



May 19, 2026

# RCE™ Monthly Information Call

Zoe Barber, RCE Policy & Governance Lead

Amol Batra, RCE Legal SME

Johnathan Coleman, RCE CISO

Kit Cooper, RCE Senior Project Manager

Katie Crenshaw, Policy SME

Didi Davis, RCE Testing Lead and Standards SME

Mohammad Jafari, RCE Technical SME

Kathryn Lucia, RCE Policy & Governance Analyst

Dave Pyke, RCE Technical SME

Julie Rice, RCE Account Manager

Michael Saito, RCE Operations Lead

Dawn Van Dyke, RCE Communications Lead

Erin Whaley, RCE Legal SME

Chantal Worzala, RCE Stakeholder Engagement Lead

Mariann Yeager, RCE Program Lead

Sydella Yonker, RCE Operations Specialist

# Today's Agenda



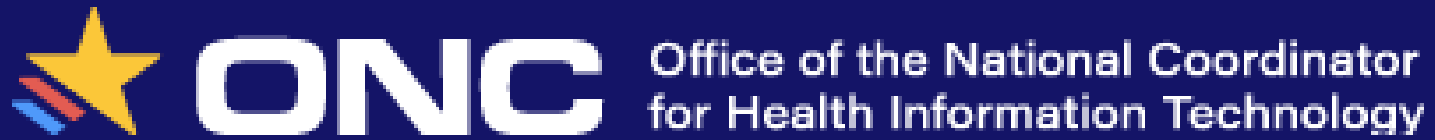
TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

- Agenda Review
- ONC Welcome
- Recognized Coordinated Entity (RCE) Updates
- TEFCA Exchange Basics
- Review Recently Released Draft SOPs
  - » Draft Treatment Exchange Purposes (XP) SOP Version 2.0
  - » Draft XP Vetting Process SOP Version 2.0
- Educational Resources
- Q&A



**TEFCA**

Trusted Exchange Framework  
and Common Agreement™



Steve Posnack

Principal Deputy National Coordinator for Health IT  
Office of the National Coordinator for Health IT



TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

# Recognized Coordinated Entity (RCE) Updates



THE NUMBERS ARE IN

## TEFCA Exchange is Ramping Up!

There are 21,086 organizations live on TEFCA (QHINs, Participants, and Subparticipants) representing over 81,000 unique connections to clinicians, hospitals, clinics, post-acute care/long-term care facilities, public health authorities, and more. [See our TEFCA Map.](#)

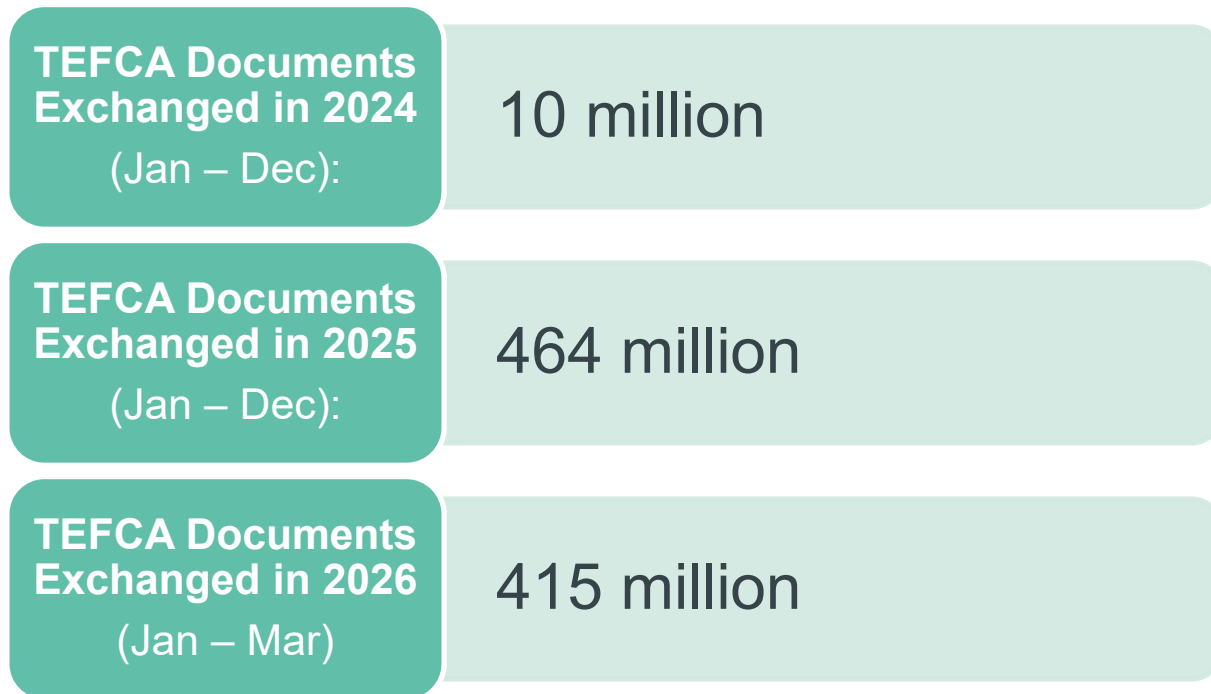
More than **889 million documents shared** since go-live in December 2023.

