

MCRH Educational Series

August 2024



Learning Objectives for Critical Access Hospitals

Understanding MiHIN and the Statewide Data Exchange Model

- Explain how data flows throughout the MiHIN network and the roles of various stakeholders.
- Discuss how data is utilized within the HIE, including how it is accessed and used by care providers and other stakeholders.
- Explore the roles of end users in the data exchange process and how this information impacts clinical decision-making and patient care.

The Importance of Data Exchange with MiHIN

- Understand the significance of sending data to MiHIN and how it supports healthcare quality and efficiency.
- Learn about BCBSM's P4P Incentive Program and its specific impact on the Rural Health community, including the criteria for participation and potential benefits.

Data Quality Assurance in Healthcare Information Exchange

- Define data quality assurance and its critical role in ensuring accurate and meaningful data exchange.
- Identify key quality metrics and performance improvement measures, particularly in context of CMS reporting.

Connecting and Collaborating with MiHIN

- Explore the process for organizations to begin working with MiHIN, including data entry and routing practices.
- Learn how to connect with MiHIN for future collaboration and support and understand the practical steps for integrating the network.

Understanding MiHIN and the Statewide Data Exchange Model

3

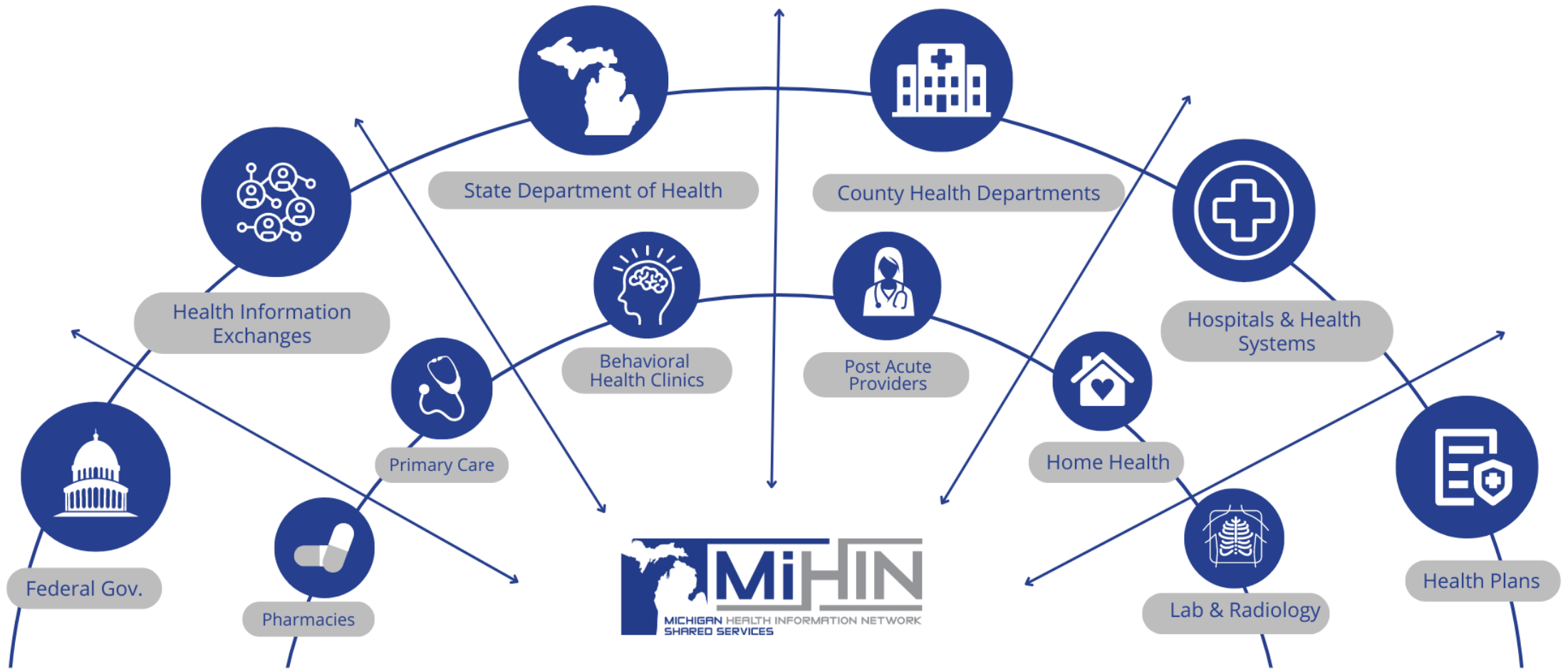
Michigan Health Information Network Shared Services (MiHIN)

MiHIN is a **non-profit organization** that provides technology and services to connect disparate sectors to securely, legally, technically and privately share health information.

An **unbiased data trustee**, MiHIN does not provide health care services or produce health care data.

Instead, we **help convene to share vital health information** to advance care, better outcomes and lower costs.





Making valuable data available at the point of care.

The Goals of Health Information Exchange

Reduced
Inefficiencies



Improved
healthcare access



Lower
healthcare costs



Better quality of care
and health outcomes



Personalized
medicine for patients



44,582

Michigan care providers with
Active Care Relationships®
through MiHIN, working within



Federal Government
State Government
Health Department
Health Payers
Health Systems
PIHPs



Hospitals
Clinics
Practices
CMHs
Hospices
FQHCs
Pharmacies
Physician Orgs
Physician Hospital Orgs



Doctors
Nurses
Clinicians
Care Managers
Social Workers
Dentists
Pharmacists
Care Seekers

