

#### August 20, 2024

#### RCE™ Monthly Information Call

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#### Agenda



- Welcome
- TEFCA<sup>™</sup> Exchange Basics
- TEFCA Timeline Review
- New and Updated Standard Operating Procedures (SOPs)
  - Exchange Purposes (XP) SOP (updated)
  - Health Care Operations XP Implementation SOP
  - Public Health Exchange Purpose (XP)
     Implementation SOP
  - Individual Access Services XP Implementation SOP (updated)
  - QHIN Security for the Protection of TEFCA Information (updated)
- Educational Resources and FAQs
- Questions & Answers (Q&A)



TEFCA is
Ramping Up
and Looking to
the Future with
FHIR!



## TEFCA Exchange Basics

#### Meet the Qualified Health Information Networks (QHINS)













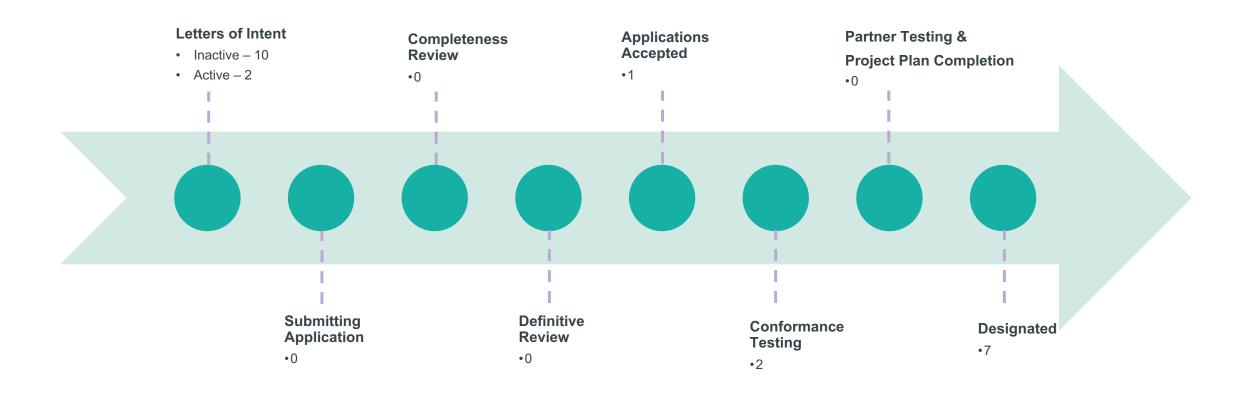




Learn More: https://rce.sequoiaproject.org/designated-qhins/

#### QHIN Application and Onboarding & Designation





#### **TEFCA Components**





Framework Agreements





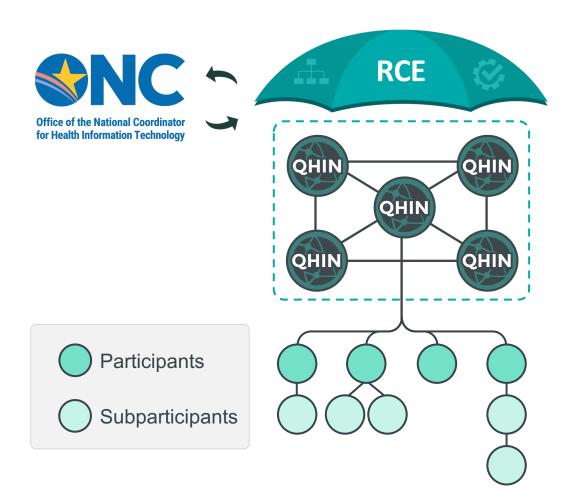






#### Exchange Under TEFCA





**ONC** defines overall policy and certain governance requirements

RCE provides oversight and governing approach for QHINs

**QHINs** connect directly to each other to facilitate nationwide interoperability

**Each QHIN** connects Participants, which connect Subparticipants

**Participants and Subparticipants** connect to each other through TEFCA Exchange

- Participants contract directly with a QHIN and may choose to also provide connectivity to others (Subparticipants), creating an expanded network of networks
- Participants and Subparticipants sign the same Terms of Participation and can generally participate in TEFCA Exchange in the same manner



#### Framework Agreements and TEFCA connections

#### **Common Agreement**

Each QHIN voluntarily enters into the same contractual agreement with the RCE by signing the Common Agreement

