TEFCA from A-Z

2026 ASTP Annual Meeting

Zoe Barber, RCE Policy & Governance Lead
Chris Dickerson, RCE Policy Manager
Alan Swenson, RCE Program Technical Lead
Erin Whaley, RCE Legal SME
Chantal Worzala, RCE Stakeholder Engagement Lead
Mariann Yeager, RCE Program Lead

TEFCA
RECOGNIZED
COORDINATING
ENTITY

2025 – A Year of Action

TEFCA By The Numbers

More than **474 million documents shared** since go-live in December 2023

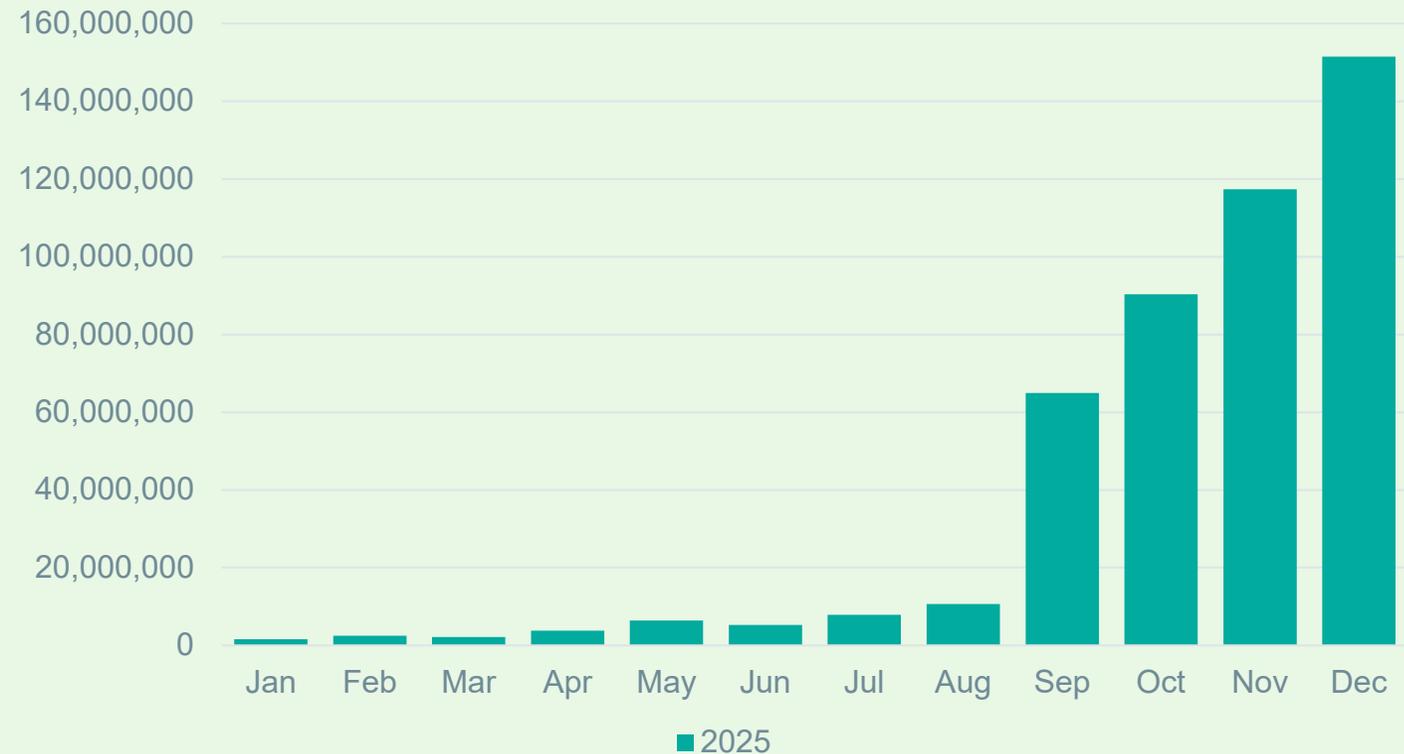|	
TEFCA Documents Exchanged in 2024 (Jan – Dec):	10,378,545
TEFCA Documents Exchanged in 2025 (Jan – Dec):	464,291,021

TOTAL DOCUMENTS SHARED VIA TEFCA EXCHANGE in 2025

Bar chart showing monthly totals for 2025 (Jan through Dec), with y-axis from 0 to 160,000,000.

3 New Designated QHINS in 2025

commonwell® HEALTH ALLIANCE

eClinicalWorks

eHealth Exchange™

Epic Nexus

HEALTH® GORILLA

Kno2®

KONZA NATIONAL NETWORK

MEDALLIES® A CENTAURI HEALTH SOLUTIONS® COMPANY

2025 Netsmart

2025 surescripts Health Information Network™

2025 ORACLE Health Information Network, Inc.™

Learn more: https://rce.sequoiaproject.org/designated-qhins/

TEFCA Governance Established

Caucus Governance and Change Management Activated

- ➢ Policy Development
- ➢ IAS & Treatment Workstream Feedback
- ➢ Increased transparency and public feedback via RCE website

Transitional Governance Process
QHINs + RCE + ASTP/ONC

Jan '24

QHINs live

Jan - July '25

- • QHIN Caucus Established
- • Participant/Subparticipant Established
- • Governing Council Established

