



February 17, 2026

RCE™ Monthly Information Call

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Today's Agenda



TEFCA
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Agenda Review

Recognized Coordinated Entity (RCE) Updates

TEFCA Exchange Basics

ASTP - IAS & Treatment

Annual Meeting Recap

Q&A



TEFCA

Trusted Exchange Framework
and Common Agreement™



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Recognized Coordinated Entity (RCE) Updates



**474
MILLION**

Documents
Shared

THE NUMBERS ARE IN

TEFCA Exchange is Ramping Up!

There are 12,130 organizations live on TEFCA (QHINs, Participants, and Subparticipants) representing over 72,000 unique connections to clinicians, hospitals, clinics, post-acute care/long-term care facilities, public health authorities, and more. [See our TEFCA Map.](#)

More than **474 million documents shared** since go-live in December 2023.

TEFCA By The Numbers



More than **474 million documents shared** since go-live in December 2023

**TEFCA
Documents
Exchanged
in 2024**

(Jan – Dec):

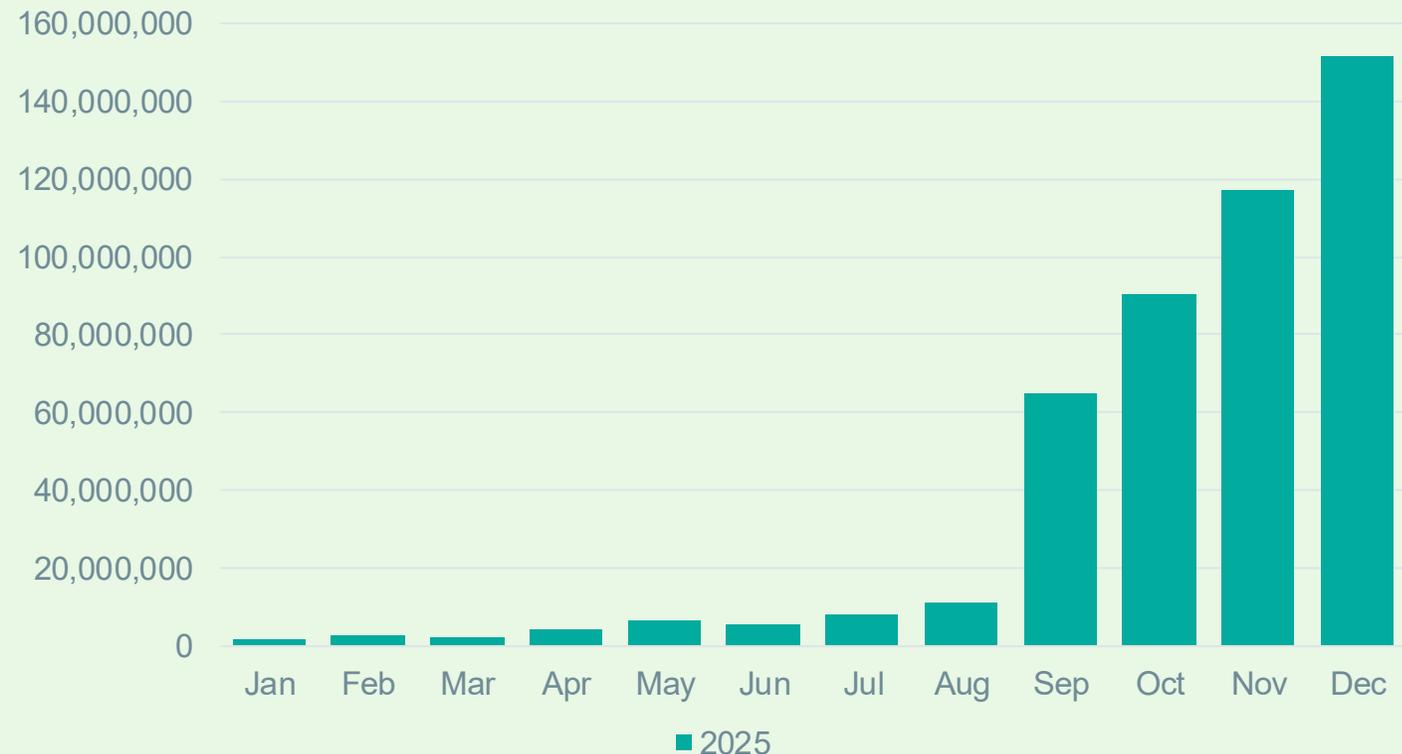
10,378,545

**TEFCA
Documents
Exchanged
in 2025**

(Jan – Dec):

