



# Transcribed Document Delivery

## Implementation Guide

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*December 9, 2020*

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# Document History

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# Acronyms and Abbreviations Guide

<b>ACK</b>	Acknowledgement
<b>ACRS®</b>	Active Care Relationship Service®
<b>ADT</b>	Admission, Discharge, Transfer
<b>CCD®</b>	Continuity of Care Document®
<b>CDA®</b>	Clinical Document Architecture®
<b>C-CDA</b>	Consolidated Clinical Document Architecture
<b>DQA</b>	Data Quality Assurance
<b>DSM</b>	Direct Secure Messaging
<b>EHR</b>	Electronic Health Record
<b>HIN</b>	Health Information Network
<b>HL7®</b>	Health Level Seven®
<b>LIS</b>	Laboratory Information System
<b>MDHHS</b>	Michigan Department of Health and Human Services
<b>MDM</b>	Medical Document Management
<b>MDSS</b>	Michigan Disease Surveillance System
<b>MiHIN</b>	Michigan Health Information Network Shared Services
<b>MUCA</b>	Master Use Case Agreement
<b>NwHIN</b>	Nationwide Health Information Network
<b>ORU</b>	Observation Result
<b>PO</b>	Participating Organization
<b>TDSO</b>	Trusted Data Sharing Organization
<b>UCA</b>	Use Case Agreement

<b>UCS</b>	Use Case Summary
<b>VPN</b>	Virtual Private Network
<b>XCA</b>	Cross Community Access
<b>XML</b>	Extensible Markup Language



# Definitions

**Acknowledgement (ACK).** An acknowledgement (ACK) is a signal that is passed between communicating processes, computers, or devices to signify acknowledgement, or receipt of message, as part of a communications protocol.

**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 Health Insurance Portability and Accountability Act (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 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 Active Care Relationship Service® (ACRS®).

**Active Care Relationship Service® (ACRS®).** The Michigan Health Information Network Shared Services infrastructure service that contains records for those Trusted Data Sharing Organizations, 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 Admission, Discharge, Transfer (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.

**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 MCL §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

**Attribution.** The connection between a consumer and their healthcare providers. One definition of attribution is "assigning a provider or providers, who will be held accountable for a member based on an analysis of that member's claim data." The

attributed provider is deemed responsible for the patient's cost and quality of care, regardless of which providers deliver the service.

**Data Sharing Agreement.** Any data sharing organization agreement signed by both Michigan Health Information Network Shared Services (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 Simple Mail Transfer Protocol (STMP)) or secure Uniform Resource Locator (URL) (SOAP/XDR/REST/FHIR). Communication with an electronic address may require a digital certificate or participation in a trust bundle.

**Electronic CQM (eCQM).** Clinical Quality Measures (CQM) that are specified in a standard electronic format and are designed to use data from Health information technology (IT) systems for measurement.

**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 Electronic Service Information (ESI).

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

**Health Directory.** The statewide shared service established by Michigan Health Information Network Shared Services (MiHIN) that contains contact information on health providers, electronic addresses, end points, and Electronic Service Information (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 (HL7) 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 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 Michigan Health Information Network Shared Services (MiHIN) infrastructure service.

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

**Medical Document Management (MDM).** The Medical Document Management (MDM) message is a commonly used HL7 message type that provides information about new or updated notes or documents.

**Message.** A mechanism for exchanging message content between the participating organization to Michigan Health Information Network Shared Services (MiHIN), 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 Michigan Health Information Network Shared Services (MiHIN). Message content includes the message content header.

**Message Header (“MSH”) or Message Content Header.** The Message Header (MSH) segment present in every Health Level Seven® (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<sup>®</sup> (ACRS<sup>®</sup>), HealthDirectory(HD), StatewideConsumerDirectory(SCD), and the Medical Information Direct Gateway (MIDIGATE<sup>®</sup>).

**MiHIN Services.** The Michigan Health Information Network Shared Services (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.

**Negative Acknowledgment (NAK or NACK).** “Not acknowledged” and is used to negatively acknowledge or to reject previously received message content or to indicate some kind of error.

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

**Observation Result (ORU).** In the HL7 Standard, an Observation Result (ORU) is usually in response to an order and provides clinical observations. In HL7 messaging, ORU messages provide structured patient-oriented clinical data between systems.

