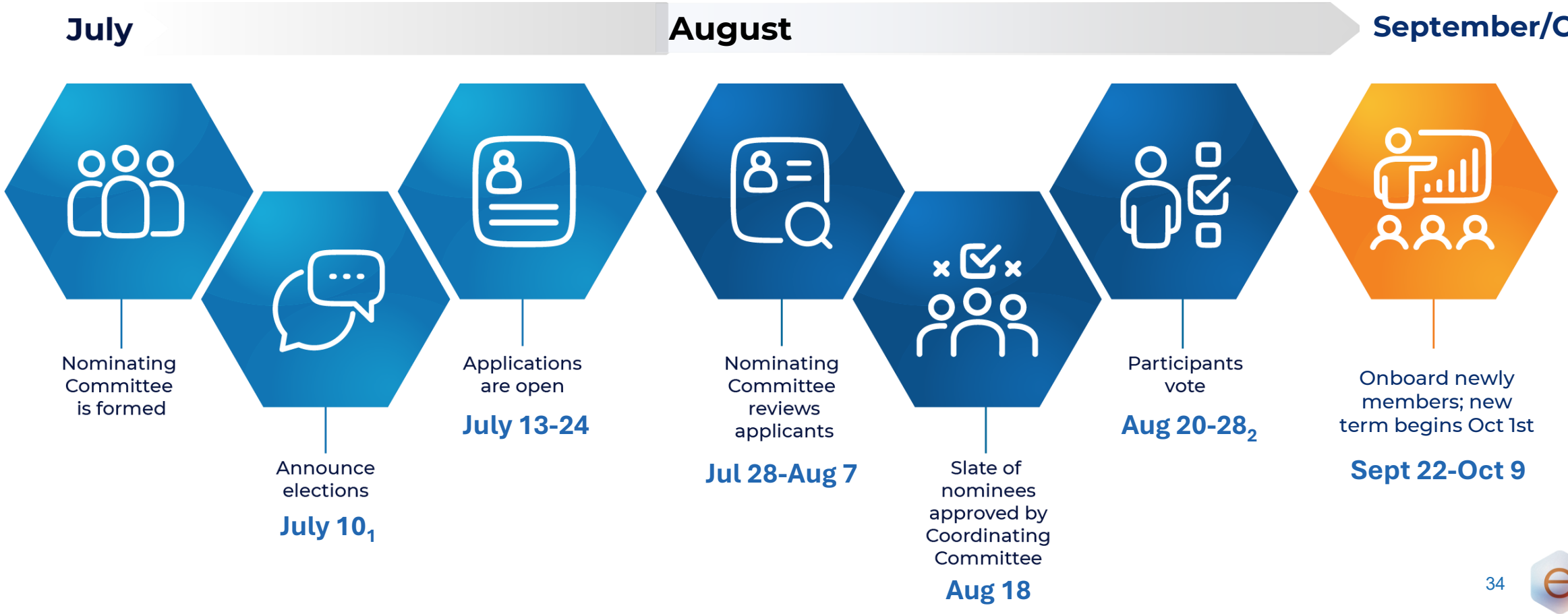
Because the focus of the Coordinating Committee is to set the strategic direction for the network, the ideal candidate should meet the following criteria:

- Should be a senior-level executive within the organization
- Full Time Employee or Independent Contractor of the Non-Federal or Federal Participant
- 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

2026 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	9/30/2027
Paul Matthews	9/30/2028
Arun Gopalan	9/30/2026
Gary Parker	9/30/2027
Julie Riddler	9/30/2027

2026 Coordinating Committee Election Timeline



1. Announce during All Participant Call – June, July
2. August 31-September 4: Time for a runoff if needed

Marketing Updates

News, events, webinars, and more…

Tina Feldmann

May 2026 Publications & Coverage

- The missing piece in prior authorization reform? Providers, some argue.
- C3HIE Goes Live with TEFCA Through eHealth Exchange QHIN Connectivity - The Tennessean
- C3HIE Launches TEFCA Connectivity via eHealth Exchange QHIN
- C3HIE Goes Live with TEFCA Through eHealth Exchange QHIN Connectivity
- The Information Exchange: Lumon on Steroids
- Epic, Oracle, Cleveland Clinic Join CMS Electronic Prior Authorization Initiative
- CMS touts new electronic prior authorization plan ahead of 2027 - Modern Healthcare
- Health systems join payers as early adopters of electronic prior authorization | Healthcare Finance News
- CMS Announces Early Adopters to Advance Solutions for Electronic Prior Authorization, Accelerating Momentum Ahead of 2027 Requirements | CMS
- eHealth Exchange Earns 2026 KLAS Points of Light Award for Advancing Digital Quality Measurement with Bulk FHIR - eHealth Exchange

Speaker Applications OPEN

- Deadline to submit is June 15, 2026
- Submit a Speaker Application

eHealth Exchange

Annual Meeting Speaker Application

Thank you for your interest in presenting at the eHealth Exchange Annual Meeting. Please complete the form below to submit your abstract for consideration.

