



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State



CHCANYS NYS-HCCN presents

Elevating Transitions of Care: Health IT & Health Center Spotlight

Session 4: HIXNY &
APICHA Community Health Center

May 28, 2026

For more information, please email Anita Li at ali@CHCANYS.org



This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to CHCANYS' New York State Health Center Controlled Network (NYS-HCCN) totaling \$4,622,451.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

09.2024



Agenda

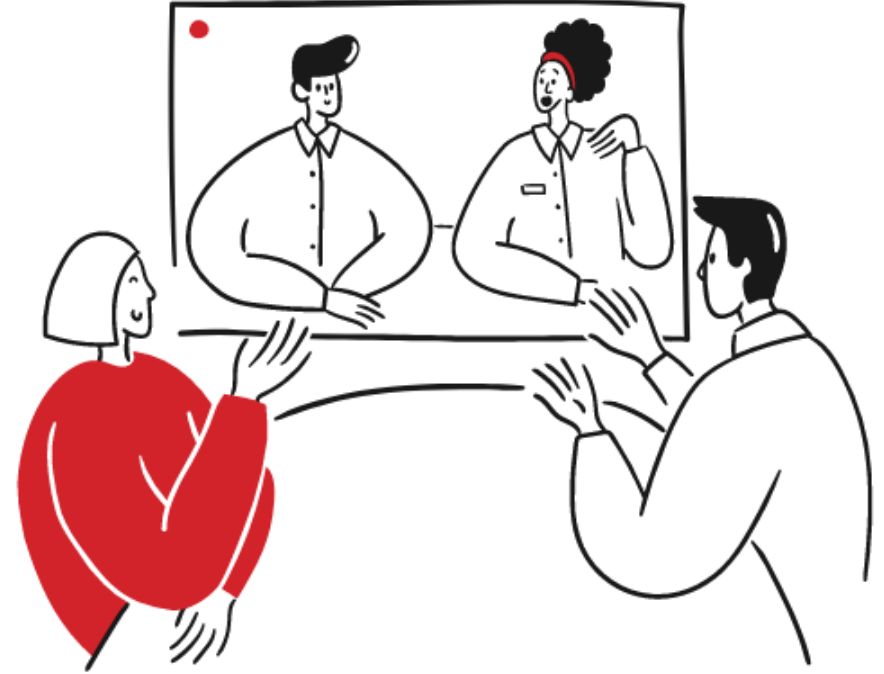
1. Welcome & Introductions
2. Transitions of Care & Technology
3. APICHA CHC Workflows
4. Q&A
5. Closing and Evaluations





Housekeeping

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- CHCANYS does not permit using Artificial Intelligence (AI) chatbots/notetakers that CHCANYS does not host and will be removed from the meeting.
- The webinar is being recorded and will be shared after the session along with the slide deck.
- A webinar evaluation will be shared with participants



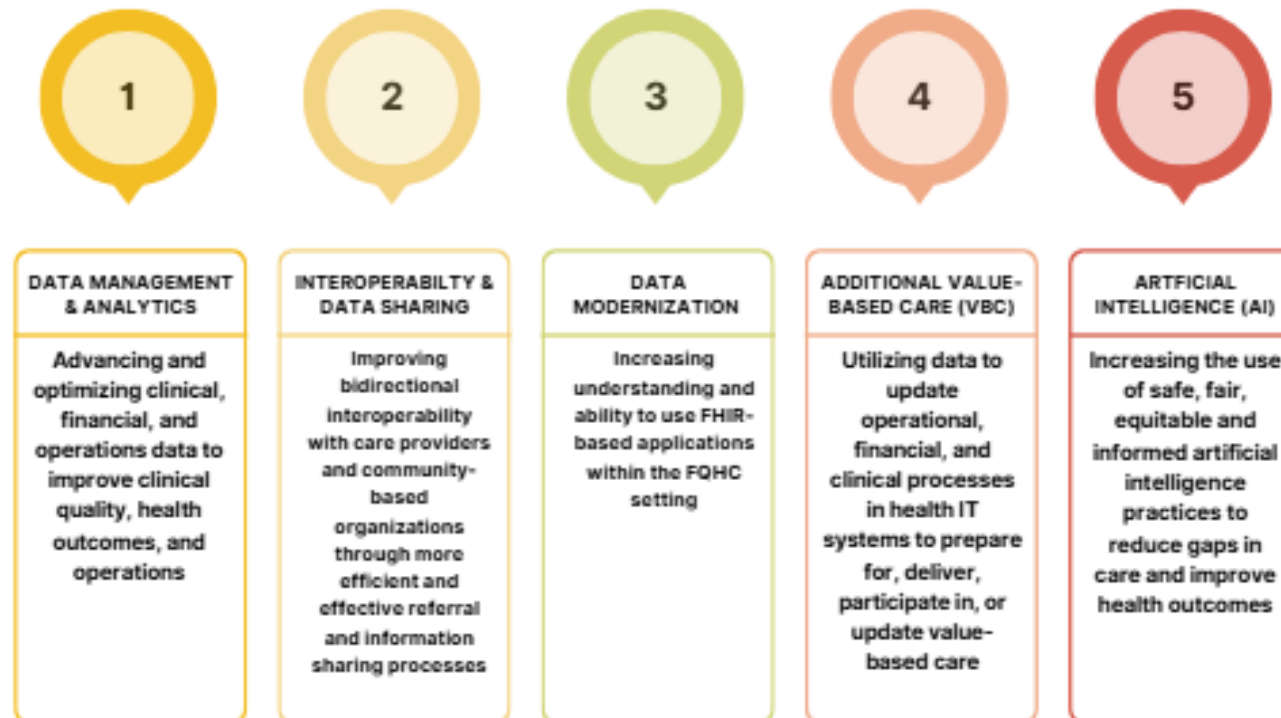
About the New York State HCCN



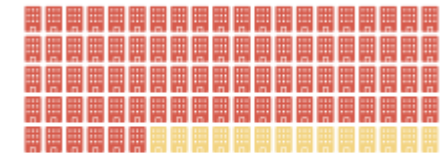
Established in 2012, the NYS-HCCN is one of 52 HRSA funded networks that leverages health IT and data to enhance how centers deliver affordable, accessible, and high-quality care with a specific emphasis on data management and analytics, interoperability of systems, and data modernization

What are the Key HCCN Focus Areas?

