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Trusted Exchange Framework and Common Agreement

Qualified Health Information Network (QHIN) Technical
Framework (QTF)

Draft 2



July 26, 2021

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QHIN Technical Framework Version History

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Draft 1	Released for stakeholder input	April 19, 2019
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Overview

The 21st Century Cures Act, signed by President Obama in 2016, calls on ONC to “develop or support a trusted exchange framework, including a common agreement [TEFCA] among health information networks nationally.” In August 2019, ONC awarded a cooperative agreement to The Sequoia Project to serve as the Recognized Coordinating Entity (RCE) to administer a network-of-networks enabled by the Common Agreement called for in the Cures Act.

The Qualified Health Information Network (QHIN) Technical Framework (QTF), developed by the RCE, describes the functional and technical requirements that a Health Information Network (HIN) must fulfill to serve as a QHIN under the Common Agreement. The QTF specifies the technical underpinnings for QHIN-to-QHIN exchange and certain other responsibilities described in the Common Agreement. The QTF is intended to be consistent with the Common Agreement, but to the extent of any conflict or inconsistency, the terms of the Common Agreement shall control.

The QTF focuses primarily on the technical and functional requirements for interoperability among QHINs, including specification of the standards that QHINs must implement to enable QHIN-to-QHIN exchange of health information. The technical and functional requirements described in the QTF enable the two information exchange modalities for QHINs expressed in the Common Agreement:

- QHIN Query
- QHIN Message Delivery

For within-QTF exchange, the QTF also describes high-level functional requirements QHINs must support within their health information networks. As long as QHINs are able to achieve the required functional outcomes within their networks, they generally have the operational flexibility to select appropriate standards and approaches consistent with the needs of their business environments. In limited instances, the QTF may specify a particular element of Participant or Subparticipant behavior in order to ensure consistency in QHIN-to-QHIN behavior.

The technical and functional requirements described in the QTF reflect many of the technologies and standards used for network-based health information exchange today. For example, organizations supporting health information exchange nationally (e.g., CommonWell Health Alliance, eHealth Exchange, Carequality) generally use Integrating the Healthcare Enterprise (IHE) profiles such as Cross-Community Patient Discovery (XCPD)¹ and Cross-Community Access (XCA)² to enable clinical document exchange between disparate communities.

Although the healthcare industry has started to explore new exchange methods, such as Representational State Transfer (REST) application program interfaces (APIs) and standards like Health Level Seven (HL7[®]) Fast Healthcare Interoperability Resources (FHIR[®])³, there is still work to be done in operationalizing these approaches at the scale of QHIN-to-QHIN exchange. As the QTF seeks to facilitate

¹ IHE Cross-Community Patient Discovery (XCPD) profile - available in the IHE IT Infrastructure (ITI) Technical Framework Volume 1: Integration Profiles at: https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol1.pdf

² IHE Cross-Community Access (XCA) profile - available in the IHE IT Infrastructure (ITI) Technical Framework Volume 1: Integration Profiles at: https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol1.pdf

³ HL7[®] FHIR[®] – latest version is available at: <http://fhir.hl7.org/>, including the REST API available at: <http://hl7.org/fhir/http.html>

the immediate availability of QHIN services, this version enables organizations seeking to become QHINs to leverage their existing, deployed technical infrastructure (i.e., services based on IHE profiles) to support QHIN-to-QHIN exchange. The use of HL7® FHIR® in a QHIN exchange context will be specified in a future version of the QTF. The RCE will publish a TEFCA FHIR® Roadmap with the final versions of the QTF and the Common Agreement.

Definitions

Capitalized terms are used throughout the QTF. Terms specific to the QTF are defined here:

- **Actor:** A QHIN, Participant, Subparticipant.
- **Access Consent Policy (ACP):** Policies that may influence access control decisions and which can be referenced in queries.
- **Assigning Authority:** The organization that issues a patient identifier.
- **Enterprise Master Patient Index (eMPI):** A system that coordinates patient identification across multiple systems by collecting, storing, and managing identifiers and patient-identifying demographic information from a source system.
- **HomeCommunityID (HCID):** A globally unique identifier for an Actor.
- **Initiating QHIN:** A QHIN that initiates a QHIN Query or QHIN Message Delivery.
- **Instance Access Consent Policy (IACP):** Policy instances (e.g., patient authorization forms) which may influence access control decisions and which can be referenced by queries.
- **Message Delivery Solicitation:** A request for a QHIN to initiate a QHIN Message Delivery.
- **Message Source:** Originator of a Message Delivery Solicitation (i.e., Participant, Subparticipant, and Individual).
- **QHIN Directory:** A system used by QHINs to record and resolve the identifiers and endpoints of members of their network (i.e., Participants and Subparticipants). The QHIN Directory includes a local copy of the RCE Directory.
- **Query Solicitation:** A request for a QHIN to initiate a QHIN Query.
- **Query Source:** Originator of a Query Solicitation (i.e., Participant, Subparticipant, and Individual).
- **RCE Directory:** The individual organization entries that form the content of the RCE Directory Service.
- **RCE Directory Service:** A technical service managed by the RCE that enables QHINs, Participants, and Subparticipants to share directory information associated with other QHINs, Participants, and Subparticipants in order to enable the Exchange of TI. The then-current technical endpoints and other identifying information of QHINs, Participants, and Subparticipants are included and maintained as part of the RCE Directory Service.
- **Record Locator Service (RLS):** A service that provides authorized users the location of records based on criteria such as a patient ID and/or record data type, as well as providing functionality for the ongoing maintenance of health record location information.
- **Responding QHIN:** A QHIN that receives (and responds to as appropriate) a QHIN Query or QHIN Message Delivery from an Initiating QHIN.
- **Responding Source:** Receiver of a message delivery, or the source of any TEFCA Information (TI) provided in response to a query.
- **TEFCA Information (TI):** Any information that is exchanged between QHINs.
- **Uniform Resource Identifier:** a set of characters that identifies a specific logical or physical resource used by Internet related computer programs.

The following actor names are specific to IHE profiles and used within the QTF with the following definitions, for full definitions please see IHE Technical Frameworks General Introduction, Appendix A: IHE Actor Definitions.⁴

- **Initiating Gateway:** A transaction gateway that supports outgoing requests and responses for QHIN Query and QHIN Message Delivery.
- **Responding Gateway:** A transaction gateway that supports incoming requests and responses for QHIN Query and QHIN Message Delivery.

The key words "MUST", "MUST NOT", "REQUIRED", "SHALL", "SHALL NOT", "SHOULD", "SHOULD NOT", "RECOMMENDED", "MAY", and "OPTIONAL" in this document are to be interpreted as described in IETF RFC 2119.⁵

⁴ IHE Technical Frameworks General Introduction, Appendix A Available at: <https://profiles.ihe.net/GeneralIntro/ch-A.html>

⁵ Key words for use in RFCs to Indicate Requirement Levels (IETF RFC 2119) - available at: <https://tools.ietf.org/html/rfc2119>

QHIN Exchange Scenarios

The following QHIN exchange scenarios present basic workflows for the exchange modalities expressed in the Common Agreement. Each scenario depicts a real-world use case that stakeholders might encounter. The scenarios do not represent all possible workflows or use cases. Rather, they generally describe the various functions performed to enable QHIN-to-QHIN information exchange.

Document Query Scenario

In this scenario, a healthcare provider sees a new patient and seeks to find the patient's health information among the QHINs to inform diagnosis and treatment. This scenario assumes basic patient demographic information is available to the provider.

The healthcare provider is a participant in a health information network (state/local HIE, vendor- or payer-based, etc), which is a Participant of a QHIN. To find health information about the patient, the provider first submits a Query Solicitation to the local network, which is routed to the QHIN over a secure channel. The Query Solicitation may include patient demographic information for patient identity resolution, query parameters indicating which information the provider is looking for, and/or a list of entities to query. The local network also transmits information about the provider's identity, as well as an Exchange Purpose specified by the provider ("Treatment" in this scenario).

The QHIN processes the Query Solicitation and uses the information to initiate a QHIN Query to any appropriate Responding QHINs. If the provider specified a target for the query, the Initiating QHIN checks its QHIN Directory to identify the appropriate Responding QHINs. Otherwise, the Initiating QHIN will initiate a QHIN Query with all other QHINs.

The Initiating QHIN connects to each Responding QHIN using the Internet Engineering Task Force (IETF) Transport Layer Security (TLS) protocol⁶ to establish a secure channel for the QHIN Query transaction; each QHIN authenticates the other QHIN (i.e., mutual authentication). After establishing a secure channel, the Initiating QHIN sends each Responding QHIN a Security Assertion Markup Language (SAML)⁷ assertion conforming to the IHE Cross-Enterprise User Assertion (XUA) profile along with the query transaction.⁸ The SAML assertion preserves information from the Query Solicitation about the Query Source and the Exchange Purpose but is assembled by the QHIN and signed by the QHIN's digital certificate.

A QHIN Query typically involves two major workflows, patient discovery via IHE XCPD and document query (including location and retrieval) via IHE XCA. In the patient discovery workflow, the Initiating QHIN shares patient demographic information via an XCPD request with the Responding QHIN(s). Each Responding QHIN uses the demographic information to resolve the patient's identity (i.e., "patient matching"), and returns an XCPD response with the resolved identity (including a local patient identifier, demographic information about the patient, etc.).

⁶ *The Transport Layer Security (TLS) Protocol Version 1.2* (IETF RFC 5246) - available at: <https://tools.ietf.org/html/rfc5246> and *The Transport Layer Security (TLS) Protocol Version 1.3* (IETF RFC 8446) – available at <https://tools.ietf.org/html/rfc8446>

⁷ *Security Assertion Markup Language (SAML)* – available at: <http://docs.oasis-open.org/security/saml/v2.0/saml-2.0-os.zip>

⁸ *IHE Cross-Enterprise User Assertion (XUA) profile* - available in the IHE IT Infrastructure (ITI) Technical Framework Volume 1: Integration Profiles at: https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Rev17-0_Vol1_FT_2020-07-20.pdf

In the document query workflow, the Initiating QHIN sends an XCA request including a patient identifier (e.g., obtained via the XCPD workflow) and query parameters to the Responding QHIN(s) to discover whether clinical documents are available. Each Responding QHIN uses the query parameters and patient identity to discover clinical documents that meet the query criteria and sends an XCA response with a list of document identifiers to the Initiating QHIN. The list of document identifiers is routed through the local network to the provider, who reviews the response and selects the relevant documents for retrieval. The Initiating QHIN then requests the relevant documents, which are retrieved and shared with the Initiating QHIN by the Responding QHIN(s).

After retrieving the relevant documents, the Initiating QHIN routes them back through the local network to the provider. Each QHIN involved in the query maintains audit logs of all activities and transactions the QHIN performed in the process of resolving the query, according to the IHE Audit Trail and Node Authentication (ATNA) profile.⁹

Specified standards for a QHIN Query are included in *Table 1*.

