

**Encounter Notification Service (ENS)**

#### What is ENS?

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.

#### How Does ENS Work?

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.

#### Patient Authorization

Per the terms of the ENS Agreement, the subscriber must have patient authorization to access the protected health information of every individual included on the subscriber’s panel, including authorization to access information about mental health and other sensitive conditions. Authorization does not need to be specific to ENS. For details, see the ENS Agreement and § 394.4615, Fla. Stat. (2018).

#### Items to Think About:

1. How does your organization plan on integrating ENS into your workflow in order to improve patient care?
2. If you would like information on how other subscribers have utilized ENS alerts, please click on the following [link](https://www.florida-hie.net/news-events/testimonials/).
3. Have you identified the person in your organization who will access your alerts, SFTP, PROMPT and Florida Service Desk for the ENS subscription?
4. Make sure your organization determined a clear workflow on how to handle if a member leaves your team, who will notify the Florida HIE’s Service Desk to remove their access to PHI information.

#### Onboarding to ENS

To subscribe, an eligible Covered Entity with the necessary patient authorization must sign the standard ENS Agreement available online [here](https://www.florida-hie.net/wp-content/uploads/2018/05/FL-HIE-ENS-Subscription-Agreement_2018.pdf). The Florida HIE General Participation Terms and Conditions are incorporated into the standard ENS Agreement by reference and are available online [here](https://www.florida-hie.net/wp-content/uploads/2018/02/ParticipationTermsandConditions5_1_17.pdf). To begin onboarding, the Covered Entity should send a signed ENS Agreement and completed ENS Onboarding Checklist (see below) to FLHIE\_info@ainq.com. Send any questions to FLHIE\_info@ainq.com.

**Fees**

Fees are outlined in the ENS Agreement. Fees are invoiced quarterly based on the average number of patients or members included on an organization's panel during the prior quarter. The flat rate for provider organizations submitting a panel of fewer than 5,000 patients requires the use of PROMPT and/or batch alert delivery to the Florida HIE's SFTP site and does not include delivery to external third-party end-points.

**ENS Onboarding Checklist**

|  |  |
| --- | --- |
|  Checklist Completion Date  | Date this checklist was completed |
| Subscribing Organization Name |  |
| \*ENS Project Manager POC |  |
| Telephone number |  |
| Email address |  |
| \*ENS Project Secondary POC |  |
| Telephone number |  |
| Email address |  |
| Organization type (hospital, provider, ACO, plan, etc) |  |
| Are you a Behavioral Health organization? Y/N |  |
| # of Providers in your organization |  |
| # of Locations in your organization |  |
| Organization ID (identify whether this is a Medicaid ID, ACO ID, CCN, etc.) |  |
| NPPES NPI |  |
| EHR System |  |
| What subset of patients within your organization will be included in your panel? (i.e. ACO, ambulatory, specific plan members, etc..) |  |
| Briefly describe your ENS business case/goal and how you plan on using ENS within your organization. |  |

#### \*Please note that all POC provided will be credentialed access to the Florida Service Desk (a JIRA product) – learn more about the service desk: [here](https://www.youtube.com/watch?v=n4GOAcfvK9E&list=PLL-Eh0J-FM190hT21uKivDoOm9efWPc1O&index=1)

#### Billing Information

|  |  |
| --- | --- |
| Invoice Recipient Name |  |
| Employer Identification Number (EIN) |  |
| Telephone number |  |
| Email address |  |

#### Third-Party Vendor Information (if applicable)

ENS is offered as a stand-alone service and does not require the use of a third-party vendor. However, some subscribers may choose to use the services of a third-party vendor to handle ENS data. The Florida HIE Services does not endorse or recommend the services of any specific third-party vendor. The Florida HIE Services will work with a third-party vendor at a subscriber’s direction but will not contract with the vendor or pay any vendor costs. If your organization plans to use a third-party vendor to handle ENS data on your behalf, please provide the information requested below.

|  |  |
| --- | --- |
| Vendor Name |  |
| Vendor Point of Contact |  |
| Telephone number |  |
| Email address |  |

#### Sending the Patient Panel

The initial patient panel (and all subsequent updates) can be sent to the Florida HIE Services by any DirectTrust-accredited secure messaging service or by Secure File Transfer Protocol (SFTP). Indicate your preferred delivery method by selecting a box below.

