

CHIRP Office Hours

October 11, 2023



Agenda

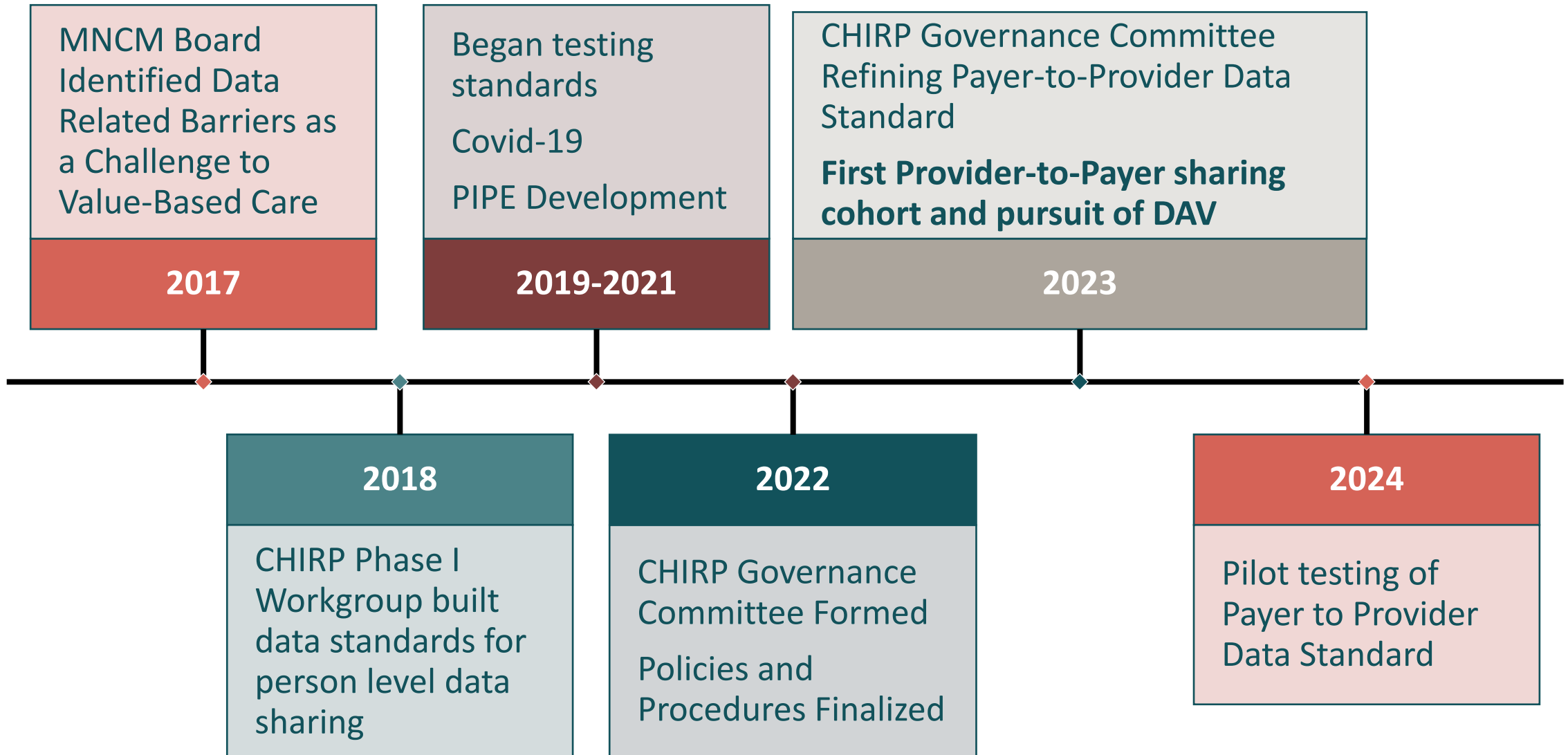
1. CHIRP Overview
2. Provider to Payer Program
3. Conversation with CHIRP
Participating Medical Group
4. Next Steps
5. Open Discussion

