



Frequently Asked Questions on CMS' Admission, Discharge & Transfer Requirement

The Centers for Medicare & Medicaid Services' (CMS) final rule on patient access and interoperability contains requirements for hospitals to conduct admission, discharge and transfer requirements. For a summary of these policies, see our fact sheet [here](#).

General Patient Event Notifications

Q: What information must be contained in the patient event notification? HL7 includes several required data fields, such as attending doctor, admitting doctor, and consulting doctor. Which of these are required by the rule?

A: Required:

- The notification must include the patient's name, treating practitioner name and sending institution's name.
- While the new regulation does not specify this, the notification would presumably also have to specify whether the event was a registration in the emergency department, admission, discharge or transfer.

Not required (though in some cases encouraged):

- Notifications of transfers between inpatient units are not required.
- While not required, the regulation references HL7 Messaging Standard 2.5.1 as the vehicle for the notifications.
- Additionally, hospitals are encouraged to consider sending additional information on the patient's status, but only the basic information is required at this time.

Q: When must patient event notifications be sent?

A: In general, patient event notifications must be sent to clinicians who need them in four situations:

- Registration in the Emergency Department – this includes patients who are under “observation”;
- Admission to the hospital;
- Transfer (excluding those between inpatient units); or
- Discharge.

However, CMS does clarify that hospitals can work with individual clinicians or groups to determine when they actually “need” to receive the notifications. This allows hospitals to work with clinicians or practices to send notices based on the preferences of the receiving clinicians.



Q: Which provider types are subject to the patient event notification requirement?

A: The requirement to send event notification information applies to the following entities if their electronic health record (EHR) systems (including administrative systems) are conformant with the HL7 2.5.1 content exchange standard:

- Acute hospitals,
- Psychiatric hospitals, and
- Critical access hospitals (CAHs)

Skilled nursing facilities (SNFs), home care agencies, hospices, nursing facility and outpatient rehabilitation services are not required to send patient event notifications to hospitals or other providers on the patient's care team. However, the regulation lists these providers as receivers of patient event information.

Q: Are nursing homes that are part of the hospital system required to send patient event notifications?

A: No, nursing homes or home health agencies that are part of a hospital system are not required to send patient event notifications.

Use of EHR Systems and Intermediaries

Q: Is a hospital required to have an EHR in order to be deemed compliant?

A: The regulation specifies that "if the hospital utilizes an electronic medical records system or other electronic administrative system, which is conformant with the content exchange standard at 45 CFR 170.205(d)(2), then the hospital must demonstrate that it meets the requirements for electronic patient alert notifications. This regulation does not in itself require hospitals to have such a system.

Q: Can a hospital utilize its electronic medical record (EMR) vendor to ensure compliance with this CoP?

A: Yes, the regulation specifies that a hospital with an EHR system that has the capacity to generate basic patient information for electronic patient event notification would be in compliance with this CoP if it could demonstrate that its system met the following criteria:

- Is fully operational and that it operates in accordance with all state and federal statutes and regulations regarding the exchange of patient health information;
- Utilizes the content exchange standard incorporated specified in the regulation;



- Sends notifications that would have to include the minimum patient health information (patient's name, treating practitioner name, sending institution name, and, if not prohibited by other applicable law, patient diagnosis); and
- 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.

Q: Will a subscription based alert system meet the CMS requirement for sending patient event notifications?

A: Yes, hospitals could utilize an intermediary that offers a subscription based alert system to meet this CoP.

Hospitals must ensure the utilized intermediary provides them the capability to send the patient event notification directly, or through an intermediary that facilitates exchange of health information, at the time of the patient's hospital admission, discharge, or transfer, to licensed and qualified practitioners, other patient care team members, and PAC services providers and suppliers that: (1) Receive the notification for treatment, care coordination, or quality improvement purposes; (2) have an established care relationship with the patient relevant to his or her care; and (3) the hospital has reasonable certainty that such notifications are received.

CMS also states that hospital will meet the CoP if it is able to demonstrate that the intermediary connects to a wide range of recipients and does not impose restrictions on which recipients are able to receive notifications through the intermediary.

Q: If a hospital is already sending ADTs to its health information exchange (HIE), will this be sufficient to comply with this CoP?

A: The regulation requires hospitals to send electronic notifications to providers identified in the regulation. The hospital must ensure that the HIE can meet the specifications for this CoP and provide necessary information to support the hospital with audit processes.

Affected Patient Populations

Q: Does the regulation require patient event notifications for just Medicare patients? Does it include Medicaid patients? Or does it apply to all payers?

A: The [Medicare Conditions of Participation](#) govern the actions of Medicare- and Medicaid-participating hospitals, rather than their actions for specific patients. In this case, it requires that affected hospitals be able to demonstrate to surveyors that:



- The system is fully operational and is operated in accordance with state and federal laws;
- It sends notifications containing certain specified information; and
- To the extent permissible under applicable federal and state law and regulations, and not inconsistent with the patient's expressed privacy preferences, the system sends notifications directly, or through an intermediary that facilitates exchange of health information to certain specified individuals in certain specified instances.