Please select **one**:

 [ ]  Florida HIE Services SFTP (Most Utilized Panel Option by ENS Subscribers)

 [ ]  Subscriber of third-party vendor SFTP

 [ ]  Direct messaging (discounted pricing through [Inpriva](http://inpriva.com/inpriva/index.php/florida-dsm/))

 [ ]  Autosubscription

Panels uploaded to an SFTP site should be placed in the Outbound folder, as described in the **SFTP Setup** section below. An email should then be sent to flhie-servicedesk@ainq.com to inform the Florida HIE Services that a new panel has been uploaded and is ready for review

#### Receiving Notifications

Standard delivery options for notifications include SFTP, Virtual Private Network (VPN), Direct, and the Proactive Management of Patient Transitions ([PROMPT](https://www.florida-hie.net/news-events/services/prompt/)) web portal. For Florida HIE Services SFTP and PROMPT endpoints, notifications are hosted in the Florida HIE Services vendor’s environment solely for the use of the receiving subscriber. Indicate your preferred delivery option below. Select only one option here; additional endpoints can be specified in the **Additional Endpoints** section below.

**Option 1 (Most Utilized Delivery Option by ENS Subscribers):**

[ ]  Florida HIE Services SFTP

Frequency of Delivery

[ ]  Real-time (within 15 minutes of event occurrence)

[ ]  Batch delivery, once per day (6 am ET)

[ ]  Batch delivery, twice per day (6 am ET and 1 pm ET)

[ ]  Batch delivery, other:

Notification Format

[ ]  CSV

[ ]  HL7

[ ]  Other format:

**Option 2:**

[ ]  PROMPT Portal:

Frequency of Delivery

[ ]  Real-time (within 15 minutes of event occurrence)

**Option 3:**

[ ]  Subscriber or third-party vendor SFTP

Frequency of Delivery

[ ]  Real-time (within 15 minutes of event occurrence)

[ ]  Batch delivery, once per day (6 am ET)

[ ]  Batch delivery, twice per day (6 am ET and 1 pm ET)

[ ]  Batch delivery, other:

Notification Format

[ ]  CSV

[ ]  HL7

[ ]  Other format:

**Option 4:**

[ ]  Direct Messaging (discounted pricing through [inpriva](http://inpriva.com/inpriva/index.php/florida-dsm/))

Frequency of Delivery

[ ]  Real-time (within 15 minutes of event occurrence)

[ ]  Batch delivery, once per day (6 am ET)

[ ]  Batch delivery, twice per day (6 am ET and 1 pm ET)

[ ]  Batch delivery, other:

Notification Format

[ ]  CSV

[ ]  Other format:

#### If additional endpoints beyond the three specified above are desired, please indicate that via email when submitting this ENS Onboarding Checklist to flhie-servicedesk@ainq.com.

#### Notification Triggers

ENS subscriptions can be customized to generate notifications based on specific triggers. A hospital, for example, could set up ENS to generate notifications on the subset of matched ADTs that include a cardiac-related diagnosis code in order to route just those notifications to its owned cardiology practice. Or a physician practice could route all notifications to one endpoint and route a copy of a subset of notifications (for example, on those patients flagged as participating in a diabetes case management program in a custom field in the patient panel) to another endpoint. Any data element or set of data elements within a standard notification can be specified as triggers. If your organization would like to define specific notification triggers for your subscription, the Florida HIE Services will reach out to discuss your request as part of the onboarding process.

|  |  |
| --- | --- |
|  | Yes, this organization would like to define notification triggers for ENS |
|  | No, this organization would not like to define notification triggers at this time |

#### Event Types

ENS can be set up to deliver notifications on the recommended subset of event types or on the broader set of event types sent by participating hospitals. The set of recommended event types includes emergency department registrations and discharges and inpatient admissions and discharges. The broader set of event types includes transfers (for example, when a patient goes from the hospital ICU to the radiology department), pre-admissions, cancelled admissions, and other event types that may not be as actionable or as useful as the recommended event types.

