



Encounter Notification Service (ENS) Overview Patient/Member Roster Elements

Patient/Member Roster Requirements

As a Subscribing Participant for the HSX Encounter Notification Service (ENS), your organization is required to send HSX a patient/member roster on a regular basis (monthly, at minimum). The following list outlines the required, preferred and optional fields your organization needs to submit for each patient/member on its roster. Supplying HSX with this data will ensure HSX will be able to notify your organization about the right patients and help HSX to build and refine its Master Patient Index. HSX will provide an excel template for your organization to use.

Field	Required (R), Preferred (P) or Optional (O) Fields	Formatting Example
Member Status (Member_Status) <i>*Required only for Delta files. Not required if subscriber uploads new roster for overwrite.</i>	R*	Add/Update/Remove
Patient ID <i>Your internal ID/MRN for patient</i>	R	
Data Source ID <i>HSX will work with organization to determine. Leave BLANK until otherwise informed.</i>	R	
Patient Group ID <i>HSX will work with organization to determine. Leave BLANK until otherwise informed.</i>	R	
First Name (First_Name)	R	
Middle Name (Middle_Name)	R – if available	
Last Name (Last_Name)	R	
Suffix (Name_Suffix)	R – if available	Jr., III
Address – Line 1 (Address_Line_1)	R	555 Main St.
Address – Line 2 (Address_Line_2)	O	Ste, Fl, Unit, #
City	R	
State	R	PA
Zip	R	XXXXX
Date of Birth (Date_Of_Birth)	R	MM/DD/YYYY
Gender	R	Male, Female, Other
Social Security Number (SSN)	R – if available	XXX-XX-XXXX
Primary Phone (Phone_Primary)	R – at least 1 phone number is R	XXX-XXX-XXXX
Alternate Phone (Phone_Alt1)	P – at least 1 phone number is R	XXX-XXX-XXXX
Alternate Phone 2 (Phone_Alt2)	O – at least 1 phone number is R	XXX-XXX-XXXX
Primary Care Provider (PCP) (PrimaryCareProvider) <i>Identified & listed by your organization</i>	O	Last Name First Name (one column)
Practice Site Name (SiteName) <i>Identified & listed by your organization</i>	O	
Insurance (Insurance) <i>Identified & listed by your organization</i>	O	
Care Manager Name (Care_Manager_Name) <i>Identified & listed by your organization</i>	O	

Encounter Notification Service (ENS) Overview: Notification Elements

Default Encounter Notification Elements

As a Subscribing Participant for ENS, your organization will receive notifications about Emergency Department, and/or Inpatient admissions, and/or discharges at its preferred frequency. The following list outlines the default information your organization can expect to receive in the encounter notifications. Please note that not all information will accompany each notification, but HSX will provide the **maximum** amount of data it can deliver for each patient encounter type.

HSX will provide an ENS Data Matrix to you separately, which contains more details about what information each participating hospital provides to support ENS. This Matrix will be updated as new facilities provide data and current facilities enhance data provided in the notifications.

- Destination Facility Info *(available when provided as part of a patient/member roster)*
 - e.g. Facility, Practice, MRN
- Source Facility Info
 - e.g. Hospital Name, MRN
- Patient Demographics
 - e.g. Patient Name, Gender, Date of Birth, Address, City, Postal Code, Phone
- Event Info
 - Source Setting, Event Type, Admit Date/Time
- Admit Reason and Type
- Referral Information
- Discharge Date/Time
- Death Indicator
- Diagnosis Code and Description
- Discharge Disposition
- Attending Provider
- Primary Care Provider *(available when provided as part of a patient/member roster)*
- Practice Site Name *(available when provided as part of a patient/member roster)*
- Insurance *(available when provided as part of a patient/member roster)*
- Care Manager Name *(available when provided as part of a patient/member roster)*

Sample Encounter Notification Summary List

Below is a sample Encounter Notification Summary. All ENS subscriptions will go live after 5:30 p.m. on the agreed upon date between HSX and the ENS subscriber. The frequency in which notifications are received can be set based on your organization's preference: either in real time, once a day, twice a day, or weekly.

Destination Facility	Destination Practice	Primary Care Provider	Destination MRN	Source Facility	Source MRN	First Name	Middle Name	Last Name	Gender	Date of Birth	Address	City	State	Zip	Primary Phone
ABC Medical Group	Practice 1	Dr. Jones	12345	Hospital 1	ABC12345	Joe	A	Test	Male	xx/xx/xxxx	123 Main Street	Philadelphia	PA	12345	xxx-xxx-xxxx
ABC Medical Group	Practice 2	Dr. Smith	87654	Hospital 1	XYZ87658	Mary		Test	Female	xx/xx/xxxx	456 Cherry St.	Cherry Hill	NJ	12345	xxx-xxx-xxxx
ABC Medical Group	Practice 1	Dr. Jones	91289	Skilled Nursing Facility 8	PQR85747	Pam	C	Test	Female	xx/xx/xxxx	934 Lion Circle	Havertown	PA	45678	xxx-xxx-xxxx
ABC Medical Group	Practice 4	Dr. Miller	837465	Hospital 3	KJD09384	William		Test	Male	xx/xx/xxxx	874 Ryans Way	Cape May	NJ	45678	xxx-xxx-xxxx
ABC Medical Group	Practice 5	Dr. Gonzalez	137894	Hospital 2	UID12374	Amy	K	Test	Female	xx/xx/xxxx	109 Main Street	Langhorne	PA	98345	xxx-xxx-xxxx
ABC Medical															
Source Setting	Event Type	Admit Date	Admit Time	Admit Reason	Admit Type	Referral Information	Discharge Date	Discharge Time	Death Indicator	Diagnosis Code	Diagnosis Description	Discharge Disposition	Attending Doctor	Insurance	
Inpatient	Admission	xx/xx/xxxx	xx:xx	Chest Pain	Emergency	Physician			N				Dr. Alley	IBC	
Emergency	Patient Registration	xx/xx/xxxx	xx:xx	Fatigue	Emergency	Physician Referral			N				Dr. Callahan	AmeriHealth	
Inpatient	Discharge	xx/xx/xxxx	xx:xx	Pneumonia	Routine	Transfer from	xx/xx/xxxx	xx:xx	Y	x,xxx	Pneumonia	Pt. expired	Dr. R. Smith	Aetna	
Emergency	Discharge	xx/xx/xxxx	xx:xx	Laceration	Emergency		xx/xx/xxxx	xx:xx	N			Discharged to Home	Dr. Doe	United	
Inpatient	Transfer	xx/xx/xxxx	xx:xx	Chest Pain	Routine	Physician			N	x,xxx	Heart Disease		Dr. Hall	IBC	
Emergency	Discharge	xx/xx/xxxx	xx:xx	CHF	Emergency	Physician	xx/xx/xxxx	xx:xx	N			Discharged to Home	Dr. Pope	HPP	