MiHIN
Shared Services

Michigan Health Information Network

Submit Data to Active Care Relationship Service Implementation Guide

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Acronyms and Abbreviations Guide

ACRS	Active Care Relationship Service
ADT	Admission-Discharge-Transfer notification
API	Application Programming Interface
DQA	Data Quality Assurance
DSM	Direct Secure Messaging
EHNAC-DTAAP	Electronic Healthcare Network Accreditation Commission – Direct Trusted Agent Accreditation Program
EHR	Electronic Health Record
HISP	Health Internet Service Provider
HL7	Health Level Seven

HPD	Health Provider Directory
LLP	Lower Layer Protocol
MIDIGATE ®	Medical Information Direct Gateway
MiHIN	Michigan Health Information Network Shared Services
NPI	National Provider Identifier
PO	Physician Organization
QO	Qualified Data Sharing Organization
REST	Representational State Transfer
VPN	Virtual Private Network
XML	Extended Mark-Up Language

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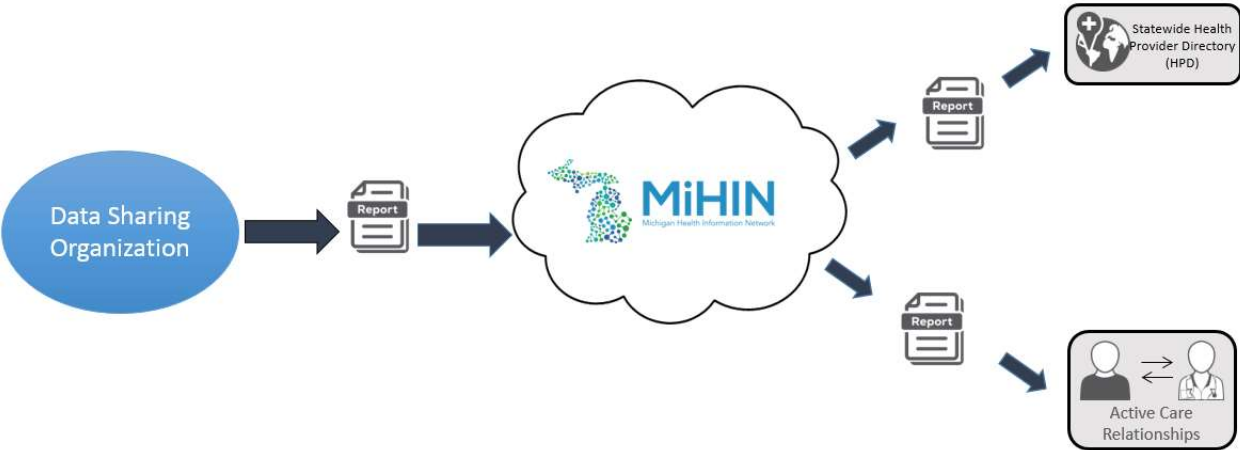
1 Introduction

1.1 Purpose of Use Case

To accurately route health information between healthcare providers for better care coordination, an accurate and up-to-date record is needed that allows easy retrieval of active care relationships between patients and the health professionals on their care team. The Active Care Relationship Service (ACRS) provides the ability to link patients with their care team members (providers who have declared an active care relationship with that patient). A provider may declare an 'active care relationship' with a patient when the provider has seen the patient within the past two years and expects to see them again, or a patient is attributed to a practice/provider by a payer.

ACRS promotes better-coordinated transitions of care by enabling physicians and care management teams to receive notifications when there are updates in a patient's status (as an example, please refer to the Statewide Admission-Discharge-Transfer Notifications Use Case). Better care coordination using ACRS enables the improvement of post-discharge transitions, prompt follow-up with patients and improved communication among providers to support patients, especially those with multiple or chronic conditions.

1.2 Data Flow and Actors



For more information about this use case, refer to the documents linked below:

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Use Case Summary:
http://mihin.org/about-mihin/resources/use-cases-in-production/

Use Case Agreement:
http://mihin.org/about-mihin/resources/use-cases-in-production/

2 Standard Overview

2.1 ACRS File Inclusion Criteria

ACRS files can be submitted by any participating organization that has an active care relationship with patients listed in the file.

