MAeHC QDC Implementation Guide v1.0 November 1, 2010

Prerequisites:

1. The source system must be able to generate HITSP C32 Summary Documents Using HL7 Continuity of Care Document (CCD) Component v2.5.
2. The source system must be able to connect to and transmit data using HTTPS/SSL to the QDC using one of two methods:
    a. If a member of NEHEN, then you must use the NEHEN Clinical Data Exchange v2.0 (Reference: NEHEN CDX 2.0 Implementation Guide)
    b. Connect directly to the QDC using a webservice address and WSDL which will be provided if required.

CCD Data Element Requirements

1. The CCD Requirements section outlines and prioritizes the required content of the C32 CCD, by both module and data eleme
2. Please refer to the HITSP C32 CCD Implementation Guide and documents referenced below for additional details.

REFERENCE SITES:
HITSP C32 WIKI Pages
Implementation Guide for CDA Release 2 - HITSP CCD C32

HITSP Code	Document	Description
C32	HITSP Summary Documents Using HL7 Continuity of Care Document (CCD) Component Version:2.5	This specification further constrains the HL7 CDA R2 CCD.
C80	Clinical Document and Message Terminology Component Version: 2.0	Defines vocabulary for HL7 CDA documents.
C83	CDA Content Modules Component Version: 2.0	Define the content modules for document based HITSP constructs utilizing clinical information. These Content modules are based on IHE PCC Technical Framework Volume II, Release 4.
C154	HITSP Data Dictionary Version: 1.0	This specification is a library of the HITSP defined data elements that are used for mapping to data elements from the HITSP selected standards.

MAeHC Setups

This section provides additional details, definitions, instructions and requirements for first integrating with and then sending data to the MAeHC QDC.

MAeHC-BID C32 CCD Data Element Requirements 26-May-10

Identifier	Name	Description	Reference Standard - Coding	Priority	Data Type(s)	Attachments
	Document ID	Unique Document Identifier		0	Client OID	Setup B
1. Patient Demographics (Personal Information)						
1.01	Timestamp	Date and time that document was created		2B		
1.02	Person ID	Unique Patient Identifier	HITSP T-24	1A	Client OID	Setup B
1.03	Personal Address	Home street, town, county, state, zip	HITSP C80 Section 2.2.1	2B		
1.05	Person Name	Last, First, Middle Initial		2B		
1.06	Gender	Administrative gender of Patient	HITSP C80 Section 2.2.1.2.1.2	1A		
1.07	Date of Birth	Date of Patients Birth	YYYYMMDD	1A		
1.1	Race	Race of Patient	HITSP C80 Section 2.2.1.2.7	1B		
1.11	Ethnicity	Ethnicity of Patient	HITSP C80 Section 2.2.1.2.2	1B		
2. Language Spoken						
2.01	Primary Language	Spoken, written or understood primary language of Patient	HITSP C80 Section 2.2.1.2.9	1B		
4. Health Care Providers						
4.01	Date Range	The period over which this provider has provided healthcare services to the patient		2B		
4.02	Provider Role Code	PCP, Referring, Attending, Consulting, etc.	HITSP C80 Section 2.2.3.8.1	2B		
4.04	Provider Type	Physician, Dentist, etc.	HITSP C80 Section 2.2.3.8.2	2B		
4.05	Provider Address	Practice Address	HITSP C80 Section 2.2.1	2B		
4.07	Provider Name	Last, First, Middle Initial, NPI		2B	NPI	
4.08	Provider's Organization	Name of Practice where this patient was seen		2B		
4.09	Providers Patient ID	The user visible Medical Record Number of Patient		2B	Client OID	Setup B
5. Health Insurance Provider						
5.02	Insurance Type	HMO, PPO, etc.	HITSP C80 Section 2.2.2.1	1B		
5.03	Health Plan Insurance Source ID	The coded identifier of the payer corresponding to the Health Plan Information Source Name		1B	QDC OID	Setup A
5.06	Insurance Information Source Name	Name of the entity that is the source of information		2B		
5.08	Member/Subscriber ID	Identifier assigned to Patient by the health plan		2B	Client OID	Setup B
5.24	Health Plan Name	Name of the specific health insurance product		1B	Client OID	Setup B
6. Allergy/Drug Sensitivity						
6.01	Adverse event date	Date of when allergy or intolerance became known	YYYYMMDD	1A		
6.02	Adverse event type	Coded type of product and event	HITSP C80 Section 2.2.3.4.2	2A		
6.04	Product Code	Code describing the product	HITSP C80 Section(s): 2.2.3.3.9, 2.2.3.3.11, 2.2.3.3.7, 2.2.3.3.8	1A	NDC, RxNorm	
6.06	Reaction Coded	Code describing the reaction	HITSP C80 Section 2.2.3.4.1	2A		

