



Tobacco Free Implementation Guide

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Document History

Date	Version	Sections Revised	Description	Modifier
04/01/19	20	All	Revising into new MiHIN style	S. Southard
03/23/2020	21	All	Added verbiage	M. Gibbs
05/09/2024	22	All	Updated to reference new solution	J. Bourgeois
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1. Introduction

1.1 Purpose of Data Exchange Solution

Supports creation of an electronic referral system that enables electronic coordination between case management systems and healthcare providers' electronic health records.

Tobacco use is the leading cause of preventable deaths in the United States. Seventy percent of smokers would like to quit smoking, and 50 percent report attempting to quit within the past year. Most smokers who try to quit do so without assistance, though only three to six percent of quit attempts without assistance are successful.

The capability for healthcare providers to electronically send referrals to a tobacco cessation program's case management system is more efficient than fax and allows a program to begin intervention with a patient in a timelier manner. eReferral Systems that leverage standard interoperable data formats to send and receive continuity of care documents (C-CDA) files can securely communicate medical information that is critical to the coordination of a patient's tobacco intervention.

Tobacco cessation programs (such as Quitline) are services offered to individuals wishing to stop using tobacco. These programs typically include counseling, community forums and organized peer support for tobacco users trying to quit tobacco. For example, smokers who take part in cessation programs are more likely to successfully stop smoking, as compared to those who attempt to quit by themselves.

These programs typically utilize case management systems that must collect comprehensive and timely program referrals from healthcare providers. A referral includes information on the referring provider, diagnosis data, and the patient's preferences for contact. Currently, this information is collected by healthcare providers and faxed to a tobacco cessation program when a patient indicates they are ready to quit tobacco use in the next 30 days and would like a referral to a cessation program.

An interoperable eReferral system between healthcare providers and case management systems will help identify and help consumers wishing to reduce tobacco use.

1.2 Message Content

For the purposes of implementation of this data exchange solution, Message Content means using a Consolidated-Clinical Document Architecture (C-CDA) template, either a Continuity of Care Document (CCD) or a Progress Note (PN).

The message format is a Direct Secure Message (DSM) with a Care Summary CCDA attached.

1.3 Data Flow

1.3.1 Functional Data Flow

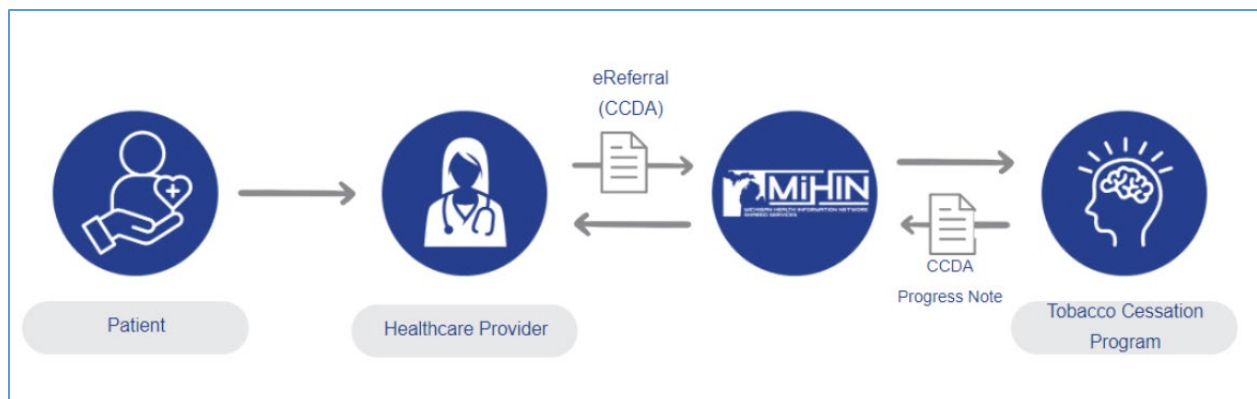


Figure 1. Tobacco Free Data Flow

1. A patient has a visit with their provider and discusses participating in a tobacco cessation program. The provider sends an eReferral (CCDA) to MiHIN via DSM.
2. MiHIN receives the CCDA and sends the CCDA to Tobacco Cessation Program.
3. The Tobacco Cessation Program being used meets with the patient and sends the CCDA progress note (from the visit) back to MiHIN via DSM.
4. MiHIN receives a progress note with CCDA.
5. MiHIN sends the CCDA progress note to the patient's provider.

