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June 17, 2025

# RCE™ Monthly Information Call

Zoe Barber, RCE Policy Director  
Amol Batra, RCE Legal SME  
Johnathan Coleman, RCE CISO  
Didi Davis, RCE Testing Lead and Standards SME  
Chris Dickerson, RCE Program Manager  
Kathryn Lucia, RCE Policy Analyst  
Bill Mehegan, RCE Program Manager  
Dave Pyke, RCE Technical SME  
Julie Rice, RCE Account Manager  
Steve “Sully” Sullivan, RCE Program Operations Lead  
Alan Swenson, RCE Program Technical Lead  
Dawn Van Dyke, RCE Communications Lead  
Erin Whaley, RCE Legal SME  
Chantal Worzala, RCE Stakeholder Engagement Lead  
Mariann Yeager, RCE Lead  
Sydella Yonker, RCE Operations Specialist



- Welcome
- ASTP Welcome
- TEFCA Exchange Basics
- TEFCA Policy Development Timeline
- Exchange Purposes Deep Dive
- Update on TEFCA Governance bodies
- Educational Resources
- Questions & Answers





THE NUMBERS ARE IN

## TEFCA Exchange is Ramping Up!

There are 6,171 organizations live on TEFCA (QHINs, Participants, and Subparticipants).

More than 20 **million documents shared** since go-live in December 2023.

# Meet the Qualified Health Information Networks (QHINs)



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*eClinicalWorks*

eHealth Exchange™

**Epic**  
**Nexus**



**KONZA**  
NATIONAL NETWORK

**m | MedAllies**



Candidate QHINs



**ORACLE** Health  
Information Network, Inc.™

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



**Thomas Keane, MD, MBA**  
**Assistant Secretary for Technology Policy**  
**National Coordinator for Health Information Technology**



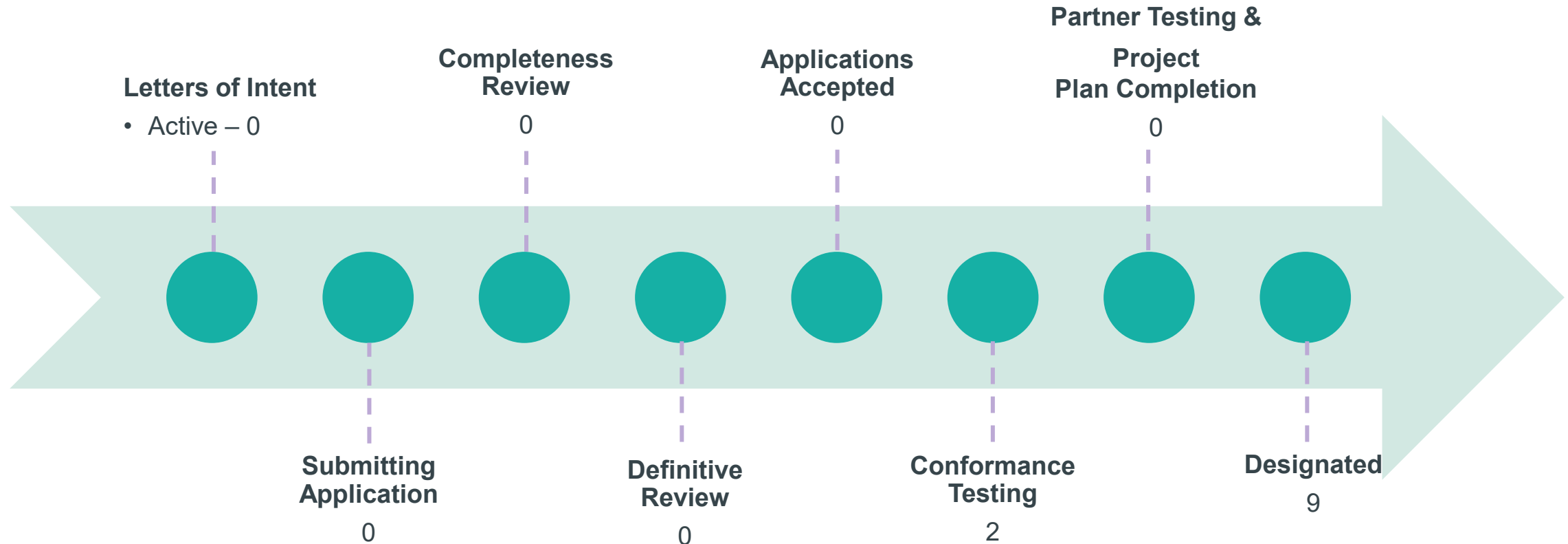
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# TEFCA Exchange Basics

