Overview

This document outlines the HL7 messages and the corresponding segments IEHP is evaluating for IEHP P4P 2023.

The 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.

For 2023, Any new measure or new calculation of the measure are noted in BOLD text.

ADT Detailed Report

Legend

R	Required	
P	Preferred	
O	Optional	
C	Conditional	

Bold Items — New measure or threshold calculation for 2023

Required Triggers	Description
A01	Patient Admit
A03	Patient Discharge
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 DSG R/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, i.e. 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	
	Information	Race	PID	PID-10	R	R	95%	All	Inform health care quality improvement efforts	If Race is below IEHP threshold, a warning will be provided if Ethnicity passes per IEHP threshold.
	Information	Ethnicity	PID	PID-22.1	R	R	90%	ALL	Inform health care quality improvement efforts	If Ethnicity is below IEHP threshold, a warning will be provided if Race passes per IEHP threshold.
Patient Visit, Allergies, Diagnosis and Procedures	Next of Kin	NB-Relation to Patient	NK1*	NB-within90-Admit Field used for calculation PID-7.1 (DOB) PV-1-2 (Patient Class) NK1-3.1 (Next of Kin relationship)	R	n/a	80%	A01, A04, A06	Ability to separate services to different IEHP departments and provide appropriate information	The focus of this measure will be on newborns and NICU patients with age is 90 days or less. A Next of kin is required as part of the admission where next of kin is one of the following: Foster Parent, Father, Guardian, Mother, Parent where the field needs to have the Mother or Guardian's information identified in NK1-2 and the relationship as 'Mother' or 'Guardian' in NK1-3.1. The calculation for this measure will be as follows: DOB (PID-7.1) is 90 days or less of admit date Patient Class (PV1-2) is inpatient or B for Obstetrics Message Type is A01, A04, A06 NK1-3.1 is either "FSTPRNT","FTH","GRD,"Guardian","MTH","P" or"PAR
	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	
	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	Calculations based on discharge message types (A03) for Inpatient and Emergency (PV1.2)
	Patient Visit	Hospital Service	PV1	PV1-10	R	P	90%	A01/A04/A06	Ability to separate services to different IEHP departments	Calculations based on triggers (A01/A04/A06) for Inpatient and Emergency (PV1.2).

ADT Detailed Report (cont.)

P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG R/P	IEHP Threshold	ADT Event Requirements	Purpose	IEHP Criteria
Patient Visit, Allergies, Diagnosis and Procedures	BEH	PV1	PV1-10-BEH	R	P	0%	A01/A04/A06	Ability to separate services to different IEHP departments	**For IEHP monitoring only.** Calculations based on triggers (A01/A04/A06) for Inpatient and Emergency (PV1.2).
	NWB	PV1	PV1-10-NWB	R	P	0%	A01/A04/A06	Ability to separate services to different IEHP departments	**For IEHP monitoring only.** Calculations based on triggers (A01/A04/A06) for Inpatient and Emergency (PV1.2).
	NICU	PV1	PV1-10-NICU	R	P	0%	A01/A04/A06	Ability to separate services to different IEHP departments	**For IEHP monitoring only** Calculations based on triggers (A01/A04/A06) for Inpatient and Emergency (PV1.2).
	OBS	PV1	PV1-10O-OBS	R	P	0%	A01/A04/A06	Ability to separate services to different IEHP departments	**For IEHP monitoring only.** 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 with PV1-36 outside of discharge to home	R	R	5%	A03	Services/TOC identification	Calculations based on discharge message types for (A03) for Inpatient and Emergency (PV1.2) The PV1-37.1 messages segment count is based on: if the ADT message has PV1-36 with codes outside of discharge to home and if PV1-37-1 values exist. (Please see MX Data Submission Guidelines on codes for PV1-36) If the participant does not adhere to the MX Data Submission Guidelines, a cross walk table must be provided.
	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	60%	ALL	Care Coordination/HEDIS Collection/NCQA Audits	Calculations based on any ADT with discharge date for Inpatient and Emergency (PV1.2). 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	70%	Admission and A08	COB Identification	Calculations based on triggers Admission and A08 Triggers for Inpatient and Emergency (PV1.2)
	Insurance	Policy Number	IN1	IN1-36	R	P	70%	Admission and A08	COB Identification	Calculations based on triggers Admission and A08 Triggers for Inpatient and Emergency (PV1.2)

ORU Detailed Report

Bold Items   New measure or threshold calculation for 2023

RESULTS

P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG - R/P	IEHP Threshold	IEHP Purpose	IEHP Criteria
ADT - Admission, Discharge, and Diagnosis information (Required)	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	P	100%	Member Validation	
Patient Visit	Patient Visit	Patient Class	PV1	PV1-2	R	P	95%	Link data to admission	
	Patient Visit	Patient Visit ID	PV1	PV1-19	R	P	95%	Link data to admission	
Insurance Information	**Insurance**	**Insurance Company Name**	**IN1***	**IN1-4.1**	**R**	not processed	**0%**	**COB Identification**	**For IEHP Monitoring only.**
	Insurance	**Policy Number**	**IN1**	**IN1-36**	**R**	not processed	**0%**	**COB Identification**	**For IEHP Monitoring only.**
	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 LOINC Code**	**OBX**	**OBX-3.1**	**R**	**R**	**80%**	**HEDIS/NCQA Audits**	**Calculations are based on participants sending lab LOINC codes.** **For 2023, monitoring only for Q1 and Q2. Starting Q3, this will be required with a threshold of 80%**
	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	70%	HEDIS/NCQA Audits	
	Lab Results	Abnormal Flag	OBX	OBX-8	R	P	20%	HEDIS/NCQA Audits	
	Lab Results	Result Date/Time	OBX	OBX-14.1	R	P	90%	HEDIS/NCQA Audits	

