Electronic Case Reporting

Implementation Guide

Version 18
April 18, 2019

Document History

Date	Version	Sections Revised	Description	Modifier
04/18/19	18	All	Revising into new template	S. Southard

Table of Contents

Acronyms and Abbreviations Guide

API	Application Programming Interface
C-CDA	Consolidated Clinical Document Architecture
CCD®	Continuity of Care Document
CDA®	Clinical Document Architecture
CDC	Centers for Disease Control and Prevention
CDS	Clinical Decision Support
DSM	Direct Secure Messaging
eCR	Electronic Case Reporting
EHR	Electronic Health Record
eICR	Electronic Initial Case Report
FHIR	Fast Healthcare Interoperability Resources
HIN	Health Information Network
HISP	Health Internet Service Provider
HL7	Health Level Seven
JSON	JavaScript Object Notation
MDHHS	Michigan Department of Health and Human Services
MiHIN	Michigan Health Information Network Shared Services
MUCA	Master Use Case Agreement
NPI	National Provider Identifier
NwHIN	Nationwide Health Information Network
PHA	Public Health Agency
PO	Participating Organization
REST	Representational State Transfer
RR	Reportability Response
TDSO	Trusted Data Sharing Organization
UCA	Use Case Agreement
UCS	Use Case Summary
VPN	Virtual Private Network
XCA	Cross Community Access
XML	Extensible Markup Language

Definitions

Applicable Laws and Standards. 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.

Data Sharing Agreement. Any data sharing organization agreement signed by both MiHIN and a participating organization. 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 MiHIN.

Electronic Address. 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.

Electronic Medical Record or Electronic Health Record (EMR/EHR). A digital version of a patient's paper medical chart.

Exhibit. Collectively, a use case exhibit or a pilot activity exhibit.

Health Level 7 (HL7). 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

Health Information. 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 health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Health Information Network (HIN). An organization or group of organizations responsible for coordinating the exchange of protected health information (PHI) in a region, state, or nationally.

Immunization Information System (IIS). A registry that stores immunization records.

Information Source. Any organization that provides information that is added to a MiHIN infrastructure service.

Integrating the Healthcare Enterprise. An initiative by healthcare professionals and industry to improve the way computer systems in healthcare share information (http://www.ihe.net/). IHE promotes the coordinated use of established standards such as DICOM and HL7 to address specific clinical needs in support of optimal patient care. Systems developed in accordance with IHE communicate with one another better, are easier to implement, and enable care providers to use information more effectively. The NwHIN specifications utilize underlying IHE specifications for various services for health data exchange

Master Use Case Agreement (MUCA). Legal document covering expected rules of engagement across all use cases. Trusted data sharing organizations sign master use case agreement one time, then sign use case exhibits for participation in specific use cases.

Message. A mechanism for exchanging message content between the participating organization to MiHIN services, including query and retrieve.

Message Content. Information, as further defined in an Exhibit, which is sent, received, found or used by a participating organization to or from MiHIN services. Message content includes the message content header.

Message Header ("MSH") or Message Content Header. 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.

Michigan Care Improvement Registry (MCIR). The IIS for the State of Michigan operated by the Michigan Department of Health and Human Services (MDHHS).

Michigan Health Information Network Shared Services. The MiHIN for the State of Michigan.

MiHIN Infrastructure Service. Certain services that are shared by numerous use cases. MiHIN infrastructure services include, but are not limited to, Active Care Relationship Service (ACRS), Health Directory, Statewide Consumer Directory (SCD), and the Medical Information DIrect GATEway (MIDIGATE®).

MiHIN Services. The MiHIN infrastructure services and additional services and functionality provided by MiHIN allowing the participating organizations to send, receive, find, or use information to or from MiHIN as further set forth in an exhibit.

Patient Data. Any data about a patient or a consumer that is electronically filed in a participating organization or participating organization participant's systems or repositories. The data may contain protected health information (PHI), personal credit information (PCI), and/or personally identifiable information (PII).

