

New CMS Notification Conditions of Participation: What Hospitals Need to Know



By April 30th, 2021, Medicare- and Medicaid-certified hospitals, including psychiatric and critical access hospitals, are required to generate and send notifications to community providers when one of their patients is admitted, transferred, or discharged.



Introduction

Real-time, accurate patient information is critical to improve health care coordination. With up-to-date notifications, hospitals and primary care providers (PCPs) are able to improve the patient experience, deliver better outcomes, and reduce costs for the entire health care system.

Encounter notifications, including when a patient is admitted or discharged from a facility, are an effective way for hospitals to update community providers and support a seamless transition of care. By keeping physicians in the loop, hospitals can help patients and their caregivers avoid expensive and frustrating readmissions.

The Centers for Medicare and Medicaid Services (CMS) has determined that this encounter information is essential to effective care.

CMS implemented a new notification requirement in the **Conditions of Participation (CoP)** to improve the exchange of health information and access for patients, providers, and payers. The new notification was adopted by CMS in 2020 as part of the Interoperability and Patient Access Rule.

This eBook from Audacious Inquiry addresses the key elements and pitfalls of the new CoP requirement, and provides resources available through our Encounter Notification Service (ENS®).

For more information, **[contact Audacious Inquiry](#)**.

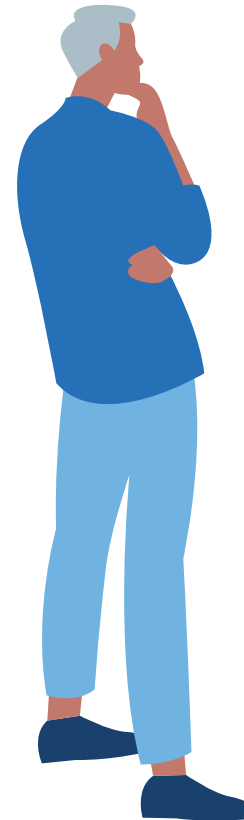


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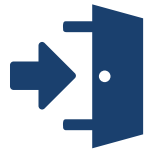
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What these new conditions mean

If a hospital's electronic health record system or other electronic administrative system (e.g., billing system) has the ability to generate an HL7 2.5.1 message, that hospital must comply with the CoP notification requirement.

To satisfy the requirement, hospitals must generate and send a notification for a patient in the **Emergency Department, Inpatient, and Observation Status:**



At the time of an admission or registration



Immediately prior to or at the discharge or transfer

Transfer notifications are only necessary when a patient's status changes from outpatient to inpatient. When a patient transfers between inpatient service units within the hospital, a notification does not need to be generated.



Which providers do hospitals need to notify?

Hospitals must send notifications to the following recipients, as applicable, for the purposes of treatment, care coordination, or quality improvement:



The patient's **established primary care practitioner or group**;



Post-acute care service providers and suppliers with whom the patient has an established care relationship prior to the admission or to whom the patient is being transferred or referred; and



Other practitioners, groups, or entities identified by the patient as the established provider primarily responsible for his or her care.



Hospitals can also choose to send notifications to additional recipients, including **other providers and entities, as well as payers.**



Do hospitals need to set up connections for every single provider in their network?

The most efficient and effective way to meet this requirement is through an organization ("intermediary") that can link multiple hospitals and providers together, rather than hospitals having to make individual connections themselves.

CMS allows hospitals to exclusively use an intermediary to meet CoP requirements. The intermediary must provide the ability to send notifications to a wide range of recipients without imposing restrictions on which recipients can receive notifications.

Keep in mind that CMS also expects hospitals, and their intermediary, to be able to send notifications to a provider requested by the patient. While CMS does not specifically define what constitutes a wide range of recipients, they do note in the rule the following:



... an intermediary which restricts its delivery to only those providers within a specific integrated health care system, would not satisfy CoP. Alternatively, if a hospital demonstrates that an intermediary connects to a wide range of recipients and does not impose restrictions on which recipients are able to receive notifications through the intermediary, exclusive use of such an intermediary would satisfy CoP.



What information needs to be included in the notifications?

Hospitals must include, at a minimum, the following information:



The name of the patient



The name of the treating provider



The name of the sending institution

These alerts can be sent using any electronic transport mechanism. This could include HL7 v2, FHIR, Direct, or other transport standards.



Note: CMS does not dictate the standards that hospitals must use for the content or transport of the notification. The HL7 2.5.1 standard criteria is simply the factor in determining if a hospital would be subject to the electronic notification requirement part of CoP. If a hospital is utilizing an electronic medical record or other electronic administrative system that is capable of sending a HL7 2.5.1 message, then they would have to meet the notification requirement.

