



# Michigan Health Information Network (MiHIN) Shared Services

## HIE Qualified Organization (HQO) Application Guide

Version 1.0

Prepared for: Michigan Health Information Network Shared Services (MiHINSS)  
Qualified Organizations

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## About this Guide\*

Michigan Health Information Network Shared Services (MiHIN) is publishing this guide to help organizations better understand requirements and choices that are available when electing to participate in Michigan's statewide exchange of health information.

MiHIN will continue to update the information in this guide to ensure accuracy and timeliness. Portions may change or no longer be current. This guide should be used as a high level planning tool but is not a replacement for the Qualified Data Sharing Organization Agreement, Data Sharing Agreement, Use Case Agreements, or any other official contractual requirements for Qualified Organizations (QOs).

If you have questions or would like to receive further information, please send your request to [info@mihin.org](mailto:info@mihin.org). Additional information is also available on our website: [www.mihin.org](http://www.mihin.org)

\*MiHIN wishes to recognize and thank the North Carolina Health Information Exchange who permitted the use of their Qualified Organization Onboarding documentation as a baseline for this document.

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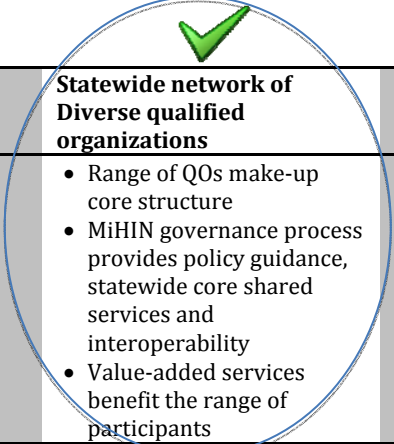
## Michigan’s Information Exchange Strategy

MiHIN operates as a shared network for exchanging health information statewide. The MiHIN network is shared by an evolving ecosystem of qualified organizations, approved HIE’s that typically connect providers, licensed Health Plans, or State and Federal government agencies that send and receive health information. Because of the massive healthcare industry transformations and the accelerating evolution of health information technology, the Michigan approach has been designed to be inclusive, ultimately incorporating specialty networks or functions such as innovative new mobile or Internet consumer controlled data services and capabilities that emerge. At a high level, Michigan’s statewide data sharing approach:

1. Employs a public-private model that emphasizes data sharing through defined Use Cases and ensuring multi-stakeholder participation among unaffiliated organizations (hospitals, physicians, health plans, state and federal government, etc.)
2. Relies on Michigan Health Information Network Shared Services (MiHIN) as the designated non-profit exchange entity to interconnect qualified organizations and operate the shared governance model for statewide data exchange
3. Depends on qualified health information organizations (HIEQOs) such as Michigan’s existing seven sub-state Health Information Exchanges to connect providers
4. Promotes the use of national standards and public transparency via Michigan’s Health Information Technology commission.
5. Builds upon Michigan’s public health code and the stages of Meaningful Use

Based on the unique needs of our state, Michigan has a two-tiered organizational strategy that utilizes a network of Qualified Organizations (QOs) to assist in the deployment of a statewide health information sharing infrastructure. This model allows Michigan to benefit from the health information networks already organized and to leverage a set of core and value-added services that benefits the entirety of the state’s healthcare ecosystem.

Various potential statewide Health Information Exchange strategies are shown below, highlighting Michigan’s choice:

Statewide HIE centrally run by State Government	Regional or medical trading area based HIEs	Statewide network of Diverse qualified organizations	Purely market driven - no coordination of services
<ul style="list-style-type: none"> <li>• Statewide HIE builds Infrastructure</li> <li>• HIE’s focus on local adoption/governance</li> </ul>	<ul style="list-style-type: none"> <li>• Divides a state into territories</li> <li>• Statewide HIE provides governance, manages monopolies</li> </ul>	 <ul style="list-style-type: none"> <li>• Range of QOs make-up core structure</li> <li>• MiHIN governance process provides policy guidance, statewide core shared services and interoperability</li> <li>• Value-added services benefit the range of participants</li> </ul>	<ul style="list-style-type: none"> <li>• No core services</li> <li>• Private market addresses interoperability</li> <li>• Focuses on education and policy guidance</li> </ul>

