TEFCA RECOGNIZED COORDINATING ENTITY

June 16, 2026

RCE™ Monthly Information Call

Speakers:
Mariann Yeager, RCE Program Lead
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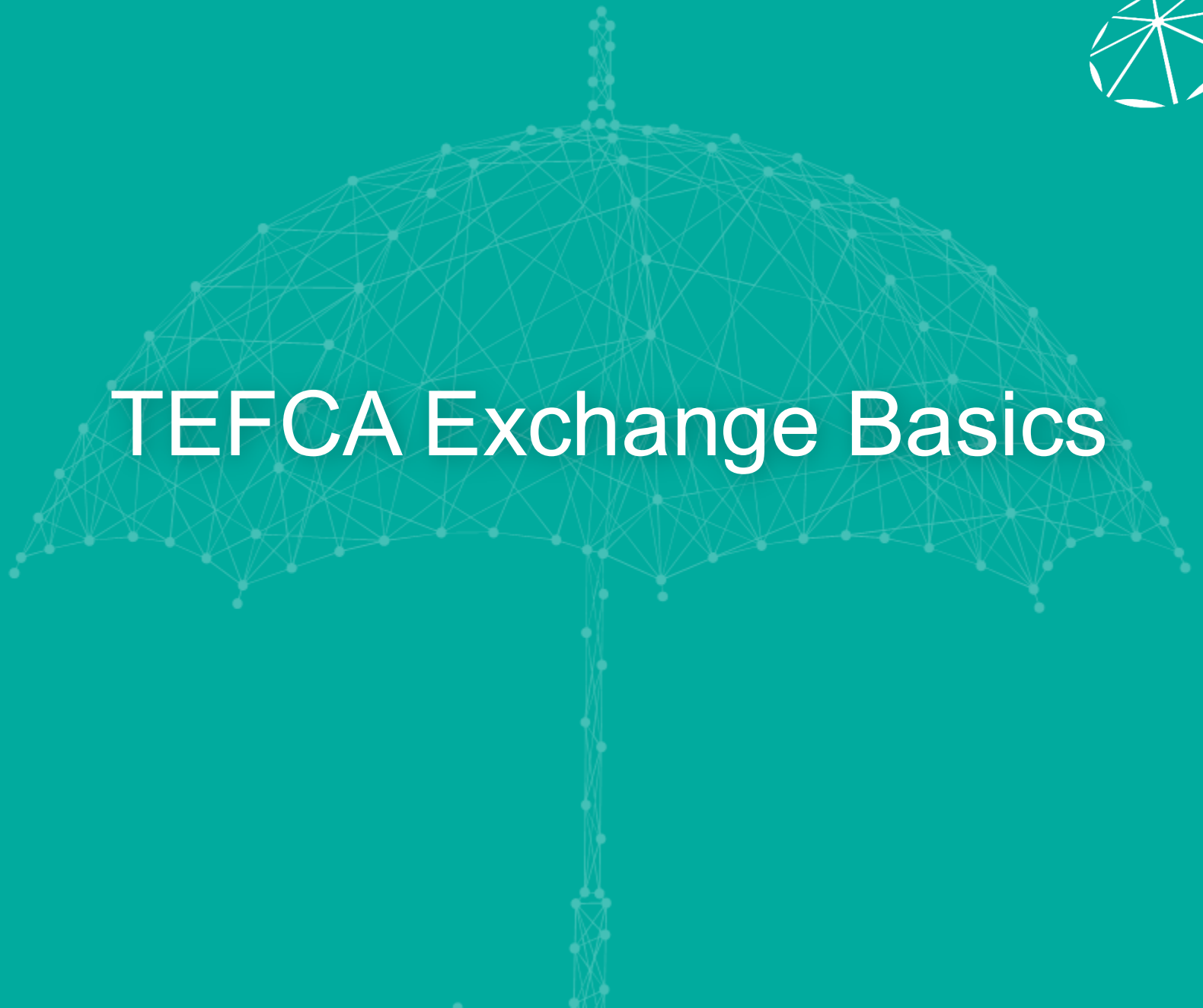
Katie Crenshaw, RCE Policy SME
Kory Mertz, RCE Policy SME