HRSA has identified the following key focus areas for the 2025-2028 program year



86% OF ALL FQHCS PARTICIPATE IN AN HCCN NATIONALLY



52 HEALTH CENTERS PARTICIPATE IN THE CHCANYS NYS-HCCN



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12.2025



Schedule of Events

Session 1 (5/7)

- HealtheConnections

Session 3 (5/21)

- Azara
Healthcare &
Harmony
Healthcare
Long Island

Session 2 (5/14)

- eClinicalWorks &
HealthTexas
Medical Group

Session 4 (5/28)

- HIXNY & APICHA
Community Health
Center



Meet the Presenters



RuthAnn Craven, BBA, MS
Business Development Manager

HIXNY



Todd Canning, RN, CCM
Director of Population Health
Management

APICHA Community Health Center



Transitions of Care & Technology Webinar

Thursday, May 28th at 12pm

*RuthAnn Craven, Business Development Manager
Hixny*

*Todd Canning, Director of Population Health Management
Apicha Community Health Center*

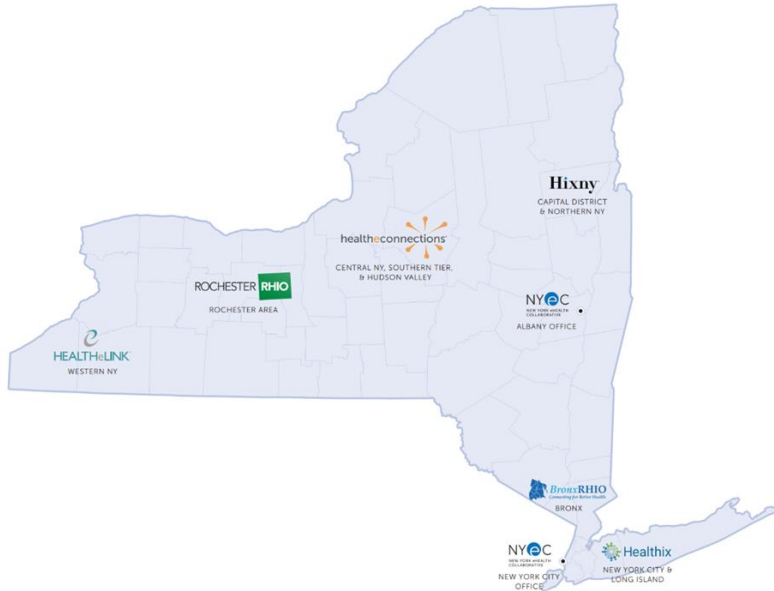
Hixny[®]

Transitional Care Management Overview

Shift in SHIN-NY Structure

Prior to September 2025

Every NYS HIN received SHIN-NY funding to provide the *same set of core services* to SHIN-NY participants in its geographic area.



Since September 2025

A limited number of NYS HINs receive SHIN-NY funding to provide *select services* to all SHIN-NY participants, regardless of geographic area.



Patient encounter alerts is one of those services and Hixny is one of the HINs selected to provide alerts.

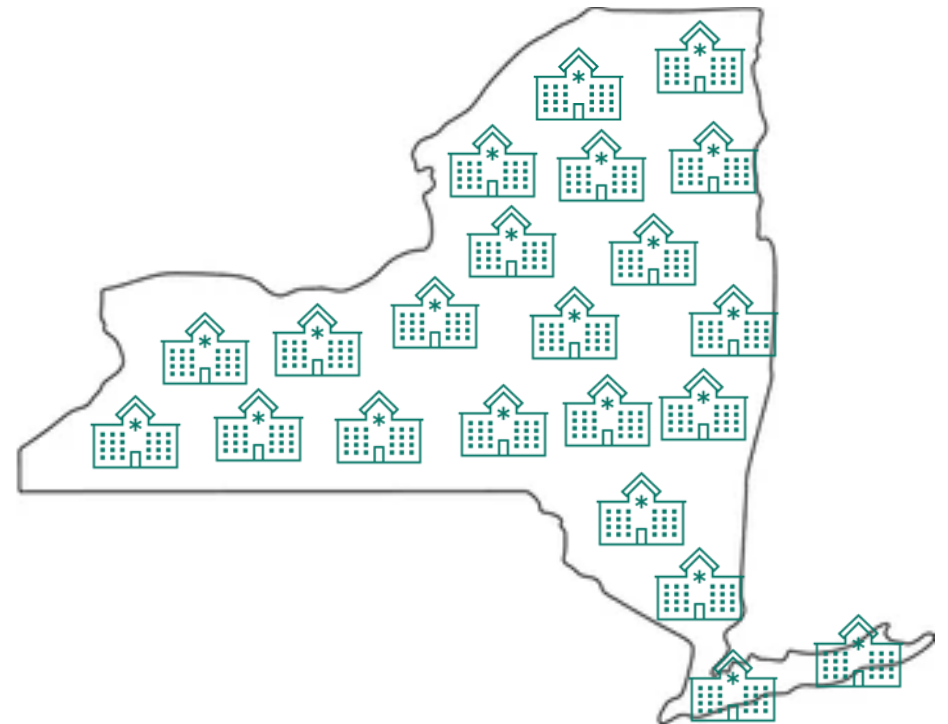
Statewide Hospital Alerts

Alerts available from **every hospital** in NYS with **regardless of consent** for healthcare providers statewide.

On average, seven people are discharged from inpatient care across New York State every minute.

Do you know which of these seven are your patients?

¥ Statewide Planning and Research Cooperative Systems (SPARCS) data – inpatient discharges in New York State during calendar year 2021 = 3,997,431.



What's In It For Health Centers?



Early identification of patients discharged from the hospital to meet the Transitional Care Management (TCM) billing timelines.



Improved performance on value-based contracts through shared savings (reducing avoidable hospital use lowers overall cost of care)



Improved performance on performance on quality measures.



Health centers receive all alerts through Hixny at **no cost.**



Inpatient Alerts

- Transitions of Care **(TRC)**
- Acute Hospital Utilization **(AHU)**
- Plan All-Cause Readmissions **(PCR)**
- Hospitalization Following Discharge from a Skilled Nursing Facility **(HFS)**
- Hospitalization for Potentially Preventable Complications **(HPC)**
- Follow-Up After Hospitalization for Mental Illness **(FUH)**
- Follow-Up After High-Intensity Care for Substance Use Disorder **(FUI)**
- Pharmacotherapy Management of COPD Exacerbation **(PCE)**
- Prenatal and Postpartum Care **(PPC)**
- Postpartum Depression Screening and Follow-up **(PDS-E)**



ED Alerts

- Emergency Department Utilization **(EDU)**
- Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions **(FMC)**
- Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes **(EDH)**
- Follow-Up After Emergency Department Visit for Mental Illness **(FUM)**
- Follow-Up After Emergency Department Visit for Substance Use **(FUA)**

Transitions of Care (TOC)



.....
The process of transferring a patient's care from one setting or level of care to another, such as from hospital to home or hospital to skilled nursing facility.

These transitions are particularly **vulnerable** points in the healthcare continuum due to high-risk communication breakdowns, medication errors, and fragmented information transfer.

60% of medication errors and 80% of serious medical errors occur during these hand-offs, often leading to **avoidable hospital readmissions**.

.....
~ **Agency for Healthcare Research and Quality [AHRQ]** ””

SUPPORTS TRANSITIONAL CARE MANAGEMENT (TCM)



Team-based approach



Supports patient transition to community setting



Care team accepts patients at discharge (eliminates service gap)



Ensures assigned responsibility for patient care, facilitates services across providers for 30-days



Moderate or high complexity medical decision making for patients with medical and/or psychosocial problems.

Care Coordination



Moderate

CPT Code 99495

Loc 99 Medicare reimbursement: \$212.18

Within 2 business days of discharge

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver
- At least moderate level of medical decision making during the service period.

