

1. What is Project Notify?

Project Notify is a project through which relevant providers receive an alert notification when a Medicaid patient is either discharged or admitted into a hospital. After the member is admitted and/or discharged, the member's PCP (primary care provider) receives a notification of the discharge and/or admit event within their practice EHR.

It is estimated that approximately 80% of serious medical errors involve miscommunication during patient transfers or hand-offs. Automated notifications support providers' ability to care for their patients and have been proven to improve care coordination and help contain healthcare costs. In early 2016, the Centers of Medicare & Medicaid Services (CMS) provided updated guidance on the availability of federal funding at the 90 percent matching rate for state expenditures on activities to promote health information exchange (HIE) and encourage the adoption of certified Electronic Health Record (EHR) technology by certain Medicaid providers. DSS intends to use Project Notify to reduce preventable emergency department readmissions and improve care coordination for better health outcomes for Connecticut's Medicaid beneficiaries. DSS implemented Project Notify an automated real-time standard distribution and routing for ADT health alerts to Connecticut Medicaid providers and case managers, primary care physicians (PCPs), specialists and other groups such as home health for Inpatient & ED Admit/Discharges.

2. What is an Admissions, Discharge and Transfer (ADT) Alert?

An "ADT alert" is a real-time notification of an admission, discharge, transfer encounter sent to a care coordinator or a primary care physician (PCP) that is used to effectively intervene in the care pathway.

<https://www.hhs.gov/idealab/projects-item/health-information-exchange-accelerators/>

3. What is the benefit to health providers of participating in Project Notify?

- Reduce preventable readmissions
- Improve coordination of care
- Engage provider community
- Loop in care manager
- Facilitate improved communications (direct contact, electronic) with the patient and/or caregiver within 2 business days of discharge
- Enhance medical decision making with needed face to face visit within 7 calendar days
- Optimize transitional care management and notify home health and case managers of ED and inpatient visits

4. Is participation in Project Notify required even if an FQHC already receives ADT alerts from the hospital system with which the FQHC shares an EHR.

Yes, as beneficiaries can visit any hospital system and by sharing an EHR with the hospital the hospital is able to alert you only for those people that come to their ED and or receive inpatient treatment. These special requests will be evaluated on case-by-case basis as we want to make sure the workflow is meaningful and fully operational and supportive of care coordination efforts.

5. Which Hospitals are currently participating?

- Yale New Haven Hospital
- Bridgeport Hospital

- Greenwich Hospital
- Lawrence + Memorial Hospital
- Westerly Hospital

6. How is the program being funded?

- Early 2016, the Centers of Medicare & Medicaid Services (CMS) provided updated guidance on the availability of federal funding at the 90 percent matching rate for state expenditures on activities to promote health information exchange (HIE) and encourage the adoption of certified Electronic Health Record (EHR) technology by certain Medicaid providers. DSS intends to use Project Notify to reduce preventable emergency department readmissions and improve care coordination for better health outcomes for Connecticut’s Medicaid beneficiaries, as well as engaging the provider community and care managers informed.

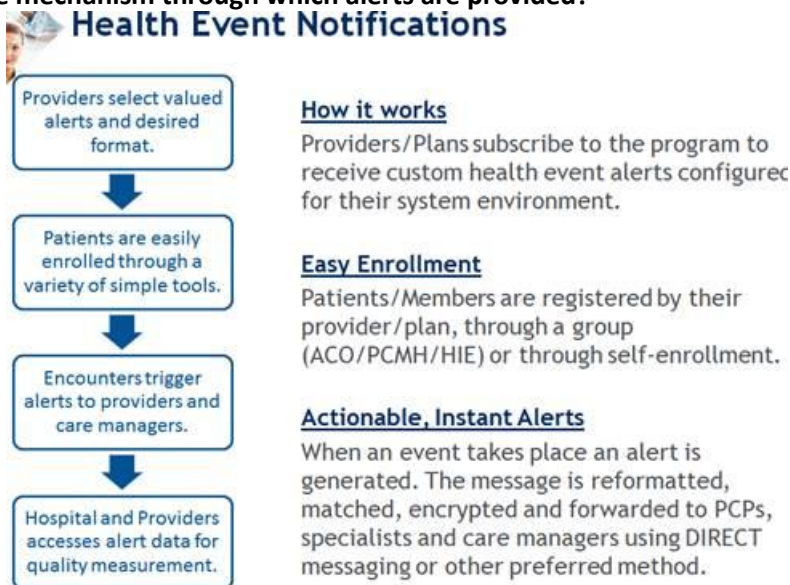
7. What is the implementation effort?

