TEFCA RECOGNIZED COORDINATING ENTITY

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

Version 4.1

Effective Date: December 4, 2025

Applicability: QHINs, Participants, Subparticipants

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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.

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 HIPAA Covered Entity.

Non-Required XP Code: each XP Code for which a Responding Node MAY or SHOULD Respond pursuant to this SOP or an applicable XP Implementation 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 set forth in 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.

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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 TEFCA Information (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 Response and Permitted Fees

a) Table 1 summarizes Response requirements or expectations for each XP Code, including those XP Codes that require a Response per Section 9.4 of the Common Agreement. For additional, detailed information about the Response requirements and expectations for each XP Code, see the applicable Implementation SOP.

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b) Per Section 18.3 of the Common Agreement, QHINs, Participants, and Subparticipants that operate a Responding Node may charge fees to an Initiating Node when Responding to Queries through TEFCA Exchange, as permitted in Table 1 below and an applicable XP Implementation SOP.

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TABLE 1. XP CODES* REQUIRED RESPONSE AND PERMITTED FEES

Authorized XP	XP Code	Summary of Responding Node Response Obligations[1] and Ability to Charge Fees pursuant to Section 18.3 of the Common Agreement for an XP Code
Treatment	T-TREAT	• All Responding Nodes SHOULD Respond. • No QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
TEFCA Required Treatment	T-TRTMNT	• All Responding Nodes MUST Respond. • No QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Payment	T-PYMNT	• All Responding Nodes MAY Respond. • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Health Care Operations	T-HCO	• All Responding Nodes SHOULD Respond. • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Care Coordination/Case Management	T-HCO-CC	• All Responding Nodes SHOULD Respond. [2] • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
HEDIS Reporting	T-HCO-HED	• All Responding Nodes SHOULD Respond. [2] • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Quality Measure Reporting	T-HCO-QM	• All Responding Nodes SHOULD Respond. [2] • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.

[1]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.

[2] 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.

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Authorized XP	XP Code	Summary of Responding Node Response Obligations[1] and Ability to Charge Fees pursuant to Section 18.3 of the Common Agreement for an XP Code
Public Health	T-PH	• All Responding Nodes SHOULD Respond. • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Electronic Case Reporting	T-PH-ECR	• There are no Queries using this XP Code. It is message delivery/push-only. • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Electronic Lab Reporting	T-PH-ELR	• There are no Queries using this XP Code. It is message delivery/push-only. • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Individual Access Services	T-IAS	• All Responding Nodes MUST Respond. • No QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Government Benefits Determination	T-GOVDTRM	• All Responding Nodes SHOULD Respond. • A QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.
Social Security Determination	T-GOVDTRM-SSD	• Any Responding Node that has elected to use T-GOVDTRM-SSD and completed pre-coordination with SSA MUST Respond. • SSA may compensate Responding Nodes in accordance with Applicable Law. [3]
Access Consent Policy	T-GOVDTRM-ACP	• Queries using this XP are only performed in conjunction with T-GOVDTRM-SSD.

* XP CODES OID: 2.16.840.1.113883.3.7204.1.5.2.1

[3] 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

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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 to 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.

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 and Table 1 of this SOP.

4.5 Required Responses

a) Responding Nodes MUST Respond to Queries in accordance with the response policy summarized in Table 1, 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, but not required, to Respond to all authorized XP Codes in Section 4.1 in accordance with the response policy summarized in Table 1.

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;

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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 TEFCA Exchange solely for purposes of requesting information for Government Benefits Determination;

iv. If the reason asserted for the Query 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 Query, either under this SOP, applicable XP Implementation SOPs, or the Common Agreement; or

viii. An applicable SOP exempts the Required Response.

4.7 Applicability of Section 6.2.2 of the Common Agreement and Section 2.2.2 of the Participant/Subparticipant Terms of Participation (ToP)

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 TEFCA 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, TEFCA Exchange conducted for any Non-Required XP Code remains subject to all other applicable provisions of the Framework Agreements, SOPs, and QTF.

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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
Draft Version 4.1	August 10, 2025	Section 4.2, Table 1
Version 4.1	December 4, 2025	Definitions, Section 4.2, Section 4.5

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