Common Health Information Reporting Partnership (CHIRP)
Frequently Asked Questions for Medical Groups

General Questions

1. What is CHIRP?

The Common Health Information Reporting Partnership (CHIRP) is a MNCM 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 that have been defined and agreed upon by the CHIRP Governance Committee. The committee includes provider and payer organizations that agree on the data elements, use cases, policies, and procedures for the program.

2. What are the benefits to medical groups of participating in CHIRP?

CHIRP is designed to save time and costs for medical groups. By participating in the CHIRP program, your organization will be able to partake in these benefits:

1. Leverage data that your medical group is already providing to MNCM for quality measurement to meet health plan data requirements.
2. Receive fewer requests for manual chart retrieval from health plans because CHIRP's data set covers many of their needs.
3. Receive more accurate gap reports from health plans, as more timely clinical data are incorporated into health plan data systems.

3. Is CHIRP participation required?

Although participation in CHIRP is voluntary, a higher level of adoption benefits the entire health care ecosystem by creating efficiencies in data exchange, improving data quality, and driving more informed decision-making for the betterment of patient care and health care outcomes.

4. What are the costs associated with the Provider to Payer data exchange for Medical Groups?

There are no costs for medical groups to participate in the Provider to Payer data exchange of the CHIRP program.

5. Which health plans are participating in the program?

As of October 2023, the following health plans are participating in the program: Hennepin Health, HealthPartners, South Country Health Alliance, Medica, Primewest Health, Blue Cross Blue Shield of MN and UCare. CHIRP participation is open to all health plans.

6. What is the difference between the PIPE Data Standard and the CHIRP Provider to Payer Data Standard?

The CHIRP Provider to Payer data standard is a narrowed version of the PIPE data standard. The total population of patients submitted in PIPE are eligible for CHIRP Provider to Payer data exchange.

The PIPE Data Standard encompasses all billed patient encounters and all clinical activity, both inside and outside of a billable patient encounter for a given period, with minimal data limitations. The PIPE standard includes the following files: Demographic, Encounter, Problem List, Blood Pressure, Medication, Allergy, Lab/Procedure, PRO Assessment, Exclusions, Chemotherapy and Asthma Management Plan.

The CHIRP Provider to Payer Data Standard is a limited version of the PIPE standard, only including minimum necessary data elements, which were defined and approved by the CHIRP Governance Committee. The CHIRP Provider to Payer Data Standard includes the following files: Demographic, Encounter, Blood Pressure and Lab/Procedure. However, these files are limited to specific data elements and look back periods. Review the CHIRP Provider to Payer Data Standard starting on page 9 for further information.

7. What is the difference between CHIRP Provider-to-Payer Program and DAV (Data Aggregator Validation)?

CHIRP is a MNCM program that governs the selection of specific data elements from the PIPE standard for sharing between healthcare providers and payers. It sets the guidelines and processes for this data exchange. Within CHIRP, the Provider-to-Payer Program takes this data sharing a step further. It involves the transmission of CHIRP data, which can potentially be considered as standard supplemental data for HEDIS reporting by health plans. This designation makes it easier for health plans to use the data for quality measurement reporting, reducing the need for them to request additional data validation.

DAV, or Data Aggregator Validation, on the other hand, is a program established by the NCQA (National Committee for Quality Assurance). The DAV program certifies data aggregators like MNCM to share data with health plans for HEDIS measures. As part of the certification process, medical groups participating in CHIRP will need to participate in PSV for one case per year.

8. What are the commitments for Providers in the CHIRP Provider-to-Payer Program?

The first requirement for participation is that medical groups need to execute the CHIRP legal addendum. This addendum is supplemental to the base PIPE agreement that was signed before you onboarded.

Second, there will be monthly data submissions for the demographic, encounter, blood pressure and lab files by the second Friday of every month.

Third, just like any regular PIPE submissions, it's important to notify MNCM right away when there are EHR and query changes that impact your data.

Finally, there is an annual NCQA re-certification process for MNCM as a data aggregator that is completed in the summer, which requires providing screenshots for one case per medical group per year while enrolled in the CHIRP program.

9. What happens if we don't import the CHIRP files by the required cadence?

If you're submitting the demographic, encounter, blood pressure and lab/procedure files up to Wednesday of the third week, that would be included in the current month's data push. However, if you submit data after that point then the data will be added to the following month's data push. This would be the same if there is any new data from the previous months added.

CHIRP Onboarding Questions

10. What are the additional required data elements for the Provider-to-Payer data exchange?

The additional data requirements are minimal. The Medical Group OID must be submitted on the Medical Group Information page in PIPE. In addition, first and last name are required for all patients that have been submitted in PIPE because this is a required part of the procedure used to match patients between providers and payers. Please refer to this addendum for further details.

11. What is an OID?

MNCM requires OIDs to be used to identify organizations that are part of the CHIRP program. An OID number is a universally unique ID and is used in many different types of industries for identifying many different types of items and or entities. It is common in the Healthcare industry to use an OID number to identify many different Healthcare Organizations (also known as Assigning Authorities), medical terminology, and coding systems. Organizations that currently work with HL7 messaging (XDS.B, CDA, ADT, ORU) likely already have an OID registered.

If not, organizations must create an OID by going to: http://www.hl7.org/oid/index.cfm.

12. What are the validation steps in CHIRP onboarding?

Like PIPE onboarding there will be a query and file format review to ensure that the new data elements are being pulled in. Then a PSV1 will be conducted to confirm that the new data elements are accurate.

CHIRP DAV Cohort Questions

13. What is needed from Providers during the DAV cohort?

It is critical to designate a primary contact that will be readily available to consult with MNCM staff during the cohort. Common requests during the cohort consists of identifying EMR version, volume estimate of monthly data being sent in PIPE and primary source verification screenshots.

14. What does the Primary Source Verification (PSV) process look like?

Each medical group is annually subjected to completing a PSV for one patient while enrolled in the CHIRP program. Like PIPE onboarding PSV1, your team and MNCM staff will schedule a 30-minute meeting to take screenshots of your EMR for one patient. These screenshots will be securely shared with the DAV program staff. It is possible that the DAV staff may indicate that additional screenshots or patients are needed, which we will set up a follow up meeting to obtain.