



Medical Information Direct Gateway (MIDIGATE)

User Guide

This User Guide will assist new MIDIGATE users with accessing the services related to MIDIGATE, as well as the capabilities MIDIGATE offers.

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What is MIDIGATE?

The Medical Information Direct Gateway (MIDIGATE) is a service that collects easy, affordable tools in one place to help healthcare professionals find, view, use and exchange health information for their patients.

While many providers have adopted electronic health records (EHRs) to digitize and exchange health information, the lack of interoperability among different EHR vendors still impedes the effective exchange of electronic health information. MIDIGATE solves this interoperability challenge with an easy-to-use interface that offers a single point of entry for practices, managing organizations, and other care coordination organizations to access a host of shared services available in the State of Michigan.

Services Available Through MIDIGATE

MIDIGATE bridges several services offered by the Michigan Health Information Network Shared Services (MiHIN), creating new opportunities to make information exchanged through the statewide network usable and valuable. MIDIGATE allows users to:

- View and manage shared information for their patients
- View other members of a patient's care team
- View treatment information in the form of transitions of care messages
- View quality measure dashboards

MIDIGATE gives providers and managing organizations a single, consistent, interoperable solution for coordinating patient care

The tools available through MIDIGATE ensure that electronic health information is more accurate and complete and improves care coordination amongst members of the care team. Practices can use MIDIGATE to:

- Directly manage how they want to receive information
- Decide who they want to receive information for
- Securely communicate information to care team members via Direccion, MiHIN's Direct Secure Message service

How to Participate in MIDIGATE

If you are interested in learning more about MIDIGATE and/or participating in a pilot rollout program, please submit a request at <https://mihin.org/requesthelp> or contact

Maureen John, at maureen.john@mihin.org. One of our representatives will contact you to set up a demonstration and discuss requirements for onboarding.

Participation and access to the core MIDIGATE toolset requires the Active Care Relationship Service® (ACRS®); Health Directory; Admission, Discharge, Transfer (ADT) Notifications; Medication Reconciliation; and Quality Measure Information use cases. *You cannot participate in MIDIGATE without these use cases.*

If you have already onboarded for these use cases, your onboarding time for MIDIGATE will be greatly reduced.

MIDIGATE Abilities and Onboarding Requirements

Participation in the following MIDIGATE abilities requires the **Active Care Relationship Service** and **Health Directory** use cases that enables users to:

- See your organization's provider data
- View active care relationships
- Upload active care relationship files to MiHIN with immediate feedback on file validity
- Manage active care relationships

NOTE: If you have already signed the Health Directory use case exhibit, you will need to update to the newest, electronic exhibit which now includes language about viewing protected health information through the Health Directory. This updated exhibit can be signed when registering.

The remaining required MIDIGATE services expands the toolset to include **Transitions of Care Notifications** and **Quality Measure Information**. Use case functionality included in these abilities includes:

Admission, Discharge, Transfer Notifications

- View ADT Notifications using the Transition of Care Viewer
- Access to any ADT in future phases (including A01, A03, and A04)

Discharge Medication Reconciliation

- Automated matching of discharge medication reconciliation messages to ADT notifications to enhance usability

Quality Measure Information Dashboards

- Access updates on Meaningful Use quality measures
- Access analysis of how users and organizations are meeting quality measurements

Accessing MIDIGATE

To access the services available through MIDIGATE, you first need to register with the statewide Health Directory.

About the Health Directory

The Health Directory is a core piece of infrastructure offered as a statewide service for maintaining information about healthcare professionals and healthcare organizations. That information ranges from demographic information (e.g., phone and email), network management (e.g., where they practice and organizations they are members of), to program and use case participation.

The Health Directory helps facilitate exchange of patient data by collecting information on a wide variety of health professionals in a statewide, comprehensive, easily-accessible database, including demographics such as:

- Name
- Address
- Phone
- Organization affiliation(s)
- Email address
- Interoperability information, including the electronic address required to know how and where patient health information is to be delivered for each health professional

Before participating in MIDIGATE, a MiHIN representative will first reach out to the requested user(s) to confirm your information to either update a preexisting account or add a new account to our Health Directory.

Getting Started With MIDIGATE

Registering with Salesforce- First Login

Before activating individual user accounts for your organization, you will first have to confirm your participation in MIDIGATE with a MiHIN representative.

The MiHIN representative will need to identify and confirm who you wish the organization administrator to be. The organization administrator will be the main contact for MiHIN. They will request new accounts, alert us if an account is no longer needed, complete the identity proofing process and acknowledge the legal agreements, that have already been accepted by their organization, upon their first log-in.

Once the organization administrator is confirmed, has completed identity proofing, has logged in, and acknowledged the legal agreements, we can then activate the remaining individual users and they can begin the registration process.

New users will receive a welcome email from Salesforce (the Health Directory platform).

