Manifest MEDEX

New CMS Admission, Discharge, and Transfer (ADT) Event Notification Requirements: What California Hospitals Need to Know

Acute, Critical Access, and Psychiatric Hospitals Must Begin Sending Electronic Patient Event Notification Alerts No Later Than May 2021

What triggers the event notification?	When should the alert be sent?	Who should the alert be sent to?	Which data elements should be included, at minimum?
Emergency department registration	At the time of registration	All applicable post-acute care providers	Patient name
Inpatient admission (including for observation)	At the time of admission	The patient's established primary care practitioner or provider	Sending institution
Discharge or transfer from the emergency department (including to inpatient)	Immediately prior to, or at the time of discharge or transfer	Any other practitioner or provider identified by the patient	Treating practitioner (e.g. physician name)

*In all cases, if permitted by applicable state and federal law, and not inconsistent with a patient's expressed privacy preferences.

Medicare Conditions of Participation (CoPs) for Hospitals for Discharge Planning and Patient Access

Acute, critical access, and psychiatric hospitals must start sending electronic notifications alerts no later than May 2021 for emergency department and inpatient services (including observation), to post-acute, primary care, and any other community providers, including those identified by the patient or their representative.

The requirements are part of new Conditions of Participation (CoP) for hospital providers at 42 CFR 482.24(d) called "Standard: Electronic Notifications".

ADT event notifications can be sent to community providers via health information exchange (HIE) networks, or through other intermediaries or direct methods.

CMS is adding a new CoP at 42 CFR 482.24(d) called "Standard: Electronic Notifications" that requires hospitals to send electronic patient notifications of a patient's admission, discharge, and/or transfer for emergency department and/or inpatient services to post-acute or other community providers that the patient or their representative identifies.

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While the new CoP is only directed at acute care, critical access, and psychiatric hospitals, other Medicare providers, including office-based physicians and other facilities or entities will start to receive event notifications if they are connected to any of these providers required to send notifications. Those providers and facilities may wish to implement their own systems to receive, process, and send notifications.

Background on CoPs and Compliance

CMS develops CoPs and Conditions for Coverage (CfCs) that health care organizations must meet to begin and continue participating in the Medicare and Medicaid programs, including receiving federal payment. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries.

Certification and maintenance of certification is achieved based on either a survey conducted by a state agency on behalf of CMS, or by a national accrediting organization such as The Joint Commission that is recognized by CMS. 85% of acute hospitals and 32% of CAHs are reviewed by accrediting organization. Veterans Administration, military and prison hospitals may not participate in Medicare or Medicaid, and therefore are not inspected by CMS.

CMS may direct a state survey agency to conduct a survey in an accredited hospital in certain situations, such as when complaints allege serious deficiencies.

Acute, critical access, and psychiatric hospitals are required to be in "substantial" compliance with each CoP. There are three levels of compliance and citations that CMS can issue if a survey finds these hospitals to be out of compliance.

1. "Standard-level" deficiency means the hospital may be out of compliance with one aspect of the regulations but is not a severe deficiency.
2. "Condition-level" deficiency means that the hospital is not in compliance with the CoP in a substantial way.
3. "Immediate jeopardy" means that the lack of compliance with the CoP constitutes an immediate threat to patient health and safety. In this case, hospitals must correct the underlying problems immediately, and may be terminated from participation in Medicare and Medicaid in 23 days if the hospital fails to correct the problems.

If a hospital is not in substantial compliance with the CoPs, the only enforcement remedy, if the facility fails to make timely correction, is termination of its participation in Medicare and Medicaid. There is no authority to issue civil monetary penalties based on a detailed rating of the scope and severity of deficiencies, as exists for nursing homes.

New Electronic ADT Event Notifications CoP

Patient event notifications are automated, electronic communications from the discharging provider to another facility, or to another community provider, including providers as identified by the patient or their representative. These alerts are often referred to as admission, discharge, and transfer notifications (ADT notifications). They prompt a receiving provider, facility, or practitioner to reach out to the patient and deliver appropriate follow up care in a timely manner. These timely notifications and the follow-up actions taken by providers can improve post-discharge care and reduce the likelihood for poor outcomes and the need for readmission, key factors to improve health care quality and meet the goals of value-based care.

