

**MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES**

**MASTER USE CASE AGREEMENT**

**Change Control**

<b>Version Number</b>	<b>Revision Date</b>	<b>Author(s)</b>	<b>Section(s)</b>	<b>Summary</b>
1	2/26/2016	Nate Steed	All	First Draft
2	5/17/2016	MiHIN Team	All	Second Draft
28	5/24/16	MiHIN Team	All	Third Draft
29	5/24/16	MiHIN Team	4.4	Related Use Case requirements added
34	06/01/16	Stacey Blizzard	UCE	Replaced existing Immunization History-Forecast with updated Immunization History-Forecast
36	06/03/16	Steed	Definitions	Added “AD” to definition of Advanced Directive; revised 4.2 and 4.3 of UCE template; Sec. 6.1 of the MUCA for Transactional Basis
38	6/16/2016	MiHIN Team	All	Added proposed changes from MDHHS and additional legal review by outside law firm; added/changed a small number of definitions
39	6/16/2016	MiHIN Team	All	Revisions for non-governmental entities
40	6/16/2016	MiHIN Team	4.3, Def. #94	4.3 Changed UCE to Exhibit Definition #94 – clarified “use” as workflow
41	6/20/2016	S. Blizzard	Use Case Example	Replaced diagrams
42	6/28/2016	MiHIN Team	All	Clarifications and clean up
43	6/30/2016	MiHIN Team	All	Changes in response to NPO comments
46	10/21/16	MiHIN Team	All	Add proposed changed from HAP and Beaumont
47	10/28/16	MiHIN Team	Attachment E	Added NIST 800-30 Appendix I, Table I-3 reference to third paragraph

This Master Use Case Agreement (“**Master Use Case Agreement**” or “**MUCA**”) is effective and binding upon the undersigned Participating Organization (“**PO**”), and subject to the **Data Sharing Agreement** (the “**Agreement**”) between the PO and the Michigan Health Information Network Shared Services (“**HIN**”), as of the last date in the signature block hereto. HIN and PO are referred to herein collectively as “**Parties**” and individually as a “**Party**.”

**1. Purpose.**

1.1. The purpose of this Master Use Case Agreement is to set forth the requirements for PO to participate in Use Cases and Pilot Activities.

1.2. Use Cases: Each separate Use Case shall be documented in a mutually executed exhibit, substantially in the form attached as Attachment A, (each referred to as a “**Use Case Exhibit**” or “**UCE**”) and, upon execution, each Use Case Exhibit is subject to the terms of this Master Use Case Agreement and incorporated herein by reference.

1.3. Pilot Activities: Each separate Pilot Activity shall be documented in a mutually executed exhibit, substantially in the form attached as Attachment B (each referred to as a “**Pilot Activity Exhibit**”) and, upon execution, each Pilot Activity Exhibit is subject to the terms of this Master Use Case Agreement incorporated herein by reference. Each Exhibit (as defined in Attachment C) may include an additional statement of purpose.

**2. Use Case Diagrams.** Each Exhibit may include a diagram setting forth the anticipated flow of Message Content.

**3. Definitions.** Definitions for this MUCA are contained in Attachment C, which is incorporated herein by reference.

**4. Message Content.** PO and HIN shall only send, receive, find or use Message Content pursuant to each Use Case as follows:

4.1. **Primary Use** Message Content and related Notices are used during the term of an Exhibit and only for the use(s) set forth in that Exhibit.

4.2. **Additional Permissible Use** This section sets forth additional permissible uses that apply to many, but not all, Use Cases. Each Exhibit specifically identifies which of the below additional permissible uses *do not* apply to that Use Case in the corresponding section 4.2 of the Exhibit.

**4.2.1. TPO.** Message Content may be used by Health Providers for Treatment, Payment and/or Healthcare Operations consistent with the requirements set forth in HIPAA;

**4.2.2. Public Health.** Message Content may be used for public health activities and reporting as permitted by Applicable Laws and Standards;

**4.2.3. Federal Programs.** Message Content may be used as required by Federal Programs.

**4.2.4. Individual Authorization.** Message Content may be used and disclosed pursuant to an authorization provided by the individual who is the subject of the Message Content or such individual’s personal representative in accordance with Applicable Laws and Standards;

**4.2.5. Archiving.** Message Content may be archived by HIN for audit, trending, and quality control purposes.

**4.2.6. Use Case Enablement.** Message Content may be used in other Use Cases only if PO enters into other UCEs that require Message Content from that Use Case.

**4.2.7. Pilot Activities.** Message Content may be used by PO or HIN subject to a mutually agreed Pilot Activity Exhibit (PAE) developed under a formally approved pilot project, provided that such purposes are mutually agreed upon and consistent with Applicable Laws and Standard. Pilot approval shall be obtained either from the HIN Board of Directors or the Use Case working group. This provision will be deleted by most UCEs.

**4.2.8. Enrichment.** Message Content may be enriched by HIN for the purpose of standardizing and simplifying the ability of other TDSOs that receive the data to use it. This may include appending additional information (e.g. a risk score) to enhance and streamline automated processing by receivers of enriched Message Content.

**4.2.9. PO Usage of Message Content.** Subject to any restrictions or limitations on use set forth in any Exhibit or Use Case Agreement executed by PO, PO may use Message Content in accordance with the terms of any agreements or authorizations in place between PO and its PO Participants, provided that such PO Participants have the full rights and authority to grant the applicable rights.

**4.3. Limitations on Use** The applicable Exhibit will set forth any additional limitations on use of Message Content.

**4.4. Pilot Activity Use** Message Content sent, received, found or used pursuant to each Pilot Activity Exhibit shall only be used during the term of the Pilot Activity Exhibit and only for the development of future Use Cases as further set forth in each Pilot Activity Exhibit.

**4.5. Related Use Case Requirements** Certain Use Cases may require PO to enter into other Use Cases. These Use Cases are interdependent to fully support each Use Case. Each Exhibit will set forth any such requirements. Organizations participating in any Exhibit will need to also participate in the Common Key Service Use Case and the Active Care Relationship Service Use Case unless an Exhibit specifically excludes participation in the CKS or the ACRS Use Cases.

## **5. Fees.**

**5.1.** Fees, if any, related to any Use Case will be handled in a separate Statement of Work (“SOW”) mutually agreed to by HIN and the PO. Either Party may terminate, upon ninety (90) days’ prior written notice, its participation in this Master Use Case Agreement or any Exhibit for a failure by the other Party to pay any undisputed fees when due according to a mutually agreed upon SOW. If the non-paying Party remedies the non-payment during the ninety-day notice period, the participation is not terminated.

**6. Service Level.** The Parties desire that the Message Content and Notice exchange between PO and HIN meet the service levels set forth below:

**6.1. Timeliness of Exchange** The Parties agree that the Message Content and Notice exchange shall occur on a Transactional Basis unless otherwise required by an Exhibit.

**6.2. Queued Messages** Notwithstanding Section 6.1 and Transactional Basis, if the Parties experience a Service Interruption, then Message Content and Notices queued during the Service Interruption shall be retransmitted as soon as practicable upon such Service Interruption

ending. Unless specified otherwise in an Exhibit, HIN may queue Message Content and Notices for up to ninety-one (91) days.

6.3. **Service Interruptions** The Parties agree to notify each other of any scheduled or unscheduled Service Interruption in accordance with Attachment E – Service Interruptions.

## **7. Auditing.**

7.1. **Abilities to Audit** The Parties shall monitor and audit all access to and use of their respective systems related to this MUCA, for system administration, security, regulatory compliance and other legitimate purposes consistent with each Party’s respective standard operating procedures.