- Click the link in the email to finish registering your MIDIGATE account
- Click the provided link to login to Salesforce. If you are your organization's administrator, you will need to acknowledge the legal screens that appear (these agreements have already been signed by your organization), you will then be prompted to connect Salesforce Authenticator to your account.
 - If you are not your organization's admin, you will just be prompted to connect Salesforce Authenticator to your account, as shown below in Figure 1.
- During your first login to Salesforce, you will need to set up multi-factor authentication to enforce secure login practices. To do this:
 - Download the Salesforce Authenticator app to your mobile device from the Apple App Store or Google Play Store
 - Enter the unique two-word phrase provided by the app.
 - The Salesforce Authenticator app on your mobile device will then ask for verification that you are attempting to log in. Accept and authenticate the connection on the mobile app by clicking "connect."
- You have now linked your Salesforce account with your Salesforce mobile app to enhance login security.
- You will now be asked to create a password for your account.

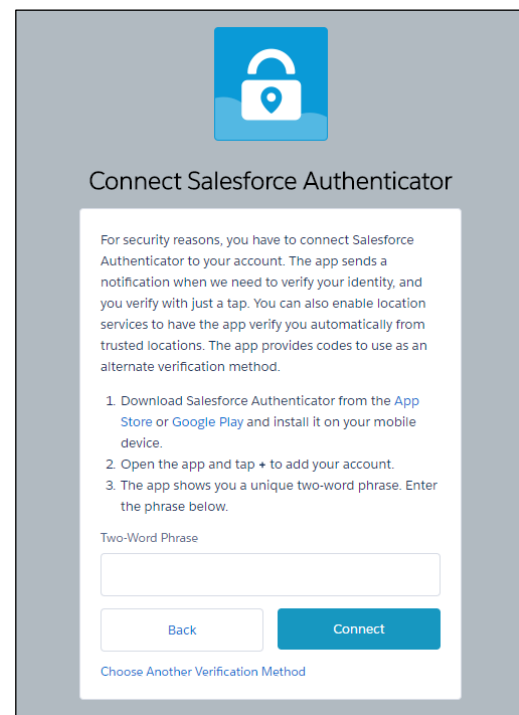


Figure 1. Connect to Salesforce

Once you confirm your password, your registration with Salesforce is complete.

Future Logins – MIDIGATE

After the first login for registration, future logins will each follow the same steps. You will need your mobile device with you when you log in to MIDIGATE each time for multi-factor authentication. Regular login instructions are:

- To log in to MIDIGATE, go to: <https://healthdirectories.force.com/SalesforceConnect/s/>
- Enter your username and password
- A notification will be pushed to the Salesforce Authenticator App and require your approval before completing your login

All access to MIDIGATE is provided through Salesforce, so the first page you will see upon logging in to MIDIGATE is your account home page, from which you can quickly navigate to other MIDIGATE services using the tabs at the top of the page, as presented in Figure 2.

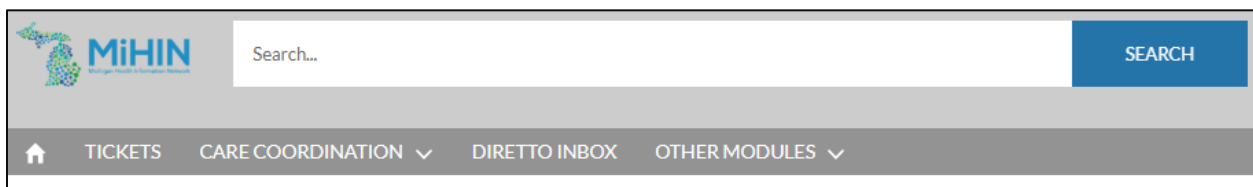



Figure 2. Health Directory Tabs

Navigation

The tabs shown in Figure 2 perform the following functions:

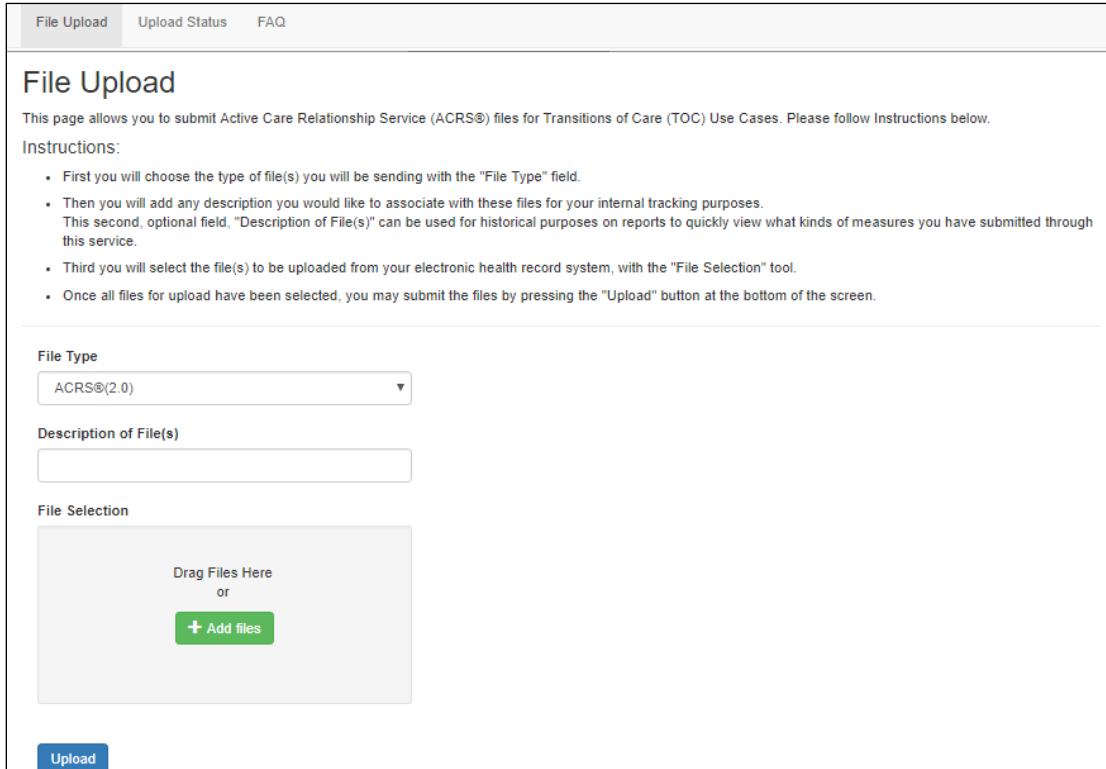
- **Home**  **(default):** Takes you back to your account home page
- **Tickets:** Lets you request help by creating support tickets, and lets you view the status of any of your existing tickets
- **Care Coordination:** Gives access to the following sub-tabs:
 - **File Submission:** Lets you upload Active Care Relationship Service® (ACRS®) files directly to MiHIN
 - **Manage ACRS:** Lets you view your organization’s active care relationships
 - **TOC Viewer:** Lets you view Transition of Care (TOC) messages, such as Admission, Discharge, Transfer (ADTs) notifications and Medication Reconciliation messages, to improve care coordination for your patients
- **Diretto Inbox:** Takes you to your Diretto, direct secure messaging (DSM), account. Here you can view your inbox and send messages to your patients care team, all while knowing your messages are secured through MiHIN’s very own HISP (health information service provider), Diretto.
- **Other Modules:** Lets you select additional MIDIGATE modules to use, such as:
 - **Quality Measure Dashboard:** Lets you see performance displays for your practices, providers, and organizations on Meaningful Use quality measures

NOTE: The MIDIGATE applications, including TOC Viewer, require third party application cookies to be allowed. Browsers, such as Chrome and Firefox, have this allowed by default. Internet Explorer and Edge may require third party cookies to be allowed manually. If using

Internet Explorer or Edge, please see Appendix B for instructions on how to allow third party application cookies.

Care Coordination>File Submission

The File Submission Module under the Care Coordination tab lets you quickly upload files directly to MiHIN using drag-and-drop on your computer, and to then receive immediate feedback on file validity in the MIDIGATE user interface. Figure 3 below shows an example of the File Upload screen.



The screenshot shows a web interface for file upload. At the top, there are three tabs: "File Upload" (selected), "Upload Status", and "FAQ". Below the tabs is the title "File Upload" and a brief instruction: "This page allows you to submit Active Care Relationship Service (ACRS®) files for Transitions of Care (TOC) Use Cases. Please follow Instructions below." Underneath, there are four bullet points providing instructions: 1. Choose the file type from a dropdown menu. 2. Add a description in a text field. 3. Select files from an electronic health record system using a "File Selection" tool. 4. Press the "Upload" button after all files are selected. The form includes a "File Type" dropdown menu with "ACRS®(2.0)" selected, a "Description of File(s)" text input field, and a "File Selection" area with a "Drag Files Here or" prompt and a green "+ Add files" button. At the bottom left, there is a blue "Upload" button.

Figure 3. File Update Screen

The first file type supported by the File Upload module is the ACRS file, for declaring your organization's active care relationships.

About the Active Care Relationship Service

ACRS provides the ability to link patients with their care team members. **A care team is defined as the group of healthcare professionals who can send and receive a patient's health information.**

ACRS promotes better-coordinated transitions of care by enabling physicians and care management teams to receive notifications when there are updates in a patient's status.

Figure 4, below, is a visual representation of a patient's care team members.



Figure 4. A Patient and Her Different Care Team Members

In the Figure 4 example, the patient (veteran) is connected to a primary care physician, a social worker, a pharmacist, a VA doctor, and her insurance company.

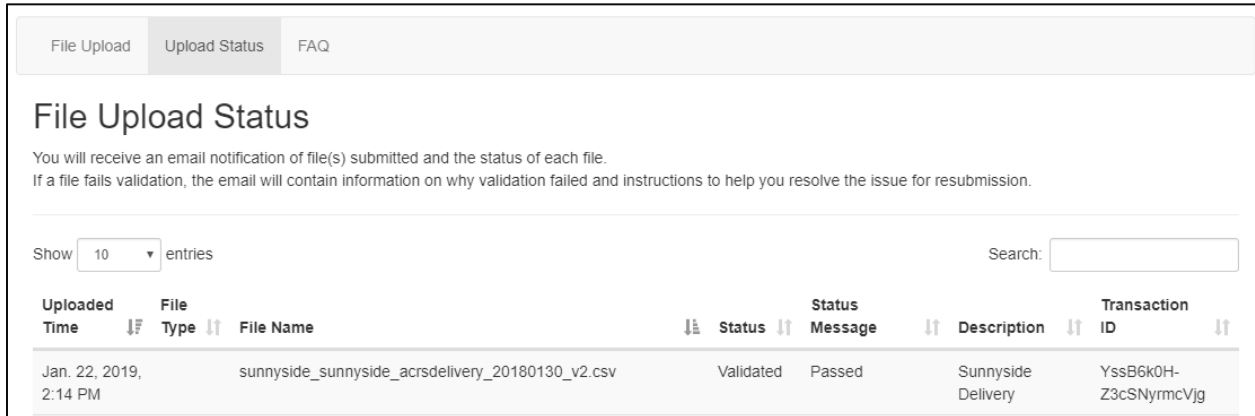
Better care coordination using ACRS enables the improvement of post-discharge transitions, prompt follow-up with patients and improved communication among providers to support patients, especially those with multiple or chronic conditions.

