Active Care Relationship Service

Implementation Guide

Version 32
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Document History

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Acronyms and Abbreviations Guide

ACRS®	Active Care Relationship Service®
ADT	Admission-Discharge-Transfer notification
API	Application Programming Interface
DQA	Data Quality Assurance
DSM	Direct Secure Messaging
EHNAC-DTAAP	Electronic Healthcare Network Accreditation Commission – Direct Trusted Agent Accreditation Program
EHR	Electronic Health Record
ESI	Electronic Service Information
HD	Health Directory
HIN	Health Information Network
HISP	Health Internet Service Provider
HL7	Health Level Seven
HPD	Health Provider Directory
LLP	Lower Layer Protocol
MIDIGATE®	Medical Information Direct Gateway
MiHIN	Michigan Health Information Network Shared Services
NPI	National Provider Identifier
PAE	Pilot Activity Exhibits
PO	Physician Organization
QO	Qualified Data Sharing Organization
REST	Representational State Transfer
TDSO	Trusted Data Sharing Organization
SCD	Statewide Consumer Directory
SRFU	Send/Receive/Find/Use
UCE	Use Case Exhibit
UCIG	Use Case Implementation Guide
VPN	Virtual Private Network
XML	Extended Mark-Up Language

Definitions

Active Care Relationship (ACR). (a) For health providers, a patient who has been seen by a provider within the past 24 months, or is considered part of the health provider's active patient population they are responsible for managing, unless notice of termination of that treatment relationship has been provided to Michigan Health Information Network Shared Services (MiHIN); (b) for payers, an eligible member of a health plan;(c) an active relationship between a patient and a health provider for the purpose of treatment, payment and/or healthcare operations consistent with the requirements set forth in HIPAA; (d) a relationship with a health provider asserted by a consumer and approved by the health provider; or (e) any person or Trusted Data Sharing Organization (TDSO) authorized to receive message content under an exhibit which specifies that an ACR may be generated by sending or receiving message content under that exhibit. ACR records are stored by MiHIN in the ACRS.

Active Care Relationship Service® (ACRS®). The MiHIN infrastructure service that contains records for those TDSOs, their participating organizations' participants or any health providers who have an active care relationship with a patient.

Admission, Discharge, Transfer (ADT). An event that occurs when a patient is admitted to, discharged from, or transferred from one care setting to another care setting or to the patient's home. For example, an ADT event occurs when a patient is discharged from a hospital. An ADT event also occurs when a patient arrives in a care setting such as a health clinic or hospital.

ADT Message. A type of Health Level Seven (HL7) message generated by healthcare systems based upon ADT events and the HL7 "Electronic Data Exchange in Healthcare" standard. The HL7 ADT message type is used to send and receive patient demographic and healthcare encounter information, generated by source system(s). The ADT messages contain patient demographic, visit, insurance, and diagnosis information.

ADT Notification. An electronic notification that a given patient has undergone an ADT event. An ADT Notification is not a complete ADT Message.

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.

Caregiver. An individual such as a health professional or social worker who assists in the identification, prevention or treatment of an illness or disability.

CONNECT. An open source software solution that supports health information exchange – both locally and at the national level. CONNECT uses Nationwide Health Information Network standards and governance to make sure that health information exchanges are compatible with other exchanges being set up throughout the country

(http://www.connectopensource.org/). This software solution was initially developed by federal agencies to support their health-related missions, but it is now available to all organizations and can be used to help set up health information exchanges and share data using nationally-recognized interoperability standards.

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.

Electronic Service Information (ESI). All information reasonably necessary to define an electronic destination's ability to receive and use a specific type of information (e.g., discharge summary, patient summary, laboratory report, query for patient/provider/healthcare data). ESI may include the type of information (e.g., patient summary or query), the destination's electronic address, the messaging framework supported (e.g., SMTP, HTTP/SOAP, XDR, REST, FHIR), security information supported or required (e.g., digital certificate) and specific payload definitions (e.g., CCD C32 V2.5). In addition, ESI may include labels that help identify the type of recipient (e.g., medical records department).

End Point. An instance of an electronic address or ESI.

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

Health Directory. The statewide shared service established by MiHIN that contains contact information on health providers, electronic addresses, end points, and ESI, as a resource for authorized users to obtain contact information and to securely exchange health information.