### **7.2. Audit Logs**

**7.2.1. PO** PO shall log the following information: (i) date and time Message Content was accessed and the identity (*e.g.*, unique identifier) of the individual or system, as applicable, accessing the Message Content; (ii) date and time Message Content was sent to the HIN Services and the identity of the individual or system, as applicable, sending the Message Content; (iii) date and time a Notice was sent or received from or to the HIN Services; (iv) the unique message identifier for the Message Content accessed, sent, or received; (v) the Message Content accessed; and (vi) any Notices, failures, or network events.

**7.2.2. HIN** HIN shall log the following information: (i) name of PO and any PO Participants accessing the HIN Services; (ii) the identity (*e.g.*, unique identifier) of the individual or system, if applicable, accessing the Message Content; (iii) the date and time the access occurred; (iv) the Message Content accessed; (v) a description of Message Content accessed; and (v) any Notices, failures, or network events. Except as provided in the immediately preceding sentence, HIN shall not be obligated to maintain and shall not be responsible for, either maintaining records of the content of any Message exchange between the Parties or inspecting the content of such Messages.

7.3. **Production of Audit Logs** Upon a good faith written request by a Party, the other Party shall either: (i) produce the requested audit logs within five (5) business days; or (ii) provide to the other Party a reason why it is unable to produce such audit logs within five (5) business days and an estimate as to when such audit logs will be provided.

7.4. **Retention of Audit Logs** The Parties shall retain audit logs in accordance with Applicable Laws and Standards and in all cases for at least thirty (30) days.

## **8. Responsibilities of the Parties.**

### **8.1. PO’s Responsibilities**

**8.1.1. Resending** For Exhibits where PO is sending Message Content to HIN Services, or using HIN Services to query to find Message Content, PO shall resend, or make provisions to have resent, queries, Notices, and Message Content, as applicable, to HIN Services, which (i) PO failed to successfully send to HIN Services, or (ii) HIN failed to successfully send to

a TDSO, upon PO receiving a failure Notice from HIN Services so long as HIN Services does not send such failure Notice after having first acknowledged and accepted with no errors the message from PO. In the event a query to find Message Content is no longer needed by the PO, the retransmission may be done at PO's option.

**8.1.2. Notices** For Exhibits where PO is sending Message Content to HIN Services, or using HIN Services to query to find Message Content, PO shall, on a Transactional Basis, send any Notices received from HIN Services to the PO Participant that sent the query or Message Content (e.g., sending an acknowledgment of submission received from HIN Services). In cases where sending the Notices to the PO Participant's system would cause undue harm, this requirement can be waived on a case by case basis and with written approval from HIN. If a Use Case involves MDHHS, this waiver also requires written approval from MDHHS. The specifications for the Notices and Message Content are set forth on the HIN web site in the Use Case Implementation Guide for the applicable Exhibit.

**8.1.3. Validation and Conformance** For Exhibits where PO is sending Message Content to HIN Services, or using HIN Services to query to find Message Content, PO shall validate the query or Message Content to ensure that it **(i)** is properly addressed with both sender and receiving facility; **(ii)** includes the purpose of use; and **(iii)** conforms to the Use Case Implementation Guide and other specifications which may be set forth in each Exhibit.

**8.1.4. Sending** For Exhibits where PO is sending Message Content to HIN Services, or using HIN Services to query to find Message Content, PO shall send to HIN Services the query or Message Content that **(i)** is properly addressed with both sender and receiving facility; **(ii)** includes the purpose of use; and **(iii)** conforms to the Use Case Implementation Guide and other specifications which may be set forth in each Exhibit.

**8.1.5. PO Participant Compliance** For all Use Cases involving HIN Services, PO shall send, receive, find or use Message Content only with PO Participants that have agreed to abide by the applicable terms of this Master Use Case Agreement and the corresponding Exhibit(s). PO shall bear sole responsibility for ensuring that any Message Content sent to HIN Services meets the data integrity, format, security, and timeliness standards prescribed by the applicable Exhibit. PO is responsible for ensuring compliance with this MUCA and the applicable Exhibit(s) by its PO Participants and as between HIN and PO, shall remain fully liable for the acts or omissions of its PO Participants.

**8.1.6. Unauthorized Message Content** In the event PO sends, receives, finds or uses Message Content for which PO is not authorized to send, receive, find or use, PO will promptly upon discovery inform HIN, delete such Message Content, and require its PO Participants to delete such Message Content as well.

**8.1.7. Change Coordination** PO shall reasonably cooperate with HIN to schedule and coordinate any changes to the production systems or networks involved in Message sending, filtering, translating, forwarding, finding or receiving activities so as to ensure the reliability and availability of the production environments according to the procedures set forth in **Attachment E – Service Interruptions**.

**8.1.8. Troubleshooting and Support** PO is responsible for the initial troubleshooting and support for its PO Participants. If PO cannot resolve a trouble with a PO Participant, PO will report the trouble as specified by the procedures in **Attachment E**, Section 3 “Trouble Reporting.”

**8.1.9. Patient Consent** PO agrees that when it sends, receives, finds or uses Message Content PO will practice consent management and comply with Applicable Laws and Standards. This process enables all parties to determine what Patient Data can be accessed at various points of care. By way of example, if an Exhibit specifies sending Health Information that may not be sent without patient consent under HIPAA or SAMHSA rules, PO must not send any Message Content or Patient Data containing Health Information for which an express patient authorization or consent is required (e.g., mental or behavioral Health Information) without first confirming that a valid patient consent exists and permits Patient Data to be sent only to the receiving Health Provider(s) named by the patient on the consent.

**8.1.10. Data at Rest** If PO or PO Participant determines, after conducting a risk assessment and in accordance with HIPAA, that encryption of data at rest is commercially reasonable and appropriate for Message Content, then PO or PO Participant shall encrypt Message Content while at rest in any Participant Source System(s).

**8.1.11. Acknowledgements and Negative Acknowledgments** If an applicable Use Case employs ACKS /NACKs, and PO receives any NACKs for that Use Case, it: **(i)** will act upon all ACKS/NACKs; **(ii)** will take any necessary corrective action based on ACKS/NACKs; and **(iii)** will send ACKS/NACKs directly back to the PO Participant or take responsibility for communication and correction.

**8.1.12. Secure Transport** PO shall send, receive, find or use the Message Content and Notices using one of the HIN approved secure transport methods, format and content.

**8.1.13. Electronic Addresses** If the applicable Use Case involves sending, receiving or finding Message Content, then PO and its PO Participants shall provide and maintain correct Electronic Addresses and Electronic Service Information (ESI) with HIN.

**8.1.14. Privacy Tags** If required by the HIN Board, the sender of any Message Content that contains Specially Protected Information must include special machine readable Privacy Tags in the Message Content as specified in the Use Case Implementation Guide. If Message Content contains any Privacy Tags, the sending PO must confirm that patient has consented to recipient receiving the Message Content before PO sends the Message Content.

## 8.2. **HIN’s Responsibilities**

**8.2.1. HIN Data Sharing** HIN shall send, receive, find or use Message Content and Notices with PO and with other TDSOs and on a Transactional Basis as applicable for each Exhibit.

**8.2.2. Confidentiality and Security** HIN shall use commercially responsible efforts to protect the confidentiality and security of Message Content for so long as such Message Content is under the control of HIN.