# QHIN Application and Onboarding & Designation



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# TEFCA Components



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**Framework  
Agreements**



**Standard  
Operating  
Procedures**



**Technical  
Requirements**



**RCE  
Directory**



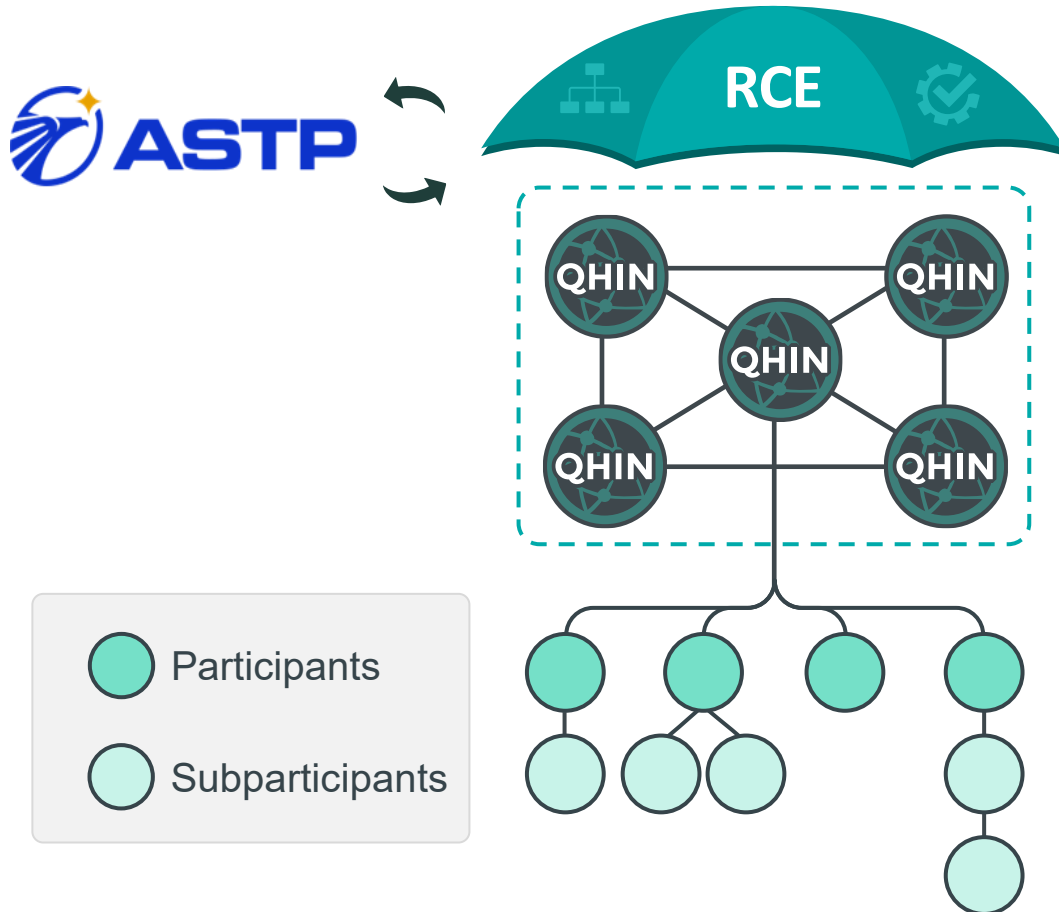
**Oversight &  
Compliance**



**Governance**



# Exchange Under TEFCA



**ASTP** 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



## TEFCA provides strong privacy protections

- Most connected entities will likely be HIPAA Covered Entities or Business Associates of Covered Entities, and thus already be required to comply with HIPAA privacy and security requirements
- In the case of entities that are neither a Covered Entity nor a Business Associate otherwise subject to HIPAA, “Non-HIPAA Entities” (NHE), the Common Agreement requires the NHE to protect Individually Identifiable Information as if it were protected health information and they were a Covered Entity or Business Associate subject to HIPAA
- Individual Access Providers (IAS) Providers have additional requirements (see Framework Agreements)



Please see framework agreement and relevant SOPs on privacy requirements for full details.



## TEFCA provides strong security protections

- **QHINs are required to meet a high bar for security, including:**
  - » Third-party certification to industry-recognized cybersecurity standards, in addition to complying with the HIPAA Security Rule
  - » Annual security assessments
  - » Have a Chief Information Security Officer
  - » Have cyber risk coverage
- **Terms of Participation contract provisions for all Participants and Subparticipants:**
  - » Non-HIPAA Entities (NHEs) must comply with the HIPAA Security Rule as if they were a Covered Entity or Business Associate subject to HIPAA
- **Notice of TEFCA Security Incidents involving or affecting TEFCA Exchange:**
  - » Are required of QHINs, Participants, and Subparticipants
  - » Are generally designed to avoid conflict with Applicable Law and duplicative notification requirements
- **The RCE actively facilitates security activities, with the support of the Cybersecurity Council**



Please see framework agreement and relevant SOPs on security requirements for full details.



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# TEFCA Policy Development Timeline

# SOP Publications Dates 2024 - 2025



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## Published July 2024

- QHIN Technical Framework (QTF) Version 2.0
- Facilitated FHIR Implementation SOP Version 1.0
- Individual Access Services (IAS) Provider Requirements
- Governance Approach SOP Version 1.0
- Delegation of Authority SOP Version 1.0
- Expectations for Cooperation SOP Version 1.0
- Exchange Purposes (XPs) SOP Version 2.0
- RCE Directory Service Requirements Policy SOP Version 1.0
- TEFCA Security Incident Reporting SOP Version 1.0
- XP Implementation SOP: Treatment Version 1.0

## Published August 2024

- Public Health Exchange Purpose (XP) Implementation SOP
- Health Care Operations XP Implementation SOP
- Individual Access Services XP Implementation SOP Version 2.0
- Exchange Purposes (XPs) SOP Version 3.0
- QHIN Security for the Protection of TEFCA Information Version 2.0

## Published November 2024

- XP Vetting Process SOP Version 1.0

## Published in 2025

- TEFCA Governance SOP Version 1.0 (1/10/2025)
- QHIN Onboarding & Designation SOP Version 3.0 (1/14/2025)
- Exchange Purposes (XPs) SOP Version 4.0 (1/17/2025)
- QHIN, Participant, and Subparticipant Additional Security Requirements SOP Version 1.0 (1/17/2025)
- QHIN Application Version 3.0 (4/1/2025)



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# Deep Dive: Exchange Purposes (XPs)



# 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 [RCE website](#)



# TEFCA Glossary and Cross Reference Resource



The **TEFCA Glossary** is intended to serve as an in-depth compilation of terms and their definitions referenced in the Common Agreement Version 2.1, QTF Version 2.0, Participant/Subparticipant Terms of Participation (ToP) Version 1.0, and the SOPs.

The **TEFCA Cross Reference Resource** is intended to help QHINs, Participants, and Subparticipants, understand which SOPs are relevant to which sections of the applicable Framework Agreements.