Health Level Seven (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 healthcare to an individual; or the past, present, or future payment for the provision of healthcare 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.

Health Plan. An individual or group plan that provides or pays the cost of medical care (as "group health plan" and "medical care" are defined in section 2791(a)(2) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(2)). Health plan further includes those entities defined as a health plan under HIPAA, 45 C.F.R 160.103.

Health Professional. Means (a) any individual licensed, registered, or certified under applicable Federal or State laws or regulations to provide healthcare services; (b) any person holding a nonclinical position within or associated with an organization that provides or coordinates healthcare or healthcare related services; and (c) people who contribute to the gathering, recording, processing, analysis or communication of health information. Examples include, but are not limited to, physicians, physician assistants, nurse practitioners, nurses, medical assistants, home health professionals, administrative assistants, care managers, care coordinators, receptionists and clerks.

Health Provider. Means facilities/hospitals, health professionals, health plans, caregivers, pharmacists/other qualified professionals, or any other person or organization involved in providing healthcare.

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

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 Health Information Network Shared Services. The Health Information Network (HIN) 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 (HD), 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.

Notice. A message transmission that is not message content and which may include an acknowledgement of receipt or error response, such as an ACK or NACK.

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.

Pilot Activity. The activities set forth in the applicable exhibit and typically includes sharing message content through early trials of a new use case that is still being defined and is still under development and which may include participating organization feedback to MiHIN to assist in finalizing a use case and use case exhibit upon conclusion of the pilot activity.

Principal. A person or a system utilizing a federated identity through a federated organization.

Provider Community. A healthcare provider with an active care relationship with the applicable patient.

Send/Receive/Find/Use (SRFU). Means sending, receiving, finding, or using message content. Sending involves the transport of message content. Receiving involves accepting and possibly consuming or storing message content. Finding means querying to locate message content. Using means any use of the message content other than sending, receiving and finding. Examples of use include consuming into workflow, reporting, storing, or analysis. SRFU activities must comply with Applicable Laws & Standards or State Administrative Code as that term is defined in this agreement and the data sharing agreement.

Service Interruption. A party is unable to send, receive or find message content for any reason, including the failure of network equipment or software, scheduled or unscheduled maintenance, general Internet outages, and events of force majeure.

Source System. A computer system, such as an electronic health record system, at the participating organization, that sends, receives, finds or uses message content or notices.

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

Statewide Consumer Directory. A centralized tool that gives patients visibility and control over how their healthcare information is exchanged.

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 setting of care and can include transfers within a healthcare organization.

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 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 https://mihin.org/use-case-factory/.

1. Introduction

1.1 Purpose of Use Case

Helps link patients with their care team members (providers who have active care relationships with that patient). The Active Care Relationship Service® (ACRS®) enables organizations to send data files which record the active care relationships between health professionals at that organization and its patient. This data is then used to accurately route information for this patient to all members of their care team.

Life is easier and better for patients and their doctors if they have a close relationship. If doctors are well-informed about their patients, not only will patients feel more connected to their care team, but the patients will also be getting the best personal care possible. *Their care team will know them*… not just for one visit, but for all previous visits and the visits they might make to other care facilities.

Achieving this goal means making sure doctors and other healthcare providers have easy access to a patient's information, particularly when there are changes in the patient's health. Accurately routing a patient's health information to their healthcare providers requires a current, easily-accessible database that connects patients to the providers caring for them.

An active care relationship (ACR) is a kind of patient-to-provider attribution showing relationships between patients and their providers. For providers, an ACR means the provider has seen the patient within the past 24 months and expects to see them again. For payers, an active care relationship is attributed to an eligible member of one of the payer's health insurance plans.

An average patient has three physicians who help provide care for them. A patient with a complex condition like diabetes can have as many as nine to twelve healthcare providers on their care team. The relationships between a patient and the providers who actively care for them are called patient-to-provider attributions.

A provider may declare an ACR with a patient when the provider has seen the patient within the past two years and expects to see them again, or a patient is assigned to a practice/provider by a payer. The Active Care Relationship Service® (ACRS) is a database used to access a patient's information and find out who to inform about their care (i.e., their active care team).