**8.2.3. Change Coordination** HIN shall reasonably cooperate with PO to schedule and coordinate any changes to the production systems or networks involved in Message Content sending, filtering, translating, forwarding, finding or receiving activities so as to ensure the reliability and availability of the production environments according to the procedures set forth in **Attachment E – Service Interruptions**.

**8.2.4. HIN and TDSO Compliance** HIN shall send, receive, find or use PO Message Content only with other TDSOs that have agreed to abide by the applicable terms of this Master Use Case Agreement and the corresponding Exhibit(s).

**8.2.5. Secure Transport** HIN shall send, receive, find or use the Message Content and Notices using one of the HIN approved secure transport methods, format and content.

## **9. General Terms.**

### **9.1. Data Format, Validation and Transmission Specifications**

**9.1.1.** The Message Content sent to the HIN Services will be set forth in the Exhibit or will be determined during the Pilot Activity. An Implementation Guide for each Exhibit will specify the Conforming Message for each data sharing scenario set forth in the Exhibit. All Message Content sent to HIN Services shall meet these specifications. As applicable, a Use Case Implementation Guide for the Use Case being piloted may still be undergoing revisions but should be finalized during the Pilot Activity and will specify the Conforming Message for each data sharing scenario set forth in the Pilot Activity Exhibit.

**9.1.2.** HIN shall optionally validate all Conforming Messages.

**9.2. Pilot Activity Message Content** Upon termination or expiration of a Pilot Activity Exhibit, PO shall delete and render unrecoverable and unreadable all Message Content from the Pilot Activity from all storage locations.

**9.3. Additional Terms** The Parties may set forth additional terms applicable to a specific Use Case or Pilot Activity in each Exhibit, respectively.

**9.4. Order of Precedence** Upon execution by both Parties, an Exhibit shall supersede and replace any other version of the Exhibit or any Use Case Agreement for that Use Case previously executed between the Parties. To the extent there is a conflict between the terms of an Exhibit, the terms of this MUCA, and/or the terms of the Data Sharing Agreement, the terms of the Exhibit, as applicable, shall control the MUCA and the terms of the MUCA shall control the Data Sharing Agreement. When a Pilot Activity period ends, all terms in the Pilot Activity Exhibit expire and a Use Case Exhibit shall be executed to move from pilot status into production status for the Use Case.

IN WITNESS WHEREOF, the undersigned have caused this MUCA to be accepted by their duly authorized representatives effective on the date written below, whichever is later.

**MICHIGAN HEALTH INFORMATION  
NETWORK SHARED SERVICES**

**PARTICIPATING ORGANIZATION**

\_\_\_\_\_  
**Organization Name**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**ATTACHMENT A**

**USE CASE EXHIBIT TEMPLATE**

**Use Case Exhibit**

**Use Case Name:** \_\_\_\_\_

**Change Control**

<b>Version Number</b>	<b>Revision Date</b>	<b>Author(s)</b>	<b>Section(s)</b>	<b>Summary</b>

This Use Case Exhibit (“UCE”) is effective and binding upon the undersigned Participating Organization (“PO”) and subject to the Master Use Case Agreement and Data Sharing Agreement (the “Agreement”) between PO and HIN as of the last date in the signature block hereto. HIN and PO are referred to herein collectively as “Parties” and individually as a “Party.”

- 1. Purpose.** [To be included]
- 2. Use Case Diagram.** [To be included if applicable]
- 3. Definitions.** Capitalized terms used herein and not otherwise defined, shall have the meaning given them in the Master Use Case Agreement and the Data Sharing Agreement.

3.1. **Transactional Basis** means the transmission of Message Content or a Notice within [20] seconds of delivery or receipt of Message Content or Notice from a sending, receiving, or finding Party.

3.2. **Message Content** means [this definition must be filled in for every Exhibit]  
[include other definitions specific to this Use Case]

4. **Use Case Details.** [Note: Each Use Case Exhibit should carefully call out any terms that supersede the Master Use Case Agreement on a per-Exhibit basis, in particular detailed sections of the Master Use Case Agreement like Section 8 “Responsibilities of the Parties”. Section 8 of the Master Use Case Agreement and the Use Case Exhibit should be carefully reviewed together for completeness and consistency. Refer to Attachment D as a nonbinding sample Use Case Exhibit]

4.1. **Primary Use**

[Describe Primary Use of the Message Content]:

4.2. **Additional Permissible Use** Additional permissible use, if mutually agreed in writing by the Parties, may be specified during the term of the Exhibit.

[List additional permissible uses of Message Content for this Use Case]

The Parties may make additional use of Message Content as permitted under the MUCA except for the following uses set forth in the MUCA shall not apply to this Exhibit: [List permissible uses from Section 4 of the MUCA that *do not* apply to this Use Case]

4.3. **Limitations on use**

[List any additional limitations on use]

4.4. **Related Use Case Requirements** In addition to the Use Cases required under the MUCA, PO must enter into the following Use Cases: [include additional Use Case participation requirements].

5. **Service Interruptions.** No service interruption variations.

6. **Responsibilities of the Parties.** No additional responsibilities.

7. **Other Terms.**

7.1. **PO Contacts** Upon executing this UCE the PO shall write legibly the names, email addresses, and phone numbers for its contacts for this Use Case.

8. **Implementation Guide(s).** The Implementation Guide(s) links for this Use Case is/are provided in links referenced in Attachment 1. PO should be sure to check the boxes for all data sharing scenarios in which it wishes to participate for this Use Case in Attachment 1 and date and initial it.

IN WITNESS WHEREOF, the undersigned have caused this Use Case Exhibit to be accepted by their duly authorized representatives effective on the date written below, whichever is later.

PO to write in contact information here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Attachment 1

### Implementation Guide(s)

Last Updated: \_\_\_\_\_

This Attachment may be amended from time to time by both Parties initialing this page. Each data sharing scenario listed on this Attachment has its own Use Case Implementation Guide which is located at the following URL:

Send  
[insert URL]

Receive  
[insert URL]

Find  
[insert URL]

Use  
[insert URL]

[insert data sharing scenario]  
[insert URL]

[insert data sharing scenario]  
[insert URL]

## ATTACHMENT B

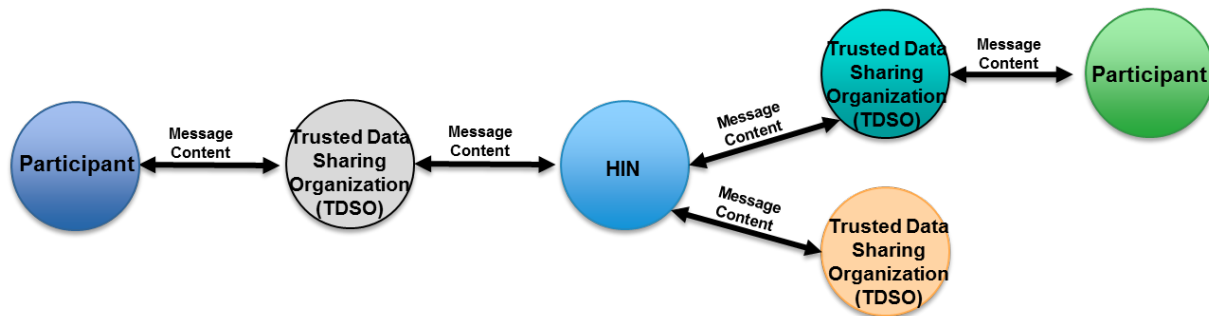
### PILOT ACTIVITY EXHIBIT TEMPLATE

#### Pilot Activity Exhibit

**Proposed Pilot Use Case Name:** \_\_\_\_\_

This Pilot Activity Exhibit (“PAE”) is effective and binding upon the undersigned Participating Organization (“PO”), and subject to the Master Use Case Agreement and Data Sharing Agreement (the “Agreement”) between the PO and the HIN as of the last date in the signature block hereto. HIN and PO are referred to herein collectively as “Parties” and individually as a “Party.”