Within 14 calendar days

- Face-to-face visit

High

CPT Code 99496

Loc 99 Medicare reimbursement: \$288.02

Within 2 business days of discharge

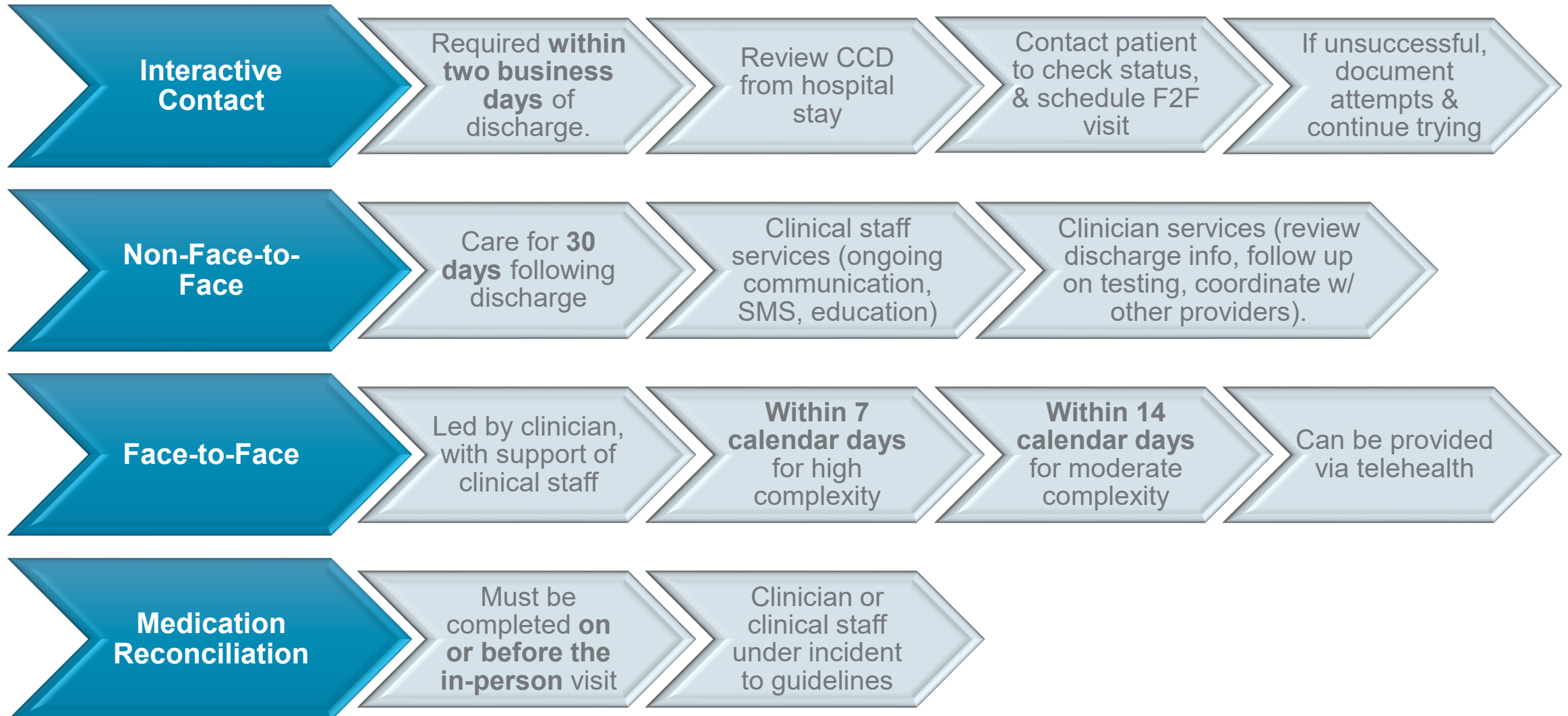
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver.
- High level of medical decision making during the service period.

Within 7 calendar days

- Face-to-face visit

10% rate increase for
2026!

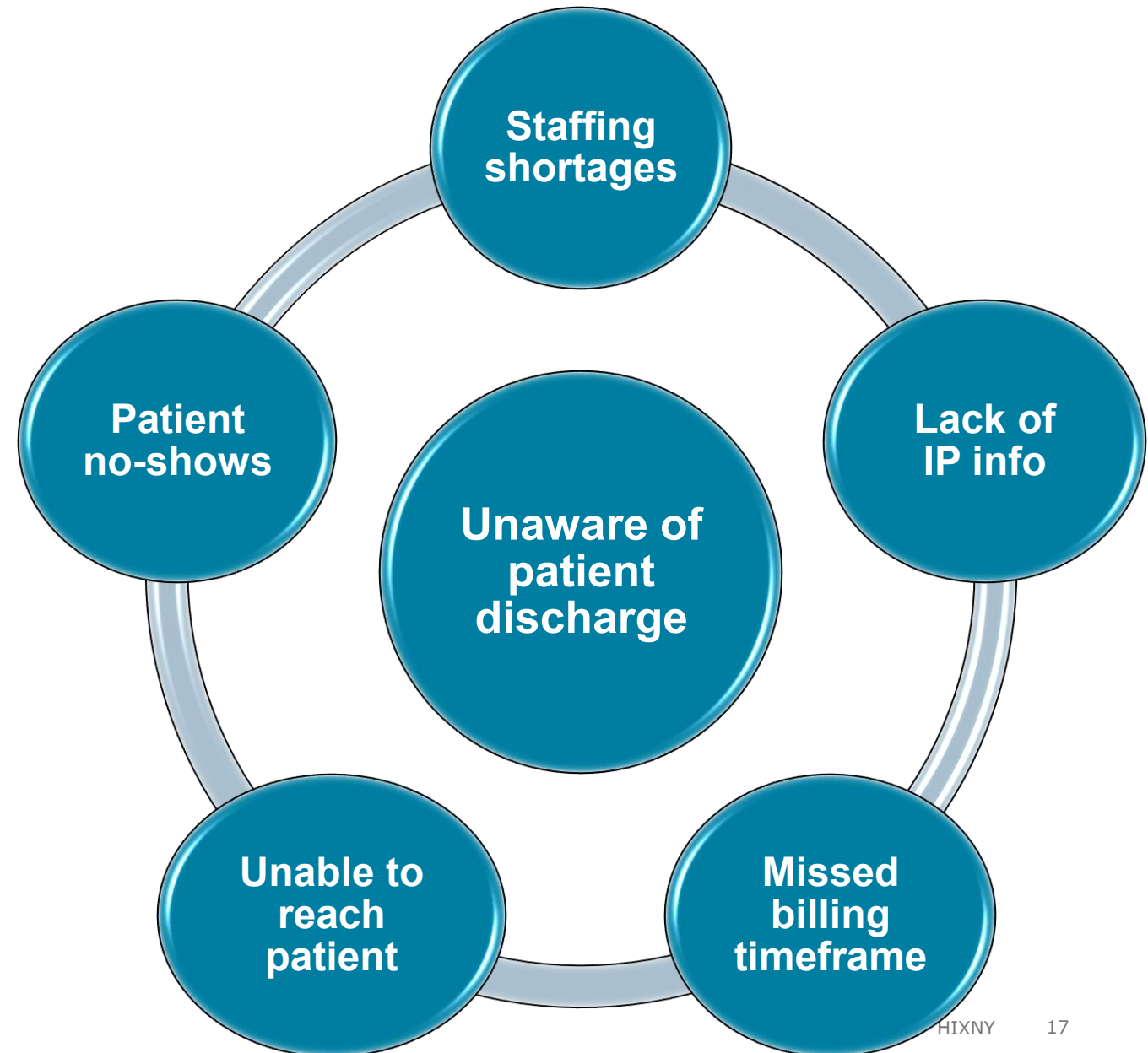
BILLING FOR TRANSITIONAL CARE MANAGEMENT SERVICES



BARRIERS TO TCM CODE USE

In 2019, of all Medicare patients discharges eligible for TCM, **only 17.9 percent¹ had a TCM code billed.**

WHY are TCM services not billed?



