

# EHIgnite Challenge Official Rules

## Challenge Title

EHIgnite Challenge

## Overview

The EHIgnite Challenge addresses data usability challenges in single patient electronic health information (EHI) exports. This challenge seeks to incentivize the development of tools, platforms, and workflows that transform single patient EHI exports into usable, readable, and actionable information that supports clinical care, patient engagement, and informed decision-making.

## Structure

This challenge includes two phases. Only the participants selected to receive a Phase 1 prize may participate in Phase 2.

## Key Dates

**Phase 1: Concept & Design**

**Submission period begins:** February 23, 2026, 10:00 AM EST

**Submission period ends:** May 13, 2026, 11:59 PM PST

**Phase 2: Prototype Development**

**Submission period begins:** June 23, 2026, 10:00 AM EST

**Submission period ends:** March 24, 2027, 11:59 PM PST

**Phase 1 Winner Announcement:** June 2026

**Phase 2 Winner Announcement:** May 2027

## Prizes

**Total Cash Prizes**

\$490,000

For Phase 1, HHS may select up to 9 submissions to each receive up to \$10,000.

For Phase 2, HHS may select submissions to receive:

First place: \$250,000

Second place: \$100,000

Third place: \$30,000

Most Innovative Use of AI: \$20,000

### **Use of Cash Prizes**

Cash prizes (not grants or contracts) may be awarded under this Challenge announcement. HHS does not limit how winners may use prize money awarded to them. Therefore, winners may use prize money from one phase of this Challenge toward submissions for future phases, but they are not required to do so.

## **Description**

### **1. Purpose and Objectives**

The EHIgnite Challenge, a program managed by the Office of the National Coordinator for Health Information Technology (ONC), addresses data usability challenges in single patient electronic health information (EHI) exports. This challenge seeks to incentivize the development of tools, platforms, and workflows that transform single patient EHI exports into usable, readable, and actionable information that supports clinical care, patient engagement, and informed decision-making.

While health IT developers of a certified Health IT Module that is part of a health IT product which electronically stores EHI (“health IT developers of certified health IT”) are required to provide EHI export functionality, variability in implementation and the sheer volume of data have made these exports difficult for clinicians and patients to effectively use. Although the ONC Health IT Certification Program specifies functional requirements, it does not mandate specific transport methods, data standards, or implementation strategies. The EHI export file must be in an electronic and computable format and accessible via hyperlink.

These requirements are designed to offer health IT developers of certified health IT flexibility in their approach to conformance and to foster innovation, transparency, and best practices for data sharing. While beneficial for innovation, this has created inconsistencies in how exports are structured, formatted, and made accessible. Clinicians, patients, and other stakeholders have reported that EHI

exports are often overwhelming, difficult to interpret, and challenging to integrate into existing workflows.

These challenges limit the ability of healthcare teams to provide seamless care, particularly in care transitions (e.g., hospital to rehab), or for patients seeking to manage their own health data. Moreover, current tools do not consistently support critical use cases such as summarizing information for care teams, integrating multiple sources of patient data, or providing patient-facing interactive tools.

## 2. Background

[EHI](#) (electronic health information) includes individually identifiable health information that is stored or transmitted electronically and forms part of the designated record set.

Health IT developers of certified Health IT are required to support two use cases as set forth in 45 CFR 170.315(b)(10):

Single Patient EHI Export:

- Export EHI for a single patient at any time the user chooses without Developer assistance
- The export must be created in a timely fashion
- Must include all EHI for a single patient
- Must be electronic and in a computable format
- Must include a publicly accessible hyperlink of the export's format
- Certified Health IT Module must be able to limit users who can perform an EHI export

Patient Population EHI Export:

- Must include all EHI for a patient population
- Must be electronic and in a computable format
- Must include a publicly accessible hyperlink of the export's format

## 3. Description

Participants are asked to develop solutions that leverage **single patient EHI exports** to improve data usability and value. To incentivize wide adoption, submissions are encouraged to make use of standards adopted as part of the [ONC Health IT Certification Program](#). Such standards could include FHIR Release 4, US Core Implementation Guide v6, and SMART App Launch Framework 2.0.

**Submissions must create a usable, readable summary of relevant health information based on the user and/or a particular scenario.** For example, if a patient is being transferred to a rehab or acute care facility after a complex surgery, what information does the place of care and care team need to know to provide the best possible care to this patient? If an individual is moving out of state, what information does their new primary care provider need before their first visit?

