

Introduction

In accordance with the Statewide Common Participation Agreement (SCPA), each SHIN-NY Participant that is a Data Provider must Contribute Core SHIN-NY Data to its Designated Health Information Network's (HIN's) SHIN-NY Platform in accordance with this Standard Operating Procedure. "Data Provider" means a SHIN-NY Participant only if such Participant Contributes data to a SHIN NY Platform. All Regulated Participants, including SDI Waiver Participants, shall be Data Providers, and Voluntary Participants may also be required to be Data Providers under the SHIN-NY SOPs. A SHIN-NY Participant can be both a Data Provider and a Data Recipient.

Purpose, Scope and Intended Audience

This SHIN-NY SOP identifies the Core SHIN-NY Data that Data Providers must Contribute to the SHIN-NY, as well as requirements by which such data must be contributed. Core SHIN-NY Data means Core QE Data and/or Core Statewide Data Infrastructure (SDI) Data.

This SOP sets forth the minimum required data that Data Providers must Contribute. Data Providers may Contribute other types of data to HINs (e.g., Additional Data), and HINs may receive such other types of data, in accordance with the terms of the SCPA.

Definitions

All underlined terms in this SHIN-NY SOP are defined in the *SCPA and SHIN-NY SOPs Glossary*, which is available here: [SCPA and SHIN-NY SOPs Glossary](#).

Procedures

Each Data Provider must Contribute Core SHIN-NY Data to its Designated HIN's SHIN-NY Platform for all of its patients, members, enrollees or clients, as applicable. A Data Provider shall not withhold or otherwise prevent Contribution of any Core SHIN-NY Data unless the Data Provider has obtained a waiver under Section 4.2(a) of the SCPA, an individual objects in writing to the Contribution of their data, or the SHIN-NY SOPs or applicable law exempt such Core SHIN-NY Data from the requirement to Contribute.

To the extent applicable, and as specified in the SHIN-NY SOPs, Data Providers shall, working as necessary with Designated HIN and/or Additional HIN, if applicable, appropriately and adequately identify, label, or tag any of its SHIN-NY Data that is (i) subject to Part 2; (ii) subject

REQUIRED CORE SHIN-NY DATA CONTRIBUTIONS FOR DATA
PROVIDERS

to New York Mental Hygiene Law § 33.13; or (iii) is otherwise defined in the SHIN-NY SOPs as Sensitive Data that requires such identification, labeling, or tagging where technically feasible or required by applicable law. To the extent permitted by applicable law and the SHIN-NY SOPs, Data Providers may provide such identification one time, rather than on a continuous basis, provided that in all cases such identification is made prior to, or simultaneously with, Contribution of the applicable data.

Such Contributions shall be made in accordance with the following:

- 1. Core QE Data.** If a Data Provider chooses a QE as its Designated HIN on the Election Schedule, the Data Provider must Contribute the following data to the QE Platform:
 - a. **USCDI Data Elements.** Data Providers must, and Voluntary Participants are encouraged to, Contribute United States Core Data for Interoperability (USCDI) v1 (or later versions) data elements as published by the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator (ONC). See <https://www.healthit.gov/isp/united-states-core-data-interoperability-uscdi>
 - b. **Encounter/Event Notification Data.** Encounter/Event Notification Data is both Core QE Data and Core SDI Data (see section 2[b]). Data Providers that are Regulated Participants shall Contribute near real-time Admission, Discharge, Transfer (ADT) data for all clinical encounters in support of the Statewide Encounter Gateway, and in alignment with the ADT data specification defined in the SHIN-NY ADT Data Contribution Specification in Appendix A. Voluntary Participants are encouraged to submit data representing an encounter/event for clinical encounters regardless of standard used to communicate the encounter (e.g. ADT, CCD).
- 2. Core SDI Data.** The following data must be Contributed to the Statewide Data Infrastructure (SDI), either directly by SDI Waiver Participants¹ or by QEs that receive such data from their Data Providers:
 - a. **Patient Identity Data.** For QEs in which multiple sources are contributing data such that a Master Patient Index (MPI) is required to manage identities, the full MPI must be

¹ The process for approval of SDI Waiver Participants is currently under development and is not expected to be available until later in 2025, at the earliest. Updates to the SHIN-NY SOPs and/or additional SHIN-NY SOPs will be released to address SDI Waiver Participation prior to that time.

