DRAFT: Standard Operating Procedure (SOP): Exchange Purpose (XP) Implementation: Treatment

Version 1.2

December 17, 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   DEFINITIONS

The terms defined in this section are listed in the TEFCA Glossary and are repeated here for reference.

Covered Entity: has the meaning assigned to such term at 45 CFR § 160.103

Health Care Provider: meets the definition of such term in either 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.

State: any of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

TEFCA Required Treatment: means a Query for Treatment that all meets the requirements set forth in Section 5.3 of this SOP.

Treatment: has the meaning assigned to such term at 45 CFR § 164.501.[1]

XP Code: the code used to identify the XP in any given transaction, as set forth in the applicable SOP(s).

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[1] As of the effective date of this SOP, 45 CFR § 164.501 defines Treatment as the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

3   PURPOSE

In addition to the Common Agreement, QTF, and applicable SOPs, this SOP identifies implementation specifications QHINs, Participants, and Subparticipants must follow when asserting the Treatment Exchange Purpose, including the TEFCA Required Treatment XP Code (T-TRTMNT). Nothing in this SOP modifies the terms and conditions related to Treatment, as enumerated in the Exchange Purposes (XPs) SOP.

To help health care providers maintain and improve the care they provide to patients[2], HIPAA defines "Treatment" broadly to include the provision, coordination, or management of health care and related services by one or more health care providers. It likewise defines "Health Care Providers" broadly to include any person or organization who furnishes, bills, or is paid for health care in the normal course of business. TEFCA is committed to supporting all of these health care providers who are providing Treatment.

To help build trust within TEFCA, it is critical that these broad definitions be clarified when QHINs, Participants, and Subparticipants are required to Respond to a Treatment Query because making a Response required gives a requestor broad, automated access to the patient records under the stewardship of each QHIN, Participant, and Subparticipant. Pursuant to this SOP, TEFCA has adopted the TEFCA Required Treatment XP Code to provide clarity about which Health Care Providers can use the TEFCA Required Treatment XP Code for Queries and for what types of treatment related purposes and activities. The parameters of the TEFCA Required Treatment XP Code are initially intentionally narrow but will be continuously expanded over time through a transparent and rapid use case review process to appropriately expand the types of health care providers and health care services accommodated under the TEFCA Required Treatment XP Code.

4   Treatment (T-TREAT)

Permitted users for purposes of this SOP include QHINs, Participants, and Subparticipants that are Health Care Providers and their Delegates.

The requirements in this Section 4 apply to the Treatment Exchange Purpose. Requirements for TEFCA Required Treatment using the T-TRTMNT XP Code are set forth in Section 5.

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[2] This is consistent with the Office for Civil Rights preamble discussion at 65 FR 82626 in the HIPAA Privacy Rule which specifically defines Treatment broadly in support of activities that *improve or maintain* the health of a patient. This clarification is relevant in the context of preventive and care management activities carried out in value-based care and other circumstances.

4.1   Exchange Purpose Code (XP Code)

a.   All TEFCA Exchange under Treatment MUST use the XP Code T-TREAT.

4.2   QHIN Technical Framework (QTF)

a.   All TEFCA Exchange under Treatment MUST follow technical requirements as specified in the QTF.

4.3   Definition

a.   TEFCA Exchange under the XP Code T-TREAT has the meaning assigned to such term at 45 CFR § 164.501.

4.4.   TEFCA Transactions

4.4.1.   QHIN Message Delivery

This SOP supports TEFCA Exchange in the form of a Message Delivery from any Initiating Node to any Responding Node that is listed in the RCE Directory Service as capable of receiving Message Deliveries, in accordance with Applicable Law. Further requirements for initiating a Message Delivery are in the QTF.

4.4.2.   QHIN Query

This SOP supports TEFCA Exchange in the form of a QHIN Query. Only Initiating Nodes of Health Care Providers or their Delegates may initiate Queries using the XP Code T-TREAT, in accordance with Applicable Law.

4.4.2.1.   QHIN Query Request

a)   Only Initiating Nodes of Health Care Providers or their Delegates may initiate Queries using the XP Code T-TREAT, in accordance with Applicable Law.

b)   Queriers MUST specify the date range for the requested data.

c)   Querier Identifying Information

  i.   The Query MUST include:

  1. the Health Care Provider's individual or organizational National Provider Identifier (NPI) and/or Tax Identification Number (TIN), as applicable; and

  a.   The NPI Attribute MUST be encoded in the SAML attributes with a FriendlyName of NPI and MUST be NameFormat urn:oasis:names:tc:xspa:2.0:subject:npi.

  b.   The TIN attribute MUST be encoded in the SAML attributes with a FriendlyName of TIN and MUST be NameFormat urn:nhin:names:saml:tin.