ACRS identifies providers who have declared an ACR with a patient. ACRS promotes better care coordination by providing care team members with valuable information about who a patient is, who a patient has a relationship with, and what attributes are associated with a patient. An attribute is defined as any information (clinical or otherwise) that can be linked

to a patient that provides more context for the patient. MiHIN can utilize the information stored in ACRS to enhance the information available to care team members about a patient. Care team members can also query ACRS directly to retrieve this information as part of their normal work flows reducing their burden and facilitating more effective care transitions.

ACRS between patients and the health professionals on their care team must be kept current and must be easily retrieved to accurately route information between providers, such as Admission, Discharge, Transfer (ADT) notifications. ACRS supports better-coordinated transitions of care by enabling notifications to be sent to physicians and care management teams when there are updates in their patient's status (please refer to the ADT Notifications Use Case Summary). 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.

Provider organizations contribute information about patients to ACRS, which may include, but is not limited to, patient name, patient date of birth, patient address, patient phone number, health professional name, health professional identification number, health professional contact information, health professional organization(s), and other associated information as appropriate.

NOTE - Requirement Related to This Use Case: Organizations entering into the ACRS use case should in general also enter into the Health Directory use case.

1.2 Data Flow and Actors

1.2.1 Submitting Care Team Information to ACRS

1.2.1.1 Via Legacy Methods

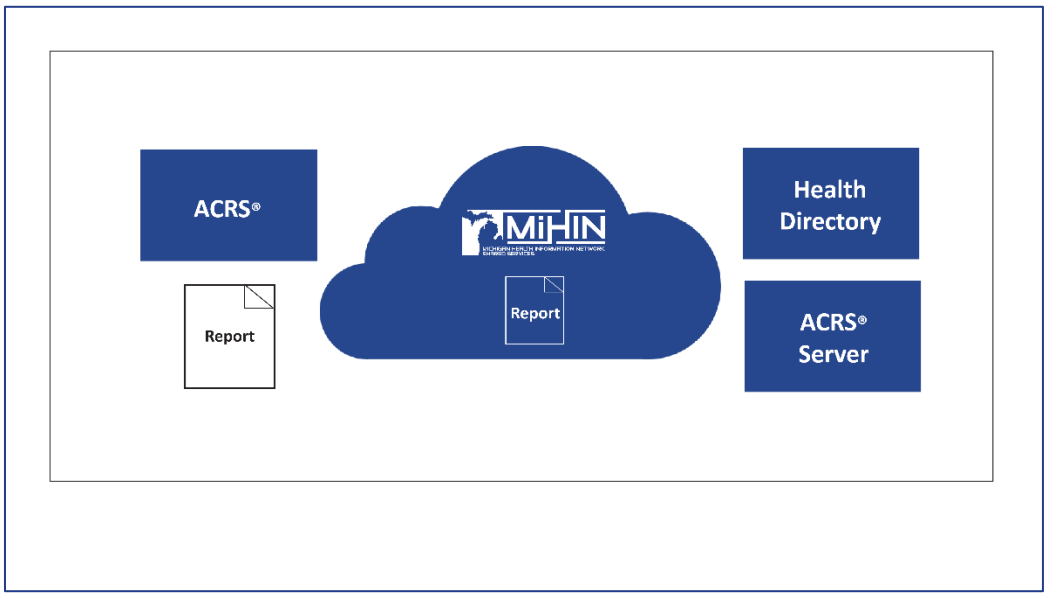

Figure 1. Submission via Legacy Methods

1. ACRS file is submitted to MiHIN via legacy method.
2. ACRS file is validated.
3. Provider delivery preference is sent to Health Directory.
4. Provider-patient attribution is sent to ACRS server.