# TEFCA By The Numbers



ONC  
TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

More than **889 million documents shared** since go-live in December 2023



Note: Numbers are rounded to nearest million

# Meet the QHINS



TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY



*eClinicalWorks*

eHealth Exchange™

**Epic**  
**Nexus**



**KONZA HEALTH**  
The Connections to Make a Difference



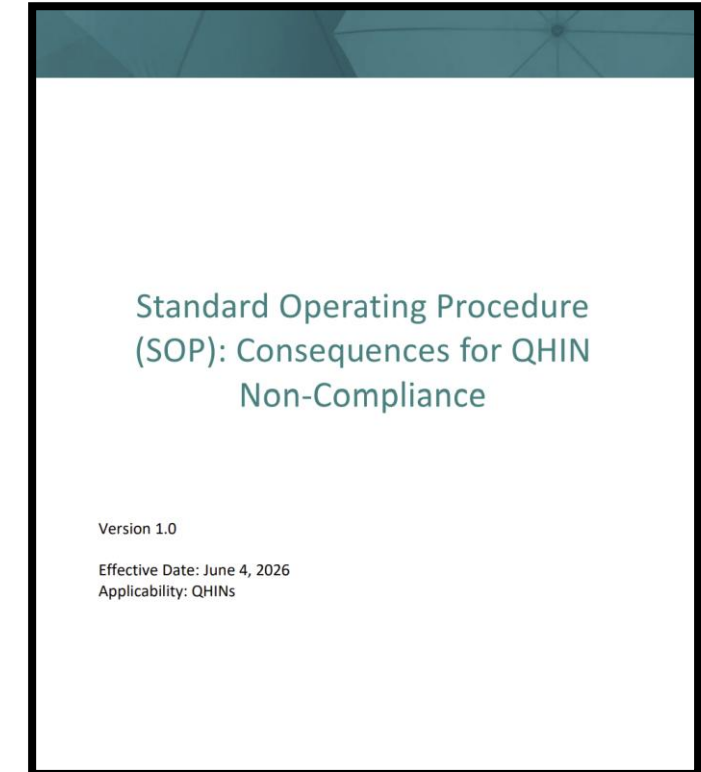
**ORACLE** Health  
Information Network, Inc.™

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



The Consequences for QHIN Non-Compliance SOP was approved by the QHIN Caucus, with an effective date of June 4, 2026

This SOP provides information about remediation strategies and consequences that the RCE (with ONC's prior authorization, where applicable) may impose on a QHIN that is not compliant with the Common Agreement, SOPs, or the QTF.



Subscribe to the Topics in Change Management website to stay informed about newly released SOPs and draft SOPs available for review!