2. the Individual's Member ID and/or Subscriber ID,[3] if known, as additional patient identifiers in the Request.

4.4.2.2. QHIN Query Response

a) All Responding Nodes SHOULD Respond to QHIN Query Requests for the T-TREAT XP Code that contain the information specified in this SOP, in accordance with the Framework Agreements and Applicable Law.

4.4.3. FHIR

This SOP supports TEFCA Exchange in the form of FHIR between Nodes with FHIR Endpoints published in the RCE Directory Service. FHIR refers to the Health Level Seven (HL7®) Fast Healthcare Interoperability Resources® (FHIR) standard.

4.4.3.1. FHIR Push

a) Any Initiating Node may initiate a FHIR Push to any other Responding Node, in accordance with Applicable Law.

4.4.3.2. FHIR Query

a) Only Initiating Nodes of Health Care Providers and their Delegates may initiate FHIR Queries for T-TREAT, in accordance with Applicable Law.

b) The Query MUST include, as part of the Authorization and Authentication flows in the FHIR Security IG[4] OAuth hl7-b2b extension:

   i. the Health Care Provider's individual or organizational NPI and/or TIN, as applicable, appended to the Human readable name within organization_name;

   ii. the ResourceID of the Organization entry in the RCE Directory Service of the Health Care Provider as organization_id; and

   iii. the Individual's Member ID and/or Subscriber ID, if known, as additional patient identifiers in the Query Patient Resource. The member ID/subscriber ID Patient.identifier code MUST be of system http://hl7.org/fhir/us/davinci-hrex/CodeSystem/hrex-temp and code umb.

4.4.3.3. FHIR Query Response

a) All Responding Nodes SHOULD Respond to FHIR Queries for the T-TREAT XP Code that contain the information specified in Section 4.4.3.2 of this SOP, in accordance with the Framework Agreements and Applicable Law.

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[3] See the Health Insurance Information data class in USCDI v3 available at https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v3.
[4] Implementation Guide available at https://hl7.org/fhir/us/udap-security/.

b) If a Responding Node with a FHIR Endpoint in the RCE Directory Service Responds to a FHIR Query for T-TREAT, it MUST use that FHIR Endpoint to Respond.

5   TEFCA Required Treatment (T-TRTMNT)

5.1 Exchange Purpose Code (XP Code)

a. QHINs, Participants, or Subparticipants identified in Section 5.3 of this SOP that meet the definition set forth in Section 5.3 may use the TEFCA Required Treatment XP Code T-TRTMNT.

5.2 QHIN Technical Framework (QTF)

a. See requirement in Section 4.2 of this SOP.

5.3 Definition

TEFCA Required Treatment means:

a. The following QHINs, Participants, or Subparticipants may initiate transactions using the TEFCA Required Treatment XP Code:

    i. Covered Entities that electronically transmit any health information in connection with transactions for which the Department of Health and Human Services (HHS) has adopted standards in the normal course of business **and** are one of the following types of Health Care Providers:

        1. to the extent these terms are defined in 42 USC 1395(x): a Hospital; skilled nursing facility; nursing facility; home health entity; health care clinic; community mental health center; renal dialysis facility; blood center; ambulatory surgical center; emergency medical services provider; Federally Qualified Health Center; group practice; a pharmacist; a pharmacy; a laboratory; a provider operated by, or under contract with, the Indian Health Service or by an Indian tribe, tribal organization, or urban Indian organization (as defined in section 1603 of title 25); or, a rural health clinic; or

        2. a natural person doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatric medicine, doctor of optometry, chiropractor, or other natural person who is licensed, certified, registered, or otherwise authorized by a State to provide health care, including but not limited to, a physician assistant, nurse, nurse practitioner, social worker, psychologist, registered dietician or nutrition professional, physical

therapist, occupational therapist, or speech-language pathologist (collectively, "Licensed Individual Provider").

    ii.   The Veterans Health Administration, the Department of Defense, the Indian Health Service, the National Oceanic and Atmospheric Administration, the Coast Guard, and other Government Health Care Entity(ies).