Table 1. Specified Standards for QHIN Query

Query Functions	Specified Standard(s) / Profile(S)
Secure Channel	<ul style="list-style-type: none"> • IETF TLS 1.2 w/ BCP-195¹⁰ or • IETF TLS 1.3
Mutual Server Authentication	<ul style="list-style-type: none"> • IETF TLS
User Authentication	<ul style="list-style-type: none"> • IHE XUA
Authorization & Exchange Purpose	<ul style="list-style-type: none"> • IHE XUA
QHIN Query for Patients	<ul style="list-style-type: none"> • IHE XCPD
QHIN Query for Documents	<ul style="list-style-type: none"> • IHE XCA
Auditing	<ul style="list-style-type: none"> • IHE ATNA

⁹ IHE Audit Trail and Node Authentication (ATNA) profile - available in the IHE IT Infrastructure (ITI) Technical Framework Volume 1: Integration Profiles at: https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol1.pdf

¹⁰ Recommendations for Secure Use of Transport Layer Security (TLS) and Datagram Transport Layer Security (DTLS) (IETF BCP 195) - available at: <https://tools.ietf.org/html/bcp195>

Actors

Actors/Services	Cardinality	System Actor
Query Source	1..1	Any initiating Actor
Initiating Gateway	1..1	Initiating QHIN
RCE Directory	1..1	RCE
QHIN Directory	1..1	Initiating QHIN
QHIN Directory	1..*	Responding QHINs
Record Locator Service	0..*	Responding QHINs
Responding Gateway	1..*	Responding QHINs
Responding Source(s)	1..*	Responding Actor

Assumptions

- 1) All Initiating and Responding Actors agree on transport level details (specified for transactions between QHINs elsewhere in this document) that allow for the following:
 - a) System authentication and encrypted communications over a secure channel.
 - b) The ability to provide information in each transaction that identifies security and permission details about the request such as: who is requesting, what their role is, and what their purpose is.
 - c) The ability of Actors to choose if/how to allow a transaction to proceed based on privacy policies, security details, and the requirements of the Common Agreement.
- 2) The Query Source does not know both the patient identifier(s) and Responding QHIN(s) for a query.
 - a) If the Patient Identifier(s) and Responding QHIN(s) are known, the patient discovery phase of the query workflow may be omitted.

Pre-conditions

The following workflow assumes the following conditions:

- The Query Source knows sufficient patient demographics for a successful match as determined by the Responding Actor.
- Each Actor has the appropriate service endpoint(s) and other connectivity information for any other Actors above or below it in the hierarchy with which it connects directly.
- The RCE Directory includes the organization name(s), and HomeCommunityID(s) for all current Participants and Subparticipants. Each Participant and Subparticipant is matched to the appropriate QHIN.
- Each QHIN maintains an up-to-date copy of the RCE Directory.
- Responding QHINs know the current HomeCommunityIDs for any Responding Sources.

- Each QHIN has either a Record Locator Service (RLS) OR Enterprise Master Patient Index (eMPI) OR the ability to query all of its Participants for a patient lookup within the timeout limitation as specified in the QHIN Service Level Requirements Policy¹¹.

Use Case Steps

Patient Discovery

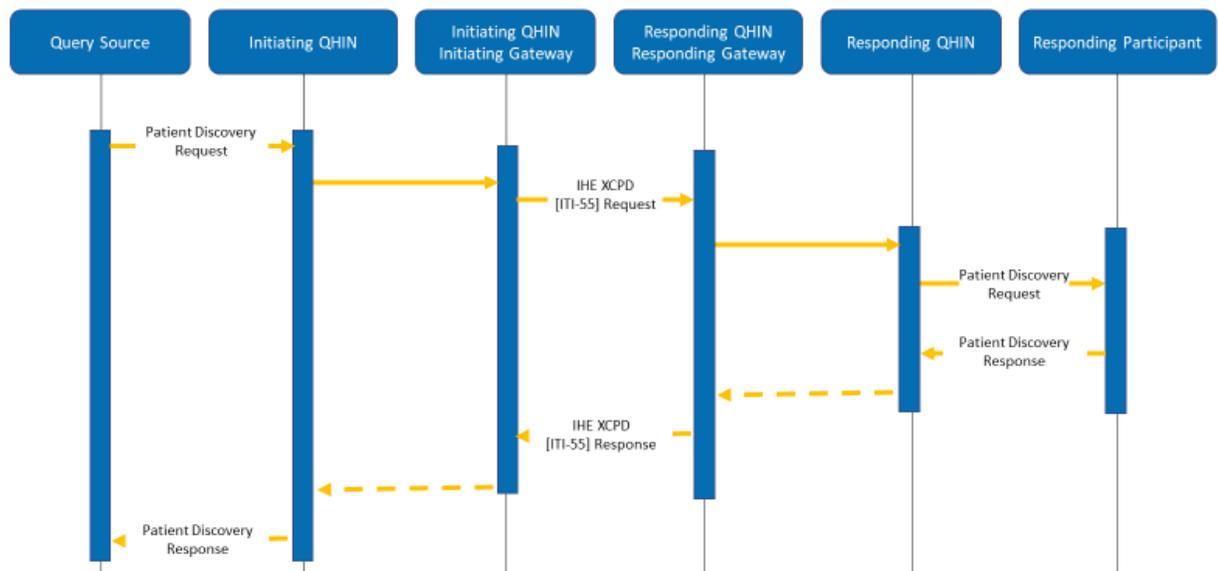


Figure 1 Patient Discovery Nominal Flow

Nominal Flow (QHIN maintains an eMPI or RLS)

- 1) The Query Source sends a Query Solicitation, through any intermediary Subparticipants or Participant, as applicable, to the Initiating QHIN to discover patient matches by demographics.
 - a) The Query Solicitation includes all available patient demographics.
- 2) The Initiating QHIN creates an IHE Cross Gateway Patient Discovery [ITI-55] request based on the Query Solicitation and sends it via the Initiating Gateway to the Responding Gateways of all Responding QHINs. See *IHE ITI TF-2b: 3.55*.
 - a) The Initiating QHIN creates an audit log entry including the HCID of the Query Source and Responding QHIN(s).
- 3) Each Responding QHIN compares the demographics to its known patients, applying its own algorithm(s) to determine potential matches, and returns an IHE Cross Gateway Patient Discovery [ITI-55] response to the Initiating QHIN's Initiating Gateway.
 - a) The IHE Cross Gateway Patient Discovery [ITI-55] response contains one or more patient matches from all potential Responding Sources, including demographics and patient ID as

¹¹ QHIN Service Level Requirements Policy V1.0 available at: <http://rce.sequoiaproject.org/TBD>

known by the Responding Source. The response may contain multiple entries where each entry reflects a different source of information but will include only one identifier per patient per Responding Source.

- b) The Responding QHIN creates an audit log entry including the HCID of the Initiating QHIN, Query Source, and Responding Source(s).
- 4) The Initiating QHIN combines all IHE Cross Gateway Patient Discovery [ITI-55] responses into a single response and returns the response to the Query Source (through any intermediary Participant or Subparticipants, as applicable).
 - a) The Initiating QHIN creates an audit log entry including the HCID of the Query Source, Responding QHIN(s), and Responding Source(s).

Alternate Flow 1: Querying Specific Organization(s)

The following flow may be used when the Query Source only wants to query one or more specific organizations:

- 1) The Query Source sends a Query Solicitation, through any intermediary Subparticipants or Participant as applicable, to the Initiating QHIN to find patient matches by demographics from specific organizations where a patient may have healthcare data.
 - a) The Query Solicitation includes all available patient demographics as well as the HomeCommunityID(s) and/or other information about the target organization(s) (e.g., organization name, city, and state). See *IHE ITI TF-1: 27 XCPD Integration Profile* and *IHE ITI TF-2b: 3.55*.
- 2) The Initiating QHIN queries its QHIN Directory to identify the appropriate Responding QHIN for each organization provided by the Query Source.
- 3) Nominal Flow resumes at Step 2.

Alternate Flow 2: Query Source asserts an Instance Access Consent Policy or Access Consent Policy

- 1) The Query Source includes the Uniform Resource Identifier (URI)(s) of one or more Access Consent Policies (ACPs) or Instance Access Consent Policies (IACP) in its Query Solicitation.
 - a) An ACP may have an associated instance (IACP, e.g., a signed patient permission form) for a specific patient.
- 2) Each Responding Source obtains the (I)ACP per the Document Retrieve Workflow.
 - a) A Responding Source may incorporate retrieved (I)ACPs into access control decisions made with respect to releasing information in response to a query.
- 3) Nominal Flow resumes at Step 3.
 - a) If a Responding Source is unable to process a retrieved (I)ACP and would not be able to respond without the (I)ACP, no response should be generated.

Alternate Flow 3: QHIN does not maintain an eMPI or RLS

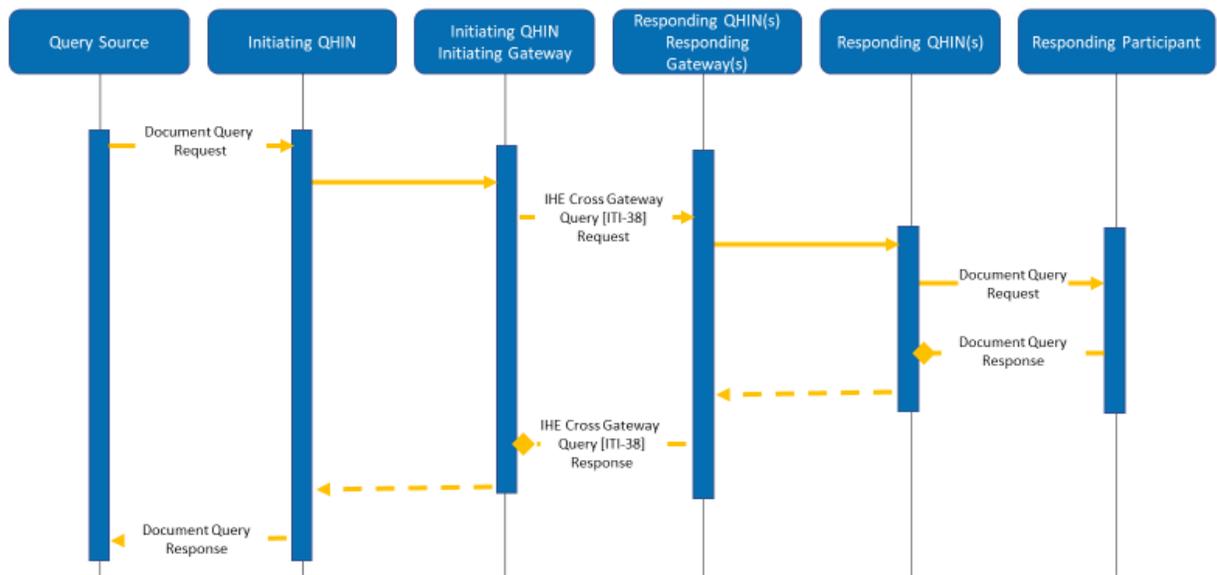
- 1) Workflow begins in step 3.
- 2) The Responding QHIN queries its Participants to discover patient matches using the patient demographics and returns an IHE Cross Gateway Patient Discovery [ITI-55] response to the Initiating QHIN's Initiating Gateway.

The response contains one or more patient matches from all potential Responding Sources, including demographics and patient ID as known by the Responding Source. The response must also include the Responding Participant's HomeCommunityID and Assigning Authority, or the

HomeCommunityID and Assigning Authority of any Subparticipants where a match was found. The response may contain multiple entries where each entry reflects a different source of information but should not contain multiple patient identifiers for a match at a single Responding Source.