PLEASE NOTE THAT WHILE WE STRIVE TO MAINTAIN ACCURACY IN THIS RESOURCE, IT IS PROVIDED FOR EDUCATIONAL PURPOSES ONLY. THIS RESOURCE SHOULD NOT BE SOLELY RELIED UPON BY QHINs, PARTICIPANTS, OR SUBPARTICIPANTS. IT IS ULTIMATELY A QHIN'S, PARTICIPANT'S, OR SUBPARTICIPANT'S CONTRACTUAL RESPONSIBILITY TO ENSURE IT IS COMPLIANT WITH ALL APPLICABLE SOPs REGARDLESS OF WHETHER THEY ARE LISTED IN THIS RESOURCE.

| TEFCA Glossary   |  |  |
|--|--|--|
| PURPOSE  |  |  |
| This Trusted Exchange Framework and Common Agreement™ (TEFCA™) Glossary serves as an in-depth compilation of terms and their definitions as referenced in the Common Agreement, Qualified Health Information Network™ (QHIN™) Technical Framework, and Standard Operating Procedures (SOPs).   |  |  |
| All references to Signatory in a definition below or in the Framework Agreement, QHIN, or Upstream QPS as applicable.  |  |  |
| This educational resource is being provided for informational purposes only. It does not amend, supersede, or interpret any Framework Agreement, SOPs, or the QTF. While we strive to maintain accuracy in this resource, it is provided for educational purposes only and should not be solely relied upon by QHINs, Participants, or Subparticipants. It is ultimately a QHIN's, Participant's, or Subparticipant's contractual responsibility to ensure it is compliant with any applicable Framework Agreement, SOP, or QTF. |  |  |
| GLOSSARY OF TERMS  |  |  |
| <b>A</b>   |  |  |
| <b>Access Consent Policy (ACP):</b> policies that may influence access control to data, which can be referenced in Queries. Source: QTF Version 2.0  |  |  |
| <b>Actor:</b> a QHIN, Participant, or Subparticipant. Source: QTF Version 2.0  |  |  |
| <b>Applicable Law:</b> all federal, State, local, or tribal laws and regulations that are applicable to the subject matter herein. For the avoidance of doubt, federal law is only subject to federal law. Source: Common Agreement Version 2.0 and Participant Terms of Participation Version 1.0   |  |  |
| <b>Assigning Authority:</b> The organization that issues a patient identifier. Source: Common Agreement Version 2.0 and Participant Terms of Participation Version 1.0   |  |  |
| <b>B</b>   |  |  |
| <b>Breach of Unencrypted Individually Identifiable Information:</b> the acquisition, use, or disclosure of unencrypted Individually Identifiable Information maintained by a Provider that compromises the security or privacy of the unencrypted Individually Identifiable Information. Source: Common Agreement Version 2.0 and Participant Terms of Participation Version 1.0   |  |  |

| TEFCA Cross Reference Resource        |   |   |
|---------------------------------------|---|---|
| Common Agreement Version 2.0 Sections | ToP Section   | Applicable SOPs   |
| 4.1                                   | Eligibility to be Designated  | • Means to Demonstrate U.S. Ownership & Control of a QHIN<br>• QHIN Onboarding & Designation  |
| 6.1                                   | Cooperation   | 2.1<br>• Expectations for Cooperation   |
| 6.2.2                                 | No Discriminatory Limits on Exchange of TI                            | 2.2.2<br>• QHIN Security Requirements for Protection of TEFCA Information (TI)<br>• TEFCA Security Incident Reporting                       |
| 7.1                                   | Confidential Information  | 3.1<br>• ONC Access to and Requests for Confidential Information  |
| 7.2                                   | Disclosure of Confidential Information                                | 3.2<br>• ONC Access to and Requests for Confidential Information  |
| 7.3                                   | ONC's and the RCE's Approach when Requesting Confidential Information | 3.3<br>• ONC Access to and Requests for Confidential Information  |
| 8.2                                   | Utilization of the RCE Directory Service                              | 4.1<br>• RCE Directory Service Requirements Policy  |
| 9.1                                   | Utilization of TEFCA Exchange   | 5.1<br>• Exchange Purposes (XPs)<br>• XP Implementation: IAS Demographic Matched<br>• XP Implementation: Treatment                          |
| 9.5                                   | Special Legal Requirements  | 5.5<br>• IAS Provider Requirements  |
| 10.2                                  | Individual Consent  | 6.2<br>• IAS Provider Requirements<br>• XP Implementation: IAS Demographic Matched  |
| 10.5                                  | Additional Security Requirements for IAS Providers                    | 6.3<br>• TEFCA Security Incident Reporting<br>• IAS Provider Requirements   |
| 10.5.2                                | IAS Incident Notice to Affected Individuals                           | 6.3.2<br>• TEFCA Security Incident Reporting<br>• IAS Provider Requirements   |
| 12.1                                  | General Security Requirements   | 8.1<br>• QHIN Security Requirements for Protection of TEFCA Information<br>• QHIN Security Requirements for Protection of TEFCA Information |
| 12.1.1                                | Cybersecurity Coverage  | • QHIN Security Requirements for Protection of TEFCA Information<br>• QHIN Onboarding & Designation   |
| 12.1.2                                | Cybersecurity Certification   | • QHIN Security Requirements for Protection of TEFCA Information<br>• QHIN Onboarding & Designation   |
| 12.1.3                                | Annual Security Assessments   | • QHIN Security Requirements for Protection of TEFCA Information  |





- The Exchange Purposes are the reasons for which information can be shared through TEFCA Exchange
- The Exchange Purposes SOP (XPs SOP) identifies the authorized Exchange Purposes and related use cases, identifies which require a response, who must respond, the exceptions to a response, and when fees are allowed between a responding Node and an initiating Node
- Additional implementation guidance is provided in Exchange Purpose Implementation SOPs as needed

