



Advance Care Document Implementation Guide

Manual Submissions of Advance Care Documents

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Document History

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Acronyms and Abbreviations Guide

ACD	Advance Care Document
ACP	Advance Care Planning
AD	Advance Directive
DNR	Do Not Resuscitate
DPOA	Durable Power of Attorney
DPOAH	Durable Power of Attorney of Healthcare
EHR	Electronic Health Record
EMR	Electronic Medical Record
HIE	Health Information Exchange
HIN	Health Information Network
MDHHS	Michigan Department of Health and Human Services
MDM	Medical Document Management
MiHIN	Michigan Health Information Network Shared Services
MI-POST	Michigan Physician Orders for Scope of Treatment
MPI	Master Person Index
MRN	Medical Record Number
MU	Meaningful Use
MUCA	Master Use Case Agreement
PCD	Patient Care Document
PD	Patient Discovery
PO	Participating Organization
POLST	Physician Orders for Life-Sustaining Treatment

SOM	State of Michigan
SOTP	Statement of Treatment Preferences
SOW	Statement of Work
TDSO	Trusted Data Sharing Organization
UCA	Use Case Agreement
UCS	Use Case Summary
VIPR	Virtual Integrated Patient Record (VIPR)



Definitions

Advance Care Document (ACD). A legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. Also known as an advance healthcare directive, durable power of attorney for healthcare, living will, personal directive, advance directive, medical directive or advance decision.

Advance Care Planning (ACP). A process that supports adults at any age or stage of health in making decisions about the healthcare they would want to receive if they happen to become unable to speak for them self.

Advance Directive. A document in which consumers specify what type of medical care they want in the future, or who should make medical decisions if they become unable to make decisions for themselves.

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.

Code Status. The level of medical interventions a patient wishes to have started if their heart or breathing stops.

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.

Designation of Patient Advocate. This legal document gives the person a patient chooses the authority to make decisions for the patient's care, custody, and medical treatment when they cannot.

Durable Power of Attorney for Healthcare. Another name for Designation of Patient Advocate. It also normally gives the Patient Advocate or Agent instructions about the kinds of medical treatment the patient wants.

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

Eligible Professional (EP). An Eligible Professional as defined under the Medicare and Medicaid EHR Incentive Programs.



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.

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.

Living Will. Although there can be overlap, the focus of a living will is on what the decision should be compared to the focus of a durable power which is on who decides. A living will is limited to care during terminal illness or permanent unconsciousness, while a patient advocate may also have authority in circumstances of temporary disability.

Longitudinal Record. A single comprehensive patient record comprised of data from numerous disparate data sources across the healthcare continuum. It is designed to be one record per patient by using comprehensive patient matching logic wrapped in a consent management model.

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.

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.

Organization Administrator. An employed person within an organization who is responsible to create and manage all user accounts using the MiHIN Advance Care Document submission application.

Michigan Physician Orders for Scope of Treatment (MI-POST). Also known as a POST. A doctor's order that helps the patient keep control over their medical care at the end of life. Like a Do Not Resuscitate (DNR) order, the form tells emergency medical personnel and other health care providers whether or not to administer cardiopulmonary resuscitation (CPR) in the event of a medical emergency. A POST form is usually printed on brightly colored paper so it will easily stand out in the medical records.

Organization Administrator (OA). An employed person within an organization who is responsible to create and manage all user accounts using the MiHIN Advance Care Document submission application. Also called Org Admin or PCD Admin.

Patient Advocate. A person who helps guide a patient through the healthcare system. A patient advocate helps patients communicate with their healthcare providers so they get the information they need to make decisions about their health care.

Patient Care Documents Application (PCD). An application that provides a way for professionals to submit Advanced Care Documents, Care Plans, Action Plans and other clinical PDF documents into VIPR so that this information can sit alongside other pertinent clinical documents/results and provide a more robust patient record

PCD Admin. An employed person within an organization who is responsible to create and manage all user accounts using the MiHIN Advance Care Document submission application. Also called Organization Administrator or Org Admin.

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).

Physician Orders for Life-Sustaining Treatment (POLST). A document that provides clear orders on which actions to take in the event of an emergency based on the patient's wishes. It includes the patient's desire to have or refuse CPR, to be taken to a hospital, and whether to receive artificial nutrition. The POLST can follow a person wherever s/he goes; it's valid at home, in a nursing home, a long-term care facility, and in the hospital.

Reviewer. Staff member at MiHIN who reviews manually submitted Advance Care Documents.

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.

Statement of Treatment Preferences (SOTP). A document that identifies a patient's preferences regarding goals of care and type of desired treatment preferences that accompanies the patient to the next level of care at the time of discharge from the hospital. State specific treatment preference forms may include:

- COLST (Clinician Orders for Life Sustaining Treatment)
- MOLST (Medical Orders for Life-Sustaining Treatment)
- POLST (Physician/Practitioner Orders for Life-Sustaining Treatment)
- POST (Physician Orders for Scope of Treatment)

Submitter. Staff member within a PO who will manually add patient demographics and upload an Advance Care Document.

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.

