eHealth Exchange™

All Participant Call

August 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

Welcome	Tina Feldmann
Advancing Healthcare Quality through Technology	Mary Beth Conroy, IPRO
Hub Environment Upgrade Project	Mike Yackanich
TEFCA Update	Mike Yackanich
Coordinating Committee Elections	Jayme Piña
Marketing Update	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Anyone

Guest Speaker

Mary Beth Conroy, IPRO

Northeast/Mid-Atlantic
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Advancing Healthcare Quality through Technology (AHQT)

Helping providers use existing connectivity to support quality improvement, care coordination, reporting readiness, and reduced burden through no cost assistance.

Northeast & Mid-Atlantic CMS QIN-QIO

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CMS QIN-QIO (Regions 1 & 2)
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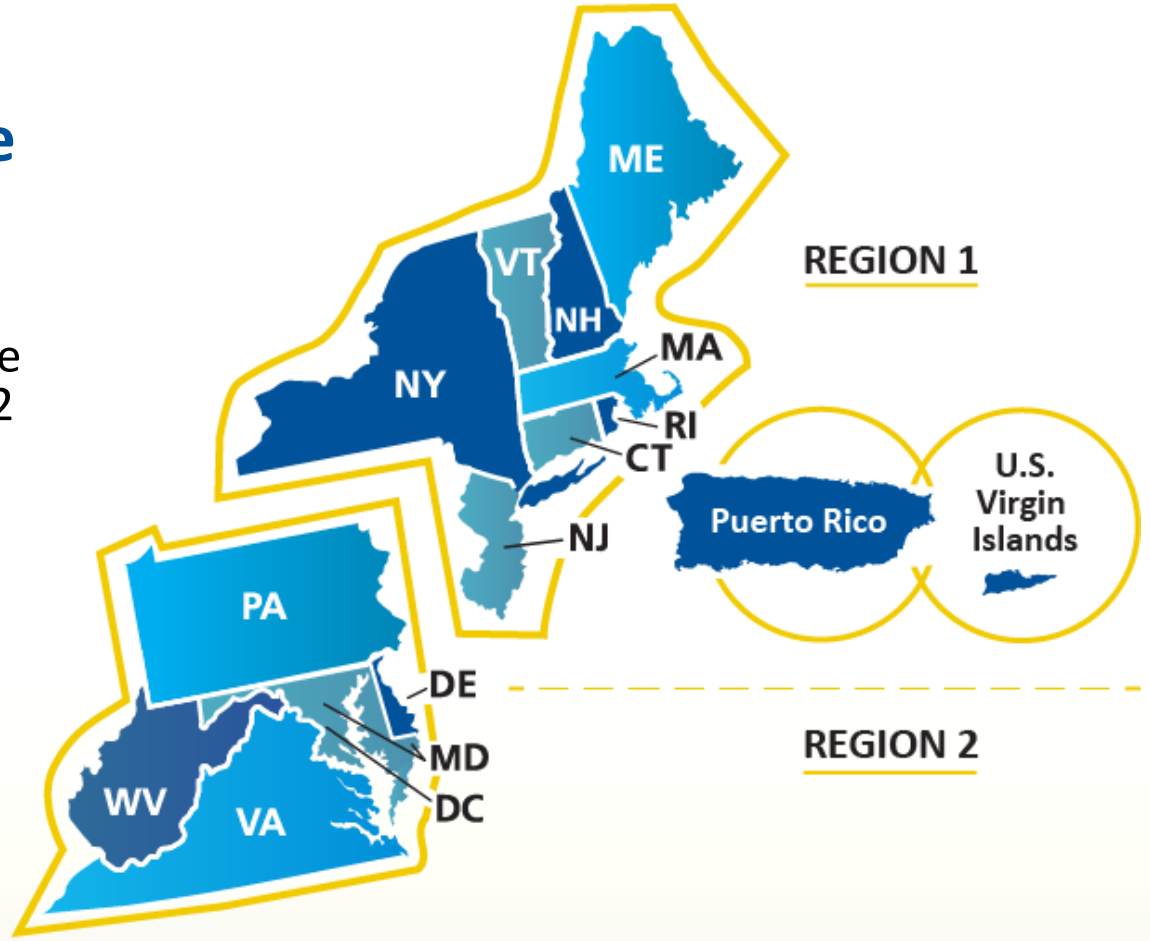
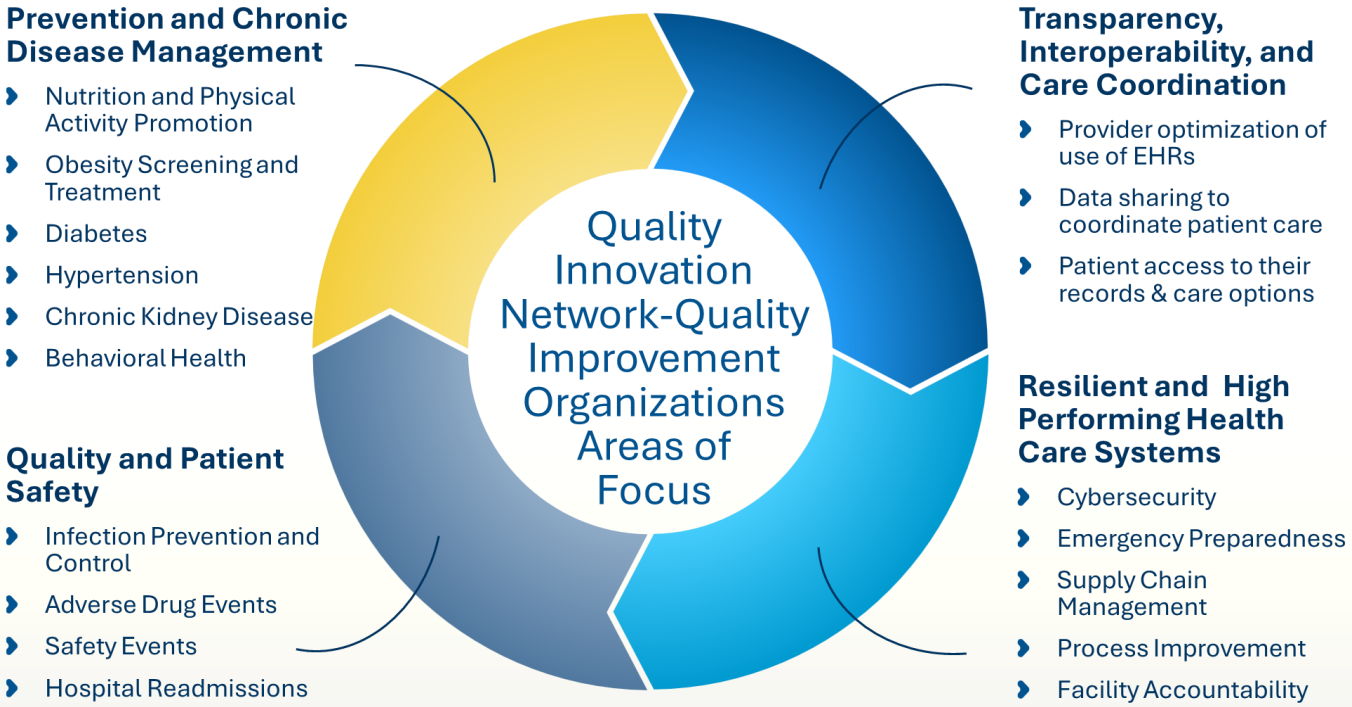
Supporting Healthcare Providers who Care for 24% of the Nation's Medicare Beneficiaries