CHIRP (Common Health Information Reporting Partnership) Overview



The Common Health Information Reporting Partnership (CHIRP) is a program established to empower stakeholders with meaningful data to drive improvement in health care quality, equity, and affordability by **facilitating data sharing among health care payers and health care providers for specified use cases.**

The History of CHIRP



The Two CHIRP Data Standards

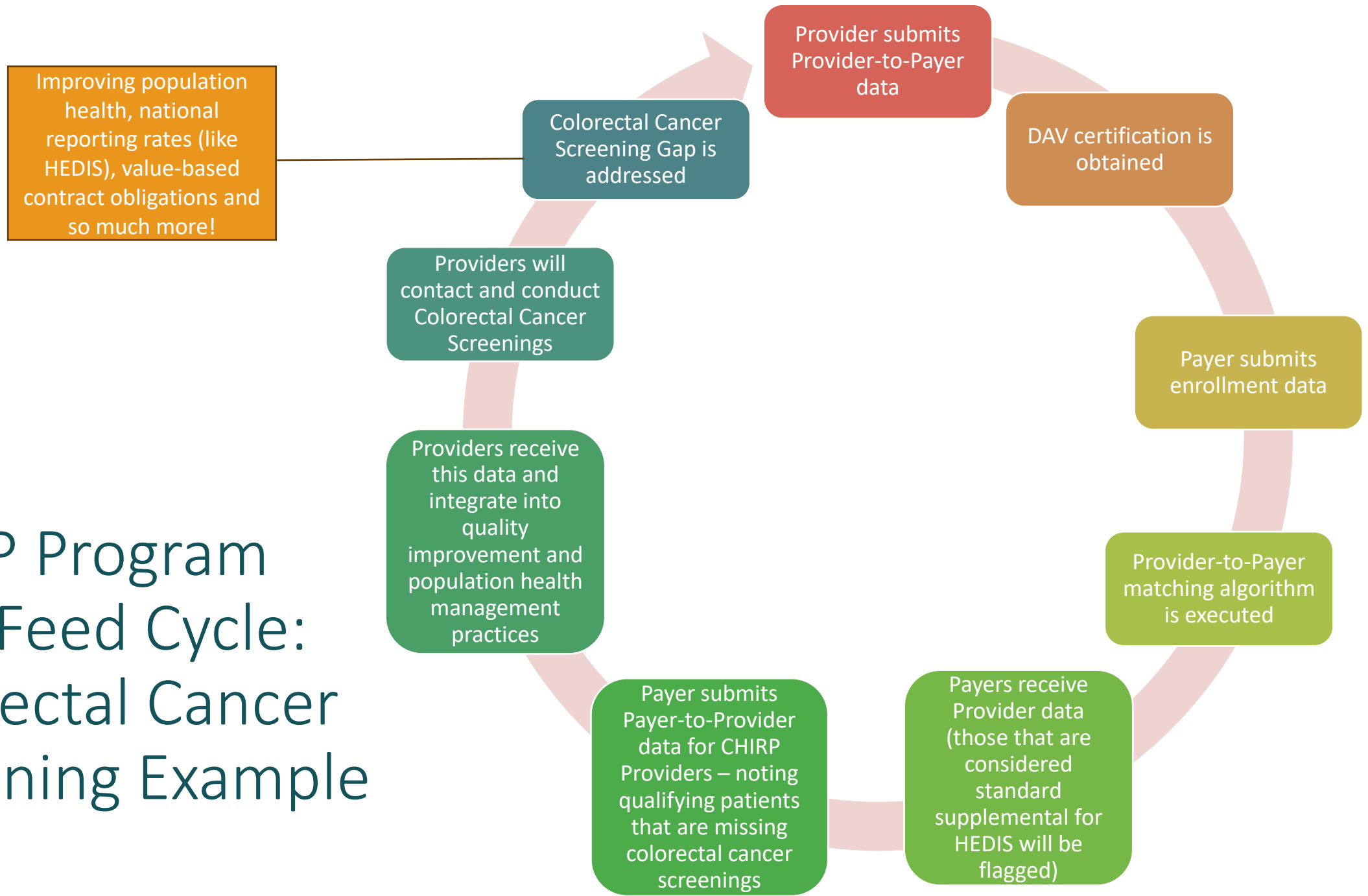
Provider to Payer

- Goal: Medical groups could leverage the same PIPE standard to send specific data elements directly to the health plans.
- Limited only to minimum necessary data elements and use cases determined by CHIRP Governance Committee
- **Providers delegate which Payers can receive their data**