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Contributed to the SDI. At minimum, a full extract must be submitted daily, however, other methods for the SDI to access the data (e.g., via API) may be supported.

- b. **Encounter/Event Notification Data.** Encounter/Event Notification Data is both Core QE Data and Core SDI Data (see section 1[b]). SDI Waiver Participants and QEs shall Contribute data representing an encounter/event from all clinical encounters regardless of standard used to communicate the encounter (e.g. ADT, CCD). QEs shall Contribute near real-time ADT data for all clinical encounters in support of the Statewide Encounter Gateway, and in alignment with the ADT data specification defined in the SHIN-NY ADT Data Contribution Specification in Appendix A.
 - c. **Patient Clinical Observations and Vitals Data.** SDI Waiver Participants and QEs shall Contribute clinical observations, including laboratory tests and results, and vital sign data to the SDI. The required data elements and details for converting the data from their native format to the required standards for the SDI are outlined in the SHIN-NY Clinical FHIR Implementation Guide (<https://shinny.org/>).
 - d. **1115 Waiver Data.** QEs shall Contribute 1115 Waiver Data to the SDI as it is received by QEs. 1115 Waiver Data includes Screenings, Eligibility Assessments, and closed loop Referrals. 1115 Waiver Data must comply with and be validated against the 1115 Waiver FHIR Implementation Guide upon submission to the SDI (<https://shinny.org/us/ny/hrsn/index.html#health-related-social-needs-hrsn>).
- 3. Change of Designated HIN.** If a Data Provider changes its Designated HIN through an update to its Election Schedule (in accordance with the SHIN-NY Participant Election Schedule SOP), the Data Provider will Contribute its Core SHIN-NY Data to the newly-Designated HIN upon the effective date of such change. The history of prior Contributed data may remain with the former Designated HIN and requested via Other Network query (if applicable), or transferred to the newly-Designated HIN through an approach that is acceptable to both HINs.

Amendment Procedures

As technology standards and data needs evolve, the SHIN-NY Technical Advisory Committee will identify needs for updates and modifications to requirements for Core SHIN-NY Data Contributions. Any revisions to this SOP will be made in accordance with the Statewide Collaboration Process SOP.

Version History

Version Number	Date Adopted	Summary of Changes
1.0	3/28/25	Approved by Technical Advisory Committee
	4/01/25	Approved by NYeC Board
	4/02/25	Approved by NYS Department of Health

Appendix A

[See Attached]

