



Medicaid Patient Query, Michigan Implementation Guide

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Document History

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Acronyms and Abbreviations Guide

API	Application Programming Interface
CC360	CareConnect 360
HIN	Health Information Network
MDHHS	Michigan Department of Health and Human Services
MIDIGATE	Medical Information Direct Gateway
MiHIN	Michigan Health Information Network Shared Services
MU	Meaningful Use
REST	Representational State Transfer
VPN	Virtual Private Network



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.

CareConnect 360 (CC360). A care management tool and internet portal that makes integrated physical and behavioral health-related information – along with other human services information – available to the State’s health plans that serve Medicaid beneficiaries.

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.

eHealth Exchange. See the definition for Sequoia Project.

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.

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.

Meaningful Use. Using certified EHR technology to improve quality, safety and efficiency of healthcare, and to reduce health disparities as further contemplated by title XIII of the the American Recovery and Reinvestment Act of 2009.

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

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

Message Header (“MSH”) or Message Content Header. The MSH segment present in every HL7 message type that defines the Message’s source, purpose, destination, and certain syntax specifics such as delimiters (separator characters) and character sets. It is always the first segment in the HL7 message, with the only exception being HL7 batch messages.

Michigan Health Information Network Shared Services. The 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.

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



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

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

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

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

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

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

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

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



1. Introduction

1.1 Purpose of Use Case

The Medicaid Patient Query, Michigan Use Case allows participating organizations to send electronic queries through MiHIN to the CareConnect 360 management tool and internet portal to retrieve Medicaid patient PHI and SPI.

1.2 Message Content

Message content for this Use Case means (i) a query containing patient name and Medicaid beneficiary identification; and/or (ii) Medicaid patient PHI and SPI received via CC360.

1.3 Data Flow and Actors



(1) Health Provider queries HIN for Medicaid patient data; (2) HIN sends query to SoM; (3) SoM queries database via CC360; (4) CC360 returns Medicaid Message Content; (5) SoM sends Message Content to HIN; (6) HIN sends Message Content back to Health Provider.

1.3.1 Use Case Summary

To make the best healthcare decisions and recommendations, doctors and other healthcare providers need complete and up-to-date information on a patient's health. The problem is that most people visit many different doctors, hospitals, and healthcare providers during their lives. That means a patient's healthcare history may be stored in bits and pieces in many different places, and therefore incomplete at the point of care.

In response, MiHIN has collaborated with PCE Systems, who specializes in providing electronic health records solutions to Michigan's behavioral health organizations, to develop a set of electronic endpoints that will allow a participating organization to query the MDHHS Care Connect 360 (CC360) application. The CC360 application allows care coordinators and healthcare providers to lookup health care services that have been provided to a patient, view a patient's chronic condition information, and to find information that supports care coordination efforts across multiple health care systems.

In 2019, participating organizations will be able to query the established CC360 electronic endpoints to access Medicaid patient information at the point of care. These endpoints



provide access to a patient summary which specifically includes pharmacy information, inpatient admissions, emergency department visits, chronic conditions, recent providers, procedure codes, and health plans. This will allow participating organizations to quickly, securely, and electronically find Medicaid information from other participating health care organizations for a given patient. This capability can improve patient outcomes and quality of care by enabling more informed medical decisions that lower potential risks due to lack of access to complete and up-to-date information.

2 Standard Overview

2.1 Message Format

The current message formats supported by CC360 is JSON.