464,291,021

TOTAL DOCUMENTS SHARED VIA TEFCA
EXCHANGE in 2025



Meet the QHINS



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eClinicalWorks

eHealth Exchange™

Epic
Nexus



KONZA
NATIONAL NETWORK



ORACLE Health
Information Network, Inc.™

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

Applications Now Open for The TEFCA Participant/Subparticipant Caucus



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- The Participant/Subparticipant Caucus shall be composed of voting representatives from key stakeholder groups who are actively involved in or enabling TEFCA Exchange.
- The Participant/Subparticipant Caucus is responsible for voting on amendments to SOPs with a material impact on Participants and Subparticipants.
- To serve on the Participant/Subparticipant Caucus, an individual must be Affiliated With a Participant or Subparticipant that is actively involved in or enabling TEFCA Exchange by the end of 2026.

**Applications now open for
April 2026 – March 2028 Terms**





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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



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



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

Individual Access Services (IAS) & Treatment



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Individual Access Services (IAS)



- The TEFCA Individual Access Services (IAS) Exchange Purpose (XP) is intended to enable Individuals to use network scale to locate and obtain copies of their health information.
- Although the IAS XP is designated as a “required response,” responsiveness, particularly for demographics-based queries, has been suboptimal. Challenges stem from technical variation and policy ambiguities.
- ASTP/ONC and the RCE are working with the QHIN Caucus and the Participant/Subparticipant Caucus to develop an approach to address these issues and improve the reliability of responses to IAS queries.
- This work is informed by discussions from the IAS Workstream, including Caucus members and external expert volunteers.

IAS Summary of Changes Under Consideration



Topic	Summary Description of Change(s)
Credential Service Providers (CSP) Verified Demographics	Require CSPs that seek to support TEFCA IAS to increase the amount of demographics data that they must have the capability to IAL2 verify.
Valid IAS Query Requirements	Increase the required IAL2 data elements that must be included within an IAS query for it to be considered valid. An IAL2 verified phone number, or email address would need to be included in a valid IAS query.
Self-Asserted Demographics	Allow Individuals to self-assert demographics and for IAS Providers to include self-asserted demographics (e.g., nickname, maiden name, past address) in queries along with IAL2 verified data so that responders can use them to further sharpen patient matching.
Risk Mitigation	Include risk mitigations to support a Covered Entity’s HIPAA Breach Notification Rule analysis of “low probability of compromise.”
Matching Response Logic	Establish required response logic largely based on IAL2 verified data that would require a response to a demographics-based query when met.
Response Requirements	<p>Clarify that two different response responsibilities exist in parallel:</p> <ol style="list-style-type: none"> 1 - Responders must respond when a demographics-based match is achieved; and 2 - FHIR endpoints are also returned when available.
Technical Conformance Issues	Incorporate implementation guidance and feedback received from QHINs, IAS Providers, and network participants.



Credential Service Provider (CSP) Responsibilities

- Increase the minimum set of data elements a CSP is required to have the capability to IAL2 verify by adding the following:
 - » Middle Name/Middle Initial, Suffix, Email, Mobile Phone Number, State ID/Driver's License, and SSN (or last four digits).
- Encourage CSPs to be able to validate all other demographics that can be provided
 - » For example, Verified Historical Address.

IAS Provider Responsibilities

- Queries initiated by an IAS Provider must include any self-asserted demographic information not verified by the CSP that the IAS Provider may have collected from the Individual for the purposes of matching demographics.
- When performing an IAS query, the IAS Provider must include all available IAL2 verified demographics in the query, not just the minimum set, and this MUST match the verified data provided by the CSP as part of the IAL2 Claims Token



IAS Provider Breach Mitigation Responsibilities

- Add “Demographics Double Check”
 - An IAS Provider must perform a patient demographics match using its own algorithm with both IAL2 verified and self-asserted data held in the IAS Provider’s system against the demographics returned in the message metadata from the Responding Node.
 - Checkpoint created for IAS Providers to prevent querying for clinical information when a potential false positive match has occurred and assisting Covered Entities in applying the four “low probability of compromise” factors of the HIPAA Breach Notification Rule.
- Add requirement for IAS Provider to be able to purge erroneous data following receipt of a mismatch notification from an Individual.