## Exchange Purposes



**Treatment**



**Payment**



**Health Care Operations**



**Public Health**



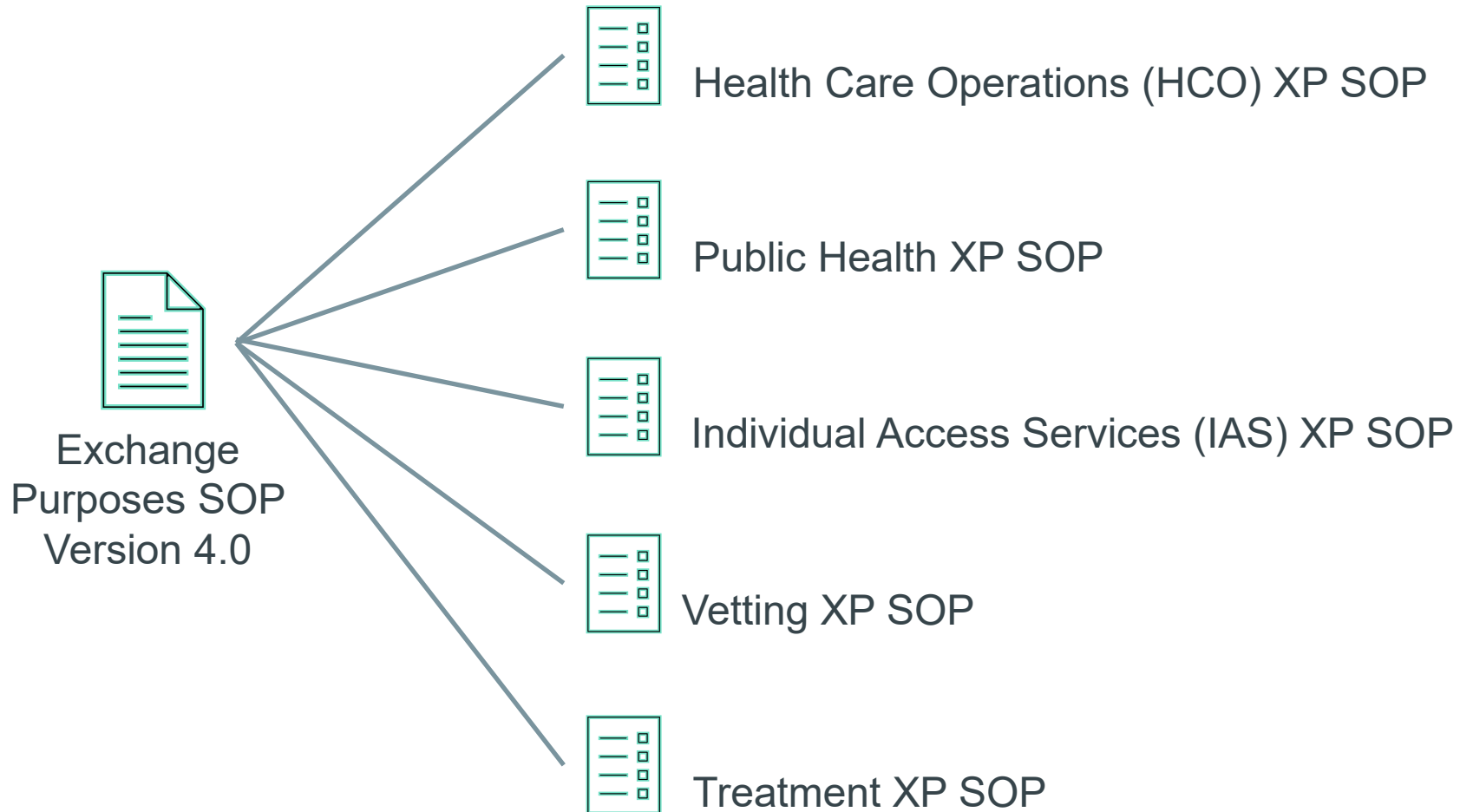
**Government Benefits Determination**



**Individual Access Services**

Additional Exchange Purposes and use cases may be added over time

# Current Exchange Purposes (XPs)



The Exchange Purposes SOP Version 4.0 serves as the reference document for all current XP SOPs.

# Exchange Purposes (XPs)



- 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
- The XP codes for more specific use cases will begin with the same characters as the broader XP

**For example, a use case under the Public Health XP Code would always begin with “T-PH”, and the specific use-cases would be T-PH-ECR**

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



Responding Nodes **MUST** Respond to Queries for the XP Codes that have a required Response, unless an exception applies (such as for PHAs), as set forth in the [Exchange Purposes SOP](#)

## XP Codes that Require Response

- TEFCA Required Treatment
- Individual Access Services (IAS)

## XP Codes that Permit a Response

- Payment
- Health Care Operations
- \*Care Coordination / Case Management
- \*HEDIS Reporting
- \*Quality Measure Reporting
- Public Health
- Electronic Case Reporting
- Electronic Lab Reporting
- Government Benefits Determination

\*February 16<sup>th</sup> Responses for these XPs will be required

- TEFCA **Queries** will be transmitted via TEFCA Exchange, consistent with the requirements of the Framework Agreements
  - » Only TEFCA connected entities can make Queries for an Exchange Purpose.
- **Uses and Disclosures** must adhere to the privacy and security requirements in the Framework Agreements, any privacy and security notices, and any requirements of Applicable Law





- **Responses are not required if:**
  - » Providing the information is prohibited by Applicable Law;
  - » The response is inconsistent with Signatory's IAS Privacy and Security Notice, if applicable; or
  - » The response is not in accordance with the Common Agreement.
- **The Framework Agreements permit but do not require a Response from the following entities:**
  - » Public Health Authorities
  - » Government agencies using TEFCA Exchange solely for purposes of Requesting information for Government Benefits Determination
  - » Federal agencies, to the extent that the requested Disclosure of Required Information is permitted under Applicable Law





## Who Can Conduct Exchange Pursuant to an Exchange Purpose?

A QHIN, Participant, or Subparticipant may only Query for information under TEFCA for a specific Exchange Purpose if it is permissible pursuant to Applicable Law, the Framework Agreements, and an applicable SOP.

## Example

Only a Health Care Provider as defined in the HIPAA Rules or the information blocking regulations (or a Business Associate, agent, or contractor acting on that Health Care Provider's behalf) may Query for Treatment

**TEFCA Required Treatment specifies the conditions under which QHINs, Participants, and Subparticipants are required to respond to a treatment query**

| Authorized XP            | XP Code  |
|--------------------------|----------|
| Treatment                | T-TREAT  |
| TEFCA Required Treatment | T-TRTMNT |

The Treatment XP SOP establishes conditions to operationalize trust in required responses, including:

- Query is initiated by a Covered Entity Health Care Provider including licensed individuals; a government health care entity; or a contracted Delegate of either (except for health plans);
- In connection with or intended to inform health care services that an entity is providing or intends to provide to a patient through synchronous or asynchronous interaction with a Licensed Individual Provider (either in-person or virtual)
- This includes querying for records upon receipt of a notification of admission to or discharge from a hospital, for medication reconciliation and medication management, in support of care management; and for identification of care gaps all for an individual patient.