Today's Agenda

- Agenda Review
- TEFCA Exchange Basics
- Updates on Draft SOPs:
  - Draft TEFCA IAS Exchange Purposes SOP Version 3.0
  - Draft XP Inquiries and Investigations SOP Version 1.0
  - Draft XP Restricted Participation List SOP Version 1.0
- Educational Resources (5 min)
- Q&A



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TEFCA Exchange Basics

TEFCA Components

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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

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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

Meet the QHINS

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commonwell® HEALTH ALLIANCE

eClinicalWorks

eHealth Exchange™

Epic Nexus

HEALTH® GORILLA

Kno2®

KONZA HEALTH
The Connections to Make a Difference

MEDALLIES®
A CENTAURI HEALTH SOLUTIONS® COMPANY

Netsmart

ORACLE Health
Information Network, Inc.™

surescripts
Health Information Network™

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

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Individual Access Services (IAS) XP SOP Version 3.0

Today's Discussion

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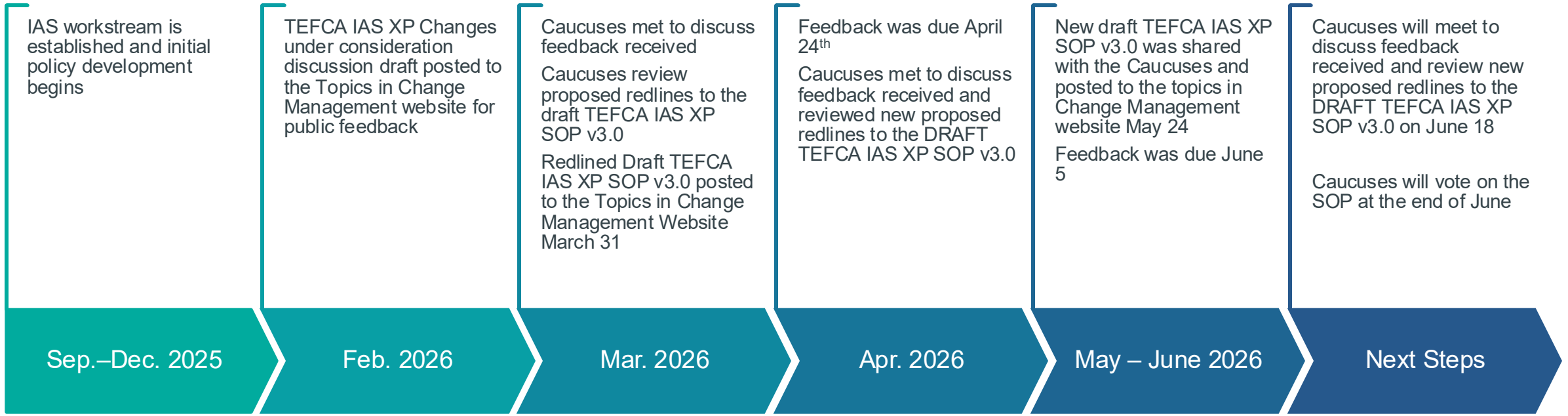
Focus on areas with key changes between the March and May versions of the TEFCA IAS XP SOP v3 posted on Topics in Change Management webpage, specifically the following SOP sections:

- IAS Provider Use of Approved CSPs
- Provider Breach Mitigation Responsibilities ("Demographics Double-Check")
- Response Requirement Approaches

Note:

- Comments on the latest draft of the IAS XP SOP closed on **June 5**
- The RCE/ONC team are currently working through final edits to this SOP
- Today's discussion focuses on the latest published version and may not reflect the final language approved by the Caucuses

Draft TEFCA IAS XP SOP Version 3.0 Timeline



IAS Provider Use of Approved Credential Service Providers (CSPs)

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Original Proposal:

Require CSPs that seek to support TEFCA IAS to increase the amount of demographics data that they must have the capability to IAL2 verify, including cell phone number and email address.

March SOP Draft Summary:

Outlined requirements for IAS Providers to ensure their CSP partners:

- Conduct identity proofing to at least IAL2 requirements
- Are able to verify specified demographic information (including phone number, email address and SSN or SSN last four)
- Provide appropriate IAL2 Claims Tokens to IAS Provider in alignment with stated standards

Current SOP (as of June 5, 2026):

- Added CSP Public Subject Identifier to the claims token requirements delivered by CSPs.
- Updated SSN to specify "last 4" only for demographics that CSPs must be able to verify, with accompanying updates to token requirements.

