Closed Loop Referrals

Implementation Guide

Version 4
May 2020

Document History

Date	Version	Sections Revised	Description	Modifier
03/09/2020	1	All	Initial Draft	S. Spieker
04/20/2020	2	All	Text	C. Strom
05/06/2020	3	All	Text based on feedback	S. Spieker
05/07/2020	4	3	Clarification of Workflow	S. Spieker

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Acronyms and Abbreviations Guide

ACRS®	Active Care Relationship Service®
CCD®	Continuity of Care Document
DSO	Data Sharing Organization
EHR	Electronic Health Record
EMR	Electronic Medical Record
EP	Eligible Professional
HIE	Health Information Exchange
HIN	Health Information Network
ICO	Integrated Care Organization
MiHIN	Michigan Health Information Network Shared Services
MU	Meaningful Use
MUCA	Master Use Case Agreement
PO	Participating Organization
SOM	State of Michigan
TDSO	Trusted Data Sharing Organization
UCA	Use Case Agreement
UCS	Use Case Summary

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

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 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.

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

Interconnected Referral Network (IRN). A care network that knits together health care, human services and community-based organizations to facilitate the coordination of care.

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 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 patient demographics and pertinent information sent by a PO to manage a referral.

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.

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

Referrals. An electronic process that enables the seamless transfer of a person's information between a primary and secondary organization to facilitate the coordination of care.

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.

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.

1. Introduction

1.1 Purpose of Use Case

The Referrals use case supports organizational workflow improvements by helping to securely communicate and manage referrals to any organization throughout the care continuum involved in the coordination of care and a person's overall wellbeing.

> *Supports organizational workflow improvements by helping to securely communicate and manage referrals to any organization.*

A person's needs are often interconnected, but our health care and social service systems are often fragmented and siloed. When a person is identified with a medical, behavioral, financial, social or community related need the organization involved in the person's care should be able to efficiently and easily refer the person to another organization that can assist in coordinating care to meet that need.

Referrals must be securely and efficiently delivered, tracked and managed in a way that is actionable for the sending and receiving organization. The communication and workflow for each referral must also be efficient and effective in order to meet the needs of the individual in need of the referral.   An electronic exchange of referrals through an Interconnected Referral Network (IRN) can help improve the quality, efficiency, and cost of healthcare. An IRN also allows for a broader net and more inclusive care for the patient regardless where they seek services.

NOTE – Requirement Related to This Use Case: Organizations entering into the Referrals use case should in general also enter into the Active Care Relationship Service and Health Directory.
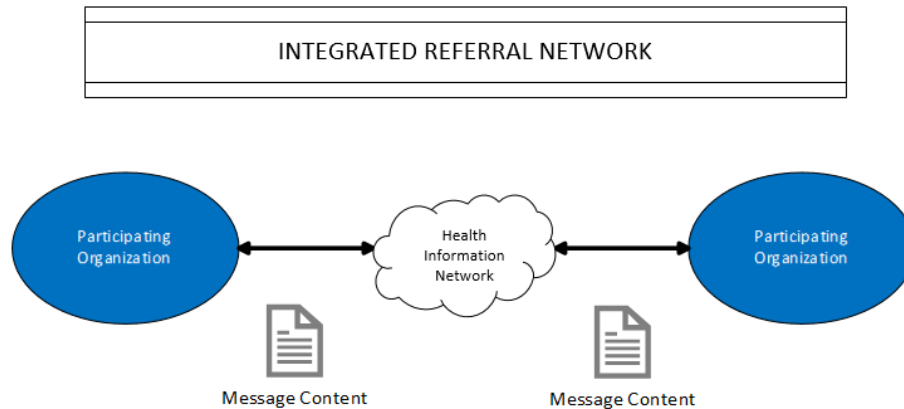
1.2 Message Content

For this use case, Message Content means the patient demographics and pertinent information sent by a Participating Organization (PO) to manage a referral.

1.3 Data Flow and Actors

1. A PO sends referral message content to HIN
2. HIN receives the referral message content and sends the referral to end recipient (PO)
3. HIN receives the referral message content update from the end recipient and may send the update back to the PO as appropriate.

