Washington Health Information Technology Updates

WASHINGTON Link4Health   *e*HR Incentive Program

Washington State Health Care Authority

EHR Payments

*Due to the large number of February attestations, processing and payment may take 30-90 days

Table of Contents

Help Desk Contacts:

Questions or need assistance, please contact our team at: HealthIT@hca.wa.gov

Website: Healthit.wa.gov

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.

- Please remember that if you do not have your own security

A MESSAGE FROM THE STATE HEALTH IT COORDINATOR

Melodie Olsen

Greetings from the Washington State Information Technology team and happy Spring! Each month I would like to briefly mention a few important items our HealthIT team will be focusing our efforts on and share the potential I believe our programs bring to the residents and provider communities of our state. Our work encompasses

Recent updates:

- Alignment with and response to ONC (Office of the National Coordinator) on the national 10 year Interoperability Plan and visual. Shared Nationwide Interoperability Roadmap
- Appreciating the collaborative work with the MCOs (Managed Care Organizations) towards increasing care coordination for the Apple Health lives they provide care for
- WA Link4Health provides authorized clinicians with an integrated clinical record to better facilitate care transitions by providing the right patient information at the right time in order to deliver quality patient care across the continuum of care. This aligns well with several state and federal initiatives that aim to ultimately enhance patient outcomes, improve population health and improve care.
- EHR (Electronic Health Records payment incentive program) has paid $262,728,648.00 to Eligible Hospitals and providers in our state to help offset their investments in building the infrastructure necessary to support statewide exchange of whole-person records.
- Governance and Policy development efforts….

Thank you again for your hard work—with your help, we can advance interoperability, improve care coordination and enrich the health of Washingtonians.

Sincerely,

Melodie

Washington Link4Health Updates

Washington Link4Health is a multi-year initiative lead by the HealthIT team within the Washington State Health Care Authority. WA Link4Health aligns and supports other health care data collection, reporting and quality improvement efforts as well as many aspects of Healthier Washington. The initial efforts and services focus on securely sharing, integrating and using clinical information for the benefit of Apple Health enrollees and their health care providers.

The HealthIT team recently welcomed our new Project Manager, Shelley McDermott who comes to us with a rich background in healthcare IT. She will focus her efforts on the deployment strategy, working with care delivery systems and other stakeholder groups on implementation, and oversee project team efforts. Each month this segment of the newsletter will provide Link4Health updates and accomplishments from our team. Recent activities include:

- Finalizing contracts with the State's HIE, OneHealthPort and with the technology solution vendor, Sandlot
- Hiring the team's Technical Manager
- Ongoing stakeholder engagement and communication efforts

- Finalizing the project work plan and deliverables

EHR Updates

CMS and ONC Release NPRMs on Stage 3 Requirements and 2015 Edition Certification Criteria

On Friday, CMS released a notice of proposed rulemaking (NPRM) for **Stage 3**, the next step in the implementation of the **Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs**. Concurrently, ONC also announced the proposed **2015 Edition certification criteria** for health IT products. Both proposed rules focus on the interoperability of data across systems, and make the EHR Incentive Programs simpler and more flexible.

The CMS NPRM specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals to qualify for Medicaid EHR incentive payments and avoid Medicare payment adjustments in 2018 and beyond. ONC's proposed rule outlines the certification and standards to help providers meet the proposed Stage 3 requirements with a 2015 Edition CEHRT.

Note: Medicare incentive payments end in 2016 and Medicaid providers are not subject to payment adjustments.

Proposed Stage 3 Requirements
The CMS proposed rule would streamline Stage 3 of the EHR Incentive Programs and allow providers more flexibility for reporting by:

- Establishing a single, aligned reporting period for all providers based on the calendar year
- Aligning quality data for reporting via a single submission method for multiple CMS programs
- Simplifying meaningful use reporting requirements to eight objectives that focus on advanced use of EHR technology and quality improvement

The Stage 3 proposed rule's scope is limited to the requirements and criteria for meaningful use in 2017 and beyond. CMS is pursuing additional changes to meaningful use beginning in 2015 through separate rulemaking.