IAL2 stands for Identity Assurance Level 2. It is a standardized framework defined by the U.S National Institute of Standards and Technology (NIST)

IAS Provider Breach Mitigation Responsibilities

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Original Proposal:
Include risk mitigations (demographics double check) to support a Covered Entity's HIPAA Breach Notification Rule analysis of "low probability of compromise."

March SOP Draft Summary:

- Outlined requirements for IAS Providers to perform an Individual demographics match comparison using its own algorithm with both IAL2 verified and self-asserted data in the IAS Provider's system against the demographics returned in the Patient Discovery Response from the Responding Node
- In cases where the Demographics Double-Check does not determine a match, actions are outlined for the IAS Provider to carry out to reject the response and discontinue the Query to the Responding Node.
- In cases where an Individual notifies the IAS Provider of receiving another's data, outlines notification and purging requirements.
- Included an August 1, 2026 compliance date

Current SOP (as of June 5, 2026):

- Removed the August 1, 2026 compliance date as discussions continue related to IAS Provider readiness.
- Minor edits to clarify use of Demographics Double-Check specific to Response Mode 2.

Response Requirement Approaches

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Original Proposal:

- 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.
- Establish required response logic based on only IAL2 verified data that would require a response to a demographics-based query when met.

March SOP Draft Summary:

Outlined two response approaches for Responding Nodes:

- **Response Approach 1** - Responding Nodes with T-IAS capable FHIR Endpoints respond.
- **Response Approach 2**
  - 2a) Responding Nodes that receive a "TEFCA IAS Consent" need to respond when one is supplied. Most applicable to demographics-based document query.
  - 2b) Responding nodes respond based on matched demographics.

Response Requirement Approaches

Current SOP Summary of Changes (as of June 5, 2026)

- Added a definition for TEFCA IAS FHIR Endpoint:
  - The FHIR Endpoint that is listed in the RCE Directory Service and Responds to IAS Queries

- Revised the Response Approaches as two Response Modes:
  - Mode 1 – Individual Authentication-based
  - Mode 2 – Verified Identity-based

- Both Modes have requirements added for TEFCA IAS FHIR Endpoints to support the requirements in the HL7 SSRAA FHIR IG as outlined in the Facilitated FHIR Implementation SOP

- Removed phased timing of Response Approaches, TEFCA IAS Consent/Permission requirements, and matching response logic requirements

Response Requirement Approaches, Current SOP

Upon receipt of a valid IAS Query, Responding Nodes MUST support at least one of the following modes for Individuals to access Required Information:

Mode 1 – Individual Authentication-based

1.1 When a Responding Node with a TEFCA IAS FHIR Endpoint achieves a possible match*, it MUST Respond with the applicable TEFCA IAS FHIR Endpoint for the Individual to access their Required Information via Responder-supported authentication mechanisms (e.g. password, passkey).

Mode 2 – Verified Identity-based

2.1 When a Responding Node achieves an acceptable, uniquely attributable demographics-based match for an Individual according to its matching policy**, it MUST Respond to the Patient Discovery Query and MUST provide at least one of the following without requiring the Individual to separately log-in to the Responding Node:

1) a patient identifier, which can be used to request documents with Required Information, or
2) a TEFCA IAS FHIR Endpoint, which can be used to authorize access to Required information.

2.2 When a Responder Responds using Response Mode 2, IAS Providers MUST perform the demographic-double check requirements as outlined in Section 4.6. If, following the IAS Provider's demographic-double check, the Responding Node receives a Document Query, the Responding Node MUST Respond with the Required Information per the Framework Agreements and Applicable Law.

Response Requirement Approaches, Current SOP

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Both modes include requirements for SSRAA support.
RCE/ONC will finalize compliance timelines based on stakeholder feedback and input from the Caucus members.

1.2 On and after [DATE], all TEFCA IAS FHIR Endpoints that support the individual authentication--based, patient access workflow, MUST support the requirements in the HL7 Security for Scalable Registration, Authentication, and Authorization (SSRAA) FHIR IG as outlined in the Facilitated FHIR Implementation SOP .

2.3 On and after [DATE], all TEFCA IAS FHIR Endpoints that support the non-login- credential-based, patient access workflow, MUST support the requirements in HL7 SSRAA FHIR IG as outlined in the Facilitated FHIR Implementation SOP.

