



Qualified Health Information Network Application

This application provides the Recognized Coordinating Entity (RCE) with the information needed to determine a prospective Qualified Health Information Network's (QHIN) ability to meet its obligations and responsibilities under the Common Agreement. Exchange activities under the Common Agreement rely heavily on trust among the community of QHINs, and this application will assist an applicant in demonstrating their readiness to join that community of trust. Capitalized terms used below without definitions shall have the respective meanings assigned to such terms in the Common Agreement.

In order for an organization to be Designated as a QHIN, the following requirements must be met:

- The RCE must notify applicant of its acceptance of this application;
- Applicant must pay any applicable fees to the RCE; and
- Applicant must complete any additional pre-requisites specified in the QHIN Onboarding & Designation SOP.

Please be aware that the RCE's review time will be in part dependent on our ability to contact the references provided.

The RCE may, at its discretion, request or consider additional information beyond this application to inform a final conclusion on whether or not applicant has reasonably demonstrated its ability to meet the obligations and responsibilities of a QHIN.

The information contained in this application shall be treated as Confidential Information to the extent that it satisfies the definition of that term in the Common Agreement.

Part I – Basic Applicant Information

Question 1: Please complete the following table.

Instruction	Entry Field		
<p>Organization Legal Name as it appears on your state charter:</p> <p>List all other names under which the organization does business (Doing Business As, Alias, Trademarks, etc)</p>			
<p>Address of Principal Place of Business:</p>			
<p>Web Site:</p>			
<p>State/Jurisdiction Where Organized:</p>			
<p>Legal Structure (e.g. Corporation, LLC):</p>			
<p>Points of Contact</p>	<i>Name</i>	<i>Phone</i>	<i>E-mail</i>
<p>Executive</p>			
<p>Technical/Testing</p>			
<p>Legal</p>			
<p>Finance</p>			

Note: Applicant must always have at least two individuals on record with the RCE as points of contact who are currently employed or under contract with its organization, and at least one point of contact for each of the four categories listed above. If the same individual fills more than one of these positions, please note this. Email information and phone numbers must be provided in the above table for all points of contact.

Question 2: Please provide, with your application, evidence that you are validly organized, in good standing.

Note: Applicant must provide the following information at a minimum:

- (1) A copy of your organization's charter or equivalent document issued by the Secretary of State, or similar government agency, for the jurisdiction in which you are legally organized or incorporated;
- (2) A certificate of good standing, or similar document, issued by the relevant governmental authority for the jurisdiction in which your organization is domiciled and dated within ninety (90) days of the date of this QHIN application.

Question 3: Provide information that indicates the financial health of the organization.

Note: Applicant must submit the following information at a minimum:

- (1) Copies of your audited financial statements for the prior two complete fiscal years immediately before you submit your application;
- (2) A copy of an unaudited financial statement for the current fiscal year current through the month immediately prior to the month in which you submit your application;
- (3) A copy of your organization's Form 990s (if your organization is an exempt organization that is required to file a 990 for the most recent three (3) years or, if your organization has not been required to file a 990 for at least the most recent three (3) years before the year in which your organization submits this application, then for as many years as you have been required to file a 990 within the most recent three (3) years);
- (4) A copy of (or a link to) your organization's SEC 10-K (if your organization is publicly traded and subject to oversight by the Securities and Exchange Commission) for the most recent three (3) years or, if you organization has not been required to file a SEC 10-K for at least three (3) years before the year in which your organization submits this application, then for as many years as you have been required to file a SEC 10-K within the most recent three (3) years;
- (5) An attestation that (i) your organization is financially stable and has the fiscal resources to support operating as a QHIN without placing a financial strain on the rest of the organization and; (ii) your organization has available a minimum amount of cash, cash equivalents, or availability through borrowing arrangements through a commercial lender (i.e., a line of credit) equal to 6 months of operating reserves. This attestation must be signed by an individual who is an officer of the organization and who has the authority to make the attestation on behalf of your organization.

Question 4: Please provide proof of insurance for the following types of coverage in an amount that meets or exceeds the liability limit indicated, if any, by the Common Agreement and/or the applicable SOP(s). For each policy listed please provide the insurance carrier, the policy limits and the term of the policy.

- a. General liability;
- b. Errors and Omissions;
- c. Directors and Officers; and
- d. Cyber risk/technology errors and omissions.