Feb '26

8 SOPs approved in total between 2025 - 2026

Standard Operation Procedures (SOPs)
Published 2025 - 2026

SOP	Approval Date	Effective Date
Government Benefits Determination SOP v1.0	✓ October 28, 2025	December 4, 2025
Exchange Purposes SOPs v4.1	✓ October 28, 2025	December 4, 2025
QTF Version 2.1	✓ November 14, 2025	December 4, 2025
Health Care Operations (HCO) XP Implementation SOP Version 2.0	✓ January 12, 2026	February 15, 2026
Exchange Purposes SOPs Version 5.0	✓ January 12, 2026	February 15, 2026
Treatment XP Implementation SOP Version 1.2	✓ January 12, 2026	February 15, 2026
Individual Access Services (IAS) Provider Requirements SOP Version 2.1	✓ January 12, 2026	March 17, 2026
Facilitated FHIR Implementation SOP Version 2.0	✓ January 30, 2026	March 8, 2026

Other SOPs Discussed with the TEFCA Governing Bodies:

Dispute Resolution v2.0 **|** Compliance and Enforcement v2.0 **|** XP Implementation: IAS v2.1 **|** XP Vetting Process SOP v2.0

Transparency Efforts: Public Call for Experts

- The RCE appreciates the tremendous interest from stakeholders to support TEFCA Implementation by participating in time-limited workstreams on specific issues. **We heard from more than 160 experts - Thank you!**

- The RCE offers multiple opportunities for stakeholders to contribute to our process, such as through our monthly informational calls and stakeholder feedback periods, on draft versions of new or revised SOPs and other materials.

- We are very grateful to the community for your interest in advancing TEFCA implementation and look forward to continuing to work together.

Experts bring specialized knowledge to the TEFCA workstreams and support updates to the SOPs

**Any additional opportunities will be posted to our website https://rce.sequoiaproject.org/
The RCE takes input on a rolling basis. Please email: rce@sequoiaproject.org**

Transparency Efforts: Treatment and IAS Implementation Workstreams

The RCE, in coordination with ASTP, launched two, time-limited workstreams to address updates to the Treatment and IAS Implementation SOPs.

Treatment Workstream
Health Care Providers
Data Responders
Business Associates
HIPAA Experts
Technology Vendors

IAS Workstream
Credential Service Providers
IAS Providers
Data Responders
Technical and Security Experts
Consumer Advocates

Each workstream included QHINs and Participant/Subparticipants from the Caucuses, as well as individuals identified through the RCE call for experts, as well as invited experts

TEFCA Topics in Change Management

TEFCA™ Topics in Change Management

The RCE, together with ASTP and the TEFCA governance bodies, will use this webpage to provide transparency into amendments to the Framework Agreements, technical requirements, and SOPs in the change management process.

View Recent Updates

Stay Informed with Updates!

https://rce.sequoiaproject.org/tefca-topics-in-change-management/

RCE Resource Library

TEFCA is a multifaceted, living framework that enables seamless and secure nationwide exchange of health information.

GETTING STARTED
↓

https://rce.sequoiaproject.org/tefca-and-rce-resources/

Additional TEFCA Resources:
https://www.healthit.gov/tefca

All Events Registration and Recordings:
https://rce.sequoiaproject.org/community-engagement/

TEFCA RCE Monthly Informational Calls
Third Tuesday of Each Month
12:00 P.M. – 1:00 P.M. ET
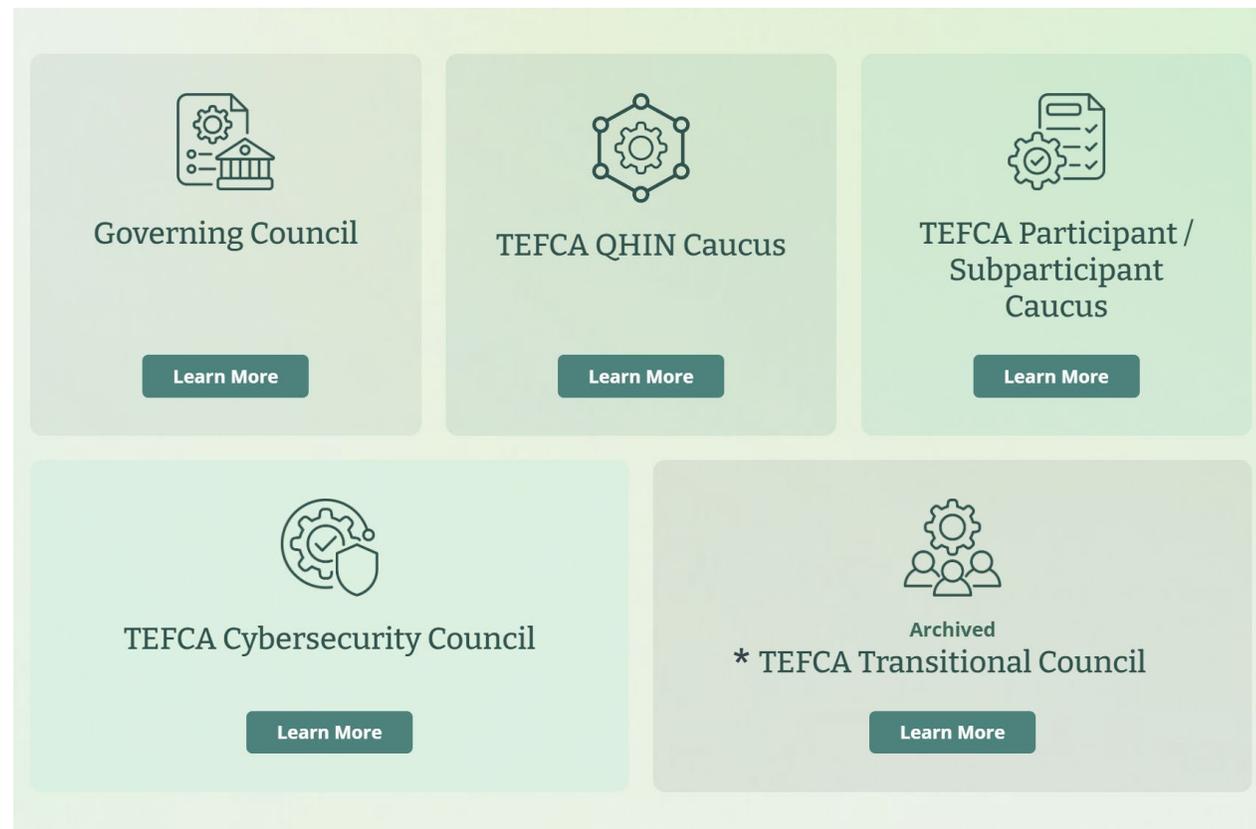
TEFCA Governance

