



**Conditions of Participation (CoP) for Admissions
Discharge and Transfer (ADT) Notifications Master
Document**

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General Questions for Hospital Compliance



General Questions for Hospital Compliance

What authority does Centers for Medicare & Medicaid Services (CMS) have for creating the new CoP requirements for ADT notifications?

The final CMS Interoperability Rule, which was released in 2020, included a requirement that all hospitals, critical access hospitals (CAHs), and psychiatric hospitals that participate in Medicare or Medicaid send ADT notifications to established providers of a patient.

Who is subject to the CoPs?

The new CoPs only apply to hospitals, psychiatric hospitals, and CAHs participating in Medicare or Medicaid and using an electronic medical or administrative (registration) system that generates HL7® version 2.5.1 (or newer) messages. A hospital is not required to purchase a new system if its existing system does not support HL7® version 2.5.1.

What are hospitals required to do?

Hospitals must demonstrate:

- ✓ Its ADT system is fully operational and operates in accordance with state and federal laws for health information;
- ✓ Its system sends the minimum patient information (that is, patient name, treating practitioner name, and sending institution name, and diagnosis if not prohibited by law);
- ✓ To the extent permissible under applicable federal and state law, its system sends ADT alerts either directly (or through an intermediary, like MIHIN) at the time of emergency department (ED) registration or inpatient admission, and either immediately prior to or at the time of discharge/transfer;
- ✓ It has made a reasonable effort to send the ADT alerts to the required Post Acute Care Providers (PACs) and Primary Care Providers (PCPs) specified in the CoPs, to the extent permissible under applicable law.

What is the standard of care that hospitals will be held to?

These hospitals must make a *reasonable effort* to send ADT notifications either directly or through an intermediary, such as MIHIN.

What does reasonable effort mean?

CMS said that it expects surveyors to “evaluate whether a hospital is making a reasonable effort to send patient event notifications while working within the constraints of its existing technology infrastructure.”

CMS allows hospitals to demonstrate that its system meets this requirement in a variety of different ways. They have provided a few illustrative examples for hospitals (below):

- Having processes and policies in place to identify patients' PCP;
- Working with an intermediary that maintains information about a patient's care relationship;
- Analyzing 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; or



- Allowing 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.

What information are hospitals required to send?

The minimum ADT alert content requirements include:

1. Patient name;
2. Treating practitioner (*e.g.*, the attending physician); and
3. Sending institution (*e.g.*, hospital)

However, hospitals are not required to send this content if doing so would not be permissible under other applicable law.

May hospitals send more than the minimum ADT notifications required by the CoPs?

Yes, so long as additional sharing is permissible under other applicable law. CMS guidance encourages hospitals to send more information if it would facilitate better patient treatment and care coordination. CMS expressly mentions sending the following additional data elements:

- Diagnosis;
- Chief complaint;
- Discharge disposition;
- Medication list;
- Insurance policy coverage;
- Other data that can be used for patient matching;
- Hospital address and tax ID; and
- Patient contact information.

When should hospitals send ADT Notifications?

The following events trigger the ADT alert requirement:

- ED registration (including for observation);
- Hospital inpatient admission;
- Discharge from the hospital's ED;
- Transfer from the hospital's ED (*i.e.*, to the hospital's inpatient services); and
- Discharge or transfer from the hospital's inpatient services.

*Please note: notifications are required for all patients who have ADT events, not only Medicare and Medicaid patients.

What is the timeframe for sending ADT notifications?

The CoPs require real time alerting. For inpatient admission or ED registration, ADT alerts must be sent at the time of such admission or registration. For discharge or transfer, ADT alerts must be sent immediately prior to, or at the time of, such discharge or transfer.

Is there a specific format for sending ADT notifications?

CMS does not require a particular format or transport protocol for making ADT alerts available.



CMS provides, as examples, Direct messaging, FHIR-based API, and even C-CDA. But, hospitals may choose the electronic delivery method (or mix of methods) that works best for them.

Who should hospitals send ADT messages to?

Hospitals must make reasonable efforts to send ADT alerts to the following providers which need to receive notification of the patient's status for treatment, care coordination or quality improvement purposes:

- All **applicable** post-acute care service providers and suppliers (collectively, "PACs")
- A patient's **established** PCP practitioner or group, or other practitioner/group identified by the patient as primarily responsible for the patient's care (collectively, "PCPs")

Please note that CoPs place a floor (not a ceiling) on who may receive ADT alerts. Therefore, hospitals are able to send to individuals beyond the PAC and PCP.