Person Record. Any record in a MiHIN infrastructure service that primarily relates to a person.

REST. REST stands for Representational State Transfer, which is an architectural style, and an approach to communications that is often used in the development of web services.

Reportability Response. A message used to communicate the reportability of a case report.

Specifications. Specifications provide a standard set of service interfaces that enable the exchange of interoperable health information among the health information exchanges.

Trusted Data Sharing Organization (TDSO). An organization that has signed any form of agreement with MiHIN for data sharing.

Use Case. (a) A use case agreement previously executed by a participating organization; or (b) the use case summary, use case exhibit and a use case implementation guide that participating organization or TDSO must follow to share specific message content with the MiHIN.

Use Case Exhibit. The legal agreement attached as an exhibit to the master use case agreement that governs participation in any specific use case.

Use Case Implementation Guide (UCIG). The document providing technical specifications related to message content and transport of message content between participating organization, MiHIN, and other TDSOs. use case implementation guides are made available via URLs in exhibits.

Use Case Summary. The document providing the executive summary, business justification and value proposition of a use case. Use case summaries are provided by MiHIN upon request and via the MiHIN website at www.mihin.org.

XCA. 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.

1. Introduction

1.1 Purpose of Use Case

Allows healthcare providers to send case reports regarding a patient's infectious disease status to a public health agency

Infectious diseases kill more than 17 million people around the world each year. [1] Infectious diseases can be transported in several ways, including through human contact, animals and insects, food, water, or through contact with organisms in the environment.[2] The ability for infectious diseases to spread rapidly through a diverse number of ways emphasizes the need for fast and reliable reporting systems.

Reporting infectious diseases is an important component of overall public health. According to the Centers for Disease Control and Prevention (CDC):

> Public health agencies need to manage cases of "reportable conditions" in their surveillance systems. Upward of 90 conditions are required by law to be reported in every state and territory. [Surveillance of these cases of reportable conditions is] needed to manage outbreaks like Ebola or Measles, as well as to monitor more routine trends that need to be investigated and managed by public health officials to protect the public from infection (e.g. cases of multi-drug resistant tuberculosis).[3]

Healthcare providers are required to report communicable diseases so that:

- Outbreaks can be managed
- More routine trends can be investigated and managed
- The public can be protected from infection
- Treatment and education can be provided to impacted populations and providers
- Preventive measures can be enacted
- Long-term success efforts can be measured
- Research into causes and cures can be more exact

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[1] World Health Organization, *World health report* (2017), accessed on April 25, 2017, http://www.who.int/whr/1996/media_centre/press_release/en/

[2] Mayo Clinic, *Infectious Diseases – Overview*(2017), accessed June 13, 2017, http://www.mayoclinic.org/diseases-conditions/infectious-diseases/home/ovc-20168649

[3] Laura Conn and John Loonsk, "Electronic Case Reporting: elCR and Trigger Implementation Discussion (Presentation)," *Public Health – EHR Collaboration Initiative* (May 17, 2016), accessed June 14, 2017, https://www.cdc.gov/ehrmeaningfuluse/docs/vendors_collaboration_initiative_webinars/2016-05-17-vendorcall_eicr_and_trigger_codes_final-508.pdf

As healthcare providers adopt modern electronic health record (EHR) technology, they are becoming better-equipped to automatically send comprehensive case reports about infectious diseases as part of their daily routine. Certified EHR technology helps identify patient populations with reportable conditions, and supports securely sending electronic initial case reports (eICRs) or Continuity of Care Documents (CCDs) through Consolidated Clinical Document Architecture (C-CDA) files.

The capability for healthcare providers to send eICRs and CCDs electronically is more efficient and secure than fax and allows for data to be sent quickly to a public health agency.

This use case initially focuses on five Reportable Conditions (Zika, Gonorrhea, Chlamydia, Pertussis, and Salmonellosis) and paves the way for the extensive reporting of upward of 90 infectious diseases around the world.