SHIN-NY Statewide Encounter Alert Service - ADT Specification

Purpose		
This spreadsheet accompanies the NYeC Cross-QE Alerts "Version 2" document which defines the ADT data and attribution panel flows for enabling statewide encounter alerting. The approach for this specification has been to align as closely as possible with the ADT required for Syndromic Surveillance since it too is a required data feed and sourced from "Certified EHR Technology." Note that while there is an SVAP Approved updated version, it does not have material impact on the data elements of interest (so this spec relies on the ~10yr old certification requirement to assure a higher level of adoption). Lastly, and importantly, departures from the CDC NSSP spec include the fact that Patient Names are included and OBX, PR1 and some other extended ADT data elements are not required. Also, in general, QE's should send all ADT fields available even if not specifically listed as required.		
Version	Date	Comments
1	10/21/2024	Initial version created from a combination of sources: CDC NSSP specification, NY State ESSS, and other publicly available encounter alert specs (e.g. MN, FL)
2	3/17/2025	Incorporated several changes upon launch of the Encounter Gateway project (as well as CrossQE alerts and the ADT data quality reimbursement model for FY2026): 1. Clarified required fields. 2. Clarified SourceID and PatientIDs through Encounter Gateway and CrossQE alerting (and added the CrossQE PPT diagram tab). 3. Removed unnecessary columns.
3	3/20/2025	Several updates after internal NYeC review - ready for initial QE implementation and testing.
4	3/25/2025	Added PV1-39 code for a combined 42CFR Part 2 + OMH facility scenario (and after review w/ Zen, HeC, HeL, NYeC)
5		
6		
7		
8		
Ref.	Name	References
A	CDC NSSP Specification	PHIN MESSAGING GUIDE FOR SYNDROMIC SURVEILLANCE: HL7 v2.5.1, Release 2.0, April 21, 2015 https://www.cdc.gov/nssp/documents/guides/syndrurmessagguide2_messagingguide_phn.pdf
B	CDC NSSP Data Dictionary	NSSP Data Dictionary (especially the "LegacyToProcessed" tab) https://www.cdc.gov/nssp/biosense/docs/NSSP-Data-Dictionary-508.xlsx
C	Certified EHR Tech. Ref.	\$170.315(f)(2) Transmission to public health agencies — syndromic surveillance https://www.healthit.gov/test-method/transmission-public-health-agencies-syndromic-surveillance
D	New 2024 SVAP Approved!	HL7® Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm Standard for Trial Use, July 2019 https://www.healthit.gov/topic/standards-version-advancement-process-svap
E	NIST Test Tool	NIST HL7v2 Syndromic Surveillance Test Suite 1.7.3 https://hl7v2-ss-r2-testing.nist.gov/ss-r2/#/home
F	CDC NSSP Specification Erratum	Erratum for PHIN Guide for Syndromic Surveillance Messaging Rel 2.0 https://www.cdc.gov/nssp/documents/guides/erratum-to-the-cdc-phn-2.0-implementation-guide-august-2015.pdf
G	NSSP Priority Data Elements	SYNDROMIC DATA ELEMENT PRIORITIZATION https://www.cdc.gov/nssp/biosense/onboarding-guide/pdf/New-Facility-Data-Element-Prioritization-508.pdf
H	NSSP Visit Algorithm	BioSense Platform Creates an Identifier Unique to Each Visit https://www.cdc.gov/nssp/php/data-quality/biosense-platform-creates-identifier.html
I	CDC Data Quality	CDC NSSP Data Quality Tools https://www.cdc.gov/nssp/php/onboarding-toolkits/data-quality.html
J	CDC Data Quality Dashboard	Data Completeness and Data Validity (and timeliness) Requirements for Priority 1 and 2 data elements https://www.cdc.gov/nssp/biosense/docs/BioSense_Data_Quality_Dashboard.2020.pdf
K	NYS ESSS	New York State Electronic Syndromic Surveillance System (ESSS) https://www.health.ny.gov/professionals/reportable_diseases/esss/
L	NC ADT & Panel Spec	NC HealthConnex – NC*Notify v4.5.1+ Specifications https://hiea.nc.gov/ncnotify-specifications-version-451-0/download?attachment
M	MN ADT Spec	MN Encounter Alert Service ADT Specification https://mneas.org/wp-content/uploads/2020/10/MN_EAS_ADt_SS_Specification_21Oct2020.xlsx
N	FL ADT Spec	FL HIE ADT Data Source Requirements for ENS https://florida-hie.net/wp-content/uploads/2018/05/FLHIE-2017-ENS-Data-Source-Requirement_2018.05.07.docx
O	MO ADT Spec	MO HealthNet Recommended Specifications for HL7 ADT Messages https://dss.mo.gov/mhd/hie-onboarding/files/RecommendedADTSpecifications.pdf
P	SHIN-NY Cross QE "V1"	NYeC-CrossQE-Alerts-V1_Rev17 - Final.docx Rev 17, 1/27/2021

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FY2026 Data Quality Measures
R & X = Required and cumulative going from step 1, 2, 3, 4.
X's indicate required fields from a previous step.
R's show the incremental new data elements per step.
R-XQE are fields added during the CrossQE alert process.
R7's are Priority 2 candidates to be confirmed in via SCP.

Crosswalked fields, not in ADT:

geal:FacStreet
geal:FacCity
geal:FacState
geal:FacZip
geal:FacPhone
geal:DischargeDispText