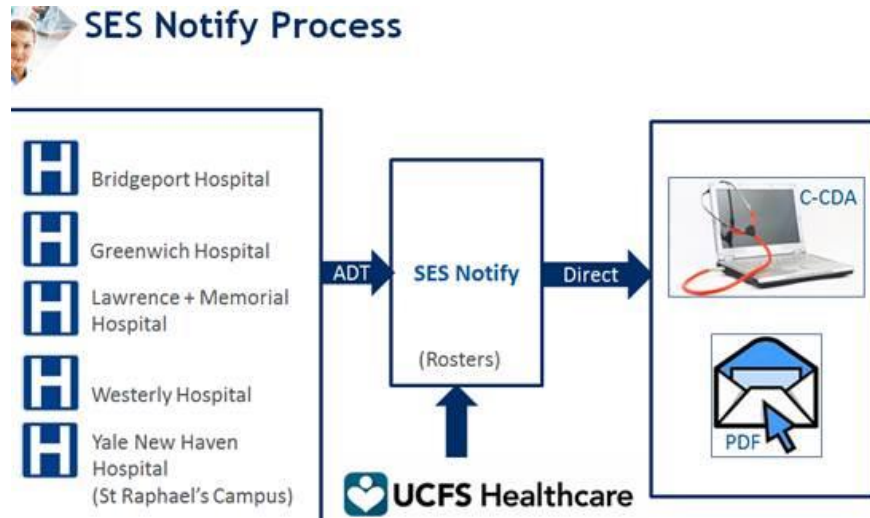
- DSS has developed a process to streamline the implementations for Hospitals, FQHCs and other Healthcare providers. Estimate effort is 8 -10 hours spread over 2 to 3 weeks with much of the work completed by your IT organization.

8. What are the most common Notifications received?

- Most providers receive notifications for ED and Inpatient admissions and discharges and a transfer from Outpatient to Inpatient.

9. What is the mechanism through which alerts are provided?





10. What legal authority may providers rely upon to permit them to transmit PHI to DSS without patient consent?

ADT notices are transmitted for the purposes of treatment, payment, and health care operations, as permitted under §45 CFR 164.506 of HIPAA.

11. How will DSS ensure that patient records involving current or past alcohol or drug use treatment will remain confidential in light of the additional confidentiality protections under 42 C.F.R. Part 2?

Substance use disorder data will not be transmitted through the ADT notify system.

12. How will the State ensure that patient records involving patient's mental health will remain confidential in light of the additional confidentiality protections under Conn. Gen. Stat. § 52-146d-e.?

Confidential mental health records, as defined under CGS §52-146d-e, will not be transmitted through the ADT notify system.

13. Is Secure Exchange a fully secure, HIPAA-compliant communication system? Will the State be liable for any misuses of PHI or breach? What party owns the data once it is transmitted to the State's system?

The use of data within the ADT system is HIPAA-compliant, and our vendors are subject to HIPAA Business Associate Agreements. The data does not become DSS data when it is transmitted through the ADT system, as the system is merely a platform to facilitate notification between providers.

Secure Exchange is a fully secure, HIPAA-compliant communication system based on the Direct Protocol which is recognized by the Office of the National Coordinator for Health Information Technology (ONC-HIT) as a secure HIPAA-compliant method of clinical data exchange (See 45 C.F.R. 170.202 (a)). The SES Direct Platform on which Project Notify operates is certified by ONC-HIT as compliant with the 2014 edition and 2015 edition regulatory requirements for modular secure data transport. As a HIPAA Business Associate to DSS, Secure Exchange is responsible for maintaining required safeguards to secure PHI and is limited in its use of PHI solely to providing the even notification service contemplated by Project Notify. Secure Exchange is expressly prohibited by contract from making any other use of any PHI other for providing the services and functionality required for Project Notify. Secure Exchange is

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required to comply with the Breach Notification Rule under HIPAA with respect to any breach or unauthorized use or disclosure of PHI and pursuant to the applicable Business Associate Agreement with the State, must indemnify DSS and the associated authorized users of Project Notify for any losses or damage resulting from any breach or unauthorized use or disclosure of PHI by Secure Exchange

The FQCHs data transmitted are the roster files for providers and patients to establish the relationship to match against the Hospital ADT messages. FQHCs manage the on-going updates of the roster information. Project Notify does not share these rosters with the State.

14. Are there costs to providers related to participating in Project Notify?

No

15. What actions must providers undertake (e.g. systems changes, transmission of data) to participate in Project Notify?

There is no upfront or per message charge. There is a time effort estimated in the chart below.

Task	Owner	Timing	Effort
Complete Facility Questionnaire	FQHC	Initiation	Kick-off Meeting
Test Medicaid Provider - Rosters	FQHC	Initiation	1 hour
EHR Vendor Coordination	SES + FQHC	Configuration	1-2 hours
Enroll Direct Accounts	SES + FQHC	Configuration	1-2 hours
Training Notify (Direct)	SES + FQHC	Implementation	1 hour
Use Case Validation	FQHC + SES	Implementation	1 week elapsed time 4-6 hours
Prepare Production Rosters	FQHC + SES	Implementation	2 hours
Go-Live	FQHC + SES	Deploy	1 hour

16. How do health providers sign up for Project Notify?

Call or email Minakshi Tikoo to get the process started.

17. Who do you contact for more information?

- Minakshi Tikoo, PhD MBI Msc MS
Director Business Intelligence and Shared Services, HSS Health IT Coordinator
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860-424-5209

18. Reference Links

- https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=PB16_83.pdf&URI=Bulletins/PB16_83.pdf
- <http://portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT/Project-Notify>
- <https://www.healthit.gov/isa/sending-a-notification-a-patients-admission-discharge-and-transfer-status-other-providers>
- <https://ehrintelligence.com/news/onc-guide-shows-reduction-in-readmissions-with-adt-alerts>