# Vetting XP SOP and TEFCA Required Treatment



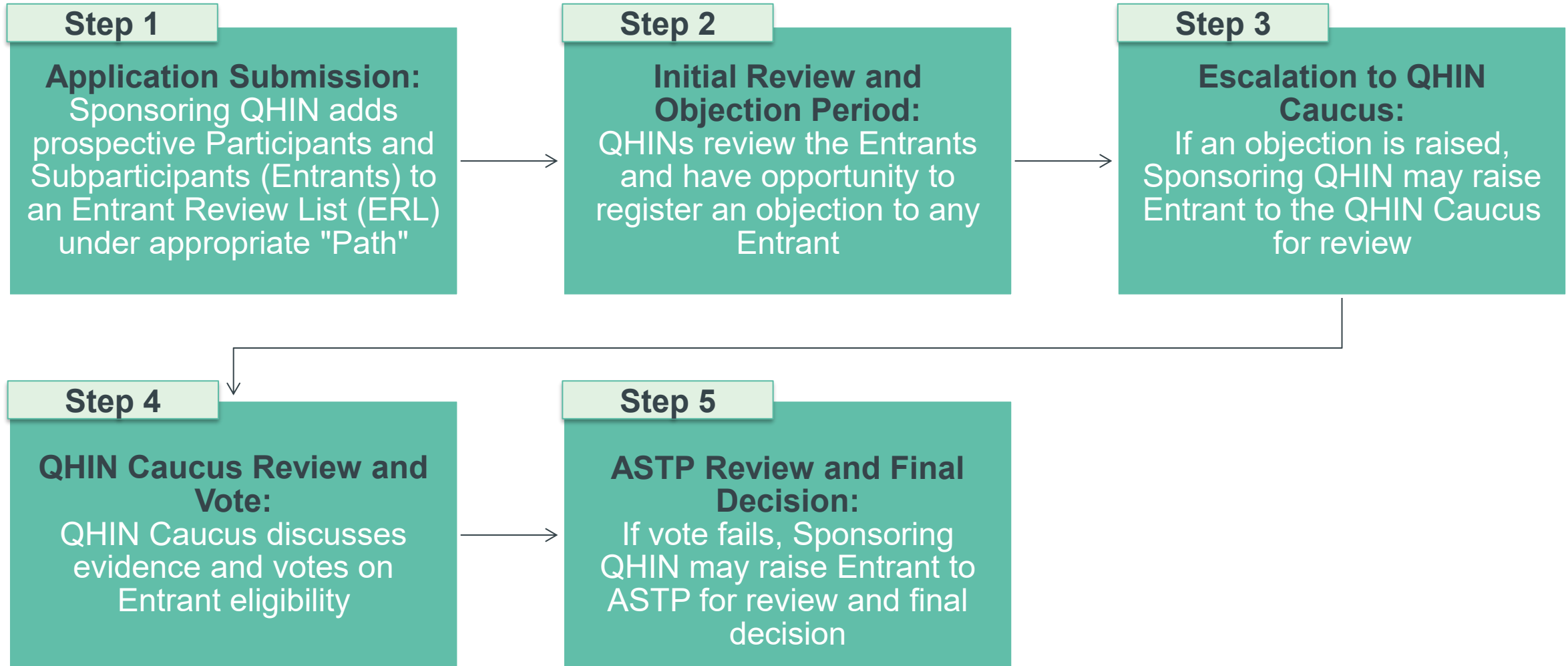
- The XP Vetting Process SOP establishes a clear and transparent framework for evaluating and approving Entrants before their inclusion in the RCE directory service to assert a specific Exchange Purpose (XP)
- The vetting process requires QHINs to work with prospective Participants and Subparticipants to provide appropriate evidence that they fit the definition to request information for a given XP
- The process promotes trust and collaboration among QHINs by providing structured timeline for submitting Entrants for review and discussing any concerns in an open forum

For TEFCA Required Treatment, the evidence needed varies by the vetting path, but could include one or more of the following:

## Types of Evidence:

- Type I data that demonstrate participation in Medicare or Medicaid
- Type II data that demonstrate the entity meets the definition as both
  - a Health Care Provider; and
  - a Covered Entity under HIPAA
- Information on the Health Care Services the entity provides
- Information on how the entity engages in Patient Interactions with Licensed Professionals