According to the CDC:

> When patients with certain conditions (Zika, Pertussis, TB, etc.) exist in clinical care, they need to be promptly shared with appropriate Public Health Agencies (PHAs) – even, at times, before the end of an encounter. Clinicians are not always good at initiating this process – either with paper or by web.
>
> Public health agency surveillance systems need to work these "cases" to… report, investigate, confirm, match with labs, manage, trace exposures, and, sometimes, connect with prevention or treatment
>
> Hence needs for:
>
> – a transferable format (message or structured document),
>
> – with a highly consistent set of case data,
>
> – that is reliably consumable and processable by public health decision support and surveillance / outbreak management systems.
>
> In the U.S., even a minor Ebola outbreak put a spotlight on the [electronic health record] involved – this is a high-risk area for everyone - important to get right.[4]

An interoperable electronic case reporting (eCR) capability between healthcare providers and public health reporting agencies allows reduced costs for stakeholders, and increased accuracy, effectiveness, and speed of reporting cases of infectious diseases.

Electronic case reporting also lays the foundation for two-way data exchange so clinicians can collaborate better with public health officials during outbreaks, while staying better-

[4] Conn, "Electronic Case Reporting."

informed. State public health reporting data is also used to support national and international disease surveillance efforts.[5]

For the purposes of this document, "electronic case reporting" is a verb and "electronic initial case report" is a noun.

1.2 Message Content

For this use case, "Message Content" means an eICR, transition of care CCD, or a Reportability Response about an eICR.

