

# MNCM Common Health Information Reporting Partnership (CHIRP)

## What is CHIRP?

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 CHIRP program is founded on the principle that for data to be meaningful to stakeholders in today's environment, it needs to be as timely, actionable, consistent, and complete as possible to deliver the highest value.

## What is the Provider-to-Payer data facilitation?

The Provider-to-Payer data facilitation allows Medical groups to leverage PIPE data to send specific data elements directly to the health plans

### *View CHIRP Program Policies and Procedures*

- Medical groups will have the opportunity to designate which payers they agree to share clinical data with, and there is no charge to medical groups for the CHIRP Provider-to-Payer data sharing service.
- Participating payers that receive clinical data through CHIRP will pay a fee to cover MNMCM's costs of administering the program.
- Approved Use Cases: The clinical data elements shared are defined in the CHIRP Provider-to-Payer Data Standard and include a subset of the data providers submitted to MNMCM via PIPE. The CHIRP Governance Committee has determined the included data elements are the minimum necessary information for care management, quality measurement, and risk adjustment.

## Benefits for participation:

### Benefits to Payers

- Cost savings from reducing the number of chart chases required to secure data for HEDIS measurement
- More timely, actionable, consistent, and complete data about members
- Improved signal strength needed to advance goals for improvement due to increased confidence in the accuracy of the gap reports.

### Benefits to Providers

- Efficiency and cost savings from fewer chart chases requested by health plans for HEDIS measures
- Efficiency/reduced burden due to transition of clinical data sharing responsibility to MNMCM
- Increased accuracy in gap reports received from health plans due to increase in health plan access to more timely clinical data

## Requirements for Providers

1. Medical Group must be fully onboarded onto PIPE
2. Execute the CHIRP Provider-to-Payer Legal Addendum, indicating the health plans that are authorized for MNCM to send data to on Medical Group's behalf.
3. Modify PIPE queries to include two additional data elements for all patients in the Demographic file (review *this addendum* for further clarification), and import Demographic, Encounter, Lab/Procedure and Blood Pressure Files for current year.
4. Medical Group agrees to Imported relevant files in the PIPE portal by the second Friday of each month. Files necessary for this exchange include Demographic, Encounter, Blood Pressure and Lab/Procedure files only. Other data files can be submitted at the convenience of the Provider Organization.
5. Annually participate in Primary Source Verification (PSV) of the validation process, which includes:
  - a. Designating a primary contact that will be readily available to consult with MNCM staff during the PSV process.
  - b. Reviewing and providing screen shots for one case per medical group per year while enrolled in the CHIRP program.
  - c. Notifying MNCM regarding all EHR and query changes that impact data prepared for submission to PIPE in a timely manner

## Requirements for Payers

1. Must be fully onboarded onto PIPE
2. Execute the CHIRP Provider-to-Payer Legal Addendum
3. Modify PIPE queries to include two additional data elements for all patients in the Enrollment file (review *this addendum* for further clarification), and import Enrollment file for current year.
4. Payer agrees to Imported relevant files in the PIPE portal by the second Friday of each month. Files necessary for this exchange includes the Encounter file only. Other data files can be submitted at the convenience of the Payer Organization.