Can hospitals send ADT notifications if it contradicts a patient's expressed preferences?

No. CMS explains that: "[W]e do not intend to prevent a hospital from recording a patient's request to not share their information with another provider [as permitted by the] HIPAA Privacy Rule. Similarly, if a hospital is working with an intermediary to deliver patient event notifications, the intermediary may record information about a patient's preferences for how their information is shared, and, where consistent with other law, restrict the delivery of notifications accordingly." [85 Fed. Reg. 25510, at 25602.](#)

May hospitals use an intermediary organization to meet their ADT alert obligations?

Yes. Hospitals may use an intermediary organization(s) to meet their obligations under the new CoPs. Health Information Networks (HINs) and Health Information Exchanges (HIEs) are examples of intermediaries. A hospital may use intermediary organizations to do some or all of the following:

- Send ADT alerts;
- Determine which receiving providers will receive ADT alerts;
- Record patient privacy preferences and honor them; and/or
- Curate ADT alerts to meet recipient delivery and content preferences.

CMS expressly permits hospitals to make exclusive use of a single intermediary organization to satisfy the ADT alert requirements. However, this intermediary organization must connect to wide range of recipients, and not impose restrictions on which recipients are able to receive notifications through the intermediary organization.

What can hospitals expect from CMS Surveyors?

CMS expects surveyors will use their existing survey procedures and methods to evaluate compliance with the new CoPs, including:

- Reviewing the organizational structure and policy statements and conducting an interview with the person responsible for the medical records service to ascertain whether the hospital is subject to or exempt from the patient event notification requirements (i.e., whether the hospital has an ADT system that uses HL7® version 2.5.1 (or newer version) messaging standard);



- Reviewing a sample of active and closed medical records for completeness and accuracy, including any patient event notifications, in accordance with hospital policy and federal and state laws and regulations;
- Interviewing medical records staff and other hospital staff, such as physicians and other practitioners, to determine the staff's understanding of the patient events notification function of the system; and
- Conducting observations and interviews with medical records staff and leadership to determine if requirements for patient event notifications are being met.

Thus, hospitals (and their intermediaries) should be ready to show documented policies, procedures, processes, and audit logs that support compliance with the ADT alert requirements, including compliance with applicable state and federal health information laws.



General Questions for Providers



A. General Questions for Providers

As a point of clarification, there are no obligations imposed on providers for this compliance period

How can a PAC or PCP that is not already receiving ADT messages begin to do so?

Providers are able to begin receiving ADT messages through an easy two-step process.

First, they must legally connect to the MiHIN network by signing our legal stack, including:

- The Simple Data Sharing Organization Agreement- our standard data sharing agreement
- Active Care Relationship Service (ACRS)- to establish relationships with your patients
- Health Directory (HD)- for provider information
- Common Key Service- for accurate patient matching
- ADT Use Case- for receiving ADT messages

Second, you must technically onboard to begin receiving ADT messages.

Are there any alternative methods for me to receive ADT notifications on my patients?

Yes. If you provide us with your Direct Secure Messaging (DSM) address, and communicate that this is your preferred delivery method, we will route to your DSM inbox.

Providers are also able to sign up for the mobile application Care Convene, in which they are able to legally onboard and begin receiving ADT messages to their phone. They are also able to tailor their preferences in the Care Convene application to view ADT messages for specific patients only or for only certain types of messages (e.g. only admissions). The value of the Care Convene app is also that providers may utilize it to schedule follow up appointments with their patients in real-time.

What if I am not receiving my ADT messages?

Please contact help@mihin.org for support.



Template for Hospital Response to CMS Audit



B. Template for Hospital Response to CMS Audit

MiHIN is able to provide assurance to hospitals that its ADT Use Case meets the requirements in the CoP. Please see the document below on how MiHIN ADT Use Case meets CoP requirements.