Demographics Double Check:

If the Demographics Double-Check does not determine a match, the IAS Provider:

- MUST reject the demographics response from the responding node, and
- MUST NOT retain the patient identifier from the Individual’s request, and
- MUST NOT continue to initiate a Query from that Responding Node, and
- MAY provide the Individual with a patient portal credentials-based OAuth login for that Responding Node, if a FHIR endpoint was also provided by the Responding node, and
- MUST notify the QHIN/P/S that operates or is associated with the Responding Node that returned the mismatched demographics that IAS Provider believes a potential false positive match occurred.



Updated Patient Matching Response Logic

While Responding Nodes still determine how to make a match on a data element by data element basis using their own computational approaches, TEFCA IAS would introduce more explicit required response logic rules:

Seven or Greater IAL2 Response Rule – IF at least seven IAL2 verified demographics are matched, THEN a Response is required.

First Name Variation Response Rule – IF (i) only six verified demographics are matched except for first name AND (ii) the first name variation is matched through self-asserted data (i.e., self-asserted nickname sent matches first name in Responding Node), THEN a response is required,

Address Variation Response Rule – IF (i) only six verified demographics are matched except for street address AND (ii) the street address variation is matched through self-asserted data (i.e., self-asserted street address sent matches street address in Responding Node), THEN a response is required,

Verified and Self-Asserted Demographics Combination Response Rule – IF only six verified demographics are matched AND at least two self-asserted data are matched, THEN a Response is required (e.g., insurance # and last four of SSN),

If the Responding Node's matching threshold rules are less restrictive, they may continue to respond using their less restrictive thresholds.



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Treatment



- Certain HIPAA Covered Entity health care providers are currently excluded from participating in TEFCA Exchange using the T-TRTMNT XP Code.
- ASTP/ONC and the RCE are working with the QHIN Caucus and the Participant/Subparticipant Caucus to develop a consistent, unified validation and participation approach for HIPAA Covered Entity health care providers.
- This effort is focused on enabling use of the T-TRTMNT XP Code with a required response for Treatment-related queries, as defined under HIPAA.
- The work is informed by discussions from the Treatment Workstream, including Caucus members and external expert volunteers.
- Use of the T-TRTMNT XP Code by non-HIPAA Covered Entity health care providers is not under consideration at this time.

All HIPAA Covered Entity Health Care Providers are equally accountable under the law and should have an equal opportunity to participate in TEFCA Exchange using the T-TRTMNT XP Code.

Under Consideration: Treatment Exchange Purpose Changes



Changes under consideration apply to the pink cells.

Treatment XP Name	Treatment XP Code	Who can initiate a query using the XP Code?	For what purposes can the XP Code be used?	Who must respond to the XP Code?
Treatment	T-TREAT	All Initiating Nodes that are associated with (a) Health Care Providers and (b) their Delegates	In connection with Treatment as defined by 45 CFR § 164.501	All Responding Nodes SHOULD Respond
TEFCA Required Response for Treatment	T-TRTMNT	Initiating Nodes that are associated with (a) Health Care Providers that have been validated as HIPAA Covered Entities and (b) their Delegates	<p>In connection with Treatment as defined by 45 CFR § 164.501</p> <p>The RCE/ASTP will develop examples regarding various uses of the T-TRTMNT XP Code</p>	<p>a) All Responding Nodes that are operated by or associated with a Health Care Provider or its Delegate MUST respond</p> <p>b) All Responding Nodes that are operated by or associated with an IAS Provider MUST Respond when the IAS Provider has the capability to Disclose and the Individual has chosen for the IAS Provider to Disclose in response to a query for T-TRTMNT</p>

Under Consideration: Onboarding and Validation & RCE Directory Transparency



Onboarding and Validation:

Changes under consideration include replacing the current vetting process with the following:

Know Your Participant (KYP): During Onboarding, QHINs will collect 1) the information in the Standard KYP List from each prospective Participant and Subparticipant (P/S), and 2) the information in the T-TRTMNT KYP List from HIPAA Covered Entity Health Care Providers intending to use T-TRTMNT.

- QHINs will be responsible for maintaining up-to-date KYP Lists for their entire network.
- RCE will perform ongoing audits of KYPs.

T-TRTMNT Validation Criteria: Objective evidence to validate HIPAA Covered Entity Health Care Providers.

