



MiHIN
Shared Services

Michigan Health Information Network

Discharge Medication Reconciliation Implementation Guide

Version 10

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Table of Contents

Acronyms and Abbreviations Guide	1
Definitions.....	2
1 Introduction	5
1.1 Purpose of Use Case.....	5
1.2 Message Content.....	5
1.3 Data Flow and Actors	5
2 Standard Overview	8
2.1 File Format.....	8
2.2 Exchange Model	8
3 Onboarding Process	9
3.1 Initial Onboarding	9
3.1.1 Initial Legal Process	9
3.1.2 Initial Technical Connectivity Process	9
4 Specifications	11
4.1 C-CDA Required Fields	11
4.2 Submission via DIRECT Secure Messaging.....	12
4.3 Direct Addresses.....	12
4.5 Delivery Notification	12
4.6 Receiving via DIRECT Secure Messaging	13
4.7 Receiving via API	13
4.7.1 Medication Reconciliation Receiver API Specifications	14
5 Troubleshooting	16
6 Legal Advisory Language.....	17

Acronyms and Abbreviations Guide

ACRS	Active Care Relationship Service
ADE	Adverse Drug Events
ADT	Admin-Discharge-Transfer Notice
AMR	Advanced Medication Reconciliation
API	Application Programming Interface
ADE	Adverse Drug Event
C-CDA	Consolidated – Clinical Document Architecture
CDA	Clinical Document Architecture
DSM	Direct Secure Messaging
EHNAC-DTAAP	Electronic Healthcare Network Accreditation Commission Direct Trusted Agent Accreditation Program
EHR	Electronic Health Record
HISP	Health Internet Service Provider

HL7	Health Level Seven
JSON	JavaScript Object Notation
MiHIN	Michigan Health Information Network
NPI	National Provider Identifier
NwHIN	Nationwide Health Information Network
OID	Object Identifier
PHI	Protected Health Information
REST	Representational State Transfer
SNF	Skilled Nursing Facility
VPN	Virtual Private Network
XCA	Cross-Community Access
XDM	Cross-Enterprise Document Media Interchange
XML	Extended Mark-Up Language



Definitions

Active Care Relationship. (a) For health providers, a patient who has been seen by a provider within the past 24 months, or is considered part of the health provider's active patient population they are responsible for managing, unless notice of termination of that treatment relationship has been provided to HIN; (b) for payers, an eligible member of a health plan; (c) an active relationship between a patient and care manager or other person or organization for the purpose of treatment, payment or operations; or (d) a relationship with a health provider asserted by a consumer and approved by such health provider.

Active Care Relationship Service. The HIN Infrastructure Service that contains information on those TDSOs and health professionals who have an active care relationship with a patient.

Admission, Discharge, Transfer (ADT). An event that occurs when a patient is admitted to, discharged from or transferred from one care setting to another care setting or to the patient's home. For example, an ADT event occurs when a patient is discharged from a hospital and sent home. An ADT event also occurs when a patient arrives in care setting such as a health clinic or hospital.

ADT Message. A type of HL7 message generated by healthcare systems based upon ADT events; the HL7 ADT message type is used to send or receive patient demographic and/or healthcare encounter information, generated from source system(s). The HL7 ADT messages contain patient demographic, visit, insurance and diagnosis information.

ADT Notification. An electronic notification that a given patient has undergone an ADT event.

Applicable Laws and Standards. In addition to the definition set forth in the Data Sharing Agreement, the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

Data Sharing Agreement. Any data sharing organization agreement signed by both HIN and participating organization

Electronic Medical Record or Electronic Health Record. A digital version of a patient's paper medical chart.

Exhibit. A use case exhibit or a pilot activity exhibit.

Health Level 7 (HL7). An interface standard and specifications for clinical and administrative healthcare data developed by the American National Standards Institute. HL7 provides a method for disparate systems to communicate clinical and

administrative information in a normalized format with acknowledgement of receipt

Health Information. Any information, including genetic information, whether oral or recorded in any form or medium, that (a) is created or received by a health professional, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Health Information Network (HIN). An organization or group of organizations responsible for coordinating the exchange of protected health information (PHI) in a region, state, or nationally.

