

ENS Enhancements for CMS CoP Compliance

The new CMS Interoperability and Patient Access Final Rule and its Condition of Participation (CoP) requires hospitals to ensure a 'reasonable effort' is made to send electronic notifications to Primary Care Physicians (PCPs), Skilled Nursing Facilities (SNFs), and other suppliers at the provider or patient's request. In response to this change, CRISP has expanded its existing offerings to include:

- Providing a Compliance Report annually, or as needed, to provide to CMS auditors for compliance purposes.
- Providing preferences in the event that a provider chooses to opt-out of receiving notifications or does not have access to CRISP.
- Accepting HL7 ADT messages for all Inpatient, Emergency and Observation. status visits.

- Added support for patient preference:
 - a. Panel-based routing through Patient-to-Provider attribution panels loaded into Emergency Alert Systems.
 - b. Patient-asserted routing through
 Provider information within the HL7 ADT
 message. (The HL7 message must include
 an provider NPI for Direct secure eMail
 address through the DirectTrust direct
 lookup)

Enhancements to the CRISP ENS Capabilities

CRISP ENS and its recent enhancements ensure that hospitals are fully compliant with this new requirement—without the need for any additional action.

COP.0 Panel-based Alerting (the default ENS capability)

The default capabilities of ENS covers the panel-based alerting CoP requirement.

COP.1 Patient Asserted PCP Alerting

This enhancement provides the ability to alert a PCP, or any provider, at a patient's request independent of whether that provider has formally subscribed. A hospital may elect to either alert all providers for which they make an NPI available through their feed OR to specify their top ambulatory providers (those that constitute 80% of their patient volume) that will require alerting). When a hospital specifies a set of providers and their NPI, they may also include a DIRECT address and associated healthcare organization.

COP.2 Preferences

Patients and providers are now able to opt-out by facility name, facility type (Hospital vs SNF), event type (Admit vs Discharge vs Transfer, or patient class.

COP.2 Compliance Report

A report that specifies critical metrics – the % of encounters for which an alert was generated; the number of patient asserted alerts disseminated demonstrating this key capability. The report will also include the number of subscribing organizations to the service (and potentially evidence of a de-identified HL7 message containing required information).