2.1.1 Provider Organization Files

Patients should be listed in a provider organization's ACRS file (a patient attributed to a provider) if the provider has seen the patient within the past two years and expects to see them again or a patient is attributed to a practice/provider by a payer. If a patient is attributed to multiple physicians, nurses, care coordinators, and care givers each patient record is included on this list. This may result in more than one record for a given patient to be included in this file.

2.1.2 Payer Files

A patient attributed to a payer indicates that the payer covers care for the patient currently. Payers should list each patient only once.

2.2 ACRS File Format

An ACRS file needs to be submitted as a comma separated value file (CSV). All data is double quoted and comma separated. If the value has a double quote, then another double quote is used to escape it. Example: "Name","Age" = "a""b,c","12" The person's name is a"b,c - and their age is 12. Because there is no comma in between a and b, the two quotation marks are not field separators.

Files must conform to formatting indicated in the ACRS specification located at:

http://mihin.org/about-mihin/resources/use-cases-in-production/

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2.2.1 ACRS File Naming Convention

<QO name>_<submitter name>_acrs_<YYYYMMDD>_<Version>.csv

2.3 ACRS File Submission Frequency

Valid ACRS files are required to be submitted on a monthly basis. If a client does not submit a valid ACRS file by end of business Monday in the week the file is desired to be loaded, their ACRS file will not be processed until the following maintenance window.

2.3.1 ACRS File Submission Mechanism

ACRS files can be submitted one of two ways:

1. Direct Secure Messaging (preferred method)
2. Via Citrix ShareFile

Direct Secure Messaging

If the submitter chooses to utilize Direct Secure Messaging to transmit ACRS files, MiHIN is able to provide an account for an annual fee of $120/year (subject to change). Please contact MiHIN at help@mihin.org for more information. Direct accounts from MiHIN are issued within one week of receiving completed form.

MiHIN can also receive ACRS files via the submitter's Direct Secure Messaging account if it is EHNAC-DTAAP accredited. Submit ACRS files to acrs@direct.mihin.org.

Additionally, a traditional email message shall be sent to help@mihin.org to confirm message transaction.

Citrix ShareFile

The submitter must apply and be approved for a Citrix ShareFile account from MiHIN. This application and approval process can take 30 to 60 days. The request needs to include the name and email of the person(s) responsible to submit ACRS files on a monthly basis. Upon receipt, MiHIN sends a welcome email which includes the login information and setup information.

Once the submitter uploads an ACRS file to their designated folder, MiHIN receives notification that a file has been uploaded to ShareFile.

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2.3.2 ACRS Submission Feedback

MiHIN validates the submitted ACRS file for proper formatting. MiHIN provides feedback to the designated ACRS contact and the process is repeated until a valid ACRS file is submitted. ACRS files must be submitted and validated every month before being placed into production.

2.3.3 ACRS File Life Span

The monthly submission of the ACRS file replaces the previous month's data. If a previously existing patient is not present on the ACRS file, the patient is no longer considered to be an attributed patient.

2.3.4 ACRS File Aging

Valid ACRS files are required to be submitted on a monthly basis.

ACRS files that have not been updated within 45 days will receive notice. At 60 days a shut-off warning will be sent. If an ACRS file has not been submitted for 90 days, older ACRS files will be decommissioned for use.

3 Onboarding Process

3.1Initial Onboarding

For organizations to share data with MiHIN under this use case, the organization undergoes two onboarding processes simultaneously. The two onboarding processes are legal onboarding and technical connectivity onboarding. These may occur in parallel – i.e. the organization can review and complete legal agreements with MiHIN while simultaneously establishing and testing technical connectivity. To initiate these two parallel onboarding processes, notify MiHIN via email at help@mihin.org.