**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 Michigan Health Information Network Shared Services (MiHIN) infrastructure service that primarily relates to a person.

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

**Provider Community.** A healthcare provider with an active care relationship (ACR) with the applicable patient.

**Query for Documents Message.** A message specific to the Query for Documents Web Services Interface Specification that references the Integrating the Healthcare Enterprise’s Cross-Community Access specification.

**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.

**Transactional Basis.** The transmission of message content or a notice within a period of time of receiving message content or notice from a sending or receiving party as may be further set forth in a specific exhibit.

**Transcribed Document Delivery.** Transcribed Document Delivery supports provider workflow improvements by helping to send, find, receive, and use transcription results for tests and other services performed at the point of care.



**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 Michigan Health Information Network Shared Services 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 Trusted Data Sharing Organization must follow to share specific message content with Michigan Health Information Network Shared Services.

**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, Michigan Health Information Network Shared Services, and other Trusted Data Sharing Organizations. 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 Michigan Health Information Network Shared Services (MiHIN) upon request and via the MiHIN website at [www.mihin.org](http://www.mihin.org).



# 1 Introduction

## 1.1 Purpose of UseCase

*The Transcribed Document Delivery use case supports provider workflow improvements by helping to send, find, receive, and use transcribed documents for tests and other services performed at the point of care.*

Transcribed documents (also referred to as transcribed results) are used across the healthcare continuum to assist providers and other healthcare professionals deliver quality patient care. Providers, Participating Organizations (POs), and other healthcare professionals have a critical need to easily send and find transcribed documents to help with clinical decision support, trending analysis, population health management, medication management, and numerous other care activities.

The coordination of transcribed document delivery across organizations can be very challenging which may have a negative impact on patient care as well as healthcare costs. Transcribed documents must be presented in a timely manner and in a usable, actionable format so recipients can deliver efficient and effective patient care.

An electronic, statewide exchange of transcribed documents through an interconnected network of POs overseen by Michigan Health Information Network Shared Services (MiHIN) helps improve the quality, efficiency, and lower the cost of healthcare.

The Transcribed Document Delivery use case helps POs electronically send and receive transcribed documents via statewide health information network (HIN) overseen by MiHIN.

The intended audience for this use case includes healthcare organizations and professionals that want to send and/or receive electronic transcribed documents to healthcare entities. These may include but are not limited to hospitals, ambulatory clinics, health departments, physician offices, and medical practices.

## 1.2 Message Content

For this use case, message content should be in the following message format.

- HL7 2.x ORU
- HL7 2.x MDM



## 1.3 Data Flow and Actors

Multiple actors can participate in this use case, each with a specific role in the process.

- **Actor:** Sending organization
- **Role:** Completes transcribed document and sends message containing result to HIN.
- **Actor:** HIN
- **Role:** Receives transcribed document message from sending organization and routes the message to the receiving organization(s) as indicated by the Active Care Relationship Service® (ACRS®).
- **Actor:** Receiving organization
- **Role:** Receives transcribed document routed from HIN



Then PO (where the transcribed study was completed) sends the transcribed document to the HIN. HIN matches the transcribed study to the patient's Electronic Health Record and sends the transcribed document to the patient's Active Care Team.

### 1.3.1 Additional Information

For more information about this use case, all documents related to this use case can be found at <https://mihin.org/transcription-use-case/>.

## 2 Standard Overview

### 2.1 Message Format

MiHIN supports HL7 2.x messaging standards. For sending transcription results, HL7 v2.5.1 or newer version is preferred, however v2.3.1 is allowable.

### 2.2 Administrative and Technical Requirements

All participating organizations intending to send, receive, find or use electronic transcribed documents via MiHIN must:

1. Execute the MiHIN Master Use Case Agreement and are required to onboard to the following use cases: Health Directory, Active Care Relationship Service, Common Key Service, and Results Delivery.
2. Utilize an EHR or Transcription System that can report transcribed documents electronically. The preferred format for sending transcribed documents to MiHIN is HL7 v2.x, via MDM.
3. Establish electronic connectivity with MiHIN via a supported transport protocol.

The required legal agreements are available by contacting [legal@mihin.org](mailto:legal@mihin.org).