HL7 Data Element Name	HL7	Step #1: Connected	Step #2: Visits are Calc.	Step #3: Priority 1's	Step #4: Priority 2's	Hash	Codes	Example (ADT)	CrossQE Alert	Comments
Sending Application	MSH-3.1	R	X	X	X			[Epic]		The Health IT system at the ADT source or QE.
Sending Facility - Name	MSH-4.1	R	R	X	X	Index		[MountSinai]^		
Sending Facility - ID	MSH-4.2	R	R	X	X	Index	NYHS	^1111^		The Health System name listed by NYSDOH as the Main Site Facility ID from HFS (see link in
Sending Facility - ID Type	MSH-4.3	R	R	X	X	Index		^NYSHFIS]		HIXNY, HEALTHIX, BRONX, HEALTHCONN, HEALTHLINK, GRRHIO
Receiving Application	MSH-5.1	R	X	X	X			[Healthix]	geal:SRCOEID	24-hr clock notation (including the timezone - to future proof for PCDH)
Message DateTime	MSH-7	R	X	X	X			[20240820150206-0500]	geal:msgtime	See "Events" tab
Trigger Event	MSH-9.2	R	X	X	X			^A03^	geal:AlertType	Commonly a timestamp (but can also be a GUID applied by the QE)
Message Control ID	MSH-10	R	X	X	X			[20240820150206]		
Version ID	MSH-12	R	X	X	X			[2.5.1]		
Event Type Code	EVN-1	R	X	X	X			[A03]		See "Events" tab
Recorded DateTime	EVN-2	R	X	X	X			[20250224123456-0500]	geal:encountertime	Ideally this includes the timezone (to future proof for PCDH)
Event Facility - Name	EVN-7.2.1	R	R	X	X	Index		[BethIsrael^	geal:facname	Facility Name (Ideally the Health Facility listed by NYSDOH (see link in note)
Event Facility - ID	EVN-7.2.2	R	R	X	X	Index	SHIN-NY OIDs	^1.1.1.1.1.1.1.1.1.1^	geal:facOID	Facility OID - this would match the legacy CrossQE "V1" specification
Event Facility - ID Type	EVN-7.2.3	R	R	X	X	Index		^SHINNYOID]		
Patient Identifier Number	PID-2.1	R-XQE	X	X	X			222^***Healthix^PT	geal:SRCQEmpi	Added by NYeC Encounter Gateway: Source QE EID (matched in Cross QE query)
Patient Identifier Assigning Authority	PID-2.4	R-XQE	X	X	X			222^***Healthix^PT	geal:SRCQOID	Added by NYeC Encounter Gateway: Source QE AssigningAuthority (matched in Cross QE
Patient Identifier Code	PID-2.5	R-XQE	X	X	X			222^***Healthix^PT		Added by NYeC Encounter Gateway: PT - Patient external identifier
Patient Identifier Number	PID-3.1	R	R	X	X	Index		111^***MSHS^PI	geal:facMRN	MRN from hospital assigning authority
Patient Identifier Assigning Authority	PID-3.4	R	R	X	X	Index		111^***MSHS^PI		Hospital Assigning Authority (AA)
Patient Identifier Code	PID-3.5	R	X	X	X		HL7 0203	111^***MSHS^PI		PI - Patient Internal Identifier (unique within an AA)
Patient Identifier Number	PID-4.1	R-XQE	X	X	X			333^***Bronx^PT	geal:Qempi	Added by NYeC Encounter Gateway: Receiving QE EID (matched in Cross QE query)
Patient Identifier Assigning Authority	PID-4.4	R-XQE	X	X	X			333^***Bronx^PT	geal:QEOID	Added by NYeC Encounter Gateway: Receiving QE AssigningAuthority (matched in Cross QE
Patient Identifier Code	PID-4.5	R-XQE	X	X	X			333^***Bronx^PT		Added by NYeC Encounter Gateway: PT - Patient external identifier
Patient Last Name	PID-5.1	R	X	X	X	Hash		DOE	geal:lastname	
Patient First Name	PID-5.2	R	X	X	X	Hash		JOHN	geal:firstname	
Patient Middle Name	PID-5.3	R	X	X	X	Hash		MID		
Patient Name Suffix	PID-5.4	R	X	X	X	Hash		JR		
Date of Birth	PID-7	R	X	X	X	Hash		20001122	geal:dateborn	
Administrative Sex	PID-8	R	X	X	X	Hash	HL7 0001	[M]		
Race Code	PID-10.1					X	Hash	CDC Race		
Race Description	PID-10.2					R	X	CDC Race		
Race Code System	PID-10.3					R	X	CDC Race		
Street Address 1	PID-11.1	R	X	X	X	Hash		111 MAPLE ST	geal:street	
Street Address 2	PID-11.2	R	X	X	X	Hash		APT 101		
City	PID-11.3	R	X	X	X	Hash		BUFFALO	geal:city	
State	PID-11.4	R	X	X	X	Hash	State	NY	geal:state	2-digit State: NY
Zip	PID-11.5	R	X	X	X	Hash	Zip	14201	geal:zipcode	5-digit zip
County (name)	PID-12					R	Hash	ERIE		County Name
Phone	PID-13.1	R	X	X	X	Hash		7165551212		
eMail	PID-13.4					R7	Hash	JMD@GMAIL.COM		
Language	PID-15					R7	Hash	CDC Lang. ENG		
Marital Status	PID-16					R7	Hash	HL7 0002 [M]		M = Married
Religion	PID-17					R7	Hash	HL7 0006 [BUD]		BUD = Buddhist
Patient Account Number	PID-18.1	R	X	X	X	Hash		12345678	geal:AccountNumber	
Driver's License Number	PID-20					R7	Hash			