5,637

Michigan care entities

13.1M

Unique Patient Records

158

HOSPITALS

320+

SKILLED NURSING
FACILITIES

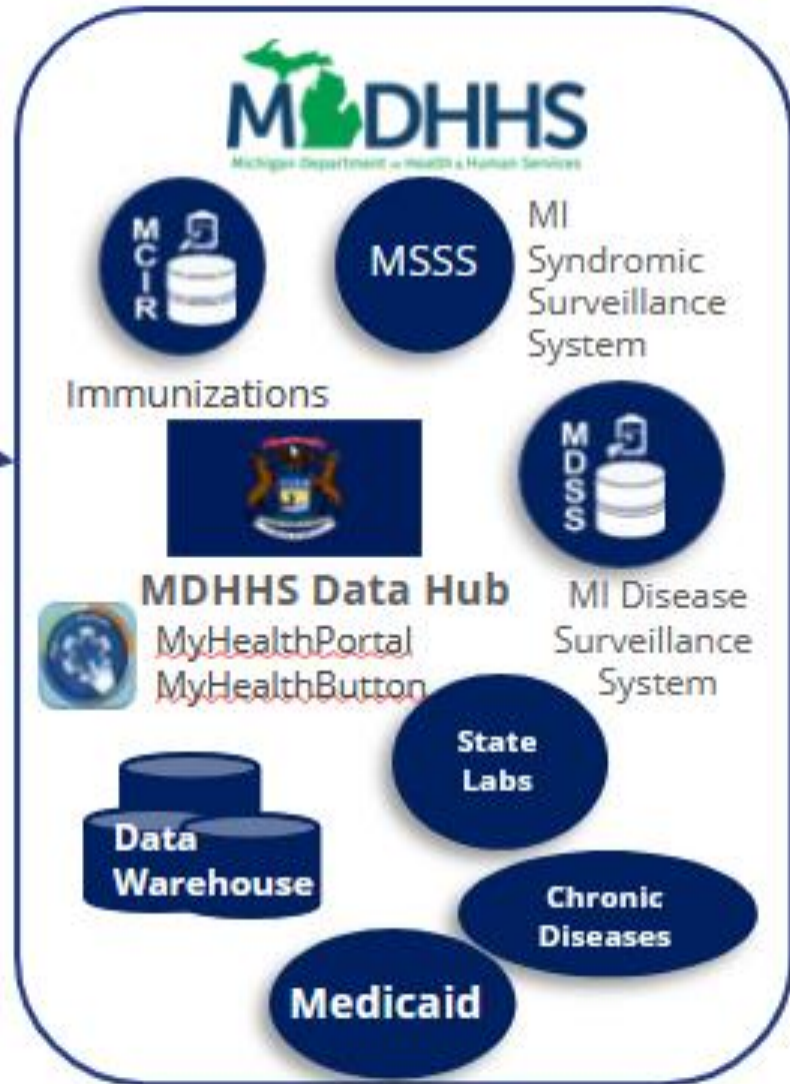
77

HOME HEALTH
AGENCIES*

707

OUTPATIENT
FACILITIES*

**Contributing ADTs*



Federal Gov't
State Gov't
Health Department
Health Payors
Health Systems
PIHPs



Hospitals
Clinics
Practices
CMHs
Hospices
FQHCs
Pharmacies
Physician Orgs
Physician Hospital Orgs

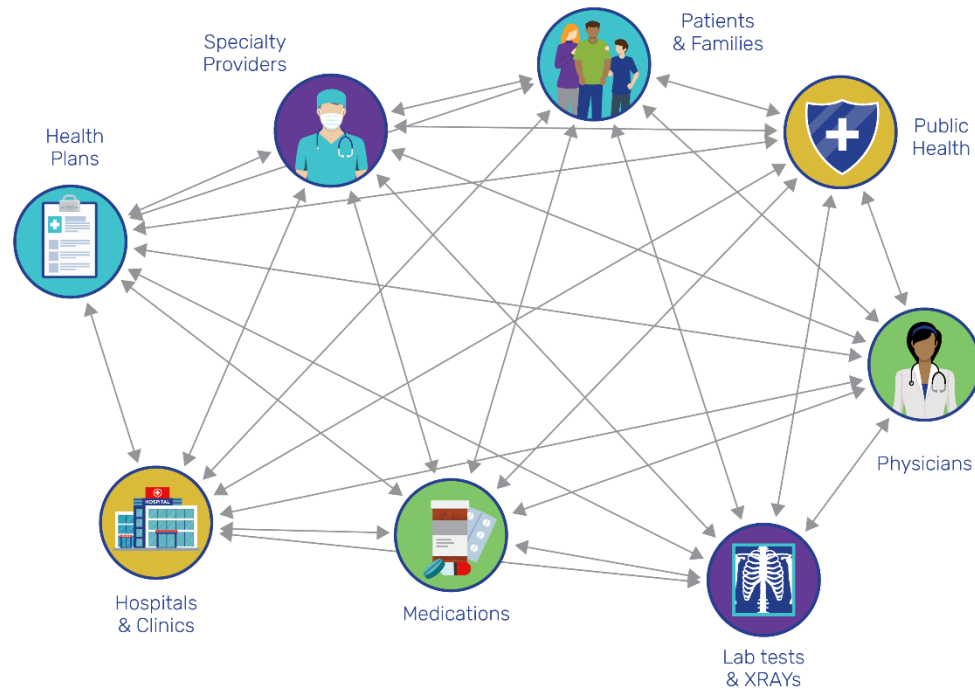


Doctors
Nurses
Clinicians
Care Managers
Social Workers
Dentists
Pharmacists
CARE SEEKERS!

Statewide Health Information Exchange Creates Efficiency

BEFORE:

Duplication of effort, waste and expense

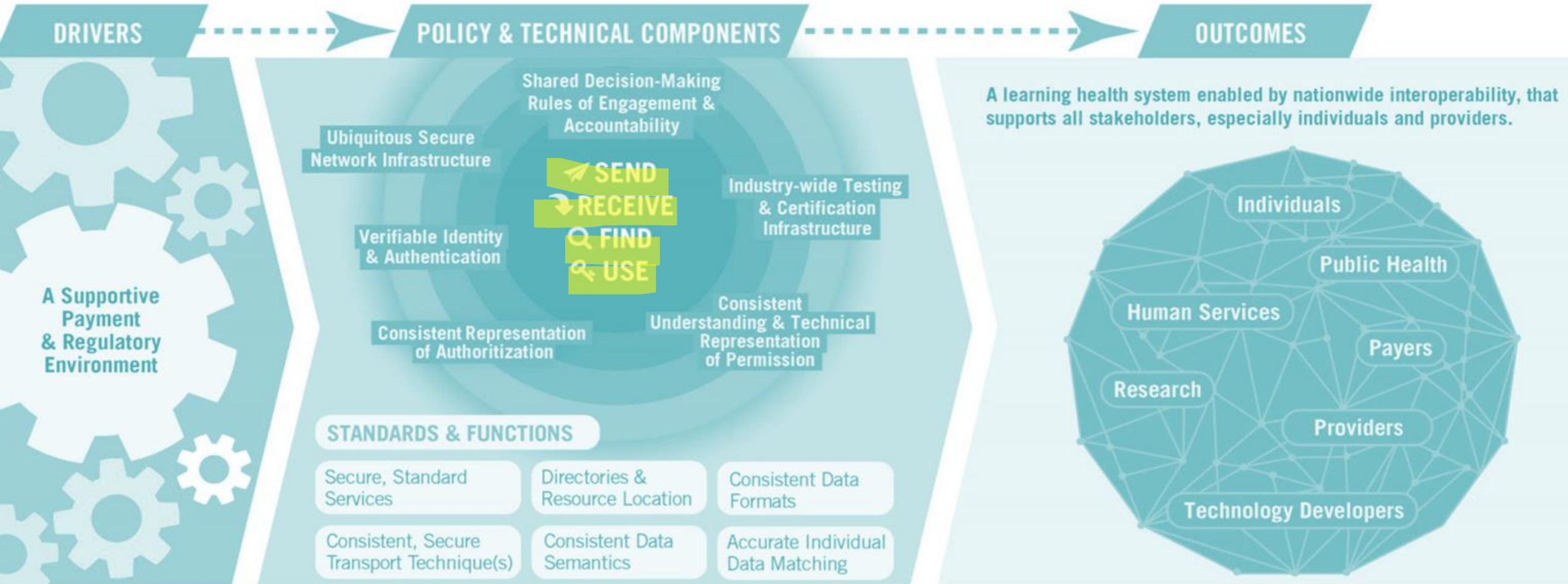


NOW:

Connect once to access shared services

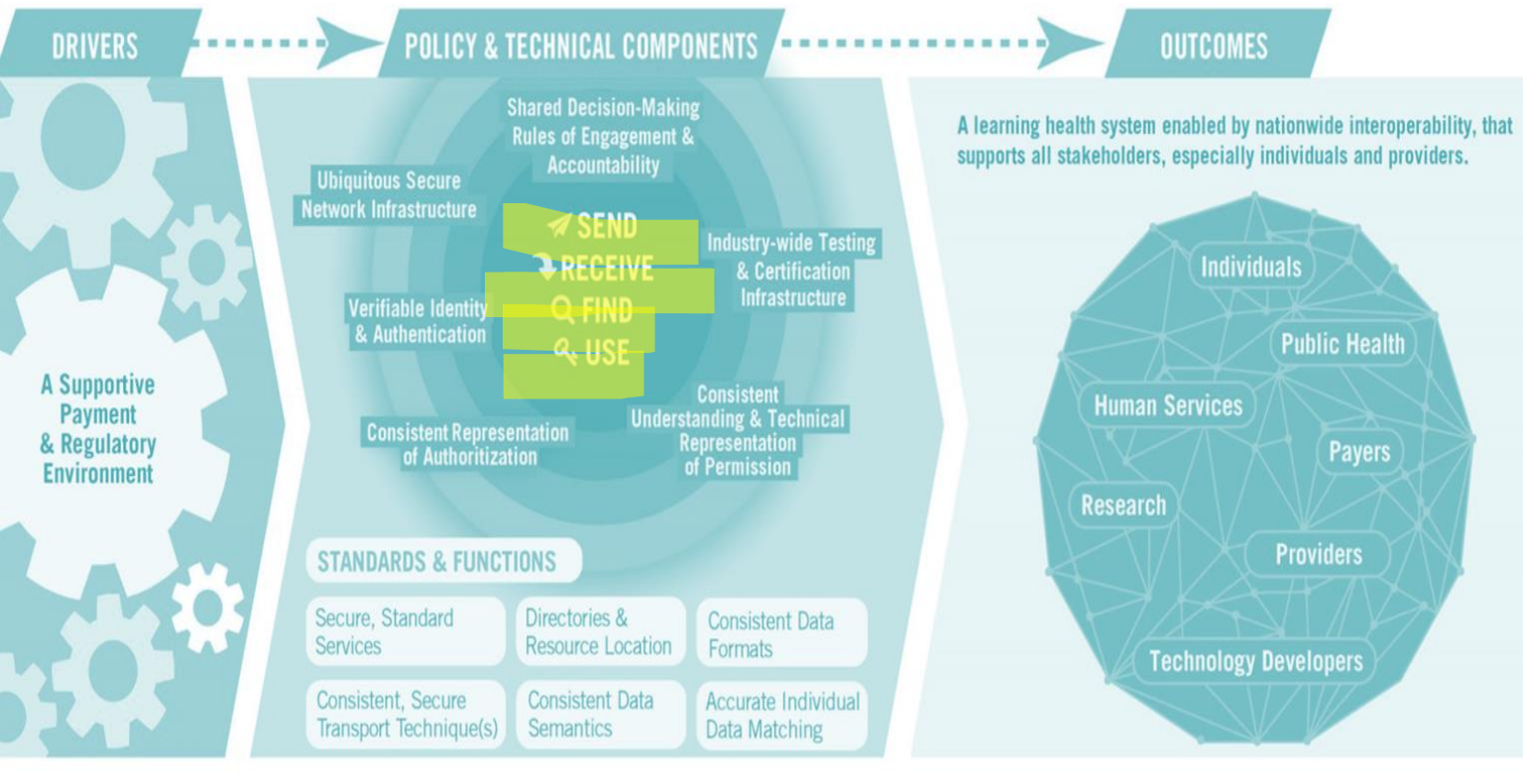


How does it all work?



“Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap.” The Office of the National Coordinator for Health Information Technology.” Final Version 1.0.

How does it all work?



The Michigan Health Information Network Shared Services (MiHIN) offers tools to access all the information available in our network and to enable health information exchange.

- [MIGateway®](#)
- [Care Convene](#)
- [Direct Secure Messaging](#)
- [InterOp Station](#)
- [ReferralsPlus](#)

“Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap.” The Office of the National Coordinator for Health Information Technology.” Final Version 1.0.