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



If, following an investigation, the RCE determines that an Investigated QHIN failed to comply with its obligations under the Common Agreement, SOPs, or QTF, which may include the Investigated QHIN's failure to ensure that its Participants or Subparticipants comply with their obligations under the ToP, SOPs, or QTF, the RCE will determine appropriate consequences. Consequences may only include the following or any combination thereof:

- Non-disciplinary feedback
- Written warnings
- Mandatory remediation plan with timelines
- Enhanced monitoring and auditing
- Enhanced reporting by the QHIN
- Dissemination of a notice to Participants and Subparticipants
- Prohibition on participating in TEFCA policy groups
- Prohibition on participating in TEFCA governance bodies
- Prohibition on adding new Participants/Subparticipants
- Suspension of ability to query
- Suspension to participate in exchange
- Termination from TEFCA

This slide summarizes the consequences, please see the SOP for the official policy



TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

# 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)



**ONC** 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  
RECOGNIZED  
COORDINATING  
ENTITY

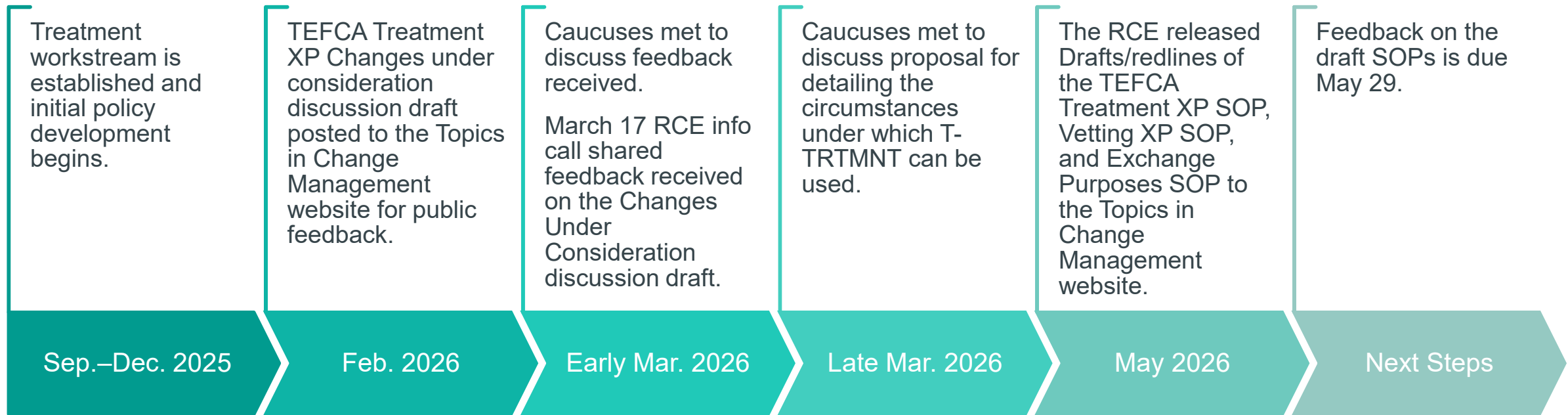
# Treatment Exchange Purpose (XP) Changes Under Consideration



- Certain HIPAA Covered Entity Health Care Providers are currently excluded from participating in TEFCA Exchange using the T-TRTMNT XP Code.
- 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.

# Draft TEFCA Treatment Exchange Purpose (XP) SOP Version 2.0 Timeline



Iterative policy development

# Coordinated Updates to Support the Treatment Exchange Purpose (T-TRTMNT)



These three draft SOP updates are being released together because they include interconnected changes intended to improve consistency, clarity, and operational alignment across TEFCA.

SOP	Key Focus
<b>Draft Treatment XP Implementation SOP v2.0</b>	Identifies implementation specifications that QHINs, Participants, and Subparticipants must follow when asserting the Treatment Exchange Purpose Codes (T-TREAT and T-TRTMNT).
<b>Draft Exchange Purposes SOP v5.1</b>	Defines the authorized XPs and identifies any XPs for which a response is required by a Responding Node pursuant to the Common Agreement, as well as when fees are prohibited or permitted.
<b>Draft XP Vetting Process SOP v2.0</b>	Establishes a clear and transparent framework for evaluating and approving Entrants before their listing in the RCE Directory Service that allows them to initiate exchange while asserting a specific Exchange Purpose (XP) for which vetting is required.