1.2.1.2 Via MIDIGATE

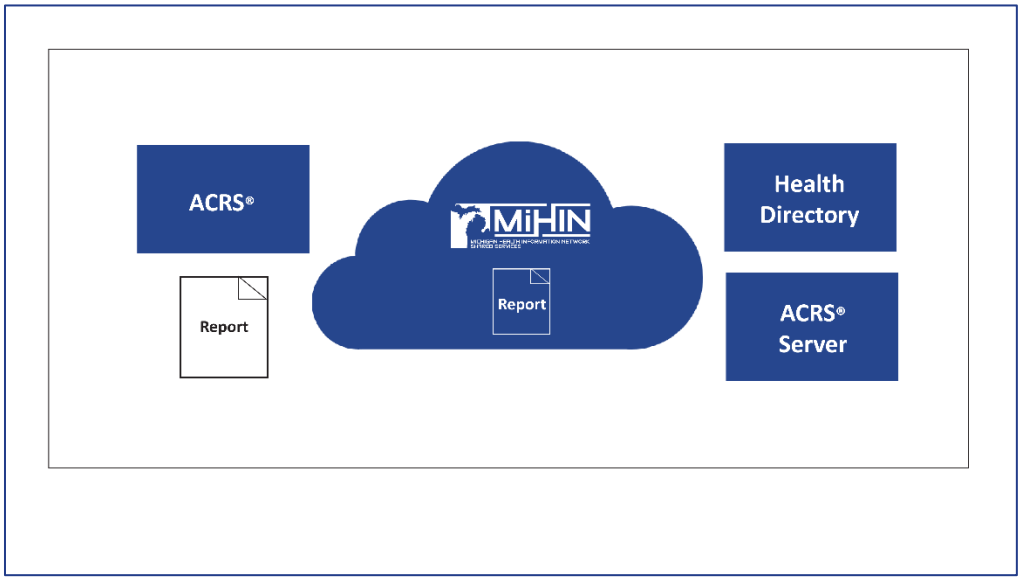

Figure 2. Submission Via MIDIGATE

1. ACRS file is submitted to MiHIN via MIDIGATE.
2. ACRS file is validated.
3. Provider delivery preference is sent to the Health Directory.
4. Provider-patient attribution is sent to ACRS server.

1.2.2 Real-Time ACRS

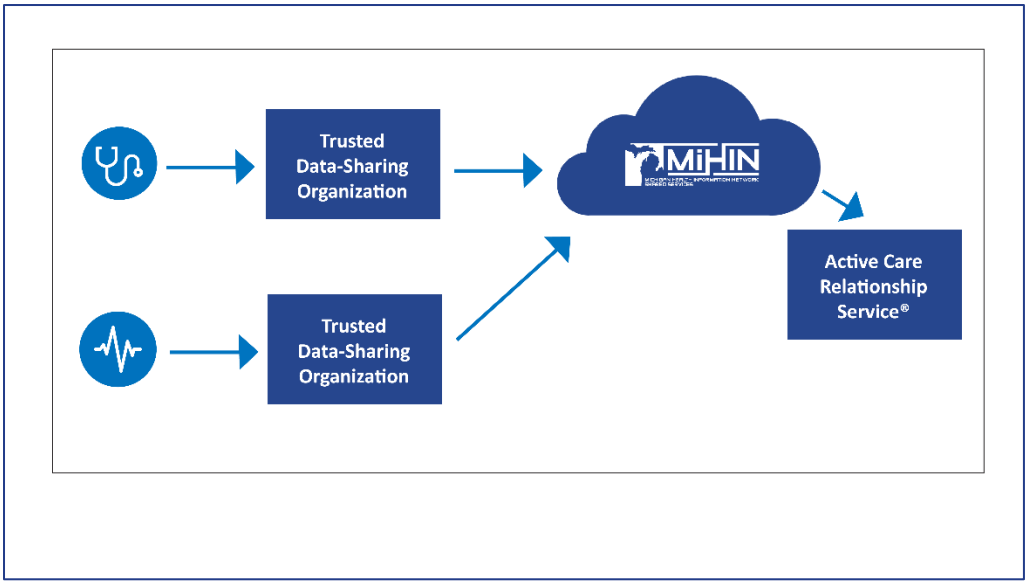

Figure 3. Real-Time ACRS Pathway

1. A provider or a hospital sends an ADT.
2. Demographics sent to ACRS and stored as real-time relationships.
3. Future ADT or DFT notifications are routed based on created relationships.

