



INLAND EMPIRE HEALTH PLAN

Supplemental Program Guidance on 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 2022 Data Guidelines** which outlines the MX HL7 data requirements and thresholds for IEHP P4P 2022.

Note:

Data fields in **Blue** are new measures for 2022.

Exceptions have been granted for Q1 2022 for the following new measures. For Q2 2022, thresholds for the measures below will need to be met.

- ADT - NB (New Born)-Relation to Patient.
- VXU- Substance Lot Number
- VXU -Action Code

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



INLAND EMPIRE HEALTH PLAN

ADT field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Admission	Race	PID-10	Required	Required
Admission	Ethnicity	PID-22.1	Required	Required
Admission	Next of Kin*	NK1-3.1	n/a	Required NB (New Born)-Relation to Patient within 90 days-Admit: <ul style="list-style-type: none"> 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	Required
Patient Visit	Type of service - BEH	PV1.10	Preferred	Required – For 2022 Monitoring Only (N/A for the facility is acceptable)
Patient Visit	Type of service - NWB	PV1.10	Preferred	Required – For 2022 Monitoring Only (N/A for the facility is acceptable)
Patient Visit	Type of service - NICU	PV1.10	Preferred	Required – For 2022 Monitoring Only (N/A for the facility is acceptable)
Patient Visit	Type of service - OBS	PV1.10	Preferred	Required – For 2022 Monitoring Only (N/A for the facility is acceptable)
Discharge	Discharge Disposition	PV1.36	Required	Required
Discharge	Patient Home/SNF	PV1.37	Required	Required
Discharge	Diagnosis Code	DG1-3.1	Required	Required For 2022, Calculations based on any ADT with discharge date for Inpatient and Emergency (PV1.2)
Insurance	Policy Number	IN1-36	Preferred	Required



INLAND EMPIRE HEALTH PLAN

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	Required	Required
Lab Results	Diagnostic Service Sect ID	OBR-24	Required	Required
Lab Results	Result LOINC Code	OBX-3.1	Required	Required For 2022, monitoring only. Calculations are based on participants sending lab LOINC codes.
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	Quantity	RXE-1.1	Preferred	Required – For 2022, monitoring only
Medication Information	Give Amount	RXE-3	Preferred	Required
Medication Information	Give Units	RXE-5	Preferred	Required
Medication Information	Sig	RXE-21	Preferred	Required



INLAND EMPIRE HEALTH PLAN

MDM field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Documents	MRN	PID3.1	Required	Required
Documents	Patient Name	PID5.1	Required	Required
Documents	Date of Birth	PID7.1	Required	Required
Documents	Patient Visit ID	PV1-19.1	Required	Required
Documents	Text Content	OBX-5	Required	Required
Documents	Origination Date/Time	TXA-6	Not processed	Required -For 2022, monitoring only
Documents	Edit Date/Time	TXA-8	Not processed	Conditional -For 2022, monitoring only
Documents	History and Physical	TXA-2	Optional	Required
Observation	DateTimeOfTheObservation/Time	OBX-14.1	Optional	Conditional -For 2022, monitoring only

VXU field level differences

P4P Measure	Data	HL7 Field	MX DSG	IEHP P4P
Immunizations	MRN	PID-3.1	Required	Required
Immunizations	Patient Name	PID-5.1	Required	Required
Immunizations	Patient DOB	PID-7.1	Required	Required
Immunizations	Ordering Provider	ORC-12.1	Required	Required
Immunizations	Administration Date	RXA-3.1	Required	Required
Immunizations	CVX Code	RXA-5.1	Required	Required
Immunizations	Immunization Name	RXA-5.2	Optional	Required
Immunizations	Immunization Code Identifier	RXA-5.3	Required	Required
Immunizations	Substance Lot Number	RXA-15	Conditional	Required
Immunizations	Action Code	RXA-21	Required	Required
Immunizations	Immunization Route	RXR-1.1	Optional	Required
Immunizations	Immunization Location	RXR-1.2	Optional	Required