

**Encounter Notification Service**

**Data Source Onboarding Questionnaire**



**Introduction**

The Encounter Notification Service (ENS) unites hospitals, primary care providers, payers, and others responsible for coordinating patient care by providing real-time notifications of patient health care encounters. These notifications inform subscribers of admissions and discharges from participating data source facilities and include information like diagnosis code and the patient’s current contact information. ENS is a helpful tool for coordinating care, reducing costs, and improving patient outcomes.

Participating data source facilities send Admit-Discharge-Transfer (ADT) messages about their patients to ENS in real-time. For data source hospitals, these ADTs include both inpatient and emergency department encounters. To receive notice of these encounters, a subscriber provides a panel of patients on whom they want to receive notifications. ENS compares the patient demographic information included in the subscriber’s panel to the patient demographic information included in each ADT message and when a match occurs ENS sends the details of that encounter to the subscriber.

Per the terms of the ENS Agreement, each subscriber must have patient authorization to access the protected health information of every individual included on the subscriber’s panel.

**ENS Data Source Onboarding Questionnaire**

This Questionnaire is used to assess an organization’s overall readiness to onboard as a data source for ENS. Your responses will determine your scheduling for on-boarding. Your ability to filter data as required and the availability of a test patient are significant determinates of readiness. In general, organizations deemed ready by the Florida HIE will be scheduled in the order received.

Answers to this questionnaire are subject to Florida public records law. If your organization will be disclosing trade secret information, you will need to designate which sections are considered trade secrets by marking each page “Trade Secret as defined in Section 812.081, Florida Statutes” upon which such information appears. Information specifically identified as a trade secret under Section 812.081, Florida Statutes, will be kept confidential to the extent provided by law. Designating material simply as “proprietary” will not necessarily protect it from disclosure under Chapter 119, Florida Statutes.

**Onboarding Questions**

| **Item** | **Information Systems Question** | **Response and Discussion** |
| --- | --- | --- |
|  | What type (Home Health, SNF, Hospice) of organizations will becoming data sources and how many facilities | Enter response here. |
|  | Does the organization have a single point that receives ADTs from all affiliated systems enabling one connection for ENS (Single VPN Tunnel required)? | Enter response here. |
|  | Does the organization have multiple IP Addresses for each facility? | Enter response here. |
|  | Can the organization send ADTs to a secure tunnel? | Enter response here. |
|  | What version of HL7 messages is used? | Enter response here. |
|  | 1. Is the organization subject to 42 CFR Part 2 (substance abuse treatment unit)?   If so, please confirm that the hospital will filter (remove) these ADTs. | Enter response here. |
|  | Will the organization filter out self-pay before sending ADTs to the Florida HIE? | Enter response here. |
|  | Do you have test ADT data that can be used to verify the inbound data feed? | Enter response here. |
|  | Does your organization require to be copied on ENS notifications sent to specific ENS Subscribers? | Enter response here. |

|  |  |
| --- | --- |
| **Type of Connection** | |
| **ADT** | **Notes** |
| **Transport Security**  VPN (Florida HIE’s preferred option)  SFTP\*\*  PUSH (To FLHIE SFTP)  PULL (From Vendor SFTP) | Click or tap here to enter text.(e.g. Type of VPN system) |
| **Message Format**  HL7v2.x | Click or tap here to enter text.(e.g. version of HL7 sending) |

**Organization Description**

|  |  |
| --- | --- |
|  |  |
| 1. **ORGANIZATION**   Parent Organization  ↓  Individual Facilities | **1a. Organization Legal Name:**  Enter text here.  **DBA if different than above:** Enter text here.  **For Practices:**  **1c. Number of Practices:** Enter text here.  **For SNF/REHAB/HOSPICE:**  **1g. Number of Physical Locations connecting:** Enter text here.  **1h. Total Number of (licensed) Beds:** Enter text here.  **1g. Data Source agreement signed?  Yes  No**  **Notes:** Enter text here. |
| 1. **Event Types** | **Please provide a list of all Event Types your organization plans to send and the definition of the event type (e.g. A03 = Patient Discharge)** |

**Organization’s Facilities**

List all facilities that will provide ADTs to ENS (please attach if additional space needed):

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Name | |  |  |
|  | Address | |  |
|  | Medicaid ID (if applicable) | |  |
|  | MSH.4.1 Segment Source Code | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Name | |  |  |
|  | Address | |  |
|  | Medicaid ID (if applicable) | |  |
|  | MSH.4.1 Segment Source Code | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Name | |  |  |
|  | Address | |  |
|  | Medicaid ID (if applicable) | |  |
|  | MSH.4.1 Segment Source Code | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Name | |  |  |
|  | Address | |  |
|  | Medicaid ID (if applicable) | |  |
|  | MSH.4.1 Segment Source Code | |  |

**Contact Information**

|  |  |
| --- | --- |
| Organization Name |  |
| Mailing address |  |

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Program Management Point of Contact

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |
| Mailing address |  |

Technical Point of Contact

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |
| Mailing address |  |

Vendor Technical Point of Contact (if applicable)

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |

Thank you for completing the ENS Data Source Onboarding Questionnaire. Please e-mail your responses to [FLHIE\_info@ainq.com](mailto:FLHIE_info@ainq.com). A Florida HIE Team representative may contact you for follow-up information, as needed.

**General Next Steps to Onboarding as a Florida HIE Encounter Notification Service Data Source** – 4-week timeframe to go-live.

1. Complete VPN Form



1. Audacious Inquiry (vendor of the Florida HIE) will schedule a call to establish VPN Tunnel with interface team.
2. Open Test and Production IP Address and determine necessary Ports.
3. Send sample ADT messages for Audacious Inquiry’s interface team to review.
4. Make necessary adjustments to inbound ADT data feed.
5. Move data feed into the production environment and ensure connection feed lost alerts rules are set to minimum of 10 minutes.