**The TEFCA Treatment Implementation Workstream** held meetings from Sept. 24th - Dec. 17th, 2025

**Composition:** Representatives of each QHIN, Participants/Subparticipants, invited experts

Discussed the first part of RCE/ONC's overarching policy goal for Treatment:

*All Covered Entity Health Care Providers can compel a response for Treatment, as defined in HIPAA*

- **Proposals**

- » Multi-faceted approach including

- Update the Onboarding and Designation SOP to require QHINs (or their Participants) to conduct up front and periodic review of their own P/S Principals including a “Know Your Participant/Subparticipant” checklist.
- QHINs will provide the RCE with demographic information for each Entrant. To support vetting, the RCE is exploring options for validating Covered Entity Health Care Provider status, allowing for removal of the current peer-review vetting process.
- Expand definition of TEFCA Required Response for Treatment to include all Covered Entity Health Care Providers for all HIPAA defined Treatment purposes.

- **Outcomes**

- » The workstream generated diverse feedback.
- » Some supported retaining the current definition of T-TRTMNT and others supported expanding the definition, as proposed.
- » There was strong support for making enhancements to the QHIN onboarding process and increasing Directory transparency.



- **Comment Summary**

- » Commenters generally supported expanding T-TRTMNT eligibility to all vetted HIPAA Covered Entity Health Care Providers.
- » Many commenters requested clearer boundaries around when the T-TRTMNT XP Code may be used, particularly for population-level workflows, care gap identification, medication management activities, and value-based care arrangements.
- » Feedback broadly supported simplifying the vetting process, increasing trust and accountability safeguards.





- **Comment Summary Continued**

- » Stakeholders generally agreed with the Know Your Participant (KYP) approach and increasing QHIN accountability, though feedback was mixed on the specific data elements proposed and whether additional objection or centralized validation processes should be created beyond the existing framework.
- » Commenters broadly supported using objective evidence to validate HIPAA Covered Entity Health Care Provider status, and many recommended additional options for evidence.
- » Commenters supported proposals to increase transparency by publishing certain information about each Q/P/S into the public map (e.g., NPI, website).





## Exchange Purposes SOP v5.1

- Identified Required Information for any XP that requires a response.

## XP Vetting Process SOP v2.0

- Updated the XP Vetting Process for clarity and alignment
- Changed the vetting requirements for T-TRTMNT XP that requires response
  - Fewer pathways
  - Required inclusion of NPI and website
  - Require documentation of engagement in HIPAA standard transaction in the last 90 days
  - Require description of the workflows that trigger T-TRTMNT queries if the Principal Node of the Entrant is not an EHR

## Treatment XP Implementation SOP v2.0

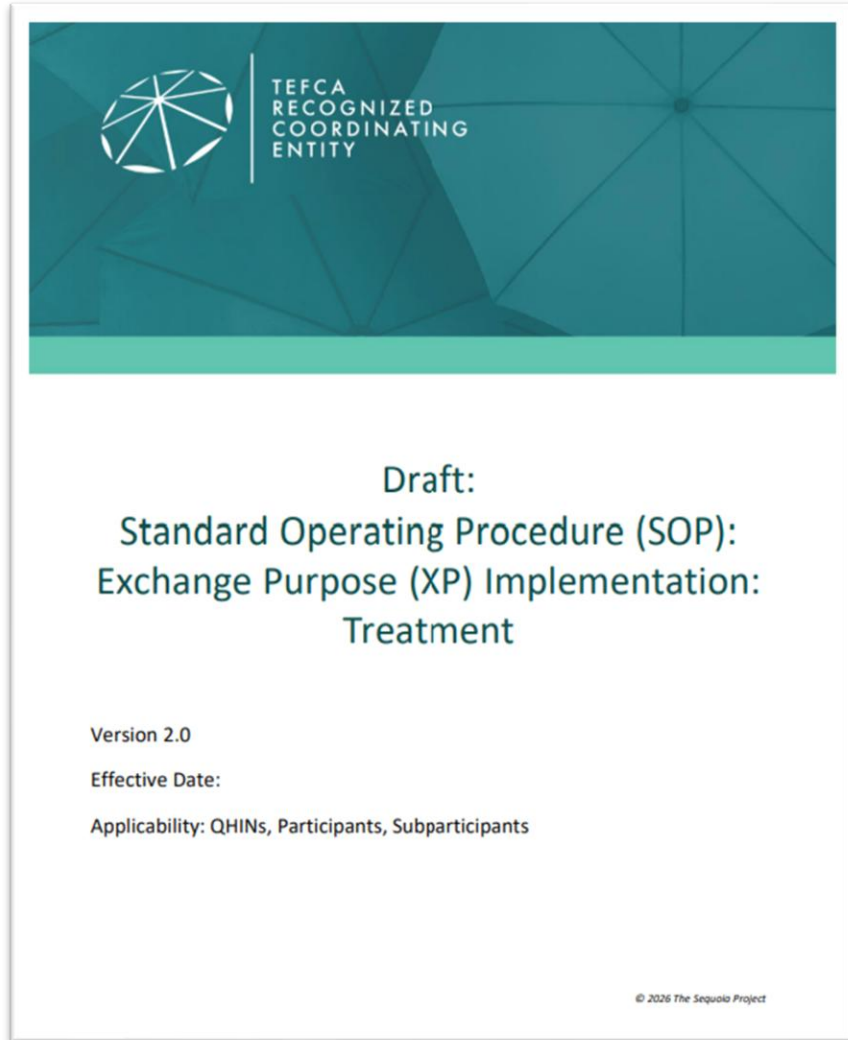
- Updates to clarify who can initiate a Query for T-TRTMNT and under what circumstances.