Health Plan. An individual or group plan that provides, or pays the cost of medical care (as defined in section 2791(a)(2) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(2)). Health Plan further includes those entities defined as a health plan under HIPAA, 45 CFR 160.103.

Health Professional or Health Provider. (a) Any individual licensed, registered, or certified under Federal or State laws or regulations to provide health care services; (b) any person holding a non-clinical position within or associated with an organization that provides healthcare or healthcare related services; and (c) people who contribute to the gathering, recording, processing, analysis or communication of Health Information.

HIN Infrastructure Service. Certain services that are shared by numerous use cases. HIN Infrastructure Services include, but are not limited to, ACRS, HPD, Statewide Consumer Directory (SCD), and the Medical Information Direct GATEway (MIDIGATE®).

HIN Services. The HIN infrastructure services and additional services and functionality provided by HIN allowing the participating organization to send, receive, find, or use information to or from HIN as further set forth in an exhibit.

Michigan Health Information Network Shared Services. The HIN for the State of Michigan.

Patient Data. Any data about a patient or a consumer that is electronically filed in a participating organization or organization's systems or repositories. The data may contain protected health information, personal credit information, or personally identifiable information.

Use Case. A specific scenario or group of scenarios for sharing patient health information.

Use Case Exhibit. The legal agreement attached as an exhibit to the Master Use Case Agreement that governs participation in any specific Use Case.

Use Case Implementation Guide. The document providing technical specifications related to Message Content and transport of Message Content between participating organizations, HIN, and other TDSOs. Use Case Implementation Guides are made available via URLs in exhibits.

Use Case Summary. The document providing the executive summary, business justification and value proposition of a use case. Use case summaries are provided by HIN upon request and are available via www.mihin.org.

XCA. The IHE (Integrating the Healthcare Enterprise®) standard for Cross-Community Access to support the means to query and retrieve patient relevant healthcare data held by other communities.

1 Introduction

1.1 Purpose of Use Case

The purpose of this use case is to share patient medication information at multiple points of care, including pharmacies, physician offices, hospitals, and transitional facilities such as outpatient tertiary and skilled nursing facilities. Statewide coordination in sharing patient medication information helps minimize adverse drug events (ADEs) and maximize cost benefits. Additionally, this use case leverages the Michigan Health Information Network Shared Services (MiHIN) Active Care Relationship Service (ACRS) for notifying appropriate providers of changes to a patient's medication status.

1.2 Message Content

For this use case, message content refers to a document conforming to Clinical Document Architecture standards.

1.3 Data Flow and Actors

There are three proposed data flow scenarios. However, at this time, the only one which has been developed is the Medication Reconciliation Upon Discharge. All three scenarios are described below.

The first scenario is presented in Figure 1.