1.2.3 Viewing and Updating Care Team Information

1.2.3.1 Manage ACRS

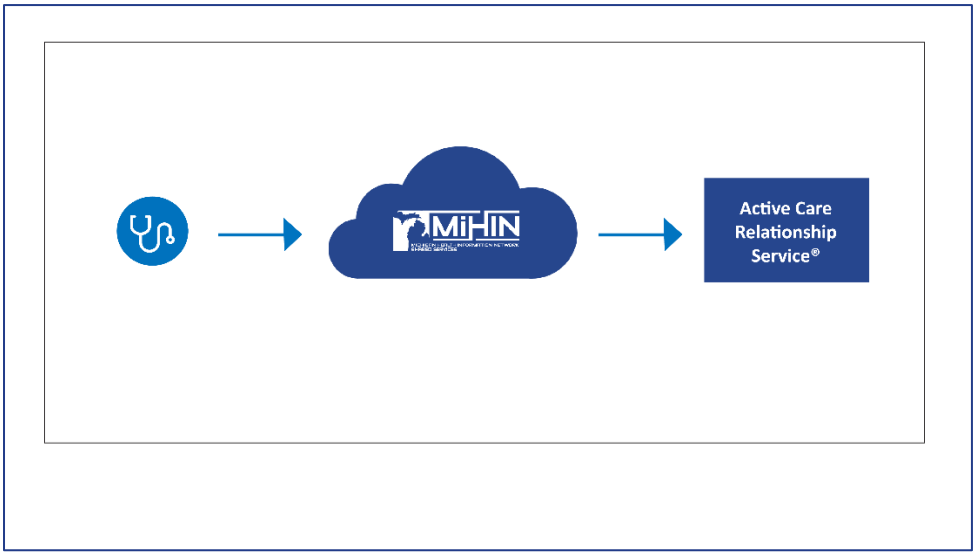

Figure 4. Manage ACRS

1. A provider logs into MIDIGATE and adds, updates, or deletes a patient from their list of relationships.
2. Changes to the relationship for the provider are saved within ACRS.
3. Future notifications are routed based on the updated relationships.

1.2.3.2 View Care Team

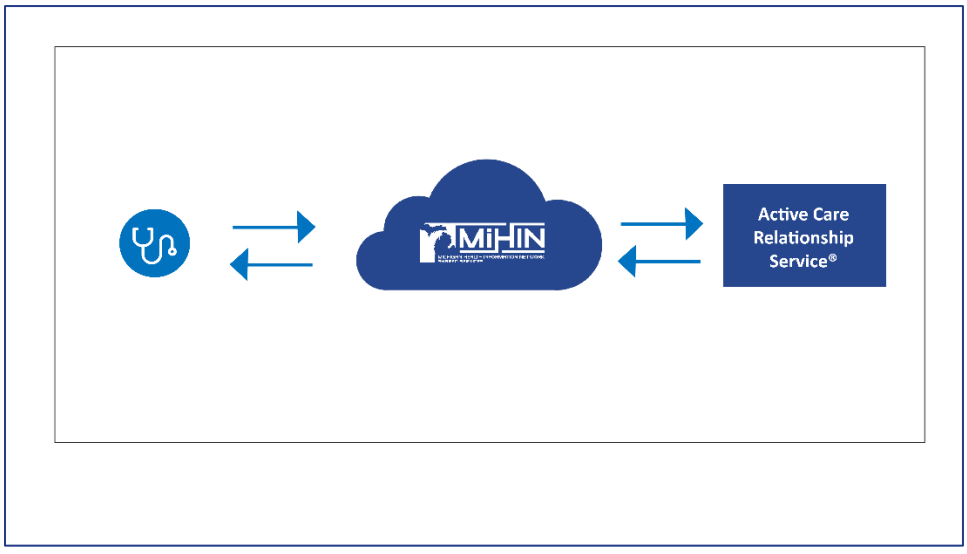

Figure 5. View Care Team

1. A provider logs into MIDIGATE, opens the Manage ACRS module, and selects a patient.
2. Demographics sent to ACRS.
3. The patient's full care team is returned and displayed in the Manage ACRS module in MIDIGATE.

