

UHN Examples of Successful Interoperability

Profile Element	Description	
Responsible Entity	The owner of the project	UHN
Participating Entities	Types of organizations participating, e.g., hospital, provider	All Payer Claims Database and top 20 payers in Utah including Medicaid Payers are the primary users Future will include providers
Description	Short description of the project	<p>COB Database-Using payer information to help providers and payers determine multiple coverages</p> <p>Using enrollment data from the All Payer Claims Database and the master patient index (MPI) to link patients enrolled under multiple insurances</p> <p>This project eases the burden on payers and providers in discovering insurance coverage for their members/patients</p> <p>Produces a CSV report. On-line access in the future</p> <p>Have just created an incremental report. Client can request full report or just an incremental report. Report is sent electronically.</p> <p>Payers run the reports against their own file to identify those where they do not have a notice of other insurance.</p>
Standards Implemented	What standards were implemented in the project	Enrollment data is in APCD format. This is an X12 standard
Policies Adopted	What policies were implemented/adopted to support the implementation	State Rule to allow APCD to share data
Timeframe	Start date, key milestones	Started in November 2014; working on refining report

Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	In March 2015, received 64,585,521 enrollment records with 1,003,156 showing overlapping coverage dates Includes historical data.
Impacts	Quantitative results, e.g., reduction in delays, cost savings	Still evaluating; Early reports indicate this process has shorten the time frame from 30 to 45 days for a questionnaire to be returned to 24-48 hours.
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	Public Employees' health Plan of Utah reported that is greatly decreased the staff time and cost required to ensure that claims are paid correctly.
References	Links or attached documents	
Contacts	Point of contact for further information	Teresa Rivera 801-466-7705, ext 214

Profile Element	Description	
Responsible Entity	The owner of the project	UHIN
Participating Entities	Types of organizations participating, e.g., hospital, provider	Payers, hospitals and providers
Description	Short description of the project	<p>Notifications of hospital inpatient and emergency room admissions</p> <p>Using ADTs from hospitals and patient lists from subscribers to the alerts, able to send real time to the subscriber (provider or payer) through Direct secure messaging or sFTP. Subscriber can customize the type of alert based on patient cohort.</p> <p>We have 2 behavioral health providers that have subscribed their high risk patients. They receive real time alerts to try to intervene and coordinate care with the physical</p>

		<p>health hospital while the patient is in the hospital</p> <p>We have a payer that subscribes asthma patients and monitors emergency admissions. If the patient is in the emergency room they will contact the patient to ensure that the patient has medication to treat their chronic condition (the emergency room typically provides medication for the acute episode)</p> <p>We have a payer that is subscribing their maternity patients and monitors their discharge. They are following up with the patient to ensure they receive their postpartum care.</p> <p>We have providers tracking their patients for follow up multiple emergency services</p> <p>Flow from hospital or ED to UHIN to subscribers to notifications. Subscribers sign up a patient panel and the types of notifications that they want to receive. Can receive in real time and batch. Both payers and providers subscribe.</p> <p>Get 100% of ADT messages. Both ED and inpatient.</p>
Standards Implemented	What standards were implemented in the project	HL7 ADT message
Policies Adopted	What policies were implemented/adopted to support the implementation	Community adopted sharing of data for treatment, payment and operations
Timeframe	Start date, key milestones	Started in 2013; continuing to grow use
Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	Sent 12,552 alerts in July Have 21 subscribers
Impacts	Quantitative results, e.g., reduction in delays, cost savings	Better patient care
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	Case Manager comments that this is the best tool in their arsenal.
References	Links or attached documents	

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Profile Element	Description	
Responsible Entity	The owner of the project	UHIN
Participating Entities	Types of organizations participating, e.g., hospital, provider	Medicaid and University of Utah Only one hospital using this
Description	Short description of the project	Electronic claims attachments Using Direct secure messaging to send attachments needed for claims payment This project allows the provider to send needed medical records to Medicaid electronically University of Utah identifies claims that need attachments.
Standards Implemented	What standards were implemented in the project	No standards. PDF within the Direct message. Use a template that creates XML for subscriber, claim number. Starting a project with CCDs
Policies Adopted	What policies were implemented/adopted to support the implementation	Community adopted sharing of data for treatment, payment and operations
Timeframe	Start date, key milestones	Started in 2013; working to expand to other use cases
Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	200-300 a month
Impacts	Quantitative results, e.g.,	Timely claims processing. University believes this has had a significant impact. Also

	reduction in delays, cost savings	provides an acknowledgement of receipt. There is no limit on the size of the attachment.
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	
References	Links or attached documents	
Contacts	Point of contact for further information	Teresa Rivera 801-466-7705, ext 214

Profile Element	Description	
Responsible Entity	The owner of the project	UHIN
Participating Entities	Types of organizations participating, e.g., hospital, provider	Medicaid and all Utah nursing homes. Medicaid will not accept paper any more.
Description	Short description of the project	Electronic pre-authorizations of skilled nursing facility claims Using Direct secure messaging to send preauthorization requests and needed attachments This project allows the provider to send their request and needed medical records to Medicaid electronically
Standards Implemented	What standards were implemented in the project	PDFs in a Direct message. Use an XML template with the patient info based on Utah form 10A
Policies Adopted	What policies were implemented/adopted to support the implementation	Community adopted sharing of data for treatment, payment and operations

Timeframe	Start date, key milestones	Started in 2013
Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	1500-2000 a month
Impacts	Quantitative results, e.g., reduction in delays, cost savings	Timely claims authorization of services. Saving money for the nursing homes. Had been sending pre-authorization request by certified mail. Can track receipt.
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	
References	Links or attached documents	
Contacts	Point of contact for further information	Teresa Rivera 801-466-7705, ext 214

Profile Element	Description	
Responsible Entity	The owner of the project	UHIN
Participating Entities	Types of organizations participating, e.g., hospital, provider	Payers and providers
Description	Short description of the project	<p>Patient centric clinical portal</p> <p>Using HIE software to provide a patient centric view of healthcare data from disparate sources</p> <p>This project allows the user to see current demographics of the patient, helpful when working with the Medicaid population that moves frequently. Also allows the user to see clinical information from disparate providers to coordinate care. The user can generate a query to an external data source (Sequoia Project protocol) as well.</p>

		<p>Lab, Radiology, ADT reports. Adding advance directive. Hospitals and providers are pushing data to UHIN.</p> <p>Have an MPI.</p> <p>Can get data via portal or use the eHealth Exchange standard to query</p>
Standards Implemented	What standards were implemented in the project	<p>HL7 ADT, Lab, Rad, and transcription</p> <p>Planning to add CCD</p> <p>Advance Directive is a PDF</p> <p>IHE query standards</p>
Policies Adopted	What policies were implemented/adopted to support the implementation	Community adopted sharing of data for treatment, payment and operations
Timeframe	Start date, key milestones	Started in 2009; working to expand to other use cases
Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	<p>100,000 messages per month</p> <p>35 hospitals</p> <p>18 clinics</p> <p>16 clinics looked up 955 patients</p> <p>700 queries</p>
Impacts	Quantitative results, e.g., reduction in delays, cost savings	Coordination of care
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	
References	Links or attached documents	
Contacts	Point of contact for further information	Teresa Rivera 801-466-7705, ext 214