Document Query

Nominal Flow



- 1) The Query Source sends a Query Solicitation, through any intermediary Subparticipants or Participant, as applicable, to the Initiating QHIN to query for document metadata.
 - a) The Query Solicitation includes some number of patient identifiers and an Assigning Authority and HCID for each.
 - b) The Initiating QHIN queries its QHIN Directory to identify the appropriate Responding QHIN(s) for each HCID included in the Query Solicitation.
- 2) The Initiating QHIN creates an IHE Cross Gateway Query [ITI-38] FindDocuments request based on the Query Solicitation and sends it via the Initiating Gateway to each Responding QHIN's Responding Gateway.
 - a) The Initiating QHIN creates an audit log entry including the HCID and Assigning Authority of the Query Source and Responding QHIN(s).
- 3) Each Responding QHIN queries its QHIN Directory to identify the appropriate Responding Source(s) and sends a request for document metadata, through any intermediary Participant or Subparticipants as applicable, to each Responding Source.
 - a) The Responding QHIN's request includes the patient identifier as known by the Responding Source, and may include some number of query parameters.
 - b) The Responding QHIN creates an audit log entry including the HCID and Assigning Authority of the Query Source, Initiating QHIN, and Responding Source(s).

- 4) Each Responding Source returns a response with document metadata based on any query parameters and/or local access control policies.
- 5) Each Responding QHIN combines the responses from the Responding Source(s) and returns a single IHE Cross Gateway Query [ITI-38] FindDocuments response to the Initiating QHIN's Initiating Gateway.
 - a) The Responding QHIN creates an audit log entry including the HCID and Assigning Authority of the Responding Source(s), Initiating QHIN, and Query Source.
- 6) The Initiating QHIN combines all IHE Cross Gateway Query [ITI-38] FindDocuments responses into a single response and returns the response to the Query Source, through any intermediary Participant or Subparticipants as applicable.
 - a) The Initiating QHIN creates an audit log entry identifying the Responding Source(s) and Query Source.

Alternate Flow 1: Query Returns Partial Success

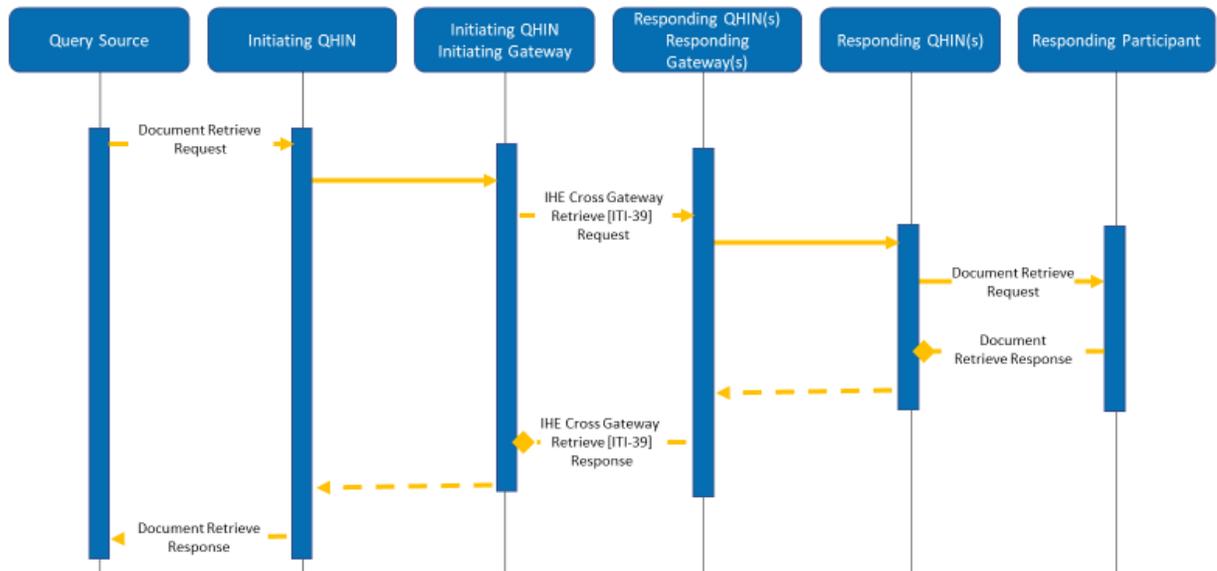
- 1) This workflow begins at Step 4 of the Nominal Flow.
- 2) A Responding Source returns an error message (e.g., no document is found, etc.).
- 3) The Responding QHIN combines the responses from the Responding Source(s) and returns a single IHE Cross Gateway Query [ITI-38] FindDocuments response to the Initiating QHIN's Initiating Gateway.
 - a) If the Responding QHIN is able to return some but not all available document entries, the response includes all available DocumentEntries, the status urn:ihe:iti:2007:ResponseStatusType:PartialSuccess, and some number of RegistryError elements.
- 4) The Initiating QHIN combines all IHE Cross Gateway Query [ITI-38] FindDocuments responses into a single response and chooses to execute one of the following subflows:
 - a) Subflow 1: If the Query Source is unable to process a Partial Success response, the Initiating QHIN returns the response to the Query Source (through any intermediary Participant or Subparticipants, as applicable) as a Success. The response does not indicate there were errors.
 - b) Subflow 2: The Initiating QHIN returns the response to the Query Source (through any intermediary Participant or Subparticipants, as applicable), along with information about any errors.

Alternate Flow 2: Query Source asserts an Instance Access Consent Policy or Access Consent Policy

- 1) The Query Source includes the URI(s) of one or more Access Consent Policies (ACPs) or Instance Access Consent Policies (IACP) in its Query Solicitation.
 - a) An ACP may have an associated instance (IACP, e.g., a signed patient consent form) for a specific patient.
- 2) Each Responding Source obtains the (I)ACP per the Document Retrieve Workflow.
 - a) A Responding Source may incorporate retrieved (I)ACPs into access control decisions made with respect to releasing information in response to a query.
- 3) Nominal Flow resumes at Step 4.
 - a) If a Responding Source is unable to process a retrieved (I)ACP and would not be able to respond without the (I)ACP, no response should be generated.

Document Retrieve

Nominal Flow



- 1) The Query Source sends a Query Solicitation, through any intermediary Subparticipants or Participant, as applicable, to the Initiating QHIN to retrieve documents.
 - a) The Query Solicitation includes the HomeCommunityID(s), Repository ID(s) if known, and Document IDs at the Responding Source(s).
 - b) The Initiating QHIN queries its QHIN Directory to identify the appropriate Responding QHIN(s) for each HCID included in the Query Solicitation.
- 2) The Initiating QHIN creates an IHE Cross Gateway Retrieve [ITI-39] request based on the Query Solicitation and sends it via the Initiating Gateway to each Responding QHIN's Responding Gateway.
 - a) The Initiating QHIN creates an audit log entry including the HCID of the Query Source and Responding QHIN(s).
- 3) Each Responding QHIN queries its QHIN Directory to identify the appropriate Responding Source(s) and sends a request to retrieve documents, through any intermediary Participant or Subparticipants as applicable, to each Responding Source.
 - a) The Responding QHIN's request includes the repository ID, document ID, and/or any other document metadata as known by the Responding Source.
 - b) The Responding QHIN creates an audit log entry including the HCID and Assigning Authority of the Query Source, Initiating QHIN, and Responding Source(s).
- 4) Each Responding Source returns a response with the appropriate document(s) and associated document ID(s) to the Responding QHIN, through any intermediary Subparticipants or Participant as applicable.
- 5) Each Responding QHIN combines the responses from the Responding Source(s) and returns a single IHE Cross Gateway Retrieve [ITI-39] response to the Initiating QHIN's Initiating Gateway.
 - a) The Responding QHIN creates an audit log entry including the HCID and Assigning Authority of the Responding Source(s), Initiating QHIN, and Query Source.

- 6) The Initiating QHIN combines all IHE Cross Gateway Retrieve [ITI-39] responses into a single response and returns the response to the Query Source, through any intermediary Participant or Subparticipants as applicable.
 - a) The Initiating QHIN creates an audit log entry identifying the Responding Source(s) and Query Source.

Alternate Flow 1: Error Flow

- 1) This workflow begins at Step 4 of the Nominal Flow.
- 2) A Responding Source returns an error message (e.g., query cannot be delivered).
- 3) The Responding QHIN returns a response to the Initiating QHIN's Initiating Gateway including the status urn:oasis:names:tc:ebxml-regrep:ResponseStatusType:Failure and one or more regrep:ResponseStatusType:RegistryError elements.
- 4) The Initiating QHIN returns a failure message to the Message Source for dispositioning.

Alternate Flow 2: Retrieve returns partial success

- 1) This workflow begins at Step 4 of the Nominal Flow.
- 2) A Responding Source returns an error message (e.g., no document is found).
- 3) The Responding QHIN combines the responses from the Responding Source(s) and returns a single IHE Cross Gateway Retrieve [ITI-39] response to the Initiating QHIN's Initiating Gateway.
 - a) If some, but not all requested documents are available, the response includes all available documents, the status urn:ihe:iti:2007:ResponseStatusType:PartialSuccess, and some number of RegistryError elements.
- 4) The Initiating QHIN combines all IHE Cross Gateway Retrieve [ITI-39] responses into a single response and chooses to execute one of the following subflows:
 - a) Subflow 1: If the Query Source is unable to process a Partial Success response, the Initiating QHIN returns the response to the Query Source (through any intermediary Participant or Subparticipants, as applicable) as a Success. The response does not indicate there were errors.
 - b) Subflow 2: The Initiating QHIN returns the response to the Query Source (through any intermediary Participant or Subparticipants, as applicable), along with information about any errors.

Alternate Flow 3: Query Source asserts an Instance Access Consent Policy or Access Consent Policy

- 1) The Query Source includes the URI(s) of one or more Access Consent Policies (ACPs) or Instance Access Consent Policies (IACP) in its Query Solicitation.
 - a) An ACP may have an associated instance (IACP, e.g., a signed patient consent form) for a specific patient.
- 2) Each Responding Source obtains the (I)ACP per the Document Retrieve Workflow.
 - a) A Responding Source may incorporate retrieved (I)ACPs into access control decisions made with respect to releasing information in response to a query.
- 3) Nominal Flow resumes at Step 4.
 - a) If a Responding Source is unable to process a retrieved (I)ACP and would not be able to respond without the (I)ACP, no response should be generated.

Post-conditions

- 1) The Initiating QHIN has correlated the patient ID(s) and associated demographics received from the Query Source with the patient IDs and associated demographics as known by each Responding Source.
 - a) Whether the Initiating QHIN persists this correlation for later use is beyond scope of this workflow and is not specified.
- 2) The Query Source has obtained all available patient matches.
- 3) The Query Source has obtained all requested document metadata as known by each Responding Source, per the parameters of the query.
- 4) The Query Source has obtained all retrieved documents as known by each Responding Source.
- 5) All requests and responses have audit log entries showing source(s) and destination(s).

Message Delivery Scenario

In this scenario, a healthcare provider treats a patient in an emergency department and seeks to send a summary of the patient's care to the patient's primary care provider(s) through QHIN-to-QHIN exchange.

The healthcare provider is a member of a local network (state/local HIE, vendor- or payer-based, etc), which is connected as a Participant of a QHIN. To send the patient's care summary, the provider first sends a Message Delivery Solicitation to the local network, which is routed to the QHIN over a secure channel. The Message Delivery Solicitation includes the content of the message (i.e., the care summary), patient demographics and/or identifiers for a single patient, and information about the intended recipient(s) of the message. The local network also transmits information about the identity of the provider sending the message, as well as an Exchange Purpose specified by the provider ("Treatment" in this scenario).