**Submissions must additionally address at least one of the following five scenarios:**

**1. Interactive Patient Tools:** Enable patients to ask questions about their health data and receive understandable responses. Participants can assess an EHI export and make an interactive tool that allows patients to ask questions about their own health and care instructions.

- For example, if I am a patient, can I use a chatbot to review my own EHI and help me understand post-surgical instructions, or my provider notes to help modify diet or other behaviors?

**2. Customization for Clinical Domains:** Build tools that allow customized queries and organizing exports by relevant domains.

**3. Integration Across Settings:** Create a solution that makes EHI exports more consumable and allows for integration of EHI exports from multiple places of care.

- For example, allow patients to import their EHI export(s) across settings into a third-party application which enables searching, parsing, filtering, and viewing.

**4. Streamlined Payer Use Cases:** Create a solution that allows for easier and more streamlined sharing of information for insurance coverage using payer APIs.

- For example, process and incorporate the [USCDI](#) data elements contained in the Health Insurance Information data class that enhances data sharing for prior authorization.

**5. Participant-Defined Use Case:** Participants may propose a unique solution that leverages single patient EHI exports to improve data usability and value beyond the outlined scenarios.

This option allows teams to identify a critical challenge or opportunity not already **specified**, and to design a tool, application, or workflow addressing that need.

Use of AI is encouraged but must be transparent, explainable, and compliant with all applicable privacy and security laws and policies.

## Legal Authority

This Challenge is authorized by the America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education, and Science (COMPETES) Reauthorization Act of 2010, as amended (15 U.S.C. § 3719).

## Rules

### Eligibility Rules

- (1) To be eligible to win a prize under this Challenge, a Participant (whether an individual, team, or entity) —
- a. Shall have registered to participate in the Challenge as an individual, team, or entity under the rules and instructions promulgated by HHS as published in this announcement, including but not limited to, the “Prize Payment Rules” and the “How to Enter” section of this announcement.
  - b. Shall have complied with all the requirements set forth in this announcement;

- c. In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group (team), shall be a citizen or permanent resident of the United States;
- d. Shall not be a Federal entity or Federal employee acting within the scope of their employment;
- e. Shall not be an employee of the U.S. Department of Health and Human Services (HHS, or any other component of HHS) acting in their personal capacity;
- f. Who is employed by a Federal agency or entity other than HHS (or any component of HHS), shall consult with an agency Ethics Official to determine whether the Federal ethics rules will limit or prohibit the acceptance of a prize under this Challenge;
- g. Shall not be a judge of the Challenge, or any other party involved with the design, production, execution, or distribution of the Challenge or the immediate family of such a party (i.e., spouse, parent, step-parent, child, or step-child).
- h. Shall be 18 years of age or older at the time of submission.

### **Participation Rules**

(1) Participants (whether individuals, teams, or entities) may not use Federal funds from a grant award or cooperative agreement to develop their Challenge submissions or to fund efforts in support of their Challenge submissions.

(2) Federal contractors may not use Federal funds from a contract to develop Challenge submissions or to fund efforts in support of Challenge submissions. Costs associated with such activities are unallowable and are not allocable to Government contracts.

(3) By participating in this Challenge, each Participant (whether an individual, team, or entity) agrees to assume any and all risks and waive claims against the Federal government and its related entities,

except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from participation in this Challenge, whether the injury, death, damage, or loss arises through negligence or otherwise.

(4) Based on the subject matter of the Challenge, the type of activities that it will possibly involve, as well as an analysis of the likelihood of any claims for death, bodily injury, property damage, or loss potentially resulting from Challenge participation, no Participant (whether an individual, team, or entity) participating in the Challenge is required to obtain liability insurance, or demonstrate financial responsibility, or agree to indemnify the Federal government against third party claims for damages arising from or related to Challenge activities in order to participate in this Challenge.

(5) A Participant (whether an individual, team, or entity) shall not be deemed ineligible because the Participant used Federal facilities or consulted with Federal employees during the Challenge if the facilities and employees are made available to all Participants participating in the Challenge on an equitable basis.

(6) By participating in this Challenge, each Participant (whether an individual, team, or entity) warrants that they are the sole author or owner of, or has the right to use, any copyrightable works that the submission comprises, that the works are wholly original with the Participant (or is an improved version of an existing work that the Participant has sufficient rights to use and improve), and that the submission does not infringe any copyright or any other rights of any third party of which the Participant is aware.