- Serving hospitals, outpatient clinical practices, nursing homes, and community partners across the CMS Northeast Region 1 and Mid-Atlantic Region 2
- Supporting providers with no-cost technical assistance funded through the CMS QIN-QIO Program
- Helping organizations align quality improvement, interoperability, and reporting readiness
- Working with providers where they are, using existing systems and approved CMS workflows whenever possible



Where AHQT Fits: Technology as an Enabler of Quality Improvement

- AHQT supports the technology, data, and interoperability capabilities needed to advance CMS quality priorities
- QIN-QIO support is designed to complement providers' existing quality improvement work, not replace it



Helping providers maximize the value of their interoperability and health IT investments

⚡ **Reduce reporting burden and technology frustration** through practical, provider-focused technical assistance

🔗 **Optimize existing eHealth Exchange, HIE, and interoperability connections** to support care coordination, quality reporting, and improved data sharing

📘 **Prepare for TEFCA, digital quality measurement (dQM), and evolving interoperability expectations** through guidance on standards, requirements, and readiness activities

💻 **Strengthen EHR and CEHRT capabilities** to improve data quality, workflow efficiency, Promoting Interoperability (PI) performance, and use of data for quality improvement

🧠 **Turn data into action** by helping providers use available information to support quality improvement, performance monitoring, and better patient outcomes

Trusted Data Use and Provider Protection

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- CMS establishes the approved pathways for CMS data access, storage, processing, and transmission
- Provider-identifiable data are handled through controlled, authorized environments and approved uses
- QIN-QIO support focuses on quality improvement, not public identification of provider performance concerns
- Official CMS methodologies and release pathways remain the authoritative source for public reporting
- Our work is designed to help providers improve while protecting information

Promoting Interoperability & Quality Reporting

Helping providers use existing technology and data pathways to support quality improvement, reporting readiness, and better outcomes.

📜 Requirements & Readiness

- ✓Clarify interoperability, quality reporting, and CMS program expectations
- ✓Optimize EHR and CEHRT capabilities
- ✓Prepare for TEFCA, digital quality measurement (dQM), and future interoperability requirements

📊 Data & Submission

- ✓Identify the least burdensome data collection and submission pathway
- ✓Leverage existing eHealth Exchange, HIE, QHIN, and FHIR-enabled capabilities
- ✓Validate and troubleshoot data quality issues

🚀 Outcomes

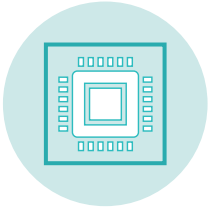
- ✓Improve quality reporting readiness and performance
- ✓Reduce reporting burden through effective use of technology
- ✓Enhance care coordination and technology-enabled quality improvement
- ✓Support participation in technology-enabled care management and incentive programs

Data Pathways for Different Levels of Readiness

We Meet Providers Where They Are Technically

Provider capability	Supported pathway	QIN-QIO support
Advanced exchange capability	eHealth Exchange, HIE, QHIN, FHIR/API, TEFCA-enabled exchange	Help align exchange capabilities with quality reporting and improvement workflows
Structured data capability	sFTP, CSV, Excel, XML, JSON, EHR exports	Help map data elements, validate submissions, and reduce duplication
Limited technical infrastructure	Secure portal, REDCap, standard templates, QIN-assisted submission where permitted	Help complete reporting requirements while building longer-term readiness

Common Challenges We Help Providers Work Through



Data are available but fragmented across EHRs, HIEs, registries, and reporting systems

