Washington State Health Care Authority
HEALTH INFORMATION TECHNOLOGY

Health Information Technology updates

In our current system we have a very large subscription list of those wanting EHR updates and those wanting CDR updates. When this was set up it was not split into 2 different lists so when we need to send program updates or information, it currently goes to both EHR and CDR subscribers. This has obviously created some confusion as certain updates only apply to half the subscriber list. To address this, we are creating an EHR Subscriber List and a CDR Subscriber List. Please subscribe to whichever best meets your needs. **We will be deleting the old list on December 15th, 2017 so please be sure to subscribe as soon as possible.** Thank you for understanding.

- Subscribe to CDR updates
- Subscribe to EHR updates

Clinical Data Repository updates

Medical staff contact/trainers

HCA has developed an extensive resource/training contact list for hospitals and larger ambulatory networks. If we do not have one for your

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- Clinical Data Repository updates
- Electronic Health Record Incentive Payment Program updates

Need help?

Clinical Data Repository:

- CDR resources
- Readiness steps from OneHealthPort (OHP)
- Email HCA: healthit@hca.wa.gov
- Email OHP

Electronic Health Record Incentive Payment Program:

- EHR resources
- ProviderOne help
- CMS EHR help desk: 1-888-734-6433 (option 1)

organization, please send the name and contact information to healthit@hca.wa.gov, with "Trainer" in the subject line by December 11.

CDR update

The Clinical Data Repository (CDR) has been open for health care organizations that have successfully completed their readiness activities. Providers are submitting their clinical summaries in a standard electronic format called a Continuity of Care Document (CCD) after each outpatient encounter or inpatient admission. Of note:

• A health record has been established for over 2M Apple Health consumers, including claims and encounter data from January 2016 onward.

• About 20% of currently enrolled beneficiaries have clinical information from CCD populated in the system for them as well.

As the CDR is gaining critical mass, we are often asked how this new requirement for provider organizations with EHR systems submitting care summaries fits within or fits under the Meaningful Use (MU) program. The CDR serves as a foundational element to support the broader initiatives that the Health Care Authority has underway in the Governor's Healthier Washington Plan. The emerging needs for new data sets beyond historical claim and encounter data include clinical summaries, shared care plans and assessments and an increased need for notifications across care settings.

As more organizations are working to better measure health outcomes, access to full clinical

- CMS account security: 1-866-484-8049 (option 3)
- CMS listserv

records that reflect care given across the community has become a key driver. Although participation in the CDR it is not a direct requirement of the Meaningful Use program at this point in time, many providers have not been able to meet MU requirements for sharing care summaries with others. These providers can now meet this objective by contributing care summaries to the CDR.

A webinar is now available highlighting ways in which the CDR can assist with MU compliance. It can be found here.

Also, OHP has developed a Provider Interoperability Dashboard to assist in demonstrating MU compliance with certain of the objectives. They will be making that available in coming months to assist providers with their attestation activities.

We are well on our way to achieving an integrated, longitudinal health care record to provide the most effective and coordinated care for our clients. We appreciate your engagement with this process. Just a reminder, limited short term access to the Production environment is now available for vendors and providers ready to validate their CCD submissions and refine workflow processes. We encourage you to make use of this opportunity. The date to open the clinical portal for general use is still under discussion.

Electronic Health Record Incentive Payment Program updates

Eligible Hospitals

Dual eligible hospitals (EHs) that are attesting 2017 MU to Medicare can attest their patient volume to Medicaid at any time and do not have to wait until April. The deadline for EHs to attest to 2017 Medicaid, for patient volume only, is 2/28/18. Hospitals attesting 2017 MU to the state will need to wait until April.

EHs that were not paid for 2016 can not continue in the Medicaid Incentive Program.