Q: What are the expectations for patient matching to ensure providers identify the correct patient?

A: Hospitals must have the capability to look up the providers or receive a list of patients and match that against the ADT. However, this regulation does not specify a percentage of patients or threshold that a provider has to reach with regard to correctly matching patients.

CMS does include a discussion of the importance of effective patient identity management. The agency refers to nationally recognized practices and standards for ensuring patient identity integrity identified by organizations such as the National Association of Healthcare Access Management, American Health Information Management Association, the Agency for Healthcare Research and Quality, and ONC. CMS notes that these standards include standardizing demographic data fields and internally evaluating the accuracy of patient matching within health care organizations.

Provider Contact Information

Q: Is there a national provider directory available to assist in identifying providers to whom patient event notifications must be sent? If so, where is the database located?

A: The [National Provider Identifier \(NPI\) Registry](#) contains provider contact information. Additionally, under this regulation, almost all payers will be required to create and maintain public-facing provider directory APIs. See our [NPPES cheat sheet](#) for more information.

Provider information is available at the following sources:

- National Plan and Provider Enumeration System (NPPES) NPI Registry: <https://npiregistry.cms.hhs.gov/>
- NPPES NPI Registry API: <https://npiregistry.cms.hhs.gov/registry/help-api>
- NPPES Data Dissemination file: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination>



Additionally, CMS states that if a hospital has processes in place for identifying patients' primary care practitioners and other applicable providers, but is not able to identify an appropriate recipient for a patient event notification for a specific patient, the hospital would not be expected to send a notification for that patient.

Q: When do providers need to update their electronic contact information?

A: There is a requirement in the rule directing hospitals to update their electronic contact information in NPPES. CMS intends to publicly report the names and NPIs of those providers who do not have digital contact information included in the NPPES system. The agency is still developing additional guidance and systems. Providers are required to update information included in NPPES within 30 days of a change.

CMS also encourages providers to include FHIR endpoint information in NPPES if and when they have the information. CMS plans to provide more information to providers regarding the requirement to ensure the directory is populated more robustly over time. For more details see our [NPPES cheat sheet](#).

Patient-Provider Relationship

Q: How does a hospital determine which providers have an existing relationship with a patient and whether those providers can and want to receive electronic ADT notifications? If patients do not identify their providers at the point of care, what responsibility does the hospital have to identify established providers and entities?

A: The final rule specifies that hospitals need to send patient event notifications to all established providers and entities that need them for treatment or care coordination. The regulation allows different ways for a hospital to identify providers, patient care teams, and PAC services providers and suppliers that are most relevant to ADT notifications. The regulation does not require hospitals to send patient event notifications to every eligible provider type, but the hospital must have the capability to do so upon request from the patient or provider.

CMS provides examples of the ways that hospitals could identify existing relationships including:

- Requesting this information from patients or caregivers upon arrival;
- Obtaining information about care team members from the patient's record;
- Developing or optimizing processes to capture information about established care relationships directly, or working with an intermediary that maintains information about care relationships;



- Identifying (directly or through an intermediary) appropriate notification recipients through the analysis of care patterns or other attribution methods that seek to determine the provider most likely to be able to effectively coordinate care post-discharge for a specific patient; and
- Developing processes to allow a provider to specifically request notifications for a given patient for whom they are responsible for care coordination as confirmed through conversations with the patient. The hospital must be able to respond to these requests.

CMS states that only in the event where no provider that needs notifications can be identified is the hospital not expected to send a notification for that patient.

Q: Does sending a patient event notification to a clinician establish a patient relationship such that the clinician will now be responsible for their care?

A: The question of whether a clinician-patient relationship exists is a legal one and varies by state.

According to the American Medical Association (AMA), “Generally, the [patient-physician] relationship is entered into by mutual consent between physician and patient (or surrogate).” (accessed 3/30/2020). The AMA’s Code of Medical Ethics opinion provides for three exceptions to this, but all center around situations where it occurs without the patient or surrogate’s explicit consent. There are no exceptions specified that address situations where the physician has not consented.

Q: Hypothetical: An accountable care organization (ACO) or other care coordination organization requests information about these visits, but the organization only coordinates one component of the patient’s care (i.e., mental health). Are we required or permitted to send the information?

A: The regulation specifies that the patient event notifications are to be sent to:

- All post-acute care service providers and suppliers with whom the patient has an established care relationship prior to admission or to whom the patient is being transferred or referred and primary care practitioners AND
- Any of the following who need the information for “treatment, care coordination, or quality improvement purposes:”
 - The patient’s established primary care practitioner;
 - The patient’s established primary care practice group or entity; or
 - Other practitioners or practice groups or entities, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.



While the regulation specifies that the notifications are to go, consistent with patient privacy practices, to practitioners who need the information for treatment, care coordination or quality improvement purposes, there is also an element of patient preference involved. Thus, if the patient identifies a mental health provider as the individual or entity primarily responsible for their care, the hospital may want to consider sending the patient event notification as requested by the patient, regardless of the issue for which the patient is treated by the hospital.