#### **Participant/Subparticipant Terms of Participation**

All Participants and Subparticipants voluntarily agree to the Terms of Participation without modification as part of their agreements with their TEFCA connector

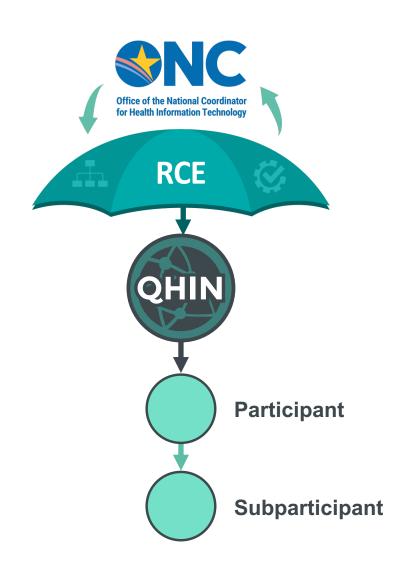
#### **TEFCA** connector

A QHIN, Participant, or Subparticipant that offers services to connect into TEFCA exchange

#### **TEFCA** connected entity

A QHIN, Participant, or Subparticipant that has signed a Framework Agreement

Entities may connect into exchange at any level





#### Standard Operating Procedures (SOP)



#### What is an SOP?

- An SOP is a written procedure or other provision that is incorporated by reference into the Framework Agreements to provide detailed information or requirements related to TEFCA Exchange
- SOPs address, among other things, governance, privacy and security requirements, RCE directory services, and QHIN application and designation
- Each SOP identifies the parties to which it applies (QHINs, Participants, Subparticipants)

### What is the Exchange Purposes (XPs) SOP?

The XPs SOP details specifications relevant to when and how information can be requested or shared through TEFCA Exchange

### What is an Exchange Purpose (XP) Implementation SOP?

XP Implementation SOPs provide additional details for specific use cases, as needed

#### Why SOPs?

- SOPs create the flexibility for TEFCA to evolve and expand over time
- SOPs will be created and modified as needed and finalized through a defined change management process
- Access the SOPs on the <u>RCE website</u>

#### Framework Agreements



#### Principal/Delegate Relationship

A TEFCA connected entity may authorize a Delegate to share information on their behalf through a Principal/Delegate relationship

#### What is a Principal?

» A QHIN, Participant, or Subparticipant that is acting as a Covered Entity, Government Health Care Entity, Non-HIPAA Entity (NHE) Health Care Provider, a Public Health Authority, a government agency that makes a Government Benefits Determination, or an IAS Provider (as authorized by an Individual) when engaging in TEFCA Exchange

#### What is a Delegate?

- » Delegate means a First Tier Delegate or Downstream Delegate.
- First Tier Delegate: a QHIN, Participant, or Subparticipant that (i) is not acting as a Principal when initiating or Responding to a transaction via TEFCA Exchange and (ii) has a direct written agreement with a Principal authorizing the First Tier Delegate to initiate or Respond to transactions via TEFCA Exchange for or on behalf of the Principal. For purposes of this definition, a "written agreement" shall be deemed to include a documented grant of authority from a government agency.
- Downstream Delegate: a QHIN, Participant, or Subparticipant that (i) is not acting as a Principal when initiating or Responding to a transaction via TEFCA Exchange and (ii) has a direct written agreement with a First Tier Delegate or another Downstream Delegate authorizing the respective Downstream Delegate to initiate or Respond to transactions via TEFCA Exchange for or on behalf of a Principal.



### TEFCA Timeline Review

#### Transition from Version 1.1 to Version 2.0



- TEFCA is currently live on Common Agreement Version 2.0 for QHINs
- Applicable Flow-Down provisions are applied to Participants and Subparticipants
- There is a transition period to allow for adoption of the new Framework Agreements by those who are already live
  - o 60 days for the Common Agreement
  - 180 days for the Terms of Participation
- During the transition, all TEFCA connected entities can engage in TEFCA Exchange for approved Exchange Purposes
- QHINs are responsible for adding new TEFCA connected entities to the RCE Directory as they sign the Terms of Participation