Active Care Relationship Service® (ACRS®)

Attributing patients with the providers who care for them

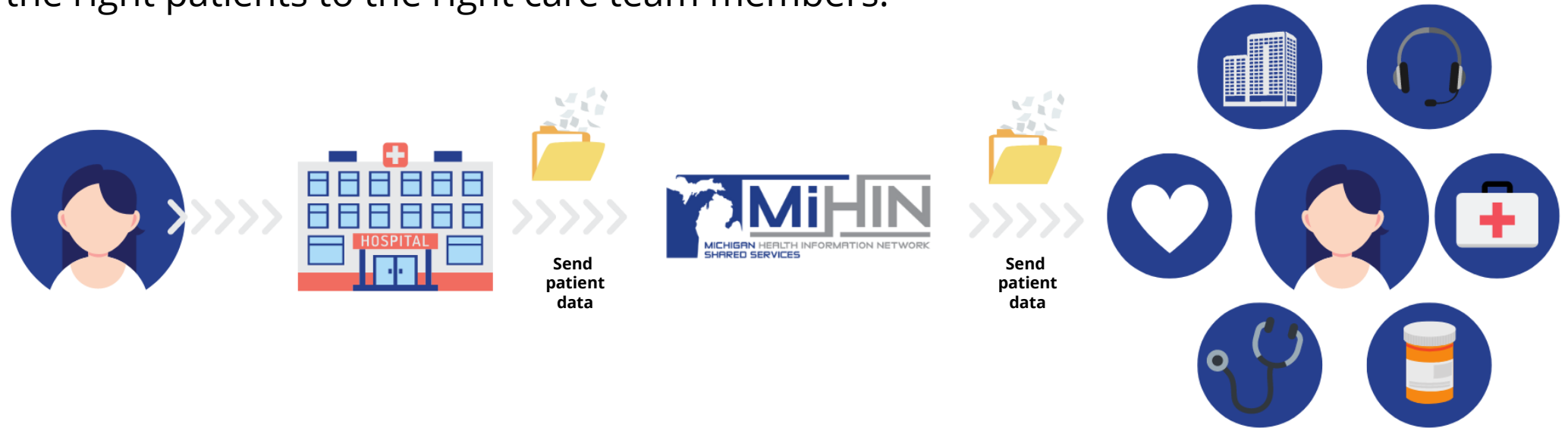
MiHIN's Active Care Relationship Services ® is the **care mapping service** supporting our ability to exchange real-time notifications and updates on a patient to all those in the health ecosystem legally caring for that person.

ACRS maps a comprehensive view of the healthcare professionals and organizations actively involved in a patient's care, to facilitate the exchange of critical information necessary to deliver optimized, personalized, care delivery.



Why is this important?

If we know who the information or data pertains to, and we know who has a legally defined relationship with that person, we can notify, share and make available that information and data about the right patients to the right care team members.



- ACRS ensures HIPAA defined relationships are standard
- Vital for making relevant information available to the correct individuals.
- Foundation for all information sharing through MiHIN

ACRS as the Foundation for Sharing

- ACRS supports our Legal Chain of Trust
- Sharing through the HIN is supported through the HIPAA Privacy Rule
- The HIPAA Privacy Rule allows sharing for Treatment, Payment, and Healthcare Operations for *patients whom entities have in common*
- ACRS allows MiHIN to discover patients “in common”

The 3 Allowed Uses of PHI



Treatment

A medical provider will need to share patient information with appropriate members of a care team so that they can provide proper care.



Payment

Insurance companies require certain medical information in order to provide coverage.



Operations

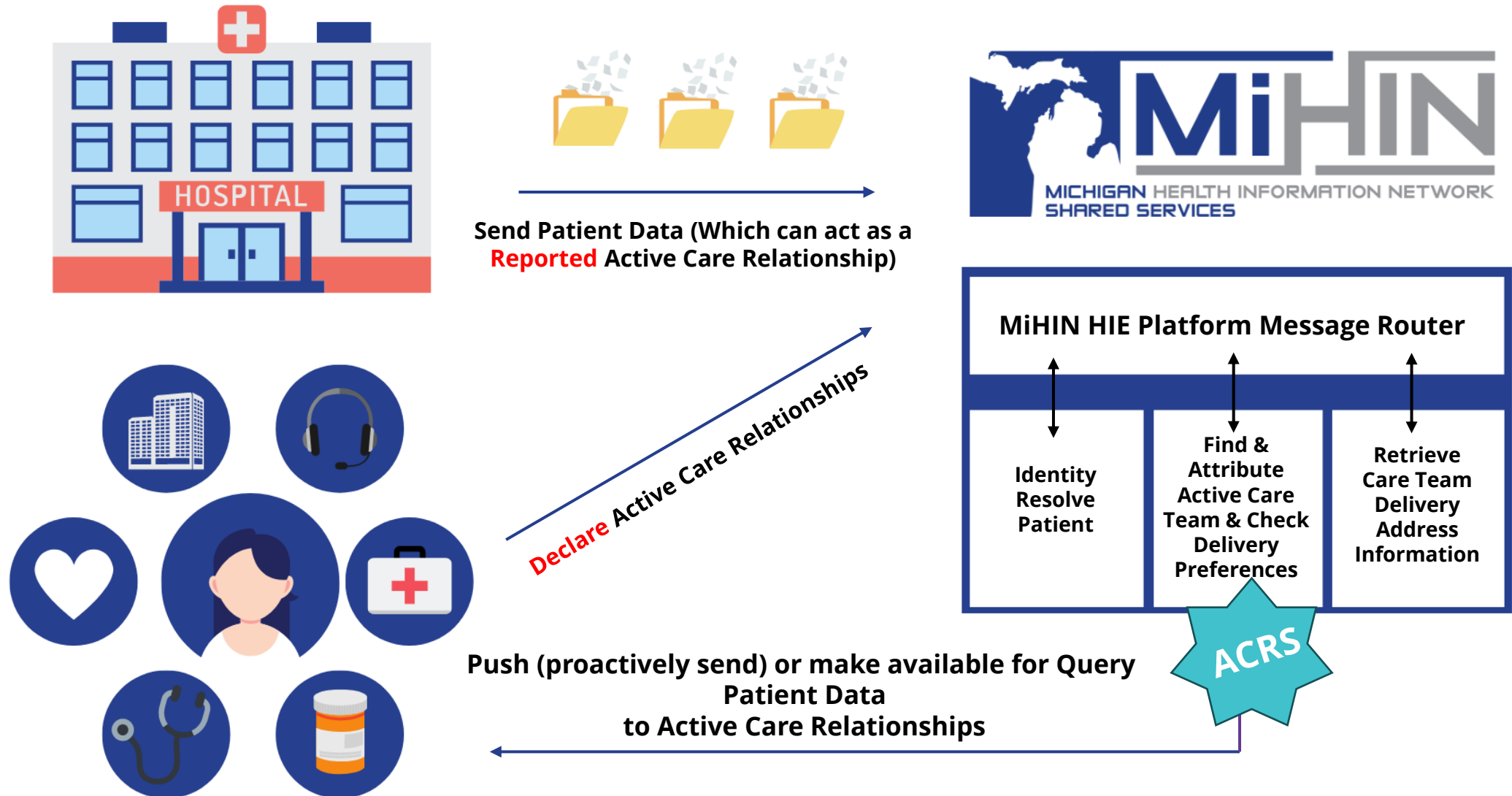
PHI may also be used in certain administrative, financial or legal situations in order to run the healthcare business.