1. **Purpose.** [To be included if applicable]
2. **Use Case Diagram.** [To be included if applicable. An example is below.]



3. **Definitions.** Capitalized terms used herein and not otherwise defined, shall have the meaning given them in the Data Sharing Agreement and the MUCA.

3.1. **Message Content** means [this definition must be filled in for every Exhibit]

4. **Pilot Activity.** [Note: Each PAE should carefully call out any terms that supersede the Agreement on a per Exhibit basis, particularly detailed sections of the Agreement like Section 8 “Responsibilities of the Parties”. Section 8 of the Agreement and the Exhibit should be carefully reviewed together for completeness and consistency]

The Parties shall undertake the following Pilot Activities:

- Creation of the Use Case Summary
- Creation of the Use Case Exhibit
- Creation of the Use Case Implementation Guide
- Reasonable collaboration with HIN in identifying and resolving any issues discovered during the Pilot Activity
- [include additional activities as applicable]

4.1. **Permissible Use** [describe permissible uses]

4.2. **Additional Permissible Use** During the term of this Pilot Activity there is no additional permissible use of the Message Content by Participant Organization or PO Participant(s).

Additional permissible use, if mutually agreed in writing by the Parties, may be specified during the term of the Pilot Activity.

4.3. **Additional Responsibilities of the Parties** [describe any additional responsibilities]

**5. Service Interruptions.** Given the developmental nature of the Pilot Activities, HIN guarantees no service level for the exchange of Message Content.

**6. Responsibilities of the Parties.** [describe any additional responsibilities of the Parties beyond those in the MUCA Section 8]

**7. Other Terms.** [Add any additional terms applicable to this Use Case]

**8. Term.**

8.1. The term of this pilot shall be from [start date] until [end date] unless extended by the Parties by mutual agreement in writing.

8.2. Either Party may terminate its participation in this PAE in accordance with the terms of the Agreement. Further, this PAE will terminate upon the sooner of (i) PO's execution of the published Use Case Exhibit that replaces this PAE; or (ii) email notice by HIN to: \_\_\_\_\_ at \_\_\_\_\_@\_\_\_\_\_.

IN WITNESS WHEREOF, the undersigned have caused this PAE to be accepted by their duly authorized representatives effective on the date written below, whichever is later.

## ATTACHMENT C

### DEFINITIONS

1. Capitalized terms used in this MUCA and not otherwise defined, shall have the meaning given them in the Data Sharing Agreement. *Terms set forth below but not used in this MUCA are defined herein because they are used in multiple Use Cases and should remain in the MUCA to keep the Exhibits shorter.* The Parties may set forth additional defined terms within each Exhibit.
2. **Acknowledgment (AK or ACK)** means “acknowledged” and is used to positively acknowledge a previously received Message Content.
3. **ACR Type** means the type of Active Care Relationship based on how it was created or its status. ACR Types include, but are not limited to, the following:
  - a) **DECLARED ACR** means an ACR that has been sent to HIN from a person, Caregiver, Health Professional or entity defined within the ACR. A DECLARED ACR is considered a very trustworthy and accurate type of ACR.
  - b) **ASSIGNED ACR** means an ACR that has been provided to HIN by a third party. For example, a Health Plan or government program may indicate they have assigned a specific individual or organization to help in managing or coordinating the care for a “member.” As further elaboration, ASSIGNED ACRs are common when a primary care physician has been assigned by a Health Maintenance Organization (HMO), but increasingly for payment and performance assessment under alternate payment programs.
  - c) **REPORTED ACR** means an ACR that has been created by HIN for an organization based on Message Content passing through HIN. For example, when an ADT is received by HIN, HIN will create a REPORTED ACR for that patient with the organization that sent the ADT Message from a Source System.
  - d) **DERIVED ACR** means an ACR created using statistical analysis or via mathematical modeling of data integrated from multiple sources and provided to HIN. For example, a DERIVED ACR may come through traditional attribution analysis conducted on claims data by a Health Plan to determine which Health Professional is linked to a patient.
  - e) **CONTESTED ACR** means an ACR that has been called into question. Patients, Health Providers, TDSOs, or HIN may all contest an ACR by communicating to the HIN that the ACR is contested using the means for communicating as specified in the UCIG.
  - f) **CONFIRMED ACR** means an ACR that was a **CONTESTED ACR** and the issue was resolved and the former **CONTESTED ACR** will remain in ACRS with its ACR Type changed to **CONFIRMED ACR**.
  - g) **EXPIRED ACR** means an ACR that has been terminated. This occurs either when

a **CONTESTED ACR** does not become a **CONFIRMED ACR** within the time limit, or when an ACR is no longer **DECLARED, ASSIGNED, REPORTED, DERIVED**, or other ACR Type introduced by an Exhibit.

4. **Active Care Relationship (ACR)** means (a) for Health Providers, a patient who has been seen by a provider within the past 24 months, or is considered part of the Health Providers' active patient population they are responsible for managing, unless notice of termination of that treatment relationship has been provided to HIN; (b) for payers, an eligible member of a Health Plan; (c) an active relationship between a patient and a Health Provider for the purpose of Treatment, Payment and/or Healthcare Operations consistent with the requirements set forth in HIPAA; (d) a relationship with a Health Provider asserted by a consumer and approved by such Health Provider; or (e) any person or TDSO authorized to receive Message Content under an Exhibit which specifies that an ACR may be generated by sending or receiving Message Content under that Exhibit. ACR records are stored by HIN in the ACRS.
5. **Active Care Relationship Service (ACRS)** means the HIN Infrastructure Service that contains records for those TDSOs, their PO Participants or any Health Providers who have an Active Care Relationship with a patient.
6. **Active Care Team** means the list of persons or organizations having an Active Care Relationship for a single given patient.
7. **Admission, Discharge, Transfer (ADT)** means an event that occurs when a patient is admitted to, discharged from or transferred from one care setting to another care setting or to the patient's home. For example, an ADT event occurs when a patient is discharged from a hospital. An ADT event also occurs when a patient arrives in a care setting such as a health clinic or hospital.
8. **ADT Message** means a type of HL7 message generated by healthcare systems based upon ADT events and the HL7 "Electronic Data Exchange in Healthcare" standard. The HL7 ADT message type is used to send and receive patient demographic and healthcare encounter information, generated by Source System(s). The ADT Messages contain patient demographic, visit, insurance and diagnosis information.
9. **ADT Notification** means an electronic notification that a given patient has undergone an ADT event. An ADT Notification is not a complete ADT Message.
10. **Advance Directive (ADs)** means a document in which consumers specify what type of medical care they want in the future, or who should make medical decisions if they become unable to make decisions for themselves.
11. **Affiliation** means the relationship between a Person Record and an Organization Record or between two Organization Records.

