

Common Agreement Work Group Application

**Introduction**

The ONC Trusted Exchange Framework and Common Agreement (TEFCA) Recognized Coordinating Entity (RCE) is forming a work group to enlist input from organizations that may seek to be early adopters of the Common Agreement as a participating QHIN. The purpose of this work group, known as the Common Agreement Work Group (CAWG), is to inform the RCE’s work on the development of the Common Agreement.

This application will provide the RCE with the information needed to evaluate prospective work group participants for the CAWG. Participation in the CAWG is available to any organization that can demonstrate it has the full capability to meet the requirements for becoming a QHIN and is able to attest in good faith that it will seek QHIN designation.

Applicants will have the option of proposing up to two organizations which are Participants or Participant Members of their Health Information Network to serve on the work group.

It is anticipated that the CAWG will commence on April 1st with a duration of approximately 120 days.

Work Group participation criteria are based upon the QHIN Application Approval Requirements outlined in Section 2.1.3 of the draft MRTCs (published in April 2019).

**Participation in the CA Work Group does not provide any assurance that the organization is or will be designated as a QHIN or a Participant / Participant Member of a QHIN.**

An application will be considered complete once the organization attests to the following and provides details or documentation to support these attestations:

1. Already operates a network that provides the ability to locate and transmit Electronic Health Information (EHI) between multiple persons and/or entities electronically, on demand or pursuant to one or more automated processes;
2. Is a HIN[[1]](#footnote-2) and has the ability to qualify as a QHIN;
3. Has demonstrated the ability or has partnered with another organization to provide services to exchange documents at production level for at least the Treatment Exchange Purpose and Modalities in the MRTCs for QHIN Query (including recommended standards QTF Draft 1); and QHIN Message Delivery in QTF Draft 1, including recommended or alternative / emerging standards;
4. Has demonstrated an ability to support production exchange for at least the Treatment Exchange Purpose at a nationwide scale;
5. Is exchanging EHI in a live production environment and has been using the network for at least one year at the time of application;
6. Has Participants and/or Participant Members as defined by [TEFCA Draft 2](https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement);
7. Exchange of EHI using its network is occurring in accordance with Applicable Law; and
8. Has the necessary personnel, technological infrastructure, and privacy and security safeguards, and other appropriate resources to protect the confidentiality, integrity and availability of EHI.

The RCE will complete a review of all applications as quickly as possible. The time needed for review may depend on the completeness of the application and the RCE’s ability to obtain timely clarifications from the applicant, if applicable.

It is the responsibility of the organization seeking to participate in the CAWG to provide sufficient information to allow the RCE to make an informed decision about the organization’s capabilities. However, the RCE may use its discretion to request or consider additional information to determine if the applicant is capable of meeting the obligations and responsibilities of a CAWG member.

**Submission instructions**:

* Please complete and submit this form via e-mail to [rce@sequoiaproject.org](mailto:rce@sequoiaproject.org)
* e-mail “Subject”: Common Agreement Work Group Application [insert organization name]
  + File name for the application: CA Work Group App[org name][date: 010120]
* Please contact RCE staff to arrange submissions of sensitive or proprietary supporting documents.

**Part I – Basic Applicant Information**

1. **Please provide the following information about your organization:**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Web Site** |  |
| **Service Area** |  |
| **Legal Structure (e.g. C-corp, LLC, etc.)**  **State/jurisdiction of organizational formation** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Points of Contact for this Application | Name | Title | Phone | Email |
| **Primary** |  |  |  |  |
| **Secondary** |  |  |  |  |

* *Note that the applicant must always have at least two points of contact (may or may not be Work Group representatives) on record with the RCE who are currently employed or under contract with your organization and who are ongoing representatives of the organization. Phone and Email information must be provided in the table for all contacts.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposed Work Group Representatives | Name | Title | Phone | Email |
| **Business [Required]** |  |  |  |  |
| **Legal [Required]** |  |  |  |  |
| **Privacy / Security [Optional]** |  |  |  |  |

* *The Business representative is expected to participate in all scheduled CAWG calls and in person meetings. The Legal representative is encouraged to participate in all scheduled CAWG calls and in person meetings, as the work group will follow a defined process for addressing issues in a structured and sequenced manner. The Privacy / Security representative will be asked to participate as subject matter experts for related privacy and security provisions. CAWG representatives must be currently employed or under contract with your organization and must be ongoing representatives of the Organization.*