ACRS Supports CMS Conditions of Participation Compliance

- Conditions of Participation for Sending Encounter Notifications
 - Mandates ADT (Admission, Discharge, Transfer) notifications to patient care teams.
 - ACRS identifies members of a patient's care team who should receive healthcare alerts on that patient.
 - Enhances hospital compliance with CMS requirements.



How does ACRS support Data Flow to Participants?



Who does MiHIN Benefit?



Who does MiHIN Benefit?



MiHIN enables healthcare **providers** to:

- Have a comprehensive view of a patient's medical history, allowing for better care coordination and more informed treatment
- Reduce time spent requesting and waiting for medical records from hospitals and other healthcare providers
- Be more informed about your patients' recent hospital or ED visits
- Manage high-risk and complex patients with more informed care coordination
- Enhance care management and follow-up activities with access to clinical records and recent test results

Who does MiHIN Benefit?



Government Entities, Organ Donor Orgs, Local Health Departments
MiHIN supports government initiatives to improve healthcare outcomes and reduce costs by facilitating interoperability and data exchange across different healthcare systems.

Who does MiHIN Benefit?

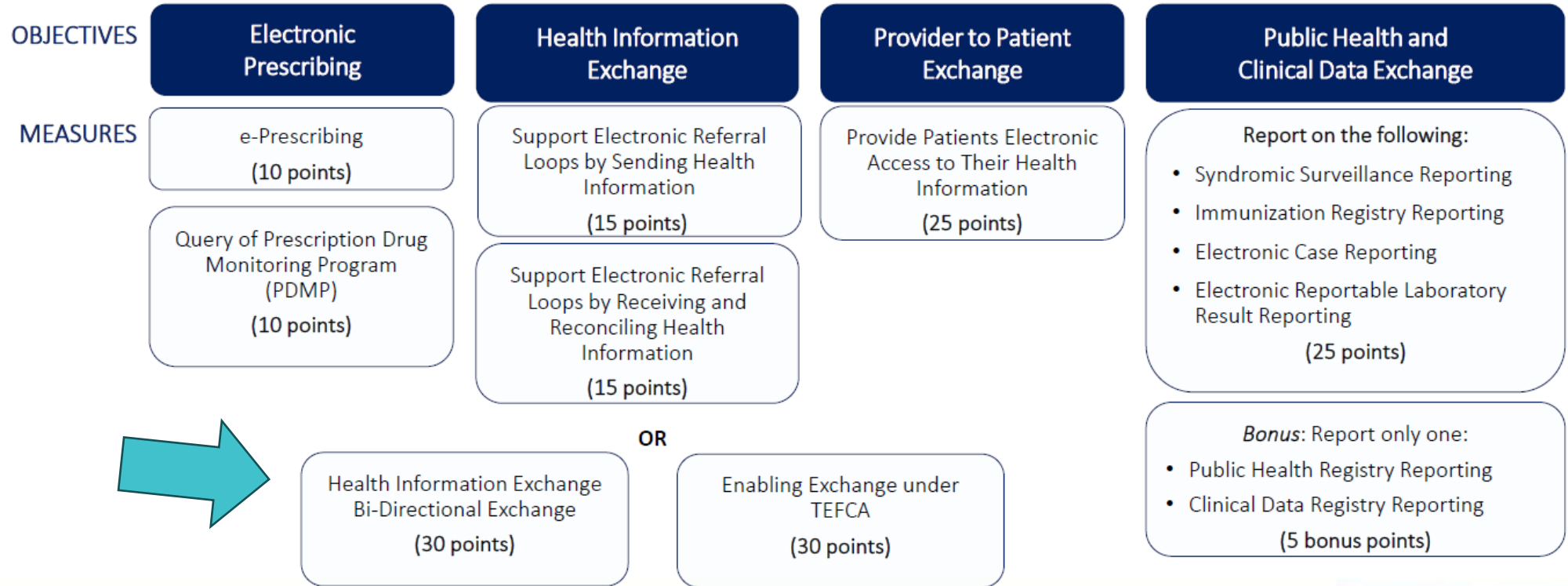


Payers

MiHIN helps payers streamline claims processing and reduce administrative costs by providing real-time access to patient data and automating the authorization process.

Network of Trusted Data Sharing Organizations

MEDICARE PROMOTING INTEROPERABILITY PROGRAM OBJECTIVES & MEASURES



The Importance of Data Exchange with MiHIN

23

BCBSM P4P Reimbursement

- BCBSM's Pay-for-Performance Initiative has been around several years and is broken out by Peer Groups.
 - Peer Groups 1-4: Large and medium-sized hospitals.
 - Peer Group 5: Small rural hospitals.

The P4P program pays over \$200 million, per year, to all the hospitals in the state and the HIE portion of the \$200 million was just over \$42 million in 2022.

- The \$42 million spread across only Peer Group 1-4 hospitals solely for HIE efforts, which equates to significant dollars per hospital.

BCBSM Hospital Pay-for-Performance (P4P) Overview

BCBSM P4P

Blue Cross Blue Shield of Michigan has two hospital incentive-based programs. We call them pay-for-performance, or P4P. Both programs recognize hospitals that excel at care quality, cost-efficiency and population health management.

BCBSM split these programs up based on hospital size. Large- and medium-sized hospitals are referred to sometimes as peer groups 1-4. Small rural hospitals are sometimes called peer group 5.



Peer group 5 P4P Program – Health Information Exchange: Admission, discharge, and transfer notification service

Criteria for participation in the MiHIN use cases – 10 points

Measure number	Measure description*	Total points available	Points available by quarter			
			1Q	2Q	3Q	4Q
1	Transmit ADT notifications that meet the data quality conformance	4	1	1	1	1
2	Transmit exchange CCDA data	3	.75	.75	.75	.75
3	Transmit statewide lab result data	3	.75	.75	.75	.75

*Implementation issues in executing successful data transmissions that are beyond a hospital's reasonable ability to resolve will be considered by Blue Cross when scoring the measure.

