

Appendix C

Other Network Approval Request: Summary Approval Memo

Administrative Data:

Title: CommonWell Health Alliance, Inc. – Healthix

Tracking Number: Other Network Approval Request 1

Date of Approval Request Receipt: 11/19/2025

Members of Review Team:

Name	Title	Organization Represented
Alison Bianchi	COO	NYeC
Rob Horst	CIO	NYeC
Michael Berger	Innovation Center Lead	NYeC
Lindsey Ferris	Analytics Team Lead	NYeC
Jacek Cempura	Sr. Director, NYeC Security	NYeC
Charlie Feldman	Attorney	NYeC
Chris Klimek	Director, SHIN-NY Security	NYeC
Manny Bacolas	Enterprise Architect	NYeC

Date Review Team Evaluation Completed: 12/1/25

Date of Review Team Recommendation: 12/05/25

Date of TAC Decision: 12/17/2025

Note: Attached to this Summary Approval Memo is the Other Network Approval Request (and any supporting documentation) provided to NYeC by the Requesting HIN.

Overview and Description of Request:

Healthix, a Health Information Network (HIN), requests approval of CommonWell Health Alliance Inc. as a other network participant. CommonWell Health Alliance, Inc. is a not-for-profit, vendor-neutral alliance created in 2013 by a group of healthcare IT companies determined to address the fragmentation of health data in the U.S. CommonWell is a designated Trusted Exchange Framework and Common Agreement (TEFCA)-qualified network — i.e. a Qualified Health Information Network (QHIN) — giving it national-scale interoperability reach. CommonWell is a national backbone/network for health data exchange — not a single EHR or system, but an interoperability infrastructure that enables many different health IT systems and providers to share data securely and consistently. CommonWell does not store a central copy of health records. Instead, it provides the infrastructure (e.g., RLS, MPI, etc.) and services that let disparate systems locate, match, and retrieve records across different providers nationwide, when authorized.

CommonWell Use Cases:

Participant Queries to the CommonWell Network - Healthix only accepts clinical data from CommonWell Health Alliance by querying the network as an extension of Participant requests when requesting access to a patient's clinical records. No data is stored within Healthix upon delivery to Participant or after viewing within Healthix's Clinical Portal. Healthix does not respond to CommonWell Health Alliance requests around Treatment, Healthcare Operations and Payment due to current NYS patient consent regulations. Healthix is not using CommonWell to participate in TEFCA

Patient Access Requests - In support of MyHealthRecordNY.com (Patient Portal) hosted by Healthix, patient data is retrieved from CommonWell and made available to the NY resident upon request. Healthix does respond to the CommonWell Health Alliance "Patient Access" requests to not run in conflict with the CMS Interoperability and Patient Access Final Rule (CMS 9115-F) and other federal rules and regulations regarding information blocking. Per NYS no consent is required to deliver clinical records to the patient directly upon their request. CLEAR is used for patient authentication.

Only Healthix interacts with CommonWell, and CommonWell is not interacting with the Statewide Data Infrastructure (SDI).

Review Team Evaluation

Based on its review of the Approval Request in accordance with the Other Networks SOP, the Review Team has evaluated the Approval Request as indicated in the chart below.

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Compliance	Fully aligns with SCPA, policies & laws	Minor gaps with clear remediation	Significant gaps/conflicts	1	Comprehensive compliance review by Charlie Feldman; low risk
Security	Meets/exceeds SHIN-NY security baselines	Minor variances with controls	Major vulnerabilities or non-alignment	1	HITRUST R2 Certification, CLEAR used for patient verification

Risk Category	Low (1)	Medium (2)	High (3)	Score	Notes
Technical	Fully interoperable, minimal changes	Some integration complexity	Significant re-engineering required	1	Already live for Healthix for both use cases; no technical changes required
Operational	Clear support model, proven uptime	Some uncertainty in ops readiness	No proven operational capability	1	It is assumed that since Commonwell is a designated QHIN, it has adequate capabilities to operate Commonwell
Financial	Low/no cost, sustainable	Moderate cost impact	High cost or unclear funding	1	Fees <\$10K paid for by Healthix; not funded by SHIN-NY
Reputational	Enhances SHIN-NY value and credibility	Neutral impact	Potential negative perception	1	Enhances the value of the SHIN-NY for Healthix participants

Total Score: 6 / 18

Risk Level: 0-6 Low | 7-12 Medium | 13-18 High

Review Team Recommendation

Approve

Approve with the following conditions and/or monitoring requirements:

Deny (description of reason[s]):

Signed by:



Review Team Lead

12/23/2025

Date

TAC Determination

Approved

Approved with the following conditions and/or monitoring requirements:

Denied (description of reason[s]):

Signed by:



TAC Chair

12/23/2025

Date

Appendix A

Other Network Approval Request Form

Requesting HIN Information

HIN Name: Healthix

HIN Address: 347 W 36th St, 8th Floor, New York, NY 10018

Name of HIN Official Submitting Request: Healthix - CommonWell

Title of HIN Official Submitting Request: CommonWell Health Alliance, Inc.

