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RECOGNIZED
COORDINATING
ENTITY

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

Version 4.0

January 16, 2025

Applicability: QHINs, Participants, Subparticipants

1 COMMON AGREEMENT REFERENCES

The requirements set forth in this Standard Operating Procedure (SOP) are for implementation, in addition to the terms and conditions found in the Framework Agreements, the Qualified Health Information Network® (QHIN™) Technical Framework (QTF), and applicable SOPs. The Trusted Exchange Framework and Common Agreement™ (TEFCA™) Cross Reference Resource identifies which SOPs provide additional detail on specific references from the Common Agreement.

All documents cited in this SOP can be found on the Recognized Coordinating Entity® (RCE®) [website](#).

2 SOP DEFINITIONS

Terms defined in this Section are introduced here and can be found in the TEFCA Glossary. Capitalized terms used in this SOP have the respective meanings assigned to such term in the TEFCA Glossary.

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.

Non-Required XP Code: each XP Code that does not require a Response pursuant to this SOP.

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

Public Health: a Request, Use, Disclosure, or Response permitted under the 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.

Support: the technical capability to receive and Respond to transactions from QHINs, Participants, and Subparticipants via TEFCA Exchange, including transmitting all information that a QHIN, Participant, or Subparticipant may send via TEFCA Exchange related to any XP Code (e.g., the content of the packet itself, if any).

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

TEFCA Required Treatment: a Query that meets the requirements of Section 5.3 of the Treatment XP Implementation SOP.

The following defined terms from the Common Agreement are repeated here for reference.

Government Benefits Determination: a determination made by any agency, instrumentality, or other unit of the federal, State, local, or tribal government as to whether an Individual qualifies for government benefits for any purpose other than health care (e.g., Social Security disability benefits) to the extent permitted by Applicable Law. Disclosure of TI for this purpose may require an authorization that complies with Applicable Law.

Individual Access Services: 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.

Public Health Authority: has the meaning assigned to such term at 45 CFR § 164.501.

3 PURPOSE

The Common Agreement permits QHINs, Participants, and Subparticipants to utilize TEFCA Exchange only for authorized XPs. This Exchange Purposes (XPs) SOP defines the authorized XPs and identifies any XPs for which a Response is required pursuant to the Common Agreement, as well as when fees are prohibited or permitted. More information on implementation of each XP may be found in an XP Implementation SOP, as applicable.

4 PROCEDURE

4.1 Authorized Exchange Purposes (XPs) and XP Codes

The authorized XPs are listed in Table 1. Each transaction initiated MUST be accompanied by the appropriate TEFCA XP Code in the table below. If there is a more precise XP Code that describes the reason for which an entity has initiated a QHIN Message Delivery or FHIR Push, then the entity MUST use the more specific XP Code. For the avoidance of doubt, inclusion of an XP Code in the transaction is an attestation that the transaction adheres to the requirements in this SOP and/or an applicable XP Implementation SOP, as well as the Framework Agreements, the QHIN Technical Framework, and Applicable Law.

4.2 Required Information and Permitted Fees

- a) Table 1 lists the XPs that require a Response per Section 9.4 of the Common Agreement.
- b) Per Section 18.3 of the Common Agreement, QHINs, Participants, and Subparticipants that operate a Responding Node may only charge fees to an Initiating Node when

Responding to Queries through TEFC A Exchange, as permitted in Table 1 below and an applicable XP Implementation SOP.

TABLE 1. XP CODES* REQUIRED RESPONSE AND PERMITTED FEES

Authorized XP	XP Code	Required Response (Yes/No)	Permitted Fees (Yes/No)
Treatment	T-TREAT	No	No
TEFC A 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 ¹	Yes
HEDIS Reporting	T-HCO-HED	No ¹	Yes
Quality Measure Reporting	T-HCO-QM	No ¹	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