P4P HIE Measures

Criteria for Participation

ADT Notifications

- Complete Routing
- Complete Mapping
- Adherence to Coding Standards

75%
Threshold

Exchange CCDA

- Participating hospitals will earn .75 points per quarter by sending Discharge Medication Reconciliation CCDs to MiHIN

%
Threshold
TBD

Statewide Labs

- Participating hospitals will earn .75 points per quarter by sending Lab Results to MiHIN.
 - The 1st quarter should be used for implementation & 0 points will be rewarded.

%
Threshold
TBD

Access to Data

Additional Service Participation

- Submit Immunizations
- Immunization History-Forecast
- Newborn Screening CCHD
- Newborn Screening Blood Lead
- Disease Surveillance
- Syndromic Surveillance
- Cancer Notifications
- Cancer Pathology
- Electronic Case Reporting
- Quality Measure Information
- MIGateway
- Lab Results
- Pathology Results
- Radiology Studies
- Transcribed Document Delivery
- Query Based Exchange
 - eHealth Exchange
- Telehealth
- Social Determinants of Health
- Longitudinal Record Viewer Contribution
- RT (real-time) ACRS

Data Quality Assurance in Healthcare Information Exchange

28

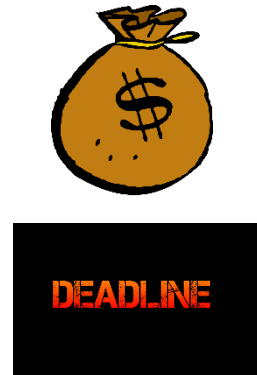
Our Use Case Approach Drives Data Quality

Hospital System Conformance



December 2015 snapshot shows one health system by individual hospitals resulting in additional rows

April		
Fields populated	Fields mapped	Enhanced fields
100.0%	100.0%	0.0%
63.6%	53.8%	0.0%
81.8%	53.8%	33.3%
90.9%	61.5%	0.0%
100.0%	38.5%	0.0%
90.9%	92.3%	0.0%
54.5%	15.4%	0.0%
54.5%	15.4%	0.0%
100.0%	0.0%	33.3%
90.9%	61.5%	0.0%
90.9%	76.9%	33.3%
90.9%	23.1%	0.0%
63.6%	69.2%	0.0%
63.6%	92.3%	0.0%
63.6%	0.0%	0.0%
63.6%	38.5%	33.3%
90.9%	92.3%	33.3%
90.9%	92.3%	0.0%
90.9%	38.5%	33.3%
63.6%	38.5%	33.3%
81.8%	23.1%	0.0%
63.6%	53.8%	0.0%
81.8%	69.2%	33.3%



December		
Fields populated	Fields mapped	Enhanced fields
100.0%	100.0%	100.0%
100.0%	100.0%	66.7%
100.0%	0.0%	33.3%
72.7%	100.0%	66.7%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
90.9%	100.0%	100.0%
100.0%	92.3%	66.7%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	76.9%	66.7%
72.7%	100.0%	66.7%
63.6%	84.6%	66.7%
100.0%	92.3%	100.0%
100.0%	100.0%	33.3%
100.0%	53.8%	33.3%
100.0%	100.0%	66.7%
100.0%	84.6%	66.7%
100.0%	100.0%	66.7%
63.6%	92.3%	0.0%
72.7%	69.2%	66.7%
90.9%	100.0%	33.3%
100.0%	100.0%	66.7%

LEGEND

- Poor Conformance
- At-Risk Conformance
- Meets Conformance

Drill Down ADT Conformance

Overall Conformance Score

81.5%

Overall ADT Conformance Score

Indicates overall ADT data quality.

Color-coded by fields conformant (Population, Mapping, etc).

0-14 (Red); 15-26 (Yellow); 27 (Green) for Peer Group 1-4 facilities;

0-14 (Red); 15-25 (Yellow); 26 (Green) for Peer Group 5 facilities.

Population Rates: Routing Field Data

PID-3.1 (CK)	PID-5.1	PID-5.2	PID-7	PID-11.5	PID-29	PID-30	PV1-37	PV1-44	PV1-45	IN1-3	IN1-4	PV1-19
94.3%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	82.0%	100.0%	99.8%	99.8%	100.0%	100.0%

Complete Routing Data by Field

Population rates for ADT fields relevant to routing.

Should no ADTs including a given segment be sent, routing data for that segment is considered to be **complete**.

Population Rates: Normalization/Mapping Field Data

PID-8	PID-10	PID-22	PV1-2	PV1-4 (I)	PV1-10	PV1-14 (I)	PV1-36 (IE)	DG1-6 (IE)	MSH-4
100.0%	93.6%	98.9%	100.0%	100.0%	100.0%	99.4%	100.0%	88.0%	100.0%

Complete Mapping Data by Field

Rates at which the populated values of each message segment conform to the ADT service specification.

When evaluating each field for overall conformance, both the field's population rate and the mapping rate of its populated contents to the ADT service standard are considered.

Should no ADTs including a given mapped segment be sent, mapping for that segment is considered to be **failed**.

Mapping Rates: Normalization/Mapping Field Data

PID-8	PID-10	PID-22	PV1-2	PV1-4	PV1-10	PV1-14	PV1-36	DG1-6	MSH-4
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

DG1-3.1 : Diagnosis Code ID
 DG1-3.2 : Diagnosis Code Text
 DG1-6 : Diagnosis Type
 IN1-3 : Insurance Company ID
 IN1-4 : Insurance Company Name
 PID-3.1 : Patient Common Key
 PID-5.1 : Patient Last Name
 PID-5.2 : Patient First Name
 PID-7 : Patient DOB
 PID-8 : Patient Sex
 PID-10 : Patient Race
 PID-11.5 : Patient ZIP
 PID-19 : Patient SSN
 PID-22 : Ethnic Group

PID-29 : Patient Death Date/Time
 PID-30 : Patient Death Indicator
 PV1-2 : Patient Class
 PV1-4 : Admission Type
 PV1-7 : Attending Doctor ID
 PV1-10 : Hospital Service
 PV1-17 : Admitting Doctor ID
 PV1-14 : Admit Source
 PV1-19 : Visit Number
 PV1-36 : Discharge Disposition
 PV1-44 : Admit Date/Time
 PV1-45 : Discharge Date/Time
 PV1-37 : Discharged to Location

Population Rates: Coding Standard Conformance Field Data

DG1-3.1 (IE)	DG1-3.2 (IE)	PV1-7 (IE)	PV1-17 (I)
88.0%	88.0%	99.3%	97.7%

Adherence to Coding Standards by Field

Rates at which the populated values of each message segment contain values properly formatted for that segment (e.g. ICD-10 diagnosis codes, etc.).