Payer to Provider

- Goal: More timely exchange of information increases accuracy of identified potential “gap” and 1) reduces the chase 2) increases performance rates
- Standard is in finalization stages with CHIRP Governance Committee

CHIRP Program Data Feed Cycle: Colorectal Cancer Screening Example



Benefits to Providers Participating in CHIRP



Increased efficiency/reduced burden due to transition of clinical data sharing responsibility to MNCM



Increased accuracy in gap reports received from health plans due to increase in health plan access to more timely clinical data



Efficiency and cost savings from fewer chart chases requested by health plans for HEDIS measures



No cost to Providers for Provider-to-Payer data sharing

Approved Use Case 1

#	Use Case Name	Description	Date Approved/ Updated
1	Health Care Provider Authorization to Send CHIRP Provider-to-Payer Clinical Data to Payers	<p>Allow MNCM PIPE participants the option of having their clinical data shared via the MNCM CHIRP program to payer organizations.</p> <ol style="list-style-type: none">1. Data would be shared with a payer or payers only if the participant agrees to permit such sharing, and only for uses mutually agreed-upon by the payer and participant as specified in the CHIRP Provider-to-Payer policies and procedures.2. Patient data would be sent to the payer only if both the following criteria are met: (a) the patient appears on the current Member Enrollment file supplied to MNCM by the payer; and (b) the patient is identified in the PIPE medical group participant's Demographic File as being covered by the payer on the date of the submission.	February 15, 2023

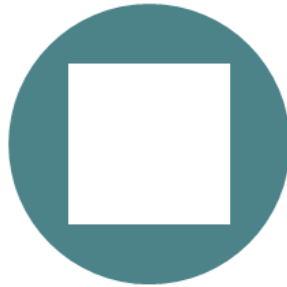
Approved Use Case 2

#	Use Case Name	Description	Date Approved/ Updated
2	Health Care Payer Use of CHIRP Provider-to-Payer Clinical Data	The Use Case allows Participants, which are health care payers, to access and use Health Data of individuals insured or covered by a health benefit plan administered by the Health Care Payer, for care management, collection of quality data and risk adjustment. No other access to, and use of, Health Data is permitted under this Use Case.	February 15, 2023