* XP CODES OID: 2.16.840.1.113883.3.7204.1.5.2.1

4.3 Limitations on Types of Participants/Subparticipants

- a) Initiating Nodes may only Query information for a specific XP if the Initiating Node is controlled by a QHIN, Participant, or Subparticipant that is the type of entity or person that is authorized by the Framework Agreements, applicable SOPs, and Applicable Law to assert Queries for that specific XP and such Query adheres to the requirements in this SOP and/or an applicable XP Implementation SOP. For example:
 - i. Only Health Care Providers may assert Treatment for a Query.
 - ii. Only a federal, state, local, or tribal agency, instrumentality, or other unit of government may assert Government Benefits Determination for a Query.
- b) Notwithstanding the foregoing, a Principal may use a Delegate to make such Query or transact for a specific XP, provided that the Principal has in place a written agreement with the Delegate that authorizes the Delegate to make such Query or transact for the specific XP. For the avoidance of doubt, the Delegate's use of the XP must adhere to all requirements in this SOP and/or an applicable XP Implementation SOP that apply to both the Delegate and the Principal for which it is initiating the transaction.

¹ Eighteen (18) months following the initial publication date of the XP Implementation SOP: Health Care Operations, Responding Nodes MUST Respond to Queries that contain the information specified in that SOP, in accordance with the Common Agreement and Applicable Law.

4.4 Required Support

- a) QHINs MUST Support all the XP Codes.
- b) Responding Nodes MUST Support any XP Code that they are required to Respond to per Section 4.5 and Table 1 of this SOP.
- c) Responding Nodes MAY Support any XP Code that is authorized per Section 4.1 of this SOP.

4.5 Required Responses

- a) Responding Nodes MUST Respond to Queries for the XP Codes listed in Table 1 as having a required Response, except to the extent that one or more of the exceptions set forth in Section 4.6 of this SOP applies.
- b) Responding Nodes are permitted to Respond to all authorized XP Codes in Section 4.1 and not listed in Table 1 as having a required Response.

4.6 Exceptions to Required Responses

- a) The below are exceptions to the Response requirements set forth in Section 4.5 of this SOP.
 - i. If the Response is prohibited by Applicable Law; is inconsistent with Signatory's IAS Privacy and Security Notice, if applicable; or is not in accordance with the Common Agreement;
 - ii. If the Responding Node is controlled by a Public Health Authority;
 - iii. If the Responding Node is controlled by a federal, state, local, or tribal agency, instrumentality, or other unit of government, including such government agency's Delegate(s), using TEFCAs solely for purposes of Requesting information for Government Benefits Determination;
 - iv. If the reason asserted for the Request is Individual Access Services and the information would not be required to be provided to an Individual pursuant to 45 CFR § 164.524(a)(2), regardless of whether the Responding Node is controlled by a Non-HIPAA Entity, a Covered Entity, or a Business Associate;
 - v. If the Requested information is not Required Information;
 - vi. If the Responding Node is controlled by a federal agency, to the extent that the Requested Disclosure of Required Information is not permitted under Applicable Law (e.g., it is Controlled Unclassified Information as defined at 32 CFR Part 2002, and the party requesting it does not comply with the applicable policies and controls that the federal agency adopted to satisfy its requirements);

- vii. If the XP is authorized but not required at the time of the Request, either under this SOP or the Common Agreement; or
- viii. An applicable SOP exempts the Response.

4.7 Applicability of Section 6.2.2 of the Common Agreement and Section 2.2.2 of the Terms of Participation

- a) For all XP Codes that require a Response pursuant to this SOP, the non-discrimination provisions in Section 6.2.2 of the Common Agreement and Section 2.2.2 of the ToP shall apply.
- b) For each Non-Required XP Code, Section 6.2.2 of the Common Agreement and Section 2.2.2 of the ToP shall not apply to TECCA Exchange conducted for such Non-Required XP Code. For these Non-Required XP Codes, QHINs, Participants, and Subparticipants MAY determine their own exchange partners. For the avoidance of doubt, TECCA Exchange conducted for any Non-Required XP Code remains subject to all other applicable provisions of the Framework Agreements, SOPs, and QTF.

5 VERSION HISTORY

Version	Revision Date	Section #(s) of Update
Version 1.0	Released June 2022	N/A
Draft Version 2.0	January 19, 2024	All sections
Version 2.0	July 1, 2024	All sections
Version 3.0	August 6, 2024	Table 1, Table 2, Section 4.2, Section 4.5
Version 4.0	January 16, 2025	Section 4.1, removal of Table 1, change Table 2 to Table 1, addition of Section 4.7