1.2.3.3 View Attributes

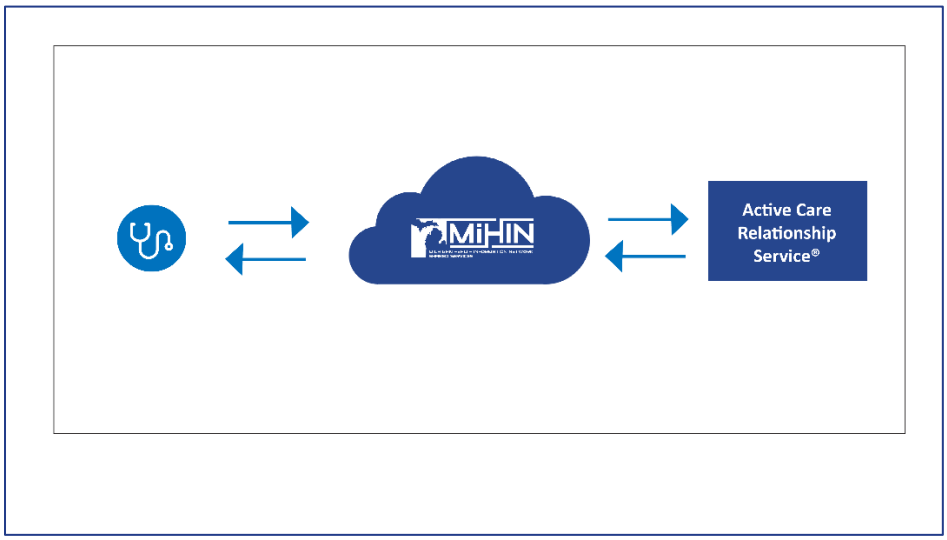

Figure 6. View Attributes

1. A provider logs into MIDIGATE and selects a patient.
2. Demographics are sent to ACRS.
3. The patient's available attributes are returned and displayed in MIDIGATE.

1.2.3.4 Patient Search

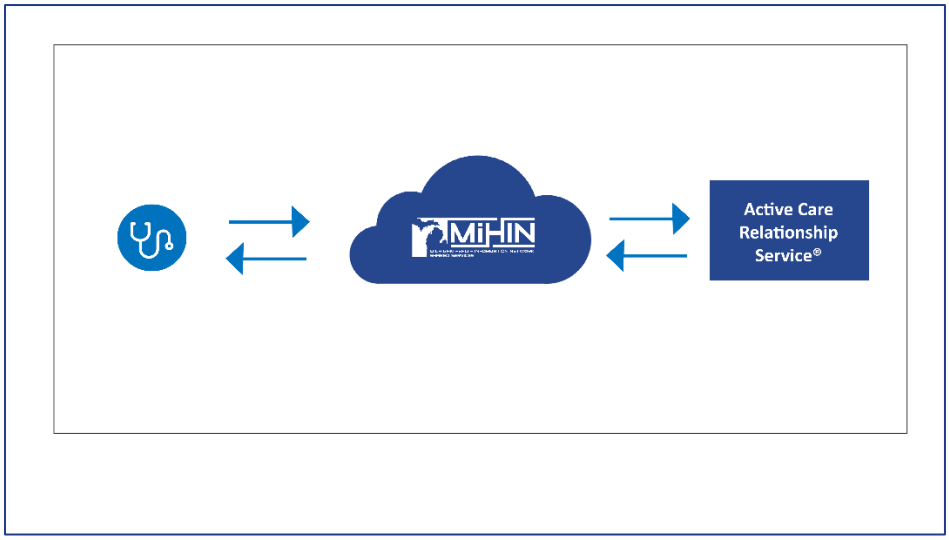

Figure 7. Patient Search

1. A care team member logs into their applications and begins entering patient demographics.

2. The first letter of the patient's first name, last name, and date of birth are sent to MiHIN.
3. MiHIN returns all the possible patients to the care team member.
4. The care team member identifies the patient and the returned demographics to populate their application.

1.3 Use Case Summary

For more information about this use case, refer to the documents linked below:

Use Case Summary:
https://mihin.org/active-care-relationship-service-use-case-2/

2 Standard Overview

2.1 ACRS File Inclusion Criteria

ACRS files can be submitted by any participating organization that has an active care relationship with patients listed in the file.