Existing exchange connections are not always fully integrated into workflows

Providers are unsure how TEFCA, FHIR, dQM, and CMS expectations apply

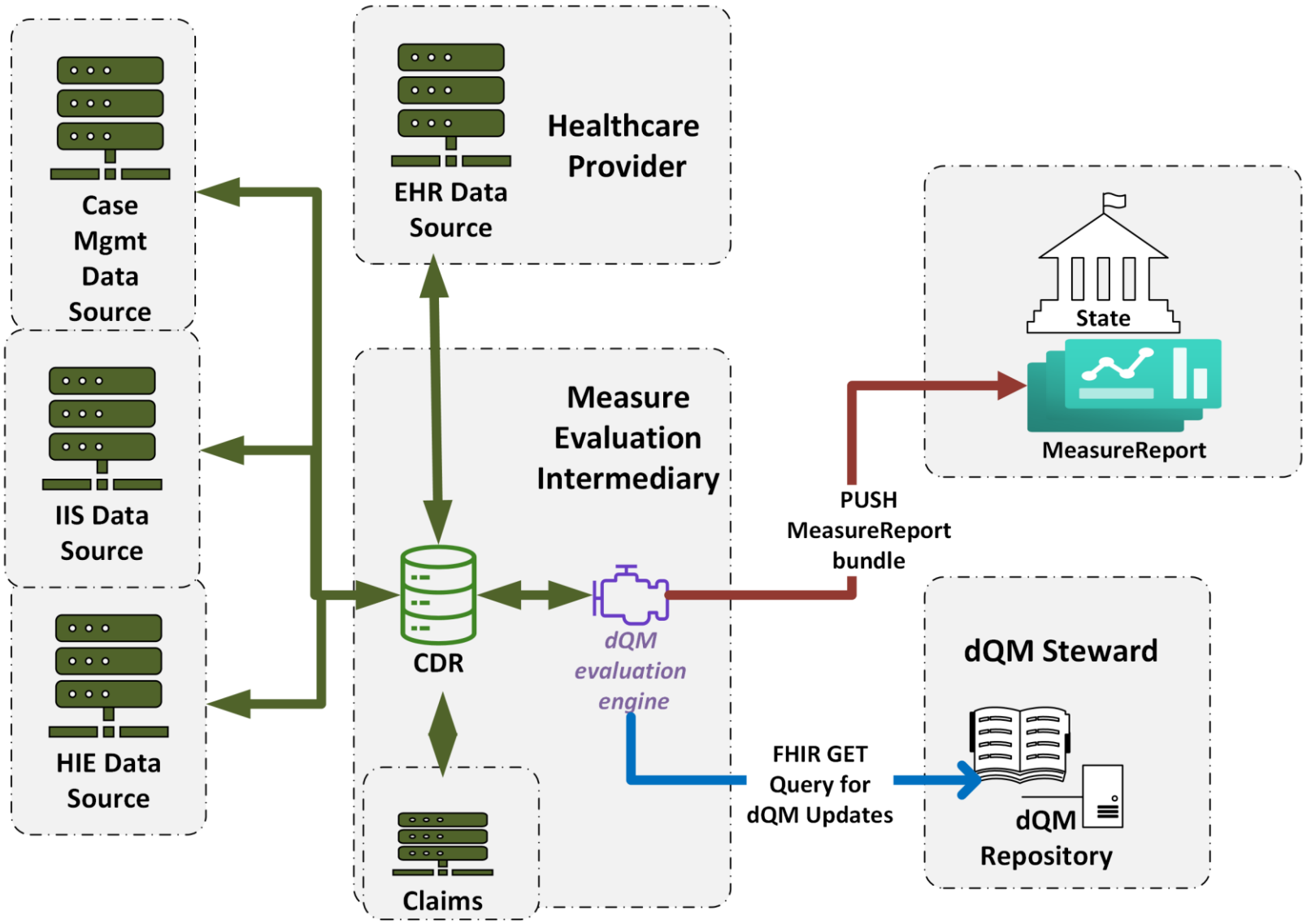
Quality reporting programs can feel duplicative or disconnected from improvement

Provider teams need actionable information, not just raw data

Organizations want assurance that provider-identifiable data are handled through approved, protected pathways

Digital Quality Measurement Depends on Trusted, Usable Data

- Digital quality measurement requires more complete, timely, and standardized data
- eHealth Exchange participation can help close information gaps across care settings
- FHIR/API-enabled exchange can support more efficient reporting when paired with workflow, validation, and governance
- QIN-QIO support helps providers assess readiness, identify gaps, and strengthen data use for improvement



What Participation Means, and What Participation Does Not Mean

Participation Means

- No-cost technical assistance
- AHQT readiness support
- Interoperability and data workflow guidance
- Quality reporting support where applicable
- Data validation and improvement coaching
- Support using approved CMS systems and methodologies

Participation Does Not Mean

- Creating unofficial public provider rankings
- Releasing provider-level performance information outside approved CMS pathways
- Replacing official CMS measures or methodologies
- Adding unnecessary data requests when existing CMS or program data are available
- Treating participation as regulatory enforcement

Aligning Technology for Quality

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🧠 Technology Assessment & Readiness

- Assess digital health, interoperability, and reporting capabilities
- Identify opportunities to strengthen technology-enabled quality improvement

📊 Data-Driven Quality Improvement

- Translate available data into actionable quality improvement strategies
- Support performance monitoring, reporting readiness, and outcome improvement

🔗 Interoperability & Data Exchange Optimization

- Maximize value from existing eHealth Exchange, HIE, QHIN, FHIR, and EHR capabilities
- Improve data availability, quality, and care coordination across settings

👥 Technical Assistance & Change Management

- Provide hands-on support, workflow redesign, and implementation guidance
- Help providers navigate AHQT assessments, reporting requirements, and improvement activities