ONC  
TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

# Draft Treatment Exchange Purpose (XP) Implementation SOP v2.0

*Updated May 8, 2026*



**Purpose:** Identifies implementation specifications QHINs, Participants, and Subparticipants must follow when asserting the Treatment Exchange Purpose Codes (T-TREAT and T-TRTMNT).

**Sections:**

1. Common Agreement References
2. Definitions
3. Purpose
4. T-TREAT XP Code
5. T-TRTMNT XP Code
6. Transaction Requirements
7. RCE Directory Service Requirements for Treatment XP Codes

# Treatment Exchange Purpose Codes

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
Treatment	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>
	T-TRTMNT	<ul style="list-style-type: none"> <li>All Responding Nodes that are operated by or associated with a Health Care Provider or its Delegate MUST Respond.</li> <li>All Responding Nodes that are operated by or associated with an IAS Provider that supports Response and the Individual has chosen for the IAS Provider to Respond.</li> <li>No QHIN, Participant, or Subparticipant operating a Responding Node may charge fees to the Initiating Node for Responding.</li> </ul>

Table from the Draft Exchange Purposes SOP Version 5.1



- All HIPAA Covered Entity Health Care Providers that have been vetted as a HIPAA Covered Entity Health Care Provider and their Delegates can initiate a query for T-TRTMNT.
  - » Future policy to address non-HIPAA Covered Entity Health Care Providers
- Health Plans **cannot** initiate queries for T-TRTMNT as a Delegate.
- T-TRTMNT can only be used in connection with a documented present or planned clinical event.



### **T-TRTMNT can only be used in connection with a documented present or planned clinical event.**

Examples of documented present and planned clinical events include, but are not limited to:

- Scheduled appointment between a patient and a provider
- Question or request sent to a provider by a patient (e.g., refill request)
- Medication reconciliation or medication management for a patient (e.g., refill reminder)
- Notification of a patient's admission to or discharge from a hospital
- Notation in the patient's chart of a clinical interaction (e.g., visit, phone call, message, reminder)
- Notation in the patient's chart of the review of the information obtained through the query and subsequent action based on the information
- Outreach by a provider to a patient for care management
- Identification of care gaps for a patient
- Consult with another provider about a patient
- Receipt of a referral from another provider for a patient
- Receipt of a prescription to be filled for a patient
- Receipt of a lab order for a patient
- Additional examples may be provided through FAQs

