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 2026 Data Guidelines** which outlines the full MX HL7 data requirements and thresholds for IEHP P4P 2026.

Note:
Data fields in **Blue** are new required measures for 2026.
- None

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	Patient Adddress- ZipOrPostal Code	PID-11.5	Required	Required XXXXX and ZZZZZ values are monitored for homeless

Admission	Next of Kin*	NK1-3.1	n/a	Preferred 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	If fail on PV1-10: Hospital Service, a pass is given based on PV1- 18: Patient Type (same threshold as defined for PV1-10).
Diagnoses	Diagnostic Related Group	DG1-8	Not processed	Preferred The focus of this measure will be on ADT A08s for inpatient where message date is 5 days greater than discharge date.
Diagnoses	Diagnosis Priority	DG1-15	Not processed	Preferred The focus of this measure will be on ADT A08s for inpatient where message date is 5 days greater than discharge date.
Patient Visit	Type of service - BEH	PV1.10	Preferred	Required If fail on PV1-10-BEH: Hospital Service, a pass is given based on PV1- 18-BEH: Patient Type (N/A for the facility is acceptable).
Patient Visit	Type of service - NWB	PV1.10	Preferred	Required If fail on PV1-10-NWB: Hospital Service, a pass is given based on PV1- 18-NWB: Patient Type (N/A for the facility is acceptable).
Patient Visit	Type of service - NICU	PV1.10	Preferred	Required If fail on PV1-10-NICU: Hospital Service, a pass is given based on PV1- 18-NICU: Patient Type (N/A for the facility is acceptable).
Patient Visit	Type of service - OBS	PV1.10	Preferred	Required If fail on PV1-10-OBS: Hospital Service, a pass is given based on PV1- 18-OBS: Patient Type (N/A for the facility is acceptable).
Discharge	Discharge Disposition	PV1.36	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 Bi-directional pass with OBR-4.1
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 Bi-directional pass with RXE-21.2
Medication Information	Give Units	RXE-5	Preferred	Required Bi-directional pass with RXE-21.2
Medication Information	Sig	RXE-21.2	Preferred	Required Bi-directional pass with all RXE-3, RXE-5, RXE-6 and RXR-1 passing

MDM field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Documents	History and Physical	TXA-2	Optional	Required
Documents	Activity Date/Time	TXA-4	Optional	Required Tri-directional pass with TXA-6, TXA-7
Documents	Primary Activity	TXA-5.1 5.2 or 5.3	Preferred	Required This measure is a pass if either TXA-5.1, TXA-5.2 or TXA-5.3 has a value.

	Provider Code/Name			Bi-directional pass with TXA-9
Documents	Origination Date/Time	TXA-6	Not processed	Required Tri-directional pass with TXA-4, TXA-7
Documents	Originator Code/Name	TXA-9.1 9.2 or 9.3	Optional	Required This measure is a pass if either TXA-9.1, TXA-9.2 or TXA-9.3 has a value. Bi-directional pass with TXA-5
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	The focus of this measure will be on newborns where age is 90 days or less. Insurance information is required in the VXU when there is an administration of a vaccination.
Insurance	Policy Number	IN1-36	Not Processed	The focus of this measure will be on newborns where age is 90 days or less. Insurance information is required in the VXU when there is an administration of a vaccination.
Immunizations	Immunization Name	RXA-5.2	Optional	Required
Immunizations	Substance Lot Number	RXA-15	Conditional	Required
Immunizations	Immunization Route	RXR-1.1	Optional	Preferred
Immunizations	Immunization Location	RXR-1.2	Optional	Preferred