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Draft Inquiries and Investigations SOP Version 1.0
&
Draft Restricted Participation List SOP Version1.0

Compliance, Enforcement, and Disputes

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What's the purpose for each SOP?

SOP	Core Purpose
Dispute Resolution Process SOP	Provides a mechanism for Disputes to be resolved via a collaborative Dispute Resolution Process, per Section 15 of the Common Agreement.
Inquiries & Investigations SOP v1.0	Describes the process that parties may use to escalate questions about a QHIN's compliance with the Common Agreement, the SOPs, and the QTF and provides the process that the RCE will use to investigate matters of potential non-compliance.
Consequences for QHIN Non-Compliance SOP v1.0	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.
Restricted Participation List SOP v1.0 (formerly Not in Good Standing)	Provides transparency into which QHINs, Participants, or Subparticipants have been inactivated, suspended, or terminated for non-compliance with the terms of the Framework and prevents them from being re-activated unless they are removed from the List.

Complaints vs Disputes Key Differences

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	Inquiry	Dispute
What is it	Complaint submitted to the RCE alleging non-compliance by QHINs *Allegations of non-compliance by a P/S are attributed to a QHIN	Disagreement between Q/P/S filed through the Dispute Resolution Process
Who files	QHIN, Participant, Subparticipant, third party	QHIN
Who decides	RCE	Dispute Resolution Board, Governing Council, ONC
Who's involved	Investigated QHIN and RCE The Complainant may be involved at the RCE's discretion	RCE, Disputing Q/P/S, Disputed Q/P/S, Dispute Resolution Board, Governing Council
Escalation path	RCE's finding of compliance or non-compliance is not appealable (unless suspension or termination is imposed) If the RCE cannot reach a conclusion, Complainant may file a Dispute	Dispute resolution is not appealable (unless suspension or termination is imposed) Option for legal remedies

The QHIN determines whether to file a complaint or dispute depending on its desired level of involvement in the process.

Timeline Inquiries & Investigations and Restricted Participation List (RPL)

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Oct 17
Draft Compliance & Enforcement SOP with Inquiries and Investigations process uploaded to the community site for Caucus review

Oct 31
RCE provided an overview to the Caucuses on 10/31/2025

Nov 14
Feedback was due from Caucuses

Dec 19
The RCE reviewed feedback received with the Caucuses on 12/19/2025

Feb 20, 2026
RCE separated the SOP into 3 SOPs and reviewed w/ Caucuses

- Draft Inquiries and Investigations SOP
- Draft Restricted Participation List Not In Good Standing SOP
- Draft Consequences for Non-Compliance SOP

March 20
Caucus feedback was due

March 20- May 27
RCE/ONC reconciled feedback

May 29- June 22
I&I and RPL SOPs posted to Topic in Change Management webpage and RCE presented updates to the Caucuses on 5/29

June 22
Public Feedback Due

Draft Inquiries & Investigations SOP Version 1.0

Policy Intent of the Draft Inquiries and Investigations SOP

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- Provide an accessible method, outside of the Dispute Resolution Process, for QHINs, Participants, Subparticipants, Caucus members, and external parties to raise inquiries to the RCE
- Create a transparent, predictable process for the RCE to handle potential matters of non-compliance raised about a specific QHIN, Participant, or Subparticipant outside the Dispute Resolution Process
- Create a paper trail to document the investigations that the RCE does (and is already doing) in response to complaints raised