#### May 2024

## May 1: Common Agreement and Terms of Participation published in Federal Register

#### June/July 2024

- July 1: Common Agreement 2.0 is effective for QHINs (60 days after publication)
- RCE and newly designated QHINs sign version 2.0
- Final QTF version 2.0 published and expected to be in production
- Facilitated FHIR SOP expected to be published and in production
- New Participants and Subparticipants sign the Terms of Participation

#### Summer/Fall 2024

 Additional SOPs are released on a rolling basis

#### December 2024

Participation
compliance date for
any Participant /
Subparticipant that
signed a flow down
agreement prior to
June 30th

#### Expected SOP Batch Release



#### Published July 1, 2024

- QHIN Technical Framework (QTF) Version 2.0
- Facilitated FHIR Implementation SOP
- Individual Access Services (IAS)
   Provider Requirements
- Governance Approach SOP
- Delegation of Authority SOP
- Expectations for Cooperation SOP
- Exchange Purposes SOP
- RCE Directory Service Requirements Policy SOP
- Security Incident Reporting SOP
- XP Implementation SOP: Treatment

#### **Published August 6th**

- Public Health Exchange
   Purpose (XP) Implementation
   SOP
- Health Care Operations XP Implementation SOP
- Individual Access Services XP Implementation SOP (updated)
- Exchange Purposes (XP) SOP (updated)
- QHIN Security for the Protection of TEFCA Information (updated)

#### **Expected Fall 2024**

- Participant/Subparticipant Additional Security Requirements SOP
- QHIN Onboarding & Designation
- QHIN Application SOP
- Updated TEFCA Governance SOP



### August 6 New & Updated SOPs

The information contained in these slides is abbreviated from the Standard Operating Procedures (SOPs). For comprehensive details and specific requirements, please refer to the complete SOP documentation



## SOP: Exchange Purposes (XP) Updated

The information contained in these slides is abbreviated from the Standard Operating Procedures (SOPs). For comprehensive details and specific requirements, please refer to the complete SOP documentation





Standard Operating Procedure (SOP): Exchange Purposes (XPs)

Version 3.0

August 6, 2024

Applicability: QHINs, Participants, Subparticipants

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**Purpose:** The Exchange Purposes (XPs) SOP defines the authorized XPs and identifies any XPs for which a Response is required pursuant to the Framework Agreements, as well as when fees are prohibited or permitted.

#### **SOP Sections:**

- 1.Common Agreement References
- 2.SOP Definitions
- 3.Purpose
- 4.Procedure
- 4.1 Authorized Exchange Purposes (XPs) and XP Codes
- 4.2 Required Information and Permitted Fees QHINs, Participants, Subparticipants
- 4.3 Limitations on Types of Participants/Subparticipants
- 4.4 Required Support
- 4.5 Required Responses
- 4.6 Exceptions to Required Responses



- The Exchange Purposes (XPs) SOP defines the authorized XPs and the XP Codes associated with each
- Every transaction that occurs via TEFCA
   Exchange MUST include the XP Code that represents the reason for why the transaction is being initiated
- Each of the authorized XPs may also have specific use cases that are identified with their own XP Code (Level 2)
- Level 2 codes will generally begin with the same XP Code as its Level 1 affiliate

Table 1. TEFCA XP Codes

Authorized XP	XP Code	Level	
Treatment	T-TREAT	Level 1	
TEFCA Required Treatment	T-TRTMNT	Level 2	
Payment	T-PYMNT	Level 1	
Health Care Operations	T-HCO	Level 1	
Care Coordination/Case Management*	T-HCO-CC	Level 2	
HEDIS Reporting*	T-HCO-HED	Level 2	
Quality Measure Reporting*	T-HCO-QM	Level 2	
Public Health	T-PH	Level 1	
Electronic Case Reporting	T-PH-ECR	Level 2	
Electronic Lab Reporting	T-PH-ELR	Level 2	
Individual Access Services	T-IAS	Level 1	
Government Benefits Determination	T-GOVDTRM	Level 1	

<sup>\*</sup>Beginning 18 months following the initial publication date of the SOP, all Responding Nodes MUST Respond to Care Coordination, HEDIS, and Quality Measures



### **Section 4.2 Required Information and Permitted Fees**

- Table 2 lists the XPs that require a Response per Section 9.4 of the Common Agreement
- A Responding Node may only charge fees to an Initiating Node when Responding to Queries through TEFCA Exchange as permitted in Table 2 and an applicable XP Implementation SOP

