The Centers for Medicare and Medicaid Services (CMS) is requiring all hospitals, as part of its ‘Conditions of Participation’ (CoP) for Electronic Notifications, to ensure a ‘reasonable effort’ is made to send electronic notifications to Primary Care Providers (PCPs), Skilled Nursing Facilities (SNFs), and other health care facilities at either the provider’s or patient’s request. NC*Notify, the state-designated health information exchange’s subscription-based notification service, offers the ability to meet the requirements of this rule. Based on this CoP requirement, there are a few data elements that may need to be added to a hospital’s admit, discharge, and transfer (ADT) feed in order to meet the CoP’s rule language. The additions are needed to include 1) the defined information required to be in a notification and 2) for NC*Notify to accurately route a notification to the proper provider.

The information below is an inclusive set of additional message types (trigger events) and fields for compliance for the CoP Electronic Notification requirement. Use this document to understand what will be required within the ADT feed and the information that NC*Notify will need. Please note: Some hospital participants may already be including these fields and message types (trigger events) in their current configuration and nothing additional may be needed. Refer to the NC*Notify Technical Specifications for additional information on other fields that are needed for NC*Notify.

As workflows, processes, and EHR systems are updated to capture the appropriate recipients of the notifications, please be sure to let the NC*Notify team know about these changes as adjustments may be needed to the ADT feed based on those modifications. The NC*Notify team will assist you with any additional information, questions, or clarifications about these specifications or the CoP Hospital Electronic Notification requirement.

Additional Elements for ADT Feeds

There are four main areas of focus that are needed for the CoP Electronic Notification requirement. Those areas are:

1. **Observation Status**

   Communication of Observation status within the ADT message sometimes may vary between each hospital’s EHR implementation. For the CoP requirement, a notification must be sent when a patient is admitted, transferred to/from, and/or discharged from Observation. Due to this, Observation Status must have a corresponding value in PV1.2 (Patient Class) or PV1.18 (Patient Type). If the Observation Status is not actively being sent in the ADT feed, the specific trigger event and field(s) to be used will be provided. For transfers to/from Observation, one of the following options for the ADT message types (trigger event) are required to be sent:
   - ADT-A02
   - ADT-A06 and ADT-A07

2. **Treating Practitioner**

   The treating practitioner was outlined as one of three elements that must be included as information within the notification. For this name, the following data fields need to be included in the ADT feed:
   - Attending Physician - PV1 segment
     - PV1-7.2: Attending Physician Last Name (Family Name)
     - PV1-7.3: Attending Physician First Name (Given Name)
Provider(s)/Group(s) Recipients of Notifications

The recipients of the notifications can be the primary care provider (PCP) or any provider that the patient asserts is primarily responsible for their care. There are two potential places in the ADT feed that the information may be sent within:

**PD1 segment**
- PD1-4.1: Primary Care Provider ID
  - Use NPI as the ID
- PD1-4.2: Primary Care Last Name (Family Name)
- PD1-4.3: Primary Care First Name (Given Name)
- PD1-4.13: Primary Care Identifier Type Code

**and/or ROL segment**
- ROL-1.1: Role Instance ID
- ROL-3.1: Provider Role
- ROL-4.1: Role Person ID
  - Use NPI as the ID
- ROL-4.2: Role Person Last Name (Family Name)
- PD1-4.3: Role Person First Name (Given Name)
- PD1-4.13: Role Person Identifier Type Code

The PCP may be in the PD1 segment and the patient asserted provider may be in the ROL segment. If that is the case, both sets of fields should be sent. Otherwise, send the set of fields that will contain both the PCP and patient asserted provider. IMPORTANT: If any updates are made to the hospital’s EHR that changes where this information will be located in the ADT feed, please ensure the NC*Notify team is aware of the change.

Additional Fields for Supplemental Context

There are two additional fields that give supplemental context for the routing of notifications for the proper Provider that are highly desired to be sent to NC*Notify:

- PV1-14: Visit Admit Source
- PV1-37.1: Visit Discharge to Location

Contact the NC*Notify team at hiea@nc.gov find out what will be needed for the hospital ADT feed to meet compliance. Our team stands ready to provide guidance and recommendations.