⚖️ Regulatory & Program Readiness

- Prepare for Promoting Interoperability, TEFCA, digital quality measurement (dQM), and evolving CMS expectations
- Align quality improvement activities with CMS-designated pathways and reporting requirements

What This Means for Hospitals and Outpatient Clinical Practices

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Provider / Practitioners	What Matters	QIN-QIO Support
Hospitals and CAHs	HAIs, readmissions, pressure injury, opioid safety, behavioral health follow-up, NHSN/CMS data	We help align hospital quality priorities, available CMS/program data, exchange workflows, and reporting expectations.
Outpatient clinical practices	Quarterly provider-reported measures, MIPS-defined measures, EHR extraction, Gateway/portal/API/sFTP options	We help practices report the right measures through the least burdensome pathway and use the data for improvement.
eHealth Exchange participants	Existing exchange infrastructure, cross-network data access, TEFCA/QHIN readiness	We help organizations convert exchange participation into quality, care coordination, and reporting value.

Join Us: No-Cost Support for Exchange-Enabled Quality Improvement

- Participate in a CMS-funded quality improvement partnership at no cost
- Strengthen quality improvement using existing data and exchange capabilities
- Reduce avoidable reporting burden
- Improve readiness for digital quality measurement and future interoperability expectations
- Receive hands-on assistance with workflows, validation, and improvement planning

Connect with us to discuss participation, readiness assessment, and technical assistance options.

Ready to Learn More or Participate?

Contact the CMS QIN-QIO AHQT team:

- **Mary Beth Conroy**, Senior Director, CMS Quality Analytics, mbconroy@ipro.org
- **Ti-Kuang Lee**, Senior Director, Digital Health, tlee@ipro.org

We can help your organization:

- ✓ Understand participation options
- ✓ Complete readiness and provider assessment activities
- ✓ Identify applicable quality and reporting needs
- ✓ Determine the least burdensome data pathway
- ✓ Use interoperability investments to support quality improvement

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https://qi.ipro.org/

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eHealth Exchange Hub

Environment Upgrade Project

Mike Yackanich

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.

Status Update

- DEV, TEST, and VAL environments have been successfully upgraded
- Code freeze has been removed
- PROD environment upgrade scheduled to begin Thu 8/20 and be completed by Sun 8/30

TEFCA Update

Including updates regarding the eHealth Exchange QHIN

Mike Yackanich

Designated Qualified Health Information Networks

TEFCA℠

Designated QHINs

eHealth Exchange QHIN Participant Stages

Live

- One Health Record
- APHL
- C3 HIE
- HEALTHiE NEVADA Connecting to Care
- CRISP Shared Services
- Indian Health Service PHS 1955
- Social Security Administration USA
- metriport

Testing

- DaVita
- TnHIE
- Manifest MEDEX
- Georgia Health Information Network

Intent to Participate

- Big Sky Care Connect
- contexture Creating connections. Improving lives.
- Applied Research Works, Inc. COZEVA
- CyncHealth
- DHIN Delaware Health Information Network
- Indiana Health Information Exchange
- KeyHIE Keystone Health Information Exchange
- MiHIN Michigan Health Information Network Shared Services
- SHARE State Health Alliance for Records Exchange
- From Numbers to Knowledge VHI Virginia Health Information