1.3 Data Flow and Actors

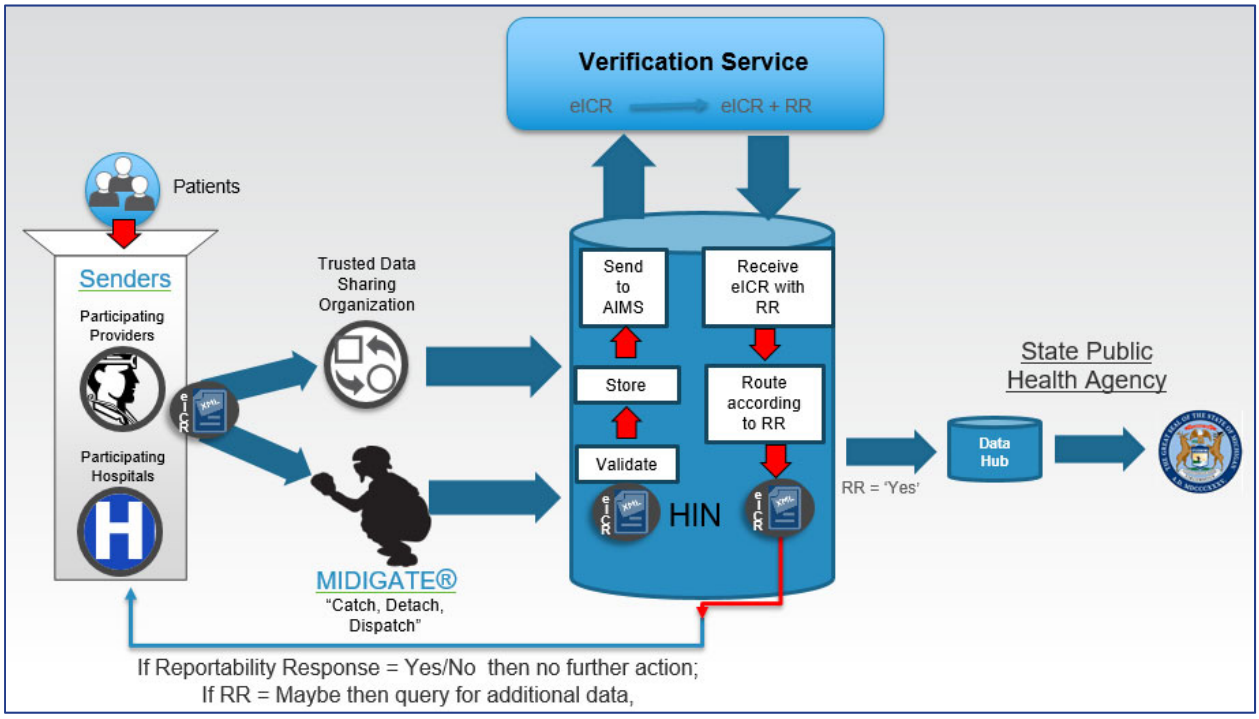

Figure 1. Data Flow for eICR Created by EHR

Figure 1 presents the data flow for when the eICR is created by an EHR and is sent by the health provider. It includes proposed data flow recommended by the CDC:

1. Originating provider sends electronic Initial Case Report to MiHIN
2. MiHIN passes eICR to verification service
3. Verification service uses a clinical decision support engine to determine if record is positive or negative for reportable conditions
4. If positive, record is sent to public health agency and original provider
5. If negative, record is sent back to original provider
6. If uncertain, request for additional information is sent to originating provider

[5] Michigan Department of Health & Human Services, *Communicable Disease Reporting in Michigan: Why Report?*, State of Michigan (2017), accessed on April 25, 2017, http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_31274-12538--,00.html

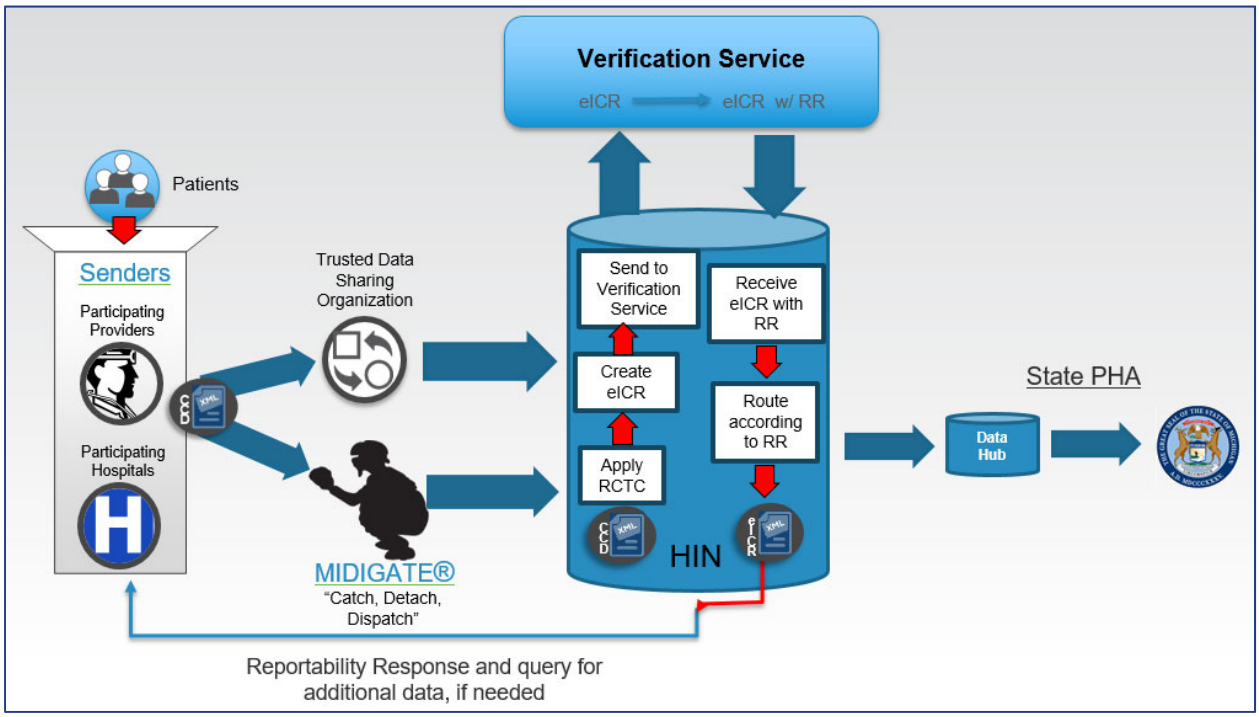

Figure 2. Data Flow for eICR Created Using CCD from EHR

Figure 2 is an example of data flow when the eICR is created by a CCD from a health provider. This data flow is similar to Figure 1 and includes:

1. Originating provider sends record to MiHIN
2. MiHIN parses CCD and creates eICR
3. MiHIN passes eICR to verification service
4. Verification service uses a clinical decision support (CDS) engine to determine if record is positive or negative for reportable conditions
5. If positive, record is sent to public health agency and original provider
6. If negative, record is sent back to original provider
7. If uncertain, request for additional information is sent to originating provider

2 Standard Overview

2.1 Message Format

The current message format supported is HL7 CDA®. Future versions of HL7 messages may be implemented and supported in the future, such as the Fast Healthcare Interoperability Resources (FHIR). For more information, refer to this website:

http://www.hl7.org/implement/standards/fhir

2.2 Message Example

For an example of what a properly formatted message should look like for this use case, refer to the HL7 CDA® R2 Implementation Guide: Public Health Case Report, Release 2 - US Realm - the Electronic Initial Case Report (eICR) located at:

http://www.hl7.org/implement/standards/product_brief.cfm?product_id=436

3 Onboarding Process

3.1 Initial Onboarding

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

3.1.1 Initial Legal Process

The first time an organization undergoes the legal onboarding process with MiHIN, the organization negotiates and enters into a master organization agreement and master use case agreement which then allows the organization to enter into one or more use cases via use case exhibits.

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

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

3.1.2 Initial Technical Connectivity Process

MiHIN considers itself "transport agnostic" and offers multiple options for organizations to establish technical connectivity to transport data to MiHIN. Organizations should select one or more connectivity methods for message transport based on their technical capabilities, and put in a service request at www.mihin.org/requesthelp. Currently MiHIN accepts the following transport methods:

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

For VPN connectivity two VPNs are required. A primary VPN will facilitate regular traffic. A secondary will be established for fail-over purposes.

Additional transport methods may be added in the future. These can include FHIR, and others.

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

1. The organization selects one or more supported transport methods and establishes connectivity with MiHIN. This step varies based on the method selected:

a. REST/RESTFUL APIs – MiHIN's site-to-site VPN request form must be completed, sent and approved by MiHIN. Send a request via www.mihin.org/requesthelp to obtain the VPN request form. A pre-shared key is then exchanged between the organization and MiHIN to initialize the connection.
b. Direct Secure Messaging – MiHIN accepts Direct Secure Messages from Health Internet Service Provider (HISPs) that have EHNAC-DTAAP (DirectTrust) accreditation. Test messages are sent to verify HISP connectivity ("ping pong"). The Message Header section in the test messages is verified for appropriate routing configuration.

2. Test messages are sent by the organization to MiHIN.
   a. Test traffic is routed via MiHIN to the appropriate destination.
   b. The end destination monitors for inbound test traffic and confirm receipt with MiHIN, which confirms with the organization.
   c. All test messages must be labelled as MiHIN indicates

3.2 Onboarding Additional Sending Facilities

When a participating organization wishes to onboard additional sending facilities, those facilities must begin the onboarding process by submitting a help desk ticket via www.mihin.org/requesthelp.

4 Specifications

Hospitals will provide the eICR document via a Consolidated – Clinical Document Architecture (C-CDA) upon discharge to the statewide service (MiHIN). An eICR or CCD should be sent for inpatient, ambulatory, and emergency department visits upon discharge. Specifications are outlined below:

- C-CDA must be sent in xml format.
- C-CDA message may be sent as an XDM.zip file. Note that this encoding occurs automatically with most HISP vendors upon sending.

