



Background

This checklist summarizes what Florida HIE participants need to provide to CRISP Shared Services, the HIE's technology partner, in order to configure and receive inbound notifications as a subscriber. Inbound notifications are generated from the HIE to let a subscriber know that a patient with whom they have a patient-care relationship with was treated by another facility. Notifications are derived from standard ADT event types: A01, A03, A04, A06, A07, A11, A13 and standard patient class of Inpatient (I), Emergency (E), Outpatient (O).



Section 1: Account, Panel and Contact Information

Account Name:

Date:

Point of Contact Name:

Point of Contact Email:

CSS Issued Assigning Authority (AA) code:

Panel Name:

CSS Issued Panel Code*:

** For organizations with one patient panel, the AA code and panel code are the same.*

For organizations with multiple patient panels (i.e. different care management programs), panel codes may differ from the AA code.



Section 2: How does the organization share their patient panel with CSS?

SFTP Upload

Manual Panel uploaded via
Panel Processor

Auto-sub panel from ADT interface
inbound from organization to CSS



Section 3: How will CSS deliver notifications?

Format	Frequency	Connectivity
CSV file	Daily bulk file Weekly bulk file	Delivered to MFT(SFTP)
Templated ADT HL7 Messages	Real time only	VPN MFT (SFTP) HTTPS Epic In-Basket (sent in XML format)
Custom Extracts via Population Explorer (end user application)	Real time only	No additional connectivity needed (access granted via Salesforce Admin)





Section 4: What connectivity will CSS use to deliver notifications?

Method	Details
MFT (SFTP)	CSS Hosted Service Account MFT Email address associated with service account (<i>*MUST* be a distribution list that goes to 1+ person at the organization</i>): Select your account credential choice: Just a password (1 year then needs to be changed per CSS policy) Just a private key (2 years then needs to be changed per CSS policy) Password OR Private key and Whitelisting (3 years then needs to be changed per CSS policy). If you are whitelisting, please provide IP: Next step: CSS Networking team will send MFT credentials to the distribution list provided.
VPN (TCP/IP)	Technical Point of Contact for certification exchange: Name: Phone: Email: Does the organization have an existing VPN with CSS (for contributing data) that can be utilized to deliver notifications? Yes No Next step: CSS will need a completed or updated (if already connected) VPN form and desired port.
HTTPS	Technical Point of Contact for certification exchange: Name: Phone: Email: Please provide the HTTPS endpoint: Test: Prod: CSS will send a public certificate to the email provided above. Client will then need to trust that certificate on the server that will be receiving the data sent outbound from CSS.
Epic In-Basket	Method for Direct Email to route in-basket message: Delivered to multiple providers-must provide their emails in the patient panel under the "Direct" column. Note: there is not currently functionality to send Direct Emails via auto-sub ADT, so Direct emails would need to be included on panels uploaded via SFTP or Panel Processor.

Section 4 (cont.)

Method	Details
	Delivered to one static address that all messages are routed to for organization (if organization is only sending on auto-sub, this is the only option). Epic Care Everywhere endpoint (test): Epic Care Everywhere endpoint (prod): CSS will send a public certification to the email provided above. Client will then need to trust that certification on the server that will be receiving the data sent outbound from CSS. CSS can provide our public IP upon request.



Appendix: Notification Options

Format	Description
CSV file (bulk)	Curated notifications from Organization's Panel, CSS Master Patient Index and encounter notification messages delivered in bulk via csv file
Templated HL7 Notifications	Curated notifications from Organization's Panel, CSS Master Patient Index and ADT messages delivered in HL7 Format
Access to Population Explorer application in the clinical web portal	Module of the HIE Portal that enables near-real time encounter notifications to be filtered and exported. Exports can be in Excel or PDF format. User selects which fields to include in extract.
Epic In-Basket Notifications	Set up requires engagement from the site's EPIC team for Care Everywhere endpoint and a certificate exchange). Routed to Epic In-basket via an Epic direct email. This can be either provided in the patient panel under the "Direct" column, or one static address that all messages are routed to. The messages are sent as XML (CCD) format and routed to the Epic instance Care Everywhere endpoint. The data sent is the same data that will trigger outbound ADT (real-time patient level data). It's just formatted in a CCD for Epic to ingest.



Notes and FAQs

- 1. What are the prerequisites for receiving notifications from the HIE?** Notifications require that the organization has established a patient panel with CSS.
- 2. How long does it take to configure notifications?** 6 weeks, once connectivity is established.
- 3. Is there a difference in content between the templated HL7 Notifications and Bulk Notification CSV?** No, they include the same data, just delivered at different frequencies and in different formats.
- 4. Will there ever be data elements missing in notifications?** CSS can only populate the data we receive. This means some segments in the HL7 (or columns in the CSV) will be null if the sending facility did not populate them for CSS.
- 5. What does “near real time” delivery mean?** Within an hour.
- 6. What does testing look like for templated HL7 notifications?** To test connectivity and notification processing, CSS engineers can mock up a test message and send it to the subscribing organization’s test endpoint to confirm receipt and successful message processing. Once confirmed, similar testing can be completed in production with production data, prior to going live.



Template for HL7 Notifications:

```
MSH|^~\&|$HIE|$SENDER_SOURCECODE$^$SOURCE_FACILITY$|$RECEIVER_SOURCECODE$^$DEST_FACILITY$||$MESSAGE_
TIME$||$MESSAGE$|^$EVENT$|$MatchId$|P|2.5| |||

EVN|$EVENT$|$ADTEVENTDATETIME$

PID|1||$DEST_MRN$^^$RECEIVER_SOURCECODE$^PI$SOURCE_MRN$^^$SENDER_SOURCECODE$^MR$||$LNAME$^$FNAME$^$M-
NAMES$||$DOB$|$GENDER$||$RACE$|$ADDR1$^$ADDR2$^$CITY$^$STATE$^$ZIP$||$HOME_PHONE$^$CELL_PHONE$^$WORK_
PHONE$^$ETHNICITY$^$DATE_OF_DEATH$|$DEATH_INDICATOR$|

$NK1_Segment_Repetitions$

$PV1_Segment_Repetitions$

$PV2_Segment_Repetitions$

$AL1_Segment_Repetitions$

$DG1_Segment_Repetitions$

$PR1_Segment_Repetitions$

$GT1_Segment_Repetitions$

$IN1_Segment_Repetitions$

$IN2_Segment_Repetitions$

$IN3_Segment_Repetitions$

ZSH|$PAST_EMERGENCY_VISITS$|$PAST_INPATIENT_VISITS$
```



.CSV Bulk Notifications column headers

DEST FACILITY	ADDR1	PATIENT COMPLAINT
DEST PRACTICE	ADDR2	DEATH INDICATOR
LOCATION	CITY	DATE OF DEATH
DEST MRN	STATE	DIAGNOSIS CODE
SOURCE FACILITY	ZIP	DIAGNOSIS DESCRIPTION
SOURCE PTCLASS	HOME PHONE	DISCHARGE DISPOSITION
SOURCE MRN	CELL PHONE	DISCHARGE TO LOCATION
FNAME	WORK PHONE	HOSPITAL SERVICE
MNAME	EVENT	RACE
LNAME	EVENT TIME	ETHNICITY
GENDER	ADMIT SOURCE	PAST EMERGENCY VISITS
DOB	PATIENT COMPLAINT CODE	PAST INPATIENT VISITS