Uploading an Active Care Relationship Service File

To upload an ACRS file for participation in the ACRS use case, follow these steps:

- Choose the **File Upload** menu item under the **Care Coordination** tab
 - Specify the type of file you are uploading using the drop-down menu under “File Type”
 - Enter a description of the file in the “Description of File(s)” field
 - ◆ This description is used for your internal tracking purposes (e.g. if you are uploading for a specific practice you would name the file for that practice and date of upload, etc.)
 - ◆ NOTE: the description cannot be changed once a file is sent
 - Either drag and drop files into the “File Selection” box or click “Add files” to browse your system and select a file. Before uploading the file please ensure it follows the standard naming convention (for both, non-participating organizations and participating organizations file submissions) as outlined below:
 - ◆ **ACRS Delivery Files:** <QO name>_<customer/PO name>_acrsdelivery_<YYYYMMDD>_<Version>.csv
 - ◆ **ACRS Attribution Files:** <QO name>_<customer/PO name>_acrs_<YYYYMMDD>_<Version>.csv
 - Once the file has been selected for upload, click “Upload” to submit
 - Repeat for additional file submissions

The upload status for the files sent by the user can be viewed in the Upload Status tab shown below in Figure 5.



Uploaded Time	File Type	File Name	Status	Status Message	Description	Transaction ID
Jan. 22, 2019, 2:14 PM		sunnyside_sunnyside_acrsdelivery_20180130_v2.csv	Validated	Passed	Sunnyside Delivery	YssB6k0H-Z3cSNyrmcVjg

Figure 5. File Upload Status Example


- This screen allows user to view:
 - Time at which a file was uploaded
 - File Type
 - File Name
 - File Upload Status
 - Status Message (whether file was accepted or rejected)
 - File Description
 - File Transaction ID
- A confirmation email, containing file submission details, will be sent to the email address associated with the MIDIGATE account

Care Coordination>Manage ACRS

The Active Care Relationship Service helps you declare relationships between healthcare professionals, healthcare organizations and patients so your providers are “tagged” to receive information about their specific patients. Active care relationships tell the network which providers are associated with a patient (the patient’s “care team”) and how to route electronic information to those providers to help improve care coordination for the patient. Figure 6, below, presents an example of an active care relationship as displayed in MIDIGATE.

Active Care Relationships for AFFILIATED HEALTH PROVIDERS

ACME MEDICAL CENTER

 **LAUREN DURAN**

+ Add New Patient

[TRICIA L FRANKLIN \(F\) - Born 01/15/1987](#)

Challenged By Consumer

Relationship - Confirmed ▾

123 Fake Street
Anywhere, MI, 48341

Primary: 213-123-1231

Secondary: 213-123-1231

Primary: 213-123-1231

Care Team:

DARLENE CURRY

ANA GROSS

ELLEN SCHULTZ

Figure 6. Manage ACRS Example

In Figure 6 above, physician Lauren Duran of Acme Medical Center is signed up to receive updates and health information on patient Tricia L Franklin.

The Manage ACRS module can be used to add ACRS by clicking the “+Add New Patient” button. Figure 7 below shows all the required fields for adding a new patient.

Add New Patient Request ✕


*First Name	Middle Initial	*Last Name
<input type="text" value="First name"/>	<input type="text" value="Middle"/>	<input type="text" value="Last name"/>
*Date of Birth	Email	
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Email"/>	
*Street 1	Street 2	
<input type="text" value="Street 1"/>	<input type="text" value="Street 2"/>	
*City	*State	*Zip Code
<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip Code"/>
*Primary Number	Secondary Number	
<input type="text" value="Primary Number"/>	<input type="text" value="Secondary Number"/>	
Race	*Gender	Ehtnicity
<input type="text" value="-Select Race-"/>	<input type="text" value="-Select Gender-"/>	<input type="text" value="-Select Ehtnicity-"/>
<input type="button" value="Close"/> <input style="margin-left: 20px;" type="button" value="Submit"/>		

Figure 7. Adding Active Care Relationship Example

Deleting active care relationships can also be done through the Manage ACRS module by clicking “Remove” as shown below in figure 8.