2.2 Message Example

```
: 2,
  "MostRecentFill": "3/29/2017 12:00:00 AM"
},
{
  "GenericDrugName": "QUETIAPINE FUMARATE",
  "NumberOfFills": 8,
  "MostRecentFill": "3/17/2017 12:00:00 AM"
}
],
"Dental": [],
"EDDental": [],
"RecentProviders": [
  {
    "MostRecentVisit": "2/28/2017 12:00:00 AM",
    "ProviderID": "1144210253",
    "ProviderName": "PROVIDENCE HOSPITAL",
    "TotalVisits": 7
  },
  {
    "MostRecentVisit": "2/28/2017 12:00:00 AM",
    "ProviderID": "1871525915",
    "ProviderName": "SOUTHFIELD RADIOLOGY ASSOC PC",
    "TotalVisits": 7
  },
  {
    "MostRecentVisit": "2/28/2017 12:00:00 AM",
    "ProviderID": "1780791343",
    "ProviderName": "INDEPENDENT EMERGENCY PHYS PC",
    "TotalVisits": 10
  }
]
```



```
],  
  "BHIPAdmissions": [  
    {  
      "AdmitDate": "6/22/2016 12:00:00 AM",  
      "FacilityName": "1992725352 - HENRY FORD WYANDOTTE HOSPITAL ",  
      "TileIndicator": "H  "  
    }  
  ]  
}
```

Note: Appendix A is for building out the connection to MiHIN outside of PCE Systems CC360 application



3 Onboarding Process

3.1 Initial Onboarding

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

3.1.1 Initial Legal Process

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

Once an organization has entered into a master organization agreement, the organization will then need to enter into the Medicaid Patient Query Use Case Exhibit (UCE) and has the opportunity to enter into an unlimited number of other use cases with MiHIN. MiHIN's use cases are available at:

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

3.1.2 Initial Technical Connectivity Process

All organizations onboarding to the Medicaid Patient Query, Michigan Use Case should already have access to the CC360 application through PCE Systems. PCE uses the same IP for every onboarded organization so no additional IPs will need to be whitelisted. Connectivity can be tested in congruence with legal onboarding.



4 Troubleshooting

4.1 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.
Initiation Method	Email to help@mihin.org	Email to help@mihin.org	Email to help@mihin.org	Email to help@mihin.org requesthelp
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)



5 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.



Appendix A

CC360 API Version 0.90.5

Overview

Optum Government Systems

The API is designed for use by Optum web applications including CareConnect 360 and the CareConnect API.

Protected Health Information Warning

The (request) and (response) of the QA and Production servers WILL contain Protected Health Information (PHI).

The (request) and (response) of the Mock server will NOT contain Protected Health Information (PHI).

Usage

Use of this API is restricted and limited by State of Michigan Department of Human and Health Services (MDHHS) and by United Health Care (UHC) security policies.'

TEST Edition

This version of the API specification is considered a TEST and subject to change with notice.

Version information

Version : v1

Contact information

Contact : MDHHS - State Of Michigan.

Contact Email : helpdesk@michigan.gov

License information

License : Restricted usage as determined by MDHHS

License URL : <https://data.michigan.gov/>

Terms of service : None

URI scheme

Host : cc360-pwc.mockable.io

BasePath : /api/v1

Schemes : HTTPS

Consumes



- application/json

Produces

- application/json

Paths

HelloWorld

GET /HelloWorld

Description

This endpoint is used just for verifying that the API connection is working. It displays the server timestamp. It displays the Build Edition to verify the correct version is being used. It does not require any access to any of the data sources.

Responses

HTTP Code: 200

Description: Success

Schema: HelloWorldModel

Tags

- Test-Connection

Example HTTP response

Response 200

```
{
  "Message" : "Hello World.",
  "BuildEdition" : "17.9.6464.27407",
  "ServerTime" : "9/18/2017 4:04:14 PM"
}
```

beneficiaries/{beneID}/summary

GET /beneficiaries/{beneID}/summary

Description

Overview

Get the "Top 3 list" for each of 11 focus areas (tiles)

- Chronic Conditions
- Pharmacy
- E/D Visits
- I/P Admissions



- Procedure Codes
- Psychotropics
- Antipsychotics
- Dental
- ED Dental Visits
- Recent Providers
- BH I/P Admissions

Parameters

Type: Header

Name: EHRSystem required

Schema: string

Description

EHRSystem allows MDHHs to authorize one EHR to make requests while not authorizing another.