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

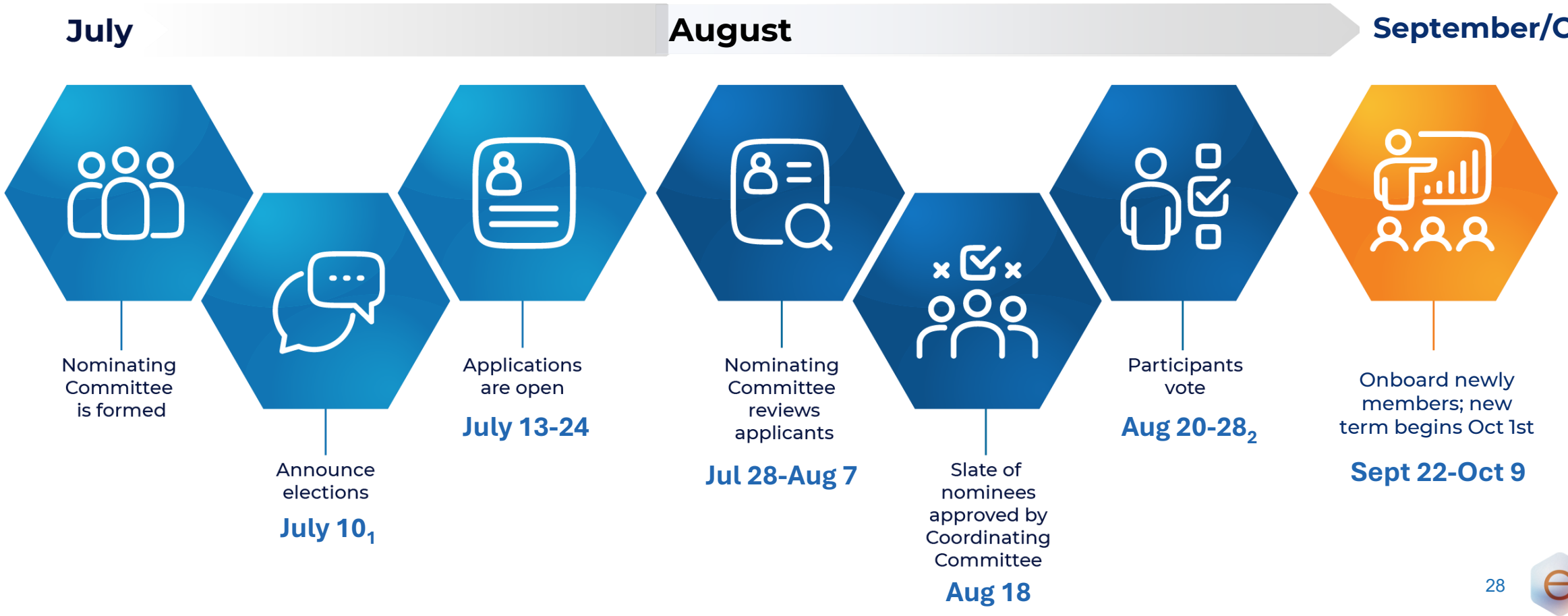
Because the focus of the Coordinating Committee is to set the strategic direction for the network, the ideal candidate should meet the following criteria:

- 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

Recent Publications & Coverage

- Bioethics Today: Even the New EMR Release from ‘All of Us’; the United States Still Hasn't Solved its Genetic Data Diversity Problem
- FENWICK: HHS’s 2026 Regulatory Agenda: Privacy Overhauls, Interoperability Expansion, and Rising TEFCA Scrutiny
- HIS Talk People: eHealth Exchange Appoints Doug Dietzman
- Becker’s Hospital Review: eHealth Exchange Names President from BCBS
- Healthcare Innovation: Interoperability Veteran Dietzman Succeeds Nakashima at eHealth Exchange
- eHealth Exchange Names Doug Dietzman as President and Executive Director - Florida Hospital News and Healthcare Report
- STAT News: All of Us Tests a New Approach to Collect Real-World Data for Research
- NIH All of Us Research Program taps health records to fill gaps | STAT - paid prescription. To read, view pdf: https://ehealthexchange.org/wp-content/uploads/2026/07/NIH-All-of-Us-Research-Program-taps-health-records-to-fill-gaps-_-STAT.pdf

Keynote Speakers Confirmed

Full Agenda Coming Soon!

- Who Gets Your Records and How? (Datavant, Citizen Health)
- Beyond Connectivity: Can Healthcare Trust the Network? (discussion led by Me Soliz; Mariann Yeager, Dr. Matthew Eisenberg, Erica Galvez)
- Data Exchange and Expanding Role of HIEs for Public Health (FDA, CDC, Alabama One)
- Dr. Bot and Treatment (AI discussion led by Brendan Keeler, confirming panelists)
- Payers at the Table: Collaboration Under 0057 (Discussion led by BCBSA; confirming panelists)
- Understanding Data Quality (Discussion led by Charlie Harp, confirming panelists)
- And so much more……

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.