Governing Approach

- ASTP/ONC administers the overall process to define the network participation and governance requirements for TEFCA.

- The Common Agreement and TEFCA Governance SOP establishes participatory governance for QHINs, Participants, and Subparticipants.

- ASTP/ONC oversees the work of the RCE and the governing bodies.

- The councils and caucuses provide feedback and support to address strategic and operational issues, and change management related to TEFCA, in coordination with ASTP and the RCE.

Governing Council

Learn More

TEFCA QHIN Caucus

Learn More

TEFCA Participant / Subparticipant Caucus

Learn More

TEFCA Cybersecurity Council

Learn More

Archived
* TEFCA Transitional Council

Learn More

* The TEFCA Transitional Council was archived after establishment of the Governing Council

TEFCA Governing Council

- The Governing Council, facilitated by the RCE, advises and supports the ASTP/RCE, reviews and provides input on policies and processes, informs strategy and advocates for success of TEFCA Exchange activities under the Common Agreement
- The Governing Council is composed of an equal number of QHIN and Participant/Subparticipant Representatives

Alya Sulaiman, JD, CIPP/US
Datavant

Amy Bagge-Smith, JD
Zus Health

Deven McGraw, JD, MPH
Citizen Health

Gary Parker, JD, MBA
Alabama Medicaid (Alabama One Health Record)

Jay Nakashima
eHealth Exchange

John Blair III, MD *(Vice-Chair)*
MedAllies

John Helvey
SacValley MedShare

Justin McMartin
Surescripts Health Information Network

Kara Justi, MBA
Cleveland Clinic

Laura McCrary, Ed.D
Konza

Matthew Eisenberg, MD *(Chair)*
Stanford Health Care

Melissa Massardo
athenahealth

Mike Warner
Greenway Health

Paul Wilder
CommonWell Health Alliance

Rob Klootwyk
Epic Nexus

Steven Lane, MD
Health Gorilla

Tushar Malhotra
eClinical Works

Alex Mugge
Oracle Health Information Network

QHIN Caucus

- The QHIN Caucus, facilitated by the RCE, serves as a forum for QHINs to meet and discuss issues of interest directly related to TEFCA Exchange and related activities under the Framework Agreements, as well as vote on amendments to the Common Agreement, QTF, and SOPs, as outlined in the Common Agreement.
- The QHIN Caucus is composed of one QHIN member from each Designated and Candidate QHIN

Paul Wilder
CommonWell Health Alliance

Tushar Malhotra
eClinical Works

Cait Riccobono, JD
eHealth Exchange

Harry Freedman
Epic Nexus

Derek Plansky
Health Gorilla

Matt Becker *(Vice-Chair)*
Kno2

Laura McCrary, Ed.D
Konza

Dianne Koval
MedAllies

Kia Moua
Surescripts Health Information Network

Ben Rosen
Netsmart

Hans Buitendijk *(Chair)*
Oracle Health Information Network

TEFCA Participant Subparticipant Caucus

- The Participant/Subparticipant Caucus shall be composed of voting representatives from key stakeholder groups who are actively involved in or enabling TEFCA Exchange.

- The Participant/Subparticipant Caucus is responsible for voting on amendments to SOPs with a material impact on Participants and Subparticipants.

- To serve on the Participant/Subparticipant Caucus, an individual must be Affiliated With a Participant or Subparticipant that is actively involved in or enabling TEFCA Exchange by the end of 2026.

Applications now open for April 2026 – March 2028 Terms

Public Health

Health Information Networks

Health Care Providers

Payers

IAS Providers

EHR Vendors

Alya Sulaiman, JD, Datavant

Amy Bagge-Smith, JD, Zus Health *Chair*

Angela Mares, Intermountain Health

Arien Malec, Aledade

Brett Oliver, MD, Baptist Health System KY & IN

Deven McGraw, JD, MPH, Citizen Health

Gabriel M. Cohen, **MD,** NYC Health + Hospitals

Gary Parker, JD, MBA, Alabama Medicaid (Alabama One Health Record)

