



INLAND EMPIRE HEALTH PLAN

IEHP Hospital P4P Data Guidelines Manifest MedEx Active Data Sharing

This document outlines the HL7 messages and the corresponding segments IEHP is evaluating for IEHP P4P 2020.

Each page outlines the requirements for a particular HL7 message type. Participants are required to meet the HL7 segment thresholds defined by IEHP. These thresholds are noted in the spreadsheet.

ADT Requirements

Legend												
R	Required										Required Triggers	Description
P	Preferred										A01	Patient Admit
O	Optional										A03	Patient Discharge
C	Conditional										A04	Patient Registration
											A06	Outpatient to Inpatient
											A07	Inpatient to Outpatient
											A08	Information Update
											A11	Cancel Admit
											A13	Cancel Discharge
											A45	Chart Correction
											A40	Patient Merge
P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSGR/P	IEHP Threshold	ADT Event Requirements	Purpose	IEHP Criteria		
ADT - Admission, Discharge, and Diagnosis information (Required)	Information	ID	PID	PID-3.1	R	R	100%	ALL	EMPI Identification			
	Information	Name	PID	PID-5.1	R	R	100%	ALL	Member validation			
	Information	DOB	PID	PID-7.1	R	R	100%	ALL	Member validation			
	Information	Sex	PID	PID-8	R	R	100%	ALL	Member validation			
	Information	Address	PID	PID-11	R	R	100%	ALL	Member validation	Null values not allowed. Homeless, ie No address allowed		
	Information	Death Date/Time	PID	PID-29.1	R	R	1	ALL	Stored used to alert providers in various applications			
	Information	Death Indicator	PID	PID-30	R	R	1	ALL	Stored used to alert providers in various applications			
Patient Visit, Allergies, Diagnosis and Procedures	Patient Visit	Patient Class	PV1	PV1-2	R	R	100%	ALL	Inpatient/Outpatient Identification			
	Patient Visit	Physician NPI	PV1	PV1-7 or PV1-8 or PV1-9 or PV1-17	R	R	90%	ALL	Physician/clinician identification	Lower thresholds allowed for teaching hospitals but will be monitored for consistency		
	Patient Visit	Visit ID	PV1	PV1-19	R	R	100%	ALL	Links content together with admission			
	Admission	Admit Date/Time	PV1	PV1-44	R	R	100%	A01/A04/A06	Identify admissions	Calculations based on admit message types(A01/A04/A06) for Inpatient and Emergency (PV1.2)		
	Discharge	Discharge Date/Time	PV1	PV1-45	R	R	90%	A03	Identify discharges	Guidance is 90% Calculations based on discharge message types (A03) for Inpatient and Emergency (PV1.2)		
	Patient Visit	Hospital Service	PV1	PV1-10	R	P	90%	ALL	Ability to separate services to different IEHP departments	Calculations based on triggers (A01/A04/A06) for Inpatient and Emergency (PV1.2) .		
	Discharge	Discharge Disposition	PV1	PV1-36	R	P	5%	A03	Services/TOC identification	Calculations based on discharge message types for (A03) for Inpatient and Emergency (PV1.2)		
	Discharge	Discharged to Location	PV1	PV1-37.1	R	P	5%	A03	Services/TOC identification	Calculations based on discharge message types for (A03) for Inpatient and Emergency (PV1.2)		
	Admission	Admit Reason	PV2	PV2-3	R	P	95%	ALL	Care coordination and authorization details	Calculations based on inpatient admit message types(A01/A04/A06).		
	Diagnoses	Diagnosis Code	DG1	DG1-3.1	R	R	95%	A03/A08	Care Coordination/HEDIS Collection/NCQA Audits	Calculations based on discharge (A03) and A08 message types Warning Exception is given when Admit reason is a Pass or a Warning..		
Insurance Information	Insurance	Insurance Company Name	IN1*	IN1-4.1	R	R	90%	ALL	COB Identification	Messages contain IN1 Segments		
	Insurance	Policy Number	IN1	IN1-36	R	P	Monitoring Only	ALL	COB Identification	Messages contain IN1 Segments		

