

Hospitals and health systems can achieve CMS Rule compliance by using a standards-based alerting solution that is easily integrated, deployed quickly, and requires minimal investment.

Highlights

SES Notify monitors ADT feeds from the hospital and sends notifications to the appropriate physicians and care managers, at the time of the patient admission or discharge.

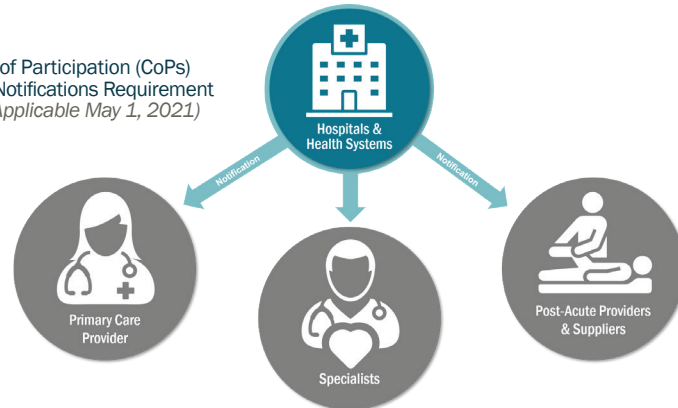
- Easy, rapid onboarding with the hospital systems
- Access to the community providers electronic address via SES directory services and/or hospital provider roster
- Standardized delivery of alerts into provider workflows – no interface is required
- Patient panel (roster) management for more complex routing
- Flexibility to deliver additional alerts (e.g., lab results)
- Surveyor conformance support – to ensure CFR 45 compliance
- Multiple delivery solutions – to connect providers unwilling or unable to receive electronic notifications



CMS Mandated Event Notifications Technology Solution for Hospitals

The CMS Interoperability and Patient Access Rule new Conditions of Participation (CoPs) require mandatory notification compliance for Medicare and Medicaid participating hospitals, including psychiatric hospitals and CAHs, to send electronic patient event notifications of patients' admission, discharge, and/or transfer (ADT) to their primary care provider as well as post-acute care facilities, specialists, and any other medical provider specified by the patient.

Conditions of Participation (CoPs)
ADT Event Notifications Requirement
Overview (Applicable May 1, 2021)



Who is Affected?

- Hospitals, Psychiatric Hospitals, Critical Access Hospitals (CAHs)

What is the Minimum Data?

- Patient name
- Treating practitioner name
- Sending institution name
- Optional: Patient diagnosis when permitted by law (not required)

Who Gets the Data?

Patient Identified Practitioners

- Primary Care Physicians (PCPs), Medical Specialists, Physician Groups, Accountable Care Organizations (ACOs), Federally Qualified Health Centers (FQHCs)

Post-Acute Providers and Suppliers

- Skilled Nursing Facilities (SNFs), Home Health Care, Rehabilitation Hospitals, Long-Term Post-Acute Care (LTPAC), Hospice, and other patient identified entities.

What are the Compliance Requirements?

All Medicare and Medicaid hospitals must send admission, discharge, and transfer (ADT) information to all providers including out of network providers. These providers must have an established care relationship with the patient and can fall into the following categories:

- Primary Care Physician (PCP)
- Previous/New Post-Acute Care provider where patient is being referred or transferred
- Any physician that the patient indicates is involved in their care

Consequences of Noncompliance

All Medicare and Medicaid-certified hospitals and critical access hospitals (CAHs) are required to comply with the Conditions of Participation (CoPs) for their respective programs. Noncompliance with the CoPs can result in requirements for the hospital or CAH to complete corrective action plans or, **if egregious enough and left uncorrected, can ultimately result in revocation of the hospital or CAH's Medicare certification.**

What about Privacy and Security?

The Privacy Rule permits patient event notifications as disclosures for treatment purposes and requires the hospital to send notifications to those practitioners for whom the hospital has reasonable certainty of receipt.

What is Reasonable Effort?

The hospital (or a CAH) must demonstrate that it **"has made a reasonable effort to ensure that"** the system sends the notifications to all patient identified practitioners, including applicable post-acute care services providers and suppliers, that need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes.

The rule also states that while the focus is on those circumstances within the hospital's control, a reasonable effort is still required by the hospital to ensure receipt of the notification.

What determines reasonable effort for circumstances that are outside of the hospitals' control, e.g., what if a provider is not capable of receiving a notification within a hospital system's capabilities?