Ethnicity Code	PID-22.1					R	X	CDC Ethnicity		
Ethnicity Description	PID-22.2					R	X	CDC Ethnicity		
Ethnicity Code System	PID-22.3					R	X	CDC Ethnicity		
Multiple Birth Indicator	PID-24					R7	Hash			
Date of Death	PID-29.1					R7	Hash			Includes Death_Date_Time.
Patient Death Indicator	PID-30.1					R7	Hash	HL7 0136 N		Includes Patient_Death_Indicator.
Patient Class Code	PV1-2	R	X	X	X	Hash	NY PtClass	See "Events" Tab	geal:AlertType	
Assigned Location	PV1-3					R7	Hash			
Admission Type	PV1-4					R7	Hash			
Previous Hospital Unit	PV1-6					R7	Hash			
Attending Doctor ID	PV1-7.1					R7	Hash			
Attending Doctor LastName	PV1-7.2					R7	Hash		geal:PhysAttendingLastNa	
Attending Doctor FirstName	PV1-7.3					R7	Hash		geal:PhysAttendingFirstN	
Attending Doctor NPI	PV1-7.9					R7	Hash	NPI	geal:PhysAttendingNPI	
Referring Doctor ID	PV1-8.1					R7	Hash			
Referring Doctor LastName	PV1-8.2					R7	Hash			
Referring Doctor FirstName	PV1-8.3					R7	Hash			
Referring Doctor NPI	PV1-8.9					R7	Hash	NPI		
Consulting Doctor ID	PV1-9.1					R7	Hash			
Consulting Doctor LastName	PV1-9.2					R7	Hash			
Consulting Doctor FirstName	PV1-9.3					R7	Hash			
Consulting Doctor NPI	PV1-9.9					R7	Hash	NPI		
Hospital Service	PV1-10					R7	Hash			
Admit Source	PV1-14					R7	Hash			
Ambulatory Status	PV1-15					R7	Hash			
Admitting Doctor ID	PV1-17.1					R7	Hash		geal:PhysAdmittingLastNa	
Admitting Doctor LastName	PV1-17.2					R7	Hash		geal:PhysAdmittingFirstN	
Admitting Doctor FirstName	PV1-17.3					R7	Hash		geal:PhysAdmittingNPI	
Admitting Doctor NPI	PV1-17.9					R7	Hash		geal:EncounterID	
Visit ID - Visit or Account Number	PV1-19.1.1	R	R	X	X	Hash	HL7 0203	VN = Visit Number		
Visit ID - Type Code	PV1-19.5.1	R	R	X	X	Hash	HL7 0112	O1	geal:DischargeDispCode	O1 = Discharged to home or self care (routine discharge), etc.
Discharge Disposition Code	PV1-36					R	Hash			This could be a valuable field: If PV1.36 = SNF, this could be the actual SNF name
Discharge To Location	PV1-37					R7	Hash			NO = Not a special Facility, 42-42CFR Part 2, MH = OMH, DD = OPWOD, 4M = combined 42CFR Part 2 and OMH
Servicing Facility	PV1-39	R	X	X	X	Hash	NY Codes	NO	geal:facPart2potential,	Ideally this includes the timezone (to future proof for PCDH)
Admit DateTime	PV1-44	R	X	X	X	Hash		[20240819150206-0500]	geal:AdmitDate	Ideally this includes the timezone (to future proof for PCDH)
Discharge DateTime	PV1-45	R	X	X	X	Hash		[20240820150206-0500]	geal:DischargeDate	
Admit Reason Code / Chief Complaint	PV2-3.2					R	Hash	Broken Left Arm	geal:ChiefComplaint	
DG1 Set ID	DG1-1					R	Hash			
Diagnosis Code	DG1-3.1					R	X	ICD10 Y93.D	geal:Diagnosis<DiagCode>	
Diagnosis Description	DG1-3.2					R	X	ICD10 Activities involved arts and hand	geal:Diagnosis<DiagText>	
Diagnosis Codeset	DG1-3.3					R	X	ICD10 I10C	geal:Diagnosis<DiagCode>	
Diagnosis DateTime	DG1-5.1					R	X	[20240820]		Date required, DateTime is preferred
Diagnosis Type	DG1-6.1					R	Hash	HL7 0052 F	geal:Diagnosis<DiagType>	F=Final, A=Admitting, W=Working
Diagnosis Priority	DG1-15					R7	Hash			
IN1 Set ID	IN1-1					R7	Hash			
Insurance Company ID	IN1-3					R7	NAIC	NAIC codes		
Insurance Coverage	IN1-15					R7	Hash			
Insured's ID number	IN1-49.1					R7	Hash			
NK Set ID	NK1-1					R7	Hash			
NK Name	NK1-2					R7	Hash			
Relationship	NK1-3					R7	Hash			
Phone Number	NK1-5.1					R7	Hash			
eMail	NK1-5.4					R7	Hash			
Contact Role	NK1-7					R7	Hash	HL7 0131 C		C=Emergency Contact
PD1 Set ID	PD1-1					R7	Hash			
Primary Care Provider ID	PD1-4.1					R7	NPI	1234567890		
Primary Care Provider Last Name	PD1-4.2					R7	Hash			
Primary Care Provider First Name	PD1-4.3					R7	Hash			
Primary Care Provider ID Type Code	PD1-4.13					R7	Hash	NPI		
CON Set ID	CON-1					R7	Hash			
Consent Type	CON-2					R7	Hash	HL7 0496 001		001 = Authorization to Release
Consent Status	CON-11					R7	Hash	HL7 0498 A		A = Active, R = Refused
Consent Effective DateTime	CON-14					R7	Hash			
Consent End DateTime	CON-15					R7	Hash			
Prior Patient ID List	MRG-1					R7	Hash			
Prior Account ID List	MRG-3					R7	Hash			