Note: For the cybersecurity insurance only, the Common Agreement and the QHIN Cybersecurity Coverage SOP permits a QHIN some flexibility in meeting the requirements. Applicant can provide evidence of its compliance with the cybersecurity coverage requirement as follows: 1) a certificate of insurance demonstrating that Signatory has current cyber-liability coverage that meets the requirements set forth in the applicable SOP; (2) that Signatory has applied for cyber-liability coverage that meets the requirements set forth in the applicable SOP, including an attestation that Signatory will obtain the coverage prior to Signatory being Designated; or (3) available internal funds, separate from those attested to in Question 2, to self-insure against a cyber-incident up to the amount required by the applicable SOP.

Question 5: Please provide a current copy of your organizing documents, such as articles of incorporation and bylaws for a corporation or articles of organization and operating agreement for a limited liability company. These documents must be attested to by the secretary of the organization or another officer of the organization if there is no secretary.

Question 6: Please provide a list of all of your current officers and members of your governing body/ies, including their full names, business addresses, and their terms.

Name	<i>Organization that the individual works for, if not employed by the applicant</i>	<i>Title (if an Officer please identify the Office)</i>	Address	Phone	E-mail	Term

Question 7: Please identify any natural person(s) or entity(-ies) with an ownership interest in your organization equal to or greater than 5% of the total ownership interests in your organization. This may take the form of stock, membership interests, or any other ownership interest of any nature.

Question 8: Please provide an attestation that none of the individuals or entities below are listed on the Specially Designated Nationals and Blocked Persons List published by the United States Department of Treasury's Office of Foreign Asset Control or the Department of Health and Human Services, Office of the Inspector General's List of Excluded Individuals/Entities:

1. All owners with a 5% or greater ownership interest in the Signatory, if any;
2. Officers of the legal entity that is the Signatory;
3. Governing body members of the legal entity that is the Signatory;
4. Members of the executive management of Signatory.

Question 9: You must attest that your organization is not owned or controlled by any non-U.S. person(s) or entity(-ies), except to the extent that the foreign ownership fully complies with the requirements of the Means to Demonstrate U.S. Ownership and Control of a QHIN SOP.

Question 10: Please provide a copy of the document(s) that memorialize your network's governance and the governing body's authority to govern the network. Examples of these documents include, but are not limited to, the following: Articles of Incorporation or Bylaws, Charters, Policies and Procedures, Network Data Exchange Agreements. If not otherwise stated in these documents, please include the minimum frequency with which meetings of the governing body are required to take place (e.g., monthly, quarterly, etc.), and attest that these meetings are attended by the number of acting representatives necessary to establish a quorum.

Question 11: Please provide the number (or range) of individuals that participate in the body responsible for your network's governance, as well as their affiliations. Additionally, describe the eligibility criteria for becoming a representative in your network governance, including any criteria related to ensuring the diversity of those participating in the network are represented.

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Part II – Exchange Purposes and Capabilities

Question 12: In order to be designated as a QHIN, applicants must provide proof that they are capable of fulfilling the basic elements of the role.

Please check all of the Exchange Purposes that are currently used to *initiate* transactions by at least some of the participants within your network:

Exchange Purpose	Months in Production Use	Average Monthly Transaction Volumes	Average Annual Transaction Volumes
<input type="checkbox"/> Treatment			
<input type="checkbox"/> Payment			
<input type="checkbox"/> Health Care Operations			
<input type="checkbox"/> Public Health			
<input type="checkbox"/> Government Benefits Determination			
<input type="checkbox"/> Individual Access Services			

Please check all of the Exchange Purposes that are currently *responded to* by at least some of your participants within your network:

Exchange Purpose	Months in Production Use	Average Monthly Transaction Volumes	Average Annual Transaction Volumes
<input type="checkbox"/> Treatment			
<input type="checkbox"/> Payment			
<input type="checkbox"/> Health Care Operations			
<input type="checkbox"/> Public Health			
<input type="checkbox"/> Government Benefits Determination			
<input type="checkbox"/> Individual Access Services			

Please list and provide a definition or brief description of any additional purposes for exchange, other than the Exchange Purposes in the above tables, that are currently permitted within your network. If none, please state “None” or “NA.”