¹Source: Analysis of 2019 Medicare Fee-for-Service (FFS) Claims for Chronic Care Management (CCM) and Transitional Care Management (TCM) Services

Apicha Community Health Center Workflow

Apicha CHC

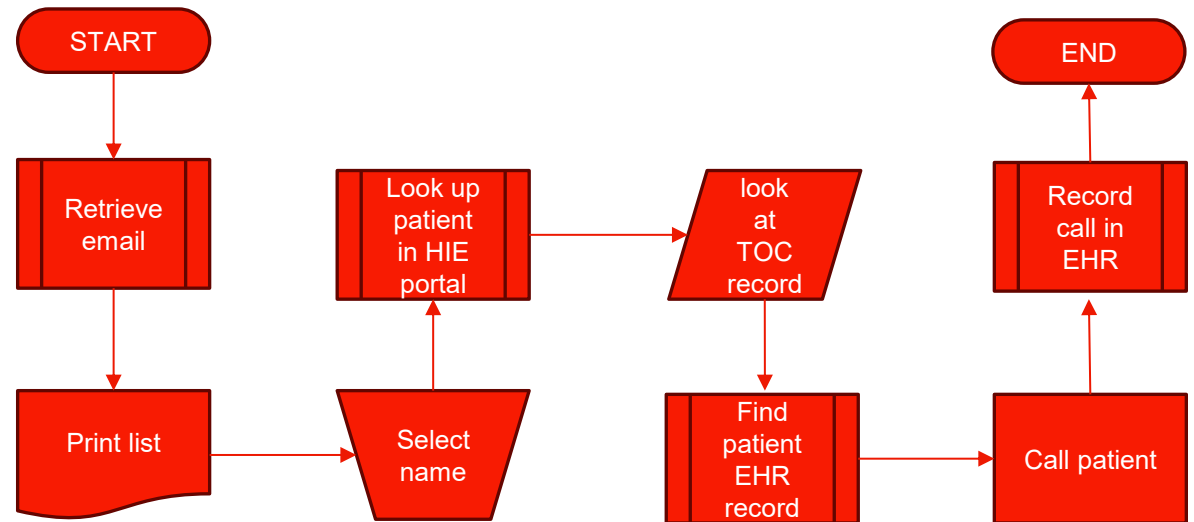
Apicha CHC Vision:

Healthy communities, a future in which equity and equality are the norm.

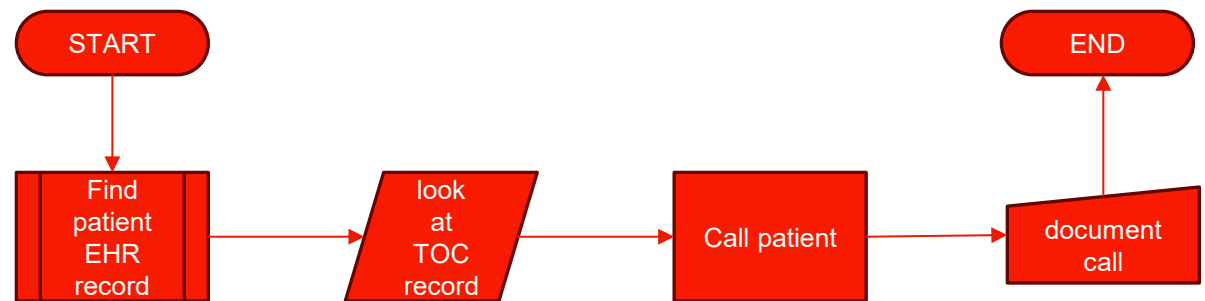
Apicha CHC Mission:

Provide high-quality, equitable, whole-person, and culturally responsive care delivered in an inclusive and welcoming manner. Build and expand on our long tradition of care for AAPI, LGBTQ+, and persons living with HIV.

How we used to make TOC calls



How we will make TOC calls



Filter to select records

The screenshot shows the 'Transition Care Notifications' filter interface in the eClinicalWorks application. The interface includes a sidebar with navigation icons for Favorites, Menu, Practice Registry, Referrals, Messages, Documents, Billing, Analytics, Patient, Admin, and University. The main area contains several filter sections: Patient (Search by Account No, Account No), Admit Date (MM/DD/YYYY To MM/DD/YYYY), Discharge Date (MM/DD/YYYY To MM/DD/YYYY), Hospital Facility (Select), Insurance (Name), Event Type (All), Disposition (All), Status (All), Assigned To (Search by Last name), and Interface (All). A 'Filters' button is located at the bottom right of the filter section, and a 'Save Filter' button is at the bottom left. A large white box on the right side of the interface contains a filter icon and the text 'Filters are not applied'.

Select patient from
list

eCW (Canning, Todd) eClinicalWorks PRODUCTION

TC eClinicalWorks 12

Transition Care Notifications

My Patients: 0 All Patients: 58

Reassign Addressed

	Account No.	Patient Name	DOB	Admit Date	Discharge Date	Event Type	ICD Code	Hospital/Facility	Disposition	Discharge Facility	Provider	Assigned To	Additional Details
<input type="checkbox"/>				05/20/2026		ER Visit					External PC...	Barrett, Jesse	View
<input type="checkbox"/>				05/20/2026	05/20/2026	Discharge	Z00.8 (1)		Home		Ko Roxanne	Ko, Roxanne	View
<input type="checkbox"/>				05/19/2026	05/20/2026	Discharge	B34.9 (2)		Home		Kyng Kymara	Kyng, Kymara	View
<input type="checkbox"/>				05/19/2026	05/19/2026	Discharge	N89.8 (2)		Home		Ko Roxanne	Ko, Roxanne	View
<input type="checkbox"/>				05/18/2026	05/19/2026	Discharge	F64.9 (4)		Home		Barte Moni...	Barte, Moni...	View
<input type="checkbox"/>				05/18/2026	05/21/2026	Discharge	M51.26 (7)		Home		Chamblist ...	Chamblist, ...	View
<input type="checkbox"/>				05/17/2026	05/17/2026	Discharge	R51.9 (2)		Home		Ko Roxanne	Ko, Roxanne	View
<input type="checkbox"/>				05/16/2026	05/16/2026	Discharge	W54.00XA (1)		Home		Johnston L...	Johnston, L...	View
<input type="checkbox"/>				05/16/2026	05/18/2026	Discharge	Z34.90 (1)		Home		Ko Roxanne	Ko, Roxanne	View
<input type="checkbox"/>				05/16/2026	05/17/2026	Discharge	F10.920 (1)		Home		Rendeiro S...	Rendeiro, S...	View
<input type="checkbox"/>				05/16/2026	05/16/2026	Discharge	W54.00XA (1)		Home		Rendeiro S...	Rendeiro, S...	View
<input type="checkbox"/>				05/16/2026	05/16/2026	Discharge	R10.20 (1)		Home		Ko Roxanne	Ko, Roxanne	View
<input type="checkbox"/>				05/15/2026	05/15/2026	Discharge	Z99.2 (2)		Home		Sison Raym...	Sison, Ray...	View
<input type="checkbox"/>				05/15/2026	05/15/2026	Discharge	L30.4 (2)		Home		Johnston L...	Johnston, L...	View
<input type="checkbox"/>				05/14/2026	05/15/2026	Discharge	R25.1 (3)		Home		Ko Roxanne	Ko, Roxanne	View

