Developer Participant Information for Cross Vendor Exchange

DEVELOPER PARTICIPANT INFORMATION FOR CROSS VENDOR EXCHANGE

Instructions

Please complete all sections of this document and send the completed document to the National Coordinator for Health Information Technology for review and processing.

A complete document will include the following components:

Document Components	Action Required
General Identifying Information	Provide Information
Designated Point of Contact	Provide Information
Test EHR Information	Provide Information
Agreement to Adhere to the *Principles for Participation*	Sign Agreement

Submissions

Developers must return this completed document in PDF to xvendor.exchange@hhs.gov

Please include the Developer's name and the date in the subject line. If attachments are needed, please include, in the body of the e-mail, a list of the names of all the attachments submitted with the e-mail, indicating to which document component each attachment applies. To expedite review, all supporting documents should be clearly labeled with a document title and the organization name.

Questions

For inquiries and questions about the document process or how to complete the document, please contact the Office of the National Coordinator for Health Information Technology at xvendor.exchange@hhs.gov

Developer Participant Information

General Information

Developer/Organization Name(s):

Address:

City, State: Zip Code:

Homepage URL:

Designated Point of Contact

Name (Last, First): Title:

Phone: Mobile:

E-mail:

Test EHR Information

Product Name:

Product Version:

Domain:

Type:

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Agreement to Adhere to the Principles for Participation

Please confirm that you have read, understand, and agree that your organization(s) will adhere to the following *Principles for Participation* by checking the box next to each Principle and signing and dating the attestation below.

Principles for Participation

(a) Certification and Authorization

☐ (1) Must maintain EHR technology and certification to 45 CFR 170.314(b)(1) Transitions of care – receive, display, and incorporate transition of care/referral summaries (summary care records) and all applicable requirements, under the ONC HIT Certification Program*

☐ (2) Must maintain authorization by continuing to operate in accordance with all requirements of Cross Vendor Exchange testing process and procedure

*For more information on the ONC HIT Certification Program, please reference http://www.healthit.gov/certification

(b) Information

☐ (1) Must provide the following information on Developer's EHR:

i. EHR domain (Ambulatory or Inpatient)
ii. EHR type (Complete or Modular)
iii. Direct address
iv. Trust anchor
v. Digital certificate associated with the Direct address

☐ (2) Must provide and maintain current Developer contact information

(c) Confidentiality

☐ (1) Must agree to the following confidentiality statement:

As a Participant of Cross Vendor Exchange, Parties shall not reveal Confidential Information, directly or indirectly, to any external persons, entities or organizations not involved with the respective Cross Vendor Exchange. Parties shall not use Confidential Information, except for the purpose of carrying out Cross Vendor Exchange. Parties shall use test data only. Parties shall not use live or real data that is actual data about living, identifiable individuals. Parties shall adhere to all Federal Regulations including, but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(d) Performance

☐ (1) Must demonstrate and maintain ability to execute "Authorized Developer Test Instruction" as described in the "Test Instructions for Cross Vendor Exchange"

☐ (2) Must demonstrate and maintain EHR's ability to send Direct Messages as specified at 45 CFR 170.202(a) and included in the "Test Instruction for Cross Vendor Exchange"

☐ (3) Must only test the specified capabilities described in "Test Instructions for Cross Vendor Exchange" during Cross Vendor Exchange testing

☐ (4) Must only utilize and test EHR technology successfully certified under the ONC HIT Certification Program during the execution of Cross Vendor Exchange

☐ (5) Must agree to troubleshoot any technical or exchange issues that may arise during the Cross Vendor Exchange testing process with the Provider

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(e) Records

- ☐ (1) Must not maintain or retain any records or documentation, within the EHR, from the test event after notification of successful message is sent to Provider. This includes names of Providers tested and/or testing results from participation in Cross Vendor Exchange. This requirement applies only to records within the EHR, not those within a Health Information Service Provider (HISP)

(f) Schedule

- ☐ (1) Must provide proposed schedule availability
- ☐ (2) Must confirm actual schedule availability when logging on to the "Randomizer"
- ☐ (3) Must agree to and abide by any and all timeframes defined in "Test Instructions for Cross Vendor Exchange" during Cross Vendor Exchange testing

(g) Training

- ☐ (1) Must attend all mandatory ONC training and program update sessions related to Cross Vendor Exchange
- ☐ (2) Must maintain a training program that includes documented procedures and training requirements to ensure its personnel are competent to conduct Cross Vendor Exchange

(h) Surveillance

- ☐ (1) Must agree to allow ONC, or its authorized agent(s), to periodically observe on site (unannounced or scheduled), during normal business hours, any electronic exchanges performed to demonstrate compliance with the requirements of the Cross Vendor Exchange

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As the Developer's **Authorized Representative**, I agree and am bound to the above conditions for participation. Further, I attest that all statements made in this document are correct to the best of my knowledge and are made in good faith.

Signature: _____

Name: _____

Date: _____

Organization: _____

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