### 2.3 Configuration Steps

Transcribed document messages routing to MiHIN require three independent process configurations:

1. Create EHR message.
2. Construct HL7 message format.
3. Transport message.

This implementation guide assumes that the Transcription System or EHR message production process has already been implemented and contains instructions and specifications for construction and transport of the message.

### 2.4 Information for Transcription Departments

Transcription departments wishing to utilize MiHIN to route transcribed documents to their final destination need to set up and implement an outbound HL7 data feed from their transcription system using HL7 v2.x ORU or MDM format. Transcription departments should contact their transcription system vendor if this interface is not already implemented.

### 2.5 Information for Electronic Health Record System Users

Healthcare providers wishing to send electronic test results from their EHR through MiHIN should inquire with their EHR vendor whether this can be accomplished via HL7 messaging, and if not, what other options are supported.

## 2.6 Information for Health Information Exchanges

Health information exchanges will need to work with their integration vendor to ensure they can receive and send HL7 2.x ORU or MDM messages.



# 3 Onboarding Process

## 3.1 Initial Onboarding

For organizations to share data via MiHIN under this use case, the organization will need to undergo 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 a “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](http://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

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

Additional transport methods may be added in the future. These can include 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 transport method and establishes connectivity with MiHIN.
  - 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](http://www.mihin.org/requesthelp) to obtain the VPN request form. A pre-shared key is then securely exchanged between the organization and MiHIN to initialize the connection. The LLP over IPsec VPN is the most efficient transport for very high volumes of messages.

### *3.1.3 Initial HL7 Test Script Generation*

For continued participation in the Transcribed Document Delivery use case, we require you send us a test script to use in validating downstream interfaces. This test script should include a wide variety of real-life scenarios. The HL7 messages should conform to the Specifications outlined in section 4 and can be sent via our established test connection or via a .hl7 or .txt file.





# 4 Specifications

## 4.1 Communication Setup

This implementation guide assumes that a secure connection between MiHIN and an organization has been established. Organizations should confirm this with their network administrator.

## 4.2 Transcribed Document Result HL7 Message Production

An ORU or MDM message formatted to HL7 v2.x is generated by the transcription service or by an interface engine when new results are posted. Each HL7 message sent by MiHIN will conform to the standard HL7 2.x ORU or MDM definitions (HL7 v2.X).

## 4.3 Options for Transcription Systems

The transcription system should have the functionality to generate the HL7 ORU or MDM messages. Hospital transcription applications may already be sending result interface messages to a central hub or interface engine used at a hospital.

If this is the case, please discuss these implementation guidelines with your IT Department, and involve them in generating and testing the data feed to MiHIN from that hub or engine.

## 4.4 Message Segment/Field Dynamic Definition

The following guidelines describe the way in which segment and field requirements apply to correctly formatted messages.

### 4.4.1 Segment Usage Requirements for Sending Organization

Correctly formatted messages (ORU) will adhere to the following usage requirements for message segments:

- Segments with usage code R will always be sent.
- Segments with usage code C will be sent conditionally, based upon fulfillment of the condition contained in the “Comments” column.
- Segments with usage code RE will be sent if information corresponding to the segment definition exists on the sending system.
- Segments with usage code CE will be sent conditionally, based upon fulfillment of the condition contained in the “Comments” column, if information corresponding to the segment definition exists on the sending system.
- Segments with usage code X, or whose segment ID does not appear in the static definition corresponding to the trigger event of the message, will be ignored.

### 4.4.2 Segment Cardinality Requirements for Sending Organization

Correctly formatted messages sent by organizations will adhere to the following cardinality requirements for message segments:

- No fewer occurrences of each segment will be sent than the number indicated by the minimum cardinality of the segment in the message-level static definition corresponding to the trigger event of the message.
- Occurrences of each segment exceeding the number indicated by the maximum cardinality of the segment in the message-level static definition corresponding to the trigger event of the message will be ignored.



### *4.4.3 Field and Subfield Requirements for Sending Organization*

An ORU or MDM message formatted to HL7 v2.x is generated by a transcription service or by an interface engine when new results are posted. Each HL7 message sent by MiHIN will conform to the standard HL7 MDM definitions (HL7 v2.X). All ORU messages are converted to MDM prior to delivery.