**We are continuing to engage in discussion with the community on additional clarifications to this proposal.**



TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

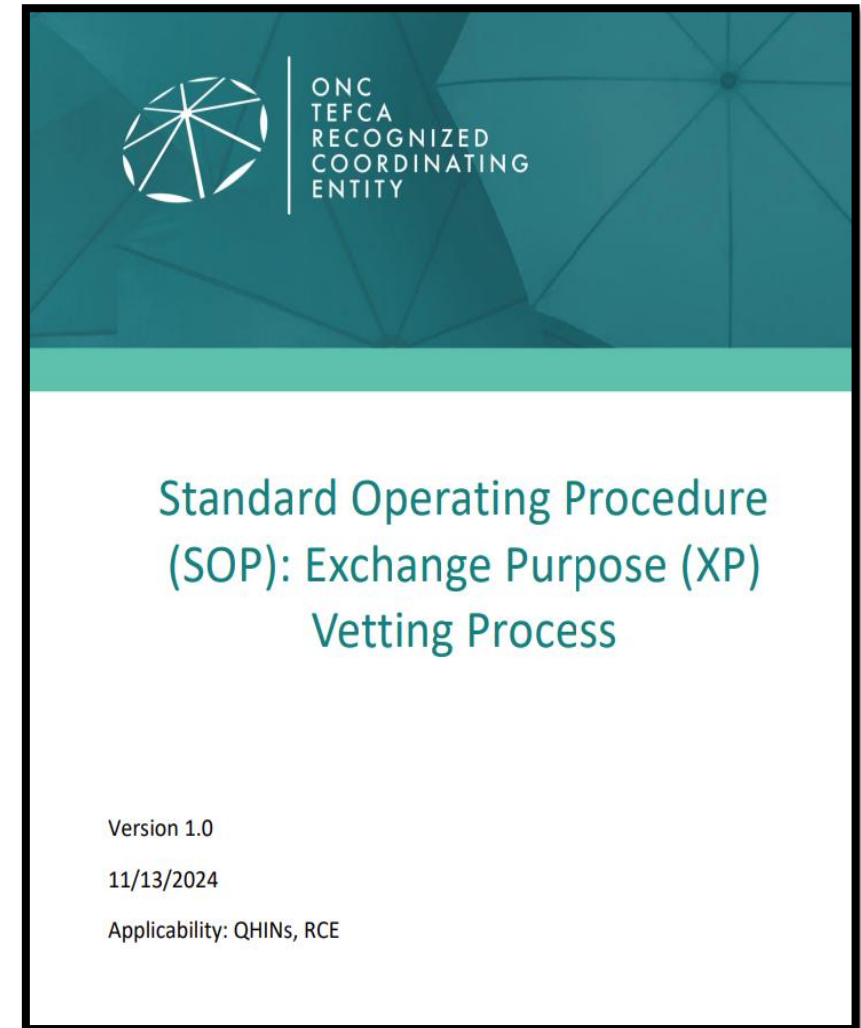
# Draft Exchange Purpose (XP) Vetting Process SOP Version 2.0

# Background: XP Vetting Process SOP



ONC  
TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

- Originally published in November 2024 and has not been substantially updated since.
- The Vetting SOP is the *method of implementation* for the Treatment SOP (i.e., it is how entrants show that they are eligible to query for T-TRTMNT).
- QHINs are responsible for vetting Entrants before they are entered into the RCE Directory