# Vetting Process Steps

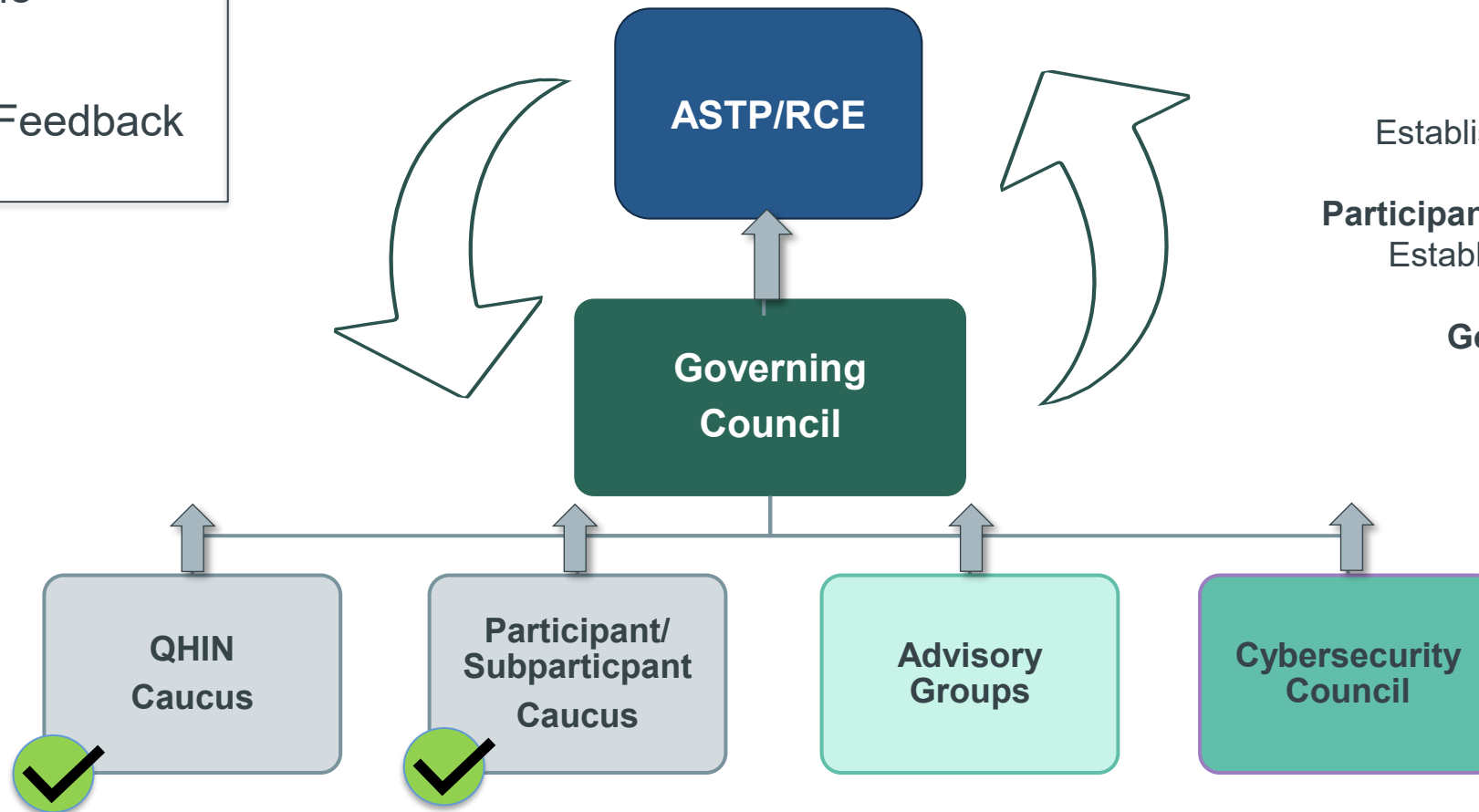
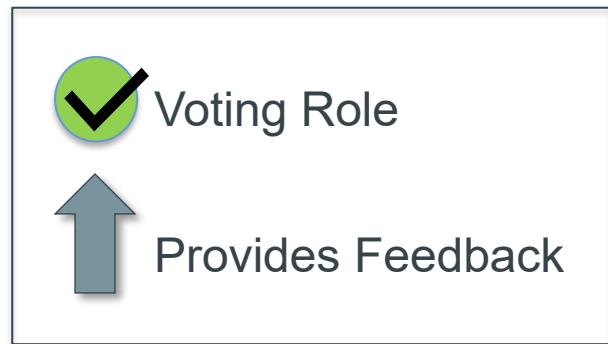




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# TEFCA Governance Bodies Update

# Governance Roles & Voting Responsibilities



## Dates

### **QHIN Caucus**

Established January 10, 2025

### **Participant/Subparticipant Caucus**

Established March 28, 2025

### **Governing Council**

Coming Soon!

# Governance Bodies Key Responsibilities

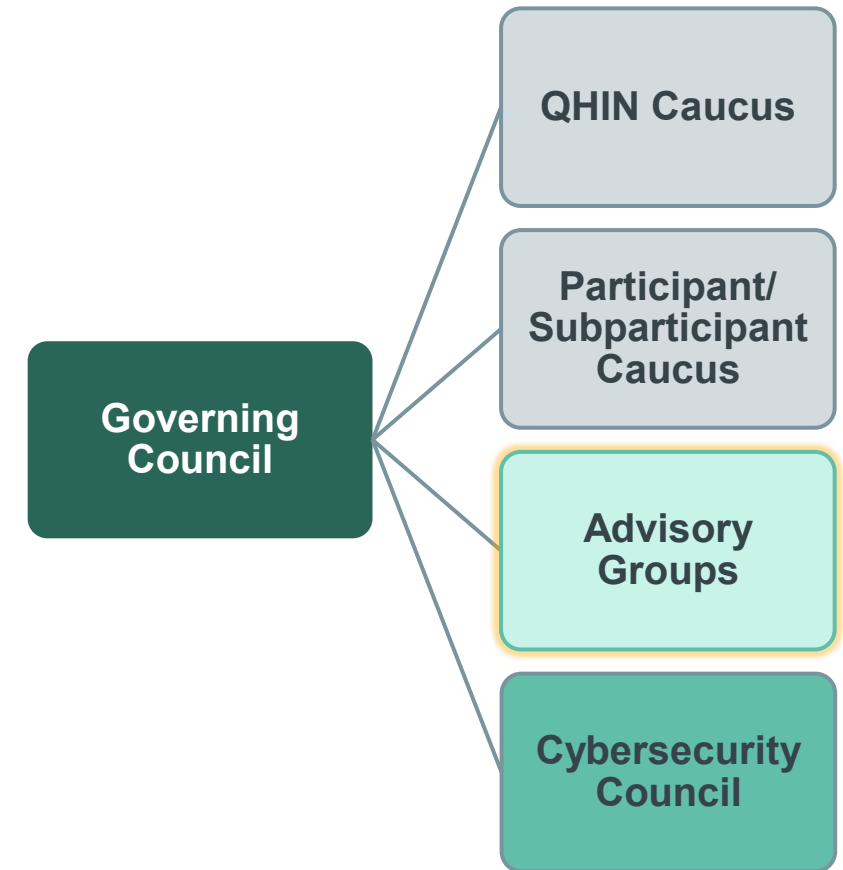
| Governance Body                     | Who Participates   | Key Responsibilities  |
|-------------------------------------|--|---|
| Governing Council                   | <ul style="list-style-type: none"><li>Up to nine (9) individuals will be elected by the QHIN Caucus</li><li>Up to nine (9) individuals will be elected by the Participant/Subparticipant Caucus</li><li>Up to five (5) individuals that are Affiliated With a federal agency</li><li>RCE</li></ul> | <ul style="list-style-type: none"><li>Considers proposed amendments to TEFCA Framework Agreements and other technical and policy documents</li><li>Supports the RCE with monitoring TEFCA Exchange and dispute resolution</li></ul> |
| QHIN Caucus                         | <ul style="list-style-type: none"><li>One voting representative Affiliated With each QHIN</li><li>Candidate QHINs may appoint one representative to the QHIN Caucus as a non-voting member</li></ul>   | <ul style="list-style-type: none"><li>Votes on amendments to the Common Agreement, QTF, and SOPs as defined in the Common Agreement</li><li>Reviews and vote on entrants that have been escalated for Vetting purposes</li></ul>    |
| Participant / Subparticipant Caucus | <ul style="list-style-type: none"><li>25-30 Participants / Subparticipants who are actively involved in or enabling TEFCA Exchange or plan to within 6 months</li></ul>  | <ul style="list-style-type: none"><li>Votes on amendments that have material impact on Participants/Subparticipants as outlined in the Common Agreement</li></ul>   |