According to CMS, the “[Condition of Participation] does not create an entitlement for any specific provider or intermediary to receive patient event notifications. Rather, it requires hospitals to demonstrate that their medical records system sends patient event notifications in a manner compliant with the ... requirements.”

Q: Hypothetical: If a patient has a PCP, cardiologist and other specialists, does the hospital have to send event notifications to all the providers? And, will the hospital be in compliance if it sends the event notification only to the PCP?

A: The final rule specifies that hospitals need to send patient event notifications to all established providers and entities that need them for treatment or care coordination. Alerts must be sent to required applicable providers in order to meet the requirements. As noted above, the regulation specifies that the patient event notifications are to be sent to:

- All post-acute care service providers and suppliers with whom the patient has an established care relationship prior to admission or to whom the patient is being transferred or referred and primary care practitioners AND
- Any of the following who need the information for “treatment, care coordination, or quality improvement purposes:”
 - The patient’s established primary care practitioner;
 - The patient’s established primary care practice group (i.e. ACOs, FQHCs, Medicaid programs, providers within COVID triage workflows, etc.) or entity; or
 - Other practitioners or practice groups or entities, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.

While the regulation specifies that the notifications are to go, consistent with patient privacy practices, to practitioners who need the information for treatment, care coordination or quality improvement purposes, there is also an element of patient preference involved. Thus, if the patient identifies a mental health provider as the individual or entity primarily responsible for their care, the hospital may want to consider sending the patient event notification as requested by the patient, regardless of the issue for which the patient is treated by the hospital.



Q: Hypothetical: A hospital uses an ACO (or other care coordination organization) to disseminate patient event information but the ACO does not represent all of the providers in the community. Does the hospital need to have a set of standards for ACO-participating providers and another set for non-ACO participating providers?

A: Hospitals need to be able to meet the request of all the ACOs in your community that are in your community. The rule does not specify whether hospitals should have different standards for ACOs (or other providers) based on whether they are participating or not.

Requirements on “Receiving Providers”

Q: The COPs refer to hospitals as having the responsibility for sending notifications to providers. Is there are requirement for SNFs, inpatient rehabilitation, and LTAC facilities to send notification to the patient’s PCP or other providers on the patient’s care team?

A: The rule does not require the downstream providers to pass the information on to PCPs or other provider groups.

Q: Are hospitals responsible for sending notifications to providers, including post-acute care facilities, that do not accept HL7 patient event notifications?

A: A hospital is required to demonstrate that it has made a “reasonable effort” to send patient event notifications to the requisite clinicians or providers “if it uses a system conformant with the HL7 2.5.1 content exchange standard, which indicates a system has the basic capacity to generate information for patient event notifications....”

There is no requirement that patient event notifications be sent using the HL7 Messaging Standard. CMS has declined to specify a standard to be used for the notifications, recognizing that not all systems may be capable of receiving it. Hospitals are permitted to use mechanisms other than the HL7 standard for sending patient event notifications, such as direct messaging, the C-CDA or a Fast Healthcare Interoperability Resources-based application programming interface (API). Regardless of the vehicle, CMS does encourage hospitals and intermediaries with whom they work to adopt standards-based approaches to sending patient event notifications.



Q: Are there corresponding requirements for providers to “receive” patient event notifications?

A: No, at this time, there are no requirements for providers to be able to receive electronic patient event notifications. That being said, there is no specific method required for transmission of the electronic notification. While the regulation references the HL7 Messaging Standard 2.5.1, it also recognizes that other mechanisms, such as direct messaging, may be preferable.

Q: Can a provider “opt out” for some or all of their patients?

A: Yes, providers can opt out of receiving notifications for some or all patients.

Miscellaneous

Q: Do patients have the right to opt-out of having the hospital send patient event notifications on their behalf? What about the HIPAA Privacy Rule requirement that patients have the ability to direct which clinicians, if any, have access to their information?

A: Patients can decline to furnish the hospital with information on the clinician or entity primarily responsible for their care. In general, hospitals will not be held responsible for situations in which no such information is furnished. This is consistent with the requirement under the Health Insurance Portability and Accountability Act (HIPAA) that patients can dictate who obtains access to their medical information. Additionally, the rule specifies that hospitals must be able to demonstrate that they are sending the notifications “[t]o the extent permissible under applicable federal and state law and regulations, and not inconsistent with the patient’s expressed privacy preferences...”

CMS also states, “Nothing in this proposed rule should be construed to supersede hospitals’ compliance with HIPAA or other state or federal laws and regulations related to the privacy of patient information. We note that hospitals would not be required to obtain patient consent for sending a patient event notification for treatment, care coordination, or quality improvement purposes as described in this final policy. However, we also recognize that it is important for hospitals to be able to honor patient preferences to not share their information.”

Q: Since the payer is the one entity that follows the patients more than anything, doesn’t it make sense for hospitals to push the data to the payers? Providers could then request the data from payers. Additionally, hospitals already obtain patient consent to send their information to payers.

A: The CMS requirements are focused on hospitals.