Gurbinder "GB" Singh, Humana

Hannah Galvin, MD, Cambridge Health Alliance

Jennifer Manahan, Ascension Medical Group

John Helvey, SacValley MedShare

Kara Justi, MBA, Cleveland Clinic *Vice-Chair*

Katrina Parrish MD, SSI Group LLC, Patient.com

Laura Williams, MD, MPH, Trinity Health

Lindsey Lopez, JD, Kaiser Permanente

Matthew Eisenberg, MD, Stanford Health Care

Melissa Massardo, athenahealth

Michael Corderio, MEDITECH

Michelle Meigs, Association of Public Laboratories

Mike Warner, Greenway Health

Nichole Sweeney, JD, CRISP Shared Services

Pranam Ben, The Garage

Priscilla A. Frase, MD, Ozarks Healthcare

Ray Duncan, MD, Cedars-Sinai Health System

Robin Roberts, PointClickCare

Sheena Patel, MD, CRISP Maryland

Stephanie Eken, MD, Acadia

Tina Joros, JD, Veradigm

William Gregg, MD, HCA Healthcare

TEFCA Cybersecurity Council

- The TEFCA Cybersecurity Council evaluated the cybersecurity risks associated with activities conducted under the Framework Agreements and advises the ASTP/RCE on ways to remediate these risks

- The Cybersecurity council is composed of CISOs from QHINs and TEFCA Participants/Subparticipants

Johnathan Coleman
RCE

Wesley Vaux
CommonWell Health Alliance

Eric Thompson
KONZA National Network

Jeremy Maxwell
Veradigm

Jason Barnett
Oracle Health Information Network

Debbie Condrey
eHealth Exchange

Joe Granneman
Kno2

Judy Hatchett
Surescripts Health Information Network

Hanna Sicker
Virta Health

Antonette Namai
Federal Electronic Health Record Modernization (FEHRM) Office
Federal Partner Representative

Mark W. Dill
MedAllies

Emerson Bentley
Epic Nexus

Mark Nolte
Netsmart Technologies, Inc.

Bezawit (Bez) Sumner
CRISP Shared Services (CSS)

Bob Ganim
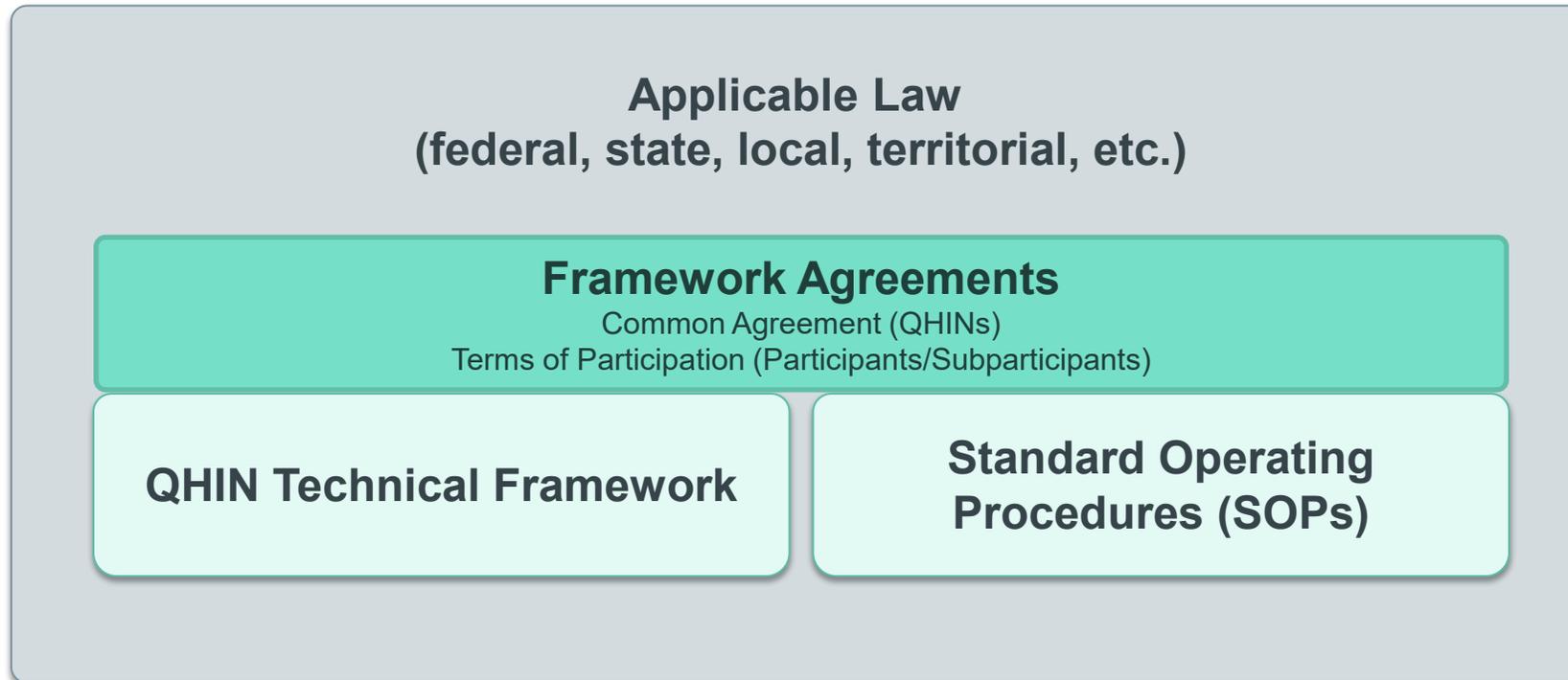eClinicalWorks

Tabrez Naqvi
Health Gorilla

Scott Dresen
Corewell Health

Christopher Wolf
Clay County Medical Center

TEFCA Policy

Applicable Law
(federal, state, local, territorial, etc.)