Table 2. Required Response And Permitted Fees

Authorized XP	XP Code	Required Response (Yes/No)	Permitted Fees (Yes/No)
Treatment	T-TREAT	No	No
TEFCA Required Treatment	T-TRTMNT	Yes	No
Payment	T-PYMNT	No	Yes
Health Care Operations	T-HCO	No	Yes
Care Coordination/Case Management*	T-HCO-CC	No	Yes
HEDIS Reporting*	T-HCO-HED	No	Yes
Quality Measure Reporting*	T-HCO-QM	No	Yes
Public Health	T-PH	No	Yes
Electronic Case Reporting	T-PH-ECR	No	Yes
Electronic Lab Reporting	T-PH-ELR	No	Yes
Individual Access Services	T-IAS	Yes	No
Government Benefits Determination	T-GOVDTRM	No	Yes

<sup>\*</sup>Beginning 18 months following the initial publication date of the SOP, all Responding Nodes MUST Respond to Care Coordination, HEDIS, and Quality Measures



#### **Section 4.4 Required Support**

 Responding Nodes MUST Support any XP Code that they are required to Respond to per Section 4.5 of the SOP (Required Responses) and Table 2

#### **Section 4.5 Required Responses**

- Responding Nodes MUST Respond to Queries for the XP Codes listed in Table 2 as having a required Response, except to the extent that one or more of the exceptions set forth in Section 4.6 (Exceptions to Required Response) of the SOP applies
- Responding Nodes are permitted to Respond to all authorized XP Codes in Section 4.1 of the SOP (Authorized Exchange Purposes (XPs) and XP Codes), and listed in Table 2 as not having a required Response

Table 2. Required Response And Permitted Fees

Authorized XP	XP Code	Required Response (Yes/No)	Permitted Fees (Yes/No)
Treatment	T-TREAT	No	No
TEFCA Required Treatment	T-TRTMNT	Yes	No
Payment	T-PYMNT	No	Yes
Health Care Operations	T-HCO	No	Yes
Care Coordination/Case Management*	T-HCO-CC	No	Yes
HEDIS Reporting*	T-HCO-HED	No	Yes
Quality Measure Reporting*	T-HCO-QM	No	Yes
Public Health	T-PH	No	Yes
Electronic Case Reporting	T-PH-ECR	No	Yes
Electronic Lab Reporting	T-PH-ELR	No	Yes
Individual Access Services	T-IAS	Yes	No
Government Benefits Determination	T-GOVDTRM	No	Yes

<sup>\*</sup>Beginning 18 months following the initial publication date of the SOP, all Responding Nodes MUST Respond to Care Coordination, HEDIS, and Quality Measures



# Exchange Purposes (XP) Implementation SOP: Health Care Operations (HCO)

The information contained in these slides is abbreviated from the Standard Operating Procedures (SOPs). For comprehensive details and specific requirements, please refer to the complete SOP documentation

### Exchange Purposes (XP) Implementation SOP: Health Care Operations





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

Version 1.0

August 6, 2024

Applicability: QHINs, Participants, Subparticipants

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Purpose: This SOP identifies implementation specifications QHINs, Participants, and Subparticipants must follow when asserting the Health Care Operations (HCO) Exchange Purpose, including Level 2 use cases of Care Coordination/Case Management, Quality Reporting, and HEDIS Reporting.

#### **SOP Sections:**

- 1.Common Agreement References
- 2.SOP Definitions
- 3.Purpose
- 4.Level 1: HCO
- 5.Level 2: HCO Care Coordination/Case Management
- 6.Level 2: HCO HEDIS Reporting
- 7.Level 2: HCO Quality Measure Reporting

### Exchange Purposes (XP) Implementation SOP: Health Care Operations



XP Code Level	XP	XP Code
Health Care Operations	T-HCO	Level 1
Care Coordination/Case Management	T-HCO-CC	Level 2
HEDIS Reporting	T-HCO-HED	Level 2
Quality Measure Reporting	T-HCO-QM	Level 2

- Health Care Operations (HCO) 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.
- HCO Care Coordination/Case Management (HCO-CC) means TEFCA Exchange for the purposes of determining how to deliver care for a particular patient by performing one or more actions to organize the provision and case management of an Individual's healthcare
- HCO HEDIS Reporting (HCO-HED) means TEFCA Exchange for the purposes of data collection to support the Healthcare Effectiveness Data and Information Set (HEDIS) as required by the National Committee for Quality Assurance (NCQA).
- HCO Quality Measure Reporting (HCO-QM) means TEFCA Exchange for the purpose of data collection to support Quality Measure reporting.