## Types of Qualified Organizations Envisioned

In Michigan’s model, the role of the QO is to help organize and manage Participants in statewide healthcare exchange. Participants can be hospitals, physician practices, senior care centers, laboratories, public health entities, and/or many other diverse members of the healthcare industry. QO organizations are the conduit for participating in MiHIN services. A QO organization may choose to provide unique services to the members of their community as well. MiHIN uses a “diverse QO” structure because it provides a set of unique and interrelated benefits:

- Provides the core capabilities to enable and promote the exchange of health information across the many different entities in the state
- Recognizes and supports the diverse set of healthcare environments in the state and allows for each Participant to seek the level and nature of service required by their organization
- Promotes the efficient use of resources by leveraging core or common shared services across a broad community of QOs
- Provides healthcare organizations the flexibility to decide which QO best serves their specific needs
- Recognizes that healthcare is delivered through local communities where community can be defined in many different ways, yet creates a seamless backbone for statewide sharing of information

The following criteria ensure that MiHIN’s classification of a Health Information Exchange Qualified Organization identifies organizations that can reliably and consistently support efforts to electronically exchange clinical information regardless of the sending/receiving HIS/EMR system and/or HIE partner.

## Becoming a Qualified Organization

Currently, MiHIN is accepting nominations from Health Information Exchanges and Health Plans licensed in Michigan seeking to become an HIE Qualified Organizations or Health Plan Qualified organizations.

### Common Requirements

To become a Qualified Data Sharing Organization (QO), a company or entity must:

- Execute and comply with the terms incorporated within the MiHIN Qualified Data Sharing Organization Agreement (QDSOA), Data Sharing Agreement, and appropriate Use Case Agreements;
- Utilize MiHIN Shared Services and encourage other entities to do so;
- Provide an electronic gateway connection with MiHIN to allow cross-QO transactions;
- Ensure privacy and security requirements are met, including Federal and State laws and MiHIN governance-approved policies related to security, privacy, and audit; and
- Maintain production ability to send and receive structured HL7 messages via a MiHIN service or the DIRECT and/or other national transport standards that emerge in the future.

### Additional Requirements to become an Health Information Exchange Qualified Organizations (HQO) in Michigan

To become an **HIE Qualified Data Sharing Organization (HQO)**, a company/entity must fulfill the following requirements in addition to the general requirements listed previously:

- Maintain operations in the state of Michigan;
- Demonstrate meaningful stakeholder involvement in governance structure;
- Produce, transmit, and receive discrete, structured messages that have been sufficiently mapped and normalized to allow exchange with other QOs;
- Demonstrate bidirectional interoperability among connected systems serving at least 250 providers;
- Support Query for Document transactions via a standards-compliant document repository;
- Commit to and implement national directives, standards, and requirements (as released by national government agencies; and
- Provide regular reporting through MiHIN to the Health Information Technology Commission (HITC) and the State of Michigan. Additional status information may be requested directly by the HITC and State of Michigan.

## Business

### Business Requirements

A key role of a Qualified Organization is to contract with its Participants (e.g. organizations, employees, subsidiaries, providers, etc.) who wish to participate in the statewide exchange of health information using MiHIN Shared Services.

To successfully perform this role, a QO must do the following:

- Demonstrate to MiHIN that it is a legal entity in good standing with Michigan’s Secretary of State and has sufficient resources and governance structure to monitor and provide oversight of each QO Participant's use of MiHIN.
- Provide relevant historical financial information as well as organizational information.
- Attest that the QO has a financially stable business model with positive financial returns and has sufficient resources to pay annual participation and service fee requirements if and when required, or be positioned to offer in-kind contributions sufficient to justify their continued participation. The MiHIN Board of Directors may request documentation of the financial health of the organization periodically.