We're looking for sessions that:

- Showcase real-world implementations and outcomes with FHIR, TEFCA, CMS Health Tech Ecosystem, new or emerging use cases like payer-provider exchange, public health exchange, research, etc.
- Highlight public-private collaboration
- Address policy, technical, and workflow challenges in interoperability
- Inspire attendees to take the next step in improving data usability and patient outcomes

Deadline to submit applications is June 15, 2026.

SUBMITTER DETAILS

Please enter contact details for the person submitting the speaker abstract.

[Summary - eHealth Exchange 2026 Annual Meeting]

Participant Registration Steps

- If available, please **register** to join us 10/27/2026 in Austin, TX
  - Select Participant
  - Enter your personal information
  - Enter credit card info. You'll only be charged $200 if you no show
  - Review your web confirmation for accuracy
- **Book your hotel now/soon please**. Room block will close 10/5/2026
- **Invite others.** Please help us spread the word. Like/Share social posts.

Scheduled Events

NATIONAL HEALTH DATA WEEK 2026
Presented by AHIMA®

[2nd Annual National Health IT Week]

Jun 9-10| Washington, DC

[Civitas Annual Conference]

Sep 22-24| Arlington, VA

[7th Annual CMS HL7 FHIR Connectathon]

Jul 14-16| Virtual

Upcoming eHealth Exchange Monthly Webinars

[Technical Workgroup]

July 3 | 4-5:00 PM ET

CANCELLED

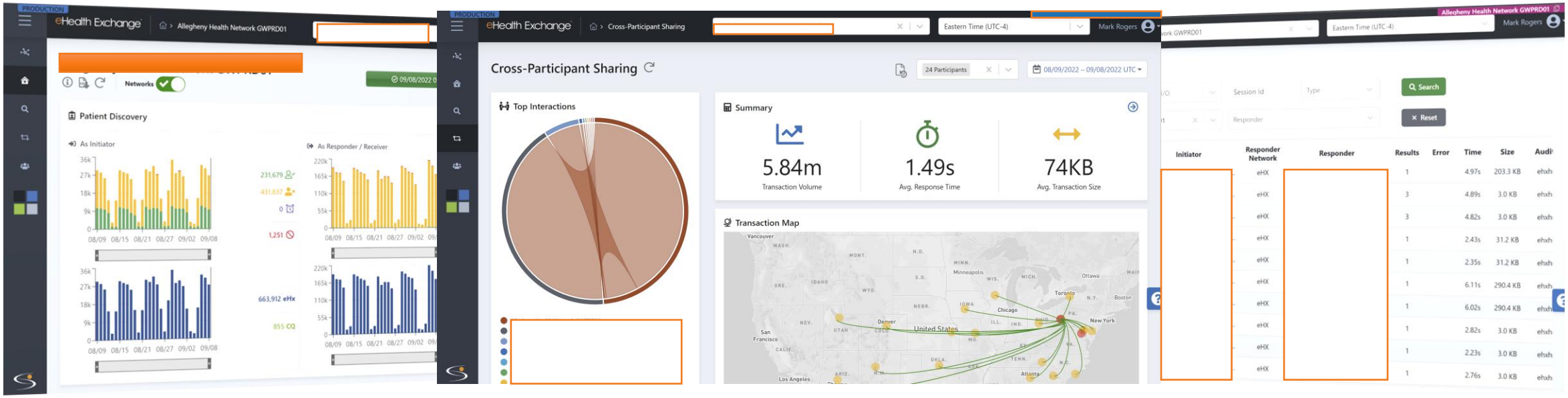
[All Participant Call]

July 9th | Noon-1PM ET

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

Participant Testing

What is **Participant Testing?**

Participant testing is the process organizations undergo to confirm that their systems meet eHealth Exchange technical and interoperability requirements as outlined in the DURSA.

Participant testing is required for:

New Applicants

Testing is necessary for all new applicants that are looking to join eHealth Exchange.

Existing Participants

All current participants must test when making major changes or updates to their systems.

The Goal?

To make sure your technology can connect, communicate, and share trusted data reliably and securely across the nationwide network.

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/