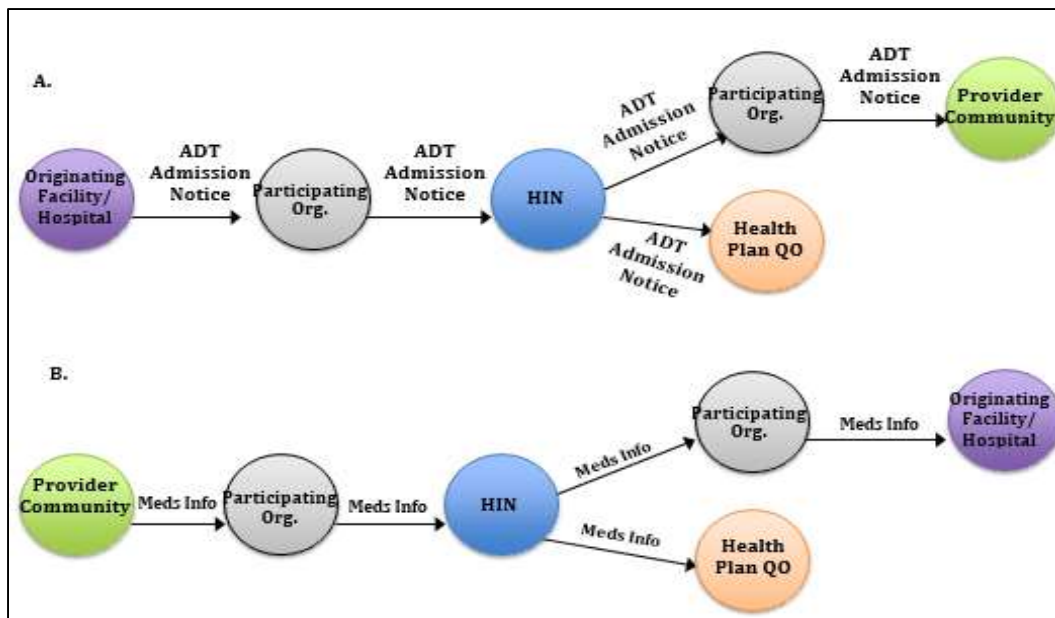


Figure 1. First Data Flow Scenario

1. An admission notification for a patient is sent from the hospital/facility to the providers in an Active Care Relationship with the patient and to the health plan(s)

via the statewide Admission, Discharge, Transfer (ADT) notification service and ACRS.

- The provider receiving the ADT acknowledges the admission, generates a summary of care for the patient including active medications for the patient by their Electronic Health Record (EHR) and the summary of care is transmitted back to the originating hospital/facility and to the health plan(s).

The second scenario is described below and presented in Figure 2.

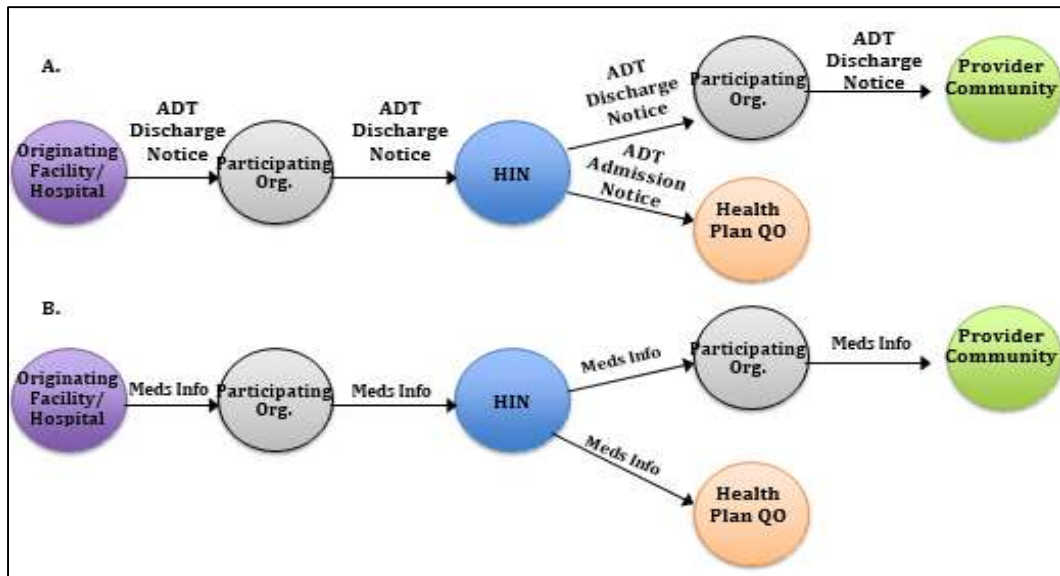


Figure 2. Second Data Flow Scenario

- A discharge notification for the patient is sent from the originating facility/hospital to the providers in an Active Care Relationship with the patient and the health plan(s) via the statewide ADT notification service.
- Information containing medication reconciliation at discharge for the patient is sent at the time of discharge from the originating hospital/facility to the providers in an Active Care Relationship with the patient and to the health plan(s) via the statewide medication reconciliation service.

The third and final data flow scenario is in Figure 3.

