



Nationwide Health Information Network (NHIN)

# **Continuity Assessment Record and Evaluation (CARE)**

Emergence Pilot  
Profile Specification

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### Contributors

Name	Organization	NHIE represented
Nitin Jain	IBM	CMS
Karen Witting	IBM	CMS
Brian Dixon	Regenstrief Institute	Indiana Network for Patient Care (INPC)

### Document Change History

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### Document Approval

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## **1 Preface**

### **1.1 Introduction**

This document defines a Nationwide Health Information Network (NHIN) profile for the exchange of Continuity Assessment Record and Evaluation (CARE) data between the Centers for Medicare and Medicaid Services (CMS) and health care providers. CMS has established the CARE data set to promote standards-based exchange of CARE data with the ultimate goal of improving the quality of care experienced by patients as they transition among providers. CMS has initiated a proof-of-concept project referred to as the CARE Health Information Exchange Project (C-HIEP) to explore the use of the CARE data and its exchange of over the NHIN.

### **1.2 Intended Audience**

This document is designed for NHIEs that intend to exchange CARE data with CMS and other NHIEs during C-HIEP. The document profiles how the NHIN interface specifications, such as Document Submission, can be used to exchange CARE data.

### **1.3 Focus of this Profile**

This document describes how CARE data can be exchanged using the NHIN. This document does not define the CARE data set, nor does this document provide details on how NHIEs should collect, store, or format CARE data for exchange. For guidance on the structure and format of CARE data, please refer to the CARE Standard Electronic Terminology (CARE-SET) Implementation Guide published by CMS.

#### **1.3.1 Business Needs Supported**

The objective of the CARE data exchange is to improve the quality of care experienced by patients as they transition among health care providers. When care transitions are inadequate and care coordination is not done well, poor quality of care and increased costs are often the result, manifested most often by readmission shortly after being discharged from a hospital. By improving transitions, it is believed that quality of care will improve and lead to reduced adverse outcomes and avoidable costs. This business need supports the statutory mission of CMS' Quality Improvements Organizations (QIO) program to promote the effective, efficient and economical delivery of Medicare services and to promote the quality of those services.

#### **1.3.2 NHIN Interface Specifications Referenced by this Profile**

This profile utilizes the following NHIN Specifications:

- The Document Submission Service Interface Specification, Version 1.1.0

The latest specification documents can be found at <http://healthit.hhs.gov>.

### **1.4 Related Documents**

The following documents and standards were referenced during the development of this profile definition:

- CARE-SET Implementation Guide, Version 1.0, Centers for Medicare and Medicaid Services
- C-HIEP Requirements Document, Version 0.80, Centers for Medicare and Medicaid Services



### **1.5 Relationship to HITSP Constructs**

The HITSP C83 “CDA Content Modules”, and HITSP C80, “Clinical Document and Message Terminology,” specify the definitions and declarations of semantics, syntax, structure, and vocabulary for CARE Profile.

### **1.6 Relationship to NHIN Documents**

The CARE Profile is implemented using the NHIN Document Submission Service Interface Specification version 1.1.0. This specification can be found at <http://healthit.hhs.gov>.

The CARE Profile was created using guidance provided in the NHIN Profile Framework. This framework can be found at <http://healthit.hhs.gov>.



## 2 Profile Definition

### 2.1 CARE Assessment

The CARE Assessment is a collection of clinical data and information about a patient for a designated point in time (e.g. discharge), including but not limited to past medical history, description of current disabilities, current medications and problems, and expected level and type of assistance needed post-discharge from a health care facility. The CARE Assessment produces the required CARE data as defined in the CARE-SET Implementation Guide.

### 2.2 CARE-SET Implementation Guide

The CARE-SET Implementation Guide is a document describing the CARE data elements as well as the capture and exchange of the CARE data elements, including the associated business rules and data standards required.

### 2.3 De-identified Data

De-identified data is data from which Personally Identifiable Information (PII), as defined in OMB Memorandum M-07-16, are removed. The business rules for de-identifying data during C-HIEP will follow the HIPAA Privacy Rule (see <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html> for more information).

### 2.4 CARE Data Exchange during C-HIEP

A provider in one of seven targeted care settings<sup>1</sup> performs a CARE assessment on a patient who is a Medicare beneficiary. The NHIE to which the provider and the patient belong submits or “pushes” the CARE data in the form of a document to CMS. The determination for the “push” model is based on CMS’ desire to regularly consume data feeds from participating providers without having to request or subscribe to the data feeds. The CARE document submission transaction uses the messaging and security protocols defined by the NHIN. The payload (the CARE document) is formatted as per the CARE-SET Implementation Guide.