2.1.1 Provider Organization Files

Patients should be listed in a provider organization's ACRS file (a patient attributed to a provider) if the provider has seen the patient within the past two (2) years and expects to see them again or a patient is attributed to a practice/provider by a payer. If a patient is attributed to multiple physicians, nurses, care coordinators, and care givers, each patient record is included on this list. This may result in more than one record for a given patient to be included in this file.

2.1.2 Payer Files

A patient attributed to a payer indicates that the payer covers care for the patient currently. Payers should list each patient only once.

2.2 ACRS File Format

An ACRS file needs to be submitted as a comma separated value file (CSV). All data is double quoted, and comma separated. If the value has a double quote, then another double quote is used to escape it. Example: "Name", "Age" = "a""b,c","12" The person's name is a"b,c - and their age is 12. Because there is no comma in between a and b, the two quotation marks are not field separators.

Files must conform to formatting indicated in the ACRS specification. Please place a help desk ticket at https://mihin.org/requesthelp/to receive the most up-to-date ACRS specification.

2.2.1 ACRS File Name Convention

ACRS Attribution File:

<QO name>_<customer/PO name>_acrs_<YYYYMMDD>_<Version>.csv

ACRS Delivery File:

<QO name>_<customer/PO name>_acrsdelivery_<YYYYMMDD>_<Version>.csv

2.3 ACRS File Submission Frequency

Valid ACRS files are required to be submitted monthly. If a client does not submit a valid ACRS file by end of business Monday in the week the file is desired to be loaded, their ACRS file will not be processed until the following maintenance window.

2.3.1 ACRS File Submission Mechanism

ACRS files can be submitted one of four ways:

1. Direct Secure Messaging (preferred method).
2. File upload through MIDIGATE.
3. Via Secure File Transfer Protocol (SFTP).
4. Real-time ACRS.

2.3.1.1 Direct Secure Messaging

If the submitter chooses to utilize Direct Secure Messaging to transmit ACRS files, MiHIN can provide an account for an annual fee. Please contact MiHIN at help@mihin.org for more information. Direct accounts from MiHIN are issued within one week of receiving the completed form.

MiHIN can also receive ACRS files via the submitter's Direct Secure Messaging account if it is EHNAC-DTAAP accredited. Submit ACRS files to acrs@direct.mihin.net.

2.3.1.2 File Upload Through MIDIGATE

The submitter will upload their file through MIDIGATE. File format is the same as in section 2.2. For detailed information about specific MIDIGATE processes, please place a help desk ticket at https://mihin.org/requesthelp/.

2.3.1.3 Secure File Transfer Protocol (SFTP)

The submitters will have to complete a SFTP form which will be provided by MiHIN. MiHIN will set up the SFTP and confirm access with the submitter.

2.3.1.4 Real-Time ACRS

Submitter will send MiHIN an ADT message, and MiHIN will generate a real time relationship with the submitter and the patient.

2.3.2 ACRS Submission Feedback

MiHIN validates the submitted ACRS file for proper formatting. MiHIN provides feedback to the designated ACRS contact and the process is repeated until a valid ACRS file is submitted. ACRS files must be submitted and validated every month before being placed into production.

2.3.3 ACRS File Life Span

The monthly submission of the ACRS file replaces the previous month's data. If a previously existing patient is not present on the ACRS file, the patient is no longer considered to be an attributed patient.

2.3.4 ACRS File Aging

Valid ACRS files are required to be submitted on a monthly basis.

ACRS files that have not been updated within 45 days will receive notice. At 60 days, a shut-off warning will be sent. If an ACRS file has not been submitted for 90 days, older ACRS files will be decommissioned for use.

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 data sharing agreement which then allows the Participating Organization (PO) to enter into one or more use cases via Use Case Exhibits (UCEs) or Pilot Activity Exhibits (PAEs).

Once an organization has entered into a data sharing agreement, the organization must sign the Master Use Case Agreement (MUCA) which then allows the PO to enter an unlimited number of UCEs or PAEs with MiHIN. A listing MiHIN's use cases are available upon request.

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, it is recommended that two VPNs be established. A primary VPN will facilitate regular traffic. A secondary is recommended to be established for fail-over purposes.

