



## 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's) 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 or applicable Standard Operating Procedure (SOP).

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 and approval 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 depend in part on the RCE's 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 as to whether or not the applicant has reasonably demonstrated its ability to meet the obligations and responsibilities of a QHIN.

Information requested from the applicant is intended to provide evidence to support eligibility as set forth in the QHIN Onboarding & Designation SOP. In the event that the applicant cannot provide a response to a question in this application because the applicant believes it to be not applicable, please provide an explanation for why such question is not applicable.

For any application questions in which the answers describing your current network differ from the Designated Network, please also explain and provide specific evidence of how the Designated Network will operate.

**The information contained in this application shall be treated as Confidential Information as defined in the Common Agreement.**

## Part I – Basic Applicant Information

**Question 1.** Please complete the following table.

<b>Applicant’s Legal Name as it appears on your state charter:</b>  <b>List all other names under which the applicant does business (Doing Business As, Alias, Trademarks, etc.)</b>			
<b>Address of Principal Place of Business:</b>			
<b>Web Site:</b>			
<b>State/Jurisdiction Where Organized:</b>			
<b>Legal Structure (e.g., Corporation, LLC):</b>			
<b>Points of Contact</b>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>Executive</b>			
<b>Technical/Testing</b>			
<b>Legal</b>			
<b>Finance</b>			

**Note:** You must always have at least two individuals on record with the RCE as points of contact who are currently employed or under contract with your 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.

## Part II – Organizational Requirements

The questions in this Part correspond to Part 4, Section I.1 of the QHIN Onboarding and Designation SOP.

**Question 2.** Please provide evidence that the legal entity named in Part I of this application is validly organized, in good standing.

Note: You 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 application.
- (3) 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 your organization or another officer of your organization if there is no Secretary.

**Question 3.** Please submit the Means to Demonstrate U.S. Ownership and Control of a QHIN SOP Questionnaire, available at: <https://rce.sequoiaproject.org/tefca-and-rce-resources/>

## Part III – Exchange of Required Information and Ability to Perform Functions of a QHIN

The questions in this Part correspond to Part 4, Sections I.2 and I.3 of the QHIN Onboarding & Designation SOP.

**Question 4.** Please provide specific information regarding the technical architecture that will be used for your Designated Network. If this technical architecture differs from the technical architecture of your current network, please explain the differences.

**Question 5.** Please describe the purposes for exchange that are currently permitted on your current network.

**Question 6.** Please describe the entities that exchange information through your current network, including the number and type of organizations and their affiliation or non-affiliation with one another.

**Question 7.** 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).

**Question 8.** Please describe the type of information that is currently exchanged through your current network (e.g., ePHI, Designated Record Set).

**Question 9.** Please describe how your experience and resources for your current network will be leveraged in connection with the Designated Network if it is different from your current network.

**Question 10.** In order to be Designated as a QHIN, applicants must provide proof that they are capable of the exchange of Required Information for all of the Exchange Purposes. If applicant is not supporting the exchange of Required Information as detailed in the Exchange Purposes SOP at the time of application, it must provide information in the project plan (Part VI of this application) for doing so through its Designated Network prior to beginning the testing required in Part 4, Section III of the QHIN Onboarding & Designation SOP.

Please provide the requested information for all Exchange Purposes that are currently used to **initiate** transactions<sup>1</sup> within your current network.

Exchange Purpose	Months in Production Use	Average Daily 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		
<input type="checkbox"/> Other (answer question below)		

Please provide the requested information for all Exchange Purposes that are currently **responded to** within your current network.

Exchange Purpose	Months in Production Use	Average Daily 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		
<input type="checkbox"/> Other (answer question below)		

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<sup>1</sup> Current network transactions include transactions that are between the applicant and external entities, including between applicant and its participants within its current network.

If you checked “other” in the table above, 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 current network. If none, please state “None” or “NA.”

**Question 11.** Please check all technical components you currently support and provide the corresponding details with respect to your current network and Designated Network:

**11a.**

- QHIN Query

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

**11b.**

- 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.

**11c.**

- 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)

**Question 12.** Please describe here and in your project plan (Part VI of this application) how your Designated Network will scale to keep pace with the volume of transactions required to support the Designated Network, which could reach fifty (50) million transactions or more per day. The project plan must also include details around the additional technical capacity, staff, and other resources needed to scale.

**Question 13.** Please describe any gaps between your current technical infrastructure and the requirements of the QTF and explain how you will address these gaps in your project plan (Part VI of this application) so that your Designated Network will be able to fully comply with the QTF prior to beginning the testing required in Part 4, Section III of the Onboarding & Designation SOP.