[Click or tap here to enter text.](#)

Question 13: Please check all of the technical components you currently support and answer the corresponding details:

QHIN Query

Describe your ability to support query functionality as outlined in the QTF or other functionally comparable exchange method, including length of experience supporting such functionality, and specifically note what transaction standards are used.

Click or tap here to enter text.

QHIN Message Delivery

Describe your ability to support message delivery, including length of experience supporting such functionality, and specifically note what transaction standards are used.

Click or tap here to enter text.

Record Location Service; and/or

Enterprise Master Patient Index; or

Federated Patient Discovery (each inbound query is forwarded to each participant to determine where records exist)

Click or tap here to enter text.

Part III – Network Members, Governance, and References

GOVERNANCE AND PARTICIPANTS

Question 14: Please describe how network governance rules are communicated and enforced and the process through which the rules governing the network may be changed (some likely possibilities include addenda to existing agreements, new contracts, or amendments to policies that are legally binding), including how entities that apply to be participants are evaluated to determine that they have the necessary technical, legal, and operational capability to participate in your network.

Please provide a copy of any documents used to communicate network governance rules to members of your network.

Please note that the RCE may follow up with QHINs to ensure that Required Flow-Down(s) in the Common Agreement have been agreed to by QHIN's Participants (if any) by requesting a copy of the QHIN-Participant Agreement. The RCE will not accept documents whereby the Participant simply agrees to comply with all terms set forth in the Common Agreement that are applicable to Participants without additional specificity regarding such terms. See sample QHIN-Participant terms for additional information.

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Question 15: Please describe the entities participating in your network today, including the number and type of organizations and their affiliation or non-affiliation with one another.

Click or tap here to enter text.

Question 16: Please specify ANY limits to the types of organizations that can participate in your network or if your network is specialized in any manner (e.g., by geography, exchange purposes, type of information exchanged).

[Click or tap here to enter text.](#)

Question 17: Please submit ANY data sharing agreements, operating policies and procedures, and other legal agreements and related documents that govern the operation of your health information network.

[Click or tap here to enter text.](#)

BACKGROUND REFERENCES

The RCE will contact three references from three separate organizations who can corroborate that your solution is capable of satisfying the QHIN technical requirements. The RCE will provide information to the applicant regarding the types of organizations that may serve as references. Your application will not be considered further until the references you provide have been interviewed. Please ensure your references are aware that the RCE will be contacting them and that they are willing and able to respond in a timely fashion.

Question 18: Please provide three references using the tables below. References may be asked to:

- Confirm their business relationship with the applicant
- Confirm the applicant’s ability to reasonably support each required Exchange Purpose
- Confirm the applicant’s ability to support a central hub for bi-directional data transfer
- Describe the applicant’s approach to making the terms of the applicant’s network legally binding on the network members
- Describe their specific use of the applicant’s product or service

Note: QHIN applicants are required to provide at least three references and may use the same reference to address multiple items detailed above.

Instruction	Entry Field
Organization Name:	
Location (City, State):	
Contact Name:	
Title:	
Phone:	
Email:	

Instruction	Entry Field
Organization Name:	
Location (City, State):	
Contact Name:	
Title:	
Phone:	
Email:	

Instruction	Entry Field
Organization Name:	
Location (City, State):	
Contact Name:	
Title:	
Phone:	
Email:	

Part IV – QHIN Responsibilities

Question 19: Please describe your organization’s dispute resolution process for resolving disputes that arise among the organization and a network member or among network members with each other over the exchange of information via the network. Please provide a detailed description of: (1) all disputes that have been processed through the dispute resolution process during the twenty-four (24) months immediately preceding the submission of this application; (2) any disputes that are pending at the time of submission of this application; and (3) any legal claims filed during the twenty-four (24) months immediately preceding the submission of this application that arose out of a dispute that was first brought to your dispute resolution process or that was permitted to bypass such process (e.g., a petition for injunctive relief), to the extent you know of any such legal claims.

[Click or tap here to enter text.](#)

Question 20: Please provide the URL for your public facing statement of your information handling practices.

[Click or tap here to enter text.](#)

Question 21: Please provide a separate detailed project plan describing the steps your organization plans to take to achieve all of the applicable requirements of the Common Agreement and the QTF that your organization does not currently satisfy along with milestone dates to complete the steps within the required Onboarding period.