#### **4.4.3.1 Field and Subfield Usage Requirements for Sending TDSO**

Correctly formatted messages sent by organizations will adhere to the following usage requirements for message fields, components, and subcomponents:

- Fields and subfields with usage code R will always be sent.
- Fields and subfields with usage code C will be sent conditionally, based upon fulfillment of the condition contained in the “Comments” column.
- Fields and subfields with usage code RE will be sent if information corresponding to the field or subfield definition exists on the sending system.
- Fields and subfields with usage code CE will be sent conditionally, based upon fulfillment of the condition contained in the “Comments” column, if information corresponding to the field or subfield definition exists on the sending system.
- Fields and subfields with usage code X, or whose field or subfield sequence number does not appear in the static definition of the field or subfield, will be ignored.

#### **4.4.3.2 Field and Subfield Cardinality Requirements for Sending TDSO**

Correctly formatted messages sent by organizations will adhere to the following cardinality requirements for message fields, components, and subcomponents:

- No fewer occurrences of each field or subfield will be sent than the number indicated by the minimum cardinality of the field in the static definition of the segment in which the field or subfield occurs.
- Occurrences of each field or subfield above the number indicated by the maximum cardinality of the field or subfield in the static definition of the segment in which the field or subfield occurs will be ignored.

### *4.4.4 Acknowledgement Message Requirements for Receiving TDSO*

For each message received, a receiving organization will return an HL7 acknowledgment message formatted according to the requirements within this document. This does not include Transcribed Document Delivery to downstream systems via Secure File Transfer Protocol (SFTP).

An ERR segment will be returned for each usage and cardinality error recorded as a result of applying the rules in this section.

For a description on the format and structure of the HL7 2.x ORU or MDM Message, please visit [HL7.org](http://HL7.org).

## **4.5 Addition of Z-Segments to ORU Messages for Receivers**

MiHIN will add certain z-segments to lab ORU messages before routing to receivers. The following z-segments will be added to the ORU message if they are available. If you have questions, please contact the MiHIN Help Desk at <https://mihin.org/requesthelp/>.

#### *4.5.1 Care Team & ACRS Information Z-Segment*

For every match in the ACRS, the corresponding patient's care team information will be appended to the message, including information from the receiving organization's ACRS file. The z-segment will contain one field for each care team member (based on ACRS matches).

**Format:**

ZCT|Provider\_lastName^Provider\_firstName^Provider\_npi^practiceName^receiver\_organizationOID^patientId~

#### *4.5.2 NPI Z-Segment*

For every provider match in the ACRS against a Transcribed Document, the corresponding provider NPI will be appended to the receiver's Transcribed Document.

**Format:** ZNP|ACRSNPI|1234567890

#### *4.5.3 Organization OID Z-Segment*

For every organization match in the ACRS, the corresponding organization OID will be appended to the receiver's Transcribed Document.

**Format:** ZPO|ACRSORGID|1.2.3.4.5.9.99.999.9999.1203

#### *4.5.4 Member ID Z-Segment*

When a patient is matched with a receiver's ACRS file, the Unique Patient ID from the file will be appended to the message.

**Format:** ZPD|PATIENTID|12345678



# 5 Troubleshooting

## 5.1 Production Support

	Severity Levels			
	1	2	3	4
<b>Description</b>	<b>Critical Impact/ System Down:</b> 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.	<b>Significant Business Impact:</b> Software component severely restricted. Entire organization is unable to continue business functions, causing all communications and transfer of messages to be halted.	<b>Partial Failure or Downtime:</b> 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.	<b>Minimal Business:</b> A non-critical software component is malfunctioning, causing minimal impact, or a test system is down.
<b>Example</b>	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.
<b>Primary Initiation Method</b>	<b>Phone:</b> 517-336-1430	<b>Phone:</b> 517-336-1430	Web form at <a href="https://mihin.org/requesthelp/">https://mihin.org/requesthelp/</a>	Web form at <a href="https://mihin.org/requesthelp/">https://mihin.org/requesthelp/</a>
<b>Secondary Initiation Method</b>	Web form at <a href="https://mihin.org/requesthelp/">https://mihin.org/requesthelp/</a>	Web form at <a href="https://mihin.org/requesthelp/">https://mihin.org/requesthelp/</a>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>
<b>Tertiary Initiation Method</b>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>	Email to <a href="mailto:help@mihin.org">help@mihin.org</a>	N/A	N/A
<b>Initial Response</b>	Within 2 hours	Within 2 hours	1 business day	1 business day
<b>Resolution Goal</b>	24 hours	24 hours	3 business days	7 business days

