Supplemental Program Guidance
IEHP P4P Required Data Contributions to MX

Hospitals participating in Manifest Medex (MX) are required to comply with MX's Data Submission Guidelines (DSGs) as part of their participation agreement with MX. The purpose of this document is to identify the IEHP P4P data requirements that are above and beyond the MX DSG. Hospitals participating in the IEHP P4P program should use the information below as a companion to the MX DSG to identify which data fields are required in addition to those already required by the MX DSG. These data fields must be consistently populated in data sent to MX in addition to the data fields required by MX's DSG.

Please refer to the document **IEHP P4P 2024 Data Guidelines** which outlines the MX HL7 data requirements and thresholds for IEHP P4P 2024.

Note:
Data fields in **Blue** are new measures for 2024.
Exceptions have been granted for Q1 and Q2 2024 for the following new measure(s). Starting Q3 2024, thresholds for the measure(s) below will need to be met.
- ADT – PV1-10: Hospital Service/PV1- 18: Patient Type *(at least 1 required: bi directional pass)*
    - PV1-10 OBS, BEH, NICU, NWB – Pass/Fail, if service does not exist then N/A
    - PV1-18 is NEW REQUIREMENT if PV1-10 is not populated – Monitoring only for the first 2 quarters

ADT Message Types

For clarity, the IEHP P4P Program requires the following ADT Message Types be sent:

Message Type	Description
A01	Patient Admit
A03	Patient Discharge
A04	Patient Registration
A06	Change Outpatient to Inpatient
A07	Change Inpatient to Outpatient
A08	Patient Information Update
A11	Cancel Patient Admit
A13	Cancel Patient Discharge
A31 **	Update Person Information
A45	Chart correction
A40	Patient Merge

** optional

ADT field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Admission	Next of Kin*	NK1-3.1	n/a	Required NB (New Born)-Relation to Patient within 90 days-Admit: • Fields used for calculation PID-7.1 (DOB), PV-1-2 (Patient Class), NK1-3.1 (Next of Kin relationship)
Admission	Admit Reason	PV2-3	Preferred	Required
Admission	Type of service	PV1.10	Preferred	Required- bi directional with PV1.18
Patient Visit	Type of service - BEH	PV1.10	Preferred	Required Bi directional with PV1.18 (N/A for the facility is acceptable)
Patient Visit	Type of service - NWB	PV1.10	Preferred	Required Bi directional with PV1.18 (N/A for the facility is acceptable)
Patient Visit	Type of service - NICU	PV1.10	Preferred	Required Bi directional with PV1.18 (N/A for the facility is acceptable)
Patient Visit	Type of service - OBS	PV1.10	Preferred	Required Bi directional with PV1.18 (N/A for the facility is acceptable)
Discharge	Discharge Disposition	PV1.36	Perferred	Required
Discharge	Discharge to Location	PV1.37	Preferred	Required
Insurance	Policy Number	IN1-36	Preferred	Required

ORU field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Patient Visit	Patient Class	PV1-2	Preferred	Required
Patient Visit	Patient Visit ID	PV1-19	Preferred	Required
Orders	Order Placer Code	OBR-3.1	Conditionally Required	Required
Lab Results	Universal Service ID	OBR-4.2	Preferred	Required
Lab Results	Result LOINC Code	OBX-3.1	Required	Required
Lab Results	Result Value	OBX-5	Preferred	Required
Lab Results	Units	OBX-6	Preferred	Required
Lab Results	Reference Range	OBX-7	Preferred	Required
Lab Results	Abnormal Flag	OBX-8	Preferred	Required
Lab Results	Result Date/Time	OBX-14.1	Preferred	Required
Documents	History and Physical	OBR-4.1 OBR 4.2	Preferred	Required

RDE field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Medication Information	Give Amount	RXE-3	Preferred	Required
Medication Information	Give Units	RXE-5	Preferred	Required
Medication Information	Sig	RXE-21	Preferred	Required This measure is a pass if either RXE-1.1 or RXE-21.2 meets IEHP Threshold.

MDM field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Documents	History and Physical	TXA-2	Optional	Required
Documents	Origination Date/Time	TXA-4	Optional	Required This measure is a pass if either TXA-4 or TXA-7 meets IEHP Threshold.
Documents	Observation Text	OBX-3.2	Preferred	Required
Documents	Text Content	OBX-5	Preferred	Required

VXU field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Insurance	Insurance Company Name	IN1-4.1	Not Processed	Required beginning Q3 2024
Insurance	Policy Number	IN1-36	Not Processed	Required beginning Q3 2024
Immunizations	Immunization Name	RXA-5.2	Optional	Required
Immunizations	Substance Lot Number	RXA-15	Conditional	Required
Immunizations	Immunization Route	RXR-1.1	Optional	Required
Immunizations	Immunization Location	RXR-1.2	Optional	Required