



A. General Information

	_____	Submitted Date:	January 25, 2019
	_____	Required Date:	February 15, 2019
Decision Log No:	DP29		
Title (Agenda Item):	Encounter Notification Service (ENS) Subscriber Expansion		
Decision?	<input type="checkbox"/>	Discussion?	<input checked="" type="checkbox"/>

B. Background High Level Statement of the Issue

The Agency for Health Care Administration (Agency) has established the Florida Health Information Exchange (Florida HIE) implemented by the Agency’s vendor, Audacious Inquiry (Ai). The Florida HIE ENS allows subscribing organizations to receive timely notification of patient health care encounters with appropriate patient consent. ENS notifications support improved post-discharge care coordination, reduced hospital readmissions, and increased primary care utilization.

The ENS Subscription Agreement is the legal document that organizations sign to participate in the service. It defines the mutual roles and responsibilities of participants and the HIE vendor, Ai. Organizations sign the agreement to participate as a data provider or as a data recipient.

Over 215 hospitals in Florida provide encounter notifications to the ENS. These notifications are formatted as HL7 ADT messages, which include basic information about the patient and the patient’s hospital encounter. Hospital data sources provide encounter data on all inpatient and emergency department discharges, excluding self-pay and patients covered by 42 CFR Part 2. Hospitals can provide admit notifications in addition to discharges.

Subscribing organizations (referred to as data recipients in the agreement) provide a roster of current members on whom they are subscribing to receive encounter notifications via ENS. Subscribers must have patient consent to include a patient on their ENS roster. Incoming hospital ADT messages are compared to the subscribers’ rosters using probabilistic matching. When a match is identified, the ADT message is securely routed to the subscriber, after which the ADT is deleted from the ENS server. If no match is identified, the ADT message is not routed and is deleted from the ENS server. Hospital ADT messages are not retained or warehoused by the HIE vendor; there is no ENS database of hospital data. Subscribers are expected to update their rosters frequently.

Subscriber (data recipient) participation was initially limited to licensed health plans and third party administrators, which have clearly defined patient relationships and consents as the health care payer. In mid-2015, Medicare Shared Savings Accountable Care Organizations (ACO) were invited to participate as data recipients. Since ACOs have a formal, clear-cut patient attribution, these organizations were natural extensions of the service. In 2016, Agency licensed providers and prescribing practitioners (DOH licensed) were allowed to subscribe.



C. High Level Statement of Issue

Current subscriber types can be vetted in terms of operational and regulatory compliance and good standing. All subscriber types except ACOs are covered entities. The Centers for Medicare and Medicaid Services (CMS) considers the disclosure of any beneficiary identifiable claims data to ACOs, and the use of such data by ACOs, to be permitted by the HIPAA Privacy Rule for “health care operations” purposes.

Subscribers are currently able to designate a third party vendor as the recipient of the subscriber’s data and/or copy alerts to other entities, e.g. primary care providers, care managers.

D. Decision Point

The Florida HIE team has been approached by various provider types seeking to subscribe to the ENS service. These include pharmacists, Emergency Medical Services Providers, and Management Services Organizations.

E. Option(s)

1. Organizations which are currently unable to subscribe, would need to meet the following criteria:
 - The organization or provider must be state or federally designated (a business license or articles of incorporation is not sufficient);
 - The organization or provider must have a direct and ongoing patient relationship; and
 - The organization or provider must have appropriate patient authorization to access the information.
2. No changes are needed to expand subscribers.

E. Recommendation(s)

G. Actions Chosen/Decisions Made