### Exchange Purposes (XP) Implementation SOP: Health Care Operations



- Only Initiating Nodes of Health Plans and Health Care Providers that are Covered Entities or their Delegates may initiate transactions for Health Care Operations, Quality Measure Reporting, and HEDIS Reporting
- Only Health Plans are permitted to initiate Queries for Care Coordination/Case Management
- All Responding Nodes SHOULD reply to Health Care Operations Queries
- Beginning 18 months following the initial publication date of the SOP, all Responding Nodes MUST Respond to Care Coordination, HEDIS, and Quality Measure Reporting Queries

#### Vignette: Health Care Operations Exchange Purpose\*



#### **Use Case: Quality improvement activity using Query**

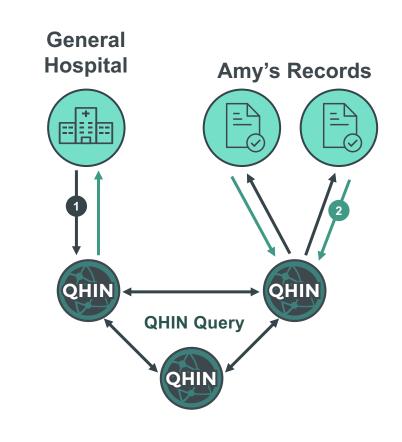
General Hospital is missing information about a patient, Amy, that it needs to complete quality reporting, which falls under the Health Care Operations Exchange Purpose. The hospital requests information about Amy through QHIN Query.

**Initiating Action:** General Hospital sends a request for Amy's medical records through the hospital's TEFCA connector

#### **QHIN Query:**

- The QHIN associated with General Hospital's TEFCA connector initiates a Query to other QHINs for Amy's records
- The other QHINs request Amy's records from their TEFCA connected entities (other hospitals, Public Health Authorities, etc.)
- Connected entities respond whether they do or do not have Amy's records
- The QHINs with information about Amy's records send it to the initiating QHIN

**Delivery:** The initiating QHIN informs General Hospital about records that are available so that General Hospital staff can access them and find the information needed for quality reporting





# Exchange Purpose (XP) Implementation SOP: Public Health

The information contained in these slides is abbreviated from the Standard Operating Procedures (SOPs). For comprehensive details and specific requirements, please refer to the complete SOP documentation

#### Public Health & TEFCA



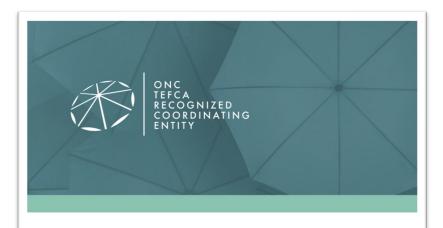
"On July 1, 2024, the first two public health use cases — electronic case reporting (eCR) and individual query went live. Through TEFCA, there is universal governance, policy, and a technical floor for nationwide interoperability"



Why This Matters: "Lays the foundations for faster exchange of more interoperable data between health care and public health while reducing the complexity of point-to-point connections."

### Exchange Purpose (XP) Implementation SOP: Public Health





Exchange Purpose (XP)
Implementation SOP:
Public Health

Version 1.0

August 6, 2024

Applicability: QHINs, Participants, Subparticipants

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**Purpose:** In addition to the Framework Agreements, QTF, and SOPs, this SOP identifies requirements that QHINs, Participants, and Subparticipants are required to follow when asserting the Public Health Exchange Purpose

Use cases described in this SOP, including Electronic Case Reporting and Electronic Laboratory Reporting, allow Public Health Authorities (PHAs) to identify disease trends, track and monitor outbreaks, and prevent and control future outbreaks.