3.1.1 Initial Legal Process

The first time an organization undergoes the legal onboarding process with MiHIN, the organization negotiates and enters into a master agreement which then allows the Participating Organization to enter into one or more use cases via Use Case Agreements. There are numerous different kinds of master agreements, available at:

http://mihin.org/about-mihin/resources/mihin-legal-document-templates

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Once an organization has entered into a master agreement, the organization can enter into an unlimited number of use cases with MiHIN. All of MiHIN's use cases are available at:

http://mihin.org/about-mihin/resources/mihin-legal-document-templates

3.1.2 Initial Technical Connectivity Process

MiHIN considers itself "transport agnostic" and offers multiple options for organizations to establish technical connectivity to transport data to MiHIN. Organizations should select one or more connectivity methods for message transport based on their technical capabilities, and should communicate the selection(s) to help@mihin.org early in the onboarding process. Currently MiHIN accepts the following transport methods:

a. LLP over IPsec VPN – Lower-Layer Protocol over Internet Protocol Security Virtual Private Network
b. DSM- Direct Secure Messaging

Additional transport methods may be added in the future. These could include NwHIN, XCA, REST/RESTFUL APIs, and others.

The following steps describe the technical onboarding process. However, MiHIN typically conducts "onboarding kickoff" meetings with new Participating Organizations to go through each of these steps in detail and answer any questions.

1. The Participating Organization selects one or more supported transport methods and establishes connectivity with MiHIN. This step may vary based on the method selected:
    a. LLP over IPsec VPN – MiHIN's site-to-site VPN request form must be completed, submitted and approved by MiHIN. Send an email to help@mihin.org to obtain the VPN request form. A pre-shared key will then be exchanged between the Participating Organization and MiHIN to initialize the connection. The LLP over IPsec VPN is the most efficient transport for very high volumes of messages.
    b. Direct Secure Messaging– MiHIN accepts Direct Secure Messages from Health Internet Service Provider (HISPs) that have EHNAC-DTAAP accreditation. Test messages are sent to verify HISP connectivity ("ping pong"). The Message Header section in the test messages is verified for appropriate routing configuration.

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3.1.3 ACRS Onboarding Process

The standard process for onboarding to the ACRS service involves the following steps:

1. Organization expresses interest in onboarding to participate in ACRS Use Case
2. Kick-off meeting
    - Exchange contact information
    - Distribute “care package”
        - ACRS specifications
        - Implementation Guides
        - Use Case Agreement & Use Case Summary (if necessary)
        - HL7 specifications
        - Overview PowerPoint presentation
3. Execute legal documents (if applicable)
    a. Data Sharing Organization Agreement
    b. Use Case Agreement(s)
4. Exchange required documents
5. Submit ACRS file(s) securely
6. Validate ACRS file(s)
7. Valid ACRS file(s) are loaded

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4 Specifications

4.1 ACRS Field Specifications

Field #	DATA ELEMENT	TYPE	MAX LENGTH	DESCRIPTION	REQUIREDNESS
1	Unique Patient ID	Char	20	Unique ID for patient within your organization	Required
2	Patient First Name	Char	50	Patient-specific First Name	Required
3	Patient Middle Initial	Char	1	Patient-specific Middle Initial	Required if available
4	Patient Last Name	Char	50	Patient-specific Last Name	Required
5	Patient Name Suffix	Char	5	Patient-specific Suffix (e.g. Jr, Sr, III)	Required if available
6	Patient Date of Birth	Char	10	Date of Birth (format: MM/DD/YYYY)	Required
7	Gender	Char	1	Patient gender (valid values: "M" or "F" or "U" or "O")	Required
8	SSN - Last 4	Num	4	Last four digits of patient's Social Security Number	Required if available
9	Patient Address 1	Char	100	Street Address	Required if available
10	Patient Address 2	Char	100	Additional Street Address	Required if available
11	Patient City	Char	30	City	Required if available
12	Patient State	Char	2	State in 2 character format (e.g. MI)	Required if available
13	Patient Zip	Char	5 or 7	Format '12345' or 'A1A 1A1' (alternate)	Required if available
14	Patient Phone - Mobile	Char	10	Format '123-456-7890'	Required if available
15	Patient Phone - Home	Char	10	Format '123-456-7890'	Required if available
16	Attributed Physician NPI	Char	10	Physician NPI number	Required
17	Attributed Physician First Name	Char	100	The Physician First Name; the name used will be the same name as recorded in the organization database	Required; one unique name will be used for each Physician
18	Attributed Physician Last Name	Char	100	The Physician Last Name; the name used will be the same name as recorded in the organization database	Required; one unique name will be used for each Physician
19	Attributed Practice Unit ID	Char	20	Practice ID code	Required
20	Attributed Practice Unit Name	Char	100	The Practice Name with the designated relationship with the Physician	Required; one unique name will be used for each Practice
21	Physician Organization ID	Char	20	Physician Organization ID code	Required
22	Physician Organization Name	Char	100	Physician Organization with the designated relationship with the Practice	Required; one unique name will be used for each PO
23	Direct Address	Char	125	Actual **DIRECT** email address used for message delivery that is part of ENHAC-DirectTrust accredited trust bundle.	Required if physician has a Direct address, regardless if Direct is a delivery preference
24	ADT notifications to send Direct Address	Char	125	List the ADT Event Types (e.g. A01=Admit; A04=Registration) to receive via '**DIRECT** Address'. List each event type, delimited by a semicolon. Format 'A01;A03;A04'. LEAVE BLANK if ADT messages will not be received by Direct Address.	Optional; only applicable if 'Direct Address' field is populated