1.3.2 Actors

- **Actor:** Patient
 - *Role:* Visits health care provider and participates in tobacco cessation program
- **Actor:** Healthcare Provider
 - *Role:* Discusses tobacco cessation programs with patients and sends visit summary CCDA to HIN (MiHIN). Receives progress note referral CCDA from MiHIN and updates patient
- **Actor:** HIN (MiHIN)
 - *Role:* Receives visit summary CCDA from Healthcare Provider and routes CCDA to tobacco cessation program. Receives progress referral CCDA from tobacco cessation program and sends message to Healthcare Provider
- **Actor:** Tobacco Cessation Program
 - *Role:* Receives patient visit summary CCDA from HIN (MiHIN) and meets with patient to administer tobacco cessation treatment. Sends referral progress note CCDA to HIN (MiHIN) after visit.

You can contact MiHIN at www.mihin.org/requesthelp for more information.

2. Onboarding

2.1 Prerequisites

Participating organizations will need to complete two onboarding tracks, in the following order:

1. Obtain, review, and execute legal agreements, then
2. Establish technical transport and testing.

2.1.1 Universal Legal Prerequisites

The following legal documentation will need to be executed prior to Kick-off or any connectivity being established between MiHIN and participating organizations.

- Statement of Work (SOW) (Where Applicable)
- MiHIN's Exhibit A Agreement (Found on the MiHIN Legal Portal)
- Participant Agreement (Found on the MiHIN Legal Portal)
- Must select the appropriate data exchange solution (Tobacco Free) on the MiHIN legal portal in addition to the above agreements.

To initiate the legal onboarding contact, email help@mihin.org.

2.1.2 Technical Requirements

The following data exchange solution implementations and technical requirements will need to be conducted for Tobacco Free Data Exchange Solution to function.

2.1.2.1 Data Exchange or Application Requirements

There are no data exchange or application participation requirements for this data exchange solution.

2.1.2.2 Other Requirements

An organization will need to be able to send and receive CCDAs via Direct Secure Messaging (DSM) and must use a DSM address that meets EHNAC-DTAAP accreditation of Direct HISPs requirements. More information can be found in [section 2.3](#).