ORU Requirements

Legend	
R	Required
P	Preferred
O	Optional
C	Conditional

RESULTS

P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG - R/P	IEHP Threshold	IEHP Purpose	IEHP Logic
ADT - Admission, Discharge, and Diagnosis Information	Information	ID	PID	PID-3.1	R	R	100%	Member Validation	
	Information	Name	PID	PID-5.1	R	R	100%	Member Validation	
	Information	DOB	PID	PID-7.1	R	R	100%	Member Validation	
Patient Visit	Patient Visit	Patient Visit ID	PV1	PV1-19	R	P	95%	Link data to admission	
	Orders	Order Placer Code	OBR	OBR-3.1	R	C	100%	HEDIS/NCQA Audits	
	Orders	Order LOINC Code	OBR	OBR-4.1	R	R	100%	HEDIS/NCQA Audits	
	Orders	Order Description	OBR	OBR-4-2	R	P	100%	HEDIS/NCQA Audits	
	Orders	Order Date/Time	OBR	OBR-7.1	R	R	100%	HEDIS/NCQA Audits	
	Orders	Result Date/Time	OBR	OBR-22.1	R	R	100%	HEDIS/NCQA Audits	
	Orders	Result Type	OBR	OBR-24	R	R	100%	HEDIS/NCQA Audits	
	Orders	Result Status	OBR	OBR-25	R	R	100%	HEDIS/NCQA Audits	
HL7 ORU Data Feed (Lab Results) - Result Level Information	Lab Results	Result Value Type	OBX	OBX-2	R	R	90%	HEDIS/NCQA Audits	
	Lab Results	Result Value	OBX	OBX-5	R	P	90%	HEDIS/NCQA Audits	
	Lab Results	Result Status	OBX	OBX-11	R	R	90%	HEDIS/NCQA Audits	
	Lab Results	Units	OBX	OBX-6	R	P	50%	HEDIS/NCQA Audits	Will review OBX 6.1 and 6.2 to meet the measure
	Lab Results	Reference Range	OBX	OBX-7	R	P	90%	HEDIS/NCQA Audits	OBX 7 or OBX 8 required
	Lab Results	Abnormal Flag	OBX	OBX-8	R	P	90%	HEDIS/NCQA Audits	OBX 7 or OBX 8 required

DOCUMENTS: OBR4.1 (LOINC) or OB4.2 (Description) for calculations

HL7 ORU Data Feed (Documents) - OBR-24	Lab Documents	Lab Document	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Lab Documents	Lab Description	OBR	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
	Radiology Documents	Radiology Document	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Radiology Documents	Radiology Description	OBR	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
	Pathology Documents	Pathology Document	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Pathology Documents	Pathology Document	OBR	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
	Consult Reports	Consult Document	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Consult Reports	Consult Document	OBR	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
	Discharge Summary	Dicharge Summary	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Discharge Summary	Dishcharge Summary	OBR	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
	Procedure Notes	Procedure Notes	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Procedure Notes	Procedure Notes	OBR	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
	Progress Notes	Progress Notes	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Progress Notes	Progress Notes	OBR	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
	Surgical Notes	Surgical Notes	OBX	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Surgical Notes	Surgical Notes	OBX	OBR 4-2	R	P	1	Care Coordination	Ddescription must contain 1 document for the category for the reporting period
History & Physical	History & Physical	OBX	OBR 4-1	R	R	Monitoring Only	Care Coordination	LOINC must contain 1 document for the category for the reporting period	
History & Physical	History & Physical	OBX	OBR 4-2	R	P	Monitoring Only	Care Coordination	Ddescription must contain 1 document for the category for the reporting period	

RDE Requirements

Legend										
R	Required									
P	Preferred									
O	Optional									
C	Conditional									
P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG - R/P	IEHP Threshold	Triggers	IEHP Purpose	IEHP Criteria
RDE - Demographic information (Required)	Information	ID	PID	PID-3.1	R	R	100%	All	Member validation	
	Information	Name	PID	PID-5.1	R	R	100%	All	Member validation	
	Information	DOB	PID	PID-7.1	R	R	100%	All	Member validation	
Order Information	Orders	Order Control	ORC	ORC-1	R	R	100%	All	HEDIS/NCQA Audits	
	Orders	Order Number	ORC	ORC-3	R	R	100%	All	HEDIS/NCQA Audits	
	Orders	Order Start Date/Time	ORC	ORC-7.4	R	R	100%	All	HEDIS/NCQA Audits	
	Orders	Ordering Provider NPI	ORC	ORC-12	R	R	100%	All	HEDIS/NCQA Audits	
Medication Information	Medication Information	NDC or RxNorm Code	RXE	RXE-21	R	R	95%	All	HEDIS/NCQA Audits	
	Medication Information	Give Dosage Form	RXE	RXE-6	R	R	100%	All	HEDIS/NCQA Audits	
	Medication Information	Give Amount	RXE	RXE-3	R	P	25%	All	HEDIS/NCQA Audits	Exception given so long as RXE-21.2 is present in messages.
	Medication Information	Give Units	RXE	RXE-5	R	P	25%	All	HEDIS/NCQA Audits	Exception given so long as RXE-21.2 is present in messages.
	Medication Information	Sig	RXE	RXE-21.2	R	P	25%	All	HEDIS/NCQA Audits	RXE 21.1 and/or RXE 21.2 will be reviewed for compliance
Route of Delivery	Medication Route	Route	RXR	RXR-1	R	R	100%	All	HEDIS/NCQA Audits	