1.3.1 Use Case Summary

The coordination of care across the healthcare continuum can be very challenging and can have a negative impact on healthcare costs as well as patient care if referrals are not received or coordinated in an efficient and timely manner. In today's environment, making referrals is often managed within an Electronic Medical Record (EMR) system or a manual process – involving phone calls and faxes. Some EMRs provide the ability to generate referrals; however, the information is typically sent via fax to those outside of the EMR. This process creates gaps in care, limits efficient and effective collaboration and can have a negative impact on healthcare costs and care.

Electronic referral systems have improved the quantity, tracking and quality of a referral. They have also guided pre-visit work-ups; increased the number of referrals; and are associated with a high degree of satisfaction by physicians in many settings. Utilizing an electronic referral system has provided cost savings by reducing wait times for new appointments and unnecessary referrals or follow-up. Offices have also noted a reduction in missing or incomplete information, thus avoiding additional phone time between the two organizations."[i,ii]

To ensure that the person receives the needed care, the referral should be well coordinated through an IRN to confirm that the referral may include the following but is not limited to:

1. Is received and acted on in a timely manner
2. Meets criteria for the receiving organization's mission
3. Denotes the level of urgency for the referral
4. Includes all needed information to expedite the referral process

5. Tracks all activity, status and communication in real-time between care providers

The data exchange in the referral may include, but is not limited to selected and relevant Protected Health Information (PHI) and supporting documentation to expedite the referral process for the individual.

The intended audience for this use case includes any organization that wants to send or receive electronic referrals to other organizations involved in coordinating care for an individual through an IRN. These include, but are not limited to:

1. Behavioral Health
2. Community Mental Health
3. Community/Social Organization
4. Diagnostic Facility
5. Durable Medical Equipment
6. Federal Qualified Health Center
7. Health Department
8. Health Plan
9. Home Health
10. Hospice
11. Hospital
12. Medical Practice (PCP and Specialty)
13. Provider Organizations
14. Rehabilitation
15. Skilled Nursing

2 Standard Overview

2.1 Message Format

Referrals can be sent/received through a secure portal that will be installed on a user's desktop or through a server. Sent referrals must include the following information:

1. Patient Demographics
2. Referring Provider
3. Referred to Provider Name or Organization
4. Person's Condition
5. Reason for the Referral
6. Answers to Questions provided by the Receiving Organization

Optional Information includes:

1. Social Information (Primary Language, Marital Status, Race and Ethnicity)
2. Insurance
3. Social Support
4. Authorization Information

5. Supporting documentation (i.e. Clinical Documents, Lab and/or Radiology reports, Social Determinants of Health screenings, etc.)
6. CCD

2.2 Message Example

For an example of what a properly formatted initial referral message should look like for this use case, refer to the Referral training material at https://gl-hc.org/resources/bridge-referral-application/

Summary

Patient Name	Charlie B Test	Med Rec Number	42530755-90b6-4230-a8f3-b8a8e7999a15
Date of Birth	12/01/1965, 54 yrs		
Referred From	GLHC Steve Spieker Primary Care	Referred To	GLHC Carrie Surgical Specialist
Referring Provider	Yosemite Sam	Referred Provider	Optimus Prime
Created By	Steve Spieker	Status	COMPLETED
Created At	03/10/20 11:00 AM	Updated At	04/07/20 1:37 PM
Condition	Diverticulitis	Authorization	Not Available
Referral Reason	Consult and Treat	Comments	
Last Activity	New Attachment: Tesla.pdf		
Last Activity By	Carrie Strom		

Scheduling Information

Scheduled For	04/16/20 2:15 PM (Patient made aware of appt)
Scheduled By	Carrie Strom at GLHC Carrie Surgical Specialist on 04/07/20 1:25 PM
Previously Scheduled For	04/09/20 2:15 PM (Patient made aware of appt)
Scheduled By	Carrie Strom at GLHC Carrie Surgical Specialist on 04/07/20 1:23 PM