12. **Affiliation Type** means the type of relationship or Affiliation between a Person Record and an Organization Record or between two Organization Records. For example employed by, admitting privileges, and others as may be specified in an Exhibit or UCIG.
13. **Applicable Laws and Standards** means, in addition to the definition set forth in the Data Sharing Agreement, 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.
14. **Assertion** means a package of information exchanged about an identity. The outer structure of an Assertion is generic, providing information that is common to all of the statements within the package. Within an Assertion, a series of inner elements describe the authentication, attribute, authorization decision, or user-defined statements containing the specifics.
15. **Attribution** means a connection between a consumer and a healthcare provider. One definition of attribution is: Assigning a provider or providers, who will be held accountable for a consumer based on an analysis of that consumer's claim data.
16. **Caregiver** means an individual such as a Health Professional or social worker who assists in the identification, prevention or treatment of an illness or disability.
17. **Clinical Quality Measures (COMs)** means tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality healthcare and/or that relate to one or more quality goals for healthcare.
18. **Common Gateway** means the method by which data is sent and received by HIN using various national standard protocols (e.g., NwHIN SOAP, IHE XCA, IHE XDS.b).
19. **Common Key Service (CKS)** means a HIN Infrastructure Service that communicates with a Master Person Index (MPI) to match patients and to assign and retrieve HIN Common Keys that are linked to unique patients.
20. **Comprehensive Primary Care Plus (CPC+)** means a national advanced primary care medical home model that aims to strengthen primary care through a regionally-based multi-payer payment reform and care delivery transformation and has identified core performance measures for quality, forming its own quality measure set.
21. **Conforming Message** means a Message that is in a standard format that strictly adheres to the Implementation Guide for its applicable Use Case.
22. **Consumer-Facing Application** means a personal health record, online health portal, mobile application or any tool that allows consumers to access, manage and store (e.g., View Download Transmit) their Health Information.



23. **Core Quality Measure Collaborative (CQMC)** means an effort led by the America's Health Insurance Plans (AHIP) and its member plans' Chief Medical Officers, leaders from CMS and the National Quality Forum (NQF), as well as national physician organizations, employers and consumers, that reached consensus on core performance measures for quality, forming the CQMC's own quality measure set.
24. **Critical Access Hospital (CAH)** means a Critical Access Hospital as defined under the Medicaid EHR Incentive Program.
25. **Data Sharing Agreement** means any data sharing organization agreement signed by both HIN and PO. Data sharing organization agreements include but are not limited to: Qualified Data Sharing Organization Agreement, Virtual Qualified Data Sharing Organization Agreement, Consumer Qualified Data Sharing Agreement, Sponsored Shared Organization Agreement, State Sponsored Sharing Organization Agreement, Direct Data Sharing Organization Agreement, Simple Data Sharing Organization Agreement, or other data sharing organization agreements developed by HIN.
26. **Digital Credentials** means a digital certificate, including server certificates, issued to PO by HIN, its designee or trusted anchor. The Digital Credentials will be presented electronically by PO to prove identity and the right to access Message Content through the HIN Services.
27. **Durable Power of Attorney for Healthcare** also known as a healthcare proxy or patient advocate designation, is a document in which another individual is appointed to make medical treatment and related personal care decisions for a patient when he/she can no longer make them for her/himself.
28. **eHealth Exchange** – see the definition for Sequoia Project.
29. **Electronic Address** means a string that identifies the transport protocol and end point address for communicating electronically with a recipient. A recipient may be a person, organization or other entity that has designated the Electronic Address as the point at which it will receive electronic messages. Examples of an Electronic Address include a secure email address (Direct via secure SMTP) or secure URL (SOAP / XDR / REST / FHIR). Communication with an Electronic Address may require a digital certificate or participation in a trust bundle.
30. **Electronic CQM (eCQM)** means CQMs that are specified in a standard electronic format and are designed to use data from Health IT systems for measurement.
31. **Electronic Medical Record or Electronic Health Record (EMR/EHR)** means a digital version of a patient's paper medical chart.
32. **Electronic Service Information (ESI)** means all information reasonably necessary to define an electronic destination's ability to receive and use a specific type of information (e.g., discharge summary, patient summary, laboratory report, query for patient/provider/healthcare data). ESI may include the type of information (e.g., patient summary or query), the destination's Electronic Address, the messaging framework

supported (e.g., SMTP, HTTP/SOAP, XDR, REST, FHIR), security information supported or required (e.g., digital certificate) and specific payload definitions (e.g., CCD C32 V2.5). In addition, ESI may include labels that help identify the type of recipient (e.g., medical records department).

33. **Eligible Hospital (EH)** means an Eligible Hospital as defined under the Medicare and Medicaid EHR Incentive Programs.
34. **Eligible Professional (EP)** means an Eligible Professional as defined under the Medicare and Medicaid EHR Incentive Programs.
35. **End Point** means an instance of an Electronic Address or ESI.
36. **Exhibit** means, collectively, a Use Case Exhibit or a Pilot Activity Exhibit.
37. **Facility/Hospital** means an organization that operates a facility, which is required by a State to be licensed, registered, or similarly recognized as a hospital.
38. **Fast Healthcare Interoperability Resources (FHIR)** is a standard describing data formats and elements and an Application Programming Interface (API) for exchanging Electronic Health Records.
39. **Federal Programs** means “Meaningful Use” criteria as specified in the American Recovery and Reinvestment Act of 2009, also as permitted by HIPAA, and the Medicare Access and CHIP Reauthorization Act (MACRA) Quality Payment Program (QPP), including Merit-Based Incentive Payment System (MIPS), ) the Medicare Shared Savings Program (MSSP) and Alternative Payment Models (APMs).
40. **Federated Identity** means a trusted form of identification such as username and password or Digital Credential, which can be used to access multiple systems, including those outside the home organization.
41. **Federated Identity Management (FIdM)** means an arrangement among multiple organizations that allows use of the same Federated Identity to access the resources of Federated Organizations, including shared identities and shared services.
42. **Federated Organization** means a TDSO that has entered into an Exhibit that uses Federated Identities and services.
43. **Gaps in Care (“Care Gaps” or “Gaps in Coverage”)** means the discrepancy between recommended best practice medical care and the care that is actually provided. Health Plans determine care that is actually provided based on a combination of claims and Quality Information received from Health Providers.
44. **Gaps in Care Report** means quality measure performance data, often listing individual patients and any missing services, designed to be actionable to Health Providers such that they can improve quality scores and patient care.

45. **Health Level 7 (HL7)** means an interface standard and specifications for clinical and administrative healthcare data developed by the Health Level Seven organization and approved by the American National Standards Institute (ANSI). HL7 provides a method for disparate systems to communicate clinical and administrative information in a normalized format with Acknowledgement of receipt.
46. **Health Information** means any information, including genetic information, whether oral or recorded in any form or medium, that (a) is created or received by a Health Provider, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and (b) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual.
47. **Health Plan** means an individual or group health plan that provides, or pays the cost of medical care (as “group health plan” and “medical care” are defined in section 2791(a)(2) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(2)). Health Plan further includes those entities defined as a health plan under HIPAA, 45 C.F.R. 160.103.
48. **Health Professional** means (i) any individual licensed, registered, or certified under applicable Federal or State laws or regulations to provide healthcare services; (ii) any person holding a non-clinical position within or associated with an organization that provides or coordinates healthcare or healthcare related services; and (iii) people who contribute to the gathering, recording, processing, analysis or communication of Health Information. Examples include, but are not limited to, physicians, physician assistants, nurse practitioners, nurses, medical assistants, home health professionals, administrative assistants, care managers, care coordinators, receptionists and clerks.
49. **Health Provider** means Facilities/Hospitals, Health Professionals, Health Plans, Caregivers, Pharmacists/Other Qualified Professionals or any other person or organization involved in providing healthcare.
50. **Health Provider Directory (HPD or “Provider Directory”)** means the statewide shared service established by HIN that contains contact information on Health Providers, Electronic Addresses, End Points, and ESI, as a resource for authorized users to obtain contact information and to securely exchange Health Information.
51. **Health Provider Information** means information about Health Providers, including name, contact information, organization(s), title(s), position(s), Health Plan network participation, ESI, End Points, Person Records, Organization Records, any related Affiliations, a National Provider Identifier (NPI) and other associated information as appropriate and as required by the HPD or SCD.
52. **Healthcare Effectiveness Data and Information Set (HEDIS)** means a set of standardized performance measures the National Committee for Quality Assurance (NCQA) developed to allow for comparison across Health Plans based on quality not just cost.