From CMS:

Eligible Hospitals that wish to participate in the Medicaid EHR Incentive Program must begin receiving payments for Program Year (PY) 2016 or an earlier Program Year, must receive payment for PY 2016, and cannot receive payments after PY 2021. After PY 2016, EHs must have participated in the prior year to receive payments. Please see the below excerpt from the Stage 1 Final Rule (pg. 44319) which states:

"For hospitals, however, starting with FY 2017 payments must be consecutive. This rule is required by section 1903(t)(5)(D) of the Act, which states that after 2016, no Medicaid incentive payment may be made to an eligible hospital unless ''the provider has been provided payment * * * for the previous year.'' As a result, Medicaid eligible hospitals must receive an incentive in FY

2016 to receive an incentive in FY 2017 and later years. Starting in FY 2016, incentive payments must be made every year in order to continue participation in the program. In no case may any Medicaid EP or eligible hospital receive an incentive after 2021. We have revised our regulations at § 495.4 to incorporate these statutory requirements."

In addition, CMS issued the following FAQ, #7737

If I participated in the Medicaid Electronic Health Records (EHR) Incentive Program last year, am I required to participate in the following year?

No. Medicaid providers are not required to participate in consecutive years of the EHR Incentive Program. Providers who skip years of participation will resume the progression of Meaningful Use (MU) where they left off. All providers are required to meet two years of Stage 1 in their first two years of MU and then proceed to Stage 2, regardless of not participating in consecutive years. (Note that there is an exception to that general rule for providers who demonstrated MU in 2011. These providers need not move to Stage 2 until 2014.) Note that eligible professionals who wish to maximize their incentive payments must qualify for an incentive payment for six years, but they can begin receiving payments no later than 2016, and may not receive payments after 2021. Also note that after 2016, eligible hospitals must have participated in the previous year in order to receive a payment. For more information on what your meaningful use and

incentive payment timeline will be, please see the timeline widget here.

Program Year vs. Fiscal Year

CMS has also received questions about whether this policy refers to Federal Fiscal Year (FY) or Program Year (PY). In the 2015 final rule, CMS aligned EHs and CAHs with the calendar year, or program year:

https://www.federalregister.gov/d/2015-25595/p-441:

"After consideration of the public comments received, we are finalizing the proposal in the EHR Incentive Programs in 2015 through 2017 proposed rule (80 FR 20348) to align the EHR reporting period for eligible hospitals and CAHs with the calendar year beginning in 2015. For 2015 only, eligible hospitals and CAHs may begin an EHR reporting period as early as October 1, 2014 and must end by December 31, 2015. Beginning with 2016, the EHR reporting period must be completed within January 1 and December 31 of the calendar year. We made corresponding revisions to the definition of an "EHR Reporting Period" at § 495.4. For the payment adjustments under Medicare, we discuss the duration and timing of the EHR reporting period in relation to the payment adjustment year in section II.E.2 of this final rule with comment period."

Total EHR Incentive money paid out to date

Hospital

Year 1 = 88 ($63,781,127)

Year 2 = 80 ($35,927,940)

Year 3 = 77 ($29,081,024)

Year 4 = 62 ($17,919,220)

Eligible Provider

Year 1 = 6,937 ($146,773,780)

Year 2 = 3,142 ($26,559,684)

Year 3 = 2,229 ($18,898,339)

Year 4 = 1,470 ($12,449,672)

Year 5 = 723 ($6,125,669)

Year 6 = 184 ($1,561,167)

Grand Total: $359,077,622

Thank you for subscribing to Health Information Technology

Please do not reply directly to this message. If you have feedback or questions, please visit the HealthIT website for more information or email us at HealthIT@hca.wa.gov.

About the Health Care Authority (HCA)

The Washington State Health Care Authority purchases health care for more than 2 million Washington residents through Apple Health (Medicaid) and the Public Employees Benefits Board (PEBB) Program. As the largest health care purchaser in the state, we lead the effort to transform health care, helping ensure Washington residents have access to better health and better care at a lower cost.

Please do not reply directly to this message. For more information, visit the HCA website, where you'll also find contact information.

Disclosure notice

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