Active Care Relationships for AFFILIATED HEALTH PROVIDERS

ACME MEDICAL CENTER

 **LAUREN DURAN**

TRICIA L FRANKLIN (F) - Born 01/15/1987

Challenged By Consumer

 **MARIAN MCCALL**

Alice Vargas (F) - Born 10/10/2010

Unconfirmed By Consumer

Figure 8. Active Care Relationship Deletion Example

The Manage ACRS module can also be used to view:

- The hierarchy of active care relationships within your network
- All active care relationships within your own hierarchy to which you have access
- Active care relationships associated with a specific practice
- Active care relationships with a specific provider

Care Coordination>Transition of Care Viewer

The TOC Viewer lets you see various electronic messages that have been sent through the statewide network regarding your patients. Message types currently supported by the TOC Viewer are:

- Admission, Discharge, Transfer Notifications
- Discharge Medication Reconciliation

Admission, Discharge, Transfer Notifications

ADT notifications are created when a patient is admitted to a care facility (such as a hospital), transferred to another facility, or discharged. These notifications are sent to a patient's care team to update them on the patient's status, thus improving post-discharge transitions, prompting follow-up, improving communication among providers, and supporting patients with multiple or chronic conditions.

ADT notifications also support the identification of patients who are frequent or high utilizers of the healthcare system. This allows providers to steer those patients toward clinical and non-clinical interventions, reducing unnecessary overutilization by preventing avoidable emergency department visits and hospital readmissions.

Discharge Medication Reconciliation

When a patient's medications change it is critically important to check the patient's medication list to be sure there are no problems with new, different or missing medicines. "Medication reconciliation" is the detailed process of checking the accuracy of a patient's medications, particularly when those medications have changed.

Because patients very often receive new medications when discharged from care facilities, it is particularly important to ensure care team members are aware of any changes to medication during these transitions of care. Coordinating and sharing a patient's medication information in real-time has many benefits, both for patients and their healthcare providers. Better, faster coordination can minimize the possibility of adverse drug events for patients and maximize cost benefits for providers.

Using the Transition of Care Viewer

The features included with the TOC Viewer allow you to:

- See human-readable versions of ADT Notifications that are being sent for your patients
- Filter received ADT notifications for a given message type, patient, organization, etc.
- View medication reconciliation messages that are associated with specific ADT notifications (A03 event types)
- Work through your notification queue and take actions on messages

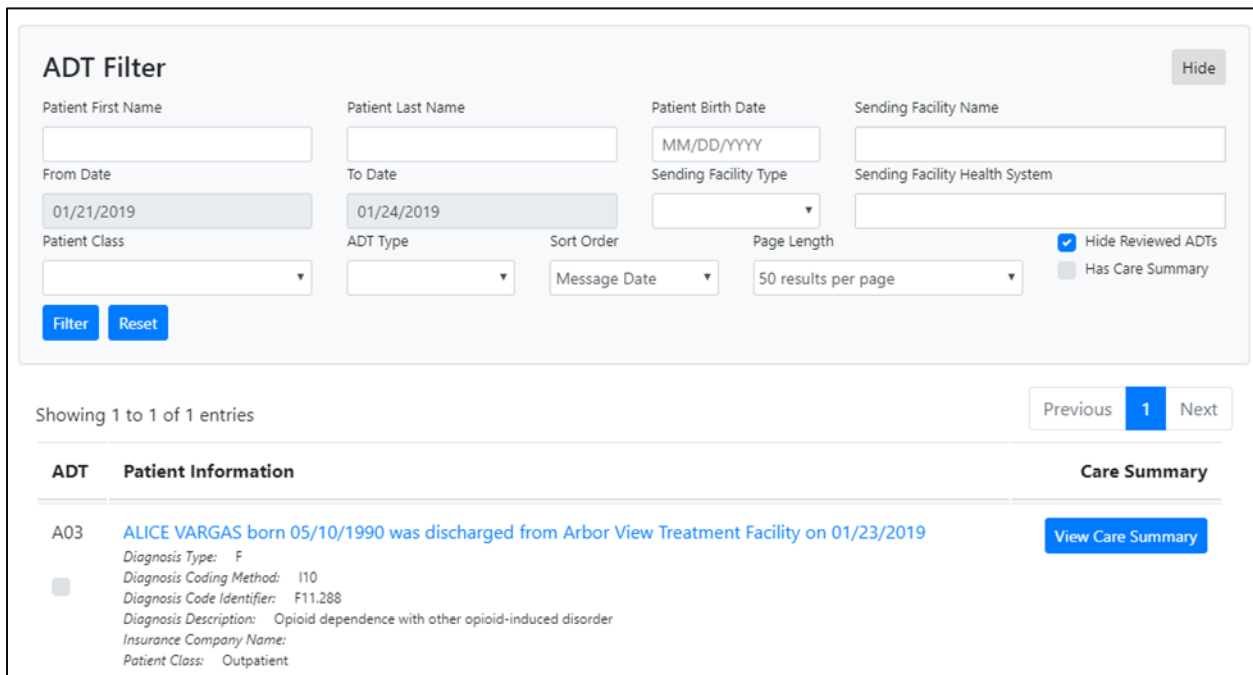
ADT Filters

There are several ADT filters available within TOC Viewer.