(7) By participating in this Challenge, each Participant (whether an individual, team, or entity) grants to HHS an irrevocable, paid-up, royalty-free nonexclusive worldwide license to reproduce, publish, post, link to, share, and display publicly the submission on the web or elsewhere, and a nonexclusive, nontransferable, irrevocable, paid-up license to practice, or have practiced for or on its behalf, the solution throughout the world. Each Participant will retain all other intellectual property rights in their submissions, as applicable. By participating in this Challenge, each Participant warrants that there are no legal obstacles to providing the above-referenced nonexclusive licenses of the Participant's rights to the Federal government. To receive an award, Participants will *not* be required to transfer their intellectual

property rights to HHS, but Participants must grant to the Federal government the *nonexclusive licenses* recited herein.

(8) Each Participant (whether an individual, team, or entity) agrees to follow all applicable Federal, state, and local laws, regulations, and policies.

(9) Each Participant (whether an individual, team, or entity) participating in this Challenge must comply with all rules and requirements included in this announcement, and participation in this Challenge constitutes each Participant's full and unconditional agreement to abide by the rules and requirements. Winning is contingent upon fulfilling all requirements herein.

(10) As a condition for receiving a cash prize in this Challenge, each Participant (whether an individual, team, or entity) that has been selected as a winner must complete and submit all required winner verification and payment documents to HHS. Failure to return all required verification and payment documents by the date specified in the formal winner notification may be a basis for disqualification of a cash prize winning submission.

(11) By participating in this Challenge, each Participant (whether an individual, team, or entity) agrees that HHS may disqualify its submission if, in HHS' judgment, the submission is inconsistent with HHS' public health mission, may be ineffective or harmful, or any other reason deemed necessary.

#### **Prize Payment Rules**

(1) For each eligible Participant under the "Eligibility Rules," HHS will use that Participant's registration as an individual, team, or entity on the "Challenge Registration Form" to determine who receives payment of any HHS prize money.

(a) For an eligible winning Participant registered as an individual, HHS will pay the individual.

(b) For a winning Participant registered as a team with an eligible Team Leader, HHS will pay the entire prize for that team to the Team Leader, and division of the prize money is at the

discretion of the Team Leader. HHS will not arbitrate, intervene, advise on, or resolve any matters among team members.

(c) For an eligible winning Participant registered as an entity, HHS will pay the entity.

(3) Entities participating in this Challenge are encouraged, but not required, to request and obtain a free Unique Entity ID (UEI), if they have not already done so, via SAM.gov as this may expedite prize payment. Additional information can be found at <https://sam.gov/content/entity-registration>.

## **Other Rules**

**HHS reserves the right, in its sole discretion, to (a) cancel, suspend, or modify the Challenge, or any part of it, for any reason, and/or (b) not award any prizes if no submissions are deemed worthy.**

## **Judging**

The HHS Award Approving Official will be Dr. Tom Keane, National Coordinator for Health Information Technology.

### **Phase 1 Judging Criteria: Concept and Design**

#### **Relevance and Problem Alignment (Up to 25 pts)**

- How effectively does the solution address the usability challenges, including summarization, of single patient EHI exports?
- Does it clearly solve a real-world problem for patients, clinicians, or care teams in line with the scenarios identified (patient interaction, clinical domain queries, integration across EHRs, or streamlined payer use)?

#### **Interpretability and Ease of Use (Up to 40 pts)**

- Novelty of the approach to making EHI data actionable, readable, and interpretable.
- Use of user-centered design principles to create intuitive tools or interfaces.
- Ease of use for intended end users, including patients, clinicians, and care teams.
- Creative approaches to summarization, integration, or interaction with EHI data.
- Potential to improve care coordination, patient engagement, or clinical decision-making.

#### **Potential for Integration and Scaling (Up to 20 pts)**

- Practicality of implementation and ability to integrate into existing clinical workflows.
- Use of consensus-based standards, such as those adopted by ONC to enhance implementation and adoption.

- Scalability to multiple patients, providers, and EHR systems.
- Interoperability across multiple EHR systems.

**Privacy and Security Compliance (Up to 15 pts)**

- Adherence to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and other applicable privacy, security, and consent laws is required.
- Effectiveness and innovation in enabling users to customize privacy settings when sharing data and information with others.

**Use of AI (Phase 1: Optional, up to 20 bonus pts; Phase 2: Award for Most Innovative Use of AI)**

- Use of transparent, explainable AI or other advanced methods in compliance with privacy standards.