## MiHIN Legal Framework

A QO will be a party to several Agreements:

1. The Qualified Data Sharing Organization Agreement (QDSOA) between MiHIN and QO (includes a Data Sharing Agreement, a HIPAA Business Associate Agreement (BAA), a Confidentiality Agreement, Protection of Intellectual Property, federal flowdown, and payment terms);
2. The MiHIN End User License Agreement (EULA) for use of MiHIN software and services;
3. Each QO may have several QO Participation Agreements, which allow passed through and pass through provisions of various services among QOs. These Agreements contain QO and Participant acknowledgement of their commitment to abide by the QDSOA terms and the associated Use Case Agreements for MiHIN Services; and
4. Appropriate Use Case Agreements related to the QO’s participation in various Use Cases.

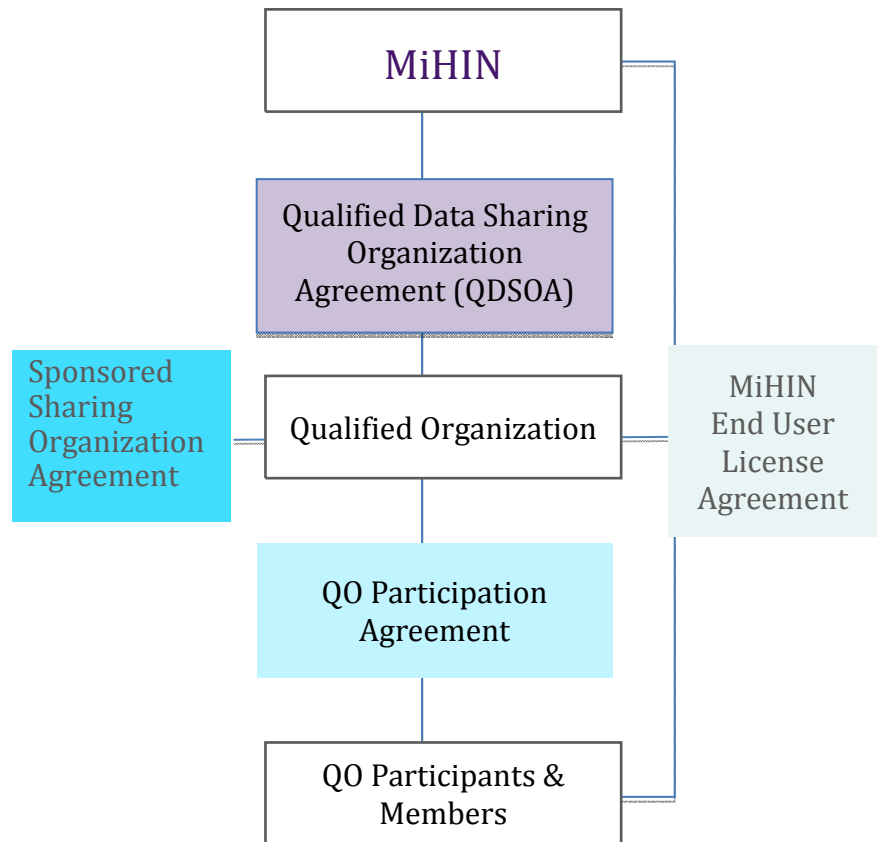


Figure 1 MiHIN Legal Framework

## Standard Agreement Descriptions

1. Qualified Data Sharing Organization Agreements (QDSOA) – Legal documents between one or more entities and MiHIN that set the stage for the organizations to connect.
2. Data Sharing Agreement – The specifications for general data sharing terms and provision of the framework for implementing Use Case specific agreements.

3. Use Case Agreements – The specifications that prescribe the data content, technical connection, use, audit, and security requirements the Qualified Data Sharing Organization must follow to participate in a given type of data sharing (e.g. public health, transitions of care, medication history, etc.). These agreements are between the QO and their participating organizations and contain acknowledgement of both parties commitment to abide by the QDSOA terms and the associated use case.