SES enables hospitals to meet the "reasonable effort" provision of the rule by interfacing via the hospital's existing transmission capability. The implementation process for providers using ONC accredited EMR's is quick and seamless (with no additional fees or input needed). Additionally, notifications can be filtered (admission, discharge, or both), formatted as (machine-readable CCD or human-readable PDF), and delivered via (Direct Secure Message or Fax), depending on the receiver's preference.

Proof of Notification Surveys and Risk Deficiency

Surveyors from an accreditation organization or the state will follow CMS established policies and procedures for the surveys.

- Surveyors examine 10% of average daily census or minimum of 30+ inpatient records
- Hospitals have 10 days to submit a plan of correction
- Risk of CMS denial of payment, plus other sanctions

Hospitals, Post-Acute Providers and Suppliers, and Psychiatric Hospitals

Must demonstrate to the surveyor or accreditation organization that the notification system:

1. is fully operational and compliant with all state and federal statutes and regulations regarding the exchange of patient health information,
2. utilizes the content exchange standard incorporated by reference at **45 CFR 170.205(a)(4)(i)**,
3. sends notifications that would have to include the minimum patient health information,
4. sends notifications directly, or through an intermediary that facilitates exchange of health information, and at the time of the patient's admission to the hospital and either immediately prior to or at the time of the patient's discharge and/or transfer from the hospital.
5. **Post-Acute Providers & Suppliers** must demonstrate that notifications are sent to licensed and qualified practitioners, other patient care team members, and PAC services providers and suppliers that receive the notification for treatment, care coordination, or quality improvement purposes; have an established care relationship with the patient relevant to his or her care; have reasonable certainty that such notifications are being received.
6. **Psychiatric Hospitals** must demonstrate compliance with the proposed standard within the **"Special medical records requirements for psychiatric hospitals CoP (42 CFR 482.61)."**

SES Notify Provides an Immediate Path for Hospitals and Other Ambulatory Facilities to Achieve CMS Compliance

SES Notify is the leading health event alerting solution in the market, serving multiple markets and hospitals, providers (ambulatory, specialty, LTPAC and social services) and payers. SES Notify stands out from simple ADT alerting capabilities and encounter notification alerting because of SES's nationwide reach into provider EMRs and the product's innate ability to streamline the patient/provider/caregiver relationship/roster.

SES Notify enables hospitals to:

- Route to destination based on (ADT embedded) provider ID. This can be either the National Provider ID (NPI) or unique-to-hospital- ID.
- Upload Patient Rosters with auto-expire dates and/or auto-build rosters based on discharge. Supports informing of appropriate practice or group based on a patient returning to a hospital too soon after discharge.
- Delivers Notifications directly into all Certified EHRs (CEHRTs) using the providers' Direct addresses – this requires no additional effort by the recipients. This eliminates costly interfaces and portal requirements.
- Match recipient interests and convert results into formats acceptable by the CEHRTs delivering critical care information seamlessly into provider and care team workflows – no provider portal is required!

Why SES Notify?



Hospitals

- Rapid, seamless integration – allowing hospital to meet the deadline
- Reduces unpaid claims and preventable readmissions
- Improves community provider and hospital administrative relationship
- Demonstrates commitment to high quality patient care and provider support resources



Providers

- Supports active follow up and improved patient care and satisfaction
- Supports post-discharge quality measures (e.g. PQRS, HEDIS) and reimbursement
- Customized to avoid alert fatigue



Patients

- Improves overall quality of care
- Increases patient engagement and satisfaction
- Supports improved understanding of post- discharge instructions

SES provides a nationwide cloud-based clinical data exchange service that gathers, delivers and analyzes sensitive health care information between providers and payers while ensuring compliance, improving efficiency and quality. Our network includes 400,000+ registered customers and access to a network of over 2.4M Direct participants, representing 1,500 hospitals, 92,000 provider organizations, 50+ health information exchanges, and 95 integrated EMR and HIT application partners. SES provides our customers and partners access to trust networks including DirectTrust, CareQuality/Commonwell, SHIEC HIEs, and direct to EMR relationships.

We help hospitals, plans and intermediaries (EMR vendors, HIEs) meet CMS/ONC rule requirements.

**secure
exchange
solutions**

Phone: 1-888-470-9913
Email: info@secureexsolutions.com
Web: secureexsolutions.com



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