Framework Agreements
Common Agreement (QHINs)
Terms of Participation (Participants/Subparticipants)

QHIN Technical Framework

Standard Operating Procedures (SOPs)

Recently Published SOPs

Individual Access Services (IAS) Provider Requirements SOP Version 2.1

This SOP defines the required content of an IAS Provider's Privacy and Security Notice, as well as the procedures for notifying Individuals of IAS-related security incidents or breaches. Updates provide individuals with additional transparency into the choices they have for sharing their Individually Identifiable Information in TEFCA.

Exchange Purposes (XPs) SOP Version 5.0

This SOP defines the authorized Exchange Purposes (XPs) and provides information on the response obligations, fee permissions, and exceptions to required response for each XP Code. Updates provide additional detail on exchange for Non-Required XP Codes and are consistent with other published SOPs.

XP Implementation SOP: Health Care Operations (HCO) Version 2.0

This SOP defines the implementation specifications for asserting the Health Care Operations (HCO) Exchange Purpose (XP) and sub-Exchange Purpose (XP) Codes. Updates establish additional XP Codes for Health Care Operations and enhance flexibility for Participants/Subparticipants to determine exchange specifications that support core Health Care Operations use cases, while protecting individual privacy under TEFCA.

XP Implementation SOP: Treatment Version 1.2

This SOP specifies the implementation requirements and parameters for asserting the Treatment Exchange Purpose, including the TEFCA Required Treatment (T-TRTMNT) XP Code. Updates address which Responding Nodes must respond to T-TRTMNT queries while supporting appropriate, trusted access to patient information under TEFCA.

Facilitated FHIR Implementation SOP Version 2.0

This SOP defines requirements for Facilitated FHIR implementation activities and supports consistent adoption of a scalable, network-based approach across TEFCA while allowing flexibility during a transition period.

IAS Provider Requirements SOP
Version 2.1

This SOP defines the required content of an IAS Provider's Privacy and Security Notice, as well as the procedures for notifying Individuals of IAS-related security incidents or breaches. Updates provide individuals with additional transparency into the choices they have for sharing their Individually Identifiable Information in TEFCA.

SOP Section #	What was the previous policy?	What changes were made?	Why were the changes made?
4.1(3)	IAS Providers must translate the Notice into any non-English language that is the primary language of at least five (5) percent of the individual users in the IAS Provider's service area	Removed requirement	To reduce burden on IAS Providers and increase participation
4.1(4)	IAS Providers must include a statement regarding whether III related to reproductive health care services (as defined in Executive Order 14076) and gender affirming care may be Used and/or Disclosed in accordance with Applicable Law	Removed references to Executive Order 14076 and reproductive care/gender-affirming care	Executive Order 14076 was rescinded
4.1(9)	IAS Providers must describe the choices an Individual has regarding the collection, use, deletion, and sharing of their Individually Identifiable Information (III)	In addition to the previous policy: • IAS Providers must publicly disclose whether they have Bidirectional capabilities or if they are Request-Only • If the IAS Provider is Bidirectional then the IAS Provider must provide the Individual with a choice regarding whether or not the IAS Provider will Disclose Individually Identifiable Information in Response to Requests via TEFCA Exchange	To increase patient autonomy over how their data is disclosed and encourage more IAS participation in TEFCA

This is a summary. Please reference the SOP on the Resources Page for the full text.

Exchange Purposes SOP Version 5.0

This SOP defines the authorized Exchange Purposes (XPs) and provides information on the response obligations, fee permissions, and exceptions to required response for each XP Code. Updates provide additional detail on exchange for Non-Required XP Codes and are consistent with other published SOPs.

Substantive Changes in XPs SOP Version 5.0

SOP Section #	What was the previous policy?	What changes were made?	Why were the changes made?
4.1	If there is a more precise XP Code that describes the reason for which an entity has initiated a push transaction, then the entity MUST use the more specific XP Code	Extended the current policy to apply to query transactions, in addition to push transactions	To enable transparency into the specific sub-XP Code (use case) for which exchange partners are querying
4.2(c)	SOP language refers to "controlling" a Node	Changed the word controlled to operate to stay consistent with other documents. Also, clarified what it means to "operate" a Node	To enhance clarity
4.2, Table 1	All Responding Nodes MUST respond to T-TRTMNT	• Modified response requirements for T-TRTMNT • Added new T-HCO sub-XP Codes	To encourage participation and align with updates made in the Treatment XP Implementation SOP and the HCO XP Implementation SOP

This is a summary. Please reference the SOP on the Resources Page for the full text.

Substantive Changes in XPs SOP Version 5.0 continued

SOP Section #	What was the previous policy?	What changes were made?	Why were the changes made?
4.5 (previously 4.6)	IAS Providers have an exception to required response if the response would be inconsistent with the IAS Provider's Privacy and Security Notice	• Aligned language with IAS Provider Requirements SOP to reflect IAS Provider capabilities to respond and patient disclosure preferences • Added exception for Initiator-Only Delegates to align with the Delegation of Authority SOP	To align with other SOPs
4.6 (previously 4.7)	XPs SOP Version 4.1 states that for Non-Required XP Codes, Section 6.2.2. of the Common Agreement and Section 2.2.2 of the TOP shall not apply	Added clarification that where the Framework Agreements, SOPs, or QTF don't address certain aspects of exchange, partners may agree to mutual terms. For example: •Fees for query response •Data needed to fulfill the purpose of the query •Service level agreements •Scope of patient population •Reciprocity requirements Added additional detail on governance and oversight of exchange for Non-Required Exchange Purposes	To add clarity on what terms are negotiable between exchange partners To provide more transparency into exchange patterns for Non-Required XP Codes

This is a summary. Please reference the SOP on the Resources Page for the full text.