[Date]

[Name]

Centers for Medicare and Medicaid Services (CMS)

Department of Health and Human Services (HHS)

[Attention:]

[Address]

[E-mail address]

Re: Compliance with Centers for Medicare and Medicaid (CMS) Conditions of Participation (CoP)—
Admissions, Discharge, and Transfer (ADT) Notifications

Dear [Name],

[Hospital Name] provides this letter to confirm participation in the MIHIN Admissions, Discharge, and Transfer (ADT) Use Case, which is fully compliant with the CMS CoPs.

As is referenced throughout CMS responses to the public comment period, intermediaries, such as a Health Information Networks (HIN) like MIHIN, were explicitly suggested as a resource to assist with both ADT routing and compliance efforts. CMS stated:

“In the CMS Interoperability and Patient Access proposed rule, we stated that, if finalized, hospitals would be required to send notifications ‘directly or through an intermediary that facilitates exchange of health information.’ We believe this would allow exclusive use of either method, or a combination of these methods, provided other requirements of the CoP are met.

For instance, if a hospital makes exclusive use of an intermediary to satisfy the CoP, the hospital would still be subject to the requirement that notifications must be sent to the set of recipients we are finalizing in this rule, specifically all applicable post-acute care services providers and suppliers as well as a patients' primary care practitioners or practice groups and entities primarily responsible for a patient's care, as well as practitioners identified by the patient.

Given this requirement, exclusive use of an intermediary with a limited ability to deliver notifications to the specified set of recipients, for instance an intermediary which restricts its delivery to only those providers within a specific integrated health care system, would not satisfy the 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 the CoP.”



From this guidance, if a hospital system is connected to an intermediary, who is connected to a wide range of recipients, as is the case with MIHIN, then use of the MIHIN’s ADT Use Case would satisfy CoP compliance.

Given this information, we respectfully request CMS to acknowledge CoP compliance. This would not only reduce the administrative burden involved CMS surveyor assessments, but it would also serve to encourage greater participation in health information exchange.

MIHIN meets all requirements and CMS guidance, as outlined in the table below.



This symbol signals compliance



This symbol signals alignment with guidance

CoP Requirement	CMS Guidance	Compliant
<p>Hospital ADT Requirement Only hospitals that possess EHR system with capacity to generate the basic patient personal or demographic information for information for electronic patient event notifications</p> <ol style="list-style-type: none"> Fully operational + compliant with federal statutes for health information Utilizes content exchange standard Sends notifications that would have to include minimum patient information (below) 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 <p>Minimum patient information</p> <ol style="list-style-type: none"> Patient’s basic personal or demographic information Name of the sending institution the patient’s diagnosis (if not prohibited by law) 	<p>Must have technical capacity or not subject to requirement Anybody who supports immunization registry exchange or laboratory exchange will have technical capabilities Adopting certified health IT that meets this criteria is already required for Promoting Interoperability May provide advanced content but not required to</p>	<input checked="" type="checkbox"/> ✓
<p>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:</p> <ol style="list-style-type: none"> 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 The hospital has reasonable certainty that such notifications are received. 	<p>Diverse set of strategies that hospitals might use when implementing patient event notifications Send notifications to those practitioners or providers that had an established care relationship with the patient relevant to his or her care Recognized that hospitals and their partners may identify appropriate recipients through various methods (provider, patient, caregiver, record)</p>	<input checked="" type="checkbox"/> ✓
<p>Hospitals, psychiatric hospitals, and CAHs comply with HIPAA Privacy and Security Rules</p>	<p>Permits event notification for treatment Also ADTs could be considered requirement by law once finalized</p>	<input checked="" type="checkbox"/> ✓
<p>Hospital only send ADT if reasonable certainty of receipt</p>	<p>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;</p>	<input checked="" type="checkbox"/> ✓



	(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.	
Hospitals to transfer or refer patients, medical information to appropriate facilities, agencies or outpatient services	Existing duty under CoP, but think about ways to reduce redundancy under this and new CMS CoPs	<input checked="" type="checkbox"/>
<p>Psychiatric Hospital ADT Requirement Only hospitals that possess EHR system with capacity to generate the basic patient personal or demographic information for information for electronic patient event notifications</p> <ol style="list-style-type: none"> 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 (below) 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 <p>Minimum patient information</p> <ol style="list-style-type: none"> 1. Patient's basic personal or demographic information 2. Name of the sending institution 3. the patient's diagnosis (if not prohibited by law) 	Only if have technical capacity	<input checked="" type="checkbox"/>
<p>Psychiatric hospitals: 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:</p> <ol style="list-style-type: none"> (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. 		<input checked="" type="checkbox"/>
<p>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</p> <ol style="list-style-type: none"> 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 (below) 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 <p>Minimum patient information</p> <ol style="list-style-type: none"> 1. Patient's basic personal or demographic information 2. Name of the sending institution 3. the patient's diagnosis (if not prohibited by law) 		<input checked="" type="checkbox"/>
<p>Critical Access Hospitals: Must demonstrate that the system sends notifications directly, or through an intermediary that facilitates</p>		<input checked="" type="checkbox"/>