### Legal Agreements by Type of Qualified Organization

Agreement	Purpose	When signed
MiHIN Qualified Data Sharing Agreement (QDSOA)	This is the primary document used for organizations that wish to become full MiHIN data sharing organizations. QDSOA signatories will take part in at least 2/3 of the Use Cases and will hold a seat on the MiHIN Board of Directors.	Within 60-90 days of QO participating in MiHIN Shared Services
QO Participant Agreements	This agreement defines the business relationships between the Participants and the QO. Each QO is responsible for managing this process and may include QO specific requirements and services in the agreement.	Prior to sharing data with MiHIN via the QO

### Pricing for Annual Membership and Service Fees

MiHIN’s pricing strategy that includes an annual Participation/ Membership Fee for each type of QO. This fee includes core services. Additional services will be charged separately. For the integration of a QO, a one-time connection fee may be charged to cover the integration costs. If the QO needs support with the implementation, MiHIN can offer those services on a case-by-case basis. Services will be deployed and priced on a per service basis.

Service	Category	Pricing	Terms
Annual Participation Membership Fees	All QOs	<ul style="list-style-type: none"> <li>• HIE QO – Evaluated case by case</li> <li>• Health Plan QO - .05/member/month</li> </ul>	Annual
In-kind Service	All QOs	In-kind services as permitted	Determined on individual basis



Service Fees	All QOs	<p>Specific to each Use Case</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Statewide ADT Notification Service</li> <li>• Active Care Relationship Service</li> <li>• Provider Directory Services</li> <li>• DIRECT Gateway Services</li> <li>• Labs, ADT, Medications, etc.</li> <li>• Immunization Query for History and Forecast</li> <li>• Security Services</li> <li>• Consumer Directory Services</li> </ul>	If applicable, specific to each Use Case
Custom Technology or Services	All QOs	<p>Specialty Engagements or Contracted Support Services</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Custom data handling services</li> <li>• DIRECT feeds</li> <li>• Unique query or data standardization</li> </ul>	Standard MiHIN pricing or time and materials

## Use Cases

A Use Case is a data sharing scenario with a clear purpose, type/s of data exchanged, and descriptions of the interactions among the main people and/or computers. Each Use Case may have different:

- access restrictions
- data usage rules
- cost recovery fees or charges
- technical requirements

MiHIN Use Cases fall within six broad categories: Results Delivery, Public Health Reporting, Patient Safety and Care Coordination, Quality and Administrative Reporting, Consumer Engagement, and another category of Use Cases that fall into the category of “infrastructure”.

These can be defined as:

1. Results Delivery: Activities that enable the ordering and delivery of the diagnostics tests and associated results.
2. Public Health: The capture and distribution of information supporting the activities related to public health.
3. Care Coordination & Patient Safety: Communication collaboration among multiple entities to follow best practices to obtain maximized health outcomes.
4. Quality & Administrative: The activities related to payment and operations and quality or performance reporting.

5. **Patient Engagement:** The activities related to informing, engaging, empowering, and partnering with consumers in their health.
6. **Infrastructure:** The common technical, legal, policy, financial, process, functions necessary to support the other categories.

Each Use Case has a corresponding Use Case Agreement, which is a legal document that is signed by MiHIN and the QO. The purpose of the document is to define the primary and secondary uses of the data and messages, service fees, service levels, auditing requirements, responsibilities of the parties, and the data format and transmission specifications. Implementation Guides are often referenced in Use Case Agreements and are located on the [MiHIN website](#).

Use Case Agreements are developed in coordination with the MiHIN Operations Advisory Committee (MOAC) Use Case Working Group, which meets on a monthly basis. MiHIN maintains a Use Case Tracker, a document that lists all Use Cases, their descriptions, and the current stage of the Use Case Agreement within the lifecycle process (draft through fully executed).