Total Records: 58 Show 15 per page 1 of 4

Review transition details

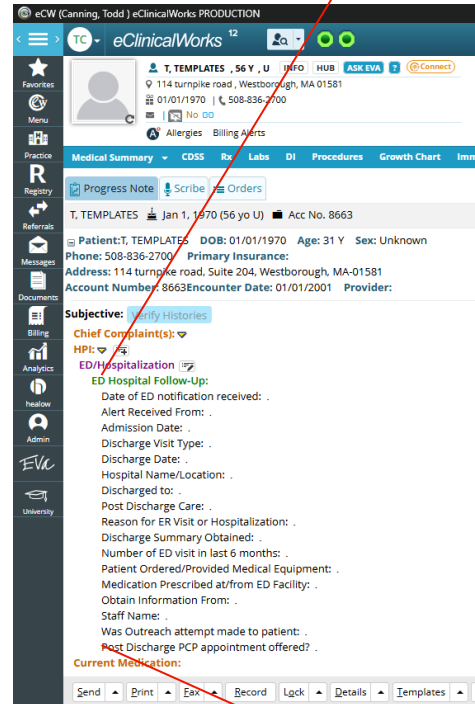
The screenshot shows the eClinicalWorks interface. On the left is a navigation sidebar with icons for Favorites, Menu, Practice, Registry, Referrals, Messages, Documents, Billing, Analytics, Patient, Admin, and University. The main window is titled 'Document Details' and contains a form with the following fields: Name* (ER Visit_h17_3f79b38f-dafd-43f9-94b;), Service Date, Description, Tag, Scanned By* (0), Scanned Date* (05/20 18:15:04/20), Expiration Date, Attached (0), Assigned To* (Search by Last name, First), Facility, and Document Category* (Notifications). A secondary window is open on top, titled 'Event Type: Registration', which displays 'Patient Demographic Details' for a patient with the following information: Id: 18037212, Type: MR, Name: [redacted], Date of Birth: [redacted], Gender: [redacted], Address: USA, Telephone No - Home: [redacted], Telephone No Type - Home: [redacted], Telephone No - Business: [redacted], and Extension: [redacted]. The bottom of the interface shows a status bar with 'Total Records: 58', 'Show 15 per page', and '1 of 4' pages.

Navigate to Patient Hub

The screenshot displays the eClinicalWorks Patient Hub interface for a patient named Dushanga L. L. The interface is organized into several sections:

- Header:** Shows the user's name (TC), the application name (eClinicalWorks), and system status (P 388, E 0, S 0, D 0, R 0, I 8, L 0, M 5050).
- Navigation:** A left sidebar contains icons for various functions: Practice Registry, Referrals, Messages, Documents, Billing, Analytics, Health, Admin, and University.
- Patient Hub:** The main content area is divided into several panels:
 - Top Panel:** Patient name (Dushanga L. L.), photo, and contact information.
 - Advanced Directive:** Insurance: Medicaid; Last vMsg; PCP: External PCP, Provider; Rendering Pr: Barrett, Jesse; Default Facility: Apicha CHC - Jacks...
 - Billing:** Patient Balance: \$20.00; Account Balance: \$20.00; Collection Status; Assigned to; Buttons for Billing Alert, Guarantor Balance, Account Inquiry, and Billing Logs.
 - Appointments:** Last Appt: 03/11/2025 11:00 AM EDT at FA...; Next Appt; Bumped Appt: NONE; Case Manager Hx; New Appointment button.
 - Structured Data:** Immunization Data Protection: No; Asian Detail: N/A; Hispanic Detail: Ecuadorian; Housing Status: Stable Housing; Highest Grade Completed: Less than highschool; Friend/Family; Progress Notes, Medical Summary, Medical Record, Problem List, eClinForms, Labs, DI, Referrals, Actions, Tel Enc, Web Enc, Docs, P2P.
 - Global Alerts:** A list of alerts including Disability Status, Advance Directive, Problem List (Problem List has not been verified), HCC RAF Scores (Patient Not Eligible), HCC Gap Recommendations (Patient Not Eligible), Allergies (N.K.D.A.), Electronic Prior Authorization (EPA), Medication Summary, Immunizations, Therapeutic Injections, and Circle Of Care.
- Footer:** Total Records: 58; Show 15 per page; 1 of 4.

Structured data in
virtual visit
*Telephone
Encounter*



HPI:  

ED/Hospitalization 

ED Hospital Follow-Up:

Date of ED notification received: .

Alert Received From: .

Admission Date: .

Discharge Visit Type: .

Discharge Date: .

Hospital Name/Location: .

Discharged to: .

Post Discharge Care: .

Reason for ER Visit or Hospitalization: .

Discharge Summary Obtained: .

Number of ED visit in last 6 months: .

Patient Ordered/Provided Medical Equipment:

Medication Prescribed at/from ED Facility: .

Obtain Information From: .

Staff Name: .

Was Outreach attempt made to patient: .

Post Discharge PCP appointment offered? .

Hixny's Statewide Alerts Solution

HIXNY'S STATEWIDE ALERTS SOLUTION MENU OF OPTIONS

Health centers choose a customized solution with one or multiple options – whatever integrates most **efficiently** into your workflow.



Direct Alerts to EHR

HL7 Alerts to EHR

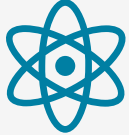
Flat File of ADT HL7

Daily Digest Report

Feed of ADT HL7

Alert Management Tool

HOW HIXNY'S SOLUTION IS DIFFERENT



Sends alert notifications **directly to health centers' workflow in real time.**

No more logging into multiple systems to obtain information about patients' hospital use.



Allows health centers to manage the roster of patients they would like to receive alerts on, as well as the types of alerts they would like to receive.

Ensures the notifications received are relevant, **reducing "alert fatigue"** for staff and clinicians.



Hixny ensures data completeness and quality of the alerts – so each alert received by your health center is **meaningful and actionable.**

Receive the critical data elements to determine appropriate follow up for the patient.

| **Real Time** | **Efficient** | **Meaningful** | **Actionable** |

What Do Clients Provide?

- A roster of patients including basic demographic information.
- Excel template is provided for initial patient roster submission.
- Setup with sFTP for automated updates to patient roster.
- **COMING SOON!** Automated rosters directly from EHRs.