#### **SOP Sections:**

- 1. Common Agreement References
- 2.SOP Definitions
- 3. Purpose
- 4.Introduction
- 5.Level 1: Public Health (PH)
- 6.Level 2: Electronic Case Reporting
- 7. Level 2: Electronic Laboratory Reporting

### Exchange Purpose (XP) Implementation SOP: Public Health



#### **Definitions**

- Electronic Case Reporting (eCR): is the electronic exchange of case report information between QHINs, Participants, Subparticipants, and Public Health Authorities.
- Electronic Laboratory Reporting (eLR): is the transmission of electronic laboratory reports between QHINs, Participants, Subparticipants, and Public Health Authorities.
- Public Health: a Request, Use, Disclosure, or Response permitted under the Health Information Portability and Accountability Act (HIPAA) Rules and other Applicable Law for public health activities and purposes involving a Public Health Authority, where such public health activities and purposes are permitted by Applicable Law, including a Use or Disclosure permitted under 45 CFR § 164.512(b) and 45 CFR § 164.514. For the avoidance of doubt, a Public Health Authority may Request, Use, and Disclose TEFCA Information (TI) hereunder for Public Health to the extent permitted by Applicable Law and the Framework Agreements.

See the Centers for Prevention and Disease Control (CDC) website for additional information related to electronic case reporting (eCR) and electronic laboratory reporting (eLR).



Use cases described in the Public Health XP SOP, including Electronic Case Reporting and Electronic Laboratory Reporting, allow Public Health Authorities (PHAs) to identify disease trends, track and monitor outbreaks, and prevent and control future outbreaks.

### Exchange Purpose (XP) Implementation SOP: Public Health



- Electronic Case Reporting (eCR) and Electronic Lab Reporting (eLR) use push-based exchange (i.e., QHIN Message Delivery or FHIR Push)
- Public Health uses both push and query-based exchange (i.e., QHIN message Deliver, QHIN Query, or FHIR)
- Only Initiating Nodes of a Public Health Authority (PHA) or its Delegate may initiate a Query for Public Health
- Responding Nodes SHOULD respond to Queries for Public Health and SHOULD return at a minimum, the USCDI v1 data classes requested by the initiating node

#### Vignette: Public Health Exchange Purpose\*



#### **Use Case: Public Health Authority queries TEFCA for a case investigation**

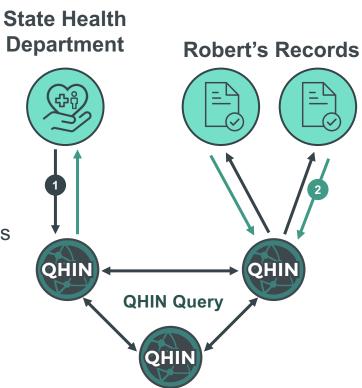
Dr. Singh, an Epidemiologist at a State Health Department, needs to investigate a medical case in which a patient, Robert, was diagnosed with an infectious disease. Dr. Singh has the authority to learn more about Robert's care and uses TEFCA Exchange to request information (Public Health Exchange Purpose).

**Initiating Action:** Dr. Singh requests Robert's medical records through the health department's TEFCA connector

#### **QHIN Query:**

- The QHIN associated with the State Health Department's TEFCA connector initiates a Query to the other QHINs for the purposes of public health
- The other QHINs Query their TEFCA connected entities for information on Robert
- Using automation, connected entities may respond with information about Robert's medical records, or return a message that they do not have any relevant records
- The QHINs with information about Robert send it to the initiating QHIN

**Delivery:** The initiating QHIN notifies the State Health Department about available records so that Dr. Singh can access the information needed for a case investigation





The information contained in these slides is abbreviated from the Standard Operating Procedures (SOPs). For comprehensive details and specific requirements, please refer to the complete SOP documentation





Exchange Purpose (XP)
Implementation SOP: Individual
Access Services (IAS)

Version 2.0

August 6, 2024

Applicability:

4.1 - 4.6: IAS Providers

4.7, 4.8: QHINs, Participants, Subparticipants

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**Purpose:** This SOP identifies specific requirements that IAS Providers are required to follow for Individual identity verification when sending an IAS Query.

This SOP also identifies when a QHIN, Participant, or Subparticipant is required to Respond to an IAS Query.

