



Center for Clinical Standards and Quality

Ref: QSO-21-18-Hospitals/CAHs

DATE: May 7, 2021

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Advance Copy- Interoperability and Patient Access Rule- Admission, Discharge, and Transfer Notifications for Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs) Interpretive Guidance

Memorandum Summary

Hospital/Psychiatric Hospital Interpretive Guidance Update- Attached is an advance copy of the hospital interpretive guidance for the admission, discharge, and transfer notification requirements outlined in the Interoperability and Patient Access final rule. This interpretive guidance will also be published in an updated Appendix A of the State Operations Manual (SOM).

CAH Interpretive Guidance Update- Attached is an advance copy of the hospital interpretive guidance for the admission, discharge, and transfer notification requirements outlined in the Interoperability and Patient Access final rule. This interpretive guidance will also be published in an updated Appendix W of the State Operations Manual (SOM).

Background

The Interoperability and Patient Access final rule (CMS-9115-F) published May 1, 2020, includes Conditions of Participation (CoPs) for hospitals, psychiatric hospitals, and CAHs. These providers will be required to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to another healthcare facility or to another community provider or practitioner. These additional requirements will allow hospitals and CAHs to improve care coordination by allowing a receiving provider, facility, or practitioner to reach out to the patient and deliver appropriate follow-up care in a timely manner. The effective date of these new requirement is May 1, 2021.

The new CoPs are included in the medical records requirements at 42 CFR 482.24(d)(1-5) for hospitals, 42 CFR 482.61(f)(1-5) for psychiatric hospitals, and 42 CFR 485.638(d)(1-5) for CAHs. The SOM will be updated with the new guidance and regulatory references in Appendix A and Appendix W.

Hospitals and CAHs that do not meet the electronic health records or administrative system requirements of the content exchange standard, would not be subject to meeting these requirements.

Contact: For any additional questions for concern, please contact QSOG_Hospital@cms.hhs.gov

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Karen L. Tritz	David R. Wright
Director, Survey & Operations Group	Director, Quality, Safety & Oversight Group

Attachment(s)- Interoperability- ADT Notification Guidance for Hospitals, Psychiatric Hospitals, and CAHs

Interoperability- ADT Notification Guidance for Hospitals
State Operations Manual
Appendix A

A-0470

(Issued 5-01-2020; Effective Date 06-30-2020; Implementation Date 05-01-2021)

§482.24 Condition of Participation: Medical Records.

(d) Standard: Electronic notifications. 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—

- (1) The system's notification capacity is fully operational and the hospital uses it in accordance with all State and Federal statutes and regulations applicable to the hospital's exchange of patient health information.
- (2) The system sends notifications that must include at least patient name, treating practitioner name, and sending institution name.
- (3) 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, at the time of:
 - (i) The patient's registration in the hospital's emergency department (if applicable).
 - (ii) The patient's admission to the hospital's inpatient services (if applicable).
- (4) 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, either immediately prior to, or at the time of:
 - (i) The patient's discharge or transfer from the hospital's emergency department (if applicable).
 - (ii) The patient's discharge or transfer from the hospital's inpatient services (if applicable).

Guidance: A hospital with an electronic health records system or electronic patient registration systems, which is conformant with the content exchange standard HL7 2.5.1 at 45 CFR 170.205(d)(2), is required to use system's notification capacity to facilitate the notification of patient admission, discharge, and transfer information in accordance with state and federal law. Upon the consent of patient or the patient representative, at a minimum, the information exchange must include the name of the patient, the practitioner responsible for the treatment of the patient, and the name of the institution providing care to the patient. A patient or patient representative

does have the right to privacy and not permit the hospital to share this information through this exchange. A patient's refusal should be documented.

These requirements are applicable to all patients who are registered in the emergency department (ED) or who are receiving inpatient services. There may be instances of multiple admission notifications for one patient. For example, a patient that enters through the ED is not admitted to receive inpatient services, but the hospital would be responsible for sending a notification of the patient's ED visit; and once the patient is admitted and is receiving inpatient services, another notification would be sent as the patient's admission status has changed.

Transfer notifications would be applicable for any patients who may be transferring to another facility for additional needs or changes in level of care.

Discharge notifications would be applicable for all patient discharges from either inpatient or outpatient admissions.

For hospitals that do not have such electronic medical records system or other electronic administrative system, which are conformant with the content exchange standard HL7 2.5.1 at 45 CFR 170.205(d)(2), they are not required to be in compliance with this standard.

A-0471

(Issued 5-01-2020; Effective Date 06-30-2020; Implementation Date 05-01-2021)

§482.24 Condition of Participation: Medical Records.

(d) Standard: Electronic notifications. 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—

- (5) The hospital has made a reasonable effort to ensure that the system sends the notifications to all applicable post-acute care service providers and suppliers, as well as to any of the following practitioners and entities, which need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:
 - (i) The patient's established primary care practitioner;
 - (ii) The patient's established primary care practice group or entity; or
 - (iii) Other practitioner, or other practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care

Guidance: The hospital is expected to make every attempt to send notifications of the patient's status to all applicable post-acute providers and suppliers, in addition to the patient's primary care practitioner, primary care group, or other practitioner or group that is identified by the patient that may be responsible for the patient's care. For example, a patient may request that these admission, discharge, and transfer notifications be sent to a specialist responsible for their care, that is not their primary care provider. This requirement does not limit the hospital's ability to notify additional entities based on hospital policy, such as ACO attribution lists.

A-1673

(Issued 5-01-2020; Effective Date 06-30-2020; Implementation Date 05-01-2021)

§482.61 Condition of Participation: Medical Records.

(f) Standard: Electronic notifications. 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—

- (1) The system's notification capacity is fully operational and the hospital uses it in accordance with all State and Federal statutes and regulations applicable to the hospital's exchange of patient health information.
- (2) The system sends notifications that must include at least patient name, treating practitioner name, and sending institution name.
- (3) 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, at the time of:
 - (i) The patient's registration in the hospital's emergency department (if applicable).
 - (ii) The patient's admission to the hospital's inpatient services (if applicable).
- (4) 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, either immediately prior to, or at the time of:
 - (i) The patient's discharge or transfer from the hospital's emergency department (if applicable).
 - (ii) The patient's discharge or transfer from the hospital's inpatient services (if applicable).

Guidance: A psychiatric hospital with an electronic health records system or electronic patient registration systems, which is conformant with the content exchange standard HL7 2.5.1 at 45 CFR 170.205(d)(2), is required to use system's notification capacity to facilitate the notification of patient admission, discharge, and transfer information in accordance with state and federal law. Upon the consent of patient or the patient representative, at a minimum, the information exchange must include the name of the patient, the practitioner responsible for the treatment of the patient, and the name of the institution providing care to the patient. A patient or patient representative

does have the right to privacy and not permit the hospital to share this information through this exchange. A patient's refusal should be documented.

These requirements are applicable to all patients who are registered in the emergency department (ED) or who are receiving inpatient services. There may be instances of multiple admission notifications for one patient. For example, a patient that enters through the ED is not admitted to receive inpatient services, but the hospital would be responsible for sending a notification of the patient's ED visit; and once the patient is admitted and is receiving inpatient services, another notification would be sent as the patient's admission status has changed.

Transfer notifications would be applicable for any patients who may be transferring to another facility for additional needs or changes in level of care.

Discharge notifications would be applicable for all patient discharges from either inpatient or outpatient admissions.

For psychiatric hospitals that do not have such electronic medical records system or other electronic administrative system, which are conformant with the content exchange standard HL7 2.5.1 at 45 CFR 170.205(d)(2), they are not required to be in compliance with this standard.

A-1674

(Issued 5-01-2020; Effective Date 06/30/2020; Implementation Date 05/01/2021)

§482.61 Condition of Participation: Medical Records.

(f) Standard: Electronic notifications. 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—

- (5) The hospital has made a reasonable effort to ensure that the system sends the notifications to all applicable post-acute care services providers and suppliers, as well as to any of the following practitioners and entities, which need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:
 - (i) The patient's established primary care practitioner;
 - (ii) The patient's established primary care practice group or entity; or
 - (iii) Other practitioner, or other practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care

Guidance: The psychiatric hospital is expected to make every attempt to send notifications of the patient's status to all applicable post-acute providers and suppliers, in addition to the patient's primary care practitioner, primary care group, or other practitioner or group that is identified by the patient that may be responsible for the patient's care. For example, a patient may request that these admission, discharge, and transfer notifications be sent to a specialist responsible for their care, that is not their primary care provider. This requirement does not limit the psychiatric hospital's ability to notify additional entities based on hospital policy, such as ACO attribution lists.

Interoperability- ADT Notification Guidance for CAHs
State Operations Manual
Appendix W

C-1127

(Issued 5-01-2020; Effective Date 06-30-2020; Implementation Date 05-01-2021)

§485.638 Condition of Participation: Clinical Records

(d) Standard: Electronic notifications. If the CAH 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 CAH must demonstrate that—

- (1) The system's notification capacity is fully operational and the CAH uses it in accordance with all State and Federal statutes and regulations applicable to the CAH's exchange of patient health information.
- (2) The system sends notifications that must include at least patient name, treating practitioner name, and sending institution name.
- (3) 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, at the time of:
 - (i) The patient's registration in the CAH's emergency department (if applicable).
 - (ii) The patient's admission to the CAH's inpatient services (if applicable).
- (4) 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, either immediately prior to, or at the time of:
 - (i) The patient's discharge or transfer from the CAH's emergency department (if applicable).
 - (ii) The patient's discharge or transfer from the CAH's inpatient services (if applicable).

Guidance: A CAH with an electronic health records system or electronic patient registration systems, which is conformant with the content exchange standard HL7 2.5.1 at 45 CFR 170.205(d)(2), is required to use system's notification capacity to facilitate the notification of patient admission, discharge, and transfer information in accordance with state and federal law. Upon the consent of patient or the patient representative, at a minimum, the information exchange must include the name of the patient, the practitioner responsible for the treatment of the patient, and the name of the institution providing care to the patient. A patient or patient representative

does have the right to privacy and not permit the CAH to share this information through this exchange. A patient's refusal should be documented.

These requirements are applicable to all patients who are registered in the emergency department (ED) or who are receiving inpatient services. There may be instances of multiple admission notifications for one patient. For example, a patient that enters through the ED is not admitted to receive inpatient services, but the CAH would be responsible for sending a notification of the patient's ED visit; and once the patient is admitted and is receiving inpatient services, another notification would be sent as the patient's admission status has changed.

Transfer notifications would be applicable for any patients who may be transferring to another facility for additional needs or changes in level of care.

Discharge notifications would be applicable for all patient discharges from either inpatient or outpatient admissions.

For CAHs that do not have such electronic medical records system or other electronic administrative system, which are conformant with the content exchange standard HL7 2.5.1 at 45 CFR 170.205(d)(2), they are not required to be in compliance with this standard.

C-1128

(Issued 5-01-2020; Effective Date 06/30/2020; Implementation Date 05/01/2021)

§485.638 Condition of Participation: Clinical Records.

(d) Standard: Electronic notifications. If the CAH 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 CAH must demonstrate that—

- (5) The CAH has made a reasonable effort to ensure that the system sends the notifications to all applicable post-acute care services providers and suppliers, as well as to any of the following practitioners and entities, which need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:
 - (i) The patient's established primary care practitioner;
 - (ii) The patient's established primary care practice group or entity; or
 - (iii) Other practitioner, or other practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care

Guidance: The CAH is expected to make every attempt to send notifications of the patient's status to all applicable post-acute providers and suppliers, in addition to the patient's primary care practitioner, primary care group, or other practitioner or group that is identified by the patient that may be responsible for the patient's care. For example, a patient may request that these admission, discharge, and transfer notifications be sent to a specialist responsible for their care, that is not their primary care provider. This requirement does not limit the CAH's ability to notify additional entities based on hospital policy, such as ACO attribution lists.