Section 4.1 Flow Chart

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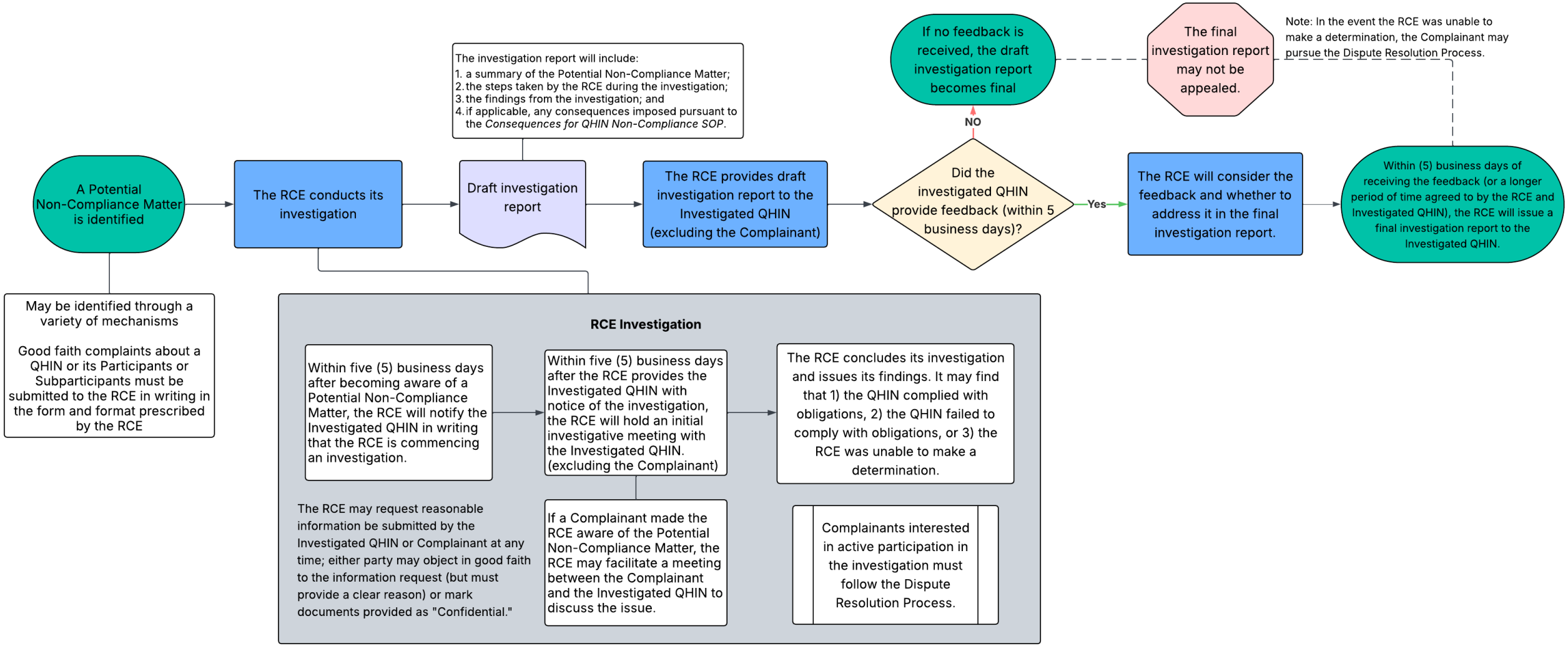

Proposed 4.2 Deemed Non-Compliance

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Policy Intent of 4.2:

To clearly define the circumstances where the RCE may deem a QHIN in non-compliance without proceeding through the Investigation in 4.1 (e.g., a QHIN's failure to respond to the RCE's escalation of a question).

4.2 Deemed Non-Compliance

1. In the following circumstances, the RCE may deem the QHIN in non-compliance without any further investigation and may issue to the QHIN a written finding of deemed non-compliance describing the non-compliant behavior and applicable consequences.
    a. A QHIN's failure to submit the required monthly metrics by the reporting deadline;
    b. A QHIN's failure to respond to the RCE's escalation of a question within five (5) business days;
    c. Absent a good faith objection to the RCE's request for information, a QHIN's refusal or failure to provide any requested information in accordance with Section 4.1.2.d of this SOP; or
    d. A QHIN's failure to comply with a consequence imposed by the RCE.
2. The written finding of deemed non-compliance is final and non-appealable, subject to the QHIN's appeal rights in 45 CFR 172.602.

Proposed 4.3 Transparency Dashboard

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Policy Intent of 4.3:

To increase trust by providing transparency into the RCE's Investigations and outcomes and allowing the TEFCA Governance Bodies to identify and track patterns of investigations, non-compliance, and enforcement.

4.3 Transparency Measures

1. For transparency and to further the understanding of TEFCA's Framework Agreements, SOPs, and QTF, the RCE will publish on the RCE's publicly-facing website an anonymized summary of each investigation report including a summary of the Potential Non-Compliance Matter investigated by the RCE and the outcome of the investigation.