The QHIN processes the Message Delivery Solicitation, checks its QHIN directory to identify the appropriate Responding QHIN(s), and initiates a QHIN Message Delivery. The Initiating QHIN connects to each Responding QHIN using the TLS protocol to establish a secure channel for the QHIN Message Delivery transaction; each QHIN authenticates the other QHIN (i.e., mutual authentication). After establishing a secure channel, the Initiating QHIN sends each Responding QHIN a SAML assertion conforming to the IHE XUA profile along with the message delivery transaction. The SAML assertion preserves information from the Message Delivery Solicitation about the Message Source, and the Exchange Purpose, but is assembled by the QHIN and signed by the QHIN's digital certificate.

The QHIN Message Delivery transaction uses the IHE Cross-Community Document Reliable Interchange (XCDR) profile¹² to send the provider's message and other metadata from the Initiating QHIN to the Responding QHIN(s). Each Responding QHIN then converts the XCDR transaction into the appropriate internal format, if necessary, and transmits the message to the recipient(s). The message is routed through any intermediary Participant and Subparticipants, as necessary. The recipient(s) return an acknowledgement message with appropriate disposition information to the Responding QHIN, which forwards the acknowledgment to the Initiating QHIN. The Initiating QHIN routes the acknowledgment

¹² IHE Cross-Community Document Reliable Interchange (XCDR) profile - available as a supplement to the IHE IT Infrastructure (ITI) Technical Framework at: http://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_Suppl_XCDR.pdf

through its network, including any intermediary Participant and Subparticipants as necessary, to the provider that sent the message.

Each QHIN involved in the QHIN Message Delivery maintains audit logs of all activities and transactions the QHIN performed in the process of delivering the message, according to the IHE ATNA profile.

Specified standards for QHIN Message Delivery are included in *Table 2*.

Table 2. Specified Standards for QHIN Message Delivery	
Message Delivery Functions	Specified Standard / Profile
Secure Channel	<ul style="list-style-type: none"> IETF TLS 1.2 w/ BCP-195 or IETF TLS 1.3
Mutual Server Authentication	<ul style="list-style-type: none"> IETF TLS
User Authentication	<ul style="list-style-type: none"> IHE XUA
Authorization & Exchange Purpose	<ul style="list-style-type: none"> IHE XUA
Message Delivery	<ul style="list-style-type: none"> IHE XCDR
Auditing	<ul style="list-style-type: none"> IHE ATNA

Actors

Actors/Services	Cardinality	System Actor
Message Source	1..1	Any initiating Actor
Initiating Gateway	1..1	Initiating QHIN
RCE Directory	1..1	RCE
QHIN Directory	1..1	Initiating QHIN
QHIN Directory	1..*	Responding QHINs
Responding Gateway	1..*	Responding QHINs
Responding Source(s)	1..*	Any responding Actor

Assumptions

- All Initiating and Responding Actors agree on transport level details (specified for transactions between QHINs elsewhere in this document) that allow for the following:
 - System authentication and encrypted communications over a secure channel.
 - The ability to provide information in each transaction that identifies security and permission details about the request such as: who is requesting, what their role is, and what their purpose is.
 - The ability of the QHIN's Responding Gateway and Participants to choose if/how to allow the transaction to proceed based on this information and the requirements of the Common Agreement.

Pre-conditions

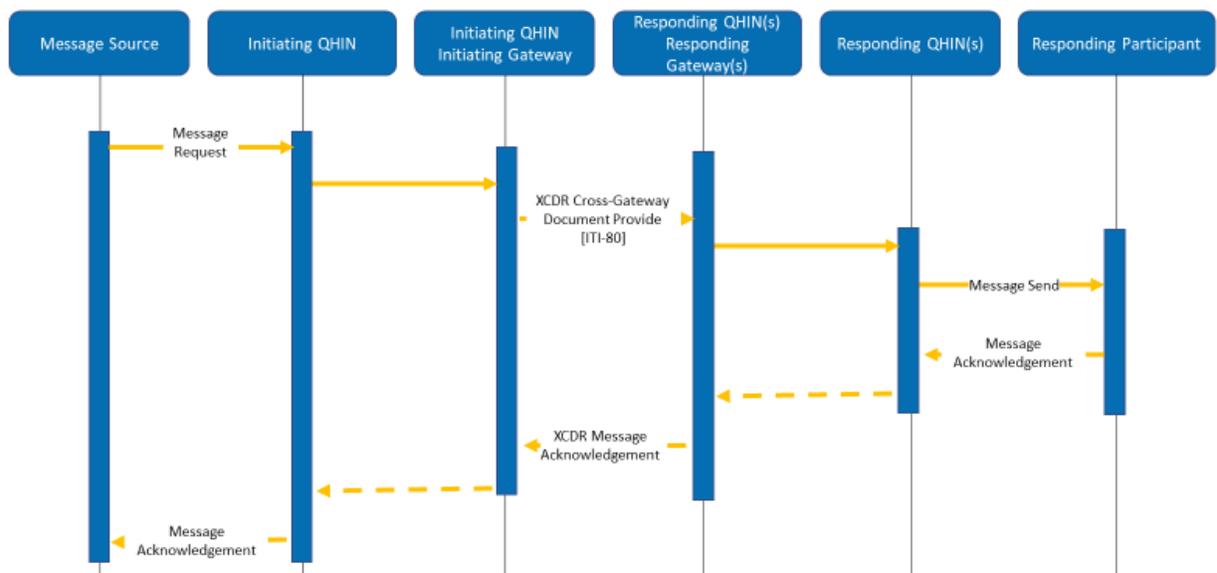
The following workflow assumes the following conditions:

- The Message Source knows a sufficient number of the patient’s demographics for a successful match as determined by the Responding Actor.
- The Message Source knows the HomeCommunityID or other organizational information (e.g., organization name, city, and state) necessary to determine the appropriate destination of the message.
- Each Actor has the appropriate service endpoint(s) and other connectivity information for any other Actors with which it connects directly.
- The RCE Directory includes the organization name(s), and HomeCommunityID(s) for all current Participant and Subparticipants who have chosen to participate as a Responding Source of QHIN Message Delivery. Each Participant and Subparticipant is matched to the appropriate QHIN.
- Each QHIN maintains an up-to-date copy of the RCE Directory.
- Responding QHINs know the current HomeCommunityIDs for any Responding Sources.

Use Case Steps

Message Send

Nominal Flow



- 1) The Message Source sends a Message Delivery Solicitation, through any intermediary Subparticipants or Participant, as applicable, to the Initiating QHIN to send a message.
 - a) The Message Delivery Solicitation includes all available patient demographics and sufficient information to identify the desired message recipient(s), such as the organization name, city, and state, Assigning Authority ID, and/or HCID(s) of the recipient(s).

- b) The Initiating QHIN queries its QHIN Directory to identify the appropriate Responding QHIN(s) for each message recipient included in the Message Delivery Solicitation.
- 2) The Initiating QHIN creates an IHE Cross-Gateway Document Provide [ITI-80] transaction and sends it via the Initiating Gateway to each Responding QHIN's Responding Gateway.
 - a) The Initiating QHIN creates an audit log entry including the HCID and Assigning Authority of the Message Source and Responding QHIN(s).
- 3) Each Responding QHIN queries its QHIN Directory to identify the appropriate Responding Source(s) and sends the message, through any intermediary Participant or Subparticipants as applicable, to each Responding Source.
 - a) The Responding QHIN creates an audit log entry including the HCID and Assigning Authority of the Message Source, Initiating QHIN, and Responding Source(s).
- 4) Each Responding Source returns an acknowledgement (through any intermediary Participant or Subparticipants, as applicable).
- 5) The Responding QHIN creates and sends an XCDR acknowledgement to the Initiating QHIN's Initiating Gateway.
 - a) The Responding QHIN creates an audit log entry including the HCID of the Responding Source(s), Initiating QHIN, and Message Source.
- 6) The Initiating QHIN returns each acknowledgement to the Message Source, through any intermediary Participant or Subparticipants as applicable.
 - a) The Initiating QHIN creates an audit log entry identifying the Responding Source(s) and Message Source of the response.

Alternate Flow 1: Error Flow

- 1) This workflow begins at Step 4 of the Nominal Flow.
- 2) A Responding Source returns an error message (e.g., message cannot be delivered).
- 3) The Responding QHIN returns a response to the Initiating QHIN's Initiating Gateway including the status `urn:oasis:names:tc:ebxml-regrep:ResponseStatusType:Failure` and one or more `regrep:ResponseStatusType:RegistryError` elements.
- 4) The Initiating QHIN returns a failure message to the Message Source for dispositioning.

Post-conditions

- The Responding Source(s) have received the document(s) sent by the Message Source.
- The Message Source has obtained acknowledgement of receipt from each Responding Source.
- All requests and responses have audit log entries showing source(s) and destination(s).

Requirements for Functions and Technology to Support Exchange

Under the Common Agreement, QHINs are exchange hubs for participants in disparate health information networks. QHINs, Participants and Subparticipants may request to send or receive TI through QHIN-to-QHIN exchange and/or may offer Individual Access Services through which Individuals may submit a request for their TI.

QHINs are responsible for providing a set of connectivity services that support QHIN Query and QHIN Message Delivery. To effectively deliver connectivity services, QHINs must perform a consistent set of technical functions.

This section outlines these functions, specifying constraints, standards, and implementation approaches where applicable.

QTF-001 All requirements pertaining to the IHE ITI Technical Framework profiles, unless otherwise specified, refer to IHE IT Infrastructure Technical Framework Revision 17.0 – Final Text, published July 20, 2020.¹³

Connectivity and Remediation

The basis for QHIN-to-QHIN exchange is connectivity. As such, QHINs must maintain connectivity with their Participants and with other QHINs. This QTF Draft 2 mandates the following:

QTF-002 Each QHIN MUST be able to connect successfully, i.e., able to transact without error, with every other QHIN. Any failure in connectivity MUST be addressed and resolved in the shortest time that is not infeasible, with infeasibility to be determined and demonstrated consistent with 45 CFR 171.204(a)(1) or (3), as applicable based on the reason and circumstances for the failure in connectivity.

QTF-003 Each QHIN MUST be able to connect successfully, i.e., able to transact without error, to all of its Participants. Any failure in connectivity MUST be addressed and resolved in the shortest time that is not infeasible, with infeasibility to be determined and demonstrated consistent with 45 CFR 171.204(a)(1) or (3), as applicable based on the reason and circumstances for the failure in connectivity.

Certificate Policy

Public key infrastructure (PKI) often serves as the basis for securing electronic communications over the internet. PKI involves the use of digital certificates to assert and authenticate identities, encrypt data, and sign communications.

This QTF Draft 2 specifies that QHINs must possess appropriate digital certificates for authentication, encryption, and signing. QHIN certificates will be chained to root certificates issued by Certificate

¹³ The IHE IT Infrastructure Technical Framework Revision 17 and appropriate Supplements can be found via https://www.ihe.net/resources/technical_frameworks/technical_framework_archives/#IT

Authorities approved by the RCE. The RCE may also establish a broader certificate policy (e.g., including certificate life-cycle operational requirements, certificate usage policies, naming conventions, etc.).

This QTF Draft 2 specifies the following certificate policy functions:

QTF-004 QHINs MUST obtain TLS server certificates which are X.509 version 3 certificates with a signature that is at least 112 bits in length, and a public key of at least 256 bits in length; such certificates MUST be obtained, installed, and used in accordance with Applicable Law, and any relevant policies and procedures adopted by the RCE.