The service must supply one of the names recorded in the web-service DUA as authorized at the requesting planLocation. (ie- 'PCE')

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Type: Header

Name: planID required

Schema: string

Description

planID and planType combine to uniquely identify organizations within CC360. They will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details

Mock server

- This parameter is not validated.
- Any value will work.
- Recommend using 01.

Type: Header

Name: planLocation required

Schema: string

Description

planLocation is provided to allow MDHHs to authorize logical or geographical subsets of an



organization, for example- Grand Rapids or Diabetes Support Team.

If the DUA with MDHHS does not identify any authorized subsets, the parameter will be set to 'ANY'. If it has any authorized subsets, the consumer must supply one of those names and cannot use 'ANY'

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Type: Header

Name: planType required

Schema: string

Description

planID and planType combine to uniquely identify organizations within CC360. they will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details.

Plan types are strings (ie PIHP, MHP, ICO,)

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using CMH.

Type: Header

Name: userID required

Schema: string

Description

The name of the user from the Plan causing the API to be requested by the consumer

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using one user ID for all your tests.

Type: Header

Name: validateACRS required

Schema: string



Description

Consumer will be reviewing their own records to attempt to establish a current care relationship between the organization and the beneficiary.

If it cannot (validAcrs = False), it will forward the request, and a CC360 service will in turn attempt to find a relationship in its authorization tables, and act according to that result.

If MiHIN can validate the relationship (validAcrs = True) the behavior of CC360 service will vary between an initial 'tuning' phase and long-term production.

In the tuning phase, a CC360 service will always consult its own authorization tables and will act according to that value.

On a daily basis, a reconciliation report will be generated to compare Consumer and CC360 results, and MDHHS staff will work with Consumer to understand and correct any variations. Once the variations drop below a defined threshold (t.b.d), CC360 services will switch to always respecting any ACRS delivered True assertion.

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using True.

Type: Header

Name: beneID required

Schema: string

Description

10 digit Beneficiary Id, zero filled

Mock Server

The only Beneficiary ID's available on the Mock server are * 9999999006 * 9999999957 *
These beneficiary ID's do not exist in either the QA or Production servers.

Responses

HTTP Code: 200

Description: Success

Schema: ClientSummaryTilesModel

Tags

- Summary

Example HTTP response

Response 200

{

```

"EDVisits" : [ {
  "Facility" : "1134144801 - HENRY FORD HOSPITAL ",
  "VisitDate" : "12/27/2016",
  "TILE_IND" : "L "
}, {
  "Facility" : "1134144801 - HENRY FORD HOSPITAL ",
  "VisitDate" : "12/27/2016",
  "TILE_IND" : "L "
} ],
"ProcedureCodes" : [ {
  "Current Count" : 3,
  "Procedure Code" : "99213 - Office/outpatient visit est"
}, {
  "Current Count" : 3,
  "Procedure Code" : "99213 - Office/outpatient visit est"
} ],
"Antipsychotics" : [ {
  "NumberOfFills" : 2,
  "GenericDrugName" : "BREXPIRAZOLE",
  "MostRecentFill" : "2017-06-30T00:00:00.000+0000"
}, {
  "NumberOfFills" : 2,
  "GenericDrugName" : "BREXPIRAZOLE",
  "MostRecentFill" : "2017-06-30T00:00:00.000+0000"
} ],
"RecentProviders" : [ {
  "ProviderID" : "1952791105",
  "ProviderName" : "BEST URGENT CARE PC",
  "MostRecentVisit" : "2017-05-08T00:00:00.000+0000",
  "TotalVisits" : 3
}, {
  "ProviderID" : "1952791105",
  "ProviderName" : "BEST URGENT CARE PC",
  "MostRecentVisit" : "2017-05-08T00:00:00.000+0000",
  "TotalVisits" : 3
} ],
"IPAdmissions" : [ {
  "TILE_IND" : "L ",
  "FacilityName" : "1952307852 - MUNSON MEDICAL CENTER ",
  "AdmitDate" : "2016/02/16"
}, {
  "TILE_IND" : "L ",
  "FacilityName" : "1952307852 - MUNSON MEDICAL CENTER ",
  "AdmitDate" : "2016/02/16"
} ],
"ERDental" : [ {

