

March 29, 2021

On March 22, IHA issued a *memorandum* outlining key takeaways and flexibilities outlined in the Centers for Medicare & Medicaid Services' (CMS) *Interoperability and Patient Access* final rule. A previous version of this memorandum listed July 1, 2021 as the enforcement date for Electronic Admission, Discharge and Transfer (ADT); please note the enforcement date coincides with the implementation deadline of May 1, 2021.

We continue to await interpretative guidance from CMS, and IHA will inform the membership as soon as such guidance is available.

Who: Hospitals, including Psychiatric and Critical Access Hospitals, that utilize an electronic system that conforms with the HL7 2.5.1 standard (42 CFR §170.205(d)(2)).

What: Real-time electronic notifications containing at least the patient name, treating practitioner name, and sending institution name.

To Whom: The established primary care practitioner; primary care practice groups & entities; applicable post-acute providers & suppliers; any other practitioners & groups/entities that are identified by the patient as being primarily responsible for that patient's care.

When: Registration, discharge, or transfer to or from the hospital's emergency department and/or admission, discharge or transfer to or from the hospital's inpatient units.

How: Either directly from the hospital, or through an intermediary that facilitates the exchange of health information, to the extent permissible under applicable federal and state laws and regulations, and consistent with the patient's expressed privacy preferences.

Additionally, on April 5, certain provisions of the Office of the National Coordinator for Health Information Technology (ONC) *Information Blocking Final Rule* take effect. The rule implements provisions of the 21st Century Cures Act by prohibiting providers, technology vendors, health information exchanges, and health information networks from practices that inhibit the exchange, use or access of electronic health information (EHI), and is intended to support patient access to EHI at no cost and in a convenient format, such as through third-party applications that are available on a patient's smart phone.

Neither an enforcement rule nor enforcement provisions for providers have been established, however, hospitals and other affected providers (identified in the final rule as "actors") are urged to review their current operational practices and procedures related to information sharing and take steps to comply. On Jan. 15, ONC updated its *FAQs* to assist providers, health IT developers and health information exchanges in implementing the rule's requirements. In December, the American Hospital Association *urged* the agency to delay the implementation date beyond April 5 and to provide additional information to assist providers in complying with the rule.

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