#### **SOP Sections:**

- 1.Common Agreement References
- 2.SOP Definitions
- 3.Purpose
- 4.Level 1: Individual Access Services (T-IAS)
- 4.1- 4.6 IAS Providers
- 4.7, 4.8: QHINs, Participants, Subparticipants



#### **Definitions**

- IAS: The services provided to an Individual by a QHIN, Participant, or Subparticipant that has a direct contractual relationship with such Individual in which the QHIN, Participant, or Subparticipant, as applicable, agrees to satisfy that Individual's ability to use TEFCA Exchange to access, inspect, obtain, or transmit a copy of that Individual's Required Information.
- IAS Provider: Each QHIN, Participant, and Subparticipant that offers Individual Access Services is an IAS Provider.

In general, entities are <u>required to Respond</u> to Queries for information for IAS.

Individuals will be able to access their own information from TEFCA connected entities using an IAS Provider, such as an app.





Sections 4.1 - 4.6 are applicable to IAS Providers

#### **SOP Sections**

- 4.1. Exchange Purpose Code (XP Code)
- 4.2. QHIN Technical Framework (QTF)
- 4.3. Definitions
- 4.4. Credential Service Provider
- 4.5. IAS Provider Individual Verification
  - » 4.5.1. Verification Demographics
- 4.6. Identity Token

#### **Section Takeaways**

- All TEFCA exchange under IAS MUST use the XP code T-IAS and follow the technical requirements in the QTF and FHIR implementation SOP.
- IAS providers must have a Credential Service Provider (CSP) verify the patient's identity to identity insurance level 2 (IAL2)
- IAS Providers MUST authenticate Individuals to at least Authenticator Assurance Levels 2 (AAL2)
- IAS Providers MUST demonstrate that Individuals have proven their identities by including an IAL2 Claims Token in all transactions
- The demographic information used to verify the patient or representative MUST include at least the first name, last name, date of birth, address, city, state, and ZIP



Sections 4.1 – 4.6 are applicable to QHINs, Participants, Subparticipants

#### **SOP Sections**

- 4.7, Required Information
- 4.8, Response Requirements

#### **Section Takeaways**

- Beginning December 31, 2024, Required Information is, at least, the USCDI v1 data classes and data elements that the Responding Node maintains
- If a Responding Node is controlled by a Health Plan, the Responding Node MUST also share individual claims and encounter data that it maintains
- Any Responding Node that receives an IAS Query from an IAS Provider that includes the appropriate IAL2 Claims Token, and that achieves an acceptable demographics-based match based on responder policy OR where responder issues credentials are presented MUST respond with the Required Information per the Framework Agreements and Applicable Law

#### Vignette: Individual Access Services Exchange Purpose



#### Use Case: Individual seeks her records from all her providers

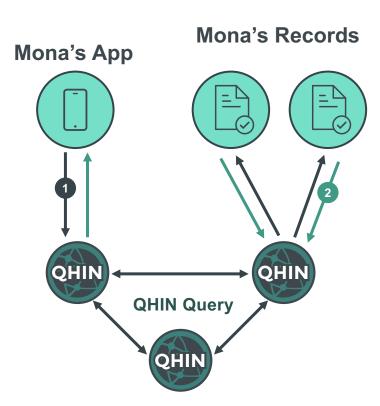
Mona is using a health app to manage her personal health information. Mona verifies her identity in the app and requests all her health records. The consumer app leverages TEFCA to find and retrieve Mona's records from TEFCA connected entities.

**Initiating Action:** Mona requests her health information through her health app which passes along the request to its TEFCA connector

#### **QHIN Query:**

- The QHIN associated with the app's TEFCA connector queries other QHINs
- The other QHINs Query their TEFCA connected entities for Mona's records
- TEFCA connected entities with relevant records respond to the app's QHIN
- The QHINs with Mona's matched records pass it to the initiating QHIN, which shares them with the app's TEFCA connector

**Delivery:** The initiating QHIN sends the information to Mona's digital consumer app, allowing Mona to access her medical history





The information contained in these slides is abbreviated from the Standard Operating Procedures (SOPs). For comprehensive details and specific requirements, please refer to the complete SOP documentation.





