I. **Purpose**

The purpose of this policy is to provide a consistent set of terminology definitions which are used throughout all of the Exchange Policy and Procedure (EPP) documents, and to define the requirements for developing, submitting, reviewing, approving, revising, and retaining policies and procedures for onboarding organizations for exchange of health information using the California Trusted Exchange Network. It also provides a central location for consensus explanations of terms used in other exchange policies and procedures.

II. **Applicability of Policy**

This policy applies to all Participants and defines their responsibilities concerning CAHIE policies and procedures governing the exchange of health information. This policy does not apply to CAHIE operations outside of the governance of health information exchange using the CTEN.

III. **Policy**

A. **Definitions**

**Authorized End Users** are those users granted access to the California Trusted Exchange Network by a Participant or Subparticipant. This term is equivalent to the term “Participant User” found in the CalDURSA, Section 1.gg.

**Business Associate** shall have the meaning set forth at 45 C.F.R. § 160.103 of the HIPAA Regulations.

**Business Associate Agreement** shall have the meaning set forth at 45 C.F.R. § 160.103 of the HIPAA Regulations.

**California Association of Health Information Exchanges (CAHIE)** shall mean that California Corporation with oversight and operational responsibility of the California Trusted Exchange Network and the CalDURSA.

**California Data Use and Reciprocal Support Agreement (CalDURSA)** shall mean that specific multi-party agreement and its Joinder Agreement that is executed by
Participants who wish to enable their voluntary participation in health information exchange activities with other Participants.

**California Interoperability Committee (CIC)** shall mean the committee that provides oversight, facilitation and support for the Participants who Transact Message Content with other Participants using the California Trusted Exchange Network as further defined in the CalDURSA, Section 4.

**California Trusted Exchange Network (CTEN)** shall have the meaning set forth in the CalDURSA Section 1.x (Definition of Network). ¹

**Common Participant Resources** shall mean software, utilities and automated tools made available for use in connection with the Transaction of Message Content pursuant to the CalDURSA and which have been designated as "Common Participant Resources" by the California Interoperability Committee pursuant to the Operating Policies and Procedures.

**Confirmed Receipt Email** shall mean use of any company or commercial email system with read receipt capability, and requires that the read receipt request is set, and further requires that any obligation where the term is used is not met until the read receipt is received by the sender.

**CTEN Administrator** shall mean that person appointed by CAHIE to perform day-to-day administration of the California Trusted Exchange Network including duties assigned in the Exchange Policies and Procedures for onboarding and ongoing administration.

**Direct Messaging** shall mean a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet, as further defined in the Direct Applicability Statement referenced in the CalDURSA in Attachment 1.

**Health Information Exchange (HIE)** shall mean the process of Transacting Message Content as further specified in the CalDURSA, Section 1.ss² and Section 1.w.³

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¹ DURSA Definition: Network shall mean the standards, services and policies identified by the Interoperability Committee that enables secure health information exchange over the Internet. As of January 31, 2014, the Network shall be referred to as the California Trusted Exchange Network (CTEN).

² DURSA Definition: Transact shall mean to send, request, receive, assert, respond to, submit, route, subscribe to, or publish Message Content using the Performance and Service Specifications.

³ DURSA Definition: Message Content shall mean that information contained within a Message or accompanying a Message using the Specifications. This information includes, but is not limited to, Protected Health Information...
Health Information Organization (HIO) shall mean an organization which has been established for the purpose of facilitating and coordinating HIE.

Health Information Service Provider (HISP) shall mean that specific type of health services provider which is dedicated to the provision of Direct Messaging services. It is not uncommon for HIOs or other Participants to also include the HISP service.

Health Service Provider (HSP) shall have the meaning set forth in the CalDURSA Section 1.r.

Model Modular Participation Agreement (MMPA) shall mean that particular model agreement and its successors developed through a committee sponsored by CalOHII for Participants to use as needed when contracting with Subparticipants.