- Submission to its QHIN of an X12 837 or NCPDP Version D.0 showing reimbursement to the HIPAA Covered Entity Health Care Provider from a health plan dated within 30 days of the date on which the HIPAA Covered Entity Health Care Provider is added into the RCE Directory.

RCE Directory Transparency

- Certain KYP elements would be included in the Participant/Subparticipant Directory Entry.
- Certain KYP elements would be included on the public-facing TEFCA map.



Standard Know Your Participant (KYP) List | All Participants/Subparticipants

- Legal name
- State of incorporation/organization
- Website (verify that the descriptions of the services provided are consistent with the definitions of the desired XP Code that the Participant/Subparticipant will be asserting)
- Verification that address, legal entity name, etc. is consistent with customer provided identification number to be included in the Directory (e.g., NPI, CLIA, NAIC, etc.)
- Confirmation that the QHIN has (i) determined whether the Participant/Subparticipant already has a TEFCAID; and (ii) if the Participant/Subparticipant already has a TEFCAID, confirmation that the Participant/Subparticipant's existing Node(s) are not the same as the Node the Applicant will be entering into the RCE Directory Service
- Determination of whether the Participant/Subparticipant has been previously connected to TEFCA and if so, the circumstances under which they terminated such participation
- List of all individuals or entities that own, directly or indirectly, 5% or more of the Participant/Subparticipant
- Organizational chart
- Determination that neither the entity nor its owners are listed on the HHS OIG List of Excluded Individuals and Entities (LEIE)

T-TRTMNT KYP List | Covered Entity Health Care Providers

- Completion of the T-TRTMNT Validation Criteria
- Confirmation that the Participant/Subparticipant's response data complies with applicable SOP requirements
- A description of the Principal's workflow(s) that triggers T-TRTMNT Query(ies), if the Principal's Initiating Node is not an EHR



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ASTP Annual Meeting TEFCA Recap

2026 ASTP ANNUAL MEETING RECAP

TEFCA on the Rise: Delivering on Trusted Exchange Through Partnership and Action

Description:

As TEFCA continues to take shape, organizations and agencies across the healthcare landscape are recognizing its value in achieving secure trusted health data exchange. This session will provide an overview of TEFCA's current state of exchange, highlighting why diverse participants have joined the TEFCA Network and how their engagement is advancing their interoperability goals. Hear about the benefits of participation and the next steps around TEFCA's growth and impact in this coming year.

2026 ASTP ANNUAL MEETING RECAP

TEFCA Exchange from A-Z

Description:

TEFCA's growth is driven by continued collaboration among partners through participation in governance and working groups. This session will cover updates from ASTP/ONC and the Recognized Coordinating Entity (RCE) on priorities and initiatives set to strengthen and scale TEFCA participation.

2026 ASTP ANNUAL MEETING RECAP

Bridging the Gap: TEFCA Supporting the Needs of Rural Communities

Description:

As TEFCA gains momentum, expanding reach to rural settings remains a priority. This session will explore opportunities for engaging rural health providers and Critical Access Hospitals (CAHs) to create stronger pathways for participation in TEFCA.

2026 ASTP ANNUAL MEETING RECAP

Empowering Patients and Providers: Data Liquidity

Description:

Breaking down data silos and enabling health data to move safely and securely is in the best interest of patients and providers. Panelists will discuss real-world implementation examples demonstrating how data liquidity across diverse care settings empowers patients by giving them control over their health data and empowers providers by giving them access to a more complete clinical history of their patients. The conversation will also cover the state of TEFCA today and what patients and providers should expect from a healthcare system as data becomes more and more interoperable.

2026 ASTP ANNUAL MEETING RECAP

The Technical Ins and Outs of TEFCA

Description:

This session will provide an overview of how TEFCA works from a technical perspective, review technology changes that have been made in 2025, discuss security issues and updates, and describe new items that will be coming out in the future such as proposed changes in Individual Access Services, creating FHIR Metrics, and Service Level Agreements.

2026 ASTP ANNUAL MEETING RECAP

TEFCA Implementation: A Q&A and Deep Dive Session

Description:

Curious about TEFCA connections and implementation efforts? This session offers discussion and Q&A opportunities with the RCE (Recognized Coordinating Entity). We will explore implementation methods and give you a chance to deepen your understanding of what it takes to make TEFCA work in the real world.



Questions & Answers

For more information:
rce.sequoiaproject.org

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**

March 17, 2026 | 12:00-1:00pm ET