    iii.   Delegates of the QHINs, Participants, and Subparticipants in Section 5.3(a)(i) and 5.3(a)(ii). Notwithstanding the foregoing, a Health Plan cannot be a Delegate of any QHINs, Participants, and Subparticipants in Section 5.3(a)(i) and 5.3(a)(ii) for purposes of initiating a Query using the TEFCA Required Treatment XP Code.

b. The TEFCA Required Treatment XP Code can only be asserted by a QHIN, Participant, or Subparticipant set forth in Section 5.3(a) if the Query is in connection with or intended to inform health care services that an entity in Section 5.3(a) is providing or intends to provide to a patient through synchronous or asynchronous interaction (either in-person or virtual) with a Licensed Individual Provider.

    i.   This includes, but is not limited to, 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. Queries initiated using the TEFCA Required Treatment XP Code are intended to support health care services for individual patients. If a Query is made for a similar purpose at a population level, it is for Health Care Operations.

5.4   TEFCA Transactions

5.4.1   QHIN Message Delivery

a) See requirements under Section 4.4.1.

5.4.2   QHIN Query

5.4.2.1   QHIN Query Request

a) See requirements in Section 5.3.

b) See requirements in Section 4.4.2.1(b) and Section 4.4.2.1(c)

5.4.2.2   QHIN Query Response

a) All Responding Nodes that are operated by or associated with a Health Care Provider or its Delegate MUST respond.

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b) All Responding Nodes that are operated by or associated with an IAS Provider MUST Respond when the IAS Provider supports Response and the Individual has chosen for the IAS Provider to Respond.

c) When a Responding Node is required to Respond to a Query for the T-TRTMNT XP Code, the Required Information for such Response is, at least, the USCDI v1 data classes and data elements that the Responding Node maintains. Additional details on implementation specifications for Required Information are provided in the QTF, FHIR Implementation SOP, and applicable XP Implementation SOP(s).

d) All Responding Nodes that are not required to Respond to QHIN Queries for the T-TRTMNT XP Code SHOULD Respond to QHIN Query Requests for the T-TRTMNT XP Code.

e) The RCE, in consultation with the Governing Council, will monitor reported metrics on T-HCO and T-PYMNT, as well as participation by Health Plans in TEFCA Exchange, to establish a timeline for Responding Nodes operated by or associated with Health Plans or Delegates of Health Plan to be required to Respond to T-TRTMNT.

f) Notwithstanding anything herein to the contrary, a Responding Node is not required to Respond if any of the exceptions set forth in Section 4.5 of the Exchange Purposes SOP applies.

5.4.3 FHIR

5.4.3.1 FHIR Push

a) See requirements in Section 4.4.3.1.

5.4.3.2 FHIR Query

a) See requirements in Section 5.3 and Section 4.4.3.2(b).

5.4.3.3 FHIR Response

a) All Responding Nodes that are operated by or associated with a Health Care Provider or its Delegate MUST Respond.

b) All Responding Nodes that are operated by or associated with an IAS Provider MUST Respond when the IAS Provider supports Response and the Individual has chosen for the IAS Provider to Respond.

c) When a Responding Node is required to Respond to a Query for the T-TRTMNT XP Code, the Required Information for such Response is, at least, the USCDI v1 data classes and data elements that the Responding Node maintains. Additional details on implementation specifications for Required Information are provided in the QTF, the FHIR Implementation SOP, and applicable XP Implementation SOP(s).

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d) All Responding Nodes that are not required to Respond to FHIR Queries for the T-TRTMNT XP Code SHOULD Respond to FHIR Query Requests for the T-TRTMNT XP Code.

e) The RCE, in consultation with the Governing Council, will monitor reported metrics on T-HCO and T-PYMNT, as well as participation by Health Plans in TEFCA Exchange, to establish a timeline for Responding Nodes operated by or associated with Health Plans or Delegates of Health Plan to be required to Respond to T-TRTMNT.

6 Version History

Version	Revision Date	Section #(s) of Update
Version 1.0	Released July 1, 2024	All Sections
Version 1.1	April 11, 2025	All Sections – Language aligned with Exchange Purposes (XPs) SOP Version 4.0
Draft Version 1.2	December 17, 2025	Section 5.4— Language aligned with Exchange Purposes (XPs) SOP Draft Version 5.0