RDE Requirements

Legend		Required Triggers	
R	Required	T02	Original document and content
P	Preferred	T04	Document Status Change Notification and Content
O	Optional	T06	Document Addendum Notification and Content
C	Conditional	T10	Document replacement and content

Signed and finalized documents should only be sent

P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG - R/P	IEHP Threshold	Triggers	IEHP Purpose	IEHP Criteria
RDE - Demographic information (Required)	Information	ID	PID	PID-3.1	R	R	100%	ALL	Member validation	
	Information	Name	PID	PID-5.1	R	R	100%	ALL	Member validation	
	Information	DOB	PID	PID-7.1	R	R	100%	ALL	Member validation	
	Information	Sex	PID	PID-8	R	R	10%	ALL	Member validation	
Patient Visit	Patient Visit	Patient Class	PV1	PV1-2	R	R	100%	ALL	Data Flow	
	Patient Visit	Visit ID	PV1	PV1-19	R	R	90%	ALL	Link to admission data	
Document Information	Document	Document Type	TXA	TXA-2-1	R	R	100%	ALL	Care Coordination	
	Document	Document Content	TXA	TXA-3	R	R	100%	ALL	Care Coordination	
	Document	Transcription Date/Time	TXA	TXA-7	R	R	100%	ALL	Care Coordination	
	Document	Unique Document ID	TXA	TXA 12-1	R	R	100%	ALL	Care Coordination	
	Document	Document Status	TXA	TXA 17	R	R	100%	ALL	Care Coordination	
Document Text	Observation	Observation ID	OBX	OBX-3.1	R	R	100%	ALL	Care Coordination	
	Observation	Observation Text	OBX	OBX-3.2	R	P	100%	ALL	Care Coordination	
	Observation	Observation Coding System	OBX	OBX-3-3	R	R	100%	ALL	Care Coordination	
	Observation	Value	OBX	OBX-5	R	P	100%	ALL	Care Coordination	
	Observation	Result Status	OBX	OBX-11	R	R	100%	ALL	Care Coordination	
	Observation	Observer ID	OBX	OBX-16-1	C	C	0%	ALL	Care Coordination	
	Observation	Observer Name	OBX	OBX-16-2	C	C	0%	ALL	Care Coordination	
	Observation	Observer Name	OBX	OBX-16-3	C	C	0%	ALL	Care Coordination	
Observation	Observer Name	OBX	OBX-16-4	C	O	0%	ALL	Care Coordination		

VXU Requirements

Legend	
R	Required
P	Preferred
O	Optional
C	Conditional

Administered Vaccinations will only be counted against thresholds

P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG - R/P	IEHP Threshold	IEHP Purpose	IEHP Criteria
Demographic information (Required)	Information	ID	PID	PID-3.1	R	R	95%	Member validation	
	Information	Name	PID	PID-5.1	R	R	95%	Member validation	
	Information	DOB	PID	PID-7.1	R	R	95%	Member validation	
	Information	Gender	PID	PID-8	R	R	95%	Member validation	
Order Information	Orders	Order Control	ORC	ORC-1	R	R	95%	HEDIS/NCQA Audits	
	Orders	Filler Order Number	ORC	ORC-3	R	R	95%	HEDIS/NCQA Audits	
	Orders	Ordering Provider	ORC	ORC 12.1	R	R	95%	HEDIS/NCQA Audits	Null ORC-12.1 segments will be treated as historical vaccinations and will not be included in denominator in RXA and RXR thresholds
Immunization Details	Immunizations	Date/Time Start of	RXA	RXA 3-1	R	R	95%	HEDIS/NCQA Audits	
	Immunizations	Administration Code/Identifier	RXA	RXA-5.1	R	R	95%	HEDIS/NCQA Audits	
	Immunizations	Administration Code/Text	RXA	RXA 5-2	R	O	95%	HEDIS/NCQA Audits	
	Immunizations	Administration Code/Name of	RXA	RXA 5-3	R	R	95%	HEDIS/NCQA Audits	
	Immunizations	Administered Amount	RXA	RXA-6	R	R	95%	HEDIS/NCQA Audits	
	Immunizations	Administered Notes/Identifier	RXA	RXA-9-1	R	R	10%	HEDIS/NCQA Audits	
	Immunizations	Administered Notes/Identifier	RXA	RXA-9-2	R	R	10%	HEDIS/NCQA Audits	
	Immunizations	Completion Status	RXA	RXA-20	R	R	95%	HEDIS/NCQA Audits	
	Immunizations	Immunization Route	RXR	RXR 1-1	R	O	90%	HEDIS/NCQA Audits	
Immunizations	Immunization Location	RXR	RXR-2	R	O	80%	HEDIS/NCQA Audits		