When evaluating each field for overall conformance, both the field's population rate and the rate at which its values were properly formatted for the segment are considered.

Should no ADTs including a given mapped segment be sent, adherence for that segment is considered to be **failed**.

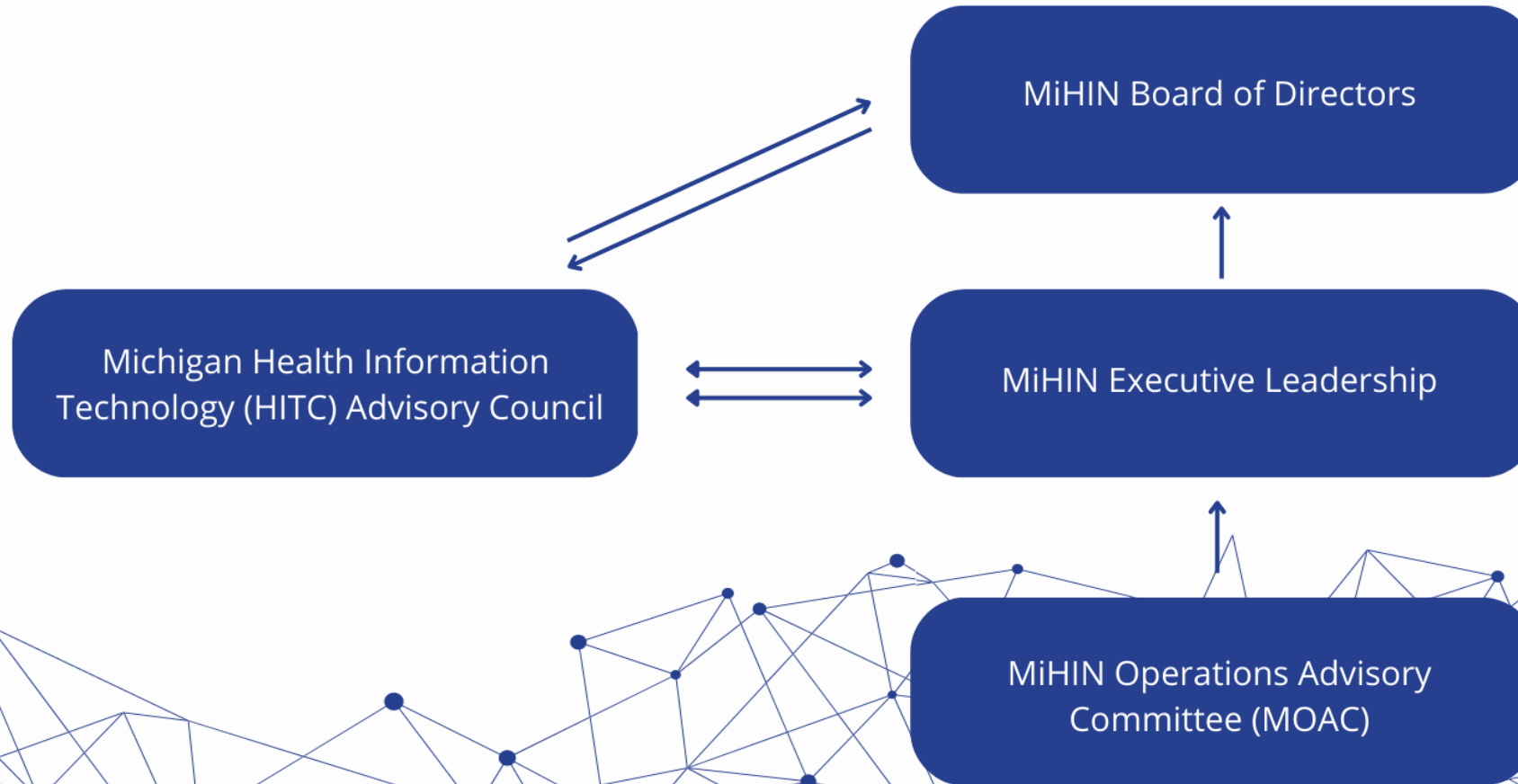
Proper Coding Rates: Coding Standards Conformance Field Data