Advisory Groups provide input on key topics like updates to the Common Agreement, QTF, SOPs, or new Exchange Purposes. They are a flexible tool used by the RCE and Governing Council to gather stakeholder feedback.

The RCE may establish an Advisory Group if input from stakeholders or experts is needed, after consultation with ASTP and the Governing Council

Membership is determined by the RCE in collaboration with the Governing Council and is guided by:

- **Background:** Including different roles and perspectives
- **Expertise:** Relevant knowledge in the topic area
- **Availability:** Ability to actively participate
- **Objectivity:** Willingness to consider issues fairly



# Change Management Process: SOPs



- **Step 1:** Proposed amendments may originate from multiple sources
- **Step 2:** The RCE collects all proposed amendments and may consult with the Governing Council and Caucuses before submitting to ASTP to determine if further action is warranted
- **Step 3:** If ASTP determines, the RCE presents the proposed amendment to the Governing Council for feedback
  - » *If ASTP vetoes the submission, amendment does not move forward or is further refined*
- **Step 4:** Governing Council evaluates the proposed amendment and, if applicable, seeks further recommendations and feedback from the QHIN Caucus, and/or the Participant/Subparticipant Caucus
- **Step 5:** Governing Council provides RCE with written feedback, including feedback from the caucuses as applicable
- **Step 6:** RCE consults with ASTP about the feedback and ASTP determines whether the amendment should proceed for a vote and the time period for vote. ASTP has 3 months from step 5 to decide whether to send for a vote.
  - » *ASTP can delay proceeding with the amendment for one additional three-month period OR an unlimited number of three-month periods*
  - » *If ASTP vetoes the submission, amendment does not move forward or is further refined*
- **Step 7:** QHIN Caucus and P/S Caucus votes – each need 2/3 of the votes cast to pass
  - » *The P/S caucus does not have to vote if the amendment does not have any bearing on P/S*
- **Step 8:** If an amendment is passed, it becomes effective on the date identified by ASTP

*If the RCE determines that an amendment to an SOP is required in order for the RCE to remain in compliance with Applicable Law, the RCE is not required to provide the QHIN Caucus or the Participant/Subparticipant Caucus with an opportunity to vote on the amendment.*

# TEFCA Governing Body Members





# Election to the Governing Bodies

## QHIN Caucus:

- The QHIN Caucus shall be composed of one voting representative Affiliated With each QHIN and will be appointed by the respective QHIN. Candidate QHINs may appoint one representative to the QHIN Caucus as a non-voting member

## Participant /Subparticipant Caucus

- Initially, the Transitional Council will appoint the members for the Participant/Subparticipant Caucus. Composition of the Participant/Subparticipant Caucus should strive to include stakeholder groups that fully and equitably represent the types of stakeholders actively involved in or enabling TEFCA Exchange. Additional details on stakeholder representation should be included in a Participant/Subparticipant Caucus's charter created by the Caucus participants

## Governing Council

- The Governing Council shall be composed of voting representatives from QHINs, Participant/Subparticipants, federal agencies participating in TEFCA Exchange, and the RCE.
  - » Up to nine (9) individuals will be elected by the QHIN Caucus.
  - » Up to nine (9) individuals will be elected by the Participant/Subparticipant Caucus
  - » Up to five (5) individuals that are Affiliated With a federal agency invited by the Governing Council

## Guiding Criteria

- Representation across different Participants/Subparticipant types (providers, payers, public health, etc.)
- Representation of diverse competencies (e.g., compliance, clinical, technical, executives, etc.)
- Balanced QHIN Participation
- Experience with Governance

# Participant/Subparticipant Caucus Members (1)



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| Organization                              | Name                                   | Title   |
|---|--|---|
| Acadia                                    | Stephanie Eken, MD                     | Chief Medical Officer   |
| Alabama One                               | Gary Parker, JD, MBA                   | Chief Data Officer  |
| Aledade                                   | Arien Malec                            | Interoperability Consultant   |
| Ascension Medical Group                   | Jennifer Manahan                       | Health Information Manager  |
| Association of Public Health Laboratories | Michelle Meigs, MBA                    | Director  |
| Athenahealth                              | Melissa Massardo                       | Product Market Strategy, Senior Manager   |
| Baptist Health System KY & IN             | Brett Oliver, MD                       | Chief Medical Information Officer   M.D.  |
| Cambridge Health Alliance                 | Hannah Galvin, MD, FAAP, FAMIA, CHCIO  | Chief Medical Information Officer   |
| Cedars-Sinai Health System                | Ray Duncan, MD, FAAP, FAMIA            | Executive Director, Technology R&D  |
| Citizen Health                            | Deven McGraw, JD, PH, LLM              | Chief Regulatory & Privacy Officer  |
| <b>Cleveland Clinic</b>                   | <b>Kara Justi, BS, MS (Vice Chair)</b> | <b>Value Stream Director, Population, Community Care &amp; Integrated Health Services</b> |
| CRISP Maryland                            | Sheena Patel, MD, CMPE                 | Executive Director, Public Health Modernization   |
| CRISP Shared Services                     | Nichole Sweeney, JD                    | General Counsel and Chief Privacy Officer   |
| Datavant                                  | Alya Sulaiman, JD, CIPP/US             | Chief Compliance and Privacy Officer & SVP of Regulatory Affairs                          |
| Greenway Health                           | Mike Warner                            | Director of Product Management  |

