March 17, 2026

RCE™ Monthly Information Call

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Today's Agenda

- Agenda Review
- Recognized Coordinated Entity (RCE) Updates
- TEFCA Exchange Basics
- Review Feedback Received:
    - IAS Exchange Purposes SOP Changes Under Consideration
    - Treatment Exchange Purposes SOP Changes Under Consideration
- Update to the FHIR Roadmap for TEFCA Exchange
- Educational Resources
- Q&A

Recognized Coordinated Entity (RCE) Updates

ONC
TEFCA
RECOGNIZED
COORDINATING
ENTITY

607 MILLION Documents Shared

THE NUMBERS ARE IN

TEFCA Exchange is Ramping Up!

There are 14,214 organizations live on TEFCA (QHINs, Participants, and Subparticipants) representing over 75,000 unique connections to clinicians, hospitals, clinics, post-acute care/long-term care facilities, public health authorities, and more. See our TEFCA Map.

More than **607 million documents shared** since go-live in December 2023.

Meet the QHINS

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

TEFCA Exchange Basics

TEFCA Components

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

Exchange Under TEFCA

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

TEFCA Individual Access Services (IAS) Exchange Purpose (XP) and Treatment Exchange Purpose (XP)
Changes Under Consideration

Project Plan – TEFCA IAS XP and Treatment XP

Activity	Date
Initial feedback on changes under consideration due	February 20 ✔
Post redline SOPs to Topics in Change Management	March - April
RCE/ASTP to incorporate feedback	April - May
Caucus vote and publication	May

We will continue to accept public feedback on the proposed changes

TEFCA IAS Exchange Purpose Changes Under Consideration: Feedback

We received **23** comments on the TEFCA IAS XP Changes Under Consideration

- 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 TEFCA 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 TEFCA IAS queries.

- This work is informed by discussions from the TEFCA IAS Workstream, which included Caucus members and external expert volunteers.

TEFCA 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	Clarify that two different response requirements exist in parallel: 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.

TEFCA IAS Provider Breach Mitigation Responsibilities

TEFCA IAS Provider Breach Mitigation Responsibilities

- Add "Demographics Double Check"

  - An TEFCA IAS Provider must perform a patient demographics match using its own algorithm with both IAL2 verified and self-asserted data held in the TEFCA IAS Provider's system against the demographics returned in the message metadata from the Responding Node.

  - Checkpoint created for TEFCA 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 TEFCA IAS Providers 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 the TEFCA IAS Provider believes a potential false positive match occurred.

TEFCA IAS and Patient Matching Response Logic

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.

TEFCA IAS Exchange Purpose Feedback – Areas of Alignment

- Commenters generally supported requirements to expand the demographics that are included in an TEFCA IAS Query, including those that must be verified by a CSP to IAL2, and allowing Individuals to provide additional self-asserted demographics. Feedback was mixed on *requiring* use of self-asserted demographics.

- Commenters supported the proposed requirements for a Demographics Double Check and offered considerations related to implementation and overall effectiveness, including recommendations for its use across all Exchange Purposes, not just TEFCA IAS.

- Commenters generally supported including additional demographic parameters in response logic to support patient matching. Some offered suggestions for how attributes could be structured and requested clarification on aspects of the proposed matching methodology.

TEFCA IAS Exchange Purpose Feedback – Suggestions

- Commenters recommended clarifying terminology and definitions in the SOP and offered suggestions related to identifiers and response expectations.

- Some commenters raised concerns about mandated response logic and recommended maintaining flexibility in implementation, along with further evaluation of industry practices.

- Questions were raised about acceptable matching algorithm variation limits and suggested additional approaches to improve matching accuracy.

- Mixed feedback on the inclusion of self-asserted demographics, and how responding organizations would be required to leverage that information, versus relying solely on IAL2 verified demographics.

Treatment Exchange Purpose Changes Under Consideration: Feedback

We received **28** comments on the Treatment XP Changes Under Consideration

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TEFCA Treatment Exchange Purpose

Changes Under Consideration – February 2026

Vision and Context[1]

Currently, certain HIPAA Covered Entity Health Care Providers are **excluded** from being able to participate in Trusted Exchange Framework and Common Agreement™ (TEFCA™) Exchange using the T-TRTMNT XP Code.

The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ASTP/ONC) and the Recognized Coordinating Entity® (RCE®) are working with the QHIN™ Caucus and the Participant/Subparticipant Caucus to create a consistent, unified validation and participation approach for all HIPAA Covered Entity Health Care Providers to use the T-TRTMNT XP Code that has a required response for queries related to Treatment, as defined under HIPAA. This work benefits from discussion by the Treatment Workstream, which included both Caucus members and outside expert volunteers. Non-HIPAA Covered Entity Health Care Providers' use of the T-TRTMNT XP Code 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.