Required Events: A01, A02, A03, A04, A06, A07, A08, A11 (Cancel Admit), A13 (cancel D/C), others should be mapped to the listed events in the list as appropriate.

CrossQE Alert V1	Patient Class	EventType	Comments
<xs:enumeration value="ED_REGISTERORADMIT"/>	E	A04 (or A01)	
<xs:enumeration value="ED_DISCHARGE"/>	E	A03	
<xs:enumeration value="IP_ADMIT"/>	I	A01	
<xs:enumeration value="IP_DISCHARGE"/>	I	A03	
<xs:enumeration value="INCARCERATION_ADMIT"/>	J	A04 (or A01)	
<xs:enumeration value="INCARCERATION_RELEASE"/>	J	A03	
<xs:enumeration value="ED_CANCELADMIT"/>	E	A11	
<xs:enumeration value="ED_CANCELDISCHARGE"/>	E	A13	
<xs:enumeration value="IP_CANCELADMIT"/>	I	A11	
<xs:enumeration value="IP_CANCELDISCHARGE"/>	I	A13	
<xs:enumeration value="TRANSFER_TO_OBS"/>	V	A02	
<xs:enumeration value="DISCHARGE_FROM_OBS"/>	V	A03	
<xs:enumeration value="TRANSFER_TO_IP"/>	I	A02	
<xs:enumeration value="TRANSFER_TO_OUTPATIENT"/>	O	A02	
Not supported	E	A08	Sent only if new info (see "hash"). QE's can decide whether an A08 triggers an alert (e.g. A08 after A03 w/ Dx codes)
Not supported	I	A08	Sent only if new info (see "hash"). QE's can decide whether an A08 triggers an alert (e.g. A08 after A03 w/ Dx codes)
Not supported	J	A08	Sent only if new info (see "hash"). QE's can decide whether an A08 triggers an alert (e.g. A08 after A03 w/ Dx codes)
Not supported	V	A08	Sent only if new info (see "hash"). QE's can decide whether an A08 triggers an alert (e.g. A08 after A03 w/ Dx codes)

[illegible]