<p>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:</p> <ol style="list-style-type: none"> 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. 		
	<p>Only minimum floor for information sharing Minimum floor- allows for greater information sharing if possible CMS not concerned with excessive information being sent at this time</p>	✓
	<p>Compliance on case by case basis Surveyors will be trained accordingly Accreditation organizations responsible for own training</p>	✓
	<p>Rules are not duplicating other final rules and TECCA draft, instead they complement one another Ensure compliance with all rules</p>	✓
	<p>Health Information Exchanges (HIEs) are well positioned to alleviate costs for small providers and entities, however, if they do not have the technical capabilities, they are not subject to the CoP Is not requiring hospitals to go out and buy new EHR system</p>	✓
	<p>Can use hospital registration systems to send clinical information with ADT</p>	✓
	<p>ED patients should be included in patient notification system (direct or observational stays)</p>	✓
	<p>Hospitals can dictate whether to send internal and external notifications differently for patients transferred to different areas within same health system</p>	✓
	<p>Who is considered an established care relationship (broadened): -PCP or primary care practice group or entity - other groups identified by the patient as the practitioner -practice group responsible for patient's care -relationship documented in patient record -Readmissions rates dropped and significant factor was identifying PCP at discharge</p>	✓
	<p>If a hospital is not able to identify a PCP, or has not been identified by a provider, and no PAC identified, no event notification is required</p>	✓
	<p>CMS recognizes importance of patient matching, but these CoPs not meant to address that. For patient matching guidance, turn to National Association of Healthcare Access Management and American Health Information Management Association, the Agency for Healthcare Research and Quality, and the ONC</p>	✓
	<p>This cannot be used as a basis for a measure under the Promoting Interoperability program – because it does not require the use of Certified Health IT</p>	✓
	<p>No certification standards for event notification in ONC Health IT Certification program; open to any method of sharing information; does not need to be HL7 standard Want to emphasize flexibility in standards to get everyone on board</p>	✓
	<p>Do not want to emphasize a standard ADT method right now</p>	✓
	<p>C-CDAs are typically for clinical information and may not be the best method for event notifications, but is technically allowed and can supplement ADTs with more information than required</p>	✓
	<p>Diagnosis is not required and may already be sent through summary of care record under Promoting Interoperability</p>	✓



	Even limited information with ADTs can have a positive effect if delivered in timely manner- try to get as close to real time as possible	✓
	Try to accommodate providers preferences for receiving information- it is not a requirement but it is encouraged HIEs and HINs are good intermediaries for tracking these preferences	✓
	Hospitals do not need to send to entities that have declined because it does not support care coordination Intermediaries like HINs or HIEs can help with communication between these two	✓
	Can use an intermediary to comply with all CoP requirements, but best to find an intermediary that is connects to a wide range of recipients and does not impose restrictions on which recipients are able to receive notifications through intermediary	✓
	Can delegate CoP requirements to intermediary- more to reduce burden but could have a situation where it does everything	✓
	Does not create a situation where ACOs or any entities need to receive, but just hospitals need to send	✓
	May include a regulatory mechanism later on to track if organizations are not receiving notifications from certain hospitals	✓
	Widespread adoption of technology systems can be used to send these notifications (E.g. intermediaries)	✓
	Do not need to wait for TECCA- current infrastructure is sufficient to facilitate ADT exchange	✓
	May be able to demonstrate compliance through single patient- but keep in mind reasonable effort standard outlined	✓
	Do not need to demonstrate you can deliver a message to every provider or entity, just need to show reasonable effort	✓
	One year compliance period from date of release	✓
	Follow all applicable consent laws and regulations (federal, state, local level) -Not required to share without consent if consent is required	✓
	If a patient opts out of exchange, find a way to honor those preferences	✓
	Hospitals must attest to 3 information blocking provisions under promoting interoperability	✓

As illustrated above, the MIHIN Use Case is not only compliant with the CMS CoPs, but it also meets all relevant CMS guidance, as outlined in the final rule.