A list of common questions regarding the Transcribed Document Delivery Use Case can be found at <https://mihin.org/transcription-use-case/>

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

- <https://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 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

## 7.1 HL7 2.x Transcribed Document Result Message Example

Below are HL7 2.x Transcribed Document message examples. Transcribed documents can be sent as HL7 2.x MDM or ORU Message Types, and can be either textual or contain an embedded base64 encoded PDF

### 7.4.1. Transcribed Document ORU Message Type Example

```
MSH|^~\&|TRANS|Middle Medical
Center^15D0470381^CLIA||CLH|20200320134428|581|ORU^R01|4557448|P|2.1
PID|||10001^^^EPIC^MRN||TEST^TEST^A^^^D||20000202|F||White|123 Test
Ave^^Test^MI^12345^US^L^^CLARE|CLARE|||ENG|DIVORCED|NONE|123412|000- 00-
0000|||NOT HISPANIC||N|||||N
PV1||O|HAMOFM^^^HAHP^^^DEPID|||1234567890^Smith^John|||||
OUTPATIENT|55127395|||||55127395 ORC|RE|194385922
OBR|||194385922|PROGRESS^PROGRESS||20200318|202003180956|20200318095
6|||||1234567890^Smith^John|||||202003180956||F|||||112345678 90&Smith&John
OBX|1|TX|85200^Transcription Authentication Interface Message Text|||||F|||MMC^MMC
LAB^123 Anywhere Rd^^Town^MI^41234|||||MMC^MMC LAB|123 Anywhere
Rd^^Town^MI^41234 OBX|2|TX|85200^Transcription Authentication Interface Message
Text||Pt called stating she is getting sick. Started coughing last evening
and has a|||||F|||MMC^MMC LAB^123 Anywhere Rd^^Town^MI^41234|||||MMC^MMC
LAB|123 Anywhere Rd^^Town^MI^41234 OBX|3|TX|85200^Transcription Authentication
Interface Message Text||headache. She is asking for refill of the
benzonatate she had previously and|||||F|||MMC^MMC LAB^123 Anywhere
Rd^^Town^MI^41234|||||MMC^MMC LAB|123 Anywhere Rd^^Town^MI^41234
OBX|4|TX|85200^Transcription Authentication Interface Message Text||also a refill on
NORCO.|||||F|||MMC^MMC LAB^123 Anywhere Rd^^Town^MI^41234|||||MMC^MMC
LAB|123 Anywhere Rd^^Town^MI^41234 OBX|5|TX|85200^Transcription Authentication
Interface Message Text|||||F|||MMC^MMC LAB^123 Anywhere
Rd^^Town^MI^41234|||||MMC^MMC LAB|123 Anywhere Rd^^Town^MI^41234
```

### 7.4.2 Transcribed Document MDM Message Type Example

```
MSH|^~\&|TRANS|Middle Medical
Center^15D0470381^CLIA||20190515093000|1|MDM^T02|29042802|P|2.3
EVN|T02|20190515093000
PID|1|525608|525608^^^SHCPI^MR||O'Hara^Scarlett||19400117|F||2106- 3|1 Cotton
Drive^^Tara^MI^41940^US^^|(999)888-
7777^PRN^PH||EN|M^|123456789|999-99-9999|||||N||NON||||2186-
5|| PV1|1|I|BRDI|||1234567890^Smith^John|||||1234567890^Smith^John^
^^DO||256842600|||||20190514085957|201905160859 57
TXA|1|apptlist^MMC
Appointments|TX|20190515093000|99999^UNKNOWN^PROVIDER|20190515093000
|20190515093000|20190515093000|1-
1^umhsbatch^glhcapt|||026427083|||||AU|U|AV|||
OBX|1|TX||~
Appointment Report~~Date Time Status Department Specialty
Provider Provider Appt
```



Type

OPHTHALMOLOGY

~09/09/2020 10:45 AM Scheduled

Ophthalmology

BW05

Smith, John

Return Visit Annual Exam

~|||||F||||MMC^MMC LAB^123 Anywhere Rd^^Town^MI^41234|||||||MMC^MMC LAB|123

Anywhere Rd^^Town^MI^41234