Facility MRN

First Name

Middle Name

Last Name

Patient Gender

Patient Address Line 1

Patient Address Line 2

Patient City

Patient State

Zip Code

Patient Home Phone Number

Patient DOB

Insurance ID

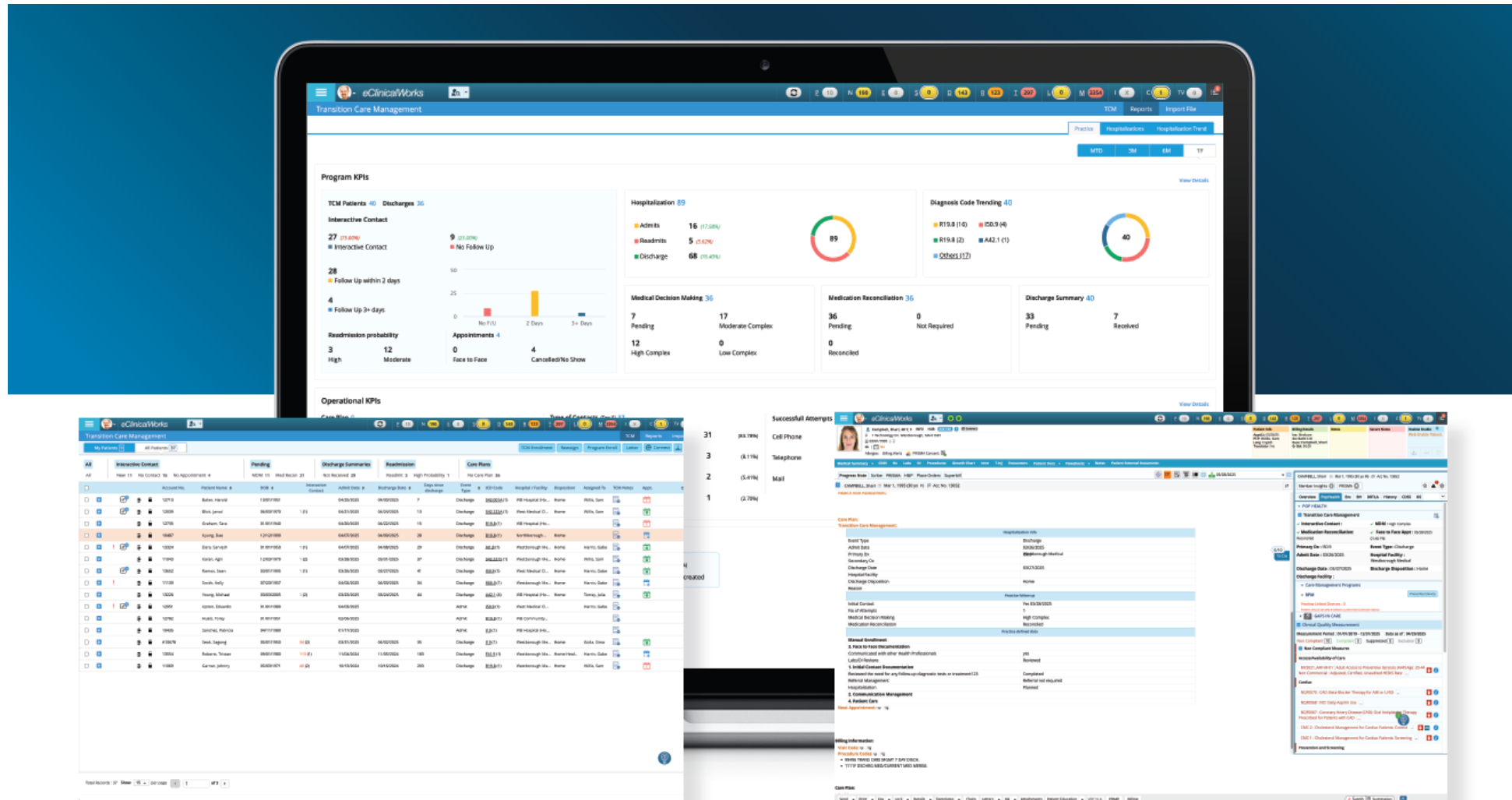
Consent Status

Choose the Alert Types You Want to Receive

Types of Alerts to Receive (check all that apply):

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> A01 Admit | <input type="checkbox"/> A02 Transfer | <input checked="" type="checkbox"/> A03 Discharge OP | <input checked="" type="checkbox"/> A04 Registration to ED |
| <input checked="" type="checkbox"/> A06 ED to IP | <input type="checkbox"/> A07 IP to O | <input type="checkbox"/> A08 Update | <input type="checkbox"/> A11 Cancel Admit |
| <input type="checkbox"/> A13 Cancel Discharge | | | |
| <input checked="" type="checkbox"/> E (emergency) | <input checked="" type="checkbox"/> I (inpatient) | <input type="checkbox"/> O (outpatient transfer) | <input type="checkbox"/> V (observation) |
| <input type="checkbox"/> J (incarceration) | <input type="checkbox"/> X (patient expired) | | |

Transitional Care Notifications (TCN) dashboard (version 12.0.3)

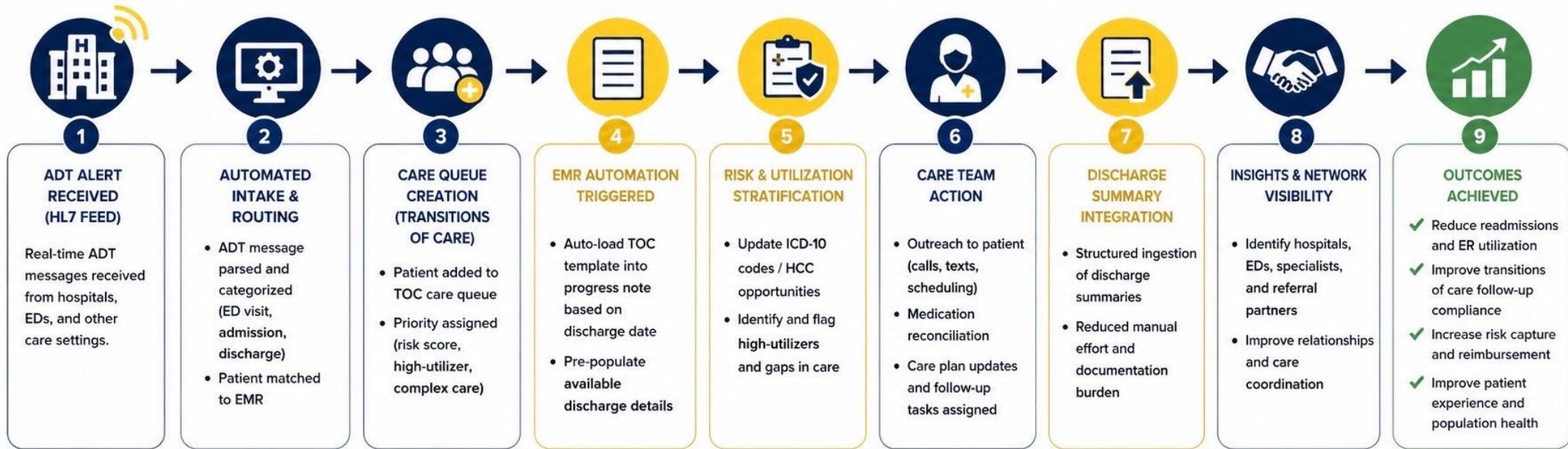


Flow Structure

Save ADT data in eClinicalWorks as structured data with interface from Sun River / S4CH's application.

ADT ALERTS TO ACTIONABLE OUTCOMES

Solutions 4 Community Health turns ADT messages into coordinated care and measurable results.



OPERATIONAL EFFICIENCY

Automates workflows and reduces manual effort.



CLINICAL IMPACT

Timely follow-up improves outcomes and care continuity.



FINANCIAL PERFORMANCE

Accurate risk adjustment and reduced utilization drive value.



STRATEGIC ADVANTAGE

Stronger partner relationships and better visibility across the care continuum.