If we can provide any additional information or clarification, please do not hesitate to contact me at [insert email].



**Overview of MiHIN's ADT Use Case,
titled ADT Hub**



C. Overview of MiHIN's ADT Use Case, titled ADT Hub

MiHIN: Michigan's Statewide Health Information Network

Michigan Health Information Network Shared Services (MiHIN) is a non-profit organization, created to facilitate the exchange of electronic health information and build technical and collaborative partnerships between healthcare providers throughout the state of Michigan. From hospitals and providers, to pharmacies and payers, MiHIN creates the technology needed to ensure the electronic health records of Michigan citizens are available to all that deliver care services. MiHIN has been at the forefront of statewide interoperability efforts for almost a decade and is devoted to completing the natural progression toward nationwide interoperability.

ADT Hub in Michigan

Background

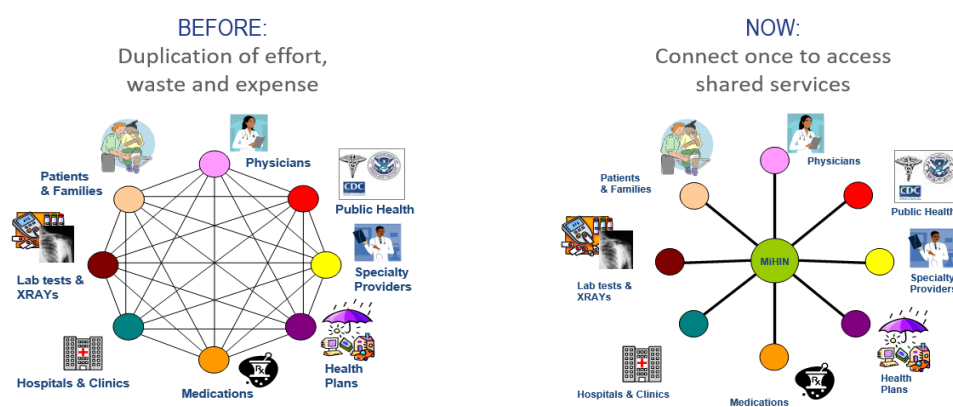
ADT messages are automated, electronic communications sent from a provider or entity—who is admitting, discharging, or transferring a patient—to others who have a relationship with the patient. Notifications can also be sent for changes to demographic data (e.g name, insurance, next of kin) or changes to visit information (e.g. patient location, attending doctor). These communications allow members of a patient's active care team to stay informed of important health events and conduct appropriate follow-up measures as necessary.

ADT notifications are widely regarded as a low-cost, highly- scalable service, which serves as the keystone to coordinated health information exchange. Additionally, studies have increasingly shown efficient exchange of ADT information has led to better care coordination and reductions in hospital readmission.

What is MiHIN's ADT Hub?

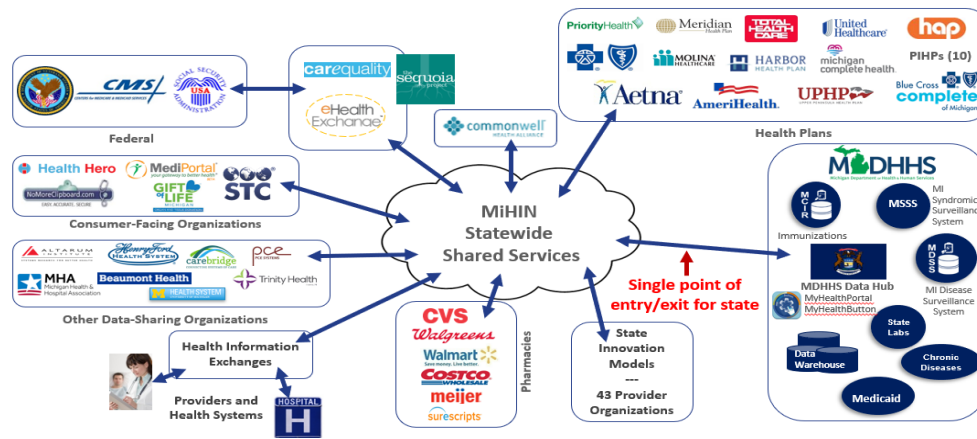
MiHIN has successfully led the charge for ADT exchange through its robust ADT Use Case also known as MiHIN's ADT Hub. MiHIN's ADT Hub allows for a single on ramp, where once an organization is connected to MiHIN, it can exchange ADT messages with all other organizations connected to MiHIN. This eliminates any inefficiency from point-to-point interfaces and further fosters greater coordination.

