

Center for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP) for Admissions, Discharge, and Transfer (ADT) Messages

*a Health IT Webinar presented by:
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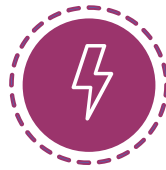


Conditions of Participation (CoP) Authority for ADTs

- Derived from Center for Medicare & Medicaid Services (CMS) “Patient Access” Rule
- Addresses ADT Requirement on hospitals, psychiatric hospitals, and critical access hospitals for Medicare and Medicaid participating hospitals
- Lays out minimum requirements for content and manner

MHC Involvement

What is our understanding of the CoPs?



Comprehensive Analysis

- ✓ Reviewed the CoPs in detail earlier last year
- ✓ Compared the requirements to our ADT Use Case
- ✓ Reviewed guidance on ambiguity in language from CMS itself
- ✓ Determined how we could best support our stakeholders in State of Missouri
- ✓ Determined how to meet, facilitate interstate sharing
- ✓ Participated in national dialogue to determine how others are addressing

CoP Requirements: Hospital Community

CoP Requirements ADTs

Who does it apply to?

Medicare & Medicaid Participating Hospitals
Psychiatric Hospitals
Critical Access Hospitals

Only hospitals that possess EHR system with capacity to generate the basic patient personal or demographic information for information for electronic patient event notifications

CoP Requirements ADTs

Basic Hospital Requirements

1. Fully operational + compliant with federal statutes for health information
2. Utilizes content exchange standard
3. Sends notifications that would have to include minimum patient information (next slide)
4. Sends notifications directly to through an intermediary that facilitates exchange of health information at the time of admission or immediately prior to or at time of discharge

CoP Requirements

ADTs

What Information Must Be Sent in ADT?

Minimum patient information

1. Patient's basic personal or demographic information
2. Name of the sending institution
3. the patient's diagnosis (if not prohibited by law)

CoP Requirements ADTs

How must information be sent?

Hospital must demonstrate that the system sends notifications directly, or through an intermediary that facilitates exchange of health information, at the time of the patient's hospital ADT 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
3. The hospital has reasonable certainty that such notifications are received.

CoP Requirements

ADTs

Who must you send to?

Only send if reasonable certainty of receipt.

Reasonable certainty means hospital made a reasonable effort to ensure that” the system sends the notifications to any of the following that need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes to all applicable post-acute care services providers and suppliers and:

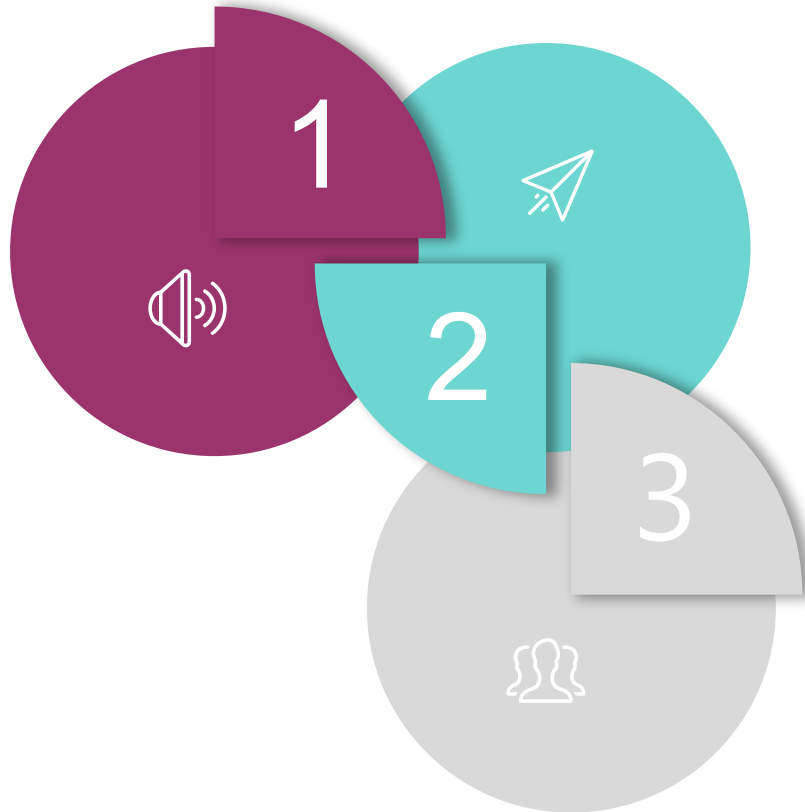
- (1) The patient’s established primary care practitioner;
- (2) the patient’s established primary care practice group or entity; or
- (3) or other practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.

CoP Resources: PaC and PCP

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- Easier onboarding to MHC Alerts service
- Determining how many ADT are not sent
- Community Outreach

MHC Resources



01

Template policies

02

Sample compliance plan templates

03

Consulting services

Q&A

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Thank you!