TEFCA RECOGNIZED COORDINATING ENTITY

EDUCATION BRIEF

Partner-Based Exchange in TEFCA

What is Partner-Based Exchange in TEFCA?

Background

Partner-based exchange allows Qualified Health Information Networks® (QHINs™), Participants, and Subparticipants to use the network-of-networks of the Trusted Exchange Framework and Common Agreement™ (TEFCA®) for data exchange with trusted partners for shared business needs. TEFCA sets standard operating policies (SOP) for exchange based on Exchange Purposes, such as Treatment, Payment, or Health Care Operations (see Table 1). Each Exchange Purpose (XP) is accompanied by one or more XP Codes that are included in a transaction so that the recipient knows the purpose of the Query or Message Delivery. If the TEFCA XP Code does not require a response, per the Exchange Purposes SOP, then organizations that participate in TEFCA can use that XP Code to exchange information as part of a new or existing business relationship with another participating organization. In these cases, organizations coordinate directly with their exchange partner(s) to send and receive information for that specific XP Code among themselves, without having to respond to Queries from others. All parties must have signed either the Common Agreement or the Terms of Participation and be participating in TEFCA Exchange.

The Common Agreement (Section 6.2.2) and Terms of Participation (Section 2.2.2) both state that participants must not engage in or limit TEFCA Exchange in a discriminatory manner. However, the Exchange Purposes SOP states that when a response is not required for a given XP Code, this non-discrimination provision does not apply. Under these circumstances, QHINs, Participants, and Subparticipants may decide their own exchange partners and coordinate exchange for those XPs based on their specific business relationship.

This brief explains:

- What partner-based exchange means for TEFCA
- Why TEFCA includes this approach to exchange
- Which Exchange Purposes qualify for partner-based exchange
- Examples of relationships that can leverage partner-based exchange
- Considerations for QHINs, Participants and Subparticipants interested in leveraging this approach

Resources

- Common Agreement
- Exchange Purposes SOP
- RCE Resource Library

These partner-based exchanges do not circumvent other response requirements. Those participating in TEFCA Exchange must respond to requests when required to respond, as outlined in the Exchange Purposes SOP. For example, all organizations must respond to Queries for Individual Access Services.

Why did TEFCA Adopt this Approach?

The partner-based exchange approach allows organizations to use TEFCA for data exchange purposes that support new or existing business relationships between TEFCA participants, without the expectation that they must respond to other Participants and Subparticipants who might Query for that same purpose.

Opening opportunities to create these exchange relationships provides the Office of the National Coordinator for Health IT (ONC) and the Recognized Coordinating Entity® (RCE®) with a deeper understanding as to the types of exchange vital to TEFCA's QHINs, Participants, and Subparticipants. Lessons from partner-based exchange will help expand use cases to be considered for adoption more widely as part of TEFCA.

Which XPs Allow for Partner-Based Exchange?

Those interested in partner-based exchange should reference the XPs SOP to verify that their use case falls within an authorized XP that does not require response. Table 1 is adapted from XPs SOP version 5.1 and lists the XP codes available as of August 3, 2026. In the case of the Treatment XP, there are two codes. For T-TRTMNT response is required and this could not be used for partner-based exchange. However, the higher level T-TREAT code could be used as it does not require response. See the related example on page 4.

TABLE 1. XP CODES AND RESPONSE REQUIREMENTS

Authorized XP	XP Code	Response Requirements
Treatment	T-TREAT T-TRTMNT	Not required *Required*
Payment	T-PYMNT	Not required
Health Care Operations	T-HCO	Not required
Care Coordination/Case Management	T-HCO-CC	Not required
HEDIS Reporting	T-HCO-HED	Not required
Quality Assessment and Improvement	T-HCO-QAI	Not required
Population-Based Activities	T-HCO-POP	Not required
Patient Safety	T-HCO-PTSAFETY	Not required
Performance Review	T-HCO-PERF	Not required
Public Health	T-PH	Not required
Electronic Case Reporting	T-PH-ECR	Not required
Electronic Lab Reporting	T-PH-ELR	Not required
Individual Access Services	T-IAS	*Required*
Government Benefits Determination	T-GOVDTRM	Not required
Social Security Determination	T-GOVDTRM-SSD	Not required
Access Consent Policy	T-GOVDTRM-ACP	Not required

Partner-Based Exchange in Practice

The examples below illustrate scenarios where organizations might choose this approach.