QTF-005 QHINs MUST deploy cryptographic modules certified to meet Federal Information Processing Standards (FIPS) Publication 140-2¹⁴ or 140-3¹⁵

Secure Channel

Protecting the privacy and security of health information is essential for building trust among participating entities. As such, QHINs must provide a secure channel to ensure transport-level security for all transactions under their domain. Modern networked systems typically rely on the TLS protocol to communicate over the internet. TLS provides privacy and data integrity between systems, using cryptographic techniques to encrypt communications. Specified standards for Secure Channel are included in *Table 3*.

Table 3. Specified Standard for Secure Channel	
Function	Specified Standard / Profile
Secure Channel	<ul style="list-style-type: none"> • IETF TLS 1.2 w/ BCP-195 or • IETF TLS 1.3

This QTF Draft 2 specifies the following Secure Channel constraints:

QTF-006 When interacting with another QHIN or Participant, a QHIN MUST establish a secure channel using TLS protocol version 1.2 or above.

QTF-007 Use of the TLS 1.2 protocol MUST be consistent with IETF BCP 195.

QTF-008 A secure channel MUST conform to NIST Special Publication 800-52 Revision 2¹⁶ with the exceptions of:

- a. The following extensions MUST NOT be used:
 - TLS 1.2 Extension Client Certificate URL
 - TLS 1.3 Extension Early Data Indication

¹⁴ Security Requirements for Cryptographic Modules (FIPS Publication 140-2) - available at: <https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-2.pdf>

¹⁵ Security Requirements for Cryptographic Modules (FIPS Publication 140-3) - available at: <https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-3.pdf>

¹⁶ Guidelines for the Selection, Configuration, and Use of Transport Layer Security (TLS) Implementations (Special Publication 800-52 Revision 2) – available at <https://csrc.nist.gov/publications/detail/sp/800-52/rev-2/final>

- TLS 1.3 Zero Round Trip Time Resumption.

QTF-009 Use of TLS 1.3 SHOULD be prioritized prior to January 2024 and MUST be prioritized by January 2024.

Mutual Server Authentication

TLS also provides a “handshake” authentication protocol to verify the identities of systems establishing a secure channel. Whereas TLS can be implemented such that only “one side” (e.g., the server in a server-client relationship) is authenticated, this QTF Draft 2 specifies mutual authentication for all QHIN-to-QHIN and QHIN-to-Participant communication. Specified standards for Mutual Server Authentication are included in *Table 4*.

Table 4. Specified Standard for Mutual Server Authentication	
Function	Specified Standard / Profile
Mutual Server Authentication	<ul style="list-style-type: none"> • IETF TLS 1.2 w/ BCP-195 or • IETF TLS 1.3

This QTF Draft 2 specifies the following Mutual Server Authentication function:

- QTF-010 When interacting with another QHIN or Participant, QHINs MUST mutually authenticate using TLS protocol version 1.2 or higher.
- QTF-011 Use of the TLS 1.2 protocol MUST be consistent with IETF BCP 195.
- QTF-012 Use of TLS 1.3 SHOULD be prioritized prior to January 2024 and MUST be prioritized by January 2024.

User Authentication

Authentication involves establishing confidence in the identity of an entity or person. All entities and persons requesting QHIN-to-QHIN exchange must be authenticated and authentication information must be shared “upstream” for access control and auditing purposes. A QHIN, for example, needs to know and record the identity of any Subparticipant or user attempting to query for or send TI. Because there may be a multi-layer hierarchy of Subparticipants under each Participant, the QHIN relies on each entity to obtain and share authentication information about those “downstream” from it, i.e., further removed from the QHIN in the hierarchy.

The IHE XUA Profile leverages SAML to communicate claims about an authenticated entity in transactions that cross enterprise boundaries. This QTF Draft 2 specifies that QHINs implement IHE XUA to support exchange of authentication information among QHINs. Specified standards for User Authentication are included in *Table 5*.

Table 5. Specified Standard for User Authentication

Function	Specified Standard / Profile
User Authentication	<ul style="list-style-type: none"> • IHE XUA

This QTF Draft 2 specifies the following User Authentication functions:

QTF-013 When initiating a QHIN Query or QHIN Message Delivery, a QHIN MUST transmit a SAML assertion using IHE XUA, identifying the user or staff member at the QHIN, Participant, or Subparticipant or identifying the Individual who requested use of QHIN’s connectivity services.

QTF-014 A QHIN MUST rewrite the SAML information and sign it using the QHIN SAML certificate. The new SAML assertion MUST persist the originating user and, as applicable, organization information.

QTF-015 The SAML assertion MUST include:

- User information including name, UserID, Subject-Role, and, if appropriate, National Provider Identifier (NPI).
- Organization name and HomeCommunityID of the Participant or Subparticipant initiating the transaction (i.e., the Query or Message Source).
- Patient Identifier, if known, and

QTF-016 The SAML assertion MAY include the Authz-Consent Option.¹⁷

QTF-017 QHINs MUST be capable of receiving authentication information from Participants, including the authenticated identity of any Subparticipants and/or Individuals and/or users requesting QHIN-to-QHIN exchange.

QTF-018 QHINs MUST specify the mechanism(s) (i.e., format and content) by which Participants transmit authentication information to the QHIN.

Authorization & Exchange Purpose

Authorization involves verifying whether an entity or person is eligible to access a requested network or service. The Common Agreement requires that all requests to send and receive TI through QHIN-to-QHIN exchange fall under a defined set of Exchange Purposes.

This QTF Draft 2 specifies that QHINs use SAML assertions based on the IHE XUA profile to identify the Exchange Purpose when initiating a QHIN Query or QHIN Message Delivery. Specified standards for *Authorization & Exchange Purpose* are included in *Table 6*.

¹⁷ See *IHE It Infrastructure Technical Framework Volume 2B section 3.40.4.1.2.2*, available at https://www.ihe.net/resources/technical_frameworks/technical_framework_archives/#IT

Table 6. Specified Standard for Authorization & Exchange Purpose	
Function	Specified Standard/Profile
Authorization & Exchange Purpose	<ul style="list-style-type: none"> IHE XUA

This QTF Draft 2 specifies the following *Authorization & Exchange Purpose* constraints:

QTF-019 QHINs MUST be capable of receiving and transmitting authorization information, including a representation of the Exchange Purpose, along with any request for use of connectivity services.

QTF-020 When initiating a QHIN Query or QHIN Message Delivery, a QHIN MUST transmit a SAML assertion using IHE XUA, including the Exchange Purpose as identified by the staff or users at the QHIN or Participant requesting QHIN-to-QHIN exchange.

QTF-021 The Exchange Purpose in the SAML assertion MUST be one of the following codes corresponding to the Common Agreement definition.

Table 7. Exchange Purpose Accepted Codes	
Exchange Purpose	Code
Treatment	TREAT
Payment	HPAYMT
Operations	HOPERAT
Public Health	PUBHLTH
Individual Access Services	PATRQT
Benefits Determination	COVERAGE

QTF-022 The XUA PurposeOfUse Option¹⁸ MUST be used and the purpose of use MUST be consistent with the SAML Purpose of Use information.

QTF-023 All XUA and SAML metadata must be consistent. Where discrepancies exist, they must be resolved prior to the next step in the workflow.

QTF-024 QHINs MUST specify the mechanism (i.e., format and content) by which Participants transmit authorization information including an Exchange Purpose to the QHIN.

Patient Discovery Query

Health information exchange workflows typically begin with a search for matching patients. IHE provides a widely implemented profile supporting patient discovery: XCPD.

¹⁸ See *IHE IT Infrastructure Technical Framework Volume-2b* Section 3.40.4.1.2.3 PurposeOfUse Option for details: https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_TF_Vol2b.pdf.

XCPD enables entities to locate communities that hold relevant patient health data and correlate patient identifiers across communities holding the same patient’s data. XCPD is frequently used to discover patients prior to an XCA query.

This QTF Draft 2 specifies that QHINs implement the IHE XCPD profile to enable query-based network-to-network patient discovery. The specified standard for patient discovery is included in *Table 8*. A sequence diagram for patient discovery is included in the figure below.

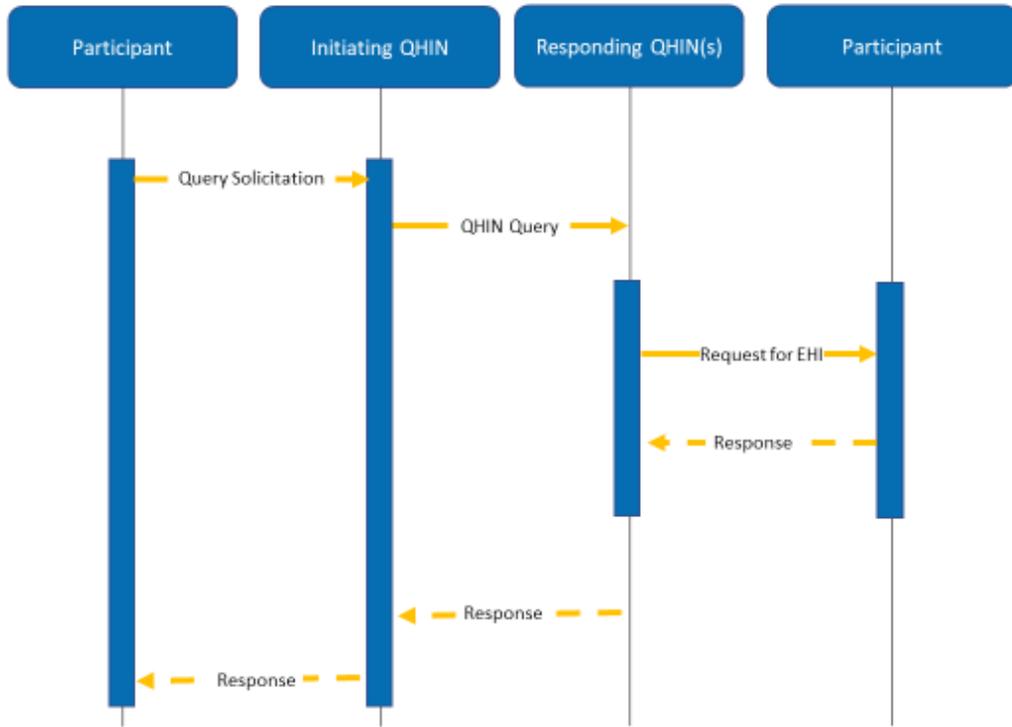


Table 8. Specified Standard for Query	
Function	Specified Standard / Profile
Patient Discovery	<ul style="list-style-type: none"> IHE XCPD

This QTF Draft 2 specifies the following constraints for Patient Discovery Query:

- QTF-025 QHINs MUST ensure that Query Solicitations unambiguously and accurately identify the Query Source.