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

P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG - R/P	IEHP Threshold	IEHP Purpose	IEHP Criteria
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	Description 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	Description 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	Description 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	Description must contain 1 document for the category for the reporting period
	Discharge Summary	Discharge Summary	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period
	Discharge Summary	Discharge Summary	OBR	OBR 4-2	R	P	1	Care Coordination	Description must contain 1 document for the category for the reporting period
	Procedure Notes	Procedure Notes/Surgical Notes	OBR	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period IEHP consolidated Procedure and Surgical Notes as 1 measure.
	Procedure Notes	Procedure Notes/Surgical Notes	OBR	OBR 4-2	R	P	1	Care Coordination	Description 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	Description must contain 1 document for the category for the reporting period
	History & Physical	History & Physical	OBX	OBR 4-1	R	R	1	Care Coordination	LOINC must contain 1 document for the category for the reporting period IEHP consolidated Procedure and Surgical Notes as 1 measure.
	History & Physical	History & Physical	OBX	OBR 4-2	R	P	1	Care Coordination	Description must contain 1 document for the category for the reporting period

RDE Detailed Report

Legend

R	Required
P	Preferred
O	Optional
C	Conditional

Bold Items   **New measure or threshold calculation for 2023**

P4P Measure	P4P Measure	Data	HL7 Segment	HL7 Field	IEHP P4P Required	MX DSG - R/P	IEHP Threshold	Triggers	IEHP Purpose	IEHP Criteria
ADT - 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	80%	All	HEDIS/NCQA Audits	
	Medication Information	**Quantity**	**RXE**	**RXE-1.1**	**R**	P	**80%**	**All**	**HEDIS/NCQA Audits**	**Required for 2023.** **This measure is a pass if either RXE-1.1 or RXE-21.2 meets IEHP Threshold.**
	Medication Information	Give Amount	RXE	RXE-3	R	P	80%	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	80%	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	80%	All	HEDIS/NCQA Audits	**This measure is a pass if either RXE-1.1 or RXE-21.2 meets IEHP Threshold.**
Route of Delivery	Medication Route	Route	RXR	RXR-1	R	R	100%	All	HEDIS/NCQA Audits	

VXU Detailed Report

Legend

R	Required
P	Preferred
O	Optional
C	Conditional

Bold Items **New measure or threshold calculation for 2023**

For RXR and RXA measures: Threshold calculation = count of HL7 Field in message divided by total messages with Administration Notes/Identifier (RXA-9) "00" and Action Code (RXA-20)=CP

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
ADT - 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	
Insurance Information	**Insurance**	**Insurance Company Name**	**IN1***	**IN1-4.1**	**R**	not processed	**0%**	**COB Identification**	**For IEHP Monitoring only.**
	Insurance	**Policy Number**	**IN1**	**IN1-36**	**R**	not processed	**0%**	**COB Identification**	**For IEHP Monitoring only.**
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	
Immunization Details	Immunizations	Date/Time Start of Administration	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 Coding System	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	Substance Lot Number	RXA	RXA-15	R	C	80%	HEDIS/NCQA Audits	
	Immunizations	Completion Status	RXA	RXA-20	R	R	95%	HEDIS/NCQA Audits	
	Immunizations	Action Code	RXA	RXA-21	R	R	80%	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	

If applicable-MDM Detailed Report

Legend

R	Required
P	Preferred
O	Optional
C	Conditional

Required Triggers	
T02	Original document and content
T04	Document Status Change Notification and Content
T06	Document Addendum Notification and Content
T10	Document replacement and content

Bold Items New measure or threshold calculation for 2023

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
ADT - 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 Class	PV1	PV1-2	R	R	100%	ALL	Data Flow	
Patient Visit	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	99%	ALL	Care Coordination	
	Document	Document Content	TXA	TXA-3	R	R	99%	ALL	Care Coordination	
	Document	**Activity Date/Time**	**TXA**	**TXA-4**	**R**	**O**	**99%**	**ALL**	**Care Coordination**	**This measure is a pass if either TXA-4 or TXA-7 meets IEHP Threshold.**
	Document	Transcription Date/Time	TXA	TXA-7	R	R	99%	ALL	Care Coordination	**This measure is a pass if either TXA-4 or TXA-7 meets IEHP Threshold.**
	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	Value Type	OBX	OBX-2	R	R	100%	ALL	Care Coordination	
	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	**90%**	ALL	Care Coordination	**For 2023, the threshold was dropped to 90%**