4.1 C-CDA Required Fields

For information on the required fields, please view the HL7 CDA R2 Implementation Guide: Public Health Case Report, Release 2 – US Realm – the Electronic Initial Case Report (eICR), located at: http://www.hl7.org/implement/standards/product_brief.cfm?product_id=436

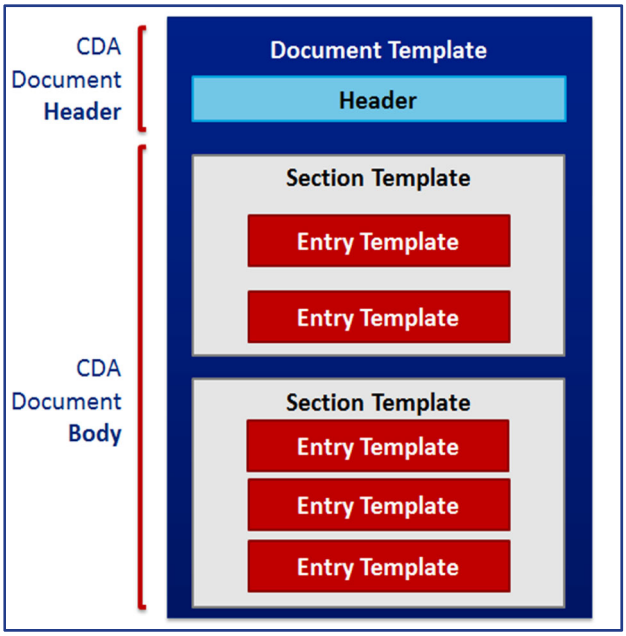

Figure 1. C-CDA File Structure

4.2 Submission via Direct Secure Messaging

C-CDA files that are sent to MiHIN via Direct as email attachments must adhere to the following specifications:

1. There shall be only one CDA file attached per email.
2. The appropriate MiHIN Direct email address must be in the "To" line. An error will occur if it is in the Carbon-Copy (Cc) line of the outgoing message

4.3 Direct Addresses

Participants using Direct should use the following addresses:

- For test messages with no protected health information (PHI): electroniccasereporting@direct.mihin.org
- For pre-production certification: electroniccasereporting-foc@direct.mihin.org
- For production: electroniccasereporting@direct.mihin.org

4.4 Receiving Reportability Response via Direct Secure Messaging

Outbound C-CDA files will be attachments to Direct email messages. There will be only one C-CDA file attached per email.

For eICR with RR receivers using Direct, MiHIN does not need an acknowledgment response message.

For more information on the Reportability Response, please view the HL7 CDA R2 Implementation Guide: Reportability Response, Release 1, STU Release 1.0 – US Realm located at:

http://www.hl7.org/implement/standards/product_brief.cfm?product_id=470

4.5 Receiving via API

Those receivers interested in the API method should follow these steps:

1. Set up a secure HTTPS server endpoint using the following naming convention, inserting own IP and Port numbers: HTTPS://[IP]:[PORT]/ecr/[receiver]/RR Please send this address to MiHIN Onboarding Team prior to connectivity testing.
2. Establish connectivity with MiHIN utilizing a secure VPN Tunnel. The Onboarding Team can provide the appropriate request form to create one.
3. Participate in the VPN Tunnel Connectivity Test scheduled with MiHIN to ensure connection between the receiver organization server and MiHIN's pre-production and production servers.
4. Configure API to the specifications listed in section 4.7.1.
5. Participate in the API Server Test scheduled with MiHIN to ensure conformity to these specifications.

4.5.1 eICR With RR Receiver API Specifications

Request Characteristics

Below are characteristics of the request that clients must accept:

- Communications will be through HTTPS
- The request will be an HTTP POST
- Content may be compressed via gzip (denoted through the Content-Encoding HTTP header)

- HTTP persistent connection may be enabled (denoted through the Connection: Keep-Alive HTTP header)
- The request may be chunked (will be denoted by the Transfer-Encoding header)
- Request body will have the type of application/xml
- The XML data doesn't need to be valid according to the CDA, as long as enough information could be extracted from the document to determine delivery
- Metadata will be send through HTTP X- headers

Response Characteristics

Exchange eICR with RR behaves differently depending on the response status code returned by the server.