Most EHR systems, or other systems used for patient registration used by hospitals can generate the standard ADT messages (Health Level Seven (HL7) 2.5.1 ADT message) used to support electronic patient event notifications. This messaging standard has been widely adopted across the health care system. ADT notifications usually contain basic patient demographic information and a timestamp to indicate when the information was updated. Some ADT notifications contain more detailed information about the patient's clinical status, as well as provider information. ADT notifications can be routed to other providers via health information exchange (HIE) networks, to the providers who have registered patient panels with the HIE or to other providers through a Direct message or other means.

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Detailed Requirements for Implementation and Compliance

It is important to note that the ADT notifications CoP requires that alerts be sent for registration, admission, discharge, and/or transfer for emergency department and inpatient services, when applicable.

The basic requirements to demonstrate compliance are as follows:

Hospitals must be able to show that their event notifications system(s) are fully operational and in compliance with state and federal laws and regulations.

CMS clarified in the final rule that the requirements are limited only to hospitals that "possess and utilize EHR or other administrative systems with the technical capacity to generate information for electronic patient event notifications." They also reiterated that these requirements are intended only for hospitals and other health care entities who were eligible for the EHR Incentive Programs established by the HITECH Act.

CMS also stated that this requirement is not a comprehensive measure of performance. However, through survey and certification process they would "expect a hospital to demonstrate its system's compliance with the CoP in a variety of ways, subject to the system's capabilities. For instance, if a given system sends notifications via Direct messaging, we might expect surveyors to review whether the hospital has a process in place for capturing Direct addresses of patients' primary care practitioners to enable the system to send patient event notifications to these recipients."

Event notifications must include (at a minimum) patient name, treating practitioner name, and sending institution name.

Although the HL7 2.5.1 ADT message standard includes multiple types of data , the CoP only requires three unique data elements to be included. Of note, providers may choose to include additional relevant data for care coordination purposes. Furthermore, event notifications are not required to conform to the HL7 2.5.1 message standard specifically, and hospitals may transmit patient event notifications using other standards, such as the C-CDA or via a FHIR-based API, as long as it includes the three required data elements. Of note, CMS is not requiring diagnosis to be included in the event notification, although that is very helpful for care coordination purposes.

Event notifications must be triggered for patient registration or admission to the emergency department or inpatient services, and patient discharge or transfer from the emergency department or inpatient services, as applicable.

CMS reiterated that event notifications must be triggered and sent as close to real-time as possible, to help receiving providers and facilities act quickly to coordinate care and provide high-quality follow up care.

Hospitals must make a reasonable effort to ensure that the event notifications system sends the notifications to all providers and entities involved in the patient's care, and the providers identified by the patient or their representatives.

CMS clarified that they "would not expect a hospital's system to be capable of electronically communicating with every possible provider, facility, or practitioner system, or of satisfying every possible preference for delivery of patient event notifications that a provider, facility, or practitioner might attempt to impose on the hospital. Furthermore, CMS acknowledged that health information exchanges are already supporting the sharing of patient event notifications today. Many options are available to allow hospitals to demonstrate that they have made a reasonable effort to ensure that their system sends the required notifications.

It is important to note that CMS did not provide additional guidance on what constitutes a "reasonable effort" to send event notifications in the final rule, and that CMS did not specifically required event notifications to be sent across state lines. However, CMS intends to release additional written guidance to help hospitals, HIEs, and other technology providers in implementing the requirements.

Hospitals must implement and begin sending event notifications no later than May 1, 2021.

The final rule originally required implementation of the event notifications requirement by November 1, 2020, but due to the COVID-19 pandemic, CMS updated the implementation date to be 12 months after rule publication in the Federal Register. This generous implementation period gives hospitals extra time to plan, test, and implement these new requirements.

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Options to Comply with the New Requirements

Hospitals can meet the new requirements with different types of tools and systems. In some cases, hospitals may determine that they can meet the requirements using an EHR configured to send ADT event notifications to providers on the patient's care team who are using the same instance of the EHR, and through the EHR's Direct messaging functionality for providers who are not. However, EHR-only solutions may not be comprehensive enough to comply with the requirements. Health information exchanges or other third-party applications that send interoperable event notifications on the hospital's behalf may be the right option to ensure compliance, due to vendor neutrality and the ability to connect with multiple types of community providers on the patient care team.