Treatment Exchange Purpose Changes Under Consideration

Changes under consideration apply to the pink cells. Other cells are unchanged but provided for context.[2]

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	In connection with Treatment as defined by 45 CFR § 164.501. The RCE/ASTP will develop examples regarding various uses of the T-TRTMNT XP Code	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 has the capability to Disclose and the Individual has chosen for the IAS Provider to Disclose in response to a query for T-TRTMNT

[1] This document summarizes, at a high level, changes that are currently under consideration to inform the community and provide transparency about ongoing discussions. Pending further work by the Caucuses, ASTP and the RCE will release proposed changes to the relevant SOPs following our Change Management Process.

[2] See the existing Exchange Purpose (XP) Implementation SOP: Treatment v1.2 that goes into effect on February 15, 2026.

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Treatment Vision and Context

- 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	In connection with Treatment as defined by 45 CFR § 164.501 The RCE/ASTP will develop examples regarding various uses of the T-TRTMNT XP Code	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 has the capability to Disclose and the Individual has chosen for the IAS Provider to Disclose in response to a query for T-TRTMNT

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.

Under Consideration: Know Your Participant (KYP) List

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

Treatment Exchange Purpose Feedback — Areas of Alignment

- Commenters generally supported the vision for T-TRTMNT, including the proposal for who can initiate a T-TRTMNT query and the proposal to align the purposes for which T-TRTMNT XP Code can be used with the HIPAA definition of Treatment.

- Commenters generally supported inclusion of objective evidence of HIPAA Covered Entity Health Care Provider status during onboarding, including a broad "evidence menu."
    - Commenters asked for more specificity on the components of the transactions that prove Covered Entity status.
    - Some requested additional clarification and examples to support consistent implementation.

- Several commenters emphasized balancing verification with efficient onboarding and participation.

- Commenters were generally supportive of expanding information about a Participant or Subparticipant available through the TEFCA public map and offered additional recommendations related to transparency and reporting.

- Commenters requested additional specificity around when the T-TRTMNT XP Code can be used since T-TRTMNT XP Code is a required response.
    - For example, commenters cited concerns about care gap identification, medication therapy management by health plans (even as a BA of a HIPAA Covered Entity Health Care Provider), and whether population-based queries qualify as HIPAA Treatment or HIPAA Operations.

- Some commenters expressed a preference to retain the limitation from the current Treatment XP Implementation SOP that a Health Plan **cannot** initiate queries for T-TRTMNT as a Delegate.

- Several commenters offered specific feedback and questions on the Know Your Participant (KYP) elements, including
    - The scope of ownership reporting requirements, including thresholds, privacy considerations, and overlap with existing requirements.
    - Suggestions to include a "doing business as" (DBA) name, in addition to legal name and state of incorporation.
    - Questions on the need for an organizational chart and website.
    - Questions on what will be treated as the source of truth for demographic information.

- Several commenters expressed concern that the KYP process could impede onboarding and adoption if not automated.
    - Some suggested that attestations (from providers, payers, clearinghouses, or HIT vendors) should suffice, rather than requiring direct submission of standard transactions.

- Commenters expressed varied views on the frequency for which the T-TRTMNT objective validation criteria should be re-validated — (e.g., every 90 days to only when there is evidence of a concern).

ASTP Assistant Secretary for Technology Policy

Update to the FHIR Roadmap for TEFCA Exchange

Chris Muir

Senior Advisor

Goals for Updating the Roadmap

- Message that implementing FHIR in TEFCA is a priority for ASTP and the RCE.

- Adjust the timeline in the Roadmap to reflect current status and activities.

- Make the TEFCA FHIR approach easier to understand, implement and use to obtain widespread adoption.

- Clearly delineate FHIR transaction patterns that are included in Stage 2, and potentially for the other stages, for more nuanced discussion, problem solving, and implementation.

Obtaining broader adoption of FHIR in Stage 2 lays the groundwork for future stages of the Roadmap.

Roadmap Update Process

- ASTP will develop a redline version of the draft Roadmap with input from the RCE

- Present the Roadmap to the Technical Work Group and incorporate their feedback

- Publish the draft Roadmap for public feedback

- Incorporate the public feedback as appropriate

- Present the near final Roadmap to the Governance Council (for input and transparency; doesn't require approval)

- Incorporate Governance Council feedback, finalize and publish the Roadmap

Reach out via phone or web

📱 202-690-7151

💬 Feedback Form: https://www.healthit.gov/form/healthit-feedback-form

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RCE Resource Library

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

GETTING STARTED
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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
April 21, 2026 |12:00-1:00pm ET

TEFCA RECOGNIZED COORDINATING ENTITY

Questions & Answers

For more information:
rce.sequoiaproject.org