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December 16, 2025

# RCE™ Monthly Information Call

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# Today's Agenda



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Agenda Review  
ASTP Welcome  
Recognized Coordinated Entity (RCE) Updates  
TEFCA Exchange Basics  
TEFCA Topics in Change Management  
Government Benefits Determination  
Educational Resources  
Q&A



**TEFCA** Trusted Exchange Framework  
and Common Agreement™



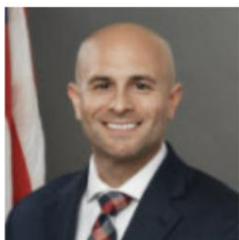
**ASTP**

Assistant Secretary  
for Technology Policy

**Steve Posnack, MS, MHS**

Principal Deputy Assistant Secretary for Technology Policy

Principal Deputy National Coordinator for Health Information Technology

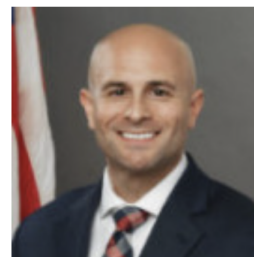


Interoperability, TEFCA

## The Tide and the Speedboats: TEFCA and CMS-Aligned Networks

Steven Posnack | DECEMBER 16, 2025

In July our colleagues at the Centers for Medicare & Medicaid Services (CMS) launched an ambitious [Health Technology Ecosystem pledge program](#). The groundswell of energy and enthusiasm for the program has been remarkable, and we're glad to be their partner. CMS established several pledge categories associated with aspirational criteria included within its CMS Interoperability Framework. This post looks specifically at the similarities and differences between the Trusted Exchange Framework and Common Agreement™ (TEFCA™) and the "CMS-Aligned Network" pledge category.



Interoperability, TEFCA

## Why TEFCA's Hardest Problem Isn't Tech, It's Trust

Steven Posnack | DECEMBER 1, 2025

It wasn't always so, but today we have technology available to exchange health information anywhere there's an internet connection. What's slowing us from doing so at nationwide scale is *trust*. The frictions are human and institutional. They cannot be addressed exclusively with technology.

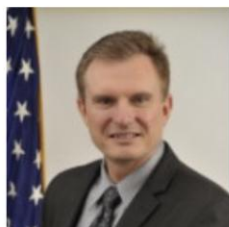
Let's look at the policy triangle that affects each network participant's sharing posture. On the first side, there's the HIPAA Privacy Rule that *permits* but does *not require* responses to network queries for treatment purposes.

View the Latest on Health IT from ASTP: <https://www.healthit.gov/buzz-blog/>

Health IT, TEFCA

## TEFCA Government Benefits Determination Implementation is Here!

Jawanna Henry; Chris Muir and Sean Fry | DECEMBER 9, 2025



 Post  Share  Share  Email

We all know what it's like to get forms completed with all the right information (and to get it done quickly!), and patients seeking determinations on their eligibility for Social Security Disability Insurance know this all too well. Patients and providers often spend significant time and resources retrieving, reviewing, copying, and transmitting relevant medical records. The Department of Health and Human Services and the Social Security Administration (SSA) are taking on the challenge to improve this process through the Trusted Exchange Framework and Common Agreement™ (TEFCA™).

**Read Full Post:** <https://www.healthit.gov/buzz-blog/tefca/tefca-government-benefits-determination-implementation-is-here>



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# Recognized Coordinated Entity (RCE) Updates



# TEFCA Highlighted at November Industry Meeting



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**205  
MILLION**

Documents  
Shared

THE NUMBERS ARE IN

## TEFCA Exchange is Ramping Up!

There are 11,419 organizations live on TEFCA (QHINs, Participants, and Subparticipants) representing over 60,000 unique connections to clinicians, hospitals, clinics, post-acute care/long-term care facilities, public health authorities, and more. [See our TEFCA Map.](#)

More than **205 million documents shared** since go-live in December 2023.



# Meet the QHINS



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*eClinicalWorks*

eHealth Exchange™



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

[Learn More: https://rce.sequoiaproject.org/designated-qhins/](https://rce.sequoiaproject.org/designated-qhins/)



# ORACLE Health Information Network, Inc.™



**Congratulations**  
**Oracle Health Information Network, Inc.,**  
**on QHIN Designation!**





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# TEFCA Exchange Basics



**Framework  
Agreements**



**Standard  
Operating  
Procedures**



**Technical  
Requirements**



**RCE  
Directory**



**Oversight &  
Compliance**



**Governance**

**Need the basics? Check out the TEFCA Guide:**

[https://rce.sequoiaproject.org/wp-content/uploads/2024/10/TEFCA-Guide-September-2024\\_508.pdf](https://rce.sequoiaproject.org/wp-content/uploads/2024/10/TEFCA-Guide-September-2024_508.pdf)



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

**RCE** provides oversight and governing approach for the Qualified Health Information Networks (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





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# TEFCA Topics in Change Management



## TEFCA™ Topics in Change Management

The RCE, together with ASTP and the TEFCA governance bodies, will use this webpage to provide transparency into amendments to the Framework Agreements, technical requirements, and SOPs in the change management process.