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Type** | **Description** | **Available** | **Recommended Subset** |
| A01 | Admission | ✔ | ✔ |
| A02 | Transfer | ✔ |  |
| A03 | Discharge | ✔ | ✔ |
| A04 | Registration | ✔ | ✔ |
| A05 | Pre-Admission | ✔ |  |
| A06 | Change an Outpatient to Inpatient | ✔ |  |
| A07 | Change an Inpatient to Outpatient | ✔ |  |
| A08 | Patient Information Update\* | ✔ | ✔ |
| A11 | Cancel Admission | ✔ | ✔ |
| A12 | Cancel Transfer | ✔ |  |
| A13 | Cancel Discharge | ✔ | ✔ |
| OBS | Observation Status | ✔ | ✔ |

*\*A08 Update messages are only delivered when containing pertinent encounter information not already conveyed in a previous notification (A01, A04, and A03).*

|  |  |
| --- | --- |
|  | Send notifications only on the recommended subset of event types (default) |
|  | Send notifications on all available event types |

#### SFTP Setup

If your organization has selected to upload the patient panel and/or receive notifications through SFTP – either through the Florida HIE Services SFTP or subscriber (or third-party vendor) SFTP – the SFTP site should be set up with three folders, as follows –

1. Inbound – this folder is where ENS notifications will be delivered.
2. Patient Panel – this folder is where your organization should upload the initial patient panel and any subsequent updates. You must email flhie-servicedesk@ainq.com to inform the Florida HIE Services that a new panel has been uploaded and is ready for review.
3. Test – this folder is for any ad hoc testing will occur or for other uses as needed.

SFTP Training Video: training video on how to use the [Florida SFTP Site](https://www.youtube.com/watch?v=7ESNa9SBsFg&list=PLL-Eh0J-FM190hT21uKivDoOm9efWPc1O&index=3)

#### SFTP Credentialing

If your organization has chosen to use the Florida HIE Services SFTP to upload the patient panel and/or receive notifications, provide the contact information for the individual at your organization who should receive the SFTP site credentials.

|  |  |
| --- | --- |
| SFTP Credential Recipient’s Name |  |
| Telephone number |  |
| Email address |  |
| IP Address(es)User's Public IP Address (found from <https://whatismyipaddress.com/>) |  |

#### PROMPT Credentialing

If your organization has chosen to use the Florida HIE Services PROMPT portal to view notifications, provide the contact information for the individual at your organization who should receive the PROMPT site access.

|  |  |
| --- | --- |
| PROMPT Recipient’s Name |  |
| Telephone number |  |
| Email address |  |

#### Care Team Information

The ENS Agreement allows the Florida HIE Services to provide a data source facility with copies of subscriber notifications which originate from that facility. This allows a data source hospital, for example, to know which subscribers have received encounter notifications from that hospital. To improve care coordination efforts, ENS can also share the fact that an organization is subscribed to a specific patient with other subscribers who have the same patient on their panel. In practical terms, ENS can let subscribers know who else has received the same alert on the same patient, allowing subscribers to coordinate efforts with others who are also responsible for that patient’s care. Note that Care Team information will not be disclosed for behavioral health providers.

|  |  |
| --- | --- |
|  | Yes, this organization would like to share Care Team information as described above |
|  | No, this organization would not like to share Care Team information at this time |
|  |  |
| Is your organization a behavioral health provider? Y/N |  |

#### Go Live

Your organization can begin receiving notifications approximately three weeks after providing a signed ENS Agreement, completed ENS Onboarding Checklist, and full patient panel. Pricing information is included in the ENS Agreement. Invoices are sent at the beginning of each quarter and are based on the average number of patients included on your panel during the preceding quarter. Indicate your estimated number of patients and target start date below.

|  |  |
| --- | --- |
| Estimated number of patients on initial ENS panel |  |
| Target start date (at least 30 days from now) |  |

Once completed, send this ENS Onboarding Checklist along with a signed [ENS Agreement](https://www.florida-hie.net/wp-content/uploads/2018/05/FL-HIE-ENS-Subscription-Agreement_2018.pdf) to the Florida HIE Services at flhie\_info@ainq.com.