Status Code	Message Replay	Response Contents
None or 500	Yes	If available, the response will contain reasoning why the service failed
400	No	Used when the data cannot be handled by the receiving system, and the message should not be requeued. The response will contain reasoning why the document was rejected.
200	No	Successful response with a trackingId

- All responses will be logged
- All responses will be in JSON (JavaScript Object Notation)
- All responses will contain a globally unique ID to track the response

A sample response body on a successful receive will look like:

```
{
"trackingId": "047ee203-857c-46fb-835e-18b80bccc392"
}
```

In the event of an unsuccessful receive, the response will look like:

```
{
"trackingId": "32c051f3-ad91-4b77-8776-b931a9f99741",
"errors": [{
"title": "Invalid field detected",
"details": "//section/component/ssn must not be null"
}]
}
```

- *Title:* Contains the human readable form of the error
- *Details:* Contain any additional information about the error

Request Metadata

Below is a sample of the HTTP headers metadata that could be sent.

```
X-Tracking-Id: 124
X-Sending-Facility: West Lansing
X-Document-Id: 1.2.840.000000000
X-Document-Extension:
X-NPI:  9999999999,9999999998
```

- *X-Tracking-Id:* unique ID for the document being sent. Guaranteed to not be empty.
- *X-Sending-Facility:* Who sent the document (as contained within the document). May be empty.
- *X-Document-Id:* ID of the document being sent (as contained within the document). May be empty.
- *X-Document-Extension:* Extension of the document (as contained within the document). May be empty.
- *X-NPI:* One or more provider NPIs that matched as an active care provider for the demographics contained within the document.

Example

Below is an example that will send the file data.xml to an endpoint:

```
gzip -c data.xml |\
curl -H "Content-Type: application/xml" \
-H "X-Tracking-Id: 124" \
-H "X-Document-Id: 1.2.840.000000000" \
-H "X-Document-Extension;" \
-H "Content-Encoding: gzip" \
-H "Connection: Keep-Alive" \
--data-binary @- \
"HTTPS://[IP]:[PORT]/ecr/[receiver]/RR"
```

5 Troubleshooting

5.1 Production Support

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

A list of common questions regarding the Electronic Case Reporting use case can be found at:

https://mihin.org/electronic-case-reporting/

If you have questions, please contact the MiHIN Help Desk:

- www.mihin.org/requesthelp
- Phone: (517) 336-1430
- Monday – Friday 8:00 AM – 5:00 PM (Eastern)

6 Legal Advisory Language

This reminder applies to all UCEs or PAEs covering the exchange of electronic health information:

The data sharing agreement establishes the legal framework under which PO can exchange messages through the MiHIN Platform, and sets forth the following approved reasons for which messages may be exchanged:

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

Under these agreements, "***Applicable Laws and Standards***" means all applicable federal, state, and local laws, statutes, acts, ordinances, rules, codes, standards, regulations and judicial or administrative decisions promulgated by any governmental agency, including the State of Michigan, or the Michigan Health Information Technology Commission as any of the foregoing may be amended, modified, codified, reenacted, promulgated or published, in whole or in part, and in effect from time to time which is enforceable against a Party. Without limiting the generality of the foregoing, "Applicable Laws and Standards" includes HIPAA "; the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

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

Disclaimer: The information contained in this implementation guide was current as of the date of the latest revision in the Document History in this guide. However, Medicare and Medicaid policies are subject to change and do so frequently. HL7 versions and formatting are also subject to updates. Therefore, links to any source documents have been provided within this guide for reference. MiHIN will apply its best efforts to keep all information in this guide up-to-date. It is ultimately the responsibility of the Participating Organization and Sending Facilities to be knowledgeable of changes outside of MiHIN's control.