

Frequently Asked Questions (FAQs) on the California ADT Network

1. What is the California ADT Network?

The California ADT Network (“CA ADT Network” or the “Network”) is a no-cost, electronic acute and post-acute event notification exchange provided and maintained by Manifest MedEx (MX) to substantially scale the bi-directional exchange of admission, discharge, and transfer (ADT) alerts between Data Sharing Agreement (DSA) Signatories in California and help non-MX participants share ADTs in compliance with the CalHHS Data Exchange Framework (DxF).

This is a new subscription service from Manifest MedEx for only DSA Signatories who are not current participants in MX’s broader network. The service leverages MX’s expertise and capabilities in matching patient panels and delivering ADT notifications. It is built upon the same technology that powers MX Notify, Manifest MedEx’s Premier ADT Notification Service.

2. How does the California ADT Network work?

It works much like a “panel check” service where organizations that participate in the CA ADT Network send a single ADT data feed to the service. The service then matches those ADTs against all the patient panels submitted to the service from participating organizations. When an ADT matches a person on a panel, the service routes the ADT to the organization that owns that panel so they can ensure an ADT notification gets delivered to the appropriate care team.

The CA ADT Network requires data sharing reciprocity, i.e., only organizations that contribute ADTs to the service may submit patient panels to receive ADTs from the service. QHIOs and other data aggregators can only submit patient panels on behalf of organizations that have signed the DSA and are permitted access to patient data under the Health Insurance Portability and Accountability Act (HIPAA).

While MX operates the California ADT Network, it also participates in it by contributing ADTs for DSA signatories that are on the MX network and contributing a panel of patients for MX participating organizations that have signed the DSA and have subscribed to ADT notifications from MX.

The CA ADT Network does not retain or store any ADT data longer than the time it takes to match ADTs to panels. All ADTs that do not match a patient on a panel in the network are purged in real-time. This means that no historical data is available through the network. MX does not monetize or resell any data shared through its network, including data that is matched and routed through the California ADT Network.

3. How is Manifest MedEx handling potential duplication of ADTs with other QHIOs participating in this service who have overlapping hospital coverage? Will there be duplicate notifications?

To keep this ADT network at no-cost for those who participate in it, MX will not remove duplicate ADTs within the network (see comparison table below). Participating organizations may choose to deduplicate ADTs received from the CA ADT Network on their own.

MX will, however, ask any QHIOs that participate in the network to identify DSA Signatory ADTs that they plan to send to the network and proactively remove any ADT feeds that are already sent to the network in an effort to reduce the potential for duplicate ADT feeds into the network.

4. How does the CA ADT Network differ from MX's existing ADT notification service, MX Notify?

The purpose of the CAADT Network is to enable DSA signatories that create or aggregate acute and/or post-acute ADTs to securely share those ADTs without incurring a cost to do so. That is a narrower purpose, an overlapping but different set of data trading partners, and a more basic data output than what MX Notify supports and delivers to MX participants today.

**Comparison Between the California ADT Network and
 MX Notify, Manifest MedEx's Premier ADT Notification Service**

	California ADT Network	MX Notify
ADT triggers	Limited to <u>DxF</u> specified ADT messages	All DxF IP/ED identified messages A01-A07 <u>and</u> can be filtered or customized
Delivery format: ADT	✓	✓
Delivery format: CSV	✗	✓
Submitted patient panels can include <i>any</i> patient	✗*	✓
Duplicate data removed from sources already received	✗	✓
Inclusion of MRN from patient panel	✗	✓
Custom fields	✗	✓
Smart alerts	✗	✓
ADT sources include MX participants	✗*	✓
Agreements required	DSA & CA ADT Network Agreement	MX Participation Agreement

*Limited to DSA Signatories

5. What are the criteria for joining and using the California ADT Network?

Organizations that want to participate in the California ADT Network must meet the following criteria:

- *Be a participant of the DxF and a DSA Signatory*
- *Be an organization that generates or aggregates acute or post-acute ADT feeds and agrees to **supply** ADTs (e.g., hospitals, health systems, SNFs, and QHIOs)*
 - *Organizations that send ADTs to the Network can optionally submit a patient panel to receive ADTs from the Network*
- *Sign a California ADT Network participation agreement with Manifest MedEx*
- *For hospitals, health systems, and SNFs, update the CDII Participant Directory and identify “Manifest MedEx” as the QHIO intermediary for requests for Notification of ADT Events*

Other covered and hybrid entities that are not DSA signatories or cannot supply an acute or post-acute ADT feed to the California ADT Network can join MX through the standard participation agreement/process and receive notifications via MX Notify.

6. What are the technical requirements and panel submission process?

Exchanging ADTs and patient panels within the California ADT Network requires:

- *A VPN connection to exchange HL7v2 ADT messages*
 - *ADTs need to conform to a specification, which can be found in the ADT Submission Guide.*
- *A Manifest MedEx hosted secure SFTP server for participants to submit panels as defined in the Patient Panel Specification Guide.*

Please contact DxFDirectory@manifestmedex.org for the latest versions of these guides and for any technical assistance.