Other Network Information

Network Name: CommonWell Health Alliance, Inc.

Website/Directory URL: <https://www.commonwellalliance.org>

Governance Body/Operator: Non-Profit Board, ELLKAY is the technical vendor used

Geographic Coverage: U.S.

Accreditations/Certifications: HITRUST R2, QHIN

Participation Role

TEFCA

TEFCA QHIN

TEFCA Participant

TEFCA Subparticipant

Other Network Participant

Information in Support of Approval Request

For each element below, please provide (1) a detailed description of how the Other Network and/or the Requesting HIN, as appropriate, addresses each element; and (2) whether supporting documentation is being submitted to supplement the description provided:

1. Compliance, including data use and privacy:

- a. Describe the extent to which the Other Network can demonstrate compliance with all applicable law governing data privacy and security (including but not limited to HIPAA); consents and authorizations to use data within the Other Network; and data sharing, interoperability and information blocking (including but not limited to the provisions of the CMS Interoperability and Prior Authorization Final Rule [CMS-0057-F], the CMS Interoperability and Patient Access Final Rule [CMS-9115-F], and any federal rules and regulations regarding information blocking). Such compliance may be documented, for example, through evidence that the Other Network maintains privacy and/or security certifications that are aligned with HIPAA.

Healthix only accepts clinical data from CommonWell Health Alliance by querying the network as an extension of Participant requests when requesting access to a patient's clinical records. No data is stored within Healthix upon delivery to Participant or after viewing within Healthix's Clinical Portal. Healthix does not respond to CommonWell Health Alliance requests around Treatment, Healthcare Operations and Payment due to current NYS patient consent regulations.

In support of MyHealthRecordNY.com (Patient Portal) hosted by Healthix and Hixny, patient data is also retrieved and made available to the NY resident upon request. Healthix does respond to the CommonWell Health Alliance "Patient Access" requests to not run in conflict with the CMS Interoperability and Patient Access Final Rule (CMS 9115-F) and other federal rules and regulations regarding information blocking. Per NYS no consent is required to deliver clinical records to the patient directly upon their request.

CommonWell Health Alliance is a "Designated QHIN" under TEFCA and must pass rigorous technology and security testing defined by ASTP (ONC). Full requirements can be found here: [TEFCA | HealthIT.gov](#)

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b. Describe the extent to which Other Network's agreements, policies and procedures, including those on data use and secondary data uses, align with the SCPA, SHIN-NY SOPs and applicable laws and regulations.

N/A – Healthix provides no clinical data to CommonWell Health Alliance, except under the Patient Access use case.

c. Describe the extent to which the Other Network implements a “delegation of authority” or other similar method by which an Other Network participant, as a principal, can authorize a delegate(s) to initiate and/or respond to exchange requests on the participant's behalf.

1. If the Other Network does implement such a delegation, explain whether, and if applicable how, the Requesting HIN intends to utilize it.

N/A

2. The Requesting HIN must submit a privacy and security risk assessment of such delegation conducted by an independent third party.

N/A

d. Identify any areas of conflict or misalignment with applicable law, agreements and/or policy and any recommended amendments to agreements or policy that could be proposed to address such conflict or misalignment in a manner consistent with the mission and aims of the SHIN-NY.

N/A – Healthix provides no clinical data to CommonWell Health Alliance, except under the Patient Access use case which aligns with SHIN-NY Policies.

e. Describe the extent to which queries from the Other Network includes the purpose for the request (e.g., individual access, treatment, payment, or healthcare operations) to ensure disclosures are lawful.

Request of the Individual (Patient Access) (the “Permitted Purposes”). The definitions are from the HIPAA Privacy Rule for Uses and Disclosures for Treatment, Payment, and HealthCare Operations and the Individual’s Right under HIPAA to Access their Health Information. Excerpts from the

HHS sites previously linked are below. References to the HIPAA Privacy Rule are located at 45 CFR Part 160 and Subparts A and E of Part 164 and referenced documentation for the full language of Treatment and Individual Right to Access.