## **Part IV – Organizational Infrastructure and Legal Authority**

**The questions in this Part correspond to Part 4, Section I.4 of the QHIN Onboarding & Designation SOP.**

**Question 14.** Please describe your organizational structure and identify the individuals who will support the Designated Network, including how these individuals will work with the Designated Network Governance Body and their tenure with the organization.

**Question 15.** Please describe how your current network is governed. This must include a description of the individual/group responsible for governing your current network, how the governance is performed, and evidence of the legal authority supporting such governance.

**Question 16.** Please describe how the Governance Functions (Part 4, Section I.4(g) of the QHIN Onboarding & Designation SOP) for your Designated Network will be performed. This must include a description of the Designated Network Governance Body, how each of the Governance Functions will be performed, and the legal authority supporting the performance of the Governance Functions by the Designated Network Governance Body.

**Question 17.** Please describe (1) eligibility criteria for Participant and Subparticipant representatives on the Designated Network Governance Body, (2) the number (or range) of individuals that participate on the Designated Network Governance Body, (3) the number (or range) of Participant and Subparticipant representatives on the Designated Network Governance Body, (4) the quorum requirement for the Designated Network Governance Body, and (5) if applicable, the relationship of the Designated Network Governance Body to your existing governance body for your current network.

**Question 18.** Please describe how often the Designated Network Governance Body will meet.

**Question 19.** Please provide documentation that the Designated Network Governance Body has been granted the authority to perform the Governance Functions for the Designated Network.

**Question 20.** By when will the Designated Network Governance Body meet the representation requirements of Part 4, Section I.4(f)(i) of the QHIN Onboarding & Designation SOP? If not at the time of Designation, please provide a plan specifying how you will comply with the requirements of Part 4, Section I.4(f)(i) and I.4(f)(ii) of the QHIN Onboarding & Designation SOP within twelve (12) calendar months of Designation and how you will fulfill the Governance Functions in the interim.

**Question 21.** Please provide any other documentation related to the implementation and operationalization of the Designated Network Governance Body and Governance Functions, to the extent you have such documentation at the time of application. If you do not have such documentation, then in your project plan (Part VI of this application), you must explain the steps you are taking to create such documentation for implementation and operationalization of the Designated Network Governance Body and Governance Functions and the timelines for doing so within twelve (12) calendar months of application acceptance.

**Question 22.** Please describe how you will communicate the rules of Designated Network governance to Participants in your Designated Network and legally obligate those Participants to comply (e.g., contract

terms, policies, or some other written form). Please provide all supporting documentation.

**Question 23.** Please describe the mechanisms for enforcing the policy, technical, and legal requirements of your Designated Network on your Participants, including for onboarding entities to the Designated Network. Please describe how you will evaluate organizations to decide that they have the necessary technical, legal, and operational capability to participate in your Designated Network.

**Question 24.** Please describe the structure, resources, and controls that will be used to satisfy the privacy and security requirements of the Common Agreement and related SOPs, as well as evidence of compliance as specified in related SOPs.

**Question 25.** Please provide a description of how the Designated Network Governance Body will oversee and control the technical framework that enables the exchange of Required Information through your Designated Network.

**Question 26.** Please describe the process that will be used for resolving disputes that may arise among you and a Participant or among Participants with respect to the exchange of information via the Designated Network.

**Question 27.** Please provide a description of (1) all disputes that have been processed through the dispute resolution process during the twenty-four (24) calendar months immediately preceding the submission of this application; (2) any disputes that are pending at the time of application submission; and (3) any legal claims filed during the twenty-four (24) calendar 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. You must provide the information for (1) – (3) for any Health Information Network you operate.

**Question 28.** Please provide a detailed description of your response procedures for any data breach involving your Designated Network.

**Question 29.** Please provide a detailed description of your formalized process to impose sanctions on any Designated Network Participant that violates the rules of your Designated Network, including the suspension or termination of said Participant's ability to use the Designated Network in the event of suspension or termination by the RCE.

**Question 30.** Please describe the process through which the rules governing the Designated Network may be changed, including final approval from the Designated Network Governance Body (some likely possibilities include addenda to existing agreements, new contracts, or amendments to policies that are legally binding).

**Question 31.** If you use a third-party technology vendor for your Designated Network, please confirm that you have a valid and enforceable written agreement that requires, at a minimum, that the third-party technology vendor: (1) comply with Applicable Law; (2) protect the privacy and security of any TECCA Information (TI) to which the third-party technology vendor has access; (3) inform you of anything that

meets the definition of a TEFCA Security Incident under the Common Agreement; and (4) reasonably cooperate with you on issues related to your performance as a QHIN. If the agreement with your third-party technology vendor is not a Business Associate Agreement, you hereby confirm that the agreement requires comparable levels of privacy and security protections that a Business Associate Agreement would provide.