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Example

Message Central

The screenshot displays the Medent Message Central interface. At the top, there is a navigation bar with options like 'Chart Central', 'Daily Billing Summary', 'My Day Tab Setup', 'Patient Lookup', 'Chart Lookup', and 'Office Appointments'. Below this is a secondary navigation bar with tabs for 'Revenue Cycle (RCM)', 'Statuses - All Prov', 'Reception', 'My Day', 'Order Status', 'VIEW Entire Staff', 'VIEW All Providers', 'ePA Elec Prior Auth', and 'Message Central'. The main content area is divided into several sections:

- In Room waiting for me:** Lists patients currently in the room, including Luis Nichols (VIDEO: 6 mth FU Diabetes, Hyperte... at 11:45am) and Joanne Ostanek (PT30: PT - Daily Shoulder, Left at 12:30pm).
- Patients to be seen:** Lists upcoming patients, including Mary E Martin (WCC: 2 Year Well Child...), Betty Smith (EST15: Flu Symptoms), Ma... Flannery (NP15: Well Child Visit - I...), and Jose Chung (P/E: Chronically Comple...).
- Patients Seen:** Lists patients already seen, including John J Kemer, Jose Sanchez, William A Mayer, and Mika A Evans.
- Dr's OPEN Phone Messages:** Lists open phone messages from Kimmy Gage (4:56pm), Sara Abbey (11:54am), George J Edwards (8:55am), Steven J Button (8:16am), and Carol K Martin (8:33am).
- Unread Emails:** Lists unread emails, including 'New Patient Education Material' and 'Fwd:New Patient Education Material'.
- Pending Signatures:** Shows 'No Items To Display'.
- My eRxs:** Shows 'You Have 2 Refill Requests'.
- My Script Queue:** Shows 'You Have 3 Items in Your Queue'.
- Patient Portal Messages:** Lists open patient portal messages from M. Burke (4:36pm) and M. Si... (8:34am).
- Dr's Open TODOs:** Shows 'No Items To Display'.

At the bottom, a status bar provides a summary of various items: Dr. Bobby's - Phone Messages (4:56p), Todo (6), Inter Office Email (3), Doctors Document(s) Tracker (56), Pending Signatures, Lab Results (19), ePA - Elec Prior Auth (0), Script Queue (3), eRx Msg (2), and ACO Measures Dashboard.

Inpatient Encounter, Sacred Heart Hospital Enter search term or open menu ▼

Admission Time: 10-21-2024, 12:11 PM Discharge Time: 10-23-2024, 09:34 AM

Visit Details

Chief Complaint
Left side chest pain

Admitting Provider
Adam Delphin, MD (234) 567-8901


Attending Provider
Marianne Fields, MD (234) 555-1213

Discharge Disposition
Patient discharged to home. More information here regarding the patient's discharge disposition.

Documented Diagnosis

Pleural effusion on left
Unspecified pleural effusion

Pneumothorax on left
Other spontaneous pneumothorax



Alerts received via Direct Messaging and saved in the patient's chart.

Reports are available to see the list of patients in the hospital.

MRN	First Name	Last Name	Date of Birth	Sex	Alert Date	Hospital	Alert Type	Chief Complaint	Discharge Diagnosis	Discharge Disposition
CM12345	Jane	Smitherton	7/22/1949	F	2/16/2026	BronxCare	ED Admit	Nausea, vomiting		
08348111M	Jack	Hill	8/25/1945	M	2/16/2026	Albany Medical Center	IP Discharge	Altered mental state	Acute ischemic stroke	discharge to SNF
987654CL	Danner	Claus	12/28/1979	F	2/16/2026	St Barnabas	ED Discharge	Acute knee pain	Closed transverse patella fracture	discharge home
NL896689	Bambi	Doe	12/1/1991	F	2/15/2026	NYC H+H North Central Bronx	IP Discharge	Vaginal bleeding	Postpartum hemorrhage	discharge home
HoH588	Fawn	Doe	8/22/2018	F	2/15/2026	Adirondack Medical Center	IP Discharge	Altered mental state	Post-traumatic stress disorder	transfer to psych hospital
COMP68969	Arthur	Joneston	4/22/1997	M	2/15/2026	St Barnabas	ED Discharge	Chest pain	Acute myocardial infarction	discharge home
DD1079	Jill	Hill	1/21/2000	F	2/15/2026	Montefiore Medical Center	IP Admit	Rupture of membranes		
O45454599	Roberto	Roberts	2/17/2009	M	2/15/2026	Westchester Medical Center	IP Discharge	Right upper quadrant pain	Cholelithiasis	discharged home

STATEWIDE ALERTS IN EPIC IN BASKET NOTIFICATIONS



In Basket folders for each alert type. Click on a folder to see all alerts of that type.

The screenshot shows the Epic In Basket interface. On the left, a folder list is visible, with 'ED Notifications (3)' highlighted in orange. The main area displays a table of ED Notifications with the following data:

Status	Patient	Event Type	Arrival Date	Discharge Date	Department	Providers
New	Grand Centra, Vicky	ED Dismiss		03/15/2024	United Regional Health Care System	
New	Infusion, Isla	ED Dismiss		03/12/2024	United Regional Health Care System	
New	Infusion, Isla	ED Dismiss		03/09/2024	United Regional Health Care System	

This screenshot is similar to the one above, but with a red box highlighting the table of ED Notifications. The data in the table is as follows:

Status	Patient	Event Type	Arrival Date	Discharge Date	Department	Providers
New	Grand Centra, Vicky	ED Dismiss		03/15/2024	United Regional Health Care System	
New	Infusion, Isla	ED Dismiss		03/12/2024	United Regional Health Care System	
New	Infusion, Isla	ED Dismiss		03/09/2024	United Regional Health Care System	

STATEWIDE ALERTS IN EPIC IN BASKET NOTIFICATIONS (CON'T)



Any messages that have not been read will appear in bold. Once you click on a message to read it, the text will appear normal with a status of read.

To adjust what type of notifications you receive in your In Basket, navigate to the **Menu > Settings > Event Notifications**.

The screenshot displays the Epic In Basket interface. At the top, there is a toolbar with icons for 'New Msg', 'Refresh', 'Done', 'Print Selected', 'Open Patient', 'Event Monitor Settings', 'Search', 'Sort', and 'Properties'. Below the toolbar is a table of messages:

<input type="checkbox"/>	Status	Patient	Event Type	Arrival Date	Discharge Date	Department	Providers
<input type="checkbox"/>	New	Grand Centra, Vicky	ED Dismiss		03/15/2024	United Regional Health Care System	
<input checked="" type="checkbox"/>	Read	Infusion, Isla	ED Dismiss		03/12/2024	United Regional Health Care System	
<input type="checkbox"/>	New	Infusion, Isla	ED Dismiss		03/09/2024	United Regional Health Care System	

Below the table is a navigation bar with options: 'Message', 'Patient Info', 'Meds/Problems', 'Vitals/Labs', 'My Last Notes', 'Help', 'Set as Default', and a printer icon. The main content area shows a detailed view of the selected message for 'Infusion, Isla'. On the left, there is a green circle with a pause icon and the text 'Isla Infusion'. The main content area includes a question prompt: 'Do you have a question about this report?' with an 'Ask a Question' button. The patient name 'Infusion, Isla' is displayed in large orange text, followed by 'MRN: 206091'. Below this, it shows 'ED' and 'Providers: Treatment team'. The dates '3/13/2024 - 3/12/2024' and 'Status: Discharged' are also visible. On the right side, there are two panels: 'Clinical Impressions' with the value 'None' and 'Disposition' with the value 'LWBS'.