```



```

"VisitDate" : "02/22/2016",
"TILE_IND" : "L ",
"Provider" : "Hoover Family Dental "
}, {
"VisitDate" : "02/22/2016",
"TILE_IND" : "L ",
"Provider" : "Hoover Family Dental "
} ],
"Pharmacy" : [ {
"Number of Fills" : 14,
"GenericDrugName" : "ALPRAZOLAM",
"Most Recent Fill" : "3/14/2017 12:00:00 AM"
}, {
"Number of Fills" : 14,
"GenericDrugName" : "ALPRAZOLAM",
"Most Recent Fill" : "3/14/2017 12:00:00 AM"
} ],
"ChronicConditions" : [ {
"Condition" : "DIABETES",
"CurrentCount" : 14,
"TILE_IND" : "H "
}, {
8
"Condition" : "DIABETES",
"CurrentCount" : 14,
"TILE_IND" : "H "
} ],
"Psychotropics" : [ {
"NumberOfFills" : 3,
"GenericDrugName" : "DIVALPROEX SODIUM",
"MostRecentFill" : "2016-09-19T00:00:00.000+0000"
}, {
"NumberOfFills" : 3,
"GenericDrugName" : "DIVALPROEX SODIUM",
"MostRecentFill" : "2016-09-19T00:00:00.000+0000"
} ],
"BHIPAdmissions" : [ {
"AdminDate" : "2017-05-05T00:00:00.000+0000",
"TILE_IND" : "H ",
"FacilityName" : "1144381245 - HARBOR OAKS HOSPITAL "
}, {
"AdminDate" : "2017-05-05T00:00:00.000+0000",
"TILE_IND" : "H ",
"FacilityName" : "1144381245 - HARBOR OAKS HOSPITAL "
} ],
"Dental" : [ {

```



```

"VisitDate" : "02/22/2016",
"TILE_IND" : "L ",
"Provider" : "Hoover Family Dental "
}, {
"VisitDate" : "02/22/2016",
"TILE_IND" : "L ",
"Provider" : "Hoover Family Dental "
}]
}

```

[*beneficiaries/{beneID}/summary/chronicConditions*](#)

GET /beneficiaries/{beneID}/summary/chronicconditions

Overview

Returns a list of drill down details for the Chronic Conditions tile

Parameters

Type: Header

Name: EHRSysystem required

Schema: string

Description

EHRSysystem allows MDHHs to authorize one EHR to make requests while not authorizing another.

The service must supply one of the names recorded in the web-service DUA as authorized at the requesting planLocation. (ie- 'PCE')

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Type: Header

Name: planID required

Schema: string

Description

planID and planType combine to uniquely identify organizations within CC360. They will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details

Mock server

- This parameter is not validated.
- Any value will work.
- Recommend using 01.



Type: Header
Name: planLocation required
Schema: string

Description

planLocation is provided to allow MDHHS to authorize logical or geographical subsets of an organization, for example- Grand Rapids or Diabetes Support Team.
If the DUA with MDHHS does not identify any authorized subsets, the parameter will be set to 'ANY'. If it has any authorized subsets, the consumer must supply one of those names and cannot use 'ANY'

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Type: Header
Name: planType required
Schema: string

Description

planID and planType combine to uniquely identify organizations within CC360. they will be retrievable from CC360 via another service.
Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details.
Plan types are strings (ie PIHP, MHP, ICO,)

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using CMH.

Type Name Description Schema

Type: Header
Name: userID required
Schema: string

Description

The name of the user from the Plan causing the API to be requested by the consumer

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using one user ID for all your tests.



Type: Header
Name: validateACRS required
Schema: string

Description

Consumer will be reviewing their own records to attempt to establish a current care relationship between the organization and the beneficiary.

If it cannot (validAcrs = False), it will forward the request, and a CC360 service will in turn attempt to find a relationship in its authorization tables, and act according to that result.