Upon receipt of the CARE document, CMS returns an acknowledgement of document receipt. CMS then validates the CARE document for compliance with the CARE-SET Interoperability Specification and returns an “Accepted” or “Rejected” status as a response to the submitting NHIE. Appropriate indications of reasons for rejection are included for rejected submissions.

During C-HIEP, CMS requires CARE documents to be de-identified as per the HIPAA Privacy Rule before they are submitted to CMS over the NHIN. A pseudonymous identifier is assigned for each patient and included in the patient’s CARE document. At the conclusion of C-HIEP, CMS may consider receiving CARE document with PII, such as the patient’s Health Insurance Claim Number (HICN).

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<sup>1</sup> The seven health care settings targeted for use of the CARE assessment instrument during C-HIEP are:

1. Nursing Facility (Including Skilled Nursing Facilities)
2. Home Health Agencies (HHA)
3. Inpatient Rehabilitation Facilities (IRF)
4. Acute Hospitals
5. Long Term Care Hospitals (LTCH)
6. Physician Offices
7. Outpatient Settings



### **3 Technical Considerations**

This section provides Technical considerations for CARE profile.

#### **3.1 NHIN Interface Specification**

This profile utilizes the NHIN Document Submission service interface specification.

#### **3.2 Web Service Asynchronous Messaging**

The CARE Profile requires use of the Asynchronous Web Services Exchange option on the NHIN Document Submission Service Interface Specification. NHIEs may not submit CARE documents to CMS using the synchronous mode, as the processing time required to validate the submission is expected to exceed typical HTTP timeout thresholds.

#### **3.3 Technical Pre-conditions**

- For the de-identified data exchange, the Initiating NHIE must assign a pseudonymous identifier (pseudo id) to the patient. The same pseudonymous identifier must be used for the same patient on subsequent submissions. There is no requirement for CMS to be able to re-identify the patient using this pseudonymous identifier.
- For identified data exchange (e.g., where PII is used), CMS requires the Initiating NHIE to use a specific identifier (the Health Insurance Claim Number or HICN). The use of the NHIN Patient Discovery transaction is not required between the NHIEs as these identifiers are already known to the Initiating NHIE through other verifiable means.

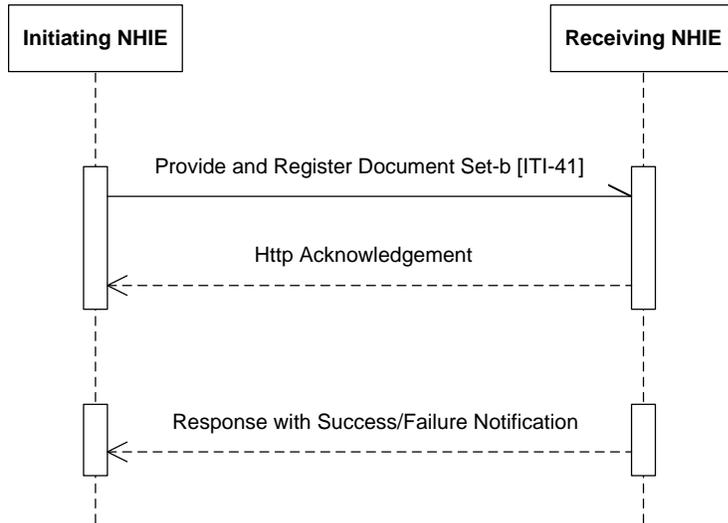
#### **3.4 CARE Document Submission**

Submission or “Push” of CARE documents utilizes the NHIN Document Submission service interface specification. The Initiating NHIE Gateway is required to initiate the asynchronous transaction.

#### **3.5 CARE Document Submission Response**

The Receiving NHIE returns a HTTP acknowledgement of document receipt (HTTP 202 “Accepted” response code).

Upon validation of a CARE document or document set, the Receiving NHIE (e.g., CMS) returns “Accepted” or “Rejected” status as a success or failure response to the Initiating NHIE. Appropriate indications of reasons for rejection are included in failure responses.



### 3.6 Error Handling

Standard error codes relevant to this transaction are defined in the Section 4 of the NHIN Document Submission service interface specification. In addition to the standard error codes, the CARE profile defines the following CARE-specific error codes<sup>2</sup>:

Error Code	Description
CAREDocumentNotDeidentified	Document is not de-identified as per HIPAA rules
CAREProviderNotParticipating	The provider submitting the CARE assessment is not a participating provider
CAREPatientNotMedicareEligible	The patient to whom CARE document belongs to is not Medicare Eligible
CAREDocumentNotWellFormed	The CARE document does not conform to CARE Interoperability specification
CARESubmissionOutOfDateRange	The CARE document submission is not submitted within 7 days of assessment service date.

<sup>2</sup> These error codes are provisional for use during C-HIEP. After C-HIEP, these codes will be reconsidered in favor of a more structured approach to expressing errors.