MAeHC-BID C32 CCD Data Element Requirements 26-May-10

Identifier	Name	Description	Reference Standard - Coding	Priority	Data Type(s)	Attachments
7. Problem/Condition						
7.01	Problem Date	When the problem became active	YYYYMMDD	1A		
7.02	Problem Type	Fixed value to determine the existence of a problem	HITSP 2.2.3.1.2	2A		
7.04	Problem Code	Coded describing the problem	HITSP C80 Section 2.2.3.1.1 - ICD-9, SNOMED CT	1A	ICD, SNOMED	
7.05	Treating Provider	Name of Treating Provider		2B		
7.09	Time of Death	Date and time of death		2A		
7.11	Treating Provider ID	NPI number for provider or providers treating the patient for condition		1A	NPI	
7.12	Problem Status	Status of problem		1A		
8. Medication						
8.02	Medication Stopped	Whether or not a medication was discontinued		1A		
8.04	Frequency	How often the medication is to be administered		2A		
8.06	Duration	Length of time medication should be continued		2A		
8.08	Dose	The amount of medication to be given	HITSP C80 Section: 2.2.3.6.6	2A		
8.11	Product Form	Physical form of medication (Tablet, liquid, etc.)	HITSP C80 Section: 2.2.3.3.3	2A		
8.13	Coded Product Name	Code describing the product	HITSP C80 Section(s): 2.2.3.3.8, 2.2.3.3.9, 2.2.3.3.11 - NDC, RxNorm	1A	NDC, RxNorm	
8.14	Coded Brand Name	Code describing the product as a branded or trademarked name	HITSP C80 Section 2.2.3.3.7, 2.2.3.3.10	2A		
8.19	Type of Medication	Prescription, OTC	HITSP C80 Section 2.2.3.3.5	2A		
8.2	Status of medication	Active, Discharge, Chronic, Acute, etc.		1A		
8.29	Order Expiration	Date when order is no longer valid		2A		
8.3	Order Date	Date when the ordering provider wrote the prescription/order		1A		
8.31	Ordering Provider	NPI of provider who ordered Medication		1A	NPI	
8.37	Dispense Date	Date prescription was dispensed (fulfillment history)		2A		
8.4	Fill Status	Completed, never dispensed, etc.		2A		
10. Information Source						
10.01	Author Time	Time which information was created	YYYYMMDD	2B		
10.02	Author Name	Name of person who created the information		2B		
10.06	Source Name	Name of organization that provided information		2B		