Provider-to-Payer: PIPE Standard Files*



DEMOGRAPHIC



ENCOUNTER



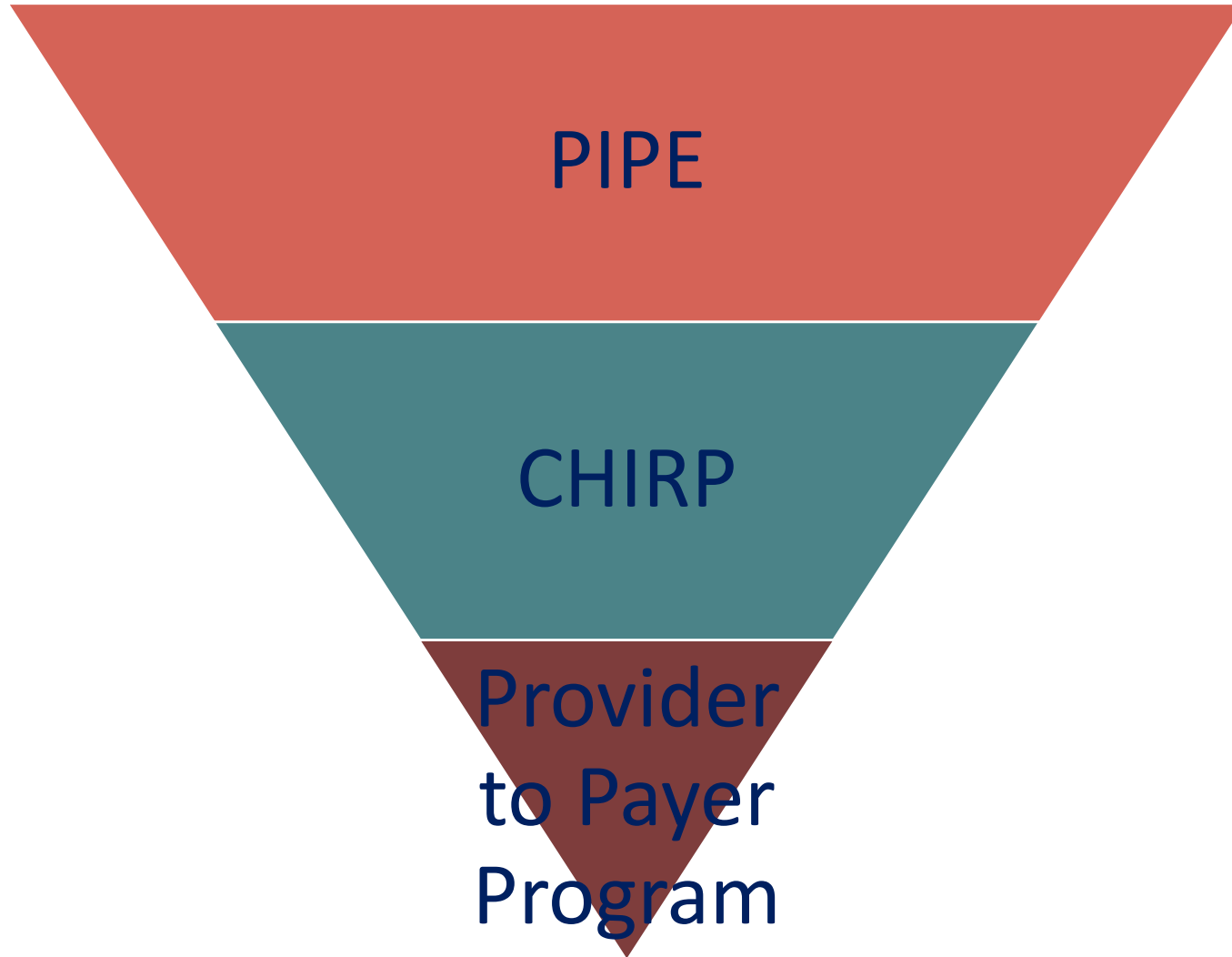
BLOOD
PRESSURE



LAB/PROCEDURE

*The data from each file will be limited per Provider-to-Payer data standard

Provider-to-Payer Data Flow



PIPE – All Providers and Payers onboarded to this system for MNMCM’s core work

CHIRP – Facilitates data flows between Provider and Payers that are participating in the program

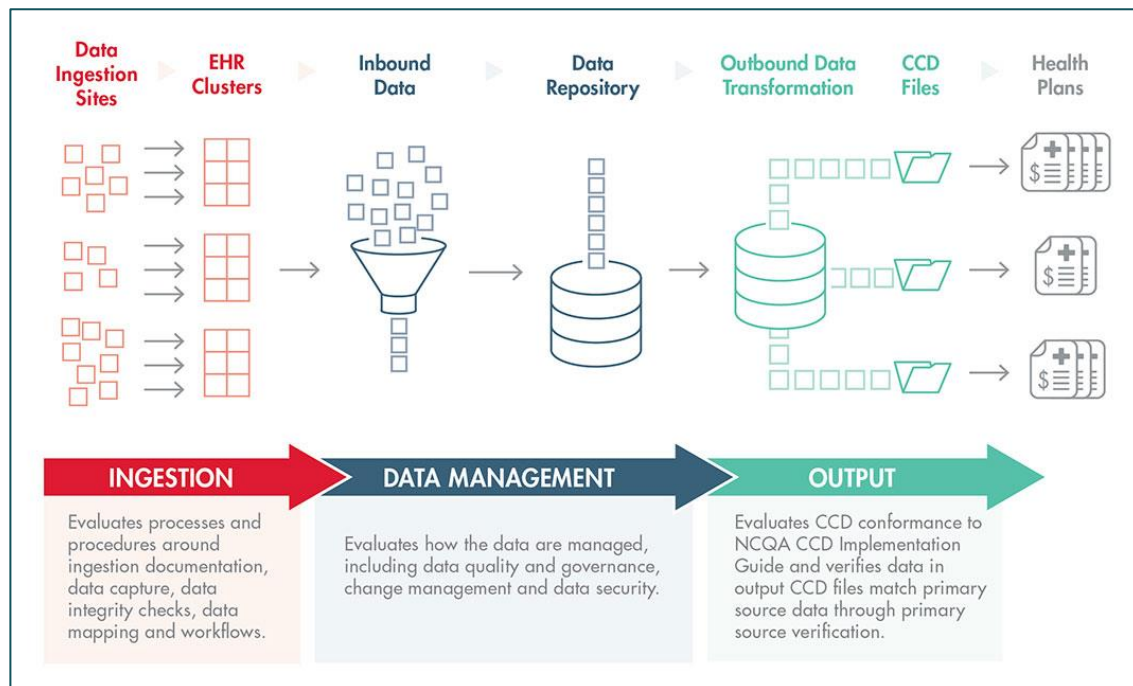
Provider to Payer Program – Data from sources (Providers) that have been validated through the NCQA Data Aggregator Validation program

