Washington State Health Care Authority
HEALTH INFORMATION TECHNOLOGY

Health Information Technology updates

Attention!

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 (CDR) updates

The Clinical Data Repository (CDR) has been open for health care organizations that have successfully

In this issue

Need help?

Clinical Data Repository (CDR):

- CDR resource page
- Readiness steps with OHP
- Email HCA
- Email OHP

Electronic Health Records (EHR):

- EHR resource page
- ProviderOne help
- CMS EHR Help desk: 1-888-734-6433 option #1

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.

Currently, a health record has been established for 2M Apple Health consumers, including claims and encounter data from January 2016 onward. Well over one million CCD files are now stored in the system to populate the clinical portion for many of those beneficiaries. HCA has begun to monitor provider engagement with this effort, and has provided an initial report to the Managed Care Organizations showing how the agency will measure and report on provider CDR activity.

Key milestones achieved recently:

- OneHealthPort has implemented improvements in patient matching algorithms. The process involves the Sponsor ID used for the patient, demographics and the Social Security Number (if submitted). We highly recommend that you review the archived webinar slides describing the process here.
- Limited short term access to the Production environment is now available for vendors and providers ready to validate their CCD submissions.
- OHP has developed a Provider Interoperability Dashboard to assist in demonstrating Meaningful Use (MU) compliance with certain of the objectives.

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

- A webinar highlighting ways in which the CDR can assist with MU compliance is available on our website.
- HCA has developed an extensive resource/training contact list for hospitals in the state and many of the larger ambulatory networks. If we do not have one for your organization, please send the name and contact information to healthit@hca.wa.gov**,** with **"Trainer"** in the subject line by **November 17th**.

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.

Electronic Health Record (EHR) Incentive Payment Program updates

2017 Attestation Go Live

We anticipate being ready to receive 2017 Attestations for *MU years 2-6* sometime in April. CMS changes are currently being updated in eMIPP and will be tested before release.

First year MU for 2017 is being accepted now, so please attest so we can process your attestations quickly.

2016 Attestations

Previously submitted 2016 attestations that have not been re-submitted, after changes or corrections, need to be re-attested to by 12-31-17 in order to receive payment. If 2016 is your first

year of attestation and you have not received payment you will not be able to continue in the EHR Incentive Program for future years. Please contact us at healthit@hca.wa.gov if you have questions.

Hardship Exception

October 10, 2017 - "Eligible hospitals that do not successfully demonstrate meaningful use for an EHR reporting period associated with a payment adjustment year will receive reduced Medicare payments for that year," clarified the federal agency in a list serv. "The payment adjustments began on October 1, 2014 for eligible hospitals. Eligible hospitals that only participate in the Medicaid EHR Incentive Program and do not bill Medicare are not subject to these payment adjustments."

The federal agency specified eligible hospitals that are not meaningful EHR users will be subject to payment adjustments starting on October 1, 2017 for fiscal year (FY) 2018.

"This payment adjustment is applied as a reduction to the applicable percentage increase to the Inpatient Prospective Payment System (IPPS) payment rate, thus reducing the update to the IPPS standardized amount for these hospitals."

Dig Deeper

- CMS Moves Meaningful Use Attestation System to Secure Portal
- CMS Opens Quality Payment Program Hardship Exception Application

- CMS Finalizes 2018 Meaningful Use Requirement Flexibilities

While payment adjustments may apply to some eligible hospitals unsuccessful in meeting program requirements, CMS noted over 96 percent of hospitals are meaningful users.

CMS also offered providers information about the CMS exception process.

"Eligible hospitals may apply for hardship exceptions to avoid the payment adjustment," wrote CMS. "Hardship exceptions are granted on a case-by-case basis and only if CMS determines that requiring an eligible hospital to be a meaningful EHR user would result in a significant hardship."

Exception application must be submitted by July 1 of the year prior to the applicable payment adjustment year.

CMS specified eligible hospitals may apply for hardship exceptions in any of the following categories:

- Infrastructure — Eligible hospitals must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband).
- New eligible hospitals — Eligible hospitals with new CMS Certification Numbers (CCNs) that do not have the time to become meaningful EHR users can apply for an exception for one full cost reporting period.

- Unforeseen Circumstances — Examples may include a natural disaster or other unforeseeable barriers.
- EHR Vendor Issues — an eligible hospital's EHR vendor was unable to obtain certification, or the hospital was unable to implement meaningful use due to EHR certification delays.

Finally, CMS emphasized that hospitals must demonstrate meaningful use every year in order to avoid payment adjustments.

"For example, an eligible hospital that demonstrates meaningful use for the first time in 2013 will avoid the payment adjustment in FY 2015, but will need to demonstrate meaningful use again in 2015 in order to avoid the payment adjustment in FY 2017," stated the federal agency.

Electronic Clinical Quality Improvement resources

For the most current resources to support eCQI please visit this CMS resource center.

EHR Incentive Payment Program statistics to date

Hospital

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

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

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

Paid Year 4 = 61 hospitals ($17,767,659)

Eligible Provider

Paid Year 1 = 6,936 providers ($146,752,530)

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

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

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

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

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

Grand Total

Paid since June 1, 2011 = $358,904,811

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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.

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