

May 12, 2021

MEMORANDUM

On May 7, the Centers for Medicare & Medicaid Services (CMS) issued interpretative [guidance](#) concerning the Interoperability and Patient Access final rule ([CMS-9115-F](#)) electronic admission, discharge and transfer (ADT) notification requirement. The Interoperability final rule, published May 1, 2020, established a new Medicare Conditions of Participation (CoP) for hospitals, psychiatric hospitals, and critical access hospitals (CAHs) in the medical records requirements for each provider type (see [42 CFR 482.24\(d\)\(1-5\)](#) for hospitals, [42 CFR 482.61\(f\)\(1-5\)](#) for psychiatric hospitals, and [42 CFR 485.638\(d\)\(1-5\)](#) for CAHs). The effective date for these CoPs was May 1, 2021. IHA summarized the final rule CoP requirements [here](#) and [here](#).

CMS guidance confirms that the ADT CoP applies to hospitals, psychiatric hospitals and CAHs with electronic health records systems or electronic patient registration systems that are conformant with the content exchange standard HL7 2.5.1 at [45 CFR 170.205\(d\)\(2\)](#). Hospitals that do not have conformant systems are not required to send electronic ADTs at this time.

Hospitals must attempt to send electronic ADT notifications to all applicable post-acute care providers and suppliers, as well as the patient's primary care practitioner, primary care group, or other practitioner or group identified by the patient as responsible for the patient's care. Patients or patient representatives have the authority to disallow hospitals from sending electronic ADTs, and hospitals should document such refusal.

CMS also released an FAQ document, available [here](#). Additional information can be found on CMS' [Policies and Technology for Interoperability and Burden Reduction](#) website.

Please send questions and concerns to [QSOG\\_Hospital@cms.hhs.gov](mailto:QSOG_Hospital@cms.hhs.gov). Questions and comments may also be sent to [IHA](#).

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