#### Preparing the Patient Panel

As part of the onboarding process, your organization will need to provide a panel of all patients (or members) on whom it is subscribing to receive encounter notifications. Please use the ENS Patient Panel Template embedded below to prepare your patient panel. Specific details are provided below – **Appendix A**.



The Medical Record Number (MRN) provided by your organization in column C of the panel must be unique to each patient and should remain consistent across panel updates. The optional custom fields in columns S, T, and U can be used to provide information specific to each patient that your organization wants included as part of your notifications. For example, a custom field can be used to flag certain patients as participating in a ‘Program Name’ and then denoted within that column of ‘diabetes’, ‘behavioral health’, or ‘dialysis’, allowing that information to be included within the context of the notifications. Subscribers can add additional custom field columns on the right-hand side of the template as needed.

Once your organization has created its patient panel using this template, the panel can be submitted to the Florida HIE Services for review. Subscribers should provide as much of the requested information as possible to ensure a good match rate and appropriate volume of notifications. **Panels without patient addresses are not eligible for troubleshooting on missed notifications. Your organization will be notified if your panel requires any changes.**

An updated panel should be provided to the Florida HIE Services monthly to ensure that patient demographics remain up-to-date, to remove any patients for whom the subscriber no longer has authorization, and to add new patients. **The updated panel will completely overwrite or replace any previously provided panel. Subscription panels which are deemed out-of-date (six months for health plans, 12 months for all other subscribers) will be deleted and no additional notifications will then be generated for that subscriber until a new patient panel is provided**.

#### Appendix A

Please keep the patient panel template exactly as it appears – do not adjust any column headers, the order of the headers or remove any headers. If your organization cannot populate a certain column leave it blank – do not enter ‘NULL’.

|  |
| --- |
| Column a.      **Member Status** – this should read “ADD” for every row. |
| Column b.      **Facility Code** – this should either be the name of the Participating Organization or it can be a specific sub-organization with which the individual person is affiliated. |
| Column c.      **MRN** – this is the Medical Record Number or other unique identifier that the Participation Organization uses to identify individuals. This number must be unique for each individual. Duplicate values will not be processed.  |
| Column d.      **First Name** – individual’s first name |
| Column e.      **Middle Name** – individual’s middle name or initial, if available |
| Column f.       **Last Name** – individual’s last name |
| Column g.      **Address Line 1** – individual’s street address; very important – please add as much information as is available but do not enter anything that is not a specific address (i.e. “last house on the left”) |
| Column h.      **Address Line 2** – individual’s apartment number; very important – please add as much information as is available but do not enter anything that is not a specific address (i.e. “last house on the left”) |
| Column i.       **City** – individual’s city of residence |
| Column j.       **State** – individual’s state of residence |
| Column k.      **Zip Code** – individual’s zip code of residence |
| Column l.       **Date of Birth** – individual’s date of birth; specifically, must be in YYYYMMDD format (do not enter “67 years old”) |
| Column m.    **Gender** – individual’s gender (“M”, “F”, or “U”) |
| Column n.      **SSN** – individual’s social security number, full SSN or last 4 digits – OPTIONAL |
| Column o.      **Insurance ID** – individual’s insurance number – OPTIONAL |
| Column p, q, r.      **Home/Work/Cell Phone** – individual’s phone numbers; enter up to three phone numbers; all three are treated similarly; submitting only one phone number is sufficient and it does not matter which of the three options a given number is categorized as. |
| Column s. **NPI** – National Provider Identifier (NPI) # for the provider attributed to the patient. This field is critical to avoid receiving duplicate alerts through the new CMS CoP notification requirement. If a patient is not attributed to a specific provider you can include a practice NPI or leave the field blank.  |

**Custom Fields:**

These fields are for a subscribing organization to provide additional patient details that will not be used in the patient matching but returned to the ENS subscriber in context of a notification. If your organization is not planning to use custom fields, please remove the columns from the panel submission