

MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

USE CASE EXHIBIT

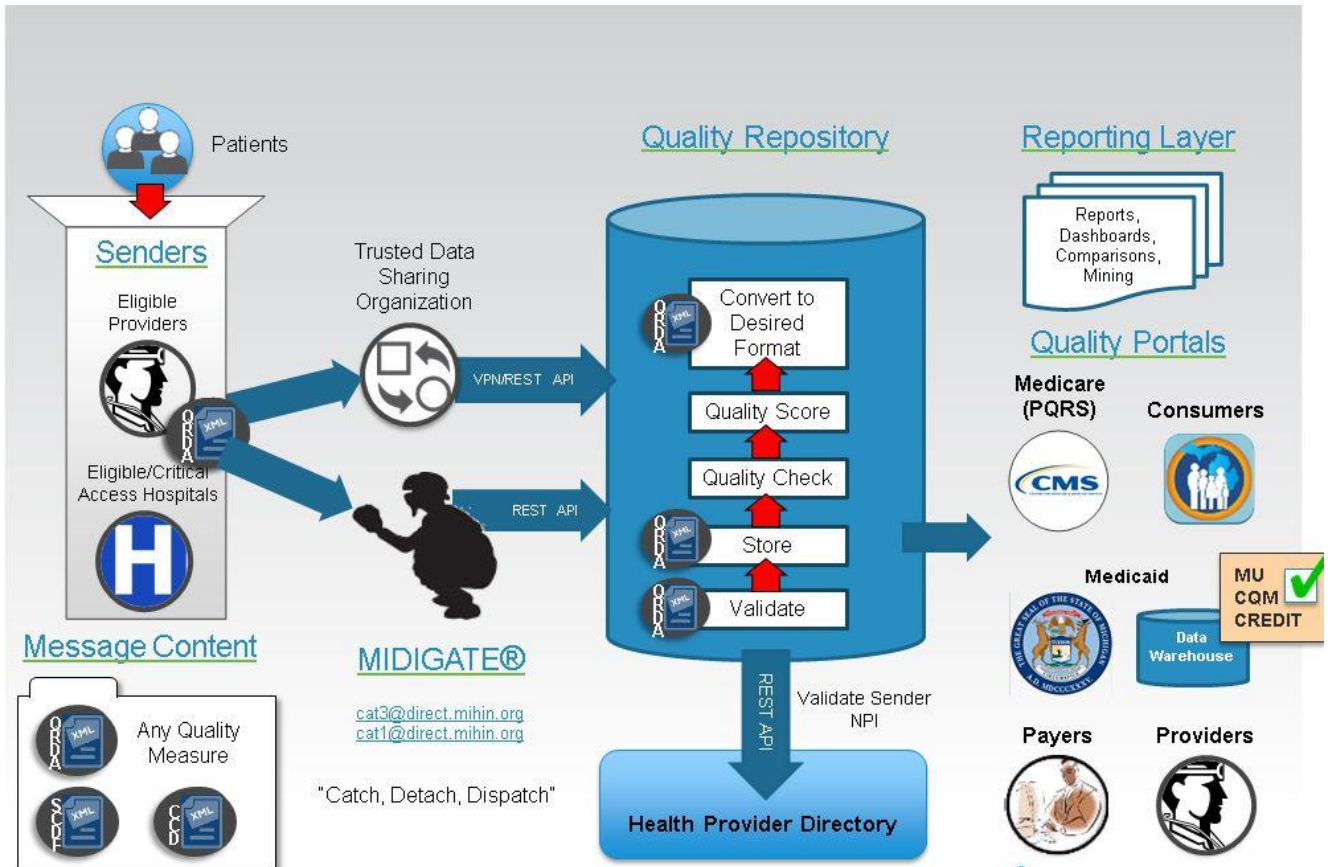
Use Case Name: Quality Measure Information

This Use Case Exhibit (“**UCE**”) is effective and binding upon Participant and subject to the Master Use Case Agreement and Data Sharing Agreement (the “**Agreement**”) between Participant and Network on the date Participant agrees to this UCE. Network and Participant are referred to herein collectively as “Parties” and individually as a “Party.”