If MiHIN can validate the relationship (validAcrs = True) the behavior of CC360 service will vary between an initial 'tuning' phase and long-term production.

In the tuning phase, a CC360 service will always consult its own authorization tables and will act according to that value.

On a daily basis, a reconciliation report will be generated to compare Consumer and CC360 results, and MDHHS staff will work with Consumer to understand and correct any variations. Once the variations drop below a defined threshold (t.b.d), CC360 services will switch to always respecting any ACRS delivered True assertion.

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using True.

Type: Header
Name: beneID required
Schema: string

Description

10 digit Beneficiary Id, zero filled

Mock Server

The only Beneficiary ID's available on the Mock server are * 99999999006 * 9999999957 *
These beneficiary ID's do not exist in either the QA or Production servers.

Responses

HTTP: 200
Description: Success
Schema: ClientSummaryTilesModel

Tags

- Summary

Example HTTP response

Response 200

{




```
"$ref" :  
"https://pwclms.com/ATvh6ASxjcZlea2K0Uo84XRzy/SummaryChronicConditionsTile.json"  
}
```

beneficiaries/{beneID}/summary/edvisits

GET /beneficiaries/{beneID}/summary/edvisits

Overview

Returns a list of drill down details for the Emergency Department visits.

Parameters

Type: Header

Name: EHRSystem required

Schema: string

Description

EHRSystem allows MDHHs to authorize one EHR to make requests while not authorizing another.

The service must supply one of the names recorded in the web-service DUA as authorized at the requesting planLocation. (ie- 'PCE')

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Type: Header

Name: planID required

Schema: string

Description

planID and planType combine to uniquely identify organizations within CC360. They will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details

Mock server

- This parameter is not validated.
- Any value will work.
- Recommend using 01.

Type: Header

Name: planLocation required

Schema: string



Description

planLocation is provided to allow MDHHS to authorize logical or geographical subsets of an organization, for example- Grand Rapids or Diabetes Support Team.

If the DUA with MDHHS does not identify any authorized subsets, the parameter will be set to 'ANY'. If it has any authorized subsets, the consumer must supply one of those names and cannot use 'ANY'

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Type: Header

Name: planTypeRequired

Schema: string

Description

planID and planType combine to uniquely identify organizations within CC360. they will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details.

Plan types are strings (ie PIHP, MHP, ICO,)

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using CMH.

Type: Header

Name: userID required

Schema: string

Description

The name of the user from the Plan causing the API to be requested by the consumer

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using one user ID for all your tests.

Type: Header

Name: userID required

Schema: string

Description

Consumer will be reviewing their own records to attempt to establish a current care relationship between the organization and the beneficiary.

If it cannot (validAcrs = False), it will forward the request, and a CC360 service will in turn attempt to find a relationship in its authorization tables, and act according to that result.

If MiHIN can validate the relationship (validAcrs = True) the behavior of CC360 service will vary between an initial 'tuning' phase and long-term production.

In the tuning phase, a CC360 service will always consult its own authorization tables and will act according to that value.

On a daily basis, a reconciliation report will be generated to compare Consumer and CC360 results, and MDHHS staff will work with Consumer to understand and correct any variations. Once the variations drop below a defined threshold (t.b.d), CC360 services will switch to always respecting any ACRS delivered True assertion.

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using True.

Type: Header

Name: validateACRS required

Schema: string

Description

10 digit Beneficiary Id, zero filled Mock Server

The only Beneficiary ID's available on the Mock server are * 99999999006 * 9999999957 *

These beneficiary ID's do not exist in either the QA or Production servers.

Responses

HTTP Code: 200

Description: Success

Schema: SummaryEDVisitsDrillDownModel

Tags

- Summary

Example HTTP response

Response 200

```
{
  "$ref" :
  "https://pwclms.com/ATvh6ASxjcZlea2K0Uo84XRzy/SummaryEDVisitsTileShort.json"
}
beneficiaries/{beneID}/summary/IPAdmissions
```

GET /beneficiaries/{beneID}/summary/ipadmissions

Overview

Returns a list of drill down details for the IP Admissions tile

Parameters

Type Name Description Schema
Header EHRSystem
required

Description

EHRSystem allows MDHHs to authorize one EHR to make requests while not authorizing another.