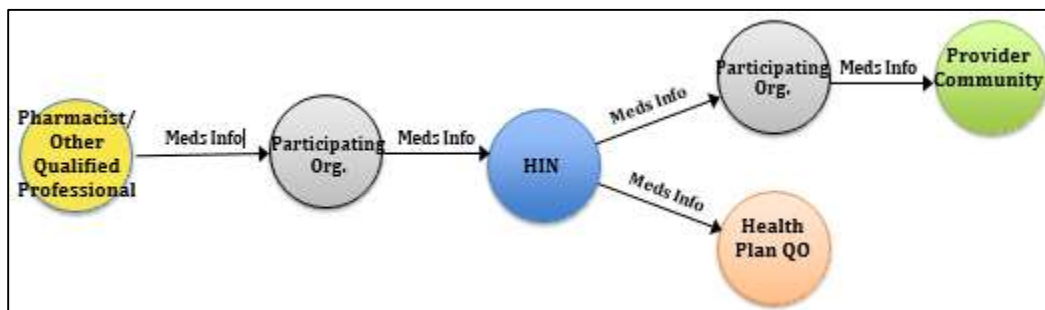


Figure 3. Third Data Flow Scenario

1. Medication information for a patient is generated when a pharmacist/other qualified professional conducts a face-to-face Advanced Medication Reconciliation (AMR) with a patient. The medication information is sent from the pharmacist/other qualified professional to the providers in an Active Care Relationship with the patient and to the health plan(s) via the medication reconciliation service.

For more information, refer to the use case summary and use case agreement linked below:

<http://mihin.org/about-mihin/resources/use-cases-in-pilot/>

2 Standard Overview

2.1 File Format

Hospitals provide agreed upon transition of care document via a Consolidated – Clinical Document Architecture (C-CDA) to be generated and sent to the statewide service.

1. C-CDA should be sent in XML (Extended Mark-Up Language) format
2. Style sheet format not required. Recipients will develop custom style sheet based on individual requirements
3. Sending hospitals may send the entire care summary record if desired, or the hospitals may just send demographics and medication sections
4. All required fields must be populated. (See Section 4.1)
5. Sending hospital will send admission discharge information and emergency department discharge information
6. C-CDA message must be sent as an XDM.zip file. Note that this encoding occurs automatically with many health internet service provider (HISP) vendors

For more information on the HL7 C-CDA documents, please refer to the following link:

<http://www.healthit.gov/policy-researchers-implementers/consolidated-cda-overview>