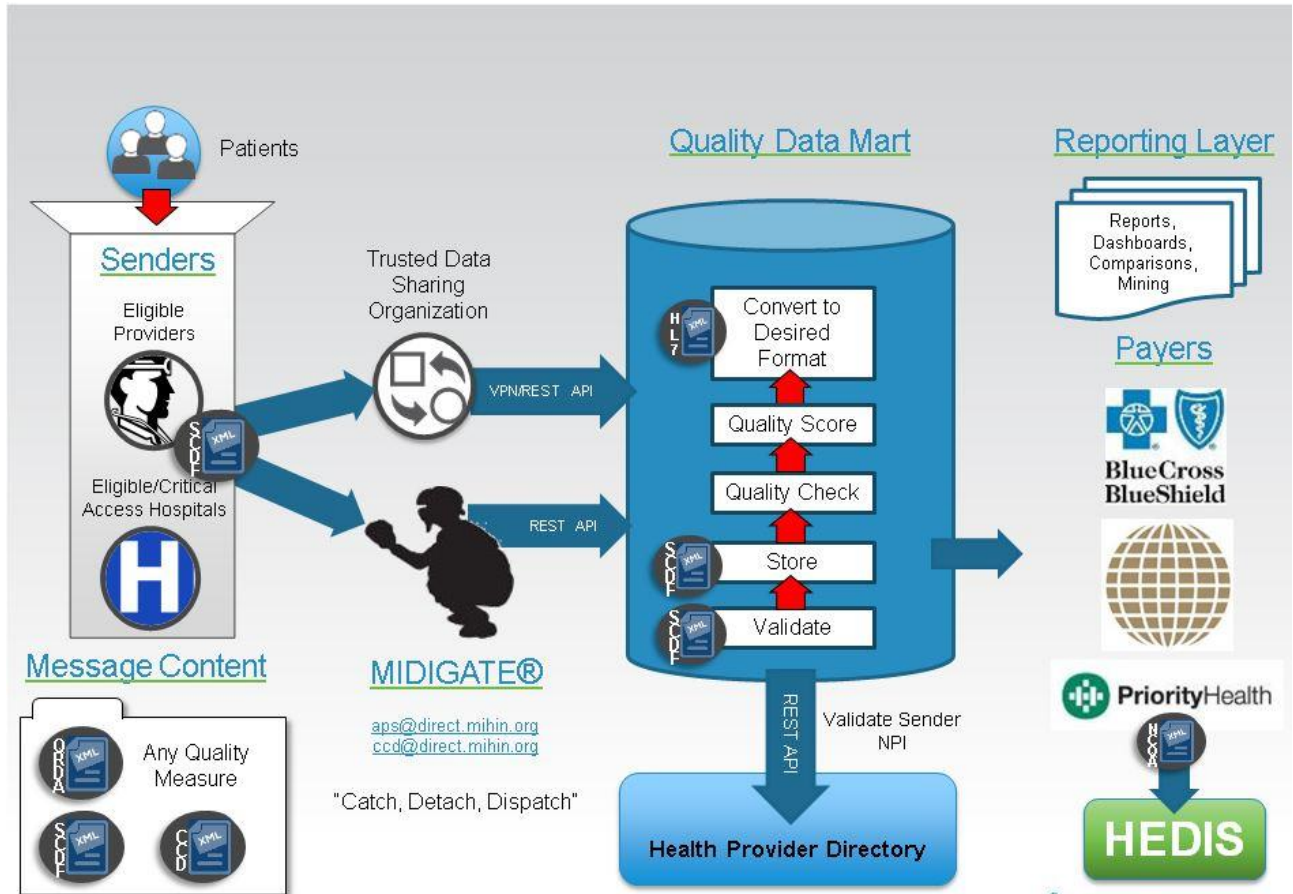
1. Purpose. The purpose of this UCE is to set forth the requirements for Participant to use Network to send, receive, find, and use Quality Information electronically for a variety of quality measurement and improvement activities. This UCE allows sending, receiving, finding and using Quality Information that includes quality measure performance and feedback data (sometimes referred to as Gaps in Care) which can be sent, received, and used by authorized TDSOs affiliated with the Health Provider originating the Quality Information and members of the Active Care Team for a patient identified in the Quality Information so that actions can be taken to improve patient care and close Gaps in Care.

