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HOSPITAL ADVISORY NOTE:

"CMS Condition of Participation"

August 31, 2020

HEADLINE

A new Medicare "*Condition of Participation*" (CoP) goes into effect in May 2021, requiring hospitals to send "*electronic patient event notifications*" to a patient's care team upon admission to and discharge from the hospital. Hospitals covered by the rule include acute care hospitals, critical access hospitals, and psychiatric hospitals.

The regulation text can be found here, and a discussion of the Final Rule can be found here.

This Guidance Note can be used by hospitals to develop a strategy to comply with the new regulations. However, compliance with the rule has far-reaching financial consequences, and therefore, hospitals should seek legal and regulatory advice on the specific actions they should take.

COP NOTIFICATION REQUIREMENTS

Applicable Organizations: Any hospital with a system that utilizes ADT messaging according to the HL7 standard must send electronic patient event notifications (see ref).

Types of Notification: The triggers for a hospital to send a notification are as follows (see ref):

- Admission or registration at the Hospital Emergency Department (ED)
- Inpatient Admission (including transfer from the ED)
- Discharge from the ED or an inpatient service
- Transfer to another healthcare setting

Notification Recipients: The notifications should be sent to the following members of the patient's care team (see ref):

- The patient's established primary care provider (PCP) or practice group; or
- Others identified by the patient as the practitioner or Practice group; and/or
- All applicable post-acute care providers and suppliers (either because of a prior relationship or to whom the patient is being transferred or referred).

When a hospital or patient cannot identify a primary care provider or practice group, no patient event notification is required.

Notification Contents: CMS leaves the hospital with considerable flexibility in terms of what information to include. At a minimum, the notification should include the patient's name, treating practitioner, sending institution, and, if not prohibited by other applicable laws, patient diagnosis (see ref).

Notification Delivery: CMS does not define how the notification should be sent, leaving it to the hospital to determine the most suitable mechanism (see ref). Hospitals are free to use an intermediary to facilitate the exchange of health information. However, the hospital will still be subject to the requirement that notifications must be sent to the recipients described above.

Standard: The rule requires hospitals to "*make a reasonable effort*" to send notifications and includes guidelines about what would not satisfy the CoP. For example, CMS states that the exclusive use of an intermediary with a limited ability to deliver notifications to the specified set of recipients would not be acceptable (see ref).

Enforcement: As with other CoP's, it will be the task of the CMS-approved accreditation organizations (AOs) to verify conformance with the standards.

OPTIONS FOR COMPLYING WITH THE COP

Hospitals have three broad strategies to consider for compliance with the CoP. They can (a) build their own systems, (b) rely on the local HIE, or (c) rely on a third-party service provider. Below, we examine each of these strategies, and hospitals should consider them as part of a comprehensive strategy for community physician engagement and coordination.

a. Hospital Built Notification System

While EHRs do have the ability to capture the patient's PCP and are capable of generating ADTs, they do not typically have automated functionality to meet all of the requirements of the CoP. Below is a checklist that a hospital should consider when building a Notification System:

- Does the EHR have a Provider Directory that includes a high percentage of patients' PCPs, specialists, and other care team members?
- Is there a mechanism in place to continually refresh the Provider Directory (in particular, the contact information?)
- Is the ADT set up to include PCP and other care team members in the Admission (A01), Discharge (A03), and Transfer (A02) messages (this is usually captured in the PD1 segment)?

- Can the EHR or other system be set up to automatically generate notifications based on a series of events and rules?
- Can the EHR or other system transmit the notifications using various channels (e.g. Direct Secure Messaging, eFax, secure email)?
- (Optional) Can the EHR or other system combine patient record information (e.g. CCDAs) with ADT information?
- (Optional) Can the EHR or other system record a recipient's preferences?

b. HIE Notification System

Many hospitals have established ADT feeds with their local HIE, and this may be a convenient way of delivering notifications if the HIE has sufficient capabilities. Below is a checklist that a hospital should consider when evaluating whether their HIE can satisfy the CoP without further action from the hospital:

- Is the HIE set up to capture PCP and other care team members in the Admission (A01), Discharge (A03), and Transfer (A02) messages?
- Does the HIE deliver notifications using the provider ID contained in the ADT without the recipient registering with the HIE? (If "Yes" then the HIE will likely be able to satisfy the delivery component of CoP.)
- Does the HIE require recipients to submit patient information to the HIE before it delivers notifications to those recipients (If "Yes" then the HIE will need extremely high participation from community providers to satisfy the CoP.)
- Does the HIE provide the hospital with information on notifications it is unable to deliver?
- *(Optional) Is the hospital comfortable with the HIE maintaining the relationship with community providers and using its own vs. the hospital brand?*
- *(Optional) Can the HIE include other patient information (e.g. CCDAs) with the notification?*
- *(Optional) Can the HIE record a recipient's preferences?*

c. Third-Party Notification System

A few vendors, including careMESH, can deliver event-based notifications such as Admissions and Discharges on behalf of hospitals. When evaluating these vendors, the hospital should consider the following:

- Can the vendor deliver notifications using the provider ID contained in the ADT?
- Does the vendor have high delivery rates for notifications to providers defined in ADTs?
- Does the vendor provide reports on notification delivery and identify undeliverable notifications?

- Can the vendor provide a directory that can be incorporated with the hospital EHR and includes all intended recipients?
- *(Optional) Can the vendor deliver notifications using patient lists provided by community providers?*
- *(Optional) Can the vendor include other patient information (e.g. CCDAs) along with the notification?*
- *(Optional) Does the vendor have CEHRT 2015 certification so that transitions of care delivered via this mechanism count towards Promoting Interoperability goals?*
- *(Optional) Do vendor capabilities support two-way clinical communications with outside providers (such as referrals, patient record exchange, results, unstructured communication?)*

CONCLUSION

Hospitals should take the new CMS CoP electronic patient event notification requirements seriously. There are relatively few CoPs (see ref) and even fewer that focus on operational issues of this nature, demonstrating that this is a high priority for CMS. All hospitals should develop and implement a strategy for satisfying this condition and be prepared to review it with their CMS-approved accreditation organization.

But establishing a process for delivering patient event notifications should not be viewed in isolation; instead, consider the requirements as part of an essential step in engaging with community providers and achieving Promoting Interoperability goals. A well-executed strategy can improve patient care and satisfaction, develop deeper relationships with the community providers that refer patients to the hospital, and reduce operational expenses.

While we have attempted to keep this White Paper balanced, we encourage both hospitals and HIEs to talk to careMESH about how we solve this and other challenges in “communicating with the outside world.”