ONC TEFCA RECOGNIZED COORDINATING ENTITY

DRAFT Standard Operating Procedure (SOP): Health Care Operations: Limited Exchange Purpose Implementation

Applicability: QHINs, Participants, and Subparticipants

1 Definitions

Health Care Operations: has the meaning assigned to such term at 45 CFR § 164.501, except that this term shall apply to the applicable activities of a Health Care Provider regardless of whether the Health Care Provider is a Covered Entity.

Health Care Provider: has the meaning assigned to such term in the information blocking regulations at 45 CFR § 171.102 or in the HIPAA Rules at 45 CFR 160.103

Health Plan: has the meaning assigned to such term at 45 CFR § 160.103

Payment: has the meaning assigned to such term at 45 CFR § 164.501.

Payor: Public or private party which offers and/or administers health insurance plan(s) or coverage and/or pays claims directly or indirectly. Examples include Insurance company, Health Maintenance Organization, Medicare, Third-Party Administrator, and Repricer.[1]

Capitalized terms used below without definitions shall have the respective meanings assigned to such terms in the Common Agreement and the QHIN Technical Framework.

2 Purpose

This SOP defines the Exchange Purpose of Healthcare Operations: Limited (HCO Limited) and identifies specific requirements that QHINs, Participants, and Subparticipants must follow when exchanging information for HCO Limited. It also specifies the conditions under which the Exchange Purpose would require a Response.

Use and disclosure of health information for the purpose of HCO Limited is an important tool for health care providers, health plans, and other healthcare stakeholders to support the core functions of their business and efficiently and effectively care for the individuals they serve. Use cases under this HCO Limited Exchange Purpose, including quality assessment and improvement and care management, allow stakeholders to enhance the quality of care provided, reduce healthcare spending, and improve health outcomes, while still protecting the privacy of individuals.

[1] Definition of Payor from HL7: https://confluence.hl7.org/pages/viewpage.action?pageId=80119875

3 FHIR Roadmap

This SOP is limited to the QHIN exchange modalities defined in the QHIN Technical Framework (QTF)[2]. The Recognized Coordinating Entity (RCE) recognizes that HL7 Fast Healthcare Interoperability Resources (FHIR) can allow for more dynamic exchange that makes it easier for entities to share data. The RCE intends to update the Common Agreement and QTF and publish the Facilitated FHIR Implementation Guide to enable FHIR-based exchange in alignment with the published FHIR Roadmap[3] for TEFCA exchange. The RCE will update this SOP in accordance with those specifications and align the updates with the API requirements in the Centers for Medicare and Medicaid Services (CMS) Advancing Interoperability and Improving Prior Authorization Processes Final Rule, which, as of March 2023 is a proposed rule.[4] Additionally, the RCE intends to require a Response to this Exchange Purpose in coordination with the updates to incorporate FHIR.

4 Health Care Operations: Limited Definition

HCO Limited means any of the following activities to the extent permitted by Applicable Law and the Common Agreement:

> Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 CFR 3.20); population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.[5]

5 Permitted Actors

Only Health Plans and Health Care Providers that are Covered Entities may request TEFCA Information for the purpose of HCO Limited.

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[2] https://rce.sequoiaproject.org/tefca-and-rce-resources/
[3] https://rce.sequoiaproject.org/tefca-and-rce-resources/
[4] https://www.federalregister.gov/documents/2022/12/13/2022-26479/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability
[5] As modified from 45 CFR 164.501 Health Care Operations definition section (2)(ii).
Citation: 45 CFR 164.501 (*Health Care Operations),* (1).

QHINs, Participants and Subparticipants MUST use the code HCOLTD[6] when initiating a QHIN Query or QHIN Message Delivery for the HCO Limited Exchange Purpose.

6 Procedure

6.1 QHIN Query Request

a) Date Range. Requestors MUST specify the date range for the requested data.

b) Requestor Identifying Information

   i. If the Request is originating from a Health Care Provider, it MUST include:

      1. the Health Care Provider's individual or organizational NPI and/or TIN, as applicable; and

      2. the Health Care Provider organization's RCE Directory HomeCommunity.ID.

   ii. If the Request is originating from a Health Plan, it MUST include

      1. the Health Plan's NAIC Code, if available;

      2. the RCE Directory Home Community ID of the Payor that the Health Plan is a part of; and

      3. the Directory Resource ID of the Health Plan, if different from (2).

c) Patient Identifying Information

   i. QHINs, Participants and Subparticipants MUST include the individual's demographics, as specified in the QHIN Technical Framework (QTF) when initiating a Request.

   ii. If the request originates from a Health Plan, it MUST include the individual's Member ID and/or Subscriber ID[7], if available, as additional patient identifiers in the Request.

6.2 QHIN Query Response

a) All QHINs, Participants, and Subparticipants SHOULD Respond to Requests for HCO Limited that contain the information specified in 6.1 of this document, in accordance with the Common Agreement and Applicable Law.

[6] This code is an addition to the six Purpose of Use values listed in the QHIN Technical Framework.

[7] See the Health Insurance Information data class in USCDI v3 https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v3

b) If a Health Care Provider Responds to a Request for HCO Limited, then it MUST Respond with all Required Information that is maintained by the Health Care Provider, including, but not limited to:

   i. The data classes and data elements included in the content standard at 45 CFR 170.213[8]

   ii. Encounter data as identified in the USCDI v2[9]

c) If a Heath Plan Responds to a Request for HCO Limited, then it MUST Respond with all Required Information that is maintained by the Health Plan, including, but not limited to:

   i. The data classes and data elements included in the content standard at 45 CFR 170.213

   ii. Encounter data as identified in the USCDI v2

   iii. Adjudicated claims (not including provider remittances and enrollee cost sharing)

d) For any Social Determinants of Health (SDOH) data elements, Query Responder MUST include the SDOH Z CD-10-CM SDOH encounter reason codes ("Z-Codes"), if available.

6.3 RCE Directory Service

a) A Payor that is a QHIN, Participant, or Subparticipant listed in the RCE Directory Service MUST publish all of its participating Health Plans to the RCE Directory Service in order to identify the source of a Request as required in Section 6.1(b)(ii) of this document.

[8] https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi
[9] https://www.healthit.gov/isa/uscdi-data-class/encounter-information#uscdi-v2