**Question 32.** Provide information that indicates the financial health of the organization.

**Note:** You must submit the following information at a minimum:

- (1) Copies of your audited financial statements for the prior two (2) complete fiscal years immediately before you submit your application;
- (2) An attestation that (a) 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; (b) your organization has available a minimum amount of cash, cash equivalents, or availability under borrowing arrangements through a commercial lender (i.e., a line of credit) equal to six (6) months of operating reserves; and (c) your organization has completed all mandatory filings with the Internal Revenue Service and Securities and Exchange Commission. 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 33.** Please provide proof of insurance for the following types of coverage in a - d below 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 of the following types of coverage, you can provide evidence as follows: (1) a certificate of insurance demonstrating that you have current insurance coverage sufficient to cover the maximum liability set forth in Section 7.4 of the Common Agreement or that meets the requirements set forth in an applicable SOP; (2) that you have applied for such coverage, including an attestation that you will obtain the coverage prior to being Designated; or (3) available internal funds, separate from those attested to in Question #32, to self-insure in such amounts. If you do not have proof of insurance at the time of application, please address in the project plan required in Part VI of this application.

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

**Question 34.** Please submit ANY data sharing agreements, operating policies and procedures, and other legal agreements and related documents that will govern the operation of the Designated Network and have not already been submitted as part of this application, if available.

*Please note that if you do not submit a data sharing agreement that includes the Required Flow-Down(s), the RCE will follow up with you prior to Designation to ensure that Required Flow-Down(s) in the Common Agreement will be agreed to by your Participants by requesting a copy of your standard 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 "[INFORMATIONAL RESOURCE FOR FLOWING DOWN COMMON AGREEMENT PROVISIONS INTO FRAMEWORK AGREEMENTS](#)" for additional information.

## Part V – QHIN Privacy and Security Requirements

**Question 35.** 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)

**Question 36.** Please provide evidence that you have 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. The list of approved certifications is available at <https://rce.sequoiaproject.org/qhin-cybersecurity-certification/>. If you do not have evidence of certification at the time of application, please address in the project plan required in Part VI in this application how you will fulfill this obligation prior to testing.

**Question 37.** Provide evidence that your organization has a Chief Information Security Officer (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 38.** Please provide detailed information about any Health Insurance Portability and Accountability Act (HIPAA)-reportable breaches of electronic protected health information (ePHI) over the past three (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.

**Question 39.** For the Designated Network, submit a copy of the executive summary of your most recent third-party security vulnerability 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. If you do not have evidence of your most recent third-party security vulnerability assessment at the time of application, please address in the project plan required in Part VI of this application how you will fulfill this obligation prior to testing.

**Question 40.** For the Designated Network, submit a copy of the most recent security Plan of Action and Milestones (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. If you do not have evidence of the most recent security POA&M (or equivalent) at the time of application, please address in the project plan required in Part VI of this application how you will fulfill this obligation prior to testing.

**Question 41.** 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 42.** For the Designated Network, submit a copy of the most recent penetration testing summary report and verify that testing was conducted by an independent third party. If you do not have evidence of the most recent penetration testing summary report at the time of application, please address in the project plan required in Part VI of this application how you will fulfill this obligation prior to testing.

**Question 43.** 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).

## **Part VI – Project Plan**

**Question 44.** Please provide a separate detailed project plan describing the steps your organization plans to take to achieve all applicable requirements of the Common Agreement and the QTF that your organization does not currently satisfy, along with a gap analysis and milestone dates to complete the steps within the required Onboarding period. The project plan should also include plans to ensure that Required Flow-Down(s) in the Common Agreement have been agreed to by the QHIN’s Participants.

## **Part VII - Background References**

The RCE will contact three (3) references from three (3) separate organizations who can corroborate that your solution is capable of satisfying the QHIN technical requirements. References must include (1) at least one independent organization currently using your network connectivity services; and (2) at least one member of your network governing body. If you use a third-party technology vendor to provide/manage network connectivity services, the third reference must be such vendor. If you do not use a third-party technology vendor to provide/manage network connectivity services, then the third reference must be an additional reference satisfying (1) or (2) above. 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 45.** Please provide three (3) references using the tables below. References may be asked to:

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

Note: QHIN applicants are required to provide at least three (3) references and may use the same reference to address multiple items detailed above.

<b>Organization Name:</b>	
<b>Location (City, State):</b>	
<b>Contact Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Organization Name:</b>	
<b>Location (City, State):</b>	
<b>Contact Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Organization Name:</b>	
<b>Location (City, State):</b>	
<b>Contact Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	

## Part VIII – Attestation

**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]