1 Health Care Operations, HEDIS Reporting (T-HCO-HEDIS)

A health plan wants to use TEFCA Exchange to support an existing relationship with their provider network to request encounter data about their enrollees to supplement their claims data for the purpose of calculating quality measures that apply to the health plans, such as HEDIS measures. This scenario could fall under the Health Care Operations HEDIS Reporting XP Code (T-HCP-HEDIS), which does not require a response.

To begin this exchange, both the health plan and health care provider would need to onboard to TEFCA as a Participant or Subparticipant, if they have not already done so. After reviewing and agreeing to the applicable requirements in the Terms of Participation, SOPs and other relevant policies, the health plan and provider organization can determine their own exchange requirements, which may include:

- what encounter data the health plan needs returned in the provider's Response;
- what patient population should be included in the exchange for reporting purposes;
- any service level agreements on the frequency, volume and timing of Queries and Responses expected in the exchange;
- any reciprocal data that should be shared back to the provider by the health plan; and
- what fees (if any) the health plan agrees to pay to the provider for queried information.

Once the agreement is in place, the health plan can use TEFCA to direct Queries for encounter data to the providers and receive data for calculating quality measures.

2 Health Care Operations, Quality Assessment and Improvement (T-HCO-QAI)

An Emergency Medical Services (EMS) Provider seeks to establish a TEFCA data exchange relationship with the hospitals it services, Querying for data regarding outcomes for patients that are transported by EMS in order to calculate their own quality metrics.

3 Health Care Operations, Population-Based Activities (T-HCO-POP)

A pharmacy and a health plan have a partnership in which the pharmacy is reimbursed for helping close care gaps for a shared cohort of diabetic patients. The relationship would include the health plan Querying the pharmacy for any in-house A1c checks conducted on this panel, with the pharmacy Responding with these results to support the health plan's value-based care arrangements.

4 Treatment, T-TREAT

A free clinic provides primary care and chronic disease management to low-income patients. As the clinic does not bill insurance, they are a non-HIPAA Covered Entity and therefore do not qualify to use the T-TRTMNT XP Code, which requires a response from other health care providers. To better support patient care, the free clinic seeks to establish a partner-based TEFCA exchange with the local health system to support sending referral information and Querying the health system for any health information to support continuity of care.

Steps to Participate in Partner-Based Exchange

Sign the Terms of Participation

All who wish to participate in TEFCA partner-based exchange must sign the Terms of Participation.

Follow the relevant XP Implementation SOP for the asserted Exchange Purpose(s), if one exists

Partners must follow the requirements outlined in the relevant XP Implementation SOP(s), if applicable for the Exchange Purpose(s) asserted, if one exists. All XP Implementation SOPs are available for review in the RCE Resource Library.

Define the terms of partner-based exchange with your partner(s)

Partners should consider the exchange requirements needed to support their business relationship for partner-based exchange and ensure that the terms of exchange do not conflict with TEFCA requirements (i.e., the Common Agreement, QHIN Technical Framework, and applicable SOPs). For non-required XPs, a Responding Node may charge fees to the Initiating Node, but fees are not required. The defined business relationship between the TEFCA Exchange partners determines any fees for exchange. In all cases, fees are also subject to applicable law. Remember, responders may **not** charge fees for Queries under the T-TRTMNT and T-IAS XP Codes because response is required for those XP Codes (Table 1).

Partner-Based Exchange May Inform Future Policy

The XPs SOP requires QHINs to collect and report to the RCE on the use of partner-based exchange so that additional use cases can be better understood.

The RCE will use this information to guide future policy development. This could include, for example, specifying technical approaches or other requirements associated with use cases under the Non-Required XP Codes, or identifying whether and when a given XP Code may merit a Required Response. For more information on the reporting requirements, see the Exchange Purposes (XPs) SOP.