

SUBJECT Health Information Exchange		CHAPTER 03	SECTION 01	SUBJECT 06
CHAPTER Information Management		SECTION Technology		
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I. APPLICATION:

- PIHP Board
 CMH Providers
 SUD Providers
 PIHP Staff
 CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP that the CIO and PIHP technical staff will ensure that the PIHP has the ability (within limits of law) to safely and securely send and receive data to and from other electronic/software systems. This includes, but is not limited to, the State of Michigan, health plans and providers software systems including physical health and non-healthcare support systems of care. The PIHP will use state and national standards where available.

III. DEFINITIONS:

Security: Methods used to protect the Information System and its contents from fraud, computer viruses, power failure, sabotage, destruction, and unauthorized access or alteration.

IV. STANDARDS:

- A. The PIHP will use state and national standard electronic formats (where available) for the transfer and interface of behavioral healthcare data (MI/DD/SUD clinical, encounter, claims, demographics, outcomes) between disparate systems (e.g., Care Bridge, Sub-state HIEs/MiHIN/NwHIN, health plans, providers, etc.).
- B. Data must pass all required PIHP data quality edits prior to being accepted into CHAMPS before it is sent to the warehouse.

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V. PROCEDURES:

The PIHP will:

1. Safely and securely send and receive data to and from other systems (within limits of law). This includes, but is not limited to, the State of Michigan, health plans and provider systems including physical health and non-healthcare support systems of care.
2. Accept on behalf of entire region of CMHSPs/SUD, enrollment and revenue files, in HIPAA compliant formats, from the State of Michigan.
3. Parse eligibility/enrollment information received from the State and distribute to the CMHSP(s)/SUD in the region.
4. Accept clinical, financial, utilization, demographic, quality and authorization information from CMHSP/SUD sources (including providers) in standard electronic formats using national or state standards where available.
5. Accept clinical, financial, utilization, demographic, quality and authorization information through clearinghouses and other viable, secure and efficient means in standard electronic formats using national or state standards where available when requested by CMHSP/SUD sources and providers.
6. Submit QI, TEDS and encounter data in compliant formats as specified by MDHHS.
7. Exchange behavioral healthcare data with local/community partners, Sub-state HIEs (health information exchange), and/or MiHIN/NWHIN (Michigan Health Information Network/Nationwide Health Information Network).

VI. EXHIBITS: N/A