- QTF-026 QHINs MUST implement the IHE XCPD profile for QHIN Patient Discovery.
- QTF-027 Initiating QHINs MUST be capable of receiving Query Solicitations from a Participant.
- QTF-028 Initiating QHINs MUST be capable of processing Query Solicitations to determine the appropriate Responding QHIN(s) via their QHIN Directory.
- QTF-029 If the Query Source does not indicate specific providers or facilities to be queried, all QHINs SHOULD be queried using provided demographics.
- QTF-030 Initiating QHINs MUST be capable of processing Query Solicitations to identify patient demographic information to include in XCPD requests to Responding QHINs.
- QTF-031 Responding QHINs MUST be capable of processing XCPD requests to resolve patient identity (see Patient Identity Resolution function).
- QTF-032 Initiating QHINs MUST be capable of processing XCPD responses and sending the results to the Query Source (through any intermediary Participant or Subparticipants, as applicable).
- QTF-033 Initiating QHINs MUST include all patient demographics provided in the Query Solicitation in the XCPD request resulting from that Query Solicitation, unless demographics are provided that are not supported by the XCPD profile.
- QTF-034 Each Patient Discovery match (i.e., RegistrationEvent) MUST include the code NotHealthDataLocator to indicate that the corresponding community does not maintain externally available location information about this patient. See *IHE ITI TF-2b: 3.55.4.2.2.5 Specifying Support as a Health Data Locator*.
- QTF-035 Patient Discovery responses MUST include the Responding Source's HomeCommunityID, Assigning Authority, and the patient identifier when a successful patient match is found.
- QTF-036 Data for address fields used in Patient Discovery Queries SHALL be converted, if needed to conform to USPS Publication 28 - Postal Addressing Standards¹⁹, by the Initiating QHIN prior to being transmitted to any Responding QHINs.

Document Query and Retrieve

Locating patient records for retrieval involves multiple steps, including determining what information in the form of documents is available, and actual retrieval of the desired documents. The IHE XCA profile specifies this process.

XCA supports the means to query and retrieve relevant patient health data held by other communities in the form of documents. Using XCA requires knowledge of patient identity and the HomeCommunityID of the Responding Source when querying for and retrieving clinical documents.

IHE does not define a document beyond "a collection of bytes, including proprietary and textual formats."²⁰ Therefore an XCA document may be any form of information including C-CDA 2.1, FHIR[®] resources, PDF, or other formats. For purposes of Document Query and Retrieve, C-CDA 2.1 is the

¹⁹ Publication 28 - Postal Addressing Standards – available at <https://pe.usps.com/text/pub28/welcome.htm>

²⁰ IHE IT Infrastructure White Paper Health Information Exchange: Enabling Document Sharing Using IHE Profiles – available at https://www.ihe.net/Technical_Framework/upload/IHE_ITI_White-Paper_Enabling-doc-sharing-through-IHE-Profiles_Rev1-0_2012-01-24.pdf

expected format for all patient information. If a Responding Source is unable to return a C-CDA 2.1 document, the data is converted to the C-CDA 2.1 format by a Responding QHIN, Participant, or Subparticipant prior to transmission to the Initiating QHIN.

This QTF Draft 2 specifies that QHINs implement the IHE XCA profile to enable query-based network-to-network document exchange. The specified standard for Document Query and Retrieve is included in *Table 8*.

Table 10. Specified Standard for Document Query	
Function	Specified Standard / Profile
Document Query and Retrieve	<ul style="list-style-type: none"> IHE XCA

This QTF Draft 2 specifies the following constraints for Document Query and Document Retrieve:

- QTF-037 QHINs MUST implement the IHE XCA profile for QHIN Document Query and Retrieve.
- QTF-038 Initiating QHINs MUST be capable of processing Query Solicitations to identify query parameters to include in XCA requests to Responding QHIN(s).
- QTF-039 If a Document Retrieve response is not in C-CDA 2.1 format, QHINs MUST convert the response to C-CDA 2.1 format except where consistent with QTF-043 and QTF-040.
- QTF-040 Responding QHINs SHOULD transmit any specific document format requests (provided by the Initiating QHIN via the IHE XDSDocumentEntryFormatCode XCA parameter) to Responding Sources.
- QTF-041 Responding QHINs SHOULD provide C-CDA 2.1 documents that follow recommendations as presented in Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes.²¹
- QTF-042 All C-CDA 2.1 format documents adhering to the Continuity of Care Document template SHOULD include all appropriate data classes and elements from The United States Core Data for Interoperability (USCDI) V1 prior to January 1, 2023, and MUST include all appropriate data classes and elements from USCDI V1 after January 1, 2023.²² The RCE will determine ongoing requirements of using newer versions of the USCDI as they are released.
- QTF-043 Responding QHINs MAY provide patient information in other document formats if required by Applicable Law, if an alternative format is requested by the Initiating QHIN via the IHE XDSDocumentEntryFormatCode XCA parameter, or where C-CDA 2.1 format documents are

²¹ *Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes* -- available at https://s3.amazonaws.com/ceq-project/wp-content/uploads/2019/04/11013830/20190201_Improve_C-CDA_Joint_Content_WG_IHE_v1.1_Final.pdf

²² *The United States Core Data for Interoperability (USCDI)* – available at <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>

inappropriate for the content (e.g., Public Health submissions or Payer claim/coverage documents).

- QTF-044 The minimum required parameters for a FindDocuments transaction are the Responding Source's HomeCommunityID patientId and Assigning Authority for each patient record returned, and the status of the document entries to return, typically urn:oasis:names:tc:ebxml-regrep:StatusType:Approved. Approved in this context means the document is available for patient care and have not been superseded by a new version.
- QTF-045 If such a request is indicated by the Query Solicitation, Initiating QHINs MAY specify a document status of urn:oasis:names:tc:ebxml-regrep:StatusType:Deprecated to obtain historical document entries that have been superseded or are not considered the most current version.
- QTF-046 Responding QHINs SHOULD provide to Responding Sources any specific document status requests provided by the Initiating QHIN in the FindDocuments transaction.
- QTF-047 QHINs MUST support the \$XDSDocumentEntryServiceStartTimeTo and \$XDSDocumentEntryServiceStopTimeFrom parameters for limiting the number of documents returned from a query and Responding QHINs SHOULD transmit any such parameters to the Responding Source.
- QTF-048 \$XDSDocumentEntryServiceStartTimeTo and \$XDSDocumentEntryServiceStopTimeFrom are optional parameters that may be included in the FindDocuments query to limit the number of documents returned. Usage MUST follow the guidance of Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes Appendix A.3 IHE XDS Query Parameters. serviceStartTime and serviceStopTime are defined ITI TF-3 Table 4.1.3.2-1. These query parameters are among the metadata parameters that MUST be returned with objects in all LeafClass Query for Documents responses. serviceStartTime and serviceStopTime MUST be requested as UTC in DTM format.
- QTF-049 The FindDocuments request MAY include both DocumentEntryType parameters with values of urn:uuid:7edca82f-054d-47f2-a032-9b2a5b5186c1 and urn:uuid:34268e47-fdf5-41a6-ba33-82133c465248 to specify that both Stable and On-Demand Documents should be included.
- QTF-050 The Initiating QHIN MUST specify a returnType parameter value of LeafClass, which means to return full metadata contents. See *IHE ITI TF-1: 18 Cross-Community Access (XCA) Integration Profile*, *IHE ITI TF-2b: 3.38*, and *IHE ITI TF-2a: 3.18*.
- QTF-051 Responding QHINs MUST be capable of processing XCA requests to identify and retrieve appropriate documents.
- QTF-052 Initiating QHINs MUST be capable of processing XCA responses and sending the results to the Query Source (through any intermediary Participant or Subparticipants, as applicable).
- QTF-053 The QHIN Initiating Gateways and Responding Gateways SHOULD support the On-Demand Document option.
- QTF-054 The QHIN Initiating Gateways MUST support the XDS Affinity Domain XCA option for both IHE Cross Gateway Query [ITI-38] and IHE Cross Gateway Retrieve [ITI-39].

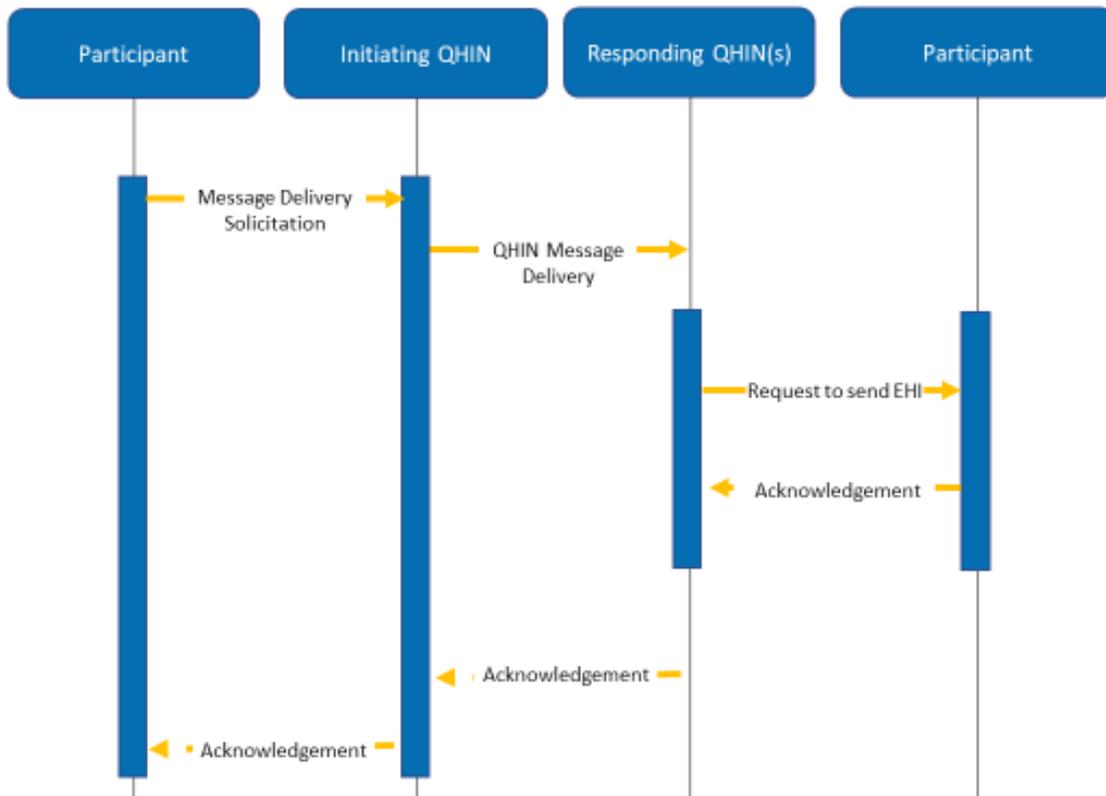
Message Delivery

In addition to query-based document exchange, many health information networks also provide capabilities for users to send (i.e., push) patient data to other entities. The network-of-networks enabled by the Common Agreement supports push capabilities using the IHE XCDR²³ profile. QHINs function as hubs for routing messages sent to and from their networks.

The specified standards for message delivery are included in *Table 11*. A sequence diagram for message delivery is included in the figure below. Message delivery transactions between QHINs and Participants may use the XCDR profile or may negotiate a different delivery method that supports the local workflow.

Table 11. Specified Standard for Message Delivery	
Function	Specified Standard / Profile
Message Delivery	<ul style="list-style-type: none"> IHE XCDR

²³ IHE Cross-Community Document Reliable Interchange (XCDR) - available at https://www.ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_Suppl_XCDR.pdf



This QTF Draft 2 specifies the following constraints for Message Delivery:

- QTF-055 All QHINs MUST implement Cross-Community Document Reliable Interchange (XCDR) Rev. 1.4 for message exchange with other QHINs.
- QTF-056 All QHIN Responding Gateways MUST be grouped with an IHE XCDR Document Recipient.
- QTF-057 QHINs MAY implement the XCDR profile for exchange with Participants or negotiate other methods of exchange.
- QTF-058 Initiating QHINs MUST be capable of processing Message Delivery Solicitations to determine the appropriate Responding QHIN(s) via their QHIN Directory.
- QTF-059 All Initiating QHINs MUST return acknowledgement of delivery of the message to the Message Source, via any intermediary Participant and Subparticipants as applicable.
- QTF-060 QHINs MUST specify the format and content of acceptable Message Delivery Acknowledgements from Participants.
- QTF-061 Initiating QHINs MUST be capable of receiving Message Delivery Solicitations from a Participant.