Alerts

Manage Roster

View Patients

Manage User Profile

Switch Profile

Logout

Filters [RESET ALL](#) <

Alert Type

Alert Facility

Sex

Age Range

Chief Complaint

Discharge Diagnosis

Discharge Disposition

Payer

Alert Status: **Active Alerts** Archived Alerts

Display As: **Table** Cards

[DOWNLOAD ALERTS CSV](#)

10 Alerts

Sort by: All

Group alerts by patient

MRN	First Name	Last Name	Date of birth	Sex	Alert Date	Facility	Alert Type	Chief complaint	Discharge diagnosis	Discharge disposition	Options
987654	Marcus	Olsen	05/13/2001	Female	08/12/2025	Glens Falls Hospital	ED admission		Orthopedic surgery		...
987654	Marcus	Olsen	05/13/2001	Female	08/01/2025	Albany Medical Center	ED discharge	Stomach pain	Stomach ulcer	Discharged to home	...
987654	Marcus	Olsen	05/13/2001	Female	08/01/2025	Albany Medical Center	ED admission	Stomach pain			...
987654	Marcus	Olsen	05/13/2001	Female	07/15/2025	Glens Falls Hospital	IP discharge		Orthopedic surgery	Discharged to home	...
987654	Marcus	Olsen	05/13/2001	Female	07/10/2025	Glens Falls Hospital	IP admission		Orthopedic surgery		...
654321	Catherine	Barney	01/16/1988	Female	07/09/2025	Saratoga Hospital	ED discharge	Dizziness	Low glucose	Discharged to home	...
654321	Catherine	Barney	01/16/1988	Female	04/09/2025	Saratoga Hospital	ED discharge	Dizziness	High glucose	Discharged to home	...
456789	Patient 2	Patient 2	08/25/1976	Female	08/20/2025	St. Peter's Hospital	ED admission	Cut on finger	Laceration		...
123456	Jeremy	Donahue	08/10/1955	Male	08/29/2025	Saratoga Hospital	ED discharge	Dental pain	something else	Discharged to home	...
123456	Jeremy	Donahue	08/10/1955	Male	08/27/2025	Saratoga Hospital	ED discharge	Dental pain	Abcessed molar	Discharged to home	...

The screenshot displays the Hixny Alert Management Tool interface. At the top, navigation tabs include Alerts, Manage Roster, View Patients, Manage User Profile, Switch Profile, and Logout. The Alerts tab is active, showing a sidebar with filters (Alert Type, Alert Facility, Sex, Age Range, Chief Complaint, Discharge Diagnosis, Discharge Disposition, Payer) and a 'RESET ALL' button. The main content area features controls for Alert Status (Active Alerts, Archived Alerts), Display As (Cards, Table), a search bar, a 'Sort by' dropdown (All), and a 'Group alerts by patient' toggle. A 'DOWNLOAD ALERTS CSV' button is also present. The alert list shows two entries for Marcus Olsen, each with a table of patient information and alert details, and buttons for 'ARCHIVE', 'VIEW ALERT DETAILS', and 'PATIENT RECORD'. The 'VIEW ALERT DETAILS' and 'PATIENT RECORD' buttons for the first alert are highlighted with a purple border.

Alert Status	Active Alerts	Archived Alerts
Alert Status:	Active Alerts	Archived Alerts

Display As: Cards Table

10 Alerts Search Sort by: All Group alerts by patient

Marcus Olsen

MRN	987654	Alert Type	ED admission
Date of birth	05/13/2001	Date	08/12/2025
Sex	Female	Discharge Disposition	
Payer	MVP	Chief complaint	

ARCHIVE

VIEW ALERT DETAILS

PATIENT RECORD

Marcus Olsen

MRN	987654	Alert Type	ED discharge
Date of birth	05/13/2001	Date	08/01/2025
Sex	Female	Discharge Disposition	Discharged to home
Payer	MVP	Chief complaint	Stomach pain

ARCHIVE

VIEW ALERT DETAILS

PATIENT RECORD

Marcus Olsen

ARCHIVE

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Alerts Manage Roster View Patients

View Alert Details CLOSE

Patient Details

Marcus Olsen
05/13/2001
Female
MRN: 987654

Contact
[address]
[address]
[phone]

Insurance Provider
[provider name]
[provider ID number]

[PATIENT RECORD](#)

Alert Details

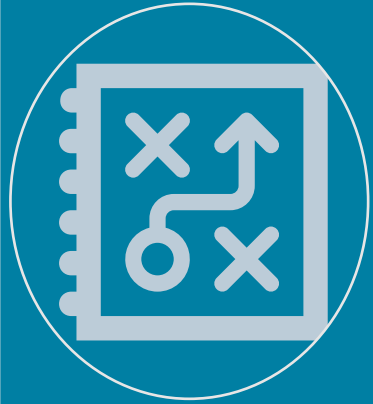
Alert type:	ED discharge
Date of registration:	08/01/2025 8:23:19 PM
Date of discharge:	08/01/2025 11:27:00PM
Alert facility:	Albany Medical Center
[Alert facility MRN]:	987654
Chief complaint:	Stomach pain
Discharge diagnosis:	Stomach ulcer
Discharge disposition:	Discharged to home
Admitting/attending Physician:	Dr. Something

[< PREVIOUS ALERT](#) [NEXT ALERT >](#)

Sex	Female	Discharge Disposition	
Paver	MVP	Chief complaint	Stomach pain

[PATIENT RECORD](#)

OVERVIEW OF IMPLEMENTATION PROCESS



Hixny Schedules Strategy Session with Provider



Health Center Confirms SCPA & Signs Hixny's SEAS SOW



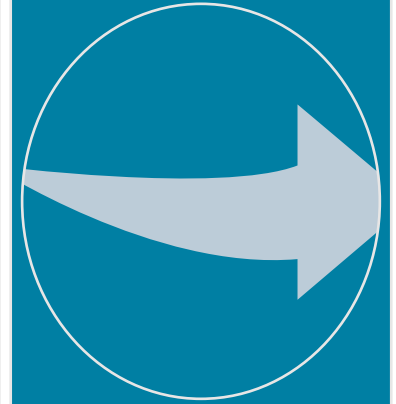
Complete Pre Implementation Mtg



Submits Initial Patient Roster / or EHR Vendor Provides Automated Patient Roster



Case is Opened with Hixny's Implementation Team



Go Live!
(standard implementation go live in 3-4 weeks)

Real Time | Efficient | Meaningful | Actionable

Email me

RuthAnn Craven

Business Development Manager
rcraven@hixny.org



Learn more



hixny.solutions/4st28kU

Thank You

Hixny®



Questions?



Additional Resources

- [Healthcare Interoperability 101 Course](#)
- [Optimizing Transitions of Care Workflows Case Study](#)
- If interested in the:
 - Azara TOC module: Log a support ticket or contact your client success manager
 - eClinicalWork's TCM module: Log a case with support or contact your SAM
 - HIXNY's Statewide Tool: RuthAnn Craven rcraven@hixny.org
 - HealtheConnections SEAS: 315-671-2241 x5 | support@healtheconnections.org
- [HITEQ Center - Interoperability Readiness Scorecard](#)



Please fill out our survey!

Please share your feedback using the survey link in the chat, the QR code, or the link in the follow up email!

Completing the survey helps us to provide relevant and helpful information. Thank you in advance!