53. **HIN Common Key** means an alphanumeric key assigned by the Common Key Service and stored by a Master Person Index for purposes of linking patients to their health information across various systems.
54. **HIN Infrastructure Service** means certain services that are shared by numerous Use Cases. HIN Infrastructure Services include, but are not limited to, Active Care Relationship Service (ACRS), Health Provider Directory (HPD), Statewide Consumer Directory (SCD), and the Medical Information DIrect GATEway (MIDIGATE®).
55. **HIN Services** means the HIN Infrastructure Services and additional services and functionality provided by HIN allowing the PO to send, receive, find, or use information to or from HIN as further set forth in an Exhibit.
56. **Identity Provider** means a Federated Organization that creates, maintains, and manages identity information and is responsible for (a) providing identifiers for Principals or Service Providers looking to interact with another service; (b) asserting to such a service that an identifier presented is known to the Identity Provider; and (c) possibly providing other Assertions about the Principal or system that is known to the Identity Provider.
57. **Identity Exchange Platform** means the platform operated by HIN supporting the exchange of Message Content. The Identity Exchange Platform enables the utilization of identities and services between Identity Providers and Service Providers under this Master Use Case Agreement.
58. **Immunization Information System (IIS)** means a registry that stores immunization records.
59. **Information Source** means any organization that provides information that is added to a HIN Infrastructure Service.
60. **Lab Results** means any type of lab results sent electronically whether general lab results from a lab reporting organization, state lab results, cancer pathology and related notifications, reportable labs for Meaningful Use, newborn screening lab results, blood lead results, or any other type of lab test results sent electronically. Lab Results typically are represented electronically in an HL7 Message called an “ORU” message.
61. **Master Person Index (MPI or “Master Patient Index”)** means a database used to identify, match, merge, de-duplicate, and cleanse records for individuals, to create a master index of demographic information for each person in a population.
62. **MDHHS Data Hub** means the Michigan Department of Health and Human Services Data Hub enterprise service bus that is used as part of the HIN network-of-networks.
63. **Meaningful Use (MU)** means using certified EHR technology to improve quality, safety and efficiency of healthcare, and to reduce health disparities as further contemplated by Title XIII of the American Recovery and Reinvestment Act of 2009.

64. **Message** means a mechanism for exchanging Message Content between the PO to HIN Services, including query and retrieve.
65. **Message Content** means information, as further defined in an Exhibit, which is sent, received, found or used by a PO to or from HIN Services. Message Content includes the Message Content Header.
66. **Message Header (“MSH”) or Message Content Header** means the MSH segment present in every HL7 message type that defines the Message’s source, purpose, destination, and certain syntax specifics such as delimiters (separator characters) and character sets. It is always the first segment in the HL7 message, with the only exception being HL7 batch messages.
67. **Michigan Care Improvement Registry (MCIR)** means the IIS for the State of Michigan operated by the Michigan Department of Health and Human Services (MDHHS).
68. **MIDIGATE®** means the Medical Information DIrect GATEway, which is an HIN Infrastructure Service that receives inbound Direct Secure Messages, processes the payload based on the Message type, and routes and sends the Message Content to its appropriate destination.
69. **Nationwide Health Information Network (NwHIN)** – see the definition for Sequoia Project.
70. **Negative Acknowledgment (NAK or NACK)** means “not acknowledged” and is used to negatively acknowledge or to reject previously received Message Content or to indicate some kind of error.
71. **NIST Levels of Assurance (LOA)** refers to the standards created by the National Institute of Standards, which describe separate identity authentication assurance levels that can be leveraged to grant permissions based on a user’s LOA, from 1 through 4. The LOA is further described in NIST 800-63-2, which can be found online at <http://dx.doi.org/10.6028/NIST.SP.800-63-2> or as such url may be updated from time to time.
72. **Notice** means a message transmission that is not Message Content and which may include an acknowledgement of receipt or error response, such as an ACK or NACK.
73. **OAuth** means an authentication protocol that allows users to approve an application to act on their behalf without sharing their password.
74. **Organization Record** means any record that primarily relates to a company or other organization (i.e., not a person).
75. **Patient Data** means any data about a patient or a consumer that is electronically filed in a PO or PO Participant’s systems or repositories. The data may contain Protected Health Information (PHI), Personal Credit Information (PCI) or Personally Identifiable Information (PII).

76. **Person Record** means any record in a HIN Infrastructure Service that primarily relates to a person.
77. **Pharmacist/Other Qualified Professional** means an individual authorized under Applicable Laws and Standards to administer prescriptions.
78. **Physician Payer Quality Collaborative (PPOC)** means a group of Michigan physicians and payers prioritizing Quality Information into a measure set for which they are standardizing Supplemental Clinical Data Files used for HEDIS reporting.
79. **Physician Quality Reporting System (PQRS)** means a quality reporting program that encourages individual Eligible Professionals and group practices to report information on the quality of care to CMS.
80. **Pilot Activity** means the activities set forth in the applicable Exhibit and typically includes sharing Message Content through early trials of a new use case that is still being defined and is still under development and which may include PO feedback to HIN to assist in finalizing a Use Case and Use Case Exhibit upon conclusion of the Pilot Activity.
81. **PO Participant** means a person or entity exchanging healthcare information via the PO with HIN Services, and possibly with other TDSOs as specified in an Exhibit.
82. **Prepaid Inpatient Health Plan** means an organization that manages the Medicaid specialty services under the 1915(b)(c) Waiver Program, consistent with the requirements of 42 C.F.R. Part 401. This benefit plan covers mental health and substance use services for people eligible for Medicaid who have a need for behavioral health, intellectual/developmental disabilities services and support, or substance use services.
83. **Prescription Drug Monitoring Program** means the state-run programs that collect and distribute data about the prescription and dispensing of federally controlled substances and other potentially addictive or prescription drugs subject to abuse.
84. **Principal** means a person or a system utilizing a Federated Identity through a Federated Organization.
85. **Privacy Tags** means special machine readable tags placed in Message Content indicating that the Message Content contains Specially Protected Information.
86. **Quality Information** means any of the following: (a) CQMs including those used in connection with government initiatives; (b) claims-based quality data; (c) Supplemental Clinical Data Files used to calculate HEDIS measures; (d) HEDIS measures; or (e) quality measures and the data used to calculate them for any quality measure set.
87. **Quality Reporting Document Architecture (QRDA)** is a standard document format for the exchange of eCQM data. QRDA reports contain data extracted from EHRs and other information technology systems. The reports are used for the exchange of eCQM data between systems for quality measurement and reporting initiatives.

