



Washington Health Information Technology Updates

JUNE 2017

Need Help?

Clinical Data Repository (CDR):

Need CDR help? Please contact our team at: healthit@hca.wa.gov and put "CDR" in the subject line or visit our website at <http://hca.wa.gov/about-hca/health-information-technology>

To take the first readiness steps in adopting the CDR please visit the OneHealthPort readiness page: <http://www.onehealthport.com/prepare-c-cda>

Electronic Health Records (EHR):

Need EHR help? Please contact our team at: healthit@hca.wa.gov and put "EHR" in the subject line or visit our website at <http://hca.wa.gov/about-hca/health-information-technology>

Security or log-in issues with ProviderOne? Please contact: ProviderOneSecurity@hca.wa.gov for assistance with your P1 password or when you have a change in staff resulting in a new System Administrator for your office.

- CMS EHR Help Desk: 1-888-734-6433 Option #1.
- CMS Account Security and to update your accounts contact person: 1-866-484-8049 Option #3.
- Did you know that CMS has its own Listserv? To subscribe: Subscribe to CMS EHR Incentive Programs Listserv.

Remember to keep an electronic back-up or file of all documentation/reports used during each attestation. This will save you considerable time and efforts if you are ever asked to provide attestation materials during an audit.

WA Link4Health Clinical Data Repository Updates

Clinical summary data submission volumes are growing!

The Link4Health Clinical Data Repository (CDR) has been open for the past several months for health care organizations that have successfully completed their readiness activities. Providers can submit their clinical summaries in a standard electronic format called a Continuity of Care Document (CCD) after each outpatient encounter or inpatient admission. Many providers are currently submitting data and the past month has been very busy with readiness activities.

This accomplishment is the result of significant work by OneHealthPort (OHP), the State Health Information Exchange, in collaboration with providers and their electronic health record (EHR) vendors. To recap some of the key milestones to date:

- The health record has been established for 1.8M Apple Health consumers
- Historical claims from Jan 2016 onward have been loaded into the CDR
- Various security reviews have been completed, including one by the state Office of the CIO
- OHP has completed work on technical changes to allow various options for providers to submit their CCD files and to match the clinical data to the correct patient in the CDR.
- OHP instituted a \$600 HIE subscription incentive for providers submitting CCD files by June 1. Several providers have been able to take advantage of this opportunity.

If you have any questions about whether your organization is required to submit data to the CDR, please refer to the HCA HealthIT web site or e-mail us at healthit@hca.wa.gov.

You may also visit the [OneHealthPort CDR Readiness page](#) for information on readiness activities, contracting, and clinical data exchange technical requirements.

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 meaningful use requirements for sharing care summaries with others. Just as a reminder – these providers can now meet this objective by contributing care summaries to the CDR.

We recognize that this effort to automate this level of data sharing results in a work effort for your EHR vendor and your staff. We appreciate your engagement and efforts in this initiative as we continue working collectively in 2017.

Attention!

In the coming months, we will open the CDR web portal for your clinical staff to view the data. In order to make using the system as easy as possible we will provide educational handouts and webinars for your use. To that end, we request contact information for your **staff training department or the individual in your practice responsible for distributing information (name, phone and e-mail) by June 12.** We can then provide them with our materials so your organization can make use of this new clinical service. Please send contact information to healthit@hca.wa.gov, with **“Trainer”** in the subject line.

Electronic Health Record Incentive Payment Program Updates

EHR INCENTIVE PAYMENT PROGRAM APPLICATIONS FOR 2016

Applications are now being accepted for 2016 Meaningful Use Years 2 through 6. The system will allow submission of these applications until July 7, 2017.

Due to the holiday and system limitations we strongly suggest you confirm your ability to submit no later than Friday, June 30th, i.e. do you have access, passwords, etc.

We will be unable to accept 2016 applications after midnight on July 7th and our technical support team will have very limited availability that entire week.

TIPS FOR ATTESTING TO 2016 MU YEARS 2 THROUGH 6

- For Objectives 6, 8.1, 8.2, and 9 the denominator represents the number of unique patients seen by the EP during the EHR Reporting Period, therefore, this number should match for all four objectives.
- When attesting to active engagement compliance for any of the three MU-Public Health Measures please be sure to upload verification documents. We are looking for confirmation documents from the specific registries with which you are actively engaging.

Provide Feedback on Proposed Changes to the Medicare and Medicaid EHR Incentive Programs

The Centers for Medicare & Medicaid Services (CMS) encourages you to submit a formal comment on the FY 2018 Inpatient Prospective Payment System and Long Term Acute Care Hospital [Proposed Rule](#) by **June 13, 2017**.

Submit a Formal Comment by 5:00 p.m. ET on Tuesday, June 13

The public can submit comments in several ways:

- By electronic submission through the “submit a formal comment” instructions on the Federal Register
- By regular mail
- By express or overnight mail
- By hand or courier

The proposed rule includes potential changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, including:

- For CY 2018, modifying the EHR reporting period from the full calendar year to a minimum of any continuous 90-day period for new and returning participants in the Medicare and Medicaid EHR Incentive programs.
- Adding a new exception from the Medicare payment adjustments for Eligible Professionals (EPs), Eligible Hospitals, and Critical Access Hospitals that demonstrate through an application process that complying with the requirement for being a meaningful EHR user is not possible if ONC’s Health IT Certification Program has decertified their certified EHR technology.
- Implementing a policy in which no payment adjustments will be made for EPs who furnish “substantially all” of their covered professional services in an ambulatory surgical center (ASC); applicable for the 2017 and 2018 Medicare payment adjustments.
- Using Place of Service (POS) code 24 to identify services furnished in an ASC as well as requesting public comment on whether other POS codes or mechanisms should be used to identify sites of service in addition to or in lieu of POS code 24.

For More Information

To learn more, review the [proposed rule](#) and visit the [CMS website](#).

Security of Certified Electronic Health Record Technology Under Meaningful Use

A core meaningful-use objective for eligible providers and hospitals is to protect electronic health information created or maintained by certified EHR technology by implementing appropriate technical capabilities. To meet and measure this objective, eligible hospitals must conduct a security risk analysis of certified EHR technology as defined in Federal regulations and use the capabilities and standards of certified EHR technology (45 CFR § 164.308(a)(1) and 45 CFR §§ 170.314(d)(1) through (d)(9)). We will perform audits of various covered entities receiving EHR incentive payments from CMS to determine whether they adequately protect electronic health information created or maintained by certified EHR technology.*

*article taken from OIG audit plan

Total EHR Incentive Monies Paid Out to Date

	Hospitals		
	Paid for Year 1	= 88	\$63,781,127.00
	Paid for Year 2	= 78	\$35,845,012.00
	Paid for Year 3	= 66	\$24,811,014.00
	Paid for Year 4	= 46	\$14,001,019.00
	Eligible Providers		
	Paid for Year 1	= 6,890	\$145,775,030.00
	Paid for Year 2	= 3,010	\$25,440,517.00
	Paid for Year 3	= 1,849	\$15,676,838.00
	Paid for Year 4	= 924	\$7,820,004.00
	Paid for Year 5	= 338	\$2,870,167.00
	Paid for Year 6	= 45	\$382,500.00
	GRAND TOTAL PAID		
	SINCE 6/1/2011:	=	\$336,403,228.00

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.