The service must supply one of the names recorded in the web-service DUA as authorized at the requesting planLocation. (ie- 'PCE')

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

string
Header planID
required

Description

planID and planType combine to uniquely identify organizations within CC360. They will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details

Mock server

- This parameter is not validated.
- Any value will work.
- Recommend using 01.

Type Name Description Schema
Header planLocation
required

Description

planLocation is provided to allow MDHHs to authorize logical or geographical subsets of an organization, for example- Grand Rapids or Diabetes Support Team.

If the DUA with MDHHS does not identify any authorized subsets, the parameter will be set to 'ANY'. If it has any authorized subsets, the consumer must supply one of those names and cannot use 'ANY'



Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Header planType
required

Description

planID and planType combine to uniquely identify organizations within CC360. they will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details.

Plan types are strings (ie PIHP, MHP, ICO,)

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using CMH.

Type Name Description Schema
Header userID
required

Description

The name of the user from the Plan causing the API to be requested by the consumer

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using one user ID for all your tests.

Type Name Description Schema
Header validateACRS
required

Description

Consumer will be reviewing their own records to attempt to establish a current care relationship between the organization and the beneficiary.

If it cannot (validAcrs = False), it will forward the request, and a CC360 service will in turn attempt to find a relationship in its authorization tables, and act according to that result.

If MiHIN can validate the relationship (validAcrs = True) the behavior of CC360 service will vary between an initial 'tuning' phase and long-term production.



In the tuning phase, a CC360 service will always consult its own authorization tables and will act according to that value.

On a daily basis, a reconciliation report will be generated to compare Consumer and CC360 results, and MDHHS staff will work with Consumer to understand and correct any variations. Once the variations drop below a defined threshold (t.b.d), CC360 services will switch to always respecting any ACRS delivered True assertion.

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using True.

Type Name Description Schema
Path beneID
required

Description

10 digit Beneficiary Id, zero filled

Mock Server

The only Beneficiary ID's available on the Mock server are * 9999999006 * 9999999957 *
These beneficiary ID's do not exist in either the QA or Production servers.

Responses

HTTP

Code Description Schema

200 Success

SummaryIPAdmissionsDrillDownModel

Tags

- Summary

Example HTTP response

Response 200

```
{
  "$ref" :
  "https://pwclms.com/ATvh6ASxjcZlea2K0Uo84XRzy/SummaryIPAdmissionsTile.json"
}
beneficiaries/{beneID}/summary/pharmacy
```

GET /beneficiaries/{beneID}/summary/pharmacy

Overview

Returns a list of drill down details for the Pharmacy tile

Parameters

Type Name Description Schema
Header EHRSYSTEM
required

Description

EHRSYSTEM allows MDHHS to authorize one EHR to make requests while not authorizing another.

The service must supply one of the names recorded in the web-service DUA as authorized at the requesting planLocation. (ie- 'PCE')

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Header planID
required

Description

planID and planType combine to uniquely identify organizations within CC360. They will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details

Mock server

- This parameter is not validated.
- Any value will work.
- Recommend using 01.

Type Name Description Schema
Header planLocation
required

Description

planLocation is provided to allow MDHHS to authorize logical or geographical subsets of an organization, for example- Grand Rapids or Diabetes Support Team.

If the DUA with MDHHS does not identify any authorized subsets, the parameter will be set to 'ANY'. If it has any authorized subsets, the consumer must supply one of those names and cannot use 'ANY'

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Header planType



required

Description

planID and planType combine to uniquely identify organizations within CC360. they will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details.

Plan types are strings (ie PIHP, MHP, ICO,)

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using CMH.

Type Name Description Schema

Header userID

required

Description

The name of the user from the Plan causing the API to be requested by the consumer

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using one user ID for all your tests.

Type Name Description Schema

Header validateACRS

required

Description

Consumer will be reviewing their own records to attempt to establish a current care relationship between the organization and the beneficiary.