What is the DAV Program?

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The NCQA Data Aggregator Validation (DAV) program assesses data aggregators to ensure data provided to health plans for use in quality measurement meets certain standards

Once certified, data delivered via PIPE would be considered standard supplemental data for HEDIS reporting



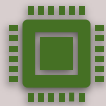
Commitments to Participating in CHIRP



CHIRP Legal addendum is executed



Monthly data submissions for Demographic, Encounter, Blood Pressure and Lab/Procedure files (by second Friday of every month)



Notify MNMCM regarding all EHR and query changes that impact data prepared for submission to PIPE in a timely manner.



Annual DAV re-certification in the summer

Requires: Reviewing and providing screen shots for one case per medical group per year while enrolled in the CHIRP program



OLMSTED MEDICAL CENTER

Olmsted Medical Center (OMC), a not-for-profit organization, has been southeastern Minnesota's hometown healthcare provider since 1949.

Who we are and where we are located

11 Community Branch Clinics in Southern Minnesota



339,762
Clinician Visits



80,254
Patients Served



916
Babies born



4,745
Surgical procedures



35
Clinical Specialties



23,079
Emergency Dept Visits

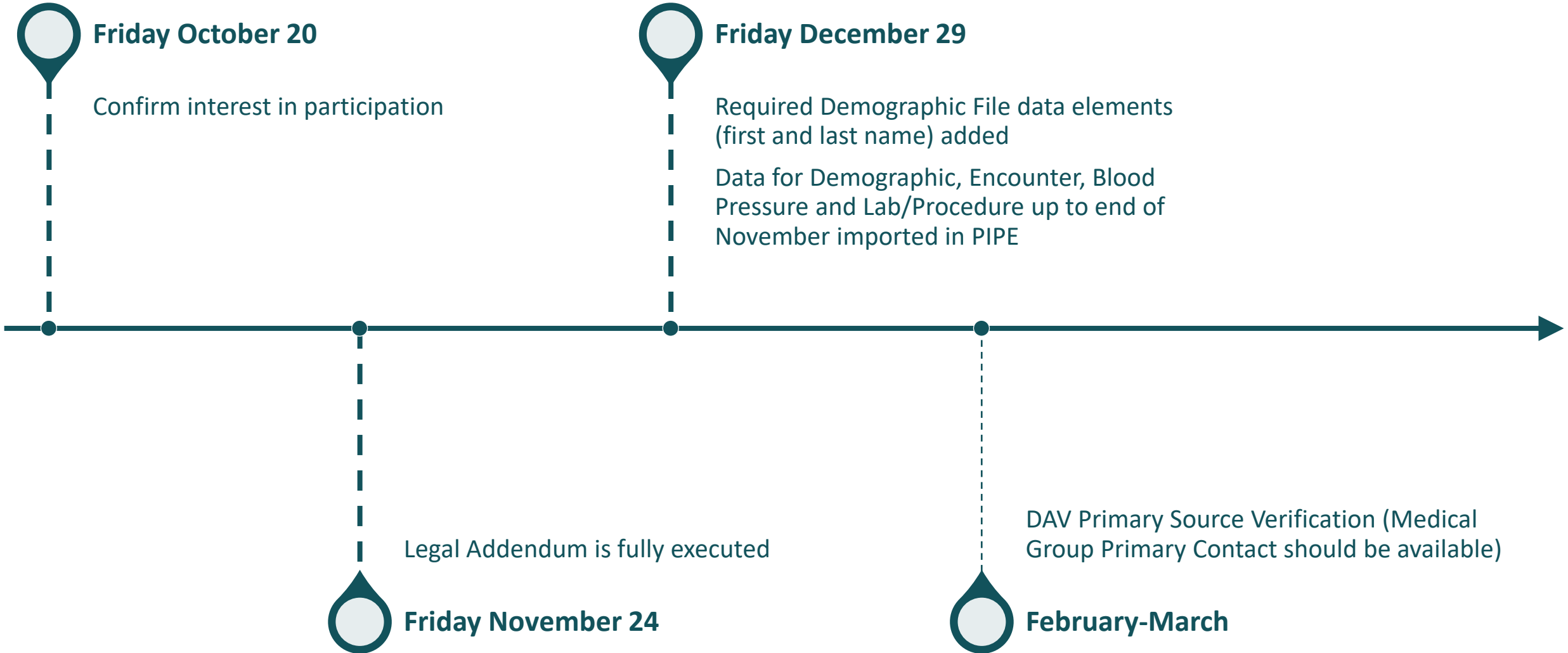


22
Patient Care Locations



1,371
Employees
Includes 195 clinicians

Next Steps Timeline



Open Discussion

Feel free to unmute or chat any questions!

Thank You For Attending!

Please contact Support@mncm.org for further questions

Demographic File

Included Data Elements

Contains one row for each patient contained in any of the other files.

Insurance	Patient Sex at Birth	Preferred Language
Insurance Member ID	Patient Date of Death (DOD)	Preferred Language Other
Medical Group OID*	Patient Status	Street Address