2.2 Exchange Model

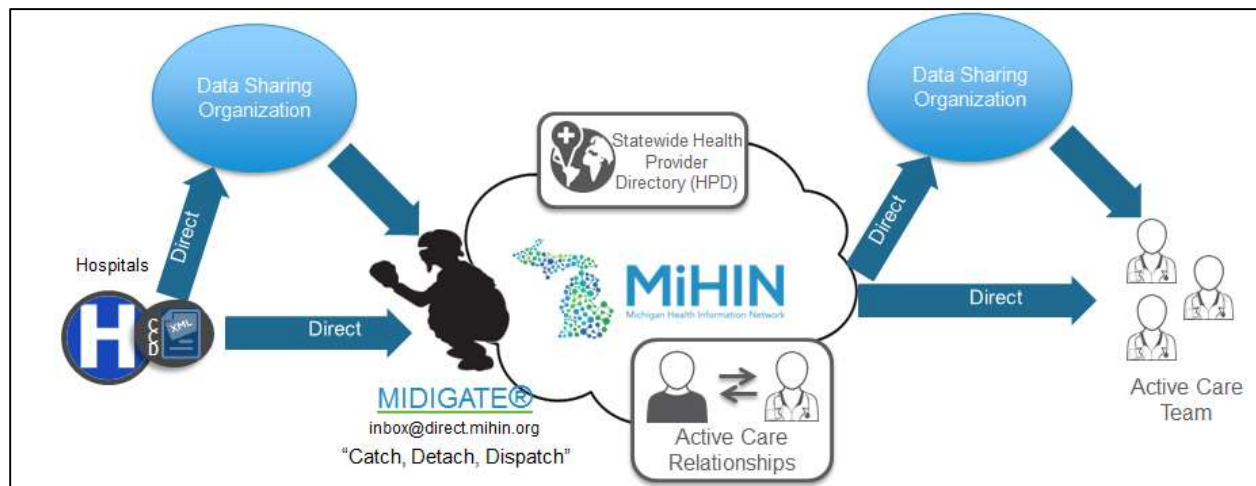


Figure 4. Medication Reconciliation Upon Discharge

3 Onboarding Process

3.1 Initial Onboarding

For organizations to share data with MiHIN under this use case, the organization undergoes two onboarding processes simultaneously. The two onboarding processes are legal onboarding and technical connectivity onboarding. These may occur in parallel – i.e. the organization can review and complete legal agreements with MiHIN while simultaneously establishing and testing technical connectivity. To initiate these two parallel onboarding processes, notify MiHIN via email at help@mihin.org.

3.1.1 Initial Legal Process

The first time an organization undergoes the legal onboarding process with MiHIN, the organization negotiates and enters into a master participating organization agreement which then allows the participating organization to enter into one or more use cases via use case exhibits. There are numerous different kinds of master participating organization agreements, available at:

<http://mihin.org/about-mihin/resources/mihin-legal-document-templates>

Once an organization has entered into a master participating organization agreement, the organization can enter into an unlimited number of use cases with MiHIN. All of MiHIN's use cases are available at:

<http://mihin.org/about-mihin/resources/mihin-legal-document-templates>

3.1.2 Initial Technical Connectivity Process

MiHIN considers itself “transport agnostic” and offers multiple options for organizations to establish technical connectivity to transport data to MiHIN. Organizations should select one or more connectivity methods for message transport based on their technical capabilities, and should communicate the selection(s) to help@mihin.org early in the onboarding process. Currently MiHIN accepts the following transport methods:

- DSM - Direct Secure Messaging
- RESTFUL API – option for receivers only

Additional transport methods may be added in the future. These can include NwHIN, XCA (Cross-Community Access), and others.

The following steps describe the technical onboarding process. However, MiHIN typically conducts “onboarding kickoff” meetings with new participating organizations to go through each of these steps in detail and answer any questions.

1. The participating organization selects one or more supported transport methods and establishes connectivity with MiHIN. This step varies based on the method selected:

- a. Direct Secure Messaging– MiHIN accepts Direct Secure Messages from Health Internet Service Provider (HISPs) that have EHNAC-DTAAP (DirectTrust) accreditation.
 - b. RESTFUL API – A connection must be established with MiHIN, typically via a secure Virtual Private Network (VPN) tunnel and a HTTPS endpoint. The receiver must create an API according to the Receiver API specs (see Section 4.7).
2. Test messages are sent by the participating organization to MiHIN.
 - a. All test messages must be labelled as MiHIN indicates

4 Specifications

Hospitals provide medication section of care summary document via a Consolidated – Clinical Document Architecture (C-CDA) upon discharge to the statewide service (MiHIN). A care summary should be sent for inpatient and emergency department visits upon discharge. Specifications are outlined below:

- C-CDA should be sent in xml format. Style sheet format not required. Recipients will develop custom style sheet based on individual requirements.
- In an effort to reduce customization, sending hospitals may send the entire care summary record, ensuring that the information below is captured.
- Sending hospital will send admission discharge information and emergency department discharge information.
- C-CDA message must be sent as an XDM.zip file. Note that this encoding occurs automatically with most HISP vendors upon sending.