# Background: Current Vetting Paths for T-TRTMNT



	Health Care Provider (Appendix 1)	Covered Entity (Appendix 2)	Provides Health Care Services (Appendix 3)	Interaction between LIP and Patient (Appendix 4)
<b>Path 1</b>	<p align="center"><b>Type I</b></p> <ul style="list-style-type: none"> <li>Link to Entrant’s listing in any directory maintained by CMS</li> <li>Link to Entrant’s listing on any state government list of Medicaid providers</li> <li>Confirmation that the Entrant is a Government Health Care Entity</li> </ul>			No additional evidence required
<b>Path 2</b>	<p align="center"><b>Type II</b></p> <ul style="list-style-type: none"> <li>Documentation reasonably showing the Entrant’s receipt of payment from a payer within the six months immediately preceding publication in the Entrant Review List</li> <li>Link to the Entrant’s NPI listing in NPPES showing that the Entrant is the type of Health Care Provider listed in the submission</li> <li>Link to the Entrant’s listing on a state government website confirming it is licensed as the type of Health Care Provider listed in the submission</li> <li>Copy of a Certificate of Coverage for professional medical malpractice coverage</li> <li>Copy of or link to Entrant’s national accreditation as a health care provider (Joint Commission, AAAHC, NCQA, URAC, etc.)</li> <li>Link to the Entrant’s listing of its CLIA certification on S&amp;C QCOR</li> <li>Link to the Entrant’s inclusion on a list of participating providers published by a payer                             <ul style="list-style-type: none"> <li>Copy of a letter from a payer confirming that Entrant is a participating provider</li> </ul> </li> </ul>	<p align="center"><b>Type II</b></p> <ul style="list-style-type: none"> <li>Documentation reasonably showing the Entrant’s submission of claims to a payer or other HIPAA standard transactions within the six months immediately preceding publication in the Entrant Review List.</li> <li>Link to the Entrant’s inclusion on a list of participating providers published by a payer</li> <li>Copy of a letter from a payer confirming that Entrant is a participating provider</li> </ul>	<p align="center"><b>Health Care Services Information</b></p> <ul style="list-style-type: none"> <li>Explain the ways in which the Entrant provides health care services to patients</li> <li>Explain when in relation to health care services provided to patients, the Entrant will make Queries for information through TEFCA Exchange (e.g., right before a visit, at a visit, upon notification of an event, at regularly scheduled intervals, etc.). If the Queries will be automated, explain the triggers for the Queries.</li> </ul>	Patient Interaction Attestation
<b>Path 3</b>	Type I or II	Type I or II	Health Care Services Information	<p align="center"><b>Patient Interaction Information</b></p> <ul style="list-style-type: none"> <li>Explain the ways in which the Entrant’s Licensed Individual Providers interact with patients; and</li> <li>Explain how the Queries will be connected to or intended to inform the health care services the Entrant is providing or intends to provide to a patient.</li> </ul>



- Move from “multiple paths” to a single, unified path for all Entrants
- Establish clear expectations for consistency in the data and evidence submitted on an Entrant, including when QHINs use of representative submissions, such as for a group practice
- Require submission of evidence that the Entrant has conducted HIPAA transactions and is a Covered Entity provider
- Establish that submissions in vetting are attestations of accuracy
- Collect workflow information, when the Principal initiating node of the Entrant is not an Electronic Health Record (EHR)

# Updated Vetting Proposal for T-TRTMNT



Demographic Data Point	Required in Current Process?	Required in Proposed Update?	Notes
Sponsoring QHIN	Yes	Yes	
Entrant's Legal Name	Yes	Yes	
Entrant's DBA(s)	Yes (If applicable)	Yes (If applicable)	
Corporate Business Address	Yes	Yes	
Site of Care Address	Yes (If different from corporate address)	Yes (If different from corporate address)	
Entrant's Website	Optional	Yes (If it exists)	If entrant has a website, it is now <b>mandatory</b> to include it
National Provider Identifier	Yes	Yes	Now subject to requirements drafted in Treatment SOP.
Type of Health Care Provider	Yes	Yes	Type will no longer be restricted to the list in the previous SOP version.

# Updated Vetting Proposal for T-TRTMNT



Evidence Requirement	Required in Current Process?	Required in Proposed Update?
<b>Evidence Entrant is a Health Care Provider</b>	Type I or Type II Evidence	Evidence that Entrant engaged in a HIPAA-regulated health care transaction
<b>Evidence Entrant is a HIPAA Covered Entity</b>		
<b>Evidence of Interactions between a Licensed Individual Provider and Patients</b>	Description and Attestation	Workflow description, only if the Entrant's Principal node is not an EHR (whether certified or non-certified).



TEFCA  
RECOGNIZED  
COORDINATING  
ENTITY

# Next Steps



- Public comment is now open for the following draft SOPs on the TEFCA Topics in Change Management website:
  - » Draft Treatment XP SOP v2.0
  - » Draft XP Vetting Process SOP v2.0
  - » Draft Exchange Purposes XP SOP v5.1
- Feedback is requested by **May 29, 2026**
- Submit feedback to [RCE@sequoiaproject.org](mailto:RCE@sequoiaproject.org)
- Updated drafts are anticipated to be presented to the Caucuses for vote in mid-June

Subscribe to the Topics in Change Management website to stay informed about newly released SOPs and draft SOPs available for review!

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

# 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**

June 16 2026 | 12:00-1:00pm ET



# Questions & Answers

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