- Patient First Name, Patient Last Name, Patient Birth Date
 - Allows you to filter for ADTs based on patient's first name, last name or date of birth
- From/To Date
 - Allows you to filter for ADTs within 90-days
- Sending Facility Name
 - Allows you to filter for ADTs from a specific hospital, skilled nursing facility (SNF) or home health agency
 - Filter can be used with Sending Facility Type to narrow down sending facility name suggestions
- Sending Facility Type
 - Allows you to filter for ADTs by facility type (hospital, skilled nursing facility (SNF) or home health agency)
- Sending Facility Health System
 - Allows you to filter for ADTs for all facilities within a health system
- Patient Class
 - Allows you to filter for ADTs based on patient class (Inpatient, Outpatient, Emergency or Observation)
- ADT Type
 - Allows you to filter for ADTs based on event type (Admission A01, Discharge A03 or Register A04)

- Sort Order
 - Allows you to sort ADT results based on data elements (Message Date, Patient Name or ADT Type)
- Page Length
 - Allows you to adjust the results shown per page (25, 50, 100 or 200 results)
- Hide Reviewed ADTs
 - Allows you to filter and hide ADTs that have been marked as reviewed from the results page
 - ◆ ADTs can be marked as reviewed by using the checkbox on the left side of the ADT message
 - If you uncheck “Hide Reviewed ADTs” and hit “Filter,” you will be able to see ADTs that have been marked as reviewed within the results page
- Has Care Summary
 - Allows you to filter for ADTs (Discharge A03s) with a Care Summary available

An example of a TOC result is presented below in Figure 9.



The screenshot shows the 'ADT Filter' interface with the following fields and values:

- Patient First Name: [Empty]
- Patient Last Name: [Empty]
- Patient Birth Date: MM/DD/YYYY
- Sending Facility Name: [Empty]
- From Date: 01/21/2019
- To Date: 01/24/2019
- Sending Facility Type: [Dropdown]
- Sending Facility Health System: [Empty]
- Patient Class: [Dropdown]
- ADT Type: [Dropdown]
- Sort Order: Message Date
- Page Length: 50 results per page
- Hide Reviewed ADTs:
- Has Care Summary:

Buttons: Filter, Reset, Hide

Showing 1 to 1 of 1 entries. Navigation: Previous, 1, Next

ADT	Patient Information	Care Summary
A03	<p>ALICE VARGAS born 05/10/1990 was discharged from Arbor View Treatment Facility on 01/23/2019</p> <p>Diagnosis Type: F</p> <p>Diagnosis Coding Method: I10</p> <p>Diagnosis Code Identifier: F11.288</p> <p>Diagnosis Description: Opioid dependence with other opioid-induced disorder</p> <p>Insurance Company Name:</p> <p>Patient Class: Outpatient</p>	<p>View Care Summary</p>

Figure 9. TOC Viewer Example

In Figure 9 we can see that Alice Vargas is a patient of Affiliated Health Providers who had recent treatment at a facility connected to the statewide network. We can also see that Alice was prescribed new medications as part of her treatment.

By clicking ‘View Care Summary’ we can see Alice Vargas detailed CCD as shown below in Figure 10.

Clinical Summary	
Patient	Alice Vargas
Date of birth	May 10, 1990
Sex	Female
Race	White
Ethnicity	Hispanic or Latino
Contact info	Home: 4520 Lincoln Drive Brighton, MI 48114, United States of America Tel: (810)555-5699
Patient IDs	64A84F1E-08BA-453F-8FB2-A286C90F1A21 2.16.840.1.113883.3.3388.1.1.1.645037.3 PFYJ-HY4-YXLA 2.16.840.1.113883.3.3388.3.4 VA336461 1.2.3.4.5.9.99.999.9999.1416 088b7140ff9840368455be6871637395 2.16.840.1.113883.3.1481
Document Id	daa2a7e8-aaed-4c12-9bb1-fb1f095f287f 2.16.840.1.113883.3.3388.1.1.1.645037
Document Created:	January 23, 2019, 14:00:00
Performer	Daniel Karlmann
Author	Practice Fusion EHR
Contact info	Work Place: 731 Market St #400 San Francisco, CA 94103, US Tel: (415)346-7700
Encounter Id	171315494 2.16.840.1.113883.3.3388.1.1.1.645037.4.1.4

Figure 10. View Care Summary Example

By clicking the ADT message overview, we can see additional segments within the ADT as shown below in Figure 11.

ADT A03																				
Back to Home																				
Summary	Patient Identification	Patient Visit Information	Message Header	Diagnosis	Event Type	Procedures														
<table border="1"> <thead> <tr> <th>Segment Summary</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Given Name</td> <td>ALICE</td> </tr> <tr> <td>Family Name</td> <td>VARGAS</td> </tr> <tr> <td>Date/Time of Birth</td> <td>19900510</td> </tr> <tr> <td>Administrative Sex</td> <td>F</td> </tr> <tr> <td>Attending Doctor Given Name</td> <td>Daniel</td> </tr> <tr> <td>Attending Doctor Family Name</td> <td>Karlmann</td> </tr> </tbody> </table>		Segment Summary	Value	Given Name	ALICE	Family Name	VARGAS	Date/Time of Birth	19900510	Administrative Sex	F	Attending Doctor Given Name	Daniel	Attending Doctor Family Name	Karlmann					
Segment Summary	Value																			
Given Name	ALICE																			
Family Name	VARGAS																			
Date/Time of Birth	19900510																			
Administrative Sex	F																			
Attending Doctor Given Name	Daniel																			
Attending Doctor Family Name	Karlmann																			

Figure 11. ADT Message Example

Diretto Inbox

In order to facilitate care coordination within the healthcare industry, staff need a way to communicate about their patient's that will keep their patients protected health information (PHI) secure.