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Signal Wi-Fi	Availity®
Refuel Break	BlueCross BlueShield Association

Available Sponsorships

Horizon Happy Hour $12,000

Momentum Lunch $10,000

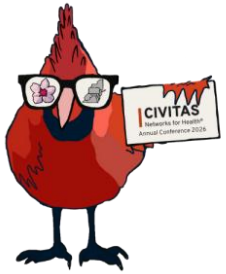
Refuel Break $3,000

Steward $1,000

Scheduled Events

BCBS 2026 Inter-Plan Solutions Forum

BCBS Inter-Plan Solutions Forum
Aug 19-21 | Chicago, IL



Civitas Annual Conference
Sep 22-24| Arlington, VA

NCQA HEALTH INNOVATION SUMMIT

NCQA Health Innovation Summit
Oct 4-7 | Atlanta, GA

Upcoming eHealth Exchange Monthly Webinars

Technical Workgroup

Moving to every other month, and adhoc if needed.

Remaining 2026 schedule: Sept 3rd and Nov 5th

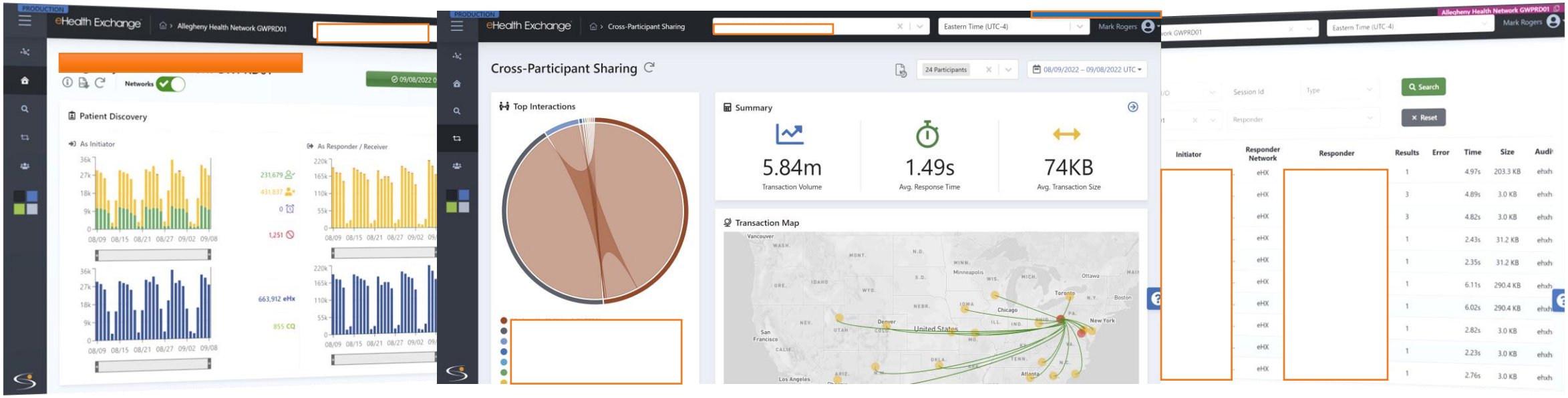
All Participant Call

September 10th | 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

OPP#17 Compliance

OPP #17 - Sub-Participant Identification to Support Transparency and Trust

Background:

Transparency is essential to obtain and maintain trust.

1. This is critical for participants to be able to identify the originator of the message.
2. Assists participants in understanding specifically to whom they are disclosing data.

OPP#17 Compliance

Two main requirements for policy implementation:

Requirement #1: Specifying the Originating Entity in Each Request for Data

a) Identify the participant ultimately responsible for requesting data using the SAML homeCommunityId attribute.

b) To the extent practical, identify the entity/person originating the request for data using the following SAML attributes:

   1) subject:organization (an alphabetic name such as “Kettering Hospital”)

   2) *subject:organization-id (an OID representing the Home Community ID which corresponds to an entry in the eHealth Exchange directory; typically a sub-participant)*

   3) subject-id: Optionally identify the name of the representative user requesting data

OPP#17 Compliance

Two main requirements for policy implementation:

Requirement #2: Populating the eHealth Exchange Directory with Sub-Participants

1) Populate the directory with sub-participants to the extent practical to reflect a participant's constituency that request data and entities for whom participants hold data. (identify entities that contribute to patient data)
2) Participants do not need to identify healthcare practitioners for whom they exchange data.

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/