The Privacy Rule generally requires HIPAA covered entities (health plans and most health care providers) to provide individuals, upon request, with access to the protected health information (PHI) about them in one or more “designated record sets” maintained by or for the covered entity. This includes the right to inspect or obtain a copy, or both, of the PHI, as well as to direct the covered entity to transmit a copy to a designated person or entity of the individual’s choice. Individuals have a right to access this PHI for as long as the information is maintained by a covered entity, or by a business associate on behalf of a covered entity, regardless of the date the information was created; whether the information is maintained in paper or electronic systems onsite, remotely, or is archived; or where the PHI originated (e.g., whether the covered entity, another provider, the patient, etc.). © 2013 – 2025 CommonWell Health Alliance Inc. All rights reserved.

Individuals have a right to access PHI in a “designated record set.” A “designated record set” is defined at 45 CFR 164.501 as a group of records maintained by or for a covered entity that comprises the:

- **Medical records and billing records about individuals maintained by or for a covered health care provider;**
- **Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or**
- **Other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.**

- f. Describe the extent to which the Other Network shares (or has a concrete plan and timeline to do so) patient consent choices with all involved parties, including for treatment purposes. These choices must be supported when required by law or policy, including honoring a patient’s right to request restrictions on disclosures of their information for certain purposes.**

N/A – this request does not require patient consent to operate as outlined above (reflects current operation at Healthix)

2. Security:

- a. Describe the Other Network's applicable controls framework (e.g., HITRUST CSF).

HITRUST R2 Certification

- b. Describe the extent to which the Other Network maintains (or has a concrete plan and timeline to do so) security certification or validation against its applicable controls framework.

N/A

- c. Describe the extent to which Other Network's security requirements meet or exceed SHIN-NY security baselines and recognized security frameworks (e.g., NIST, HITRUST CSF)).

HITRUST R2

3. Technical:

- a. Describe the extent to which Other Network is fully interoperable with the Requesting HIN/SHIN-NY and requires minimal changes on the part of the Requesting HIN/SHIN-NY.

N/A – Healthix provides no clinical data to CommonWell Health Alliance, except under the Patient Access use case.

- b. Describe the Other Network's proposed data types, exchange purposes, and workflows (e.g., Treatment, IAS, Public Health).

Healthix is only leveraging Treatment for querying CommonWell Health Alliance and is supporting patient access requests from CommonWell Health Alliance.

- c. Describe the Other Network's technical architecture (logical/physical architecture, trust services used (directory, certificates), endpoint models, query/response patterns, message sizes, SLAs, availability, error handling).

Full technical specifications are found here: [CommonWell Health Alliance Specification - CommonWell Health Alliance](#)

4. Operational:

- a. Describe the extent to which the Other Network has a clear and effective support model with proven uptime.

I do not have current access to this information. If the service is down Healthix notifies our Participants that the data source is unavailable – just as we do for internally connected Participants whose data many be temporarily unavailable.

- b. Identify the business justification for the Approval Request and anticipated value (patient safety, coverage, efficiencies).

The Healthix business justification is to bring clinical data beyond NYS to our Participants as well as support patient access requests for patients.

- c. Describe the implementation plan and timeline for participation in the Other Network, including change management, support model, and rollback plan.

Currently connected for Treatment and Patient Access Use Case as describe above.

- d. Identify stakeholders impacted by participation in the Other Network and the communications plan.

Healthix Participants and NYS Residents

- e. Describe the plan for ongoing (e.g., quarterly, annual) review and reporting to NYeC on conditions of participation in the Other Network, including any material changes that would require prompt notice to NYeC and re-approval.

No planned change due to patient consent policies within NYS/SHIN-NY. Would seek approval if changes are requested.

5. Financial:

- a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's non-profit, health data utility mission.

Providing data to a HIN's Participants and NYS residents is core to the SHIN-NY's mission.

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- b. Describe the extent to which participation in the Other Network is low/no cost and sustainable for the Requesting HIN/SHIN-NY).

Minor membership annual fee required and paid by Healthix – not funded by SHIN-NY funds.

6. Reputational

- a. Describe the extent to which participation in the Other Network is consistent with the SHIN-NY's mission and enhances its value and credibility/trust with stakeholders).

Further the SHIN-NY's mission to improve healthcare and patient outcomes by collaboratively connecting and integrating health information exchange (HIE) statewide.

- b. Describe any anticipated reputational impacts to the SHIN-NY (e.g., data breaches or security incidents in the past 3 years).

There have been no security incidents or data breaches at CommonWell Health Alliance.



HIN Executive Director

11/19/2025