4.1 C-CDA Required Fields

1. Patient identifying/demographic information (header section of C-CDA)
 - a. Name
 - b. Visit ID
 - c. Institution name/OID (if available)
 - d. Date of birth
 - e. Gender
 - f. Social Security/last 4 (if available)
 - g. Address/Zip/Phone (primary)
 - h. Care team
 - i. Attending provider name, NPI, phone
2. Medication section information (three sections), each section should be a section template:
 - a. Current medications (admission history)
 - b. Prescriptions ordered during visit (optional)
 - c. Medications at time of discharge
 - i. Date (start/end) as applicable
 - ii. Medication name (generic or brand)
 - iii. RxNorm code from eRx system
 - iv. Full sig (strength, frequency, dosage, route)
3. Other information (body template/s of C-CDA)
 - a. Admitting diagnosis
 - b. Active allergies and adverse reactions
 - c. Visit diagnosis/working diagnosis (on file)
 - d. Active problems
 - e. Discharge disposition – home, skilled nursing facility, etc. (if available)
 - f. Chief complaint (if available)

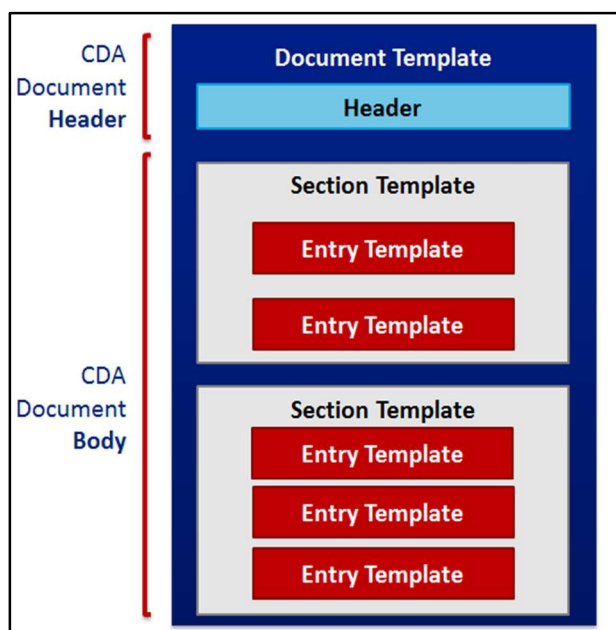


Figure 5. C-CDA file structure

4.2 Submission via DIRECT Secure Messaging

C-CDA files that are sent to MiHIN via Direct as email attachments must adhere to the following specifications:

1. There shall be only one CDA file attached per email.
2. The appropriate MiHIN Direct email address must be in the “To” line. An error will occur if it is in the Carbon-Copy (Cc) line of the outgoing message.

Senders should have the ability to receive DIRECT email for the MiHIN’s acknowledgment response in the form of an ACK message (see 4.5).

4.3 Direct Addresses

Participants using Direct should use the following addresses:

- For test messages with no protected health information (PHI): medicationreconciliation-test@direct.mihin.org
- For pre-production certification: medicationreconciliation-foc@direct.mihin.org
- For production: medicationreconciliation@direct.mihin.org

4.5 Delivery Notification

This service is designed to support alerts for senders and receivers when a file is sent. These alerts serve as confirmation to a sender that their files were delivered to the intended receiver and to inform the receiver a new file has arrived. This is referred to as the acknowledgement message.

```
Hello [REDACTED]@direct.mihinss.net,  
  
You have received a CDA from [REDACTED] Healthcare Group through MiHIN  
services. The attached  
document details a change in medication. The attachment is 41 KB.  
  
Information  
on the document:  
- MiHIN tracking Id: 146  
- Document Id: 1.2.840.114350.1.13.289.2.7.8.688883.784184  
- Document Extension:
```

Figure 6. Acknowledgment Notification Example

4.6 Receiving via DIRECT Secure Messaging

Outbound C-CDA files will be attachments to Direct email messages. There will be only one C-CDA file attached per email.

For Medication Reconciliation receivers using Direct, MiHIN does not need an acknowledgment response message.

Receiving organizations must fill out MiHIN's Subscription Checklist provided by the Onboarding Team, in which the organization will indicate which sources they would like to receive C-CDAs from.

Please note that the delivery preferences of providers as listed in the organization's ACRS file will determine how the message is routed and delivered.