[View Recent Updates](#)



**Stay Informed with Updates!**

<https://rce.sequoiaproject.org/tefca-topics-in-change-management/>

# Recent Updates



TOPIC AREA	TIMELINE	DRAFT(S) UNDER CONSIDERATION	APPROVED VERSION	NEXT STEPS
Government Benefits Determination	Fall 2025	Draft Government Benefits Determination SOP Draft Exchange Purposes SOP v4.1	Government Benefits Determination SOP Exchange Purposes SOP v4.1	Caucuses approved. Effective December 4, 2025.
Facilitated FHIR	Fall 2025	Facilitated FHIR Implementation SOP v2.0	Forthcoming	Caucuses preparing to vote.
QHIN Technical Framework (QTF) V2.1	Fall 2025	Draft QTF V2.1 Draft QTF V2.1 - Redlined	QTF V2.1	Caucuses approved. Effective December 4, 2025.

**Subscribe for Updates!**

<https://rce.sequoiaproject.org/tefca-topics-in-change-management/>



## Health Care Operations (HCO) XP Implementation SOP Version 2.0

- Applicability: QHINs, Participants, Subparticipants
- Most Current Version: Version 1.1, published April 2025



## Treatment XP Implementation SOP Version 1.2

- Applicability: QHINs, Participants, Subparticipants
- Most Current Version: Version 1.1, published November 2024



## Individual Access Services (IAS) Provider Requirements SOP Version 2.1

- Applicability: QHINs, Participants, or Subparticipants that offer Individual Access Services (IAS Providers)
- Most Current Version: Version 2.0, published June 2024



## Exchange Purposes (XPs) SOP Version 5.0

- Applicability: QHINs, Participants, and Subparticipants
- Most Current Version: Version 4.1, Published December 4, 2025



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# Government Benefits Determination SOP Version 1.0





**Sean Fry**

Executive Advisor, Health Information Technology and Electronic Records,  
Office of Disability Policy

**Martin Prah**

Office of Health Information Technology and Electronic Policy  
Office of Disability Policy  
Social Security Administration



- The **Government Benefits Determination SOP Version 1.0** supports the use case for sharing clinical information with the Social Security Administration (SSA) for disability benefits determination and identifies implementation specifications that QHINs, Participants, and Subparticipants must follow when asserting the Government Benefits Determination (GBD) Exchange Purpose (XP), including the Social Security Determination (SSD) sub-Exchange Purpose (sub-XP).
- The **Exchange Purposes SOP Version 4.1** includes updates that support the GBD XP SOP by defining the XP Code for Government Benefits Determination (T-GOVDTRM) and its sub-exchange purpose codes for Social Security Determination (T-GOVDTRM-SSD) and the Access Consent Policy (T-GOVDTRM-ACP), specifying which requests require a response, who is obligated to respond, and any exceptions to those response requirements.
- The **QTF Version 2.1** includes enhancements to directed query, among other updates, to directly support implementation of the GBD XP SOP.



- **Government Benefits Determination XP (T-GOVDTRM):** Allows government entities at the federal, state, local, or tribal level to determine an Individual's eligibility for non-healthcare government benefits (e.g., Social Security disability benefits), in accordance with Applicable Law.
- **The Social Security Determination XP (T-GOVDTRM-SSD):** Enables the Social Security Administration (SSA) to query and retrieve medical records to support two programs that provide benefits based on disability: the Social Security Disability Insurance program (title II of the Social Security Act (Act)) and the Supplemental Security Income (SSI) program (title XVI of the Act).

Only the SSA is permitted to Query under the specific SSD sub-XP Code but QHINs, Participants, and Subparticipants that are eligible to initiate requests in support of Government Benefits Determinations may assert the general GBD XP for other allowable GBD purposes, provided the requirements in this SOP are met.