Privacy Obligations

In addition to meeting the specific event notification requirements discussed above, hospitals must also demonstrate that their systems are used in accordance with all state and federal statutes and regulations applicable to the hospital's exchange of patient health information. Hospitals are not required to send event notifications if doing so is not permissible under other state and federal laws. Finally, the CoPs do not require hospitals to affirmatively obtain a patient's authorization or consent to send event notifications where such laws would otherwise prohibit disclosure without authorization or consent.

42 C.F.R. Part 2 and Event Notifications

Hospitals that operate substance use disorder (SUD) treatment programs within their emergency departments and/or inpatient services may also need to comply with the more stringent privacy protections required by 42 U.S.C. § 290dd-2 and at its implementing regulations at 42 C.F.R. Part 2 (collectively, "Part 2"). Examples include hospitals that employ a dedicated Addiction Medicine Specialist or have a chemical dependency unit. Part 2 imposes more stringent privacy protections than HIPAA on patient identifying information from such programs that would identify a patient either directly or indirectly as having (or having had) a SUD. For such hospitals, the required event notifications—even if only the minimum alert content is sent—may trigger application of Part 2 if the "treating practitioner" is a known SUD provider.

These hospitals may choose to:

1. Not send ADT alerts for Substance Use Disorder (SUD)-related treatment.
2. Suppress the data elements that trigger application of Part 2, such as not sending the treating practitioner's name
3. Obtain the patient's Part 2 compliant consent to send the ADT alert, along with the required prohibition on redisclosure notice.

Summary—How to Meet the Requirements

1. **The requirements apply to Medicare and Medicaid hospitals**
   All acute care, critical access, and psychiatric hospitals that participate in Medicare or Medicaid must meet these requirements and send electronic patient event notifications.
2. **Event notification systems must be operational and in compliance by May 1, 2021.**
   Show that hospital event notification systems are fully operational and in compliance with existing laws and regulations.
3. **Include minimum data.**
   Send event notifications that include (at minimum) patient name, treating practitioner name, and sending institution name. Additional data may be included based on the needs of the sending and receiving providers, as necessary. CMS does not require specific formats or transmission methods.
4. **Send notifications for all required triggers.**
   Send event notifications for patient registration or admission to the emergency department or inpatient services, and patient discharge or transfer from the emergency department or inpatient services, as applicable, for all patients (not just patients with Medicare).

5. **Demonstrate reasonable effort.**
   Make a reasonable effort to ensure that the event notifications system sends the notifications to all providers and entities involved in the patient's care, and the providers identified by the patient or their representatives. CMS does not expect hospitals to send notifications for a patient if the hospital is not able to identify an appropriate recipient, the recipient is not able to receive an electronic notification, or the recipient is not able to receive the notification in the manner that the hospital can send it.
6. **Use of a single network or intermediary is permissible.**
   CMS permits hospitals to rely on a single health information exchange or other network, so long as that partner connects to a wide range of providers and does not impose restrictions on which providers can receive notifications.

Immediate Next Steps for California Hospitals with Manifest MedEx

1. Medicare and Medicaid hospitals affected by the new CoP (acute care, critical access, and psychiatric hospitals) should carefully review the regulation finalized at 42 CFR 484.24(d) and related guidance from CMS and the relevant state survey agency or national accrediting organization. Nothing in this White Paper should be interpreted as legal or compliance advice from Manifest MedEx or its partners.
2. Hospitals should select a partner to help meet the event notifications requirement. To ensure compliance in advance of the May 2021 deadline, hospitals should begin the process now. Manifest MedEx is partnering with more than 100 hospitals in California to support their ADT event notification requirements. New hospitals joining the MX network can receive up to $65,000 to offset their costs.
3. Medicare and Medicaid hospitals should reach out to post-acute care facilities, primary care providers, and other community providers in their states and regions to ensure that they will be able to receive event notifications and begin to document connection processes and procedures.

Manifest MedEx's network already includes many of these facilities and providers and is growing throughout the region.

While the new CoP is only directed at acute care, critical access, and psychiatric hospitals, other Medicare providers, including office-based physicians and other facilities or entities will start to receive event notifications if they are connected to any of these providers required to send notifications. Those providers and facilities may wish to implement their own systems to receive and process notifications. HIEs which send alerts on behalf of hospitals can set up a variety of methods for providers to receive them including as a batch file, a data feed or in a portal. These providers can join the Manifest MedEx network without charge.

Reach out to sales@manifestmedex.org to learn more and get started on a participation agreement.