DG1-3.1	DG1-3.2	PV1-7	PV1-17
100.0%	100.0%	100.0%	100.0%

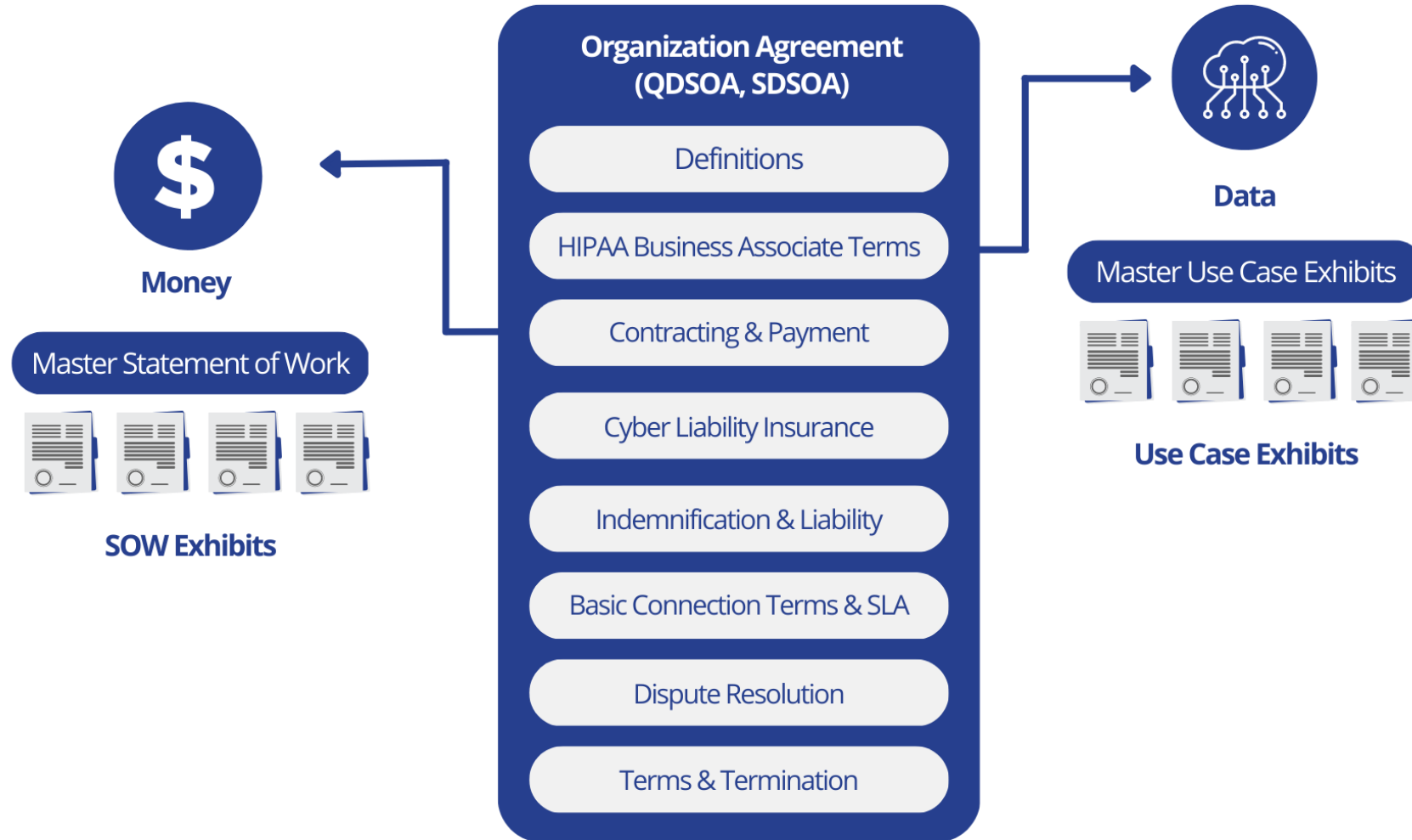
Connecting and Collaborating with MiHIN

31

MiHIN Governance Structure



Legal Infrastructure for Trusted Data-Sharing Organizations (TDSO)

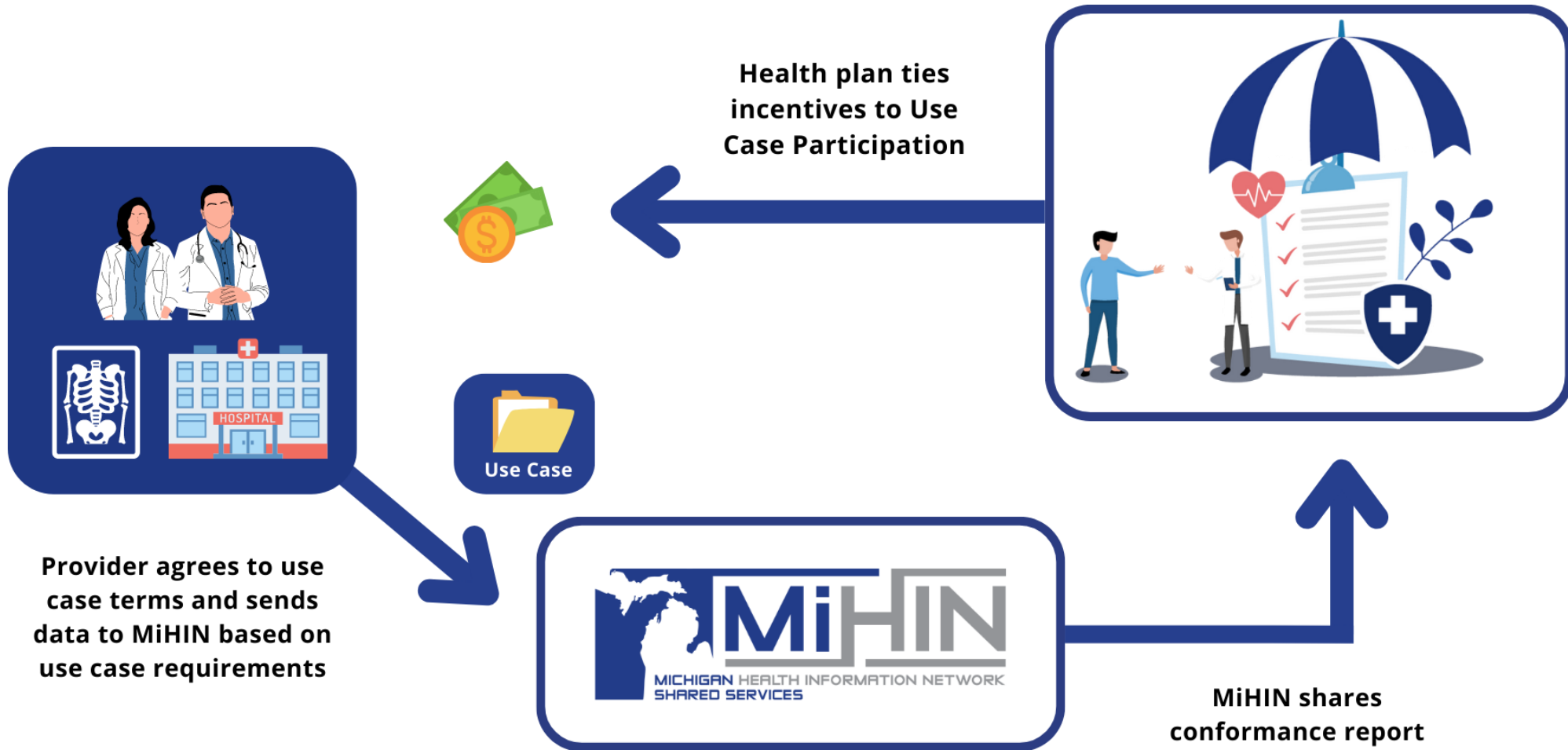


Clear Chain of Trust

How the health information is exchanged



Link Policy Levers and Incentives to Use Cases



Connect With Us!

Our teams are happy to assist you



[Help Desk](#)



844-454-2443



help@mihin.org

**What information do you
need to take better care?**

**What information do you
not have easy access to
today?**

**What information do you
have to share?**

THANK YOU

LET'S CONNECT



mihin.org



[@MiHIN](https://twitter.com/MiHIN)



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38
