Washington Link4Health
EHR Incentive Program

March 2015 Newsletter

EHR Payments

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

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Help Desk Contacts:

Need EHR help? Need more information regarding Washington Link4Health? Please contact our team at: HealthIT@hca.wa.gov. Please put "EHR"

A New Name, What does it mean to you?

Thank you for your feedback to the survey we conducted on what you find helpful and what is not of interest to you. To reflect our program's response to your feedback and our alignment with many efforts at the national level and within our state, the name will be changed and the content expanded to reflect more of the areas our HIT (Health Information Technology) team works on. We understand that much of our work around interoperability touches the work that you do each day.

Beginning with the April 2015 Newsletter, we will host the following sections:

- Monthly updates from the WA ST HIT Coordinator, Melodie Olsen
- Monthly updates from the Link4Health Project Manager, Shelley McDermott
- Provider letters on how whole person care coordination and Link4Health support their efforts/changes
- EHR (Electronic Health Record) updates

We are planning another reader survey late spring to see if the increase in scope and information is helpful for you.

Washington Link4Health - A Provider's Perspective

"As a clinician, having access to patient healthcare information is critical to delivering safe, high quality care. Knowing a patient's medication, medical problems and recent test results can help inform treatment decision and prevent unnecessary tests, risks and treatment. As a patient, having your health information available to all of your care providers in almost real time, rather than waiting weeks after you have given consent to share that information, assures your health needs can be met in a timelier manner. It also assures that everyone involved in your healthcare has access to the information they need to provide you the best care possible. For people receiving their care in an integrated system like Group Health or Kaiser, this exchange already happens. For people not receiving care in an integrated system or for those people who have to been seen out of 'network,' this exchange doesn't happen, leading to potential inefficiencies, duplications in care, and decisions being made without access to a patient's full medical history.

HCA, in partnership with One Health Port, is working to address this issue by developing and providing a tool to accomplish this sharing. With a target of late summer 2015; the State Health Information Exchange will add a Clinical Data Repository, CDR, to its services. The CDR will consist of a standard set of clinical information. If given permission by their patients, providers will be able to add this standard clinical information for their patients to the clinical data repository. The CDR will be linked to providers' electronic health records so

information can flow into and out of it in almost real time. With this information available in a central place, when a patient has to see a specialist, another provider or goes to an emergency room, the care provider seeing them will have accurate and timely information. The first group of patients whose information will be entered into the CDR will be Apple Health Enrollees. Over time, as providers link their EHRs to the CDR, clinical information will become available not just for Apple Health clients but for other patients who grant permission to their providers. One of the most important elements of this project is to assure that appropriate security and privacy protections are developed and put it place. This will be a large and critical portion of the work. Once up and running, the shared CDR will be a useful tool in the delivery of care that will get Washington closer to its goal of achieving the Triple Aim for healthcare delivery , better value, improved quality and an improved patient experience."

- A letter written by Charissa Fotinos, MD, MSc, and Deputy Chief Medical Officer for Washington State Health Care Authority and Department of Social and Health Services.

EHR Program Updates

CMS Announces Intent to Engage in Rulemaking for EHR Incentive Program Changes for 2015

The Centers for Medicare & Medicaid Services (CMS) intends to engage in rulemaking this spring to help ensure providers continue to meet meaningful use requirements.

In response to input from health care providers and other stakeholders, CMS is considering the following changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs:

1. **Shortening the 2015 reporting period to 90 days** to address provider concerns about their ability to fully deploy 2014 Edition software
2. **Realigning hospital reporting periods to the calendar year** to allow eligible hospitals more time to incorporate 2014 Edition software into their workflows and to better align with other quality programs
3. **Modifying other aspects of the programs** to match long-term goals, reduce complexity, and lessen providers' reporting burden

These proposed changes reflect the Department of Health and Human Services' commitment to creating a health information technology infrastructure that:

- Elevates patient-centered care
- Improves health outcomes
- Supports the providers who care for patients

While CMS intends to pursue these changes through rulemaking, they will not be included in the pending Stage 3 proposed rule. CMS intends to limit the scope of the pending proposed rule to Stage 3 and meaningful use in 2017 and beyond.

Washington State will not be able to address specific questions about the potential program changes until those changes are final.

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.

Tips from CMS

Public Health Objectives: Reporting Requirements in Stage 1 and Stage 2

Public health registry reporting is required for providers participating in the EHR Incentive Programs. Objectives include submitting data to an immunization registry, submitting data to a syndromic surveillance database, and submitting reportable lab results to a public health agency (for hospitals only).

How This Objective Improves Care
The meaningful use public health objectives foster data collection in a format that can be shared across multiple health care organizations. The availability of more and better data will help public health organizations monitor, prevent, and manage diseases to improve population health.

Stage 1 vs Stage 2 Requirements
Stage 1 – Eligible professionals and eligible hospitals must complete (or qualify for an exclusion for) at least one public health objective in Stage 1 of meaningful use.

Stage 2 – In Stage 2 of meaningful use, some of the Stage 1 public health menu objectives become core objectives, and new public health reporting requirements are added to the menu objectives. Eligible professionals must demonstrate (or qualify for an exclusion for) the capability to submit electronic data for immunizations, while eligible hospitals must demonstrate (or qualify for an exclusion for) the capability to submit electronic data for immunizations, reportable laboratory results, and syndromic surveillance.

Also in Stage 2, new public health menu objectives for eligible professionals include the capability to identify and report cancer cases to a cancer registry and specific cases to a specialized registry (other than a cancer registry).

How to Report Public Health Measures
Following are the steps for reporting in Stage 1 and Stage 2. For additional information on how to report public health measures, please visit the EHR website.

Stage 1 Year 1

1. Select at least one public health menu objective
2. Perform test of certified EHR technology's capacity to submit electronic data, and follow-up submission if that test is successful

Year 2 (and Year 3 if Applicable):

1. Submit data on an ongoing basis OR
2. Show evidence of action taken that demonstrates both that another test is not beneficial in moving towards follow-up submission and that follow-up submission is not possible in year 2 (and year 3 if applicable)

Stage 2

1. Report core public health objectives
2. Select menu public health objectives (optional)
3. Meet one of four criteria under the umbrella of ongoing submission

For More Information
For more information about public health objectives and public health registry reporting, download the Public Health Registry Tip Sheet, or visit the EHR website. You may also view a full listing of FAQs on this topic and others.

EHR Payments as of February 23, 2015		
Hospitals:		
Total Hospital Payments Made	**= 230**	**$ 122,784,522.00**
Paid for Year 1 (unique Hosp.)	= 87	($ 63,775,032.00)
Paid for Year 2	= 73	($ 33,402,021.00)
Paid for Year 3	= 49	($ 19,803,060.00)
Paid for Year 4	= 21	($ 5,804,409.00)

Eligible Providers (EPs):

Total EP Payments Made	**= 7,959**	**$ 132,578,793.00**
Paid for Year 1 (unique EPs)	= 5,150	($108,835,445.00)
Paid for Year 2	= 2,033	($ 17,161,513.00)
Paid for Year 3	= 718	($ 6,091,668.00)
Paid for Year 4	= 58	($ 490,167.00)
GRAND TOTAL PAID:		**$ 255,363,315.00**

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