- QTF-062 Initiating QHINs MUST be capable of processing Message Delivery Solicitations to identify documents and associated metadata to include in XCDR transactions to the appropriate Responding QHIN(s).
- QTF-063 Responding QHIN(s) MUST be capable of processing XCDR transactions to send documents and associated metadata to the Responding Source, via any intermediary Participant and Subparticipants as applicable.
- QTF-064 QHINs MUST be capable of sending and receiving message delivery acknowledgements to and from QHINs and Participants.

Patient Identity Resolution

Patients frequently cross network boundaries when receiving care, contributing to fragmentation of records, duplicate records, and inconsistent representations of patient identity across disparate providers. Accurately resolving patient identity is necessary for ensuring appropriate access to TI, particularly in query-based contexts. Some QHINs might use a centralized master patient indexing service to manage identity information associated with patients under the QHIN's domain. Other QHINs might rely on more federated approaches to resolve patient identity (e.g., by sending patient demographic information and requesting matches from each Participant connected to the QHIN).

This QTF Draft 2 specifies the following patient identity resolution constraints:

- QTF-065 A QHIN MUST be capable of accurately resolving requests to match patient demographic information with patient identities under its domain via an Enterprise Master Patient Index (eMPI) or Record Locator Service OR
- QTF-066 A QHIN MAY delegate the patient identity resolution function to Participant(s).
- QTF-067 A delegated patient identity resolution function MUST be able to respond to a QHIN Query within any service-level agreement (SLA) requirements adopted by the RCE for QHIN-to-QHIN exchange.

Record Location

The exchange functions enabled by QHIN-to-QHIN exchange depend on accurately determining which entities maintain TI. Query functions, in particular, rely on accurate and comprehensive record location. This QTF Draft 2 does not specify a particular technology or standard for QHINs to use to locate patient records.

This QTF Draft 2 specifies the following record location constraints:

- QTF-068 A Responding QHIN MUST be capable of identifying which, if any, of its Participants and/or Subparticipants are the Responding Source.

Directory Services

Directory services enable entities to manage information associated with healthcare organizations and persons. A provider directory, for example, may include information about a provider's demographics (e.g., name, date of birth), relationships (e.g., where a provider works), and electronic endpoints (e.g., a Direct address, HL7® FHIR® server URL). QHINs will rely on directories to route transactions. For instance, a QHIN might use a directory to identify the appropriate recipient(s) of a QHIN Message Delivery or QHIN Query.

The RCE Directory Service is a FHIR-based service using a profile on the Organization resource and custom transactions. The RCE Directory Service will be the primary location for determining the HomeCommunityID, Assigning Authority, and Responding QHIN for inter-QHIN data exchange. QHINs will be responsible for updating the RCE Directory Service with HomeCommunityIDs and Assigning Authorities of their connected Participants and Subparticipants. QHINs are expected to maintain a local copy of the contents of the RCE Directory Service to support their connectivity services and facilitate query and message delivery transactions.

This QTF Draft 2 specifies the following directory service constraints:

- QTF-069 The QHIN Directory **MUST** maintain the Responding QHIN and HomeCommunityID for all Participants and Subparticipants.
- QTF-070 An Initiating QHIN **MUST** be capable of accurately identifying the Responding QHIN for a QHIN Query or QHIN Message Delivery via its QHIN Directory.
- QTF-071 All connections to the RCE Directory Service **MUST** conform to the requirements of the RCE Directory Service Implementation Guide.²⁴
- QTF-072 A QHIN **MUST** update the RCE Directory Service with any new Participant and Subparticipant information at least 48 hours prior to the Participant and Subparticipant commencing production activities.
- QTF-073 A QHIN **MUST** ensure that all updates and changes to Participant or Subparticipant HomeCommunityID(s) are submitted to the RCE Directory Service prior to taking effect.
- QTF-074 QHINs **MUST** validate their QHIN Directory with the RCE Directory Service no more often than once per hour and no less often than once per day.

Auditing

Maintaining records of activities and transactions supported by QHIN-to-QHIN exchange can assist with troubleshooting and help facilitate monitoring for improper use of the network-of-networks enabled by the Common Agreement. Moreover, audit records support a QHIN's ability to maintain and produce an accounting of disclosures, where required by Applicable Law.²⁵

The IHE ATNA profile describes several foundational elements of secure systems, including node authentication, user authentication, telecommunications encryption, and event audit logging. This QTF Draft 2 specifies that QHINs implement the IHE ATNA profile requirements specific to event audit logging for activities and transactions between QHINs and between QHINs and Participants, including the standard schema for encoding reported events, standard reportable events, and standard transport methods. Other elements of secure systems defined by ATNA, such as authentication, are specified elsewhere in this QTF Draft 2. Specified standards for Auditing are included in *Table 12*.

²⁴ *The Sequoia Project Healthcare Directory Implementation Guide* – available at: <https://rce.sequoiaproject.org/TBD>

²⁵ *There will be an SOP about records retention and storage for a number of years to be determined and giving consideration to a balancing of the costs and benefits.*

Table 12 Specified Standards for Auditing

Function	Specified Standard / Profile
Auditing	<ul style="list-style-type: none"> • IHE ATNA • ASTM E2147-01

This QTF Draft 2 specifies the following Auditing constraints:

QTF-075 A QHIN **MUST** create and store audit records in accordance with the IHE ATNA profile for all activity and transaction events involving another QHIN or Participant.

QTF-076 A QHIN **MUST** follow auditing guidance in any of the IHE transactions and profiles specified by this QTF Draft 2.

QTF-077 The audit record **MUST** also include:

- Information on patient resolution, including patient identity
- Originating organization (i.e., Query Source or Message Source)
- Originating user
- Destination HCID
- Sending QHIN
- Sending Participant (if auditor is Initiating QHIN)
- Receiving QHIN
- Receiving Participant (if auditor is Responding QHIN).

QTF-078 A QHIN **MUST** create and store audit records for activity events related to the QHIN’s operation.

Error Handling

Activities and transactions enable by QHIN-to-QHIN exchange may fail or otherwise generate errors. Error messages should clearly communicate the cause of the error along with any other appropriate details to assist in resolving the issue.

This QTF Draft 2 specifies the following error handling constraints:

QTF-079 A QHIN **MUST** be capable of generating, sending, and receiving error messages for activities and transactions involving other QHINs as defined in IHE profiles specified by this QTF Draft 2.

QTF-080 A QHIN **MUST** be capable of sending and receiving error messages for activities and transactions originating from Participants, translating them as needed into error messages as defined in IHE profiles specified by this QTF Draft 2, and returning them in responses to the Initiating or Responding QHIN, as necessary.

Constraints for Participants and Subparticipants

For proper operation of the transactions enabled by QHIN-to-QHIN exchange, QHINs will need to ensure that Participants and Subparticipants provide information necessary for QHIN functions. The following

requirements must be enforced by QHINs on their Participants, by Participants on their Subparticipants, and by Upstream Subparticipants on their Downstream Subparticipants:

- QTF-081 A Query Source **MUST** include all known demographics supported by the IHE XCPD profile in its Query Solicitations for patient discovery with the exception of a Social Security Number which **MAY** be included.
- QTF-082 A Responding Source **SHALL** send only one identifier for a patient in response to a patient discovery query.
- QTF-083 Data for address fields used for patient discovery query **SHOULD** conform to USPS Publication 28 - Postal Addressing Standards.
- QTF-084 A Responding Actor **SHOULD** provide C-CDA 2.1 documents that follow recommendations as presented in Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes²⁶, when the information held by that Responding Actor is organized around a clinical encounter construct.
- QTF-085 All C-CDA 2.1 format documents adhering to the Continuity of Care Document template **SHOULD** include all appropriate data classes and elements from The United States Core Data for Interoperability (USCDI) V1 prior to January 1, 2023, and **MUST** include all appropriate data classes and elements from USCDI V1 after January 1, 2023.²⁷ The RCE will determine ongoing requirements of using newer versions of the USCDI as they are released.
- QTF-086 A Responding Source **SHOULD NOT** respond to a patient discovery query with a request for additional demographics.

²⁶ *Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes* -- available at https://s3.amazonaws.com/ceq-project/wp-content/uploads/2019/04/11013830/20190201_Improve_C-CDA_Joint_Content_WG_IHE_v1.1_Final.pdf

²⁷ *The United States Core Data for Interoperability (USCDI)* – available at <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>

QTF-087 An (I)ACP document reference MUST be accompanied by one of the following OIDs to declare the format of the consent document:

OID	Representation
urn:oid: 2.16.840.1.113883.3.7204.1.1.1.1.2.1	(I)ACP Document contains access consent and is in scanned PDF format of a signed document
urn:oid: 2.16.840.1.113883.3.7204.1.1.1.1.2.2	(I)ACP Document contains access consent and is in XACML format
urn:oid: 2.16.840.1.113883.3.7204.1.1.1.1.2.3	(I)ACP Document contains access consent and is in FHIR® Consent resource format
urn:oid: 2.16.840.1.113883.3.7204.1.1.1.1.2.4	(I)ACP Document contains access consent and is in Kantara Consent Receipt format
urn:oid: 2.16.840.1.113883.3.7204.1.1.1.1.2.0	(I)ACP Document contains access consent in a format that requires manual inspection

QTF-088 If the (I)ACP OID is accompanied by 2.16.840.1.113883.3.7204.1.1.1.1.2.0 (manual inspection), then data SHOULD NOT be exchanged until manual inspection has been conducted and an out-of-band access policy decision has been made.

QTF-089 Any (I)ACP asserted by a Query Source SHALL be available for retrieval using the Document Retrieve workflow.

QTF-090 If a query request is accompanied by an (I)ACP document, the Responding Source SHOULD attempt to retrieve the document via the Document Retrieve workflow, prior to responding to the query.

QTF-091 If a retrieved (I)ACP cannot be processed by a Responding Source, that Responding Source SHOULD NOT respond to the request.

QTF-092 All transactions between QHINs and Participants and/or Participants and Subparticipants MUST be represented in audit log entries that adhere to ASTM E2147-01²⁸ as a minimum requirement.

QTF-093 Participants and Subparticipants MUST provide all necessary information to their QHIN for the RCE Directory Service entry prior to the information affecting the production environment.

QTF-094 Participants and Subparticipants MUST communicate all changes to their RCE Directory entry to their QHIN no less than 48 hours prior to the changes being implemented in the production environment.

²⁸ ASTM E2147 – 01 *Standard Specification for Audit and Disclosure Logs for Use in Health Information Systems* – available at <https://www.astm.org/DATABASE.CART/HISTORICAL/E2147-01.htm>

Testing Procedure Supporting Requirements

QHINs will need to complete testing procedures as part of the initial Designation process and must be prepared to engage in testing activities on an ongoing basis. Details of these processes are outlined in the RCE QHIN Testing and Onboarding Process²⁹ document. In order to support these processes, this QTF Draft 2 specifies the following requirements.