[Click or tap here to enter text.](#)

Part V – QHIN Operations and Organizational Structure

Question 22: Please provide specific information regarding your technical architecture and an attestation of your ability to expand the volume of data transactions through your network. This information shall include the ability to add technology capacity, staff, and other needed resources.

[Click or tap here to enter text.](#)

Question 23: Please describe your organizational structure and identify the individuals who will support the QHIN, including how these individuals work with the network governing body and their tenure with the organization.

[Click or tap here to enter text.](#)

Question 24: If you use a third-party technology vendor for your network, please confirm that you have a valid and enforceable written agreement that requires, at a minimum, that the third-party technology vendor: (i) comply with Applicable Law; (ii) protect the privacy and security of any TI to which the third-party technology vendor has access; (iii) inform the applicant of anything that meets the definition of an Adverse Security Event in the Common Agreement; and (iv) reasonably cooperate with the applicant on issues related to applicant’s performance as a QHIN. If the agreement referred to in subsection (i) above is not a Business Associate Agreement, applicant hereby confirms that the agreement requires comparable levels of privacy and security protections that a Business Associate Agreement would provide.

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Part VI – QHIN Privacy and Security Requirements

QHINs will be required to have all of the following privacy and security requirements in place at time of Designation. If applicant does not have one of the following at time of application, please describe why not and your plans for meeting this requirement.

Question 25: Please check whether you are one of the following, as defined by 45 CFR §164.103

- Covered Entity
- Business Associate
- Hybrid entity
- None of the above (please explain)

[Click or tap here to enter text.](#)

Question 26: Please provide detailed information about any HIPAA reportable breaches of ePHI over the past 3 years. Include the nature of the breach, the number of individuals affected by the breach, the remediation measures undertaken by your organization and the amount of any fines or penalties.

[Click or tap here to enter text.](#)

Question 27: Please provide evidence that your network has been certified under a nationally recognized security framework from the list of pre-approved certifications/certifying bodies developed by the RCE, as required by the QHIN Security Requirements for the Protection of TI SOP. This may be a certificate, a letter of certification issued by the body, or other document artifact.

Question 28: Submit a copy of the executive summary of your most recent third-party security assessment and technical audit, consistent with requirements of section 4.2. of the SOP: QHIN Security Requirements for the Protection of TI and attest it was conducted by an independent third party.

Question 29: Submit a copy of the most recent security POA&M (or equivalent) showing appropriate mitigation efforts in response to moderate and high findings of the most recent security assessment and/or technical audit.

Question 30: Section 12 of the Common Agreement requires QHINs to comply with the HIPAA Security Rule as if it applied to Individually Identifiable information that is TI regardless of whether the QHIN is a Covered Entity or a Business Associate. Submit a copy of the HIPAA security risk analysis consistent with §164.308(a)(1)(ii)(A).

Question 31: Submit a copy of the most recent penetration testing summary report and verify testing was conducted by an independent third party.

Question 32: Provide evidence of an internal network vulnerability assessment, including summary results of vulnerability scans and patch and vulnerability management records.

Question 33: Provide evidence that your organization has a CISO with executive level responsibility for overseeing the security of the network. This may be an appointment letter naming a specific individual and listing roles/responsibilities of the CISO function with respect to activities performed under the Common Agreement.

Question 34: Provide a copy of your written privacy policy and demonstrate how it is publicly available (e.g., provide public URL for where it is posted).

Attestation: By submitting this application, the applicant represents and warrants that the information provided herein is accurate and complete, to the best of its knowledge. Applicant understands and agrees that the RCE is expressly relying upon the information in this application, including all attachments and documents incorporated by reference to evaluate whether the applicant meets the criteria to be Designated. If the RCE determines that material information in this application is not accurate or complete, the RCE may refuse to Designate the applicant, withdraw the applicant from Onboarding, and terminate the Common Agreement that the applicant is submitting with this application in accordance with 16.2.2 of the Common Agreement.

If there are requirements in the QHIN Onboarding & Designation SOP that are not required to complete this application, but are required for an applicant to be Designated, those requirements must be addressed during the Onboarding and Designation process.

By typing your name below and clicking “Submit,” you are electronically signing this application and, in doing so, you represent and warrant that you are authorized to submit this application on behalf of the applicant and that you have the authority to legally bind the applicant to the attestation set forth above.

[Full Name]

[Title]

[Date]

[Submit Button]