

# MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

## USE CASE EXHIBIT

**Use Case Name:** Quality Measure Information

This Use Case Exhibit (“UCE”) is effective and binding upon the Participating Organization (“PO”) and subject to the Terms. HIN and PO are referred to herein collectively as “Parties” and individually as a “Party.”

**1. Purpose.** The purpose of this UCE is to set forth the requirements for PO to use HIN to send, receive, find, and use Quality Information electronically for a variety of quality measurement and improvement activities. This UCE allows sending, receiving, finding and using Quality Information that includes quality measure performance and feedback data (sometimes referred to as Gaps in Care) which can be sent, received, and used by authorized TDSOs affiliated with the Health Provider originating the Quality Information and members of the Active Care Team for a patient identified in the Quality Information so that actions can be taken to improve patient care and close Gaps in Care.

**2. [RESERVED]**

**3. Definitions.**

3.1 **Transactional Basis** means the sending of Message Content or a Notice within 5 seconds of delivery or receipt of Message Content or Notice from a sending or receiving party through Application Programming Interface (API) call. If the Message Content or Notice is sent via Direct Secure Message the delivery or receipt may take longer depending on Direct Secure Message and Internet latencies. If additional transport methods are added for this Use Case, their Transactional Basis will be specified in the UCIG.

3.2 **Message Content** means any Quality Information.

**4. Use Case Details.**

4.1 **Primary Use**

**4.1.1** Medicaid providers may send CQMs to HIN which will send CQMs to State Medicaid.

**4.1.2** Medicare providers may send CQMs to HIN which will send CQMs to PQRS at the Centers for Medicare & Medicaid Services (CMS).

**4.1.3** State Medicaid will receive and use CQMs to determine Meaningful Use credit for the sending Medicaid provider.

**4.1.4** State Medicaid will use CQMs in its data warehouse for reporting purposes including but not limited to clinical quality comparisons.

**4.1.5** Medicare/CMS will use CQMs as permitted by PQRS and to determine Meaningful Use credit for the sending Medicare provider.

**4.1.6** Any Health Provider may send Message Content to HIN.

**4.1.7** HIN shall send Message Content to the appropriate reporting systems and TDSOs for that Message Content.

**4.1.8** HIN will store copies of the Message Content in its data mart while PO closes any Gaps in Care. After no longer than the shorter of (i) twenty-four (24) months; or (ii) upon closing any Gaps in Care related to Message Content, Message Content will be archived by HIN until the normal backup cycle completes and then Message Content will be deleted by HIN.

**4.1.9** HIN may send Message Content to a TDSO for research purposes provided that such use complies with Applicable Laws and Standards.

#### **4.2 Additional Permissible Use**

**4.2.1** HIN may send Message Content to TDSOs authorized to use such Message Content or make Message Content available for authorized TDSOs to use.

**4.2.2** Message Content may be used by Health Providers (which includes Health Plans) for purposes such as HEDIS measures.

**4.2.3** PO, PO Participants and their employees, agents, contractors, or physicians to whom it has granted privileges and which have agreed to HIN's end user license agreement may use Message Content via the HIN HPD only for that PO.

#### **4.3 Limitations on use** Pilot Activities are not permissible under this UCE.

**4.4 Related Use Case Requirements** PO must enter into the following Use Cases: Health Provider Directory (HPD). This allows proper routing of the Message Content to PO's chosen destinations such as the State Medicaid for Meaningful Use, PQRS, the PO's own data warehouse, health plans for HEDIS measures, and so forth. This also allows PO to view its own Message Content as described in 4.2.3.

**5. Service Interruptions.** No service interruption variations.

**6. Responsibilities of the Parties.**

**6.1 PO's Responsibilities** PO shall ensure that Message Content is properly encoded and can be properly parsed. In particular information about the Health Provider must be valid.

6.2 **HIN's Responsibilities** HIN shall send to PO and other TDSOs all Message Content and Notices on a Transactional Basis or in batches.

**7. Other Terms.**

7.1 **PO Contacts** PO will provide to HIN the appropriate contact information for this Use Case.

**Implementation Guide(s).** The Implementation Guide(s) for this Use Case are provided at <https://mihin.org/implementation-guides/>.