Diagram 1. General Hub Model for Health Information Network



Diagram

2. Michigan Hub Model



ADT Routing

Under the ADT Hub model, a provider or organization is merely required to send information to the statewide ADT Hub. MiHIN is then able to send the information anywhere it needs to go. Routing can be determined by named providers, named health plans, patient zip codes, or active care relationships—which are often referenced throughout CMS as established care relationships.

The latter is applicable if an organization lists an active care relationship with a patient and routing functions as described below:

When a patient is admitted to a hospital, transferred, or discharged, an ADT notification is created by the hospital's electronic health record (EHR) system. The hospital EHR system sends the ADT notification through a trusted organization to MiHIN.

MiHIN then looks up the patient and providers who are on that patient's care team using the Active Care Relationship Service (ACRS). ACRS contains information on which providers (e.g. attending, referring, consulting, admitting, primary care physician) are interested in that patient's health.

MiHIN also looks up the providers in the statewide Health Directory to obtain the delivery preference for each of those providers and to determine the electronic endpoint and transport method by which the providers wish to receive ADT notifications (e.g. via Direct Secure Messaging, Health Level Seven (HL7) over LLP) for their patients.

Based on the provider's delivery preferences, MiHIN notifies each provider who has an active care relationship with a patient upon the following ADT events:

- Patient is admitted to the hospital for inpatient or emergency treatment
- Patient is discharged from hospital
- Patient is transferred from one care setting to another
- Patient's demographic information is updated by a participating hospital

Statewide Success and Acclaim

MiHIN's ADT Hub has been successful throughout the state and is one of the most robust use cases to date. In Michigan, on average, one ADT message is exchanged per person per week, resulting in approximately 10 million messages per week, 40 million messages per month, and 480 million messages per year.

While the quantity of messages exchanged is telling, MiHIN has spent most of its focus on fostering the exchange of quality ADT messages. Through its work, both in Michigan and nationally, MiHIN has worked alongside the users of ADT information themselves to perfect the process of setting up a framework, normalizing the data to ensure its usability, enriching the data with supplemental information, and scaling the use case across communities, cities, and eventually states.

To date, 38 health systems and 154 hospitals participate in MiHIN's ADT Hub. Health systems are listed under [Appendix A](#) and hospitals are listed as [Appendix B](#), following this letter.

Scalability and Public Health Benefits

As previously mentioned, utilizing an ADT Hub model creates a scalable network for exchanging information: one that can scale downwards to a local level or outwards to a national framework.

As national interoperability secures its place as a top priority in the health IT landscape, scalability will be key to foster robust sharing that supports the U.S' increasingly mobile population.

This proven model can mimic the public health benefits Michigan has witnessed on a state level to a national level, and it provides numerous benefits that span beyond mere event notification.

For example, if Michigan scales its ADT hub model to a national level, the hub could track imperative COVID-19 data in real-time and better inform a national response. Earlier this year, the federal government released a letter to hospitals, requiring tracking of pertinent COVID-10 data. MiHIN has been actively working to support national efforts by determining how ADTs could be used to meet federal requirements to:

- Track trends in emergency department and intensive care unit volumes
- Track ventilator usage
- Provide real-time monitoring of total capacity

Currently this information is input on a manual basis that is both an inefficient use of provider or administrator time, and it lacks the real-time tracking that is necessary during crises like this. Utilizing ADT messages as a solution would alleviate these burdens.