Figure 1 Use Cases by Category

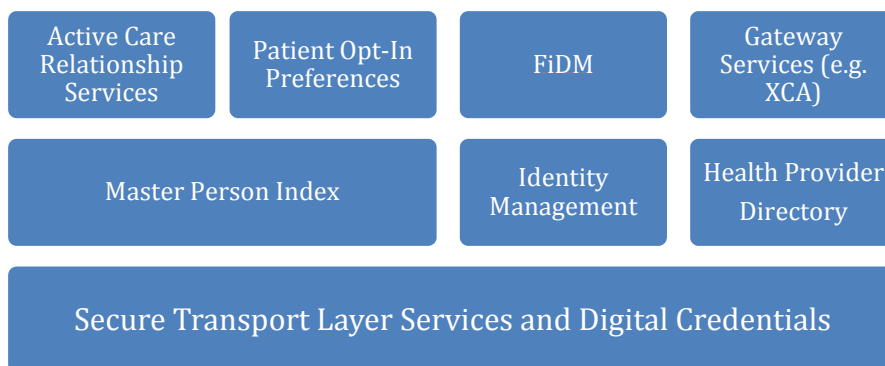


Figure 2 Infrastructure Use Cases

## Health Information Exchange Qualified Organization Application

1. Official Legal Name:
2. Official Business Contact:
  - a. Name:
  - b. Title:
  - c. Phone:
  - d. Email:
3. Type of Legal Entity (LLC, 501c3, etc.):
4. Year Formed:
5. Federal Identification Number:
6. Corporate website:
  
7. Please briefly describe your organization and the types of health information sharing services offered along with the primary community served:
  
  
  
  
  
  
  
  
  
  
8. How many providers do you currently serve?
  
  
  
  
  
  
  
  
  
  
9. How many EHR vendors do you currently connect or interact with?
  
  
  
  
  
  
  
  
  
  
10. Please describe your procedures for data quality and data normalization.
  
  
  
  
  
  
  
  
  
  
11. Please briefly describe the MiHIN services and Use Case you wish to participate in:
  
  
  
  
  
  
  
  
  
  
12. Please respond with yes or no to each of the following:
  - a. Are you able to execute and comply with the terms incorporated within the MiHIN Qualified Data Sharing Organization Agreement (QDSOA), Data Sharing Agreement and appropriate Use Case Agreements with which you intend to participate? (YES or No)
  
  - b. It is your intent to utilize MiHIN Shared Services and encourage other entities to do so? (YES or No)
  
  - c. Is your organization technically capable of providing an electronic gateway connection to MiHIN to allow cross-QO transactions (inbound & outbound)? (YES or No)

- d. Is your organization able to ensure that the privacy and security requirements are fully met, including Federal and State laws and MiHIN governance-approved policies related to security, privacy and audit requirements? (YES or No)
- e. Is your organization able to maintain production ability to send and receive structured messages via a MiHIN service or the DIRECT and/or CONNECT transports?
  - i. VPN & HL7 to MiHIN (YES or No)
  - ii. IHE XCA to MiHIN and the QO Community (YES or No)
  - iii. Do you support DIRECT Secure Messaging? (YES or No)
    - 1. If you support DIRECT is your HISP Direct Trust certified? (YES or No)
- f. Does your organization maintain operations in the state of Michigan? (Yes or No)
- g. Does your organization currently enable bidirectional interoperability among connected systems serving at least 250 providers? (Yes or No)
- h. Can your organization support Query for Document transactions (XCA) via a standards-compliant document repository? (Yes or No)
  - i. If no, when does your organization plan to have this capability?
- i. Is your organization willing and able to commit to national data sharing directives, standards, and requirements such as released by ONC, CMS, etc. in a reasonable time frame? (Yes or No)
- j. Is your organization willing to provide regular reporting to MiHIN on participant level adoption, Use Cases supported, or transaction volumes and allow MiHIN to report this information to the HIT Commission and State of Michigan? (Yes or No)

13. Please describe how your organization allows meaningful stakeholder involvement in its governance structure:

## Next Steps

Learn more about MiHIN Shared Services Use Cases and opportunities at <http://mihin.org/about-mihin/resources/>