Patient Information

Patient Name	Charlie B Test	Address	3333 Washington Street
Date of Birth	12/01/1965, 54 yrs		Grand Ledge, MI, 48837
Gender	M		
SSN		Primary Phone	(517) 555-3333
Primary Language		Alternate Phone	
Marital Status		Email	
Race			
Ethnicity			

Insurances

Plan Name	Insurance Type	Start Date	Policy Number	Group Number
HAP	Commercial Insurance	01/01/2019	ABC1234567	

3 Onboarding Process

3.1 Initial Onboarding

For organizations to share data with MiHIN under this use case, the organization undergoes two onboarding processes. The two onboarding processes are legal onboarding and technical connectivity onboarding. To initiate these two 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" as long as the application meets the Referrals Use Case and Exhibit. To utilize the MiHIN Referrals application, contact MiHIN Onboarding to walk through the steps of installing and configuring the software at your facility for managing referrals.

MiHIN typically conducts "onboarding kickoff" meetings with new organizations to go through each of these steps in detail and answer any questions.

When ready to install, download the software that matches your system or machine type. The following steps describe the technical onboarding process with the MiHIN Referrals application:

Standard Single User Mode (one workstation, one user)
The Standard Single User Mode is appropriate for machines that are not shared and/or not managed by an IT department. This mode is not appropriate for shared workstations, Citrix or Terminal Servers as all files are installed only for the user running the install. A user without administrative rights to the machine/computer can complete installation in this mode. To install:
    1. Navigate to https://gl-hc.org/resources/bridge-referral-application/#install via your internet browser.
    2. Locate the installation section.
    3. Click the appropriate version of the installation software, either 32 bit or 64 bit. If you select the incorrect version, your machine will notify you the installation software is not the right bit level. If you receive this notification, select the other version.
    4. Download and run the installer.

5. Follow the installation steps.

Shared workstations, Citrix or Terminal Servers

If your organization needs the installation version for a shared workstation, Citrix or terminal server, please email help@mihin.org who will assist in identifying the appropriate installation depending on your organization's configuration.

3.2 Onboarding and training staff.

The MiHIN Onboarding Staff will work with the Organization to determine a Referral Administrator (RA). The RA is responsible for creating, managing, and reviewing the list of users and providers for their organization to assure accuracy as well as managing the organization's Questionnaire.

The Inbound Questionnaire is unique to each organization. The Questionnaire helps eliminate pain points on both sides of the referring process. It is important to think through the Questionnaire section from the perspective of someone who will be answering the questions. Consider the time it will take to gather the requested information and how understandable or clear the questions are. Only Referral Administrators have the rights within the application to create and modify the Questionnaire. It is their responsibility to ensure that the information on the questionnaire is always accurate.

All training material for RA's and staff are found at https://gl-hc.org/resources/bridge-referral-application/

4 Specifications

4.1 Referral Message Trigger Events

Within the MiHIN Referrals application, referrals are triggered by selecting "New Referral".

Staff can add a message, comment or attachment within the MiHIN Referrals application in the "Type a message here" section. Comments can be a maximum of 1,500 characters.
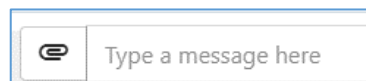
4.2 General Message Requirements

For general Referral requirements on sending and/or receiving a referral, refer to the various Referral Guides located at: https://gl-hc.org/resources/bridge-referral-application/

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 referrals and /or messages are unable to be sent and received, let alone tracked	Referral messages between two participating organizations are not updating, but organizations can still successfully communicate with other organizations.	Filtering features are not working as expected but Referrals can still be sent/received and updated.	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 Referrals Use Case can be found at:

https://gl-hc.org/resources/bridge-referral-application/

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 "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.

7 Endnotes:

[1]Yeuen K, Chen A, Keith E, et al. Not perfect, but better: primary care providers' experiences with electronic referrals in a safety net health system. J Gen Intern Med. 2009;24(5):614–619. doi:10.1007/s11606-009-1087-5 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

[2]Azamar-Alonso, A, Costa, A, et al. Electronic referral systems in health care: a scoping review. Published on line May 6, 2019 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6511625/#CIT0013