1. **Work Group Representative Qualifications**

* Please submit a CV for each individual nominated to be a CAWG member.
* Please describe each individual’s experience and subject matter expertise as it relates to developing or supporting operational health information network trust agreements. (Please limit to a single page.)
  + Business Representative - Must have a level and span of business responsibility for the type of work covered by TEFCA.
  + Legal Representative – Must have demonstrated experience and expertise in developing/negotiating trust agreements that support operational health information exchange.
  + Privacy & Security Representative - Must have demonstrated experience and expertise in health information privacy and security supporting operational health information exchange.

1. **Please provide, with your application, evidence (e.g. articles of incorporation, evidence of LLC) that your organization is organized and operating under applicable state law and is in good standing with the applicable jurisdiction(s).**
2. **Please describe how your organization is governed. In addition, please provide a list of the members of your Board of Directors (or other governing body), or provide a link to a publicly accessible, online list.**
3. **Please submit a signed Common Agreement Work Group Memorandum of Understanding and Confidentiality Agreement (MOUCA) as an attachment to your application outlining the conditions of participation for the Work Group.**

**Part II – Use Cases and Roles**

1. **Please indicate the Exchange Purposes that your health information network and/or your Participants or Participant Members have currently operationalized in your organizations’ workflow.**

Treatment, Payment, and Operations

Public Health

Individual Access Services (As defined in the draft TEFCA)

Benefits Determination

Authorization for Use and Disclosure

Other:

1. **Please describe steps taken by your organization to reasonably ensure that queries initiated through your implementation will adhere to the identified exchange purposes. Such steps may include, but are not limited to, training, process requirements, configuration (e.g., role‐based security), or application workflow design.**

**Part III – Work Group Representative Responsibilities**

QHINs, Participants, and Participant Members will have a number of responsibilities under the Common Agreement. This section outlines steps you will need to take to demonstrate your readiness for and understanding of these requirements at a level necessary to qualify as a Work Group Representative.

1. **Will your organization have Participants/ Participant Members? If so, please answer Questions 10 and 11 below. It is our expectation that candidate QHINs will have Participants as well as Participant Members. If you believe that your organization is an exception and will not have Participants or Participant Members, please elaborate.**
2. **If you will have Participants or Participant Members, please provide a description of your approach to making the Common Agreement “flow-down” terms legally binding on your Participants and Participant Members. Some likely possibilities include addendums to existing agreements, new contracts, or amendments to policies that are legally binding. *(A few sentences is generally sufficient, unless you have a particularly complex approach.)***
3. **If you have Participants or Participant Members, you may propose up to two proposed Participant or Participant Member Organizations to serve on the Work Group.**

* Please submit a CV for each individual nominated for the Work Group from a Participant or Participant Member.
* Please describe each individual’s experience and subject matter expertise as it relates to developing or supporting operational health information network trust agreements.
  + Business Representative - Must have a level and span of business responsibility for the type of work covered by TEFCA
  + Legal Representative – Must have demonstrated experience and expertise in developing /negotiating trust agreements which support operational health information exchange

**Participant/Participant Member Nominees (up to two)**

|  |  |
| --- | --- |
| **1.Organization Name:** |  |
| **Service Area:** |  |
| **Business Representative** |  |
| **Name:** |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Legal Representative** |  |
| **Name:** |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **2. Organization Name:** |  |
| **Service Area:** |  |
| **Business Representative** |  |
| **Name:** |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Legal Representative** |  |
| **Name:** |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |

*The Business representative is expected to participate in all scheduled CAWG calls and in person meetings. The Legal representative is encouraged to participate in all scheduled CAWG calls and in person meetings, as the work group will follow a defined process for addressing issues in a structured and sequenced manner. CAWG representatives must be currently employed or under contract with the Participant / Participant Member and must be ongoing representatives of that organization.*

1. A HIN is defined in TEFCA Draft 2 as an individual or entity that satisfies one or both of the following;

   I. Determines, oversees, administers, controls, or substantially influences policies or agreements that define business, operational, technical, or other conditions or requirements for enabling or facilitating access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities; or

   II. Provides, manages, controls, or substantially influences any technology or service that enables or facilitates the access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities. [↑](#footnote-ref-2)