Standard Operating Procedure
(SOP): QHIN Security Requirements
for the Protection of TEFCA
Information (TI)

Version 2.0

August 6, 2024

Applicability: QHINs, RCE

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Purpose: Identifies specific requirements that Qualified Health Information Networks must follow to protect the security of Trusted Exchange Framework and Common Agreement Information. It also provides specific information about the Cybersecurity Council

#### **SOP Sections:**

- 1. Implement Appropriate Security Controls
- 2. Third-Party Cybersecurity Certification
- 3. Annual Security Assessments Audits
- 4. Reports or Summaries of Certification Assessments & Annual Technical Audits
- 5. Independent Review
- 6. Confidentiality of Security Assessment Reports or Summaries, POA&Ms, and Related Security Documentation
- 7. Cybersecurity Council
- 8. QHIN CISO



- This SOP aligns with the HHS Cybersecurity Strategy and adopts the relevant guidance and resources made available by HHS to the Health Care and Public Health (HPH) Sector.
- QHINs play an important role in advancing the exchange of health and related information and, as such, have a critical role in advancing the standards for securing such information.
- Each QHIN must maintain compliance with the Health Insurance Portability and Accountability
  Act (HIPAA) Security Rule with respect to all TI even if the QHIN is not a HIPAA Covered Entity
  or Business Associate
- QHINs must further satisfy the additional requirements and standards herein that go above and beyond what is required under the HIPAA Security Rule.



#### **Third-Party Cybersecurity Certification**

- Every QHIN must be certified under a nationally recognized security framework from a list of pre-approved certifications/certifying bodies developed by the RCE.
- Post-certification changes to the QHIN's systems are inevitable, such as those necessary to adopt new capabilities or technologies. New components and capabilities must be assessed to the same rigor as is required for the annual security assessment, and must be adopted into the assessment scope for the Designated Network's future certification/recertification efforts.

#### **Annual Security Assessments**

- QHINs must obtain an annual third-party security assessment and technical audit and provide evidence of completion and mitigation within thirty days of completion.
- Audits must cover NIST CSF, NIST SP 800-171, HIPAA Security Standards, Comprehensive internet-facing penetration testing, and internal network vulnerability assessments.
- The assessment scope must additionally include all new systems, components, and applications incorporated since certification.

#### Reports or Summaries of Certification Assessments & Annual Technical Audits

• The QHIN shall provide to the RCE an appropriate report or summary of the results of its third-party certification renewal assessments and annual technical audits within thirty (30) days of the QHIN's receipt of the report.



#### **TEFCA Cybersecurity Council**

The Office of the National Coordinator for Health Information
Technology (ONC) oversees the work of the Recognized Coordinating
Entity® (RCE™), which is obligated to follow the governance
procedures set forth in the Common Agreement. The Common
Agreement creates a TEFCA™ Transitional Council, Governing
Council, and Cybersecurity Council.

The Cybersecurity Council will evaluate the cybersecurity risks associated with activities conducted under the Framework Agreements and advise the RCE on ways to remediate these risks.

https://rce.sequoiaproject.org/tefca-cybersecurity-council/



# Educational Resources and Upcoming Events

#### Updated Resources and FAQs





#### **Fact Sheets**

- FHIR Roadmap for TEFCA Exchange Version 2.0
- TEFCA Cross Reference Resource
- TEFCA Glossary
- Questions to ask your QHIN or other TEFCA connectors
- TEFCA for Executives
- TEFCA on FHIR
- TEFCA for Individuals
- Benefits for Health Information Networks (HINs)
- Benefits for State Governments and Public Health
- Benefits for Patients and Consumers
- Benefits for the Payer Community
- Benefits for Health Care Providers Across the Continuum

These Frequently Asked Questions address common questions and will be updated regularly.

- What is TEFCA?
- How Does TEFCA Work?
- How Do I Participate in TEFCA Exchange?
- How is TEFCA Governed?
- How are QHINs Designated?

https://rce.sequoiaproject.org/rce/faqs/

### RCE Resource Library

TEFCA is a multifaceted, living framework that enables seamless and secure nationwide exchange of health information.



Below is a guide to the Common Agreement, Standard Operating Procedures (SOPs), technical documents, and other resources that make up TEFCA's rules of the road. Start your journey to next generation interoperability here.

https://rce.sequoiaproject.org/tefca-and-rce-resources/

Additional Resources: https://www.healthit.gov/tefca

All Events Registration and Recordings:

https://rce.sequoiaproject.org/community-engagement/

Upcoming RCE Monthly Info Calls:

September 17th, 12:00pm ET (60 minutes)



## Questions & Answers

For more information: rce.sequoiaproject.org