MAeHC-BID C32 CCD Data Element Requirements 26-May-10

Identifier	Name	Description	Reference Standard - Coding	Priority	Data Type(s)	Attachments
13. Immunizations						
13.02	Administered Date	Date immunization was administered or refused	YYYYMMDD	1A		
13.05	Performer	NPI of provider that administered immunization		1B	NPI	
13.06	Coded Product Name	Code describing the product	HITSP C80 Section 2.2.3.5.1 - CPT4 or NDC	1A	NDC, RxNorm, CVX	
14. Vital Signs						
14.01	Vital Sign Result ID	An identifier for this specific vital sign observation		2A		
14.02	Vital sign date	Date of observation	YYYYMMDD	1A		
14.03	Vital sign type	The coded representation of the vital sign observation	HITSP C80 Section 2.2.3.6.4	1A	LOINC, SNOMED	
14.04	Vital sign result status	Status for vital sign observation (e.g. complete, preliminary, etc.)		2A		
14.05	Vital sign value	The value of the result including units of measure		1A		
15. Results						
15.01	Result ID	An identifier for this specific observation		2A		
15.02	Result Date/Time	Date and time of observation	YYYYMMDDHHMMSS	1A		
15.03	Result Type	Code describing the observation performed or made	HITSP C80 Section 2.2.3.6.1 - LOINC, CPT4, SNOMED CT	1A	LOINC, SNOMED	
15.04	Result Status	Status for observation (Complete, preliminary, addendum, etc.)		2A		
15.05	Result Value	The value of the result including units of measure		1A		
16. Encounter						
16.01	Encounter ID	An identifier for this Encounter		2A		
16.02	Encounter Type	Coded value describing the type of encounter	HITSP C80 Section 2.2.3.9.3	1A	CPT	
16.04	Encounter Date	Date of encounter	YYYYMMDD	1A		
16.05	Enounter Provider	Name provider who performed encounter		2B		
16.11	Encounter Provider ID	NPI of encounter provider		1A	NPI	
17. Procedure						
17.01	Procedure ID	An identifier for this Procedure		2A		
17.02	Coded Procedure Type	Code describing the type of procedure	CPT4	1A	CPT, ICD, SNOMED	
17.04	Procedure Date	Date procedure was performed	YYYYMMDD	1A		
17.05	Procedure Provider	NPI of provider who performed procedure		1A	NPI	
19. Social History						
19.01	Social History Date	Range of time of which social history event was active	YYYYMMDD	1A		
19.02	Coded social history	Code describing the type of social history observation	HITSP C80 Section 2.2.2.4	1A		
19.04	Social History Observed Value	Value describing the social history (e.g. smoking history)		1A		

Protected Patient Demographics (Items to be separated from clinical data store)

Required Data Elements

The priority data elements 0,1A,1B are required for sending when they are available, but not every document has all these elements. These requirements are assigned to collect the full set of information to support quality measure evaluation.

Priority	Description	Count
0	Necessary for the processing of a C32 document	1
1A	Necessary for the clinical evaluation of measures	31
1B	Necessary for the reporting of measure results	7
2A	Optional clinical information with no relevance to current measures	19
2B	Optional information relevant to reporting but could be available from other sources	17
	TOTAL	75

Datatypes

comma: stringing them together indicates "or" … readiness of QDC to receive all that are available

red and underlined: indicate MU measure requirements

General Instruction

Entry IDs will be sent with both the "extension" and "root" attributes and will be unique by patient across all sections. This preserves intelligent ID's if participating systems ever develop a need to communicate on an item/transaction level.

MAeHC supports both C80 and NIST Schematron when in conflict

Data Element 5.02	c80 OID	2.16.840.1.113883.3.88.12.3221.5.2
Data Element 5.02	NIST schematron OID	2.16.840.1.113883.6.255.1336

Data Element 14.03 The NIST schematron does not allow the LOINC code for BMI to be passed as specified in C80, we are calculating BMI to support this

Attachment A

MAeHC supplies to clients at setup

Data Element 5.08	MAeHC Payer OID	2.16.840.1.113883.4.392.1.1

Payer Name	Identifier
Other	21000
Aetna	21001
BlueCross BlueShield	21002
Cigna	21003
Fallon	21004
Harvard Pilgrim	21005
Mass Health	21006
Medicare	21007
Neighborhood Health Plan	21008
Tufts	21009
United Health Care	21010
Unicare	21011

Attachment B

MAeHC clients to supply OID's to MAeHC at setup

	Document ID
Data Element 1.02	Person ID
Data Element 4.09	Providers Patient ID
Data Element 5.08	Member/Subscriber ID
Data Element 5.24	Health Plan Name