Authorized XP	XP Code	Summary of Responding Node Response Obligations and Ability to Charge Fees pursuant to Section 18.3 of the Common Agreement for an XP Code
<b>Treatment</b>	T-TREAT	<ul style="list-style-type: none"> <li>All Responding Nodes SHOULD Respond.</li> <li>No QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>TEFCA Required Treatment</b>	T-TRTMNT	<ul style="list-style-type: none"> <li>All Responding Nodes MUST Respond.</li> <li>No QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Payment</b>	T-PYMNT	<ul style="list-style-type: none"> <li>All Responding Nodes MAY Respond.</li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Health Care Operations</b>	T-HCO	<ul style="list-style-type: none"> <li>All Responding Nodes SHOULD Respond.</li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Care Coordination/Case Management</b>	T-HCO-CC	<ul style="list-style-type: none"> <li>All Responding Nodes SHOULD Respond.</li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>HEDIS Reporting</b>	T-HCO-HED	<ul style="list-style-type: none"> <li>All Responding Nodes SHOULD Respond.<sup>2</sup></li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Quality Measure Reporting</b>	T-HCO-QM	<ul style="list-style-type: none"> <li>All Responding Nodes SHOULD Respond.<sup>2</sup></li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Public Health</b>	T-PH	<ul style="list-style-type: none"> <li>All Responding Nodes SHOULD Respond.</li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Electronic Case Reporting</b>	T-PH-ECR	<ul style="list-style-type: none"> <li>There are no Queries using this XP Code. It is message delivery/push-only.</li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Electronic Lab Reporting</b>	T-PH-ELR	<ul style="list-style-type: none"> <li>There are no Queries using this XP Code. It is message delivery/push-only.</li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Individual Access Services</b>	T-IAS	<ul style="list-style-type: none"> <li>All Responding Nodes MUST Respond.</li> <li>No QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Government Benefits Determination</b>	T-GOVDTRM	<ul style="list-style-type: none"> <li>All Responding Nodes SHOULD Respond.</li> <li>A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>
<b>Social Security Determination</b>	T-GOVDTRM-SSD	<ul style="list-style-type: none"> <li>Any Responding Node that has elected to use T-GOVDTRM-SSD and completed pre-coordination with SSA MUST Respond.</li> <li>SSA may compensate Responding Nodes in accordance with Applicable Law.</li> </ul>
<b>Access Consent Policy</b>	T-GOVDTRM-ACP	<ul style="list-style-type: none"> <li>Queries using this XP are only performed in conjunction with T-GOVDTRM-SSD.</li> </ul>

<sup>[1]</sup> More details on Query and Response obligations are in the respective authorized XP Implementation SOPs, if an XP Implementation SOP has been created. The Response Obligations described in Table 1 apply to Queries that contain the information specified in the XP Implementation SOP, and all Responses must be in accordance with the Framework Agreements and Applicable Law.

<sup>[2]</sup> Eighteen (18) months following the initial publication date (August 6, 2024) 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.

<sup>[3]</sup> As per 75 FR 1446 Rate of Payment for Medical Records Received Through Health Information Technology (IT) Necessary To Make Disability Determinations, the Fees paid by the SSA for this use case are statutorily pre-determined. Sources responding to requests from the SSA shall be paid the fees outlined in 75 CFR 1446. This notice may be updated from time to time by the Social Security Administration. This SOP does not modify the payments as outlined in 75 FR 1446 and does not interfere with fees or revenue sharing of fees between a responding Participant, Subparticipant or their QHIN. <https://www.federalregister.gov/documents/2010/01/11/2010-225/rate-of-payment-for-medical-records-received-through-health-information-technology-it-necessary-to>

# Timeline of Recently Published Documents

**July 7 – July 28, 2025**  
QTF Version 2.1 released for public feedback

**Aug 18 – Sep 17, 2025**

Government Benefits Determination SOP Version 2.0, Exchange Purposes SOP Version 4.1 released for public feedback

**Sep – Oct 2025**

Updated redlined SOPs shared on the TEFCA Topics in Change Management web page

**Oct – Nov 2025**

QHIN and Participant/Subparticipant Caucus vote to approve final versions

**Dec 4, 2025**

Effective date for Government Benefits Determination SOP Version 2.0 & Exchange Purposes SOP Version 4.1, QTF Version 2.1





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# Educational Resources

# 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/>

**Next RCE Monthly  
Information Call**

January 20, 2026|12:00-1:00pm ET



The **TEFCA glossary** is designed to be a helpful, user-friendly companion resource, created to support learning, enhance understanding, and make it easier to navigate key terminology within the Framework Agreements.

While we strive to keep this information clear, accessible, and accurate, it is offered **for educational and informational purposes only.**





## TEFCA™ Topics in Change Management

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# Questions & Answers

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