<u>DAV Status*</u>	Race 1	City
Patient ID	Race 2	State
Patient Full First Name*	Race 3	ZIP Code
Patient Last Name*	Race 4	
Patient Date of Birth (DOB)	Race 5	

Encounter File

Included Data Elements		
Contains one row per encounter/CPT related to an encounter		
Insurance	Encounter Clinic Name	Diagnosis Coding System
Insurance Member ID	Provider NPI	Diagnosis Code(s) <Up to 50>
Medical Group OID*	Provider Specialty	
<u>DAV Status*</u>	Provider Specialty - Other	
Patient ID	Height	
Date of Encounter	Weight	
Encounter / CPT Service Code	Tobacco Status	

Blood Pressure File

Included Data Elements

Contains one row per ambulatory blood pressure that was not associated with a diagnostic test or surgical procedure

Insurance	<u>DAV Status*</u>	Blood Pressure Time
Insurance Member ID	Patient ID	Systolic Reading
Medical Group OID*	Blood Pressure Date	Diastolic Reading

Lab/Procedure File

Included Data Elements		
Contains one row per lab or procedure		
Insurance	Patient ID	Lab Result
Insurance Member ID	Lab Service Date	Procedure Date
Medical Group OID*	Lab Code	Procedure Code
<u>DAV Status*</u>	Lab Type	Procedure Type

Included Clinical Data Types

Mammography
HbA1C Value
Cervical Cytology
HR-HPV Test
Chlamydia Test
Colonoscopy
CT Colonography
FIT-DNA
Flexible Sigmoidoscopy
FOBT
uACR Test
eGFR Test
Tobacco Use

Immunizations

- DTaP Immunization
- Inactivated Polio Immunization
- Measles Mumps Rubella Immunization
- Measles Rubella Immunization
- Measles Immunization
- Mumps Immunization
- Rubella Immunization
- Haemophilus Influenzae Immunization
- Hepatitis B Immunization
- Varicella Zoster Immunization
- Pneumococcal Conjugate Immunization
- Hepatitis A Immunization
- Rotavirus Immunization
- Influenza Immunization
- Human Papillomavirus Immunization
- Meningococcal Conjugate Immunization
- Tdap Immunization