# Participant/Subparticipant Caucus Members (2)



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| Organization               | Name                               | Title  |
|----------------------------|------------------------------------|--|
| HCA Healthcare             | William Gregg, MD                  | Vice President, Clinical Data and Interoperability                           |
| Humana                     | Richa Singh                        | Lead PM, HC Quality Reporting & Improvement                                  |
| Intermountain Health       | Angela Mares                       | Director of Health Information Management Systems                            |
| Kaiser Permanente          | Lindsey Lopez, JD                  | Product Manager - Health Information Exchange                                |
| NYC Health + Hospitals     | Gabriel M. Cohen, MD               | CMIO, Population Health  |
| Ozarks Healthcare          | Priscilla A. Frase, MD             | Senior Director, Interoperability Strategy                                   |
| PointClickCare             | Robin Roberts                      | CMIO / IM-Peds   |
| SacValley MedShare         | John Helvey                        | Healthcare Technology Affairs Director                                       |
| SSI Group LLC, Patient.com | Katrina Parrish, MD                | President and Chief Medical Officer  |
| Stanford Health Care       | Matthew Eisenberg MD, FAAP         | Associate Chief Medical Information Officer                                  |
| The Garage                 | Pranam Ben                         | Founder and CEO  |
| Trinity Health             | Laura Williams MD, MPH, FACP       | Internist Epidemiologist Informaticist                                       |
| Veradigm                   | Tina Joros, JD                     | VP Policy and Innovation   |
| <b>Zus Health</b>          | <b>Amy Bagge-Smith, JD (Chair)</b> | <b>General Counsel, Chief Privacy Officer &amp; VP of Regulatory Affairs</b> |

# QHIN Caucus Members



TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

| QHIN                                   | Name                           | Title                                      |
|--|--------------------------------|--|
| <b>CommonWell Health Alliance</b>      | <b>Liz Lewis (Chair)</b>       | <b>Director of Product</b>                 |
| eClinical Works                        | Tushar Malhotra                | Director, Interoperability                 |
| eHealthExchange                        | Cait Riccobono, JD             | Legal Counsel                              |
| <b>Epic Nexus</b>                      | <b>Matt Doyle (Vice Chair)</b> | <b>R&amp;D Team lead</b>                   |
| Health Gorilla                         | Derek Plansky                  | SVP Strategic Governance                   |
| Kno2                                   | Matt Becker                    | VP of Interoperability                     |
| Konza                                  | Laura McCrary, Ed.D            | CEO and President                          |
| MedAllies                              | Dianne Koval                   | Chief Operating Officer                    |
| Surescripts Health Information Network | Justin McMartin                | Manager, Interoperability Affairs          |
| *Netsmart                              | Ben Rosen                      | Senior Client Success Manager              |
| *Oracle Health Information Network     | Hans Buitendijk                | Senior Director, Interoperability Strategy |

*\*Candidate QHIN*



***Coming Soon!***




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ENTITY

# Educational Resources






## Resources

- TEFCA Documents 
- QHIN Application, Onboarding, and Designation Process
- Benefits of Participation
- CSP Approval Organizations
- Frequently Asked Questions
- QHIN Cybersecurity Certification



### Core Requirements

-  [Common Agreement for Nationwide Health Information Interoperability Version 2.1 \(QHINs\)](#)
-  [Types of Entities that can be a Participant or Subparticipant in TEFCA SOP](#)
-  [Terms of Participation \(Participant/Subparticipant\)](#)







### Technical Requirements

-  [QHIN Technical Framework \(QTF\) Version 2.0](#)
-  [Technical Trust Requirements](#)
-  [Delegation of Authority SOP](#)
-  [Facilitated FHIR Implementation SOP](#)
-  [RCE Directory Service Requirements Policy SOP](#)
-  [RCE Directory Service Implementation Guide 1.2.0](#)
-  [QHIN Cybersecurity Certification](#)



### Exchange Purposes (XP) Implementation SOPs

-  [Exchange Purposes \(XP\) Version 4.0](#)
-  [IAS XP Credential Service Provider \(CSP\) Approval Organizations List](#)
-  [XP Implementation: Individual Access Services \(IAS\)](#)
-  [XP Implementation: Treatment](#)
-  [XP Implementation: Public Health](#)
-  [XP Implementation: Health Care Operations](#)
-  [XP Vetting Process](#)







### Privacy and Security SOPs

-  [IAS Provider Requirements](#)
-  [QHIN Cybersecurity Certification](#)
-  [QHIN Cybersecurity Coverage](#)
-  [QHIN Security Requirements for the Protection of TEFCA Information Version 2.0](#)
-  [TEFCA Security Incident Reporting](#)
-  [QHIN, Participant, and Subparticipant Additional Security Requirements SOP](#)
















### Governance SOPs

-  [Conflicts of Interest](#)
-  [Dispute Resolution](#)
-  [Expectations for Cooperation](#)
-  [TEFCA Governance](#)



## Fact Sheets

-  FHIR Roadmap for TEFCA Exchange Version 2.0
-  TEFCA Cross Reference Resource
-  TEFCA Glossary
-  TEFCA Guide
-  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/>

### **Additional TEFCA Resources from ASTP:**

<https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca>



# RCE Resource Library

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

GETTING STARTED



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 Webinars:**

July 15, 2025 | 12:00-1:00pm ET



# Questions & Answers

For more information:  
[rce.sequoiaproject.org](http://rce.sequoiaproject.org)