Example Notification generated in HIXNY and sent to BRONX:

```
<?xml version="1.0"?>
<Notify xmlns:add="http://www.w3.org/2005/08/addressing" xmlns="http://docs.oasis-open.org/ws-b2-2/
<NotificationMessage>
  <SubscriptionReference>
    <add:Address xmlns=""/>
    <add:ReferenceParameters xmlns=""/>
    <add:Metadata xmlns=""/>
  </SubscriptionReference>
  <Topic Dialet=""/>
  <ProducerReference>
    <add:Address xmlns=""/>
    <add:ReferenceParameters xmlns=""/>
    <add:Metadata xmlns=""/>
  </ProducerReference>
  <Message xmlns:qea="http://www.nyhealth.org/SOAP/WSDL/QEAlertBody.xsd">
    <qea:AlertType>ED_DISCHARGE</qea:AlertType>
    <qea:SRCQEID>HXNY</qea:SRCQEID>
    <qea:SRCEmpID>56789</qea:SRCEmpID>
    <qea:QEID>BRONX</qea:QEID>
    <qea:QEmpID>1234</qea:QEmpID>
    <qea:facMRN>20001</qea:facMRN>
    <qea:lastName>DOE</qea:lastName>
    <qea:firstName>JOHN</qea:firstName>
    <qea:street>123 Main St</qea:street>
    <qea:city>Anywhere</qea:city>
    <qea:state>NY</qea:state>
    <qea:zipcode>19999</qea:zipcode>
    <qea:datetime>2018-01-01</qea:datetime>
    <qea:encounterTime>05-22-2018 12:44</qea:encounterTime>
    <qea:mgtime>05-22-2018 12:46:22</qea:mgtime>
    <qea:facOID>2.16.840.1.113883.3.2591</qea:facOID>
    <qea:facname>Any NY Hospital</qea:facname>
    <qea:facstreet>1234 Main St</qea:facstreet>
    <qea:faccity>Anywhere</qea:faccity>
    <qea:facstate>NY</qea:facstate>
    <qea:faczipcode>19999</qea:faczipcode>
    <qea:facphone>123-456-7890</qea:facphone>
    <qea:facPart2potential>NO</qea:facPart2Potential>
    <qea:AdmitDate>05-22-2018 12:44</qea:AdmitDate>
    <qea:DischargeDate>05-22-2018 17:50</qea:DischargeDate>
    <qea:EncounterID>12381919</qea:EncounterID>
    <qea:AccountNumber>20001928</qea:AccountNumber>
    <qea:facOMB>NO</qea:facOMB>
    <qea:facOPWDD>UNKNOWN</qea:facOPWDD>
    <qea:PhysAttendingLastName>Brown</qea:PhysAttendingLastName>
    <qea:PhysAttendingFirstName>Charlie</qea:PhysAttendingFirstName>
    <qea:PhysAttendingNPI>1239209</qea:PhysAttendingNPI>
    <qea:PhysAdmittingLastName>Gold</qea:PhysAdmittingLastName>
    <qea:PhysAdmittingFirstName>Susan</qea:PhysAdmittingFirstName>
    <qea:PhysAdmittingNPI>1239000</qea:PhysAdmittingNPI>
    <qea:ChiefComplaint>Broken Left Arm</qea:ChiefComplaint>
    <qea:DischargeDispCode>01</qea:DischargeDispCode>
    <qea:DischargeDispText>Discharged to home/self care</qea:DischargeDispText>
    <qea:Diagnosis>
      <DiagCode>M79.622</DiagCode>
      <DiagText>Pain in Left Upper Arm</DiagText>
      <DiagCodeSystem>ICD-10</DiagCodeSystem>
      <DiagType>P</DiagType>
    </qea:Diagnosis>
    <qea:Diagnosis>
      <DiagCode></DiagCode>
      <DiagText>Diabetes</DiagText>
      <DiagCodeSystem></DiagCodeSystem>
      <DiagType></DiagType>
    </qea:Diagnosis>
  </Message>
</NotificationMessage>
</Notify>
```

When a QE receives an Notification, a proper response status type should be returned for Success or Failure:
Example of success reponse:

<pre> <soapenv:Envelope> <soapenv:Header /> <soapenv:Body> <rs:RegistryResponse status="urn:oasis:names:tc:ebxml-regrep:ResponseStatusType:Success" /> </soapenv:Body> </soapenv:Envelope> </pre>	<pre> <rs:RegistryResponse status="urn:oasis:names:tc:ebxml-regrep:ResponseStatusType:Success" /> </pre>
Example of failure response: <pre> <soapenv:Envelope> <soapenv:Header /> <soapenv:Body> <rs:RegistryResponse status="urn:oasis:names:tc:ebxml-regrep:ResponseStatusType:Failure" /> </soapenv:Body> </soapenv:Envelope> </pre>	<pre> <rs:RegistryResponse status="urn:oasis:names:tc:ebxml-regrep:ResponseStatusType:Failure" /> </pre>