MiHIN's HISP, Diretto, makes sending direct secure messages quick, easy, and efficient. Users can access their inbox from within the MIDIGATE application, keeping their workflow smooth and their open tabs less cluttered.

Figure 12, below, shows the login screen for the Diretto inbox tab where a user with a Diretto account may enter their username and password.



Figure 12. Diretto Inbox Tab, Login Screen

If you do not have an account and would like to request one, please visit MiHIN's request help portal at www.mihin.org/requesthelp to submit a ticket.

For more information on Diretto (and get the latest news and updates on it), please visit our Diretto webpage at <https://mihin.org/services/diretto/>.

Quality Dashboards

CMS and Meaningful Use Stage 2 requires healthcare providers to report on Clinical Quality Measures. Quality dashboards are graphical displays of the performance of practices, providers, and organizations on these quality measures.

Quality Measure Information – State Medicaid Meaningful Use

Clinical quality measures (CQMs) are measures of healthcare quality generated in a clinical setting by using information such as lab results, vital signs, symptoms, x-rays, etc. CQMs, when properly utilized, can help transform healthcare delivery to improve care for patients and help transform healthcare payment to be quality-based instead of volume-based.

Electronic clinical quality measures, called eCQMs, are clinical quality measures that are electronically captured or calculated locally in a clinical setting. For example, in a clinic's EHR system, and then potentially transported electronically and securely to a centralized repository for analysis and comparison with other clinics.

Reporting certain CQMs is a requirement for Meaningful Use for both Medicaid and Medicare EHR incentive programs. The Quality Measure Information use case enables healthcare providers to send and validate clinical quality measures electronically for Medicaid Meaningful Use attestation. It also enables State Medicaid to receive electronic

clinical quality measures sent by Medicaid providers. Finally, this use case enables senders, receivers, and other concerned parties (such as Medicaid) to access and view eQMs across their provider spectrum.

Using Quality Dashboards in MIDIGATE

Quality dashboards allow users to identify areas for practice improvement and define corrective actions based on the quality measures that they have submitted. Figure 13 (below) shares an example of a Quality Dashboard.

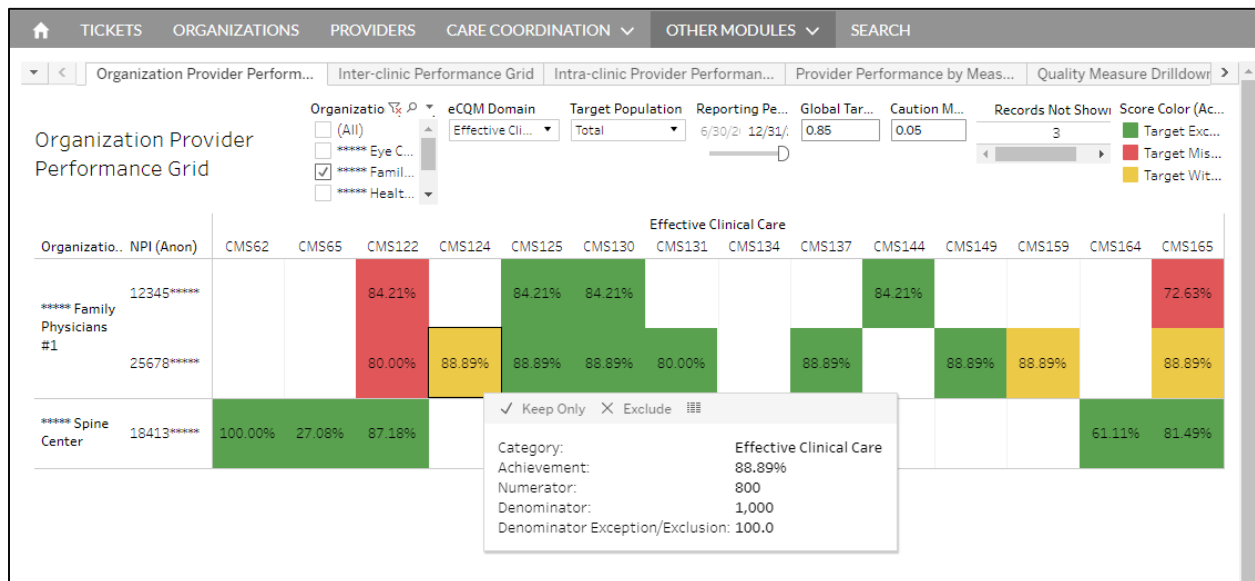


Figure 13. Quality Dashboard Example

Quality Dashboards allow you to:

- **View Organization Provider Performance:** This view displays the organizations, the provider NPI that practices within that organization, the measurement codes, and a color-coded block to indicate where provider performance stands for that specific measure.
 - Hover over the block to view more measurement information (e.g., category, achievement, numerator, denominator, and denominator exception/exclusions).
- **View Drilldowns** using the tabs at the top of the screen
 - Organization Provider Performance Grid
 - Inter-Clinic Performance Grid (compares performance on eMeasures between clinics)
 - Intra-Clinic Provider Performance Grid
 - Provider Performance by Measurement
 - Quality Measure Drilldown
 - Measure Performance Drilldown
 - Organization Performance Drilldown
 - eMeasure Practice View (shows the performance on each eMeasure by organization)
 - Provider Performance by Payer

Learn More

For immediate assistance please contact help@mihin.org.