XP Implementation: Health Care Operations (HCO) Version 2.0

This SOP defines the implementation specifications for asserting the Health Care Operations (HCO) Exchange Purpose (XP) and sub-Exchange Purpose (XP) Codes. Updates establish additional XP Codes for Health Care Operations and enhance flexibility for Participants/Subparticipants to determine exchange specifications that support core Health Care Operations use cases, while protecting individual privacy under TEFCA.

Substantive Changes in HCO XP Implementation Version 2.0

SOP Section #	What was the previous policy?	What changes were made?	Why were the changes made?
4.1	Defined 4 T-HCO XP Codes: • Health Care Operations (T-HCO) • Care Coordination/Case Management (T-HCO-CC) • HEDIS Reporting (T-HCO-HED) • Quality Measurement (T-HCO-QM)	Updated the Exchange Purpose (XP) Code options under the HCO category to include 6 HCO XP Codes with descriptions • Care Coordination/Case Management • HEDIS Reporting • Quality Assessment and Improvement • Population-Based Activities • Patient Safety • Performance Review	To provide greater transparency and granularity into the purposes for data exchange conducted for Health Care Operations, while maintaining flexibility for Participants/Subparticipants to determine exchange specifications
4.4.2.2, 4.4.3.3	Terms for T-HCO included SHOULD-level response, data, and implementation guide specifications	Removed SHOULD-level response and data specifications	T-HCO and associated sub-XPs are Non-Required XPs and exchange partners will be able to determine response requirements, including scope of data to be exchanged, with data exchange partner under Section 4.6 of the Exchange Purposes (XPs) SOP
5, 6, and 7	SOP had individual sections for each of Care Coordination/Case Management, HEDIS Reporting, and Quality Measure Reporting	Removed detailed, use case specifications around Care Coordination/Case Management, HEDIS Reporting, and Quality Measure Reporting	Exchange partners will determine the details for exchange for each of these sub-XPs, with ongoing monitoring by the Governing Council

This is a summary. Please reference the SOP on the Resources Page for the full text.

XP Implementation SOP: Treatment Version 1.2

This SOP specifies the implementation requirements and parameters for asserting the Treatment Exchange Purpose, including the TEFCA Required Treatment (T-TRTMNT) XP Code. Updates address which Responding Nodes must respond to T-TRTMNT queries while supporting appropriate, trusted access to patient information under TEFCA.

SOP Section #	What was the previous policy?	What changes were made?	Why were changes made?
Definitions	The definition refers to 45 CFR 164.501	Added a footnote with the text of the 45 CFR 164.501 Treatment definition (as of the effective date of the SOP) for reference	To enhance readability of the SOP
4.4.5.2 and 4.4.6.3	All Responding Nodes must respond to T-TRTMNT	Modified the required response section to T-TRTMNT: • All Responding Nodes that are operated by or associated with a Health Care Provider or its Delegate MUST respond • All Responding Nodes that are operated by or associated with an IAS Provider MUST Respond when the IAS Provider supports Response and the Individual has chosen for the IAS Provider to Respond • All other Responding Nodes that are not required to Respond to QHIN Queries for the T-TRTMNT XP Code SHOULD respond to QHIN Queries for the T-TRTMNT XP Code • The RCE, in consultation with the Governing Council, will monitor reported metrics on T-HCO and T-PYMNT, as well as participation by Health Plans in TEFCA Exchange, to establish a timeline for Responding Nodes operated by or associated with Health Plans or Delegates of Health Plans to be required to Respond to T-TRTMNT	To encourage participation by Participants and Subparticipants

This is a summary. Please reference the SOP on the Resources Page for the full text.

Facilitated FHIR Implementation SOP Version 2.0

This SOP defines requirements for Facilitated FHIR implementation activities and supports consistent adoption of a scalable, network-based approach across TEFCA while allowing flexibility during a transition period.

Facilitated FHIR SOP Version 2.0 Key Changes

- Updated to remove the January 1, 2026 deadline that requires all FHIR Adopters to use the HL7 SSRAA FHIR IG 1.0.0

- Sets new milestones for adoption of HL7 SSRAA – leading to Jan 1, 2027

- Removed requirements for SMART on FHIR

- Updated to refer to USCDI V3/US Core V6.1 in alignment with ASTP Regulation

- Refined SSRAA requirements for secure exchange

- Updated the IAS information requirements for SSRAA

- Updated the Scope Negotiation section to match the HL7 FAST UDAP SSRAA IG V2.0 (in publication process)

- **SMART on FHIR**: Substitute Medical Applications and Reusable Technologies on FHIR
- **HL7 FAST** = FHIR At Scale Taskforce
- **SSRAA** = Security for Scalable Registration, Authentication, and Authorization
- **UDAP** = Unified Data Access Profiles

Break for Q&A

Exchange Purpose (XP) Deep Dive

Treatment
Individual Access Services

The TEFCA Treatment Implementation Workstream held meetings from Sept. 24th - Dec. 17th, 2025
Composition: Representatives of each QHIN, Participants/Subparticipants, invited experts
Discussed the first part of ASTP's overarching policy goal for Treatment:
All Covered Entity Health Care Providers can compel a response for Treatment, as defined in HIPAA

- **Proposals**
  - » Multi-faceted approach including
    - – Update the Onboarding and Designation SOP to require QHINs (or their Participants) to conduct up front and periodic review of their own P/S Principals including a "Know Your Participant/Subparticipant" checklist.
    - – QHINs will provide the RCE with demographic information for each Entrant. To support vetting, the RCE is exploring options for validating Covered Entity Health Care Provider status, allowing for removal of the current peer-review vetting process.
    - – Expand definition of TEFCA Required Response for Treatment to include all Covered Entity Health Care Providers for all HIPAA defined Treatment purposes.
- **Outcomes**
  - » The workstream generated diverse feedback.
  - » Some supported retaining the current definition of T-TRTMNT and others supported expanding the definition, as proposed.
  - » There was strong support for making enhancements to the QHIN onboarding process and increasing Directory transparency.