2.2 Tobacco Free Onboarding Process

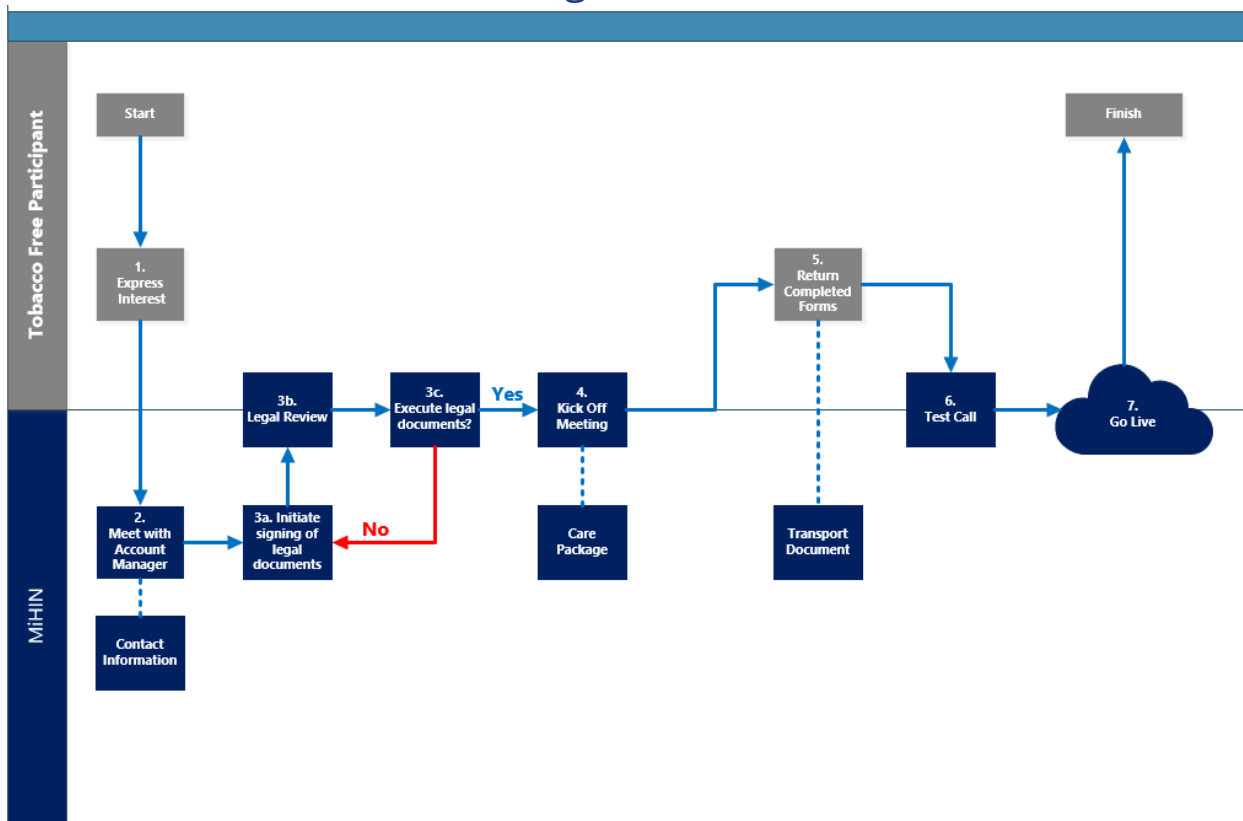


Figure 2 Tobacco Free Onboarding Workflow

- Express interest in participating in the data exchange solution
- Meet with Account Manager
 - Distribute Tobacco Free care package
- Legal Review
- Execute legal documents
- Kick Off Meeting with the Customer Success Team
- Exchange required documents
 - Transport Document
 - DSM Request Form
- Establish transport connectivity (Direct Secure Messaging)
- Testing
- Go Live

2.3 Technical Connectivity Process

MiHIN considers itself “transport agnostic” and offers multiple options for organizations to establish technical connectivity to transport data to HIN. Organizations should select one or more connectivity methods for message transport based on their technical capabilities and should communicate the selection(s) to www.mihin.org/requesthelp early in the onboarding process. Currently the ONLY transport methods the HIN accepts are:

■ DSM - Direct Secure Messaging

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 or more supported transport methods and establishes connectivity with MiHIN. This step varies based on the method selected:
 - a. Direct Secure Messaging – MiHIN accepts Direct Secure Messages from Health Internet Service Provider (HISPs) that have EHNAC-DTAAP (DirectTrust) accreditation. Test messages are sent to verify HISP connectivity (“ping pong”). The Message Header section in the test messages is verified for appropriate routing configuration.
2. Connectivity between Direct addresses require EHNAC-DTAAP accreditation of Direct HISPs. For more information regarding accreditation see <http://www.directtrust.org>. Once connectivity has been established, it can be confirmed with a sample message that does not contain protected health information (PHI), sent to a non-production address at MiHIN. CDA files can be sent via DIRECT as email attachments. Specifications can be found in section 3.
3. Test messages are sent by the participating organization to MiHIN.
 - a. Test traffic is routed via MIHIN to the appropriate destination.
 - b. The end destination monitors for inbound test traffic and confirm receipt with MiHIN, which confirms with the participating organization.

4. MiHIN declares the sending facility to be in production status
5. Once an organization has successfully went live and is considered to be in production, the CSS will transition into the post-production phase for an additional ten business days to ensure the continued success of the Tobacco Free implementation. During this time, if any service disruptions occur, the customer success team will identify discrepancies and work with the Service Delivery team at large, to resolve any of these issues before the need for escalation.

Once the conclusion of the post-production period approaches, the CSS will take the following two actions:

- a. **Internally verify** that the customer's production data is flowing as expected.
- b. **Proactively reach out** to the customer to address any questions or concerns, while also confirming that MiHIN has been actively monitoring their data for two weeks and everything is running smoothly.

Upon the conclusion of this 10-day period, the organization is considered in full production, and any further issues or assistance will be handled via the regular MiHIN support channels and Severity Matrix listed in [Section 4](#).

3 Specifications

3.1 Overview

3.1.1 Environments

- MiHIN Pre-Production
 - Pre-Production DSM Endpoint: tobaccofreereferrals.test@direct-test.mihin.org
- MiHIN Production
 - Production DSM Endpoint: tobaccofreereferrals@direct.mihin.net

3.2 General Message Requirements

3.2.1 C-CDA File Structure and Specifications

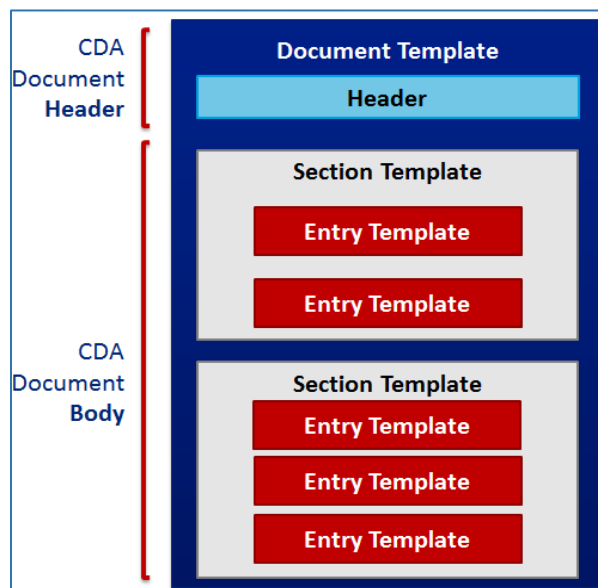


Figure 2. C-CDA File Structure

When a clinician decides to refer a patient to a smoking cessation program, they will then generate a Direct Secure Message (DSM) to MiHIN at the specified DSM address and attach a CCD. Specifications are outlined below:

- CCD should be sent in xml format. Style sheet format is not required.

- CCD messages must be sent as an XDM.zip file. Note that this encoding occurs automatically with most HISP vendors upon sending.

3.2.2 Direct Secure Messaging Submission Specifications

C-CDA files that are sent to MiHIN via Direct as email attachments must adhere to the following specifications:

- CDA files can be sent via DIRECT as email attachments. Every email must adhere to the following specifications:
 - There shall be only one C-CDA file attached per email
 - Emails shall not have any carbon copies (CCs)

3.2.3 Message Trigger Events

The Consolidated–Clinical Document Architecture (C-CDA) message type for Electronic Referrals is a Direct Secure Message XML with CCD attachment. The trigger event for eReferrals Tobacco Free is when a CCD message comes inbound from the referring health provider, is sent to Quitline from MiHIN, and then sent back to MiHIN via Direct.

3.3 Specific Segment and Field Definitions

3.3.1 Segment 1 – Message Content for Tobacco Free

The NAQC data set includes data elements that have been recommended by the NAQC eReferral workgroup as important information to be shared among referring providers and tobacco cessation programs. These service providers will need health IT systems that can send and receive these C-CDA templates using HL7 v3 standards. Each of these C-CDA templates have required and optional sections, as shown in the summary table below from the NAQC Implementation Guide.

To facilitate a progress note return, the sending facility must include an identical “encounter ID” field in the referral CCD and the Progress Note.

C-CDA Template	Required Sections	Optional Sections
<p>General Header Template ID 2.16.840.1.113883.10.20.22.1.1</p>	<ul style="list-style-type: none"> ● US Realm Header ● Record Target (Patient) <ul style="list-style-type: none"> ◆ Patient ID ◆ Patient Address ◆ Patient Phone ◆ Patient Name ◆ Gender ◆ Date of Birth ◆ Language ● Clinical Document Code ● Documentation of Service Event ● Author (person or device) ● Custodian (document steward) 	<ul style="list-style-type: none"> ● Record Target (Patient) <ul style="list-style-type: none"> ◆ Guardian ◆ Birthplace ◆ Language Communication ◆ Provider Organization ● Data Enterer ● Informant ● Information Recipient ● Legal Authenticator ● Authenticator ● Participant Support ● In Fulfillment Of ● Authorization / Patient Consent ● Encounter (Component Of)
<p>Continuity of Care Document (CCD) Template ID 2.16.840.1.113883.10.20.22.1.2</p>	<ul style="list-style-type: none"> ● Medication ● Medication Allergies ● Problem List ● Procedures ● Results 	<ul style="list-style-type: none"> ● Advance Directives ● Encounters ● Family History ● Functional Status ● Immunizations ● Medical Equipment ● Payers ● Plan of Care ● Social History ● Vital Signs
<p>Progress Note Template ID 2.16.840.1.113883.10.20.22.1.9</p>	<ul style="list-style-type: none"> ● Assessment and Plan <li style="text-align: center;">-or- ● Assessment ● Plan of Care* 	<ul style="list-style-type: none"> ● Allergies ● Chief Complaint ● Instructions ● Interventions ● Medications ● Objective ● Physical Exam ● Problem List ● Results ● Review of Systems ● Subjective ● Vital Signs

**Section marked by an asterisk is optional for CCDs and may not be available for all EHR vendors.*

Table 1. NAQC's C-CDA Templates Used for eReferrals

3.3.2 All Remaining Segments

The message header is the only segment that HIN requires to be formatted in a certain way. Please follow the registry-specified standards for all remaining segment and field definitions:

[North American Quitline Consortium \(NAQC\) eReferral Implementation Guide](#)