What are the biggest gaps hospitals should prioritize?

Patient self attribution: Hospitals will need to develop an approach that allows a patient to self attribute ("self identify") for notifications to be sent to their established provider of choice. The CMS rule requires that patients have the ability to ask for their provider to be notified, and **many EHR vendors in place today do not support this capability.**

This is where an intermediary like Audacious Inquiry can help with the ENS® service, as it supports dual routing of notifications:

- Routing of notifications using panel match to providers who are active participants/subscribers of the intermediary
- Routing of notifications to providers who are not active participants/subscribers of the intermediary, via Direct secure messaging



What are the biggest gaps hospitals should prioritize? (cont'd)

Standardization within the ADT fields: Some information hospitals need to record in the ADT, like PCP, is straightforward and has a standardized location where it should be sent. The new requirement places an emphasis on additional information that does not have a set field within the HL7 standard. This includes:

- Observation status
- Patient-identified providers
- Post-acute care service providers and suppliers
- Other details, like specific codes to uniquely identify certain information that has not been created as part of the standard

Audacious Inquiry can help hospitals navigate this gap. As an experienced intermediary with technical expertise and participation in setting industry standards, we support organizations in achieving CoP compliance through our purpose-built notification service.



What are the biggest gaps hospitals should prioritize? (cont'd)

Written Policies and Procedures: Hospitals will need to develop common written policies and procedures to comply with CoP. Reviewing this information is one common way surveyors typically assess compliance with these types of conditions.

While a majority of the requirement is being solved through a technical solution, a hospital's process to ask the right questions, gather the right information, and provide a path for patients to control which providers receive notifications is just as critical as the technology being used.



Other Common Questions

Does CoP apply only to Medicare and Medicaid beneficiaries?

No. CoP applies to all relevant patient admissions, discharges, and transfers—not just Medicare and Medicaid patients (i.e., it is all payer). The Medicare and Medicaid condition simply identifies which hospitals are affected by the requirement.

Is CoP related to any other CMS programs?

No. CoP is not related to any other CMS programs. This includes the Promoting Interoperability program. There also is not a CMS program at this time placing any requirements on providers acting upon these CoP notifications.

Does CoP add any new objective measures or eCQMs?

It also does not add any new quality reporting requirements and does not make any updates to other CMS quality reporting programs. Quality Management Systems are not required to add any COP-related reporting.

Other Common Questions (cont'd)

Is there a financial or reimbursement penalty if the requirements are not met?

Hospitals' ability to participate in, and receive payment from, Medicare and Medicaid programs are tied to complying with CoP. Compliance with the electronic notification requirement is just one factor surveyors will evaluate in determining hospitals' continued participation in Medicare and Medicaid.

Does an intermediary need to send notifications to non-participants?

Yes, CMS expects that hospitals make a "reasonable effort" to send notifications to patient-identified providers, regardless of whether they participate with an intermediary. Audacious Inquiry addresses this through Direct secure messaging, sending notifications to "patient identified" providers who are not subscribers.

Is "Observation Status" part of CoP requirements?

Observation status was not explicitly stated in the final regulation text, but it was detailed in the **preamble**.

The safest interpretation of the rule is to send observation status notifications—or include observation status in your ADT feed to an intermediary to fully comply.

How Audacious Inquiry can help

Audacious Inquiry's **Encounter Notification Service (ENS®)** is a cost-effective communication solution that bridges the gap between care teams, resulting in more efficient transfers of care and reduced readmissions. Providing access to clinical summaries in real-time, ENS is used by health information organizations and hospital associations across the country to unite hospitals, PCPs, payers, and others accountable for patient care coordination.

Improve Patient Satisfaction

ENS notifications improve communications and streamline workflows between providers and care teams. This leads to greater patient engagement and satisfaction.

Reduce Avoidable Utilization

Whether you are a PCP who needs to know when, where, and why a patient is hospitalized, or a treating physician who needs insight into a patient's relationships, ENS enables the necessary engagement to make proper clinical decisions and dispositions.