IAS Implementation Workstream

The TEFCA IAS Implementation Workstream held meetings from Sept. 19th - Dec. 12th, 2025
A Breach Mitigation Subgroup met in November and December 2025
Composition: QHINs, Participants/Subparticipants, invited experts (CSPs and IAS Providers)

- **Goal**: Recommend SOP updates to increase trusted responses to Individual Access Services (IAS) Queries in TEFCA

- **Objectives**:
  - » Identify consistent IAL2 and other self-asserted demographic data to include in an IAS Query via TEFCA Exchange
  - » Ensure that this data can be used to match the Individual to data in the responder's system with enough accuracy to compel a response

- **Improvements:**
  - » QHIN-recommended edits around technical workflow
    - – Improvements to the production of the IAL2 Claims Token
    - – Requirements for IAS Providers to use with CSPs to increase definition and specificity
  - » Workstream discussions produced additional, collateral improvements.

Treatment

Treatment Vision and Context

- Certain HIPAA Covered Entity health care providers are currently excluded from participating in TEFCA Exchange using the T-TRTMNT XP Code.

- ASTP/ONC and the RCE are working with the QHIN Caucus and the Participant/Subparticipant Caucus to develop a consistent, unified validation and participation approach for HIPAA Covered Entity health care providers.

- This effort is focused on enabling use of the T-TRTMNT XP Code with a required response for Treatment-related queries, as defined under HIPAA.

- The work is informed by discussions from the Treatment Workstream, including Caucus members and external expert volunteers.

- Use of the T-TRTMNT XP Code by non-HIPAA Covered Entity health care providers is not under consideration at this time.

All HIPAA Covered Entity Health Care Providers are equally accountable under the law and should have an equal opportunity to participate in TEFCA Exchange using the T-TRTMNT XP Code.

Under Consideration:
Treatment Exchange Purpose Changes

Changes under consideration apply to the pink cells.

Treatment XP Name	Treatment XP Code	Who can initiate a query using the XP Code?	For what purposes can the XP Code be used?	Who must respond to the XP Code?
Treatment	T-TREAT	All Initiating Nodes that are associated with (a) Health Care Providers and (b) their Delegates	In connection with Treatment as defined by 45 CFR § 164.501	All Responding Nodes SHOULD Respond
TEFCA Required Response for Treatment	T-TRTMNT	Initiating Nodes that are associated with (a) Health Care Providers that have been validated as HIPAA Covered Entities and (b) their Delegates	In connection with Treatment as defined by 45 CFR § 164.501 The RCE/ASTP will develop examples regarding various uses of the T-TRTMNT XP Code	a) All Responding Nodes that are operated by or associated with a Health Care Provider or its Delegate MUST respond b) All Responding Nodes that are operated by or associated with an IAS Provider MUST Respond when the IAS Provider has the capability to Disclose and the Individual has chosen for the IAS Provider to Disclose in response to a query for T-TRTMNT

Under Consideration:
Onboarding and Validation & RCE Directory Transparency

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Onboarding and Validation:

Changes under consideration include replacing the current vetting process with the following:

Know Your Participant (KYP): During Onboarding, QHINs will collect 1) the information in the Standard KYP List from each prospective Participant and Subparticipant (P/S), and 2) the information in the T-TRTMNT KYP List from HIPAA Covered Entity Health Care Providers intending to use T-TRTMNT.

- QHINs will be responsible for maintaining up-to-date KYP Lists for their entire network.
- RCE will perform ongoing audits of KYPs.

T-TRTMNT Validation Criteria: Objective evidence to validate HIPAA Covered Entity Health Care Providers.

- Submission to its QHIN of an X12 837 or NCPDP Version D.0 showing reimbursement to the HIPAA Covered Entity Health Care Provider from a health plan dated within 30 days of the date on which the HIPAA Covered Entity Health Care Provider is added into the RCE Directory.

RCE Directory Transparency

- Certain KYP elements would be included in the Participant/Subparticipant Directory Entry.
- Certain KYP elements would be included on the public-facing TEFCA map.

Standard Know Your Participant (KYP) List | All Participants/Subparticipants

- Legal name
- State of incorporation/organization
- Website (verify that the descriptions of the services provided are consistent with the definitions of the desired XP Code that the Participant/Subparticipant will be asserting)
- Verification that address, legal entity name, etc. is consistent with customer provided identification number to be included in the Directory (e.g., NPI, CLIA, NAIC, etc.)
- Confirmation that the QHIN has (i) determined whether the Participant/Subparticipant already has a TEFCAID; and (ii) if the Participant/Subparticipant already has a TEFCAID, confirmation that the Participant/Subparticipant's existing Node(s) are not the same as the Node the Applicant will be entering into the RCE Directory Service
- Determination of whether the Participant/Subparticipant has been previously connected to TEFCA and if so, the circumstances under which they terminated such participation
- List of all individuals or entities that own, directly or indirectly, 5% or more of the Participant/Subparticipant
- Organizational chart
- Determination that neither the entity nor its owners are listed on the HHS OIG List of Excluded Individuals and Entities (LEIE)

T-TRTMNT KYP List | Covered Entity Health Care Providers

- Completion of the T-TRTMNT Validation Criteria
- Confirmation that the Participant/Subparticipant's response data complies with applicable SOP requirements
- A description of the Principal's workflow(s) that triggers T-TRTMNT Query(ies), if the Principal's Initiating Node is not an EHR

Individual Access Services (IAS)

- The TEFCA Individual Access Services (IAS) Exchange Purpose (XP) is intended to enable Individuals to use network scale to locate and obtain copies of their health information.