88. **QRDA CAT 1 Report** means a QRDA Category 1 (or “CAT 1”) file is based on an [XML standard](#) designed for communicating patient-level clinical data that is used to calculate CQMs. Examples include preventative care and screening for cholesterol or use as appropriate medications for asthma. These individual patient-level reports are used to calculate aggregate level QRDA Category 3 Reports. Quality reports contribute the quality data necessary to calculate population measure metrics.
89. **QRDA CAT 3 Report** means a QRDA Category 3 (or “CAT 3”) file which contains aggregate quality results and does not contain PHI.
90. **Relying Party** means a Service Provider that uses an Identity Provider to authenticate a Principal who wants to access an application or service controlled by that Service Provider.
91. **Repository** means a central location in which data is stored and managed.
92. **Requesting Party** means the Principal that initiates a session to a Service Provider.
93. **REST** means REpresentational State Transfer, which is an architectural style, and an approach to communications that is often used in the development of Web services.
94. **Send / Receive / Find / Use (SRFU)** means sending, receiving, finding, or using Message Content. Sending involves the transport of Message Content. Receiving involves accepting and possibly consuming or storing Message Content. Finding means querying to locate Message Content. Using means any use of the Message Content other than sending, receiving or finding. Examples of use include consuming or integrating into workflow, reporting, storing, or analysis.
95. **The Sequoia Project** means an organization that manages the nationwide network formerly known as NwHIN now called eHealth Exchange, which uses a set of standards, services and policies that enable secure Health Information exchange (“HIE”) over the Internet.
96. **Service Interruption** means a Party is unable to send, receive or find Message Content for any reason, including the failure of network equipment or software, scheduled or unscheduled maintenance, general Internet outages, and events of force majeure.
97. **Service Provider** means a Federated Organization that requests and obtains an authentication Assertion from the Identity Provider. On the basis of this authentication Assertion, the Service Provider can make an authorization decision – in other words it can decide whether to perform some service (such as for the connected Principal in SAML). Services may include, but are not limited to, application services, network services, or SAML-type services.
98. **Security Assertion Markup Language (SAML)** means an XML standard that allows secure web domains to exchange user authentication and authorization data. Using SAML, an online service provider can contact a separate online identity provider to authenticate users who are trying to access secure content.

99. **Single Sign-On (SSO)** is a property of access control that allows a user to sign on one time and ‘share’ one identity across multiple networks, web sites or software applications. The alternative to SSO is that a user must login to each system individually.
100. **Source System** means a computer system, such as an electronic health record system, at the PO, that sends, receives, finds or uses Message Content or Notices.
101. **Specially Protected Information** means Health Information that is protected beyond the scope of HIPAA such as under 42 CFR Part 2, the state mental health code or other state or federal privacy laws.
102. **Statewide Consumer Directory (SCD)** means a HIN Infrastructure Service that helps organizations provide tools to consumers, which allow the consumers to manage how their personal Health Information can be shared and used. The Statewide Consumer Directory is essentially a Software Development Kit (SDK) with a robust set of APIs that can be used by Consumer-Facing Applications that enable consumers to take an active role in viewing and editing their preferences for how their Health Information is shared.
103. **Supplemental Clinical Data Files (SCDF)** means information sent to Health Plans for the purpose of calculating HEDIS measures.
104. **Transactional Basis** means the transmission of Message Content or a Notice within a period of time of receiving Message Content or Notice from a sending or receiving party as may be further set forth in a specific Exhibit.
105. **Transitions of Care** means the movement of a patient from one setting of care (e.g., hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, rehabilitation facility) to another setting of care and can include transfers within a healthcare organization.
106. **Trusted Data Sharing Organization (TDSO)** means an organization that has signed any form of agreement with HIN for data sharing.
107. **Use Case** means (a) a Use Case Agreement previously executed by PO; or (b) the Use Case Summary, Use Case Exhibit and a Use Case Implementation Guide that PO or TDSO must follow to share specific Message Content with the HIN.
108. **Use Case Implementation Guide (UCIG)** means the document providing technical specifications related to Message Content and transport of Message Content between PO, HIN, and other TDSOs. Use Case Implementation Guides are made available via URLs in Exhibits.
109. **Use Case Summary** means the document providing the executive summary, business justification and value proposition of a Use Case. Use Case Summaries are provided by HIN upon request and via the HIN website at [www.mihin.org](http://www.mihin.org).
110. **View Download Transmit (VDT)** means a requirement for Meaningful Use with the objective to provide patients with the ability to view online, download and transmit their



Health Information within a certain period of the information being available to an Eligible Professional.

111. **XCA** means the IHE (Integrating the Healthcare Enterprise®) standard for Cross-Community Access which provides specifications to query and retrieve patient relevant Health Information held by other communities.
112. **XDS.b** means the IHE (Integrating the Healthcare Enterprise®) standard for Cross-Enterprise Document Sharing revision b, which provides specifications to query and retrieve patient relevant healthcare data held within a community.

## ATTACHMENT D

### USE CASE EXHIBIT SAMPLE

This is a nonbinding sample provided for illustrative purposes only and is not a part of the terms and conditions of the MUCA.

**Use Case Name:** Immunization History-Forecast

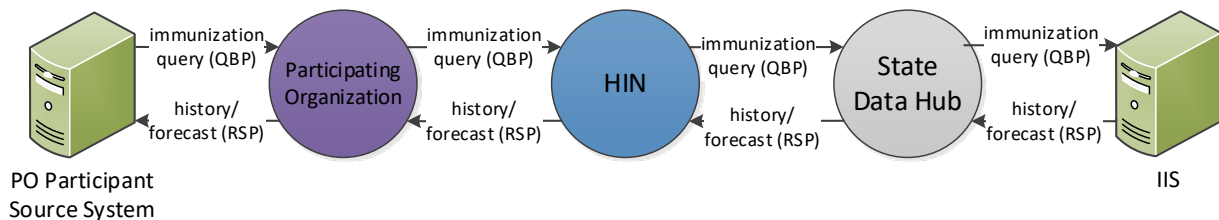
#### Change Control

Version Number	Revision Date	Author(s)	Section(s)	Summary
1	05-16-16	J. Livesay	All	New UCE for Immunization History-Forecast (Query By Parameter)
3	5-31-16	Steed	All	Cleanline Version
4	5-31-16	Blizzard	All	Formatting template
5	5-31-16	Mannino-Marosi	2	Diagram revision

This Use Case Exhibit (“UCE”) is effective and binding upon the undersigned Participating Organization (“PO”) and subject to the Master Use Case Agreement and Data Sharing Agreement (the “Agreement”) between PO and HIN as of the last date in the signature block hereto. HIN and PO are referred to herein collectively as “Parties” and individually as a “Party.”

**1. Purpose.** The purpose of this UCE is to set forth the requirements for PO to use HIN to request and obtain the immunization history and forecast for a resident of the state (adult or child), which includes immunizations received to date and a forecast of immunizations the patient should receive in the future. A PO sends an immunization query (QBP) message to HIN. HIN passes the query to the State Data Hub which passes the query to the state IIS which tries to find the immunization history and/or forecast for the resident/consumer. The state TDSO sends the immunization history and forecast (RSP - the query results) that it found from the IIS back through the State Data Hub to HIN which sends the results to the PO. If the query to find immunization records originated from a PO Participant, after receiving results from the HIN the sending PO then sends the results to the PO Participant. The PO and/or PO Participant may then use the results in accordance with this Exhibit.

#### 2. Use Case Diagram.



3. **Definitions.** Capitalized terms used herein and not otherwise defined, shall have the meaning given them in the Master Use Case Agreement and the Data Sharing Agreement.

3.1. **Transactional Basis** means the transmission of Message Content or a Notice within five (5) seconds of delivery or receipt of Message Content or Notice from a sending, receiving, or finding party.

