



FAQ: EPT Milestone on Data Exchange with External Partners
Population Health Learning Center
Equity and Practice Transformation (EPT) Technical Assistance

Updated: April 17, 2025

Introduction:

This FAQ provides clarification on the EPT milestone requiring practices to develop and implement a data and technology plan that includes data exchange with two external partners, one of which must be a Qualified Health Information Organization (QHIO). This includes guidance on what counts as a "new" connection and workflow and expectations for directionality of data exchange.

May 2025 Milestone Language:

Data implementation plan: Develop implementation plan for addressing data and technology gaps and transforming practice operations to support development of KPIs. Plan must include steps for implementing these three strategies:

- a. Identifying and outreaching to the assigned but unseen population
- b. Using gaps in care reports that include practice and MCP data
- c. Data exchange with 2 external partners, at least 1 of which is a Qualified Health Information Organization (QHIO)

November 2025 Milestone Language:

Progress report on implementing data improvement strategies: Demonstrate evidence of implementing at least 3 strategies from the data implementation plan including:

- a. Identifying and outreaching to the assigned but unseen population
- b. Using gaps in care reports that include practice and MCP data
- c. Data exchange with 2 external partners, at least 1 of which is a Qualified Health Information Organization (QHIO)

1. What does it mean to exchange data with an external partner?

Data exchange refers to the transfer of information between a practice and an external entity. This can take several forms:

1. **Bidirectional exchange** – both sending data to and receiving data from an external partner;

2. **Inbound exchange** – receiving data from an external partner; or
3. **Outbound exchange with feedback from recipient** – sending data to an external partner and receiving analytical insights or feedback that can inform care improvement.

In all cases, the exchanged data should be actively used to improve care quality or strengthen population health management (PHM) at the practice level. Practices should be able to clearly describe how they are using the data to support meaningful improvements.

1a. Does submitting supplemental data to an MCP (e.g., depression screening data via sFTP) count as a qualifying data exchange?

No, not on its own. While valuable for HEDIS performance, submitting data to an MCP **without receiving any data back** is not sufficient to meet the milestone. The milestone is focused on improving care at the practice level through the integration of external data into clinical workflows or population health strategies.

1b. What does count:

To qualify, the data exchange must result in actionable insights that are incorporated into clinical or population health workflows. For example:

- The practice submits depression screening data to the MCP.
- The MCP reviews the data and responds with:
 - Feedback on data quality or gaps (e.g., “25% of records are missing PHQ-9 scores”).
 - Population-level analysis (e.g., stratification by race/ethnicity or trends in follow-up rates).
 - Validation and response files that the practice can use to confirm data integrity and identify opportunities for outreach or care coordination.

1c. What the practice must be able to describe:

- How the MCP’s response informed improvement efforts.
- How the data exchange was operationalized (e.g., incorporated into the EHR, used in pre-visit planning, helped identify patients due for follow-up).
- How the process supports population health or quality improvement strategies.

2. What kinds of external partners qualify?

At least one partner must be a QHIO:

- Cozeva - Applied Research Works, Inc. QHIO
- Health Gorilla

- Long Health
- Los Angeles Network for Enhanced Services (LANES)
- Manifest MedEx
- Orange County Partners in Health – HIE
- SacValley MedShare
- San Diego Health Connect
- Serving Communities Health Information Organization (SCHIO)

Secondary external partners can include:

- Managed Care Plans (MCPs)
- Hospitals/Emergency Departments
- Behavioral Health Providers
- Community-Based Organizations
- Specialty Consult Providers
- Immunization Registries (CAIR2 or RIDE) (Only practices with children and youth PoF)
- Pharmacies
- Other approved sources

3. Does connecting to a National Network (e.g., Carequality, eHealth Exchange, or CommonWell) meet the requirement?

NEW GUIDANCE: Yes, with conditions. A practice can meet the requirement if:

- They are connected to a National Network through their EHR.
- They query and retrieve data from an external partner via the network.
- They implement a **new** workflow to use the retrieved data to improve care quality or strengthen PHM at the practice level.

The key is that **something must be new beginning in 2024**: a new connection, new workflow, or newly enabled use of the data.

4. What about practices with limited technical capacity or rural practices who can't easily ingest external data?

We recognize the challenges faced by rural or resource-constrained practices. To help support success:

- Practices can meet the requirement by establishing any new connection or workflow involving external data. This could be a secure email with a report, or access to a portal and dashboards. So long as new data is being shared somehow from an external party and being used meaningfully, it counts.

- The data exchange does not need to be bidirectional, but it must involve using data from the external partner in a way that improves care quality or strengthens PHM at the practice level.

5. What if a practice was connected to an external partner/QHIO prior to 2024?

A pre-existing connection can still count toward the milestone **if the practice began using the data in a new or expanded way in 2024 or later**. Since EPT is a directed payment program focused on incentivizing work that occurs during the program period, practices must demonstrate that meaningful use of the connection began—or significantly evolved—within that timeframe. For example:

- Querying data via the external partner/QHIO that wasn't previously accessed
- Developing a new protocol for acting on incoming data
- Integrating external documents to improve care quality and/or strengthen PHM at the practice level.

6. How should practices document compliance?

Practices should be prepared to describe:

- Who the external partner(s) are
- Whether the partner is a QHIO
- What data is exchanged
- How the data is used to improve care quality or strengthen PHM at the practice level.
- What aspects of the exchange are new as of the start of the EPT program in 2024