- Although the IAS XP is designated as a "required response," responsiveness, particularly for demographics-based queries, has been suboptimal. Challenges stem from technical variation and policy ambiguities.

- ASTP/ONC and the RCE are working with the QHIN Caucus and the Participant/Subparticipant Caucus to develop an approach to address these issues and improve the reliability of responses to IAS queries.

- This work is informed by discussions from the IAS Workstream, including Caucus members and external expert volunteers.

IAS Summary of Changes Under Consideration

Topic	Summary Description of Change(s)
Credential Service Providers (CSP) Verified Demographics	Require CSPs that seek to support TEFCA IAS to increase the amount of demographics data that they must have the capability to IAL2 verify.
Valid IAS Query Requirements	Increase the required IAL2 data elements that must be included within an IAS query for it to be considered valid. An IAL2 verified phone number, or email address would need to be included in a valid IAS query.
Self-Asserted Demographics	Allow Individuals to self-assert demographics and for IAS Providers to include self-asserted demographics (e.g., nickname, maiden name, past address) in queries along with IAL2 verified data so that responders can use them to further sharpen patient matching.
Risk Mitigation	Include risk mitigations to support a Covered Entity's HIPAA Breach Notification Rule analysis of "low probability of compromise."
Matching Response Logic	Establish required response logic largely based on IAL2 verified data that would require a response to a demographics-based query when met.
Response Requirements	Clarify that two different response responsibilities exist in parallel: 1 - Responders must respond when a demographics-based match is achieved; and 2 - FHIR endpoints are also returned when available.
Technical Conformance Issues	Incorporate implementation guidance and feedback received from QHINs, IAS Providers, and network participants.

Credential Service Provider (CSP) Responsibilities

- Increase the minimum set of data elements a CSP is required to have the capability to IAL2 verify by adding the following:
  » Middle Name/Middle Initial, Suffix, Email, Mobile Phone Number, State ID/Driver's License, and SSN (or last four digits).

- Encourage CSPs to be able to validate all other demographics that can be provided
  » For example, Verified Historical Address.

IAS Provider Responsibilities

- Queries initiated by an IAS Provider must include any self-asserted demographic information not verified by the CSP that the IAS Provider may have collected from the Individual for the purposes of matching demographics.

- When performing an IAS query, the IAS Provider must include all available IAL2 verified demographics in the query, not just the minimum set, and this MUST match the verified data provided by the CSP as part of the IAL2 Claims Token

IAS Provider Breach Mitigation Responsibilities

- Add "Demographics Double Check"
  - An IAS Provider must perform a patient demographics match using its own algorithm with both IAL2 verified and self-asserted data held in the IAS Provider's system against the demographics returned in the message metadata from the Responding Node.
  - Checkpoint created for IAS Providers to prevent querying for clinical information when a potential false positive match has occurred and assisting Covered Entities in applying the four "low probability of compromise" factors of the HIPAA Breach Notification Rule.
- Add requirement for IAS Provider to be able to purge erroneous data following receipt of a mismatch notification from an Individual.

Demographics Double Check:

If the Demographics Double-Check does not determine a match, the IAS Provider:

- MUST reject the demographics response from the responding node, and

- MUST NOT retain the patient identifier from the Individual's request, and

- MUST NOT continue to initiate a Query from that Responding Node, and

- MAY provide the Individual with a patient portal credentials-based OAuth login for that Responding Node, if a FHIR endpoint was also provided by the Responding node, and

- MUST notify the QHIN/P/S that operates or is associated with the Responding Node that returned the mismatched demographics that IAS Provider believes a potential false positive match occurred.

IAS and Patient Matching Response Logic

Updated Patient Matching Response Logic

While Responding Nodes still determine how to make a match on a data element by data element basis using their own computational approaches, TEFCA IAS would introduce more explicit required response logic rules:

Seven or Greater IAL2 Response Rule – IF at least seven IAL2 verified demographics are matched, THEN a Response is required.

First Name Variation Response Rule – IF (i) only six verified demographics are matched except for first name AND (ii) the first name variation is matched through self-asserted data (i.e., self-asserted nickname sent matches first name in Responding Node), THEN a response is required,

Address Variation Response Rule – IF (i) only six verified demographics are matched except for street address AND (ii) the street address variation is matched through self-asserted data (i.e., self-asserted street address sent matches street address in Responding Node), THEN a response is required,

Verified and Self-Asserted Demographics Combination Response Rule – IF only six verified demographics are matched AND at least two self-asserted data are matched, THEN a Response is required (e.g., insurance # and last four of SSN),

If the Responding Node's matching threshold rules are less restrictive, they may continue to respond using their less restrictive thresholds.

Topics on the Horizon

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- HIPAA Authorization Based Exchange

- Asynchronous transactions

- T-TRTMNT for Non-Covered Entity Providers

- Governance SOP Updates

- Delegation of Authority SOP Updates

- Public Health Implementation SOP Updates

- RCE Directory Service Policy Requirements SOP Updates

- Updates to FHIR Roadmap and continued work on Facilitated FHIR SOP Updates

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Questions & Answers

For more information:
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