4.7 Receiving via API

Those receivers interested in the API method should follow these steps:

1. Set up a secure HTTPS server endpoint using the following naming convention, inserting own IP and Port numbers: [HTTPS://\[IP\]:\[PORT\]/medrec/v1/cda](https://[IP]:[PORT]/medrec/v1/cda)
Please send this address to MiHIN Onboarding Team prior to connectivity testing.
2. Establish connectivity with MiHIN utilizing a secure VPN Tunnel. The Onboarding Team can provide the appropriate request form to create one.
3. Participate in the VPN Tunnel Connectivity Test scheduled with MiHIN to ensure connection between the receiver organization server and MiHIN's pre-production and production servers.
4. Configure API to the specifications listed in section 4.7.1.
5. Participate in the API Server Test scheduled with MiHIN to ensure conformity to these specifications.
6. The final step is to fill out MiHIN's Subscription Checklist provided by the Onboarding Team, in which the sources are indicated that the organization would like to receive C-CDAs from. Please note that the delivery preferences of providers as listed in the organization's ACRS file will determine how the messages are routed and delivered.

4.7.1 Medication Reconciliation Receiver API Specifications

Request Characteristics

Below are characteristics of the request that clients *MUST* accept:

- Communications *WILL* be through HTTPS
- The request *WILL* be an HTTP POST
- Content *MAY* be compressed via gzip (denoted through the **Content-Encoding** HTTP header)
- **HTTP persistent connection** *MAY* be enabled (denoted through the **Connection: Keep-Alive** HTTP header)
- The request *MAY* be **chunked** (will be denoted by the **Transfer-Encoding** header)
- Request body *WILL* have the type of **application/xml**
- The XML data doesn't need to be valid according to the CDA, as long as enough information could be extracted from the document to determine delivery
- Metadata will be send through HTTP **X-** headers

Response Characteristics

Exchange Medication Reconciliation behaves differently depending on the response status code returned by the server.

Status Code	Message Replay	Response Contents
None or 500	Yes	If available, the response <i>SHALL</i> contain reasoning why the service failed
400	No	Used when the data cannot be handled by the receiving system, and the message should not be requeued. The response <i>SHALL</i> contain reasoning why the document was rejected.
200	No	Successful response with a trackingId

- All responses *WILL* be logged
- All responses *WILL* be in JSON (JavaScript Object Notation)
- All responses *WILL* contain a globally unique ID to track the response

A sample response body on a successful receive *WILL* look like:

```
{  
  "trackingId": "047ee203-857c-46fb-835e-18b80bcc392"  
}
```

In the event of an unsuccessful receive, the response *WILL* look like:

```
{
  "trackingId": "32c051f3-ad91-4b77-8776-b931a9f99741",
  "errors": [{
    "title": "Invalid field detected",
    "details": "//section/component/ssn must not be null"
  }]
}
```

- *Title*: SHALL contain the human readable form of the error
- *Details*: SHALL contain any additional information about the error

Request Metadata

Below is a sample of the HTTP headers metadata that could be sent.

```
X-Tracking-Id: 124
X-Sending-Facility: West Lansing
X-Document-Id: 1.2.840.000000000
X-Document-Extension:
X-NPI: 9999999999,9999999998
```

- *X-Tracking-Id*: Medrec unique ID for the document being sent. Guaranteed to not be empty.
- *X-Sending-Facility*: Who sent the document (as contained within the document). May be empty.
- *X-Document-Id*: ID of the document being sent (as contained within the document). May be empty.
- *X-Document-Extension*: Extension of the document (as contained within the document). May be empty.
- *X-NPI*: One or more provider NPIs that matched as an active care provider for the demographics contained within the document.

Example

Below is an example that will send the file data.xml to an endpoint:

```
gzip -c data.xml | \
curl -H "Content-Type: application/xml" \
-H "X-Tracking-Id: 124" \
-H "X-Document-Id: 1.2.840.000000000" \
-H "X-Document-Extension;" \
-H "Content-Encoding: gzip" \
-H "Connection: Keep-Alive" \
--data-binary @- \
"https://<your-host>:443/medrec/v1/cda"
```