2. For internal administrative and governance purposes, the RCE will maintain a dashboard of all investigations and deemed non-compliance notices. The dashboard will include the name of the Complainant (if any), the name of the Investigated QHIN, the date of the investigation report (if applicable), the findings of the investigation or deemed non-compliance, and, if applicable, the consequences imposed.

    a. The dashboard will be provided to ONC on a regular basis.

    b. Updates to the dashboard will be provided to the Governing Council and QHIN Caucus on a regular basis. The dashboard is provided to the Governing Council and QHIN Caucus for information only - not discussion or action. Governing Council and QHIN Caucus will treat such information as Confidential Information.

3. On a quarterly basis, the Governing Council will review the dashboard to determine whether there are any patterns of investigations, non-compliance, and enforcement that suggest a need for modifications to, or further guidance on, the requirements of the Framework Agreements, SOPs, or QTF. The Governing Council's findings, if any, will be shared with ONC.

Draft Restricted Participation List (RPL) Version 1.0

Proposed 4.1 Restricted Participation List - Triggers

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A QHIN, Participant, or Subparticipant may be placed in Restricted Participation status when:

- Participation is suspended or terminated by the RCE with prior approval from ONC
- Participation is suspended, terminated, or inactivated by an Upstream QPS
- Participation is voluntarily suspended, terminated, or inactivated
- The action occurs in connection with documented inappropriate use of TEFCA Exchange, a complaint or dispute, or a pending compliance investigation

Upstream QPS: the QHIN, Participant, or Subparticipant through which the inactivated, suspended, or terminated Participant or Subparticipant connects to TEFCA

Note: *This is a high-level summary. Refer to the draft SOP for official language.*

Proposed 4.2 Procedure for Reporting QHINs, Participants, or Subparticipants that are on the Restricted Participation List

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Reporting and Information Sharing

- QHINs must promptly notify the RCE when Participants or Subparticipants are designated as Restricted Participation
- Reports must identify the applicable Restricted Participation category and describe the relevant facts and circumstances
- The RCE maintains and shares a list of QHINs, Participants, or Subparticipants that are in Restricted Participation status with all QHINs
- The list includes the basis for the designation

Note: *This is a high-level summary. Refer to the draft SOP for official language.*

Proposed 4.2 Procedure for Reporting QHINs, Participants, or Subparticipants that are on the Restricted Participation List

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A Participant's or Subparticipant's Restricted Participation designation can only be removed as follows:

- **If the restriction was put in place during an RCE investigation**, it may be removed once the investigation is complete and the RCE determines there is enough evidence that the organization complied with applicable requirements.
- **If the restriction was put in place during an investigation by the organization's Upstream QPS**, it may be removed once that investigation is complete and the Upstream QPS determines there is enough evidence that the organization complied with applicable requirements. The Upstream QPS must also provide its findings to the RCE.
- **A QHIN, Participant, or Subparticipant may request removal of the restriction.** The Governing Council (or its designee) will review the request within 15 business days and aims to issue a decision within 30 business days of receiving the request.

Note: *This is a high-level summary. Refer to the draft SOP for official language.*

Confidential Information

- Information included on the Restricted Participation List is treated as Confidential Information under the Common Agreement.
- Access is limited to individuals with a legitimate business need related to their role or responsibilities.
- Recipients must protect and handle the information in accordance with applicable confidentiality requirements.

Section 7 of the Common Agreement v2.1 addresses Confidentiality and Accountability

Note: *This is a high-level summary. Refer to the draft SOP for official language.*

Restricted Participation List QHIN Responsibilities

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- QHINs are responsible for checking the Restricted Participation List before activating or reactivating a Participant or Subparticipant and may not activate entities designated as being in Restricted Participation status.

Note: *This is a high-level summary. Refer to the draft SOP for official language.*

Next Steps

- Public comment is now open for the following draft SOPs on the TEFCA Topics in Change Management website:
  - Draft Inquiries and Investigations SOP Version 1.0
  - Draft Restricted Participation List SOP Version 1.0
- Feedback is requested by **June 22, 2026**
- Submit feedback to RCE@sequoiaproject.org
- Updated drafts are anticipated to be presented to the Caucuses for vote in late-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/

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Educational Resources

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
July 21 2026 |12:00-1:00pm ET

Questions & Answers

For more information:
rce.sequoiaproject.org

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Thank You

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