If it cannot (validAcrs = False), it will forward the request, and a CC360 service will in turn attempt to find a relationship in its authorization tables, and act according to that result.

If MiHIN can validate the relationship (validAcrs = True) the behavior of CC360 service will vary between an initial 'tuning' phase and long-term production.

In the tuning phase, a CC360 service will always consult its own authorization tables and will act according to that value.

On a daily basis, a reconciliation report will be generated to compare Consumer and CC360 results, and MDHHS staff will work with Consumer to understand and correct any variations. Once the variations drop below a defined threshold (t.b.d), CC360 services will switch to always respecting any ACRS delivered True assertion.



Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using True.

Type	Name	Description	Schema
Path	beneID		
		required	

Description

10 digit Beneficiary Id, zero filled

Mock Server

The only Beneficiary ID's available on the Mock server are * 9999999006 * 9999999957 *
These beneficiary ID's do not exist in either the QA or Production servers.

Responses

HTTP

Code	Description	Schema
200	Success	

SummaryPharmacyDrillDownModel

Tags

- Summary

Example HTTP response

Response 200

```
{
  "$ref" :
  "https://pwclms.com/ATvh6ASxjcZlea2K0Uo84XRzy/SummaryPharmacyTileShort.json"
}
beneficiaries/{beneID}/summary/procedurecodes
```

GET /beneficiaries/{beneID}/summary/procedurecodes

Overview

Returns a list of drill down details for the procedure codes tile

Parameters

Type	Name	Description	Schema
Header	EHRSystem		
		required	



Description

EHRSystem allows MDHHs to authorize one EHR to make requests while not authorizing another.

The service must supply one of the names recorded in the web-service DUA as authorized at the requesting planLocation. (ie- 'PCE')

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Header planID
required

Description

planID and planType combine to uniquely identify organizations within CC360. They will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details

Mock server

- This parameter is not validated.
- Any value will work.
- Recommend using 01.

Type Name Description Schema
Header planLocation
required

Description

planLocation is provided to allow MDHHs to authorize logical or geographical subsets of an organization, for example- Grand Rapids or Diabetes Support Team.

If the DUA with MDHHS does not identify any authorized subsets, the parameter will be set to 'ANY'. If it has any authorized subsets, the consumer must supply one of those names and cannot use 'ANY'

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

string
Header planType
required

Description

planID and planType combine to uniquely identify organizations within CC360. they will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details.

Plan types are strings (ie PIHP, MHP, ICO,)

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using CMH.

Type Name Description Schema

Header userID

required

Description

The name of the user from the Plan causing the API to be requested by the consumer

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using one user ID for all your tests.

Type Name Description Schema

Header validateACRS

required

Description

Consumer will be reviewing their own records to attempt to establish a current care relationship between the organization and the beneficiary.

If it cannot (validAcrs = False), it will forward the request, and a CC360 service will in turn attempt to find a relationship in its authorization tables, and act according to that result.

If MiHIN can validate the relationship (validAcrs = True) the behavior of CC360 service will vary between an initial 'tuning' phase and long-term production.

In the tuning phase, a CC360 service will always consult its own authorization tables and will act according to that value.

On a daily basis, a reconciliation report will be generated to compare Consumer and CC360 results, and MDHHS staff will work with Consumer to understand and correct any variations. Once the variations drop below a defined threshold (t.b.d), CC360 services will switch to always respecting any ACRS delivered True assertion.

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using True.

Type Name Description Schema



Path beneID
required

Description

10 digit Beneficiary Id, zero filled

Mock Server

The only Beneficiary ID's available on the Mock server are * 9999999006 * 9999999957 *
These beneficiary ID's do not exist in either the QA or Production servers.