5 Troubleshooting

A list of common questions can be found at:

http://mihin.org/about-mihin/faqs/

If experiencing difficulties or if you have questions, please contact the MiHIN Help Desk:

Email: help@mihin.org
Phone: (517) 336-1430
Monday – Friday 8:00 AM – 5:00 PM (Eastern)

6 Legal Advisory Language

This reminder applies to all Use Cases covering the exchange of electronic health information:

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The Data Sharing Agreement ("DSA") establishes the legal framework under which Participating Organizations can exchange messages through the HIN Platform, and sets forth the following approved reasons for which messages may be exchanged:

(a) By health care providers for Treatment, Payment and/or Health Care Operations consistent with the requirements set forth in HIPAA;
(b) Public health activities and reporting as permitted by HIPAA and other Applicable Laws and Standards;
(c) To facilitate the implementation of "meaningful use" criteria as specified in the American Recovery and Reinvestment Act of 2009 and as permitted by HIPAA;
(d) Uses and disclosures pursuant to an Authorization provided by the individual who is the subject of the Message or such individual's personal representative in accordance with HIPAA;
(e) By Data Sharing Organizations for any and all purposes, including but not limited to pilot programs and testing, provided that such purposes are consistent with Applicable Laws and Standards; and
(f) **For any additional purposes as specified in any Use Case, provided that such purposes are consistent with Applicable Laws and Standards**.

Under the DSA, "***Applicable Laws and Standards***" means all applicable federal, state, and local laws, statutes, acts, ordinances, rules, codes, standards, regulations and judicial or administrative decisions promulgated by any governmental or self-regulatory agency, including the State of Michigan, the Michigan Health Information Technology Commission, or the Michigan Health and Hospital Association, as any of the foregoing may be amended, modified, codified, reenacted, promulgated or published, in whole or in part, and in effect from time to time. "Applicable Laws and Standards" includes but is not limited to HIPAA; the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

It is each QO's obligation and responsibility to ensure that it is aware of Applicable Laws and Standards as they pertain to the content of each message sent, and that its delivery of each message complies with the Applicable Laws and Standards. This means, for example, that if a Use Case is directed to the exchange of physical health information that may be exchanged without patient authorization under HIPAA, the QO must not deliver any message containing health information for which an express patient authorization or consent is required (e.g., mental or behavioral health information).

Disclaimer: The information contained in this implementation guide was current as of the date of the latest revision in the Document History in this guide. However, Medicare and Medicaid policies are subject to change and do so frequently. HL7 versions and formatting are also subject to updates. Therefore, links to any source documents have

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been provided within this guide for reference. MiHIN will apply its best efforts to keep all information in this guide up-to-date. It is ultimately the responsibility of the Participating Organization and Sending Facilities to be knowledgeable of changes outside of MiHIN's control.