2. Use Case Diagram(s).

Primary Use:



Additional Use:



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 sending of Message Content within 5 seconds of delivery or receipt of Message Content from a sending or receiving party through Application Programming Interface (API) call. If the Message Content is sent via Direct Secure Message the delivery or receipt may take longer depending on Direct Secure Message and Internet latencies. If additional transport methods are added for this Use Case, their Transactional Basis will be specified in the UCIG.

3.2 Message Content means any Quality Information.

4. Use Case Details.

4.1 Primary Use

4.1.1 Medicaid providers may send CQMs to Network which will send CQMs to State Medicaid.

4.1.2 Medicare providers may send CQMs to Network which will send CQMs to PQRS at the Centers for Medicare & Medicaid Services (CMS).

4.1.3 State Medicaid will receive and use CQMs to determine Meaningful Use credit for the sending Medicaid provider.

4.1.4 State Medicaid will use CQMs in its data warehouse for reporting purposes including but not limited to clinical quality comparisons.

4.1.5 Medicare/CMS will use CQMs as permitted by PQRS and to determine Meaningful Use credit for the sending Medicare provider.

4.1.6 Any Health Provider may send Message Content to Network.

4.1.7 Network shall send Message Content to the appropriate reporting systems and TDSOs for that Message Content.

4.1.8 Network will store copies of the Message Content in its data mart while Participant closes any Gaps in Care. After no longer than the shorter of (i) twenty-four (24) months; or (ii) upon closing any Gaps in Care related to Message Content, Message Content will be archived by Network until the normal backup cycle completes and then Message Content will be deleted by Network.

4.1.9 Network may send Message Content to a TDSO for research purposes provided that such use complies with Applicable Laws and Standards.

4.2 Additional Permissible Use

4.2.1 the Network may send Message Content to TDSOs authorized to use such Message Content or make Message Content available for authorized TDSOs to use.

4.2.2 Message Content may be used by Health Providers (which includes Health Plans) for purposes such as HEDIS measures.

4.2.3 Participant, Authorized Users, and their employees, agents, contractors, or physicians to whom it has granted privileges and which have agreed to Network's Terms of Service may use Message Content via the Network HPD only for that Participant.

4.2.4 The following sections of the MUCA are not permissible uses under this Exhibit: 4.2.7 ("Pilot Activities").

4.3 Limitations on use No additional limitations.

4.4 Related Use Case Requirements In addition to the Use Cases required under the MUCA, Participant must enter into the following Use Cases: Health Provider Directory (HPD). This allows proper routing of the Message Content to Participant's chosen destinations such as the State Medicaid for Meaningful Use, PQRS, the Participant's own data warehouse,

health plans for HEDIS measures, and so forth. This also allows Participant to view its own Message Content as described in 4.2.3.

5. Service Interruptions. No service interruption variations.

6. Responsibilities of the Parties.

6.1 **Participant's Responsibilities** Participant shall ensure that Message Content is properly encoded and can be properly parsed. In particular information about the Health Provider must be valid.

6.2 **Network's Responsibilities** the Network shall send to Participant and other TDSOs all Message Content and Notices on a Transactional Basis or in batches.

7. Other Terms.

None

8. Implementation Guide(s). The Implementation Guide(s) for this Use Case is available at: <https://mihin.org/state-medicaid/>