Additional transport methods may be added in the future. These can include NwHIN, XCA, REST/RESTFUL APIs, 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. LLP over IPsec VPN – 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 via coordinated call to initialize the connection. The LLP over IPsec VPN is the most efficient transport for very high volumes of messages.
   b. Direct Secure Messaging – MiHIN accepts Direct Secure Messages from Health Internet Service Provider (HISPs) that have EHNAC-DTAAP (DirectTrust) accreditation and are in the DirectTrust accredited bundle. Bi-annual testing is completed with each HISP to verify proper communication protocols and standards are being followed.

3.1.3 ACRS Onboarding Process

The standard process for onboarding to the ACRS service involves the following steps:

1. Organization expresses interest in onboarding to participate in ACRS use case.
2. Hold kick-off meeting.
   a. Exchange contact information.
   b. Distribute care package that includes
      i. ACRS specifications;
      ii. Implementation Guides;
      iii. Overview PowerPoint presentation, and
      iv. Onboarding contact form.
3. Execute legal documents (if applicable).
   a. Data Sharing Organization Agreement
   b. Use Case Agreement(s)
4. Exchange required documents.
5. Submit ACRS file(s) securely.
6. Validate ACRS file(s).
7. Valid ACRS file(s) are loaded.

4 Specifications

4.1 ACRS Field Specifications

ACRS 2.0 PO Attribution File

https://mihin.org/wp-content/uploads/2018/08/Copy-of-FINAL-MiHIN-Active-Care-Relationship-Service-2.0.3-PO-Attribution-File-V28-4-18-17.pdf

ACRS 2.0 PO Delivery File

https://mihin.org/wp-content/uploads/2018/08/Copy-of-FINAL-MiHIN-Active-Care-Relationship-Service-2.0.3-PO-Attribution-File-V28-4-18-17-1.pdf

ACRS 2.0 Non-PO Attribution File

https://mihin.org/wp-content/uploads/2018/08/MiHIN-Active-Care-Relationship-Service-2.0.3-Non-PO-Attribution-File-V30-4-18-17.pdf

ACRS 2.0 Non-PO Delivery File

https://mihin.org/wp-content/uploads/2018/08/FINAL-MiHIN-Active-Care-Relationship-Service-2.0.3-Non-PO-Attribution-File-V30-4-18-17.pdf

Real-Time ACRS

For field specifications, please refer to the Admission-Discharge-Transfer Notification Use Case Implementation Guide (UCIG).

Manage ACRS

For additional specifications, please submit a help desk ticket to https://mihin.org/requesthelp/.~~refer to the MIDIGATE User Guide. Submission module requires ACRS 2.0.~~

5 Troubleshooting

5.1 Production Support

	Severity 1	Severity 2	Severity 3	Severity 4
Description	Business critical service is down or critical interface has failed. The issue is preventing two or more Trusted Data-Sharing Organizations (TDSOs) ability to use the service.	Service component severely restricted in one of the following ways: • Non-business critical service is down or non-business critical interface has failed • Business critical service has a partial failure for multiple TDSOs • Business critical service has failed for a single TDSO	Non-critical service is down or non-critical interface has partially failed. A critical service is usable however, less significant features are unavailable. The service is online however, is operating in a degregated state.	A non-critical service component is malfunctioning, causing minimal impact, or a test system is down.
Example	ADT messages from two TDSOs are unable to be received by MiHIN.	MiHIN cannot communicate (send or receive) messages between single or multiple TDSOs, but can still successfully communicate with other organizations.	ADT messages outbound from MiHIN are processing slower than expected.	Unable to send ADT to test environment
Initiation Method	**Call** (517) 336-1430 and **submit** a ticket online at www.mihin.org/requesthelp	**Call** (517) 336-1430 and **submit** a ticket online at www.mihin.org/requesthelp	**Submit** a ticket online at www.mihin.org/requesthelp	**Submit** a ticket online at www.mihin.org/requesthelp
Initial Response	Within **1 hour**	Within **2 hours**	**1 business day**	**1 business day**
Resolution Goal	Within **4 hours**	Within **8 hours**	**3 business days**	**7 business days**

A list of common questions regarding the ACRS use case can be found at: *https://mihin.org/active-care-relationship-service-use-case-2/.*

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 Standard Time)

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 healthcare providers for Treatment, Payment and/or Healthcare 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 "promoting interoperability" 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.