- QTF-095 All QHINs must create and maintain a test instance of the QHIN system to support testing and operations.
- QTF-096 Each QHIN MUST create a test patient record and have a test clinician record created for diagnostic and onboarding testing per the RCE QHIN Testing and Onboarding Process, in both test and production environments.
- QTF-097 QHINs MUST NOT register test data into the production RCE Directory Service. During testing procedures, QHINs MUST determine facility routing information via their QHIN Directory.
- QTF-098 The test patient data MUST include at least one C-CDA 2.1 document with fictional clinical data that can be queried and retrieved.
- QTF-099 All QHINs SHOULD create at least one C-CDA Discharge Summary and Progress Note template document for the test patient. QHINs serving outpatient clinics and inpatient hospitals MUST create such documents. Any encounters, etc. must be linked to the clinician created for QTF-103.
- QTF-100 Additional test data records MAY be created and made available as desired by the QHIN.
- QTF-101 An outgoing patient discovery query using the test data as per the RCE QHIN Testing and Onboarding Process MUST include all available demographics.
- QTF-102 An outgoing patient discovery response using the test data as per the RCE QHIN Testing and Onboarding Process MUST return all available demographics.
- QTF-103 A test clinician record per the RCE QHIN Testing and Onboarding Process MUST be available for QHIN Message Delivery receipt and be available in both test and production environments.
- QTF-104 A “Document Query Nominal Flow” of the test data per QTF-095 MUST return the C-CDA 2.1 document(s) associated with a test patient.

Performance Measures

In order to accurately measure the effectiveness of the network-of-networks enabled by the Common Agreement, the RCE will collect several performance measures from QHINs. These data are meant to assess the performance of the network-of-networks for each use case. The measures by themselves will not directly impact a QHIN’s Designation status.

- QTF-105 The following data MUST be submitted to the RCE for each calendar month:
 - Downtime for the QHIN’s gateway actors (e.g., Initiating Gateway, etc.) in minutes in the reporting month.

²⁹ RCE QHIN Testing and Onboarding Process -- available at: <http://rce.sequoiaproject.org/TBA>

- Raw count of successful (i.e., completed without error) inter-QHIN transactions, per Responding QHIN, for each of:
 - a. Patient discovery,
 - b. Document query,
 - c. Document retrieve, and
 - d. Message delivery
- Raw count of errors in inter-QHIN transactions, per Responding QHIN per IHE metadata error code³⁰ received within the reporting period.
- Raw count of connectivity errors per Responding QHIN received within the reporting period.
- Average response time for each inter-QHIN transaction, per Responding QHIN transacted with during the reporting period. Each data point must include the message type, average response time, and Responding QHIN.
- Total number of documents retrieved via QHIN Query.
- Total number of messages received via QHIN Message Delivery.

QTF-106 The following data must be submitted to the RCE for each calendar quarter (three-month period):

- Total number of member organizations and/or facilities connecting as or through the QHIN's Participants and Subparticipants with counts for each hospital, clinic, mental health center, post-acute/long-term care facility, public health entities, and payer organizations as well as an aggregate count of any other member organizations and/or facilities not matching these categories.
- Total number of clinicians connecting through the QHIN's Participants and Subparticipants.
- Total number of consumers/patients participating in Individual Access Services through the QHIN, its Participant or Subparticipant of the QHIN.

³⁰ See *IHE IT Infrastructure Technical Framework* Volume 3 (ITI TF-3) Table 4.2.4.1-2: Error Codes

Onboarding and Test Requirements

Onboarding requires a test of each of the workflows and security protocols. These tests will ensure that the QHIN is able to operate appropriately as both an initiator and responder for all QHIN exchange modalities.

By declaring its intent to play the Initiating QHIN or Responding QHIN role in testing each exchange modality and beginning the testing process outlined below, a QHIN asserts that the system or systems used for the declared roles are fully compliant, to the best of its knowledge, with the technical specifications outlined in the Requirements for Functions and Technology to Support Exchange section of this QTF.

QHINs are encouraged to take advantage of testing resources such as tools provided by the National Institute of Standards and Technology (NIST), testing platforms maintained by private organizations, and/or Integrating the Healthcare Enterprise (IHE) Connectathon events.

Each of the following tests must be performed as part of Onboarding. Test data requirements and availability are outlined in RCE QHIN Testing and Onboarding Process³¹.

Tests may also be conducted by the RCE test instance and/or a QHIN to ensure all workflows are functioning optimally. After completing Onboarding, a QHIN SHOULD initiate a test only to verify a successful connection and transaction with a specific QHIN. Tests may be initiated by the RCE test instance at any time.

This QTF Draft 2 specifies following the test requirements:

- QTF-107 For the Onboarding process, all tests outlined below MUST be successfully conducted against the RCE test instance and successfully completed prior to testing with other QHINs.
- QTF-108 During Onboarding, QHINs MUST successfully complete each test in the order below prior to conducting the next test.
- QTF-109 After each test is completed, as part of Onboarding, QHINs MUST submit the relevant extract of the ATNA log entries as specified by the RCE QHIN Testing and Onboarding Process.
- QTF-110 Where necessary for authentication and exchange, the Exchange Purpose for test requests MUST be set to each of the “Purpose of Use” values as specified in QTF-021. Separate test requests MUST be sent for each Exchange Purpose.
- QTF-111 Once Onboarding is complete, a QHIN MUST execute each of the following tests on a quarterly (three-month) basis with all QHINs not transacted with in the preceding three months. If one or more tests fail, the results MUST be immediately reported to the RCE, and corrections MUST be executed as per QTF-002 and communicated to the RCE.

Connectivity and Authentication

- Successfully test a secure connection as per *Secure Channel* and *Mutual Server Authentication* sections of this document.

³¹ RCE QHIN Testing and Onboarding Process available at: <http://rce.sequoiaproject.org/TBA>

RCE Provider Directory Lookup and Update

- Successfully test provider discovery of provider data from RCE Directory Service via FHIR® Organization resource search as per [LINK TO RCE DIRECTORY SERVICE FHIR® IG] using Nominal and all Alternate Flows stated above.
- Successfully test sending an organization submission to RCE Directory Service via FHIR® Organization resource submission as per [LINK TO RCE DIRECTORY SERVICE FHIR® IG]
- Successfully test updating a registered organization via FHIR® Organization resource submission as per [LINK TO RCE DIRECTORY SERVICE FHIR® IG]

Patient Discovery

- Successfully test patient lookup request and response for a test patient via *Patient Discovery using Nominal Flow*.
- Successfully test patient lookup request and response for a test patient via *Patient Discovery using Alternate Flow 1: Querying Specific Organization(s)*.
- If applicable, successfully test patient lookup request and response for a test patient via *Patient Discovery using Alternate Flow 2: Query Source asserts an Instance Access Consent Policy or Access Consent Policy*.
- If applicable, successfully test patient lookup request and response for a test patient via *Patient Discovery using Alternate Flow 3: QHIN does not maintain an eMPI or RLS*.
- When testing against QHIN-to-QHIN exchange, the patient lookup of test patient via *Patient Discovery to all QHINs using Nominal Flow* must achieve the following:
 1. During onboarding, QHINs in the Initiating QHIN role MUST perform a patient discovery transaction to at least four live QHINs, of which at least 75% MUST return the test patient data rather than no response or a technical error. If fewer than four live QHINs exist, the patient discovery transaction must be sent to all other QHINs, and all must be successful. QHINs testing as part of a three-month inactivity requirement, only those with inactive connections MUST be tested.
 2. During onboarding, upon completion of this test, the QHIN must provide to the RCE a list of the other QHINs involved and the outcome of the query, namely, (1) patient record returned (2) “No Matching Patient Found,” (3) an error, or (4) no response. The RCE may corroborate the reported results with some or all of the other QHINs with which connectivity testing occurred.
 - a. QHINs testing as part of a three-month inactivity requirement MUST all provide the list and outcomes.

Document Query and Retrieve

- Successfully test document query of test patient data using *Document Query Nominal Flow*.
- Successfully test document query of test patient data using *Document Query Alternate Flow 1: Query Returns Partial Success*.
- If applicable, successfully test document query of test patient data using *Document Query Alternate Flow 2: Query Source asserts an Instance Access Consent Policy or Access Consent Policy*.
- Successfully test document retrieve of test patient data using *Document Retrieve Nominal Flow*.
- Successfully test document retrieve of test patient data using *Document Retrieve Alternate Flow 1: Retrieve returns partial success*.

- Successfully test document retrieval of test patient data using *Document Retrieve Alternate Flow 2: Query Source asserts an Instance Access Consent Policy or Access Consent Policy*.
- Successfully test receipt and response of document retrieve error messages for test patient data.
- When testing against QHIN-to-QHIN exchange, a test document query of patient data to all QHINs for a test patient using the *Document Query Nominal Flow* must achieve the following:
 1. QHINs in the Initiating QHIN role MUST perform a document query transaction to at least four QHINs, of which at least 75% MUST return one or more DocumentEntry responses to the document query rather than no response or an error. If fewer than four QHINs exist, the document query transaction must be sent to all other QHINs, and all must be successful. Sending the document query transaction successfully, i.e., with the result of returned DocumentEntries from 75% QHINs will serve as successfully querying. QHINs testing as part of a three-month inactivity requirement, only those with inactive connections MUST be tested.
 2. Upon completion of this test, the QHIN must provide to the RCE a list of the other QHINs involved and the outcome of the query, namely, (1) number of DocumentEntries returned, (2) an error, or (3) no response. The RCE may corroborate the reported results with some or all the other QHINs with which connectivity testing occurred.
 - a. QHINs testing as part of a three-month inactivity requirement MUST all provide the list and outcomes.
- When testing against QHIN-to-QHIN exchange, a test document retrieve for patient data to all QHINs for a test patient using *Document Retrieve Nominal Flow* must achieve the following:
 1. Each returned DocumentEntry must be successfully retrieved to serve as a successful test except in testing of error and partial success flows.
 2. Upon completion of this test, the QHIN must provide to the RCE a list of the other QHINs involved and the outcome of the query, namely, (1) number of documents retrieved, (2) an error, or (3) no response. The RCE may corroborate the reported results with some or all the other QHINs with which connectivity testing occurred.

Message Delivery

- Successfully test QHIN Message Delivery send using the *Message Delivery Nominal Flow* and all *Message Delivery Alternate Flows*
- Successfully test receipt and acknowledgement response of QHIN Message Delivery messages for test patient data.
- When testing against QHIN-to-QHIN exchange, the test QHIN Message Delivery with all QHINs using the *Message Delivery Nominal Flow* must achieve the following:
 1. QHIN Message Delivery is confirmed through XCDR transactions. QHINs in the Initiating QHIN role MUST perform a QHIN Message Delivery transaction to at least four QHINs, of which at least 75% MUST return a successful transaction acknowledgement rather than no response or an error. If fewer than four QHINs exist, the QHIN Message Delivery transaction must be sent to all other QHINs, and all must be successful. Sending the QHIN Message Delivery transaction successfully, i.e., with the result of returned acknowledgement from 75% of QHINs will serve as successful delivery. QHINs testing as part of a three-month inactivity requirement, only those with inactive connections MUST be tested.
 2. Upon completion of this test, the QHIN must provide to the RCE a list of the other QHINs involved and the outcome of the query, namely, (1) acknowledgement returned, (2) an error, or (3) no response. The RCE may corroborate the reported results with some or all the other QHINs with which connectivity testing occurred.



- a. QHINs testing as part of a three-month inactivity requirement **MUST** all provide the list and outcomes.