4. Production Support

	Severity Levels			
	1	2	3	4
Description	A critical production system is down or does not function at all, and there is no circumvention or workaround for the problem; a significant number of users are affected, and a production business system is inoperable.	More than 90% of messages received and delivered successfully, but some messages are not delivered/received with required accuracy. Service component severely restricted in one of the following ways: <ul style="list-style-type: none"> High impact risk or actual occurrence of patient care affected or operational impairment Business critical service has a partial failure for multiple TDSOs A critical service is online however, is operating in a degraded state and having a significant impact on multiple TDSOs 	Service component restricted in one of the following ways: <ul style="list-style-type: none"> A component is not performing as documented or there are unexpected results Business critical service has failed for a two or more TDSOs A critical service is usable however, a workaround is available or less significant features are unavailable 	No operational impact to MiHIN. A non-critical service component is malfunctioning, causing minimal impact, or a test system is down.
Initiation Method	<i>Call (844) 454-2443 and submit a ticket online at www.mihin.org/requesthelp</i>	<i>Call (844) 454-2443 and submit a ticket online at www.mihin.org/requesthelp</i>	Submit a ticket online at www.mihin.org/requesthelp	Submit a ticket online at www.mihin.org/requesthelp
Initial Response	Within 30 minutes	Within 30 minutes	Within 3 business hours	Within 6 business hours
Resolution Goal	<2 hours Restore Time from 7 am – 6 pm EST Monday-Friday and <4 hours nights, weekends and holidays	<4 hours Restore Time from 7 am- 6 pm EST Monday-Friday and <8 hours nights, weekends and holidays	<12 hours Restore Time from 7 am -6 pm EST Monday -Friday and <24 hours nights, weekends and holidays.	Within 5 business days

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

- www.mihin.org/requesthelp
- Phone: (884) 454-2443
- Monday – Friday 8:00 AM – 5:00 PM (Eastern)

5. Legal Advisory Language

This reminder applies to all use cases covering the exchange of electronic health information:

The Data Sharing Agreement (DSA) establishes the legal framework under which participating organizations can exchange messages through the MiHIN 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
- f. For any additional purposes as specified in any use case, provided that such purposes are consistent with Applicable Laws and Standards

Under the DSA, “**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 or self-regulatory agency, including the State of Michigan, the Michigan Health Information Technology Commission, or the Michigan Health and Hospital Association, 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. “Applicable Laws and Standards” includes but is not limited to 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 participating organization'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 use case is directed to the exchange of physical health information that may be exchanged without patient authorization under HIPAA, the participating organization 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 applies 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.

6. Appendices

6.1 Appendix A – Message Examples

MiHIN is content agnostic and does not validate content for this data exchange solution beyond the message header.

- To enter fully into production for the Tobacco data exchange solution, messages must conform to the North American Quitline Consortium (NAQC) eReferral Implementation Guide, entitled *Guide for Implementing eReferral Using Certified EHRs*. It can be found online at:
<http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/eRef/eReferraltechnicalguide2015f.pdf>

6.1.1 Test Messages

Test messages must be exchanged prior to entering production. For a sample test message, please contact our help desk at www.mihin.org/requesthelp

7. Acronyms and Abbreviations Guide

CCD	Continuity of Care Document
CDA	Clinical Document Architecture
DQA	Data Quality Assurance
DSM	Direct Secure Messaging
EHR	Electronic Health Record
HIN	Health Information Network
HIPAA	Health Insurance Portability and Accountability Act of 1996
HISP	Health Internet Service Provider
HL7	Health Level Seven
MiHIN	Michigan Health Information Network Shared Services
MU	Meaningful Use
NAQC	North American Quitline Consortium
PN	Progress Note
TDSO	Trusted Data Sharing Organization

8. Definitions

Applicable Laws and Standards. In addition to the definition set forth in the Data Sharing Agreement, the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

Data Exchange Solution Implementation Guide (DESIG). 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.

Data Exchange Solution Summary (DESS). 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.

Data Sharing Agreement. Any data sharing organization agreement signed by both MiHIN and a participating organization. Data sharing organization agreements include but are not limited to: Qualified Data Sharing Organization Agreement, Virtual Qualified Data Sharing Organization Agreement, Consumer Qualified Data Sharing Agreement, Sponsored Shared Organization Agreement, State Sponsored Sharing Organization Agreement, Direct Data Sharing Organization Agreement, Simple Data Sharing Organization Agreement, or other data sharing organization agreements developed by MiHIN.

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

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.

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 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 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 (ACRS), Health Directory, Statewide Consumer Directory (SCD), and the Medical Information Direct GATEway (MIGateway®).

MiHIN Services. The MiHIN infrastructure services and additional services and functionality provided by MiHIN to allow the participating organizations to send, receive, find, or use information to or from MiHIN as further set forth in an exhibit.

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

Participation Agreement. Legal agreement which outlines and applies to the message content used in any of MiHIN's data exchange solutions and products.

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.