Onboard means the technical process of making a prospective Participant vetted by the California Interoperability Committee an exchanging member of the California Trust Exchange Network.

Participant shall mean an HIO or other organization which has been onboarded into the California Trusted Exchange Network, and as further defined in the CalDURSA Section 1.ee. The term Participant as used in the EPP documents also relates to organizations which have applied for participation in the California Trusted Exchange Network and are in the process of being evaluated for onboarding.

Participant Agreement shall mean any agreement such as the MMPA which has been executed between a Participant and a SubParticipant.

Protected Health Information (PHI) shall have the meaning set forth at 45 C.F.R. § 160.103 of the HIPAA Regulations.

Services Registry shall mean that data structure maintained by CAHIE as part of the CTEN which contains a listing of those Participants who have satisfied conformance testing for a particular Transaction Pattern and have been authorized to conduct that Transaction Pattern over the CTEN.

Subparticipant shall mean any healthcare organization or organizational component that has signed a separate participation agreement with a Participant or which otherwise is contractually or organizationally bound to a Participant. Subparticipants in typical

(PHI), de-identified data (as defined in the HIPAA Regulations at 45 C.F.R. § 164.514), individually identifiable information, metadata, Digital Credentials, and schema.

4 CalDURSA Definition: Health Information Service Provider or HSP shall mean a company or other organization that will support one or more Participants by providing them with operational, technical, or health information exchange services.
CTEN Exchange Policies and Procedures

Subject: Definitions and Maintaining Exchange Policies and Procedures
Status: Approved by CIC
Policy: EPP-1
Effective: 15 September 2017
Version: 1.1

usage could be independent healthcare organizations which have signed an MMPA-like contract with an HIO, or separate organizational units of a Participant that have separate governance documents, but are contractually bound to the parent organization. Subparticipants may themselves have Subparticipants, and both Participants and Subparticipants have Authorized End Users.

**Trust Anchor** shall mean an authoritative entity represented by a public key and associated data. Typically in a chain of trust, the top entity to be trusted becomes the Trust Anchor, and can be a root certificate authority or an intermediate certificate authority. The public key of the Trust Anchor is used by the relying party to verify digital signatures and the associated data of the certificates that were issued by the certificate authority.

**Trust Bundle** shall mean the collection of Trust Anchor certificates for members of a Trust Community for a specific Trust Profile.

**Trust Community** shall mean a collection of organizations that elect to adopt a common set of policies and practices in regard to health information exchange. Members of the CTEN are an example of a CAHIE Trust Community that use a common infrastructure to facilitate statewide exchange.

**Trust Profile** shall mean a distinct set of policies and processes corresponding to a specific health information exchange purpose or use. A Trust Community may create more than one Trust Profile.

B. **Introduction**

1. Any Member in-good-standing may propose in writing to the CIC a request to develop a new exchange policy or procedure, or a request for the amendment or repeal of an existing exchange policy or procedure. All such requests shall identify:

5 The distinction of Subparticipant is important only with respect to contractual obligations and their respective “flow-downs”. Participants will have signed the CalDURSA and are contractually subject to the terms of that document. Many of those terms require that they be implemented as contractual obligations of any of the Participant’s users, whether they are End Users or other intermediary organizations who themselves ultimately have or represent End Users. Subparticipants are responsible through their contractual or organizational relationships to the Participants, and assume through those relationships the “flow-down” obligations, including the requirement to subsequently flow-down the obligations to those they represent.
1. the exchange policy or procedure that is the subject of the requested change, if it is a request to change an existing policy or procedure, or
2. the type of exchange policy or procedure sought, if it is a request to develop a new policy or procedure;
3. a thorough description of why the request is necessary; and
4. analysis of the expected impact of adopting the new exchange policy or procedure or modifying/repealing an existing exchange policy or procedure.

Rationale: The California Interoperability Committee is charged with governing exchange through the CTEN. However, any CAHIE member may have insight into the need for new or modified policies or procedures relating to exchange and onboarding.