Become a MiHIN HIE Qualified Organization by contacting us at [info@mihin.org](mailto:info@mihin.org)

## List of Abbreviations

ACRS – Active Care Relationship Service  
ADT – Admit, Discharge, Transfer  
BAA – Business Associate Agreement  
BCBSM – Blue Cross Blue Shield of Michigan  
BOD – Board of Directors  
CCD – Continuity of Care Document  
CDC – Centers for Disease Control and Prevention  
CMR – Computerized Medical Record  
CMS – Center for Medicare and Medicaid Services  
CQDSOA – Consumer Qualified Organization Data Sharing Agreement  
CQO – Consumer Qualified Organization / MiHIN Consumer Qualified Data Sharing Organization  
DoD – Department of Defense  
DQ – Document Query / Document Query Message  
DR – Document Retrieve / Document Retrieve Message  
DURSA – Data Use and Reciprocal Support Agreement  
EdgeSim – Simulator of MiHIN Qualified Organization Use Cases  
EHR – Electronic Health Record  
EMR – Electronic Medical Record  
esMD – Electronic Submission of Medical Documentation System  
EULA – End-User License Agreement  
FedSim – Simulator of MiHIN Federal Agency Use Cases  
GLHIE – Great Lakes Health Information Exchange  
GQO – Government Qualified Organization / MiHIN Government Qualified Data Sharing Organization  
HIE – Health Information Exchange  
HIPAA – Health Insurance Portability and Accountability Act  
HISP - Health Information Systems Program  
HIT – Health Information Technology  
HITC – Health Information Technology Commission  
HL7 – Health Level 7  
HQO – Health Information Exchange Qualified Organization / HIE Qualified Data Sharing Organization  
Https – Post-to-URL Transport connectivity (Hypertext Transfer Protocol Secure)  
IDN – Integrated Delivery Network  
IHE - Integrating the Healthcare Enterprise® (integrated health information profiles)  
JCMR – Jackson Community Medical Record  
LLP – Lower Layer Protocol (HL7)  
MDCH – Michigan Department of Community Health  
MHC – Michigan Health Connect  
MiHIN – Michigan Health Information Network  
MiHIN BOD – Michigan Health Information Network Board of Directors  
MiHINSS – Michigan Health Information Network Shared Services  
MOAC – MiHIN Operations Advisory Committee  
MPI – Master Patient Index  
MTM – Medication Therapy Management

## **List of Abbreviations (continued)**

MU – Meaningful Use  
NwHIN – Nationwide Health Information Network  
NwHIN SOAP – Nationwide Health Information Network Simple Object Access Protocol  
OID – Organization ID / Unique ID of the Organization  
ONC – Office of the National Coordinator  
PD – Patient Discovery / Patient Discovery Message  
PHI – Protected Health Information / HIPAA-Protected Health Information  
PO – Payer Organization / Health Plan Qualified Organization  
PQO – Health Plan Qualified Organization/MiHIN Health Plan Qualified Data Sharing Organization  
QA – Quality Assurance  
QA Testing – Quality Assurance Testing  
QDSOA – Qualified Data Sharing Organization Agreement  
QO – Qualified Organization / MiHIN Qualified Data Sharing Organization  
SEMHIE – Southeast Michigan Health Information Exchange  
SO – Sponsored Organization / MiHIN Sponsored Sharing Organization  
SOAP – Simple Object Access Protocol  
SOM – State of Michigan  
SSA – U.S. Social Security Administration  
SSO – Sponsored Sharing Organization  
TBD – To Be Determined  
UPHIE – Upper Peninsula Health Information Exchange  
URL – Uniform Resource Locator (Internet web site address)  
VA – Veterans Administration / U.S. Department of Veterans Affairs  
VPN – Virtual Private Network  
VQDSOA – Virtual Qualified Organization Data Sharing Agreement  
VQO – Virtual Qualified Organization / MiHIN Virtual Qualified Data Sharing Organization  
XAML – Extensible Application Markup Language  
XCA – Cross-Community Access  
XCPD – Cross-Community Patient Discovery