Responses

HTTP
Code Description Schema
200 Success
SummaryProcedureCodesTileModel

Tags

- Summary

Example HTTP response

Response 200
{
 "\$ref" :
 "https://pwclms.com/ATvh6ASxjcZlea2K0Uo84XRzy/SummaryProcedureCodesTileShort.j
 son"
}
beneficiaries/{beneID}/summary/recentproviders

GET /beneficiaries/{beneID}/summary/recentproviders

Overview

Returns a list of drill down details for the Recent Providers tile

Parameters

Type Name Description Schema
Header EHRSystem
required

Description

EHRSystem allows MDHHS to authorize one EHR to make requests while not authorizing another.

The service must supply one of the names recorded in the web-service DUA as authorized at the requesting planLocation. (ie- 'PCE')

Mock Server

- This parameter is not validated.



- Any value will work.
- Recommend using Any.

Header planID
required

Description

planID and planType combine to uniquely identify organizations within CC360. They will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details

Mock server

- This parameter is not validated.
- Any value will work.
- Recommend using 01.

Type Name Description Schema
Header planLocation
required

Description

planLocation is provided to allow MDHHS to authorize logical or geographical subsets of an organization, for example- Grand Rapids or Diabetes Support Team.

If the DUA with MDHHS does not identify any authorized subsets, the parameter will be set to 'ANY'. If it has any authorized subsets, the consumer must supply one of those names and cannot use 'ANY'

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using Any.

Header planType
required

Description

planID and planType combine to uniquely identify organizations within CC360. they will be retrievable from CC360 via another service.

Consumer will use this service to populate their map mechanism so that incoming requests can be translated into the correct CC360 organization details.

Plan types are strings (ie PIHP, MHP, ICO,)

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using CMH.

Type Name Description Schema
Header userID
required

Description

The name of the user from the Plan causing the API to be requested by the consumer

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using one user ID for all your tests.

Type Name Description Schema
Header validateACRS
required

Description

Consumer will be reviewing their own records to attempt to establish a current care relationship between the organization and the beneficiary. If it cannot (validAcrs = False), it will forward the request, and a CC360 service will in turn attempt to find a relationship in its authorization tables, and act according to that result. If MiHIN can validate the relationship (validAcrs = True) the behavior of CC360 service will vary between an initial 'tuning' phase and long-term production. In the tuning phase, a CC360 service will always consult its own authorization tables and will act according to that value. On a daily basis, a reconciliation report will be generated to compare Consumer and CC360 results, and MDHHS staff will work with Consumer to understand and correct any variations. Once the variations drop below a defined threshold (t.b.d), CC360 services will switch to always respecting any ACRS delivered True assertion.

Mock Server

- This parameter is not validated.
- Any value will work.
- Recommend using True.

Type Name Description Schema
Path beneID
required

Description

10 digit Beneficiary Id, zero filled

Mock Server

The only Beneficiary ID's available on the Mock server are * 99999999006 * 9999999957 *



These beneficiary ID's do not exist in either the QA or Production servers.

Responses

HTTP

Code Description Schema

200 Success

SummaryRecentProvidersTileModel

Tags

- Summary

Example HTTP response

Response 200

```
{
  "$ref" :
  "https://pwclms.com/ATvh6ASxjcZIea2K0Uo84XRzy/SummaryRecentProvidersTileShort.j
  son"
}
plans
```

GET /plans

Overview

Get a list of the Plans/Agencies including Plan ID, type, EHR System and location

Responses

HTTP

Code Description Schema

200 Success PlanModel

Tags

- Plans

Example HTTP response

Response 200

```
[ {
  "PlanType" : "GCHAP",
  "PlanID" : "01",
  "PlanName" : "Genesee County zChildren's Healthcare Access plan ",
  "EHRSystem" : "Any",
  "Location" : "Any",
  "ExtractDUA" : "Inactive",
  "WebDUA" : "Active",
  "APIDUA" : "Active"
```



```
}, {  
  "PlanType" : "ICO",  
  "PlanID" : "11",  
  "PlanName" : "Aetna Better Health of Michigan",  
  "EHRSystem" : "Any",  
  "Location" : "Any",  
  "ExtractDUA" : "Inactive",  
  "WebDUA" : "Inactive",  
  "APIDUA" : "Active"  
}]
```

