



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 www.healthit.wa.gov.

To take the first readiness steps in adopting the CDR please visit OneHealthPort.

Electronic Health Records (EHR):

Need EHR help? 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.

- 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.

Clinical Data Repository (CDR) and HealthIT (HIT) in Washington State

Health care organizations that serve Apple Health consumers and are contracted with Managed Care organizations that have implemented certified Electronic Health Records (EHR) systems are [required to begin contributing care summaries](#) electronically from the EHR system to the new Clinical Data Repository (CDR) no later than February 1, 2017.

HCA recognizes the level of effort that organizations are undertaking along with their EHR vendor to prepare to meet this requirement. A list of EHR vendors actively engaged with OneHealthPort to prepare for this requirement can be found below:

Greenway	NextGen
eClinicalWorks	Epic
Meditech	Lumeris
DigiChart	Amazing Charts
Evident (CPSI)	Cerner
Allscripts	Practice Fusion
Healthland	Office Ally
GE Centricity	Intelligent Medical Software – Meditab Software
Electronic Health Network, Inc.	Waiting Room Solutions (WRS)

Providers in the Medicaid Meaningful Use program will now have the tools to easily share care summaries with other providers using different EHR tools – which helps meet required objectives to receive additional EHR incentive payments.

As we collectively work towards the preparing to better collect, share and use clinical information currently stored in health care organizations electronic health record systems, its important to keep in mind the most critical needs the clinical data repository is intended to fulfill.

There are two primary drivers behind this effort:

1. Patient information follows them across the care community and is available to all authorized members of their care team, regardless of the organization they work with or geographical location.
2. Care teams working in a variety of arrangements need access to medical, dental and behavioral health information that is important in evaluating patient health and needs.

Integrating health information from different types of providers to include medical, dental and behavioral health helps to provide a more complete picture of a patient's health and needs. Patient centered care relies on the integration and availability of this information. Having a centralized, integrated record is particularly important when an Apple Health consumer chooses to move from one managed care plan to another, resulting in the assignment of a new primary care provider. The ability to look up the new patient in the clinical data repository – either from within your own EHR or through a clinical portal for those without an EHR – can help avoid duplication of recent diagnostic tests. Having recent lab results, medication lists, problem lists and care plans can help inform care decisions.

Unlike claim and encounter data that may be available to some organizations today, the patient record within the clinical data repository provides more timely, detailed information about clinical care and will include items such as dental, social supports, family history, etc. HCA has [outlined some of the key differences](#) between what can be available through a care summary in the clinical data repository to the type of information available today when reviewing past claims and encounters. This detailed health information can help inform care providers as they take on new patients or when patients receive care outside of their own enterprise.

If you have any questions about whether your organization is required to submit data to the CDR, please refer to the [decision tree](#) on the HCA [website](#) or e-mail us at healthit@hca.wa.gov.

The EHR vendor and provider preparations are continuing, in parallel with our efforts. OneHealthPort is offering monthly webinars for them to assist in connecting two and using the CDR:

- EHR vendor webcast sign-up [link](#)
- Provider Staff webcast sign-up [link](#)

What's Happening in Electronic Health Records

Visit the CMS Website for More Information on 2016 Program Requirements

To help eligible professionals, eligible hospitals, and critical access hospitals (CAHs) successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2016, CMS has posted new resources on the [CMS EHR Incentive Programs website](#).

These resources include:

- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) What You Need to Know for 2016 Fact Sheets
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) Specification Sheets
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) Attestation Worksheets
- [Alternate Exclusions and Specifications for 2016 Fact Sheet](#)
- [Eligible Professionals](#) and [Eligible Hospitals](#): Public Health Reporting in 2016 Tip Sheets
- [Security Risk Analysis Tip Sheet](#)
- [Patient Electronic Access Tip Sheet](#)
- [Guide for Eligible Professionals Practicing in Multiple Locations](#)

CMS will continue to update the [EHR Incentive Programs website](#) to include additional information and resources for eligible professionals and eligible hospitals/CAHs. Stay tuned!

About the EHR Incentive Programs Final Rule

On October 6, 2015, CMS released the [final rule](#) for the EHR Incentive Programs, which provides new criteria that eligible professionals, eligible hospitals, and CAHs must meet in order to successfully participate in the EHR Incentive Programs in 2015 through 2017 and Stage 3 in 2018 and beyond.

Meaningful Use Deadline Date:

New deadline for 2015 MU attestations is *before* midnight on June 17, 2016. MU attestations for 2016 will not be accepted until *after* midnight on June 17, 2016.

*Updated documents for 2015, 2016 AIU and MU attestations are on the [HealthIT website](#) in the EHR Library.

For Providers

Please take a moment to answer our brief, 4 question survey, regarding how we can better accommodate you for our monthly