For More Information
For more information on the Stage 3 and 2015 Edition certification criteria proposed rules, review the **press release** and **fact sheet**.

Encounter Reports

We are now asking for encounter reports as part of the prepayment verification process. Obtaining this information during the prepayment review allows for more robust validation and will ease the burden of a potential post payment audit when encounter reports are required. If your EHR does not produce these reports in the format suggested, please contact us for acceptable alternative reports and formats. Please upload this information in each of the provider's applications in the UPLOAD DOCUMENTATION tab.

The documentation suggested is:

- A copy of the encounter report you used to come up with your Total Encounters and the Medicaid Encounters in Excel format if at all possible.

Attesting with Individual Encounters:

- An encounter report to include patient names, dates of service, insurance

carrier, client ID/insurance number (Identify the encounters that are Apple Health/Medicaid or otherwise includable in the 30% patient volume requirement, as opposed to other types of coverage.), or

Attesting with Group Proxy

- An encounter report to include patient names, date of services, insurance carrier, client ID/insurance number (Identify the encounters that are Apple Health/Medicaid or otherwise includable in the 30% patient volume requirement, as opposed to other types of coverage.)
- A list of providers included in the encounter data, including Name/NPI/License Type/Date of Hire and End Date. When using group proxy, the entire practice must be included, including non-Eligible Providers.
- If multiple Organizations: the name of each clinic or how the orgs are organized (specialty, location, license type, etc.).

Hospitals

- An encounter report to include patient names, date of services, insurance carrier, client ID/insurance number (Identify the encounters that are Apple Health/Medicaid or otherwise includable in the 10% patient volume requirement, as opposed to other types of coverage.) IF you do not get a detailed report from your EHR, but only a summary, then please upload the summary only. If auditors want to see more, at a later date, they will work with you on it.

Tip from CMS:

Medicare Eligible Hospitals: Take Action by April 1 to Avoid 2016 Payment Adjustment

Payment adjustments for eligible hospitals that did not successfully participate in the Medicare EHR Incentive Program in 2014 will begin on October 1, 2015. Medicare eligible hospitals can avoid the 2016 payment adjustment by taking action by April 1 and applying for a 2016 hardship exception.

The hardship exception application and instructions for Medicare eligible hospitals are available on the EHR Incentive Programs website, and outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use, and how to apply.

To file a hardship exception, Medicare eligible hospitals must:

- Show proof of a circumstance beyond the hospital's control.
- Explicitly outline how the circumstance significantly impaired the hospital's ability to meet meaningful use.

Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted.

Apply by April 1
As a reminder, the application must be submitted electronically or postmarked no later than **11:59 p.m. ET on April 1, 2015** to be considered.

If approved, the exception is valid for one year. If the hospital claims a hardship exception for the following payment year, a new application must be submitted.

Want more information about the EHR Incentive Programs?
Be sure to visit the Medicare and Medicaid EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

EHR Payments as of March 30, 2015

Hospitals:

Total Hospital Payments Made	=	236	**$ 124,552,605.00**
Paid for Year 1 (unique Hosp.)	=	88	($ 63,781,127.00)
Paid for Year 2	=	74	($ 33,702,611.00)
Paid for Year 3	=	50	($ 19,888,620.00)
Paid for Year 4	=	24	($ 7,180,247.00)
Eligible Provider's:			
Total EP Payments Made	= 8,462		**$ 138,176,043.00**
Paid for Year 1 (unique EPs)	= 5,253		($ 111,024,195.00)
Paid for Year 2	= 2,170		($ 18,334,513.00)
Paid for Year 3	=	937	($ 7,953,168.00)
Paid for Year 4	=	102	($ 864,167.00)

GRAND TOTAL PAID: $262,728,648.00

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

HealthIT.wa.gov