Virtual Integrated Patient Record (VIPR). A longitudinal community health record that organizes the clinical information of over 10 million patients. Healthcare organizations across the state and the Midwest contribute the health information in real time.



1. Introduction

1.1 Purpose of Use Case

The Advance Care Document (ACD) use case supports the electronic storage and retrieval of ACDs from any organization participating in the ACD use case.

Advance Care Planning (ACP) is a process that supports adults at any age or stage of health.¹ The goal of ACP is to help ensure that people receive medical and mental health care that is consistent with their values, goals, and preferences.²

Supports the electronic storage and retrieval of advance care document(s) to every care team member interested in that patient.

The focus of ACP is to build the foundation for a lifetime of conversations that ensure a person's preferences for healthcare are known. These conversations should culminate in the creation of one or more ACDs. There are generally three Life Stages to ACP for those that are 18 years or older:³

1. Those who are healthy (including stable chronic illness)
2. Those who are managing serious illness
3. Those who are preparing for end of life

A patient's ACD must be readily accessible. ACD retrieval can be very difficult when the documents are inconsistently housed within the Electronic Medical Record (EMR). Therefore, standardized location is necessary to ensure quick retrieval of needed information.⁴ ACDs must be stored in such a way that ensures easy access and quick retrieval to help with clinical decision support by participating medical personnel within the healthcare continuum.

A patient's ACD must be readily accessible. ACD retrieval can be very difficult when the documents are inconsistently housed within the EMR. Therefore, a standardized way of locating it is necessary to ensure quick retrieval of needed information.⁴ ACDs must be

¹ Sudore RL, Lum HD, You JJ, et al. Defining Advance Care Planning for Adults: A Consensus Definition From a Multidisciplinary Delphi Panel. *J Pain Symptom Manage* 2017; 53:821.

² Ibid

³ Messinger-Rapport BJ, Baum EE, Smith ML. Advance care planning: Beyond the living will. *Cleve Clin J Med* 2009; 76:276.

⁴ Wilson CJ, Newman J, Tapper S, et al. Multiple locations of advance care planning documentation in an electronic health record: are they easy to find? *J Palliat Med*. 2013 Sep;16(9):1089-94. DOI: <http://dx.doi.org/10.1089/jpm.2012.0472>.

stored in such a way that ensures easy access and quick retrieval to help with clinical decision support by participating medical personnel within the healthcare continuum.

Types of ACDs submitted and retrieved may include but are not limited to:

- Certificate of Disability
- Code Status/Orders with or without Organ Donation
- Designation of Patient Advocate with or without “No Blood” clause
- Do Not Resuscitate
- Durable Power of Attorney for Healthcare
- Guardianship
- Living Will – Treatment Preferences
- Mental Health Power of Attorney
- Michigan Physician Orders for Scope of Treatment (MI-POST)
- Military Advance Care Directive
- Physician Orders for Life-Sustaining Treatment (POLST)
- Post Death Request
- Resignations and Revoked Documents
- Statement Of Incapacity
- Statement of Treatment Preferences (SOTP)
- Termination of Guardianship

Types of organizations that may contribute ACDs may include but are not limited to:

- Attorney
- Community Organization
- Health Information Exchange
- Home Health (HHA)
- Hospice
- Hospital
- Long Term Care (LTC)
- Outpatient Clinic
- Provider Organization
- Senior Living Center
- Skilled Nursing Facility (SNF)

Submission of ACDs may include but are not limited to:

- Manual submissions through the Solution Center
- Electronic submissions through an EMR Interface (*See the Electronic Submissions of Advance Care Documents Implementation Guide for this process*)

1.2 Message Content

Means the patient demographics and one or more ACD(s) submitted by the PO.



1.3 Data Flow and Actors



Figure 1. ACD Data Flow

1. ACD Completed
2. Participating Organization submits ACD to HIN
3. HIN stores ACD in appropriate data lake(s)
4. Health Provider retrieves ACD for clinical decision support

2 Onboarding Process

2.1 Initial Onboarding

NOTE – Requirement Related to This Use Case: Organizations entering into the ACD use case should in general also enter into the Active Care Relationship Service, Health Directory, Longitudinal Record, eConsent and Common Key Service use cases.

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 connectivity onboarding. These may occur in parallel – i.e., the organization can review and complete legal agreements with MiHIN while simultaneously establishing and testing connectivity. To initiate these two parallel onboarding processes, notify MiHIN via <http://mihin.org/requesthelp/>.

2.1.1 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/>.

2.1.2 Initial connectivity onboarding Process

Note: No technical onboarding is needed for Manually Uploading ACDs.

A trusted data sharing organization (TDSO) can express interest to participate in a HIN use case in three ways:

1) Through HIN Leadership

A HIN associate director, director, project manager or sales associate may contact the onboarding team to inform them that an organization is interested in a use case and supply the onboarding team with the interested organization's contact information. The production manager then assigns an onboarding coordinator to be the point of contact with the TDSO for this use case.

2) Through an Existing Relationship with HIN Onboarding Team

An organization may contact the onboarding team directly through an existing relationship with an onboarding coordinator or production manager. The manager then assigns an onboarding coordinator to be the point of contact with the TDSO for this use case.