Improve Care Coordination

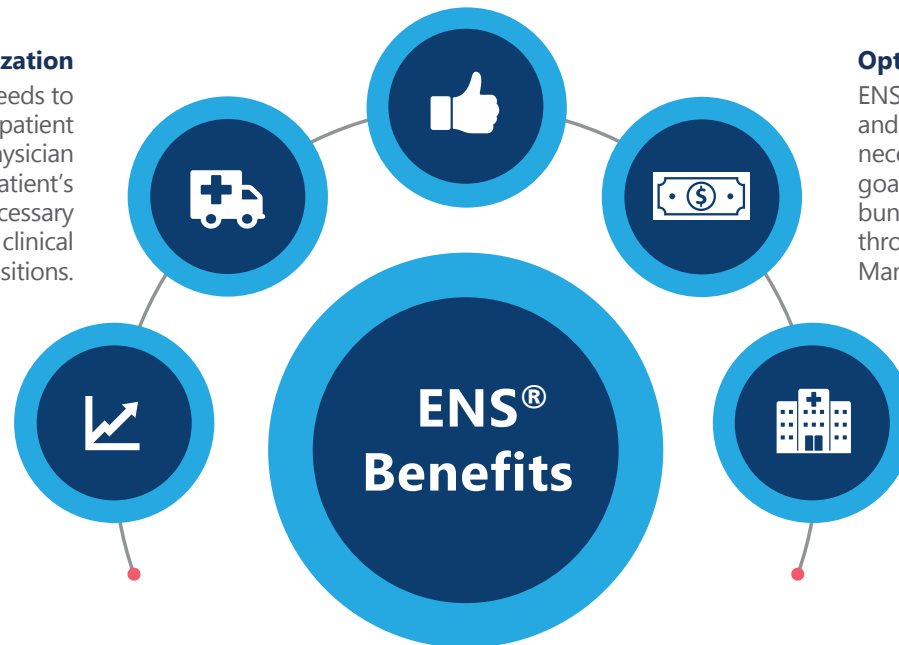
Clinicians and care managers can receive timely ENS notifications about hospitalizations, act promptly, and direct patients to the most appropriate care settings.

Optimize Financial Performance

ENS' ability to improve care coordination and reduce avoidable utilization is necessary to achieve your financial goals under value-based contracting—bundles, ACOs, PCMH programs—or through enhancing Transitional Care Management (TCM) revenue.

Improve Meaningful Use Compliance

Enables routing of discharge summaries from hospitals in a manner compliant with Meaningful Use requirements for Transitions of Care.



How Audacious Inquiry can help (cont'd)



CMS allows hospitals to exclusively use an intermediary, like ENS[®], to meet the notification requirement.

- ENS can provide value to hospitals by facilitating broad connectivity with community PCPs and post-acute care providers to support the routing of notifications.
- This eliminates the need for a hospital to go practice-by-practice to sign up providers and establish connectivity.
- PCPs and post-acute care providers will see value in having a single solution to receive all their notifications instead of having to work hospital-by-hospital creating one-off solutions.
- ENS can work with receiving providers to tailor the notifications they wish to receive, increasing utility and satisfaction.
- Hospitals and providers can rest assured knowing that notification transmissions are fully secure and compliant. Audacious Inquiry's entire cloud-hosted infrastructure, powered by AWS, is certified by the leading standards organization, Health Information Trust Alliance (**HITRUST**).

How Audacious Inquiry can help (cont'd)

Audit reporting to help hospitals demonstrate compliance

- Audit reporting solution ensures compliance through audit trail and includes critical insights about notification delivery.
- Audacious Inquiry's Federal Policy Team is actively engaged with CMS for rule interpretation and application.
- As a result, Audacious Inquiry is able to provide added compliance guidance and recommendations.



ENS[®] is used by thousands of health plans and physicians to coordinate care for more than 60 million lives across hundreds of health systems.

- More than 30 million high-value alerts sent every month to payers, physicians, care managers, health systems, post-acute facilities, and public health agencies
- Audacious Inquiry is a trusted partner to the Office of the National Coordinator for Health Information Technology (ONC), health information organizations, hospital associations, state Medicaid agencies, and hospitals across the country
- Recognized as one of America's fastest growing private companies for 10 consecutive years; member of Inc. 5000[™] Hall of Fame
- Based in Baltimore; 150+ employees; founded in 2004



Audacious Inquiry (Ai) is a national industry-shaping health IT company that provides a connected care platform facilitating the secure transmission of actionable, accurate, and event-driven data across the U.S. healthcare system. Audacious Inquiry's pioneering software solutions help providers and care managers be proactive during the most important moments, including during transitions of care. This information helps at-risk providers and payers working within value-based arrangements reduce costs and improve patient outcomes.

With years of experience developing health data exchanges at the federal and state level, Audacious Inquiry is a trusted partner to health plans, health systems, Health Information Exchange Organizations, public health agencies, and federal, state, and local government agencies across the country. Audacious Inquiry's trusted solutions, which include its flagship Encounter Notification Service (ENS®) and the Patient Unified Lookup System for Emergencies™ (PULSE), serve more than 60 million people nationwide.

For more information, [visit us at ainq.com](https://ainq.com), or [follow us on Twitter at @A INQ](https://twitter.com/A_INQ).



AUDACIOUS INQUIRY

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