**Phase 2 Judging Criteria:** Prototype Development

Phase 2 judging criteria will reflect the Phase 1 judging criteria, adapted for judging of Phase 2 submissions.

**How to Enter**

To enter this Challenge, participants must:

(1) register by completing the “Challenge Registration Form” found on the challenge website at <https://ehignitechallenge.org/phase-1-challenge-registration/>; and

(2) submit your Challenge submission on the challenge website, <https://ehignitechallenge.org/>. Once the participant has registered using the “Challenge Registration Form” and is logged in on the website, the submission link becomes available.

**Additional Information Regarding Registration**

**Registration is required to be eligible to win a cash prize.** When you register using the “Challenge Registration Form,” you will need to decide whether you are registering as:

- (1) an individual (on behalf of yourself);
- (2) a team (on behalf of a group of individuals competing together, but not on behalf of an established organization, institution, or corporation). If registering as a team, each participating Team is required to designate an eligible Team Leader who will register and submit on behalf of the Team members. The Team Leader is responsible for all communications with HHS; or
- (3) an entity (on behalf of a legally established organization, institution, or corporation).

Your decision to register as an individual, team, or entity on the “Challenge Registration Form” will determine who HHS pays any winning prize money from this Challenge. Please see “Prize Payment Rules” in the “Rules” section. Before registering, you may wish to consider any potential tax consequences of registering as an individual, team, or entity.

HHS reserves the right, in its sole discretion, to grant or deny any request to update registration information on the “Challenge Registration Form.”

## **Additional Information Regarding Submissions**

### **Phase 1 Submission Requirements**

**The following components are requirements for a complete submission package:**

- Submission Entry Name
- Submission Team Name
- Team Lead Name and Email – should match registration email
- Submission Description – no more than 1,000 characters
- Submission Narrative – uploaded as a PDF to [EHignitechallenge.org](http://EHignitechallenge.org)

The Submission Narrative must include the following sections:

1. **Description of Solution and Problem Addressed:** Describe the solution and how it addresses challenges in single patient EHI exports, including usability, readability, integration, or patient/clinician engagement.
2. **Description of Submitting Individual, Team, or Entity:** Provide background on the submitter(s), relevant experience, and any interdisciplinary or community engagement (e.g., collaboration with clinicians, patients, UX designers, or health IT experts).
3. **Wireframe / Mockups:** Visual elements of the solution including screen views, workflows, and UX/UI assets.
4. **Technical Feasibility and Scalability:** Describe how the solution can be implemented, integrated into workflows, and scaled across multiple EHRs or care settings.
5. **Innovation:** Highlight the novelty of the approach, creative problem-solving, or unique use of technology to make EHI data actionable.
6. **Potential Impact:** Explain how the solution improves usability for patients, clinicians, or care teams, and the potential benefits in real-world settings.

The sections of the Submission Narrative (above) must address the following questions/statements

### **Relevance and Problem Alignment**

- How effectively does the solution address the usability challenges, including summarization, of single patient EHI exports?
- Does it clearly solve a real-world problem for patients, clinicians, or care teams in line with the scenarios identified (patient interaction, clinical domain queries, integration across EHRs, or streamlined payer use)?

### **Interpretability and Ease of Use**

- Novelty of the approach to making EHI data actionable, readable, and interpretable.
- Use of user-centered design principles to create intuitive tools or interfaces.
- Ease of use for intended end users, including patients, clinicians, and care teams.
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#### **Potential for Integration and Scaling**

- Practicality of implementation and ability to integrate into existing clinical workflows.
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#### **Privacy and Security Compliance**

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- Effectiveness and innovation in enabling users to customize privacy settings when sharing data and information with others.

#### **Use of AI (Phase 1: Optional, up to 20 bonus pts; Phase 2: Award for Most Innovative Use of AI)**

- Use of transparent, explainable AI or other advanced methods in compliance with privacy standards.

The Submission Narrative must be:

- In PDF format;
- No longer than 10 pages with one-inch margins;
- In Calibri font, 11-point or larger;
- In English.
- Participants may not use HHS, ONC, or other federal logos or imply federal endorsement.

The registration form must be submitted, and the complete submission package uploaded by the Phase 1 submission deadline.

#### **Phase 2 Submission Requirements**

Details on the Phase 2 Submission package will be communicated after Phase 1, but will involve the following elements:

- Working prototype.
- Technical documentation.
- Demonstration video (5–10 minutes).
- Usability test results, if available.
- Optional: evidence of performance with exports from multiple EHR systems.