3.2. **Message Content** means either (i) an inbound immunization query (QBP) Message; or (ii) an outbound immunization history-forecast query result (RSP) Message.

**4. Use Case Details.**

4.1. **Primary Use** The primary use is for PO to find the immunization history and forecast for a consumer. The PO can be any TDSO trying to find this information on behalf of their authorized PO Participants. This could include primary care physicians or other authorized Health Providers and also schools and public health agencies. TDSOs can also be pharmacies wishing to check immunization history before administering vaccinations, or to determine if additional vaccinations are due. PO may also be a TDSO that is qualified as a consumer data sharing organization that provides consumers with the ability to find their own immunization history and forecast. PO and its PO Participants may share Message Content with a consumer whose identity has been verified as having a right to this information.

4.2. **Additional Permissible Use** The following sections of the MUCA are not permissible uses under this Exhibit: 4.2.5 (“Archiving”), 4.2.7 (“Pilot Activities”).

4.3. **Limitations on use** Unless PO is a state authorized agency or department, PO is prohibited from using, storing or persisting copies of Message Content longer than the period necessary to successfully transmit the information to the PO Participant. An immunization history-forecast retrieved via this UCE is usable by PO only at the time of the query and is considered obsolete after the query transaction is completed. The IIS is the primary record of immunization data and all queries for Message Content should be made via HIN to the IIS.

4.4. **Related Use Case Requirements** No related Use Case requirements.

**5. Service Interruptions.** No service interruption variations.

**6. Responsibilities of the Parties.** No additional responsibilities.

**7. Other Terms.**

7.1. **PO Contacts**. Upon executing this UCE the PO shall write legibly the names, email addresses, and phone numbers for its contacts for this Use Case.

**8. Implementation Guide(s).** The Implementation Guide(s) for this Use Case is/are provided in links referenced in Attachment 1. PO should be sure to check the boxes for all data sharing scenarios in which it wishes to participate for this Use Case in Attachment 1 and date and initial Attachment 1.

IN WITNESS WHEREOF, the undersigned have caused this Use Case Exhibit to be accepted by their duly authorized representatives effective on the date written below, whichever is later.

PO to write in contact information here:

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## **Attachment 1**

### **Implementation Guide(s)**

**Last Updated: 05-31-16**

This Attachment may be amended from time to time by both Parties initialing this page. Each data sharing scenario listed on this Attachment has its own Use Case Implementation Guide which is located at the following URL:

- Find Immunization History-Forecast (send query, receive results)  
<http://mihin.org/wp-content/uploads/2013/07/MCIR-QBP-guide-1-07-14.pdf>
- Receive Immunization History-Forecast Request  
<http://mihin.org/wp-content/uploads/2013/07/MCIR-QBP-guide-1-07-14.pdf>
- Send Immunization History-Forecast Results  
<http://mihin.org/wp-content/uploads/2013/07/MCIR-QBP-guide-1-07-14.pdf>
- Use Immunization History-Forecast  
<http://mihin.org/wp-content/uploads/2013/07/MCIR-QBP-guide-1-07-14.pdf>

## ATTACHMENT E

### SERVICE INTERRUPTIONS

1. **Interruption.** A PO experiences temporary Service Interruptions from time to time. These Service Interruptions may be scheduled or unscheduled. A Service Interruption results in a PO having to temporarily cease exchanging Message Content with all other TDSOs. To ensure that all TDSOs are aware of a Service Interruption, if PO schedules a Service Interruption, it will send advance written notice of the Service Interruption by email to HIN at: [help@mihin.org](mailto:help@mihin.org) or by using the web form at [www.mihin.org/troublereport](http://www.mihin.org/troublereport), or if the Service Interruption is unscheduled, as soon as reasonably practicable after the Service Interruption begins. HIN may simultaneously notify other TDSOs of the Service Interruption. PO is responsible for taking all technical actions necessary to recover from a Service Interruption. During a Service Interruption, PO will continue to be responsible for complying with the terms of the Data Sharing Agreement.

2. **Suspension.** If, at any point, PO decides that it requires a temporary suspension from participation and its responsibility for complying with the terms of any Exhibit related to the sending, receiving, finding or using of Message Content, it shall send a written notice by email to HIN at: [help@mihin.org](mailto:help@mihin.org) or using the web form at [www.mihin.org/troublereport](http://www.mihin.org/troublereport). PO must give notice of its need for a temporary voluntary suspension at least twenty-four (24) hours prior to commencing its voluntary suspension. The notice will specify the reason for, the commencement date of, and the duration of the voluntary suspension. Upon receipt of the notice of voluntary suspension, HIN may forward the notice to other TDSOs of such voluntary suspension.

HIN reserves the right to temporarily suspend PO's access to the HIN Services in the event HIN determines in good faith that PO's use of the HIN Services (a) poses a Low, Moderate, High, or Very High security risk as defined in the NIST 800-30 Appendix I, Table I-3, to the HIN Service or any TDSO; (b) is or is reasonably likely to adversely and immediately impact the HIN Services or the systems of any other TDSO or HIN. HIN will provide PO with prior notice of any such suspension, provided that if HIN reasonably determines (after a good faith investigation) that prior notice is not reasonable under the circumstances, HIN will notify PO as soon as reasonably possible following such suspension. Any such suspension will be limited in both scope and duration as necessary to address the event or cause giving rise to such suspension.

### 3. **Trouble Reporting.**

**3.1. HIN Reporting to PO** If HIN detects or learns of trouble with Message Content to or from PO, HIN will promptly report the trouble to the PO in accordance with the PO Contact Information written by the PO beneath the signatures in a signed Use Case Exhibit.

**3.2. PO Reporting to HIN** PO agrees to follow these procedures in reporting

troubles:

	Severity 1	Severity 2	Severity 3	Severity 4
<b>Description</b>	<b>Critical Impact/System Down:</b> Business critical software is down or critical interface has failed. The issue is impacting all production systems, causing all QO's or other organization's ability to function to be unusable.	<b>Significant Business Impact:</b> Software component severely restricted. Entire organization is unable to continue business functions, causing all communications and transfer of messages to be halted.	<b>Partial Failure or Downtime:</b> Program is useable and less significant features unavailable. The service is online, though may not be working as intended or may not currently be working as intended or may not currently be accessible, though other systems are currently available.	<b>Minimal Business:</b> A non-critical software component is malfunctioning, causing minimal impact, or a test system is down.
<b>Example</b>	Example: All messages to and from MiHIN are unable to be sent AND received, let alone tracked.	Example: MiHIN cannot communicate (send or receive) messages between single or multiple QO's, but can still successfully communicate with other organizations.	Example: Messages are lost in transit, messages can be received but NOT transmitted.	Example: Additional feature requested
<b>Primary Initiation Method</b>	Phone (517) 336-1430	Phone (517) 336-1430	web form at <a href="http://mihin.org/RequestHelp">http://mihin.org/RequestHelp</a>	web form at <a href="http://mihin.org/RequestHelp">http://mihin.org/RequestHelp</a>
<b>Secondary Initiation Method</b>	web form at <a href="http://mihin.org/RequestHelp">http://mihin.org/RequestHelp</a>	web form at <a href="http://mihin.org/RequestHelp">http://mihin.org/RequestHelp</a>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>
<b>Teritary Initiation Method</b>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>	N/A	N/A
<b>Initial Response</b>	Within 2 hours	Within 2 hours	1 business day	1 business day
<b>Resolution Goal</b>	24 hours	24 hours	3 business days	7 business days