COLLECTIVE MEDICAL'S SUPPORT FOR THE CMS INTEROPERABILITY AND PATIENT ACCESS RULE

Recent changes to the CMS conditions of participation for hospitals—including psychiatric hospitals and critical access hospitals (CAH)—require a means to notify downstream providers of admissions and discharges. Collective Medical has added a new program to its platform to fully ensure its client partners meet and exceed both the letter and the spirit of these new requirements.

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NEW ADT NOTIFICATION CONDITIONS OF PARTICIPATION REQUIREMENTS

The CMS Interoperability and Patient Access rule, also known as CMS-9115-F, updates the existing conditions of participation to require hospitals—including psychiatric hospitals and critical access hospitals—to send electronic patient event notifications of a patient's admission, discharge, and/or transfer (ADT) to other healthcare facilities or to community providers or practitioners.

Specifically, hospitals need to notify the following entities:

the patient's established primary care practitioner, practice group, or entity—or other practitioners, practice groups, or entities identified by the patient as the entity primarily responsible for their care

any post-acute care service provider/agency or other outpatient service provider(s) responsible for the patient's follow-up or ancillary care—specifically defined as post-acute services 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

Hospitals can either send these electronic patient event notifications themselves, which can be complicated, or use an intermediary, like SYNCRONYS and Collective Medical, to perform these functions.

The current expectation is for hospitals to have a solution by May 2021.

NEW MEXICO HOSPITALS USING SYNCRONYS AND COLLECTIVE MEDICAL FOR NOTIFICATIONS WILL FULLY MEET THE REQUIREMENT

Collective operates the nation's leading ADT-based network for care collaboration, sourcing data from all 50 states and covering more than 61 million patients. SYNCRONYS and Collective have partnered to bring this expertise to New Mexico, leveraging the Collective platform that has analyzed and delivered ADT-based notifications for more than 355 million patient encounters—improving health outcomes.

In response to the new ADT notification conditions of participation, Collective has expanded its existing offerings in New Mexico with SYNCRONYS to include a lightweight, cost-effective solution that ensures its hospital, psychiatric hospital, and critical access hospital client partners are completely compliant—without the need for any additional intermediary service providers. SYNCRONYS is honored to provide the Collective solution that is designed to be a user-friendly experience for downstream providers with the ability to set notification receipt preferences and organize encounter data into useful cohorts—enabling meaningful collaboration between hospitals and receiving physicians.

HOW IT WORKS
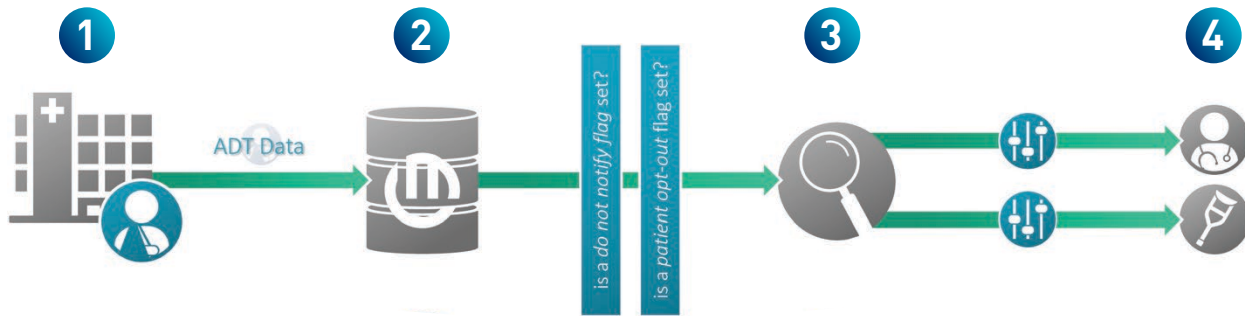
The New Mexico Solution integrates with the hospital EHR to automatically deliver required event notifications to identified primary care and post-acute providers—without the need to change existing workflows.

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For more information on this solution contact info@syncronys.org or 505 938 9900.

Powered by Collective! Delivered by SYNCRONYS Through partnership.

1 A patient arrives at a hospital that utilizes Collective Medical's event notification service. The hospital follows its standard registration processes, and an ADT message containing the patient's demographic information, primary care provider, post-acute relationship(s), and encounter specifics is delivered to Collective.

2 Collective normalizes the incoming ADT message and merges the data with an existing patient profile if one exists. Collective's intelligent analytics review the encounter information to see if any entities on the network who are utilizing Collective's other programs— Emergency Department Optimization, Substance Use Disorder Support, Behavioral Health Coordination, Patient Safety and Workplace Violence Prevention, Readmissions Reduction, or Bundled Payment Coordination—are positioned to influence outcomes for the patient.

The message is analyzed to determine whether a do not notify or patient opt-out flag has been added by the hospital. If so, notifications are not sent to downstream providers, and the encounter along with the reason a notification was not delivered is logged in the platform for future audit reporting.

3 The information provided in the ADT message is utilized to identify the patients' preferred primary care (or other relevant) provider and the patient's post-acute care providers in either NPPES or within Collective's own provider directory service and attempts to deliver the notification according to each entity's previously selected preferred delivery method.

If the recipient has not previously selected a preferred delivery method, the notification will be held in a queue for one week or until a preferred delivery method is chosen. If one is not selected within the holding period, the notification will be delivered according to the hospital's indicated delivery method.

4 Notifications are delivered to recipients according to their preferred delivery methods. The notifications sent are logged, and read receipts are tracked for future reporting.

Audit logs are created for program participants at regular intervals, formatted according to CMS requirements.