For questions regarding signing up, getting started with MIDIGATE, or questions specific to pricing, please contact Maureen John, at maureen.john@mihin.org.

For general questions after onboarding you may contact your onboarding representative or help@mihin.org.

More information on MIDIGATE and each of the use cases and services can be found online at: <https://mihin.org/>.

Appendix A – Definitions

Active Care Relationship Service® (ACRS®) – Identifies healthcare providers and healthcare organizations who have declared a relationship with a patient, for the purpose of receiving electronic updates on that patient’s healthcare. ACRS promotes better-coordinated transitions of care by enabling physicians and care management teams to receive notifications when there are updates in a patient’s status.

Admission, Discharge, Transfer (ADT) Notifications – HL7 messages that are sent when a patient is admitted, transferred or discharged from a hospital or other care facility. These notifications can be used to improve the transition of care for a patient.

Affiliation – A relationship between a person and an organization or between two organizations, captured as relationships between person records and organization records in the Health Directory.

Category I (CAT-I) Quality Measure – QRDA (Quality Reporting Document Architecture) file based on an XML standard designed for communicating patient-level clinical data that is used to calculate Clinical Quality Measures (CQMs). These individual patient-level reports are used to calculate aggregate level QRDA Category 3 Reports.

Category III (CAT-III) Quality Measure – QRDA file which contains aggregate quality results for more than one patient.

Direct Secure Message (DSM) – A way to properly send messages containing PHI to ensure the security and safety of the content. A HIPAA compliant way to send PHI.

Diretto – MiHIN’s very own Health Information Service Provider (HISP) that allows MiHIN to provide our Direct Secure Messaging service as a safe and accurate way to communicate and share healthcare information inexpensively.

Fast Healthcare Interoperability Resources (FHIR) – Set of HL7 standards used for exchanging healthcare information efficiently through RESTful APIs (application programming interfaces).

Health Directory – The shared service established by the statewide health information network that contains contact and relational/affiliation information on healthcare professionals, facilities/hospitals, and other healthcare organizations as a resource for authorized users to obtain contact information. This information includes electronic addresses, end points, and electronic service information to facilitate the secure exchange of health information.

Health Information Service Provider (HISP) – An organization that meets the standard of managing direct secure messaging. HISPs ensure the security of health-related content being sent and received by the users of DSM accounts.

Meaningful Use – Using certified electronic health record (EHR) technology to improve quality, safety and efficiency of healthcare, and to reduce health disparities.

Medication Reconciliation – Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking (including drug name, dosage, frequency, and route) so the list can be checked quickly and efficiently (such as during admission, discharge or transfer of a patient), with the goal of providing correct medications that do not interact poorly with each other to the patient.

MIDIGATE® – Medical Information Direct Gateway. A collection of services provided by MiHIN to allow healthcare professionals to access, view and use health information for their patients.

National Provider Identifier (NPI) – A unique 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).

Protected Health Information (PHI) – Any information involving health status or patient identification information, such as date of birth, address, and or social security information. This can be written, by hand or electronically, or verbally spoken. Any information a person would not know without their affiliation to their medically related career.

Quality Measure Information (QMI) – Means any of the following: (a) clinical quality measures including those used in connection with government initiatives; (b) claims-based quality data; (c) supplemental clinical data files used to calculate HEDIS (Healthcare Effectiveness Data and Information Set) measures; (d) HEDIS measures; or (e) quality measures and the data used to calculate them for any quality measure set.

Salesforce – An online customer relationship management (CRM) application that allows users to access centralized information shared across an organization

Transitions of Care – 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, which can include transfers within a healthcare organization.

Appendix B – Allowing Third Party Cookies

The MIDIGATE applications, including TOC Viewer, require third party application cookies to be allowed since the applications are embedded inside of Salesforce. Browser's like Chrome and Firefox have this allowed by default. Internet Explorer and Edge may require third party cookies to be allowed manually.

In most browsers, this setting can be found by going into Browser Settings, then Security and Privacy, and Allow Third Party Cookies.

In Microsoft Edge, if “do not allow third party cookies” is selected and the setting is grayed out (disabled) use the following steps to allow the cookies.

1. With an administrator account, click on the windows search icon and type “gpedit”. Open the “Edit Group Policy” application.
2. Navigate to the Microsoft Edge Cookie settings through the following path: Computer Configuration > Administrative Templates > Windows Components > Microsoft Edge > Configure Cookies.
3. In the configure cookies window, select the “enable” radio button, and make sure “Allow all cookies” is selected from the configure cookies drop down.
4. Click apply and ok. Close Edit Group Policy.
5. This setting may need to be updated through the system using group policy. Open Command Prompt application.
6. In Command Prompt, type “gpupdate /force”. Once this has completed successfully, you can close Command Prompt.
7. Reopen Microsoft Edge and the MIDIGATE applications should load correctly.