3) Through Submission of a Help Desk Ticket

An organization's Director, Practice Manager or Office Manager may place a help desk ticket. A help desk ticket can be placed by visiting the website <https://mihin.org/requesthelp/>.

1. The ticket should include the following:
 - a. A request to help@mihin.org requesting MiHIN Onboarding complete the ACD onboarding process with their Organization Administrator (OA) (*see details about the Organization Administrator and User Accounts in the Appendix*).
 - b. The name and phone number of the organization and
 - c. The first and last name of the OA who will manage Submitters within their organization as well as the OA's email address.
2. The Help Desk will assign the ticket to the appropriate MiHIN resources to schedule a kick-off meeting.

2.2 Kick-off Meeting

During the Kick-off meeting an organization's Director, Practice Manager or Office Manager must identify a Key/Primary Contact for future decisions.

- The Key Contact can identify future Organization Administrators (OA) for the organization. (The Key Contact can also be an OA).
- Only the Key Contact or another OA has authority to name/assign OAs.
- If the OA wasn't identified in the email, an OA must also be identified during the Kick-off meeting.

2.3 Follow-up Meeting (Onboarding Organization Administrators)

Once the organization is technically set up to submit ACDS, MiHIN Support will contact the Organization Administrator to:

- Create their account.
- Provide the URL to access the Patient Care Document (PCD) Submitter application
- Provide their user name and email them the link to reset their temporary password.
- Provide training on creating User Accounts for Submitters.
- Provide URL link to the Administrator Guides and User training material.

Note: If the PO is part of the larger organization's legal structure, the Organization Administrator may manage additional Sending Facilities' Submitters. The PO may also assign more than one Organization Administrator.

3 Standard Overview

3.1 Message Format

Advance Care Documents should be submitted as a PDF document rather than a JPEG, Word, etc.

4 Specifications

4.1 Data Elements

The following data elements are included when submitting an ACD using the MiHIN PCD application:

Demographic Information:

- First Name: mandatory
- Middle Name: optional
- Last Name: mandatory
- Suffix: optional
- Date of Birth (mm/dd/yyyy): mandatory
- Gender (male, female or other): mandatory
- Address Line 1: mandatory
- Address Line 2: optional
- City: mandatory
- State: mandatory
- Zip Code: mandatory
- Social Security: optional
- Primary Phone: optional

PDF document including:



- PDF attachment: mandatory
- Document Type: mandatory
- Date Signed (mm/dd/yyyy): mandatory

Organization/Facility the Submitter works at:

- Name of Organization: mandatory

4.2 ACD Message Trigger Events

Manually submitted Advance Care Documents may require a quality review within 7 days of submission based on, but not limited to the number of messages by type and/or the number of errors.

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

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 HIN 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 “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.



7 Appendix

Role of Organization Administrator

Protecting patient information is a top priority as MiHIN collaborates with healthcare providers to improve health outcomes and healthcare value for patients. MiHIN follows all Michigan and Federal laws when storing, organizing, and sharing health information. Those who use the Solution Center are subject to strict privacy laws under HIPAA and must have a Treatment, Payment, or Operations (TPO) relationship with the patient.

The Organization Administrator (OA) is a vital role for any organization using the Solution Center. Each organization needs to have at least one staff member designated as an OA. The MiHIN Onboarding Team will work with someone in a leadership role within the organization such as a Director, Practice Manager or Office Manager to determine the appropriate person.

OA responsibilities:

- Confirm that all users are actively employed at their organization.
- Create and manage all users for the organization.
- Deactivate users when a staff changes their role, should not have access, or is terminated from employment.

Key information about ACDs and USER accounts

- Each account must be assigned to an individual. Shared accounts are not allowed.
- Accounts may only be established for employed staff of an assigned facility.
- Passwords must be at least eight characters in length and contain at least three of the following four types of characters: uppercase, lowercase, number, non-alphanumeric.
- When creating an account, the facility must be selected BEFORE adding the role. Otherwise, the role will not be saved.

- Each account must have a role assigned.
- OA accounts may be assigned one role in addition to the “%HS_OrgAdmin” role.
- Non-OA accounts may only be assigned one role.
- Solution Center sessions will log out after 15 minutes of inactivity.
- Inactive accounts are disabled after 60 days.
- Solution Center Passwords expire after 90 days.
- MiHIN Onboarding provisions all OA accounts. Provisioning of non-OA accounts as well as modifications to existing OA and other accounts must be completed by the OA.
- OAs will need to review all their users with access and verify the appropriateness of each user's role every 90 days. Any changes need to be made immediately following the review.

Message Example

Demographics:

- James
- David
- Smith
- Jr
- 04/14/1968
- Gender: Male
- 123 East Street
- Apt. 2A
- Grand Rapids
- Michigan
- 49505
- 123-45-6789
- 616-555-1212

PDF document:

- Attached PDF document (added by the submitter)
- Document Type: Durable Power of Attorney for Healthcare
- Date Signed: 03/12/2020

Organization/Facility the Submitter works at:

- Holland Home