5 Troubleshooting

5.1 Production Support

	Severity Levels			
	1	2	3	4
Description	Critical Impact/ System Down: Business critical software is down or critical interface has failed. The issue is impacting all production systems, causing all participating organizations' or other organizations' ability to function to be unusable.	Significant Business Impact: Software component severely restricted. Entire organization is unable to continue business functions, causing all communications and transfer of messages to be halted.	Partial Failure or Downtime: Program is useable and less significant features unavailable. The service is online, though may not working as intended or may not currently working as intended or may not currently be accessible, though other systems are currently available.	Minimal Business: A non-critical software component is malfunctioning, causing minimal impact, or a test system is down.
Example	All messages to and from MiHIN are unable to be sent and received, let alone tracked	MiHIN cannot communication (send or receive) messages between single or multiple participating organizations, but can still successfully communicate with other organizations.	Messages are lost in transit, messages can be received but not transmitted.	Additional feature requested.
Primary Initiation Method	Phone: (517) 336-1430	Phone: (517) 336-1430	Web form at http://mihin.org/requesthelp	Web form at http://mihin.org/requesthelp
Secondary Initiation Method	Web form at http://mihin.org/requesthelp	Web form at http://mihin.org/requesthelp	Email to help@mihin.org	Email to help@mihin.org
Tertiary Initiation Method	Email to help@mihin.org	Email to help@mihin.org	N/A	N/A
Initial Response	Within 2 hours	Within 2 hours	1 business day	1 business day
Resolution Goal	24 hours	24 hours	3 business days	7 business days

A list of common questions regarding the Medication Reconciliation use case can be found at:

<http://mihin.org/about-mihin/faqs/>

If you are experiencing difficulties or have questions, please contact the MiHIN Help Desk:

- Email: help@mihin.org
- Phone: (517) 336-1430
- Monday – Friday 8:00 AM – 5:00 PM (Eastern)

6 Legal Advisory Language

This reminder applies to all use cases covering the exchange of electronic health information:

The Data Sharing Agreement (“DSA”) establishes the legal framework under which participating organizations can exchange messages through the HIN platform, and sets forth the following approved reasons for which messages may be exchanged:

- a. By health care providers for Treatment, Payment and/or Health Care Operations consistent with the requirements set forth in HIPAA
- b. Public health activities and reporting as permitted by HIPAA and other Applicable Laws and Standards
- c. To facilitate the implementation of “Meaningful Use” criteria as specified in the American Recovery and Reinvestment Act of 2009 and as permitted by HIPAA
- d. Uses and disclosures pursuant to an Authorization provided by the individual who is the subject of the Message or such individual’s personal representative in accordance with HIPAA
- e. By Data Sharing Organizations for any and all purposes, including but not limited to pilot programs and testing, provided that such purposes are consistent with Applicable Laws and Standards
- f. **For any additional purposes as specified in any use case, provided that such purposes are consistent with Applicable Laws and Standards**

Under the DSA, “*Applicable Laws and Standards*” means all applicable federal, state, and local laws, statutes, acts, ordinances, rules, codes, standards, regulations and judicial or administrative decisions promulgated by any governmental or self-regulatory agency, including the State of Michigan, the Michigan Health Information Technology Commission, or the Michigan Health and Hospital Association, as any of the foregoing may be amended, modified, codified, reenacted, promulgated or published, in whole or in part, and in effect from time to time. “Applicable Laws and Standards” includes but is not limited to HIPAA; the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

It is each participating organization’s obligation and responsibility to ensure that it is aware of Applicable Laws and Standards as they pertain to the content of each message sent, and that its delivery of each message complies with the Applicable Laws and Standards. This means, for example, that if a use case is directed to the exchange of physical health information that may be exchanged without patient authorization under HIPAA, the participating organization must not deliver any message containing health information for which an express patient authorization or consent is required (e.g. mental or behavioral health information).



Disclaimer: The information contained in this implementation guide was current as of the date of the latest revision in the document history in this guide. However, policies are subject to change and do so frequently. Payload versions and formatting are also subject to updates. Therefore, links to any source documents have been provided within this guide for reference. MiHIN applies its best efforts to keep all information in this guide up-to-date. It is ultimately the responsibility of the participating organization and sending facilities to be knowledgeable of changes outside of MiHIN's control.