7. Why should hospitals participate in the California ADT Network?

Hospitals are required to send ADTs to providers as requested under the DxF. The DxF Policies and Procedures (P&Ps) assume that this will be achieved by exchanging patient panels – that is each provider will submit a patient panel for each hospital. While we believe that matching ADTs to patient panels is the best way to ensure patient privacy is respected and that only the care teams with HIPAA-covered relationships have access to

these notifications, the current DxF P&P approach creates an incredible burden on hospitals to manage infinite panels, and likely will result in duplicated efforts and waste, making it extremely difficult for hospitals to comply with the DxF.

The no-cost California ADT Network enables hospitals to make notifications from their ADT feed available to DSA Signatories without having to manage a panel from every provider. By sending an ADT feed to the California ADT Network, hospitals can rely on the Network to make sure ADTs are matched and routed to the care team(s) attributed to and caring for their patients—just as if the hospitals were managing a panel and matching and routing ADTs themselves.

8. If an organization joins the California ADT Network, will they be required to join and be a participant of Manifest MedEx’s broader network?

No. DxF participating hospitals, health systems, skilled nursing facilities (SNFs), and QHIOs that are interested in signing on to the California ADT Network are not required to join Manifest MedEx’s broader health data network, which offers additional health data services and longitudinal health records for its network participants.

9. Is the California ADT Network a DSA Signatory?

The CA ADT Network is not an entity, so it cannot sign the DSA. Manifest MedEx operates the CA ADT Network and is among the [first DSA Signatories](#) in California. MX is also a DxF QHIO and uses the CA ADT Network to meet its ADT sharing requirements as a QHIO and DSA Signatory.

10. When can an organization start using the California ADT Network?

Starting on Jan 30, 2024, California hospitals, health systems, SNFs, and QHIOs participating in the DxF can sign on to this standalone exchange to securely send and receive basic ADT notifications for free to improve patient care and help meet DxF data sharing requirements.

11. What is the cost to join the California ADT Network?

There is no cost to join the California ADT Network. Additionally, California primary care providers, specialists, and clinics can join the broader Manifest MedEx network for free to receive ADT notifications.

12. If an organization wants to use the CA ADT Network to meet its DxF ADT sharing requirements, does it also have to use Manifest MedEx as its QHIO to exchange other required DxF data?

No. DSA signatories may use the California ADT Network to meet just the data sharing requirements related to Notification of ADT events and select alternate methods to meet their required transaction patterns related to Requests for Information and Information Delivery. DSA signatories must reflect any differences in their methods for sharing ADTs v. other data in the DxF Participant Directory.

13. Is using the California ADT Network a safe and secure way to share ADT data?

Yes, currently, Manifest MedEx securely distributes approximately 1.6M ADTs per month for more than 38M individuals across a network of 3000+ providers, 140+ hospitals, and 17 health plans. Manifest MedEx does not monetize or resell patient data, making this ADT exchange one of the safest and most scalable ways to share ADT data across DxF participants statewide appropriately.

Manifest MedEx has consistently earned HITRUST CSF® Certification since 2019, demonstrating the highest levels of security in the healthcare industry.

14. Do ADTs from the California ADT Network go into the broader MX participant network?

Because MX participates in the CA ADT Network just like any other QHIO, MX receives ADTs from the service that match individuals on the MX panel, which is limited to patients and members from DSA signatories on the broader MX network. MX delivers those ADT notifications to the care teams at DSA signatories through its existing MX Notify service, consistent with how other QHIOs participating in the service will deliver notifications within their broader networks.

15. If my organization is already part of the Manifest MedEx network, will my ADT data also be shared through the California ADT Network?

Yes. Manifest MedEx will contribute network participant ADTs at no cost from DSA Signatories who select Manifest MedEx as their intermediary for ADTs in the CDII Participant Directory to ensure they are routed to DSA signatories outside the core MX network. MX Participants should notify their Customer Success Account Manager if they are using MX as their QHIO to ensure the data feeds are directed accordingly.

16. What forms will I need to execute in order to participate in this service?

Organizations interested in participating in the California ADT Network will need to sign an agreement with Manifest MedEx specific to the CA ADT Network. This agreement details the terms and conditions of their participation and MX's handling of data in the network.

17. What is the duration of the participation in this service?

The agreement for the California ADT Network is an evergreen agreement with no minimum term. Each party has the right to terminate the contract at any time upon thirty (30) days' notice.

18. If I have technical issues, who do I work with at MX to get them resolved?

Manifest MedEx has a designated team to support DSA signatories and can be reached at DxFDirectory@manifestmedex.org.

19. How do I sign up for this service? Who do I contact at MX?

Manifest MedEx will work with interested participants to onboard as appropriate, including providing the necessary participation agreements and technical requirement guides. Interested organizations can contact MX at DxFDirectory@manifestmedex.org.