Additionally, the ability to utilize ADT messages to support public health initiatives is not restricted to public health crises. ADT messages can support a variety of functions, including:

- Care coordination, including post-discharge coordination
- Syndromic surveillance for public health, if patient identifiers are removed
- A foundational piece for higher quality, better patient matching
- Tracking for opioid overdoses and other death monitoring
- Support for Patient Centered Data Home
- Utilization of an alert & query model to automate event notifications and support additional queries, giving providers access to the additional information they need at the point of care



- Support for Patient Right of Access
- Support for notifications to family members

Additional Information on MiHIN's ADT Hub is publicly available using links below:

[MiHIN ADT Use Case](#)

[Admission Discharge Transfer Notifications Use Case Summary](#)

[Admission Discharge Transfer Notification Implementation Guide](#)

[Admission Discharge Transfer Notification Static Definitions](#)

[Admission Discharge Transfer Notifications HL7 Vocabulary Tables](#)



Appendix A: Health Systems Participating in ADT Hub

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Appendix B: Hospitals Participating in ADT HUB



Appendix A

Health Systems Participating in ADT Hub

1. Allegan General Hospital
2. Ascension
3. Aspirus Health
4. Baraga County Memorial Hospital
5. Beaumont Health System
6. Bronson Healthcare
7. Covenant Health
8. Detroit Medical Center (DMC)
9. Dickinson County Healthcare System
10. Helen Newberry Joy Hospital
11. Henry Ford Health System
12. Hills & Dales General Hospital
13. Hillsdale Hospital
14. Holland Hospital
15. Hurley
16. Independent Health System
17. Lakeland HealthCare
18. Mackinac Straits Health System
19. McKenzie Health System
20. McLaren Health Care
21. Memorial Healthcare
22. Metro Health
23. Michigan Medicine - University of Michigan Health System
24. Mid-Michigan Health
25. Munson Healthcare
26. North Ottawa Community Health System
27. Oaklawn Hospital
28. Prime Health Care
29. ProMedica
30. Scheurer Hospital
31. Sheridan Community Hospital
32. Sparrow
33. Spectrum Health
34. St. Francis Hospital
35. Sturgis Hospital
36. Trinity Health



37. UP Health System
38. War Memorial Hospital

Appendix B

Hospitals Participating in ADT Hub

1. Ascension Borgess Hospital
2. Ascension Borgess-Lee Hospital
3. Ascension Borgess-Pipp Hospital
4. Ascension Macomb-Oakland Hospital, Madison Heights Campus
5. Ascension Macomb-Oakland Hospital, Warren Campus
6. Ascension Providence Park Hospital, Novi Campus
7. Ascension Providence Rochester Hospital
8. Ascension River District Hospital
9. Ascension St. John Hospital
10. Genesys Regional Medical Center
11. Providence Hospital
12. St. Mary's of Michigan Saginaw
13. St. Mary's of Michigan Standish
14. St. Mary's of Michigan Tawas
15. Aspirus Iron River Hospital
16. Aspirus Ironwood Hospital
17. Aspirus Keweenaw Hospital
18. Aspirus Ontonagon Hospital
19. Baraga County Memorial Hospital
20. Beaumont Health System
21. Beaumont Hospital - Dearborn
22. Beaumont Hospital - Farmington Hills
23. Beaumont Hospital - Grosse Pointe
24. Beaumont Hospital - Royal Oak
25. Beaumont Hospital - Taylor
26. Beaumont Hospital - Trenton
27. Beaumont Hospital - Troy
28. Beaumont Hospital - Wayne
29. Bronson Battle Creek Hospital
30. Bronson Lakeview Hospital
31. Bronson Methodist Hospital
32. Bronson South Haven Hospital
33. Covenant Healthcare
34. DMC Children's Hospital of Michigan-Detroit
35. DMC Children's Hospital of Michigan-Troy
36. DMC Detroit Receiving Hospital
37. DMC Harper University Hospital/DMC Hutzel Women's Hospital
38. DMC Huron Valley-Sinai Hospital
39. DMC Rehabilitation Institute of Michigan



40. DMC Sinai-Grace Hospital
41. DMC Surgery Hospital
42. Dickinson County Memorial Hospital
43. Helen Newberry Joy Hospital
44. Dr. Martins Foot and Ankle Clinic
45. Henry Ford Allegiance Health
46. Henry Ford Health System
47. Henry Ford Hospital - Main Campus
48. Henry Ford Hospital - Wyandotte
49. Henry Ford Macomb Hospital
50. Henry Ford West Bloomfield Hospital
51. HFMH Macomb Hospital Clinton Township
52. Hillsdale Pulmonary Critical Care and Sleep Medicine PC
53. HFCC Karim Healthcare Bronson
54. HFCC Karim Healthcare Cement City
55. HFCC Karim Healthcare Coldwater
56. HFCC Karim Healthcare Hillsdale
57. HFCC Karim Healthcare Jonesville
58. HFCC Karim Healthcare Litchfield
59. HFCC Karim Healthcare Reading
60. HFCC Karim Healthcare Sturgis
61. HFCC Karim Healthcare Pittsford
62. HFCC Karim Healthcare Quincy
63. HFCC Michigan Sleep Institute Hillsdale
64. HFCC Michigan Sleep Institute Coldwater
65. Michigan Sleep Institute PLLC
66. HFWB WALLED LAKE
67. WALLED LAKE FAMILY MEDICINE
68. HFWB UNION LAKE
69. UNION LAKE FAMILY MEDICINE
70. HFHN DETROIT CANCER PAVILION
71. HFA SPEC HOSP ACUTE - SURGE
72. Hills & Dales General Hospital
73. Hillsdale Community Health Center
74. Holland Hospital
75. Hurley Medical Center
76. Schoolcraft Memorial Hospital
77. Lakeland Hospital, Niles
78. Lakeland Hospital, Watervliet
79. Lakeland Medical Center, St. Joseph
80. Mackinac Island Medical Center ER
81. Mackinac Straits Health System
82. Mackinac Straits Hospital ER
83. McKenzie Health System
84. Karmanos Cancer Institute-Detroit
85. McLaren Bay Region
86. McLaren Central Michigan
87. McLaren Flint



88. McLaren Greater Lansing
89. McLaren Lapeer Region
90. McLaren Macomb
91. McLaren Northern Michigan
92. McLaren Oakland
93. McLaren Port Huron
94. Memorial Hospital
95. Metro Health Hospital
96. Mott Children's Hospital
97. University Hospital
98. University Hospital South
99. University of Michigan Health System
100. Von Voigtlander Women's Hospital
101. MidMichigan Medical Center - Alpena
102. MidMichigan Medical Center - Clare
103. MidMichigan Medical Center - Gladwin
104. MidMichigan Medical Center - Gratiot
105. MidMichigan Medical Center - Midland
106. Munson Healthcare Cadillac Hospital
107. Munson Healthcare Grayling Hospital
108. Munson Healthcare Kalkaska Memorial Health Center
109. Munson Healthcare Manistee Hospital
110. Munson Healthcare Otsego Memorial Hospital
111. Munson Healthcare Paul Oliver Memorial Hospital
112. Munson Medical Center
113. North Ottawa Community Hospital
114. Oaklawn Hospital
115. Garden City Hospital
116. Lake Huron Medical Center
117. ProMedica Bixby Hospital
118. ProMedica Coldwater Regional Hospital
119. ProMedica Herrick Hospital
120. ProMedica Monroe Regional Hospital
121. Scheurer Hospital
122. Sheridan Community Hospital
123. Sparrow Carson City Hospital
124. Sparrow Clinton Hospital
125. Sparrow Eaton Hospital
126. Sparrow Hospital
127. Sparrow Ionia Hospital
128. Sparrow Specialty Hospital
129. Spectrum Health Big Rapids Hospital
130. Spectrum Health Blodgett Hospital
131. Spectrum Health Butterworth Hospital
132. Spectrum Health Gerber Memorial Hospital
133. Spectrum Health Helen DeVos Children's Hospital
134. Spectrum Health Kelsey Hospital
135. Spectrum Health Ludington Hospital



136. Spectrum Health Reed City Hospital
137. Spectrum Health Special Care Hospital
138. Spectrum Health Spectrum Health Pennock
139. Spectrum Health United Hospital
140. Spectrum Health Zeeland Hospital
141. Spectrum Heath System
142. OSF St. Francis Hospital
143. Sturgis Hospital
144. Mercy Health Hackley Campus
145. Mercy Health Lakeshore Campus
146. St. Joseph Mercy Chelsea
147. St. Joseph Mercy Hospital
148. St. Joseph Mercy Livingston Hospital
149. St. Joseph Mercy Oakland
150. St. Mary Mercy Livonia Hospital
151. Mercy Health St. Mary's Hospital
152. UP Health System - Marquette
153. UP Health System - Portage
154. War Memorial Hospital