2. The California Interoperability Committee shall consider any requests to develop a new exchange policy or procedure, or a request for the amendment or repeal of an existing exchange policy or procedure, and inform the requestor of action. If action is to be taken, it may forward the request to CAHIE staff or an ad hoc work group for development.

C. Development

1. CAHIE exchange policies and procedures shall use template(s) accepted by the CIC to maintain uniform organization and format for all policy and procedure documents.

2. CAHIE exchange policies and procedures shall be assigned numbers according to the following scheme:
   1. All policies related to the exchange of health information and the onboarding of organizations to the CTEN shall be identified as an Exchange Policy and Procedure with a number beginning with “EPP”.
   2. This policy shall be identified as EPP-1.
   3. Policies shall use ascending even numbers, beginning with EPP-2.
   4. Related procedures shall use the next odd number in sequence. That is, the procedure associated with policy EPP-2, if any, shall be identified as EPP-3.

Noteworthy: Other, more complicated architectures for numbering schemes can be contemplated. However, it is desirable to keep the numbering scheme simple until such time that CAHIE has sufficient policies and procedures to indicate what numbering architecture would best meet its needs.
D. Review and Approval

1. The CIC shall consider any new exchange policies or procedures that meet the submission criteria set forth above at its next regularly-scheduled meeting following receipt or at a time to be scheduled and communicated to the Board of Directors. If, after considering the request, the CIC determines that the request does not have merit or lacks sufficient detail, it will communicate this determination to the party making the request.

2. New policies and changes to existing policies shall be considered approved when ratified by a 2/3 majority of the CIC.

3. New procedures and changes to existing procedures that significantly impact CAHIE or California Trusted Exchange Network operations will be considered approved when ratified by a 2/3 majority of the CIC.

4. Changes to existing procedures that do not significantly impact CAHIE or CTEN operations shall be considered approved when ratified by a simple majority of the CIC.

   Rationale: The CIC is the sole decision-making body for adopting new policies and procedures regarding exchange of health information, or making changes to existing policies and procedures. Designation of the 2/3 majority is to maintain consistency with the change process for the Operating Policies and Procedures. Use of a simple majority for minor changes to policies and procedures that do not materially affect the CTEN allows such changes to be placed on a consent calendar of the CIC.

5. The Definitions in Section III.A. of this EPP-1 once formally approved by the CIC will be maintained by the CIC and may be updated and added to from time to time as needed in the normal course of maintenance of the EPP documents. Such additions and maintenance are considered of minimal impact.

   Rationale: The need for new definitions consistent with all exchange policies and procedures are best identified while developing new policies and procedures, or changes to policies and procedures, and should be changed or added without requiring anything other than majority approval of CIC.
E.  Retention

1. All Exchange Policies and Procedures shall be maintained in an electronic form that is commonly accessible to Participants and CAHIE members and can be accessed and printed if desired.

2. All current Exchange Policies and Procedures, as well as originals of all amended, repealed, and replaced Exchange Policies and Procedures, shall be maintained for the duration of their usefulness as determined by the CIC.

IV.  References

- CAHIE Bylaws
- CAHIE Exchange Policy Template
- CAHIE Exchange Procedure Template

V.  Related Policies or Procedures

- California Data Use and Reciprocal Support Agreement (CalDURSA)

VI. Version History

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<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Comment</th>
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<tr>
<td>1/30/2014</td>
<td>Dave Minch</td>
<td>Initial draft.</td>
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<tr>
<td>1.0</td>
<td>Rim Cothren</td>
<td>Initial release.</td>
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<tr>
<td>2/6/2015</td>
<td>Rim Cothren</td>
<td>Correct typographical error in reference to CalDURSA in definitions.</td>
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<tr>
<td>9/15/2017</td>
<td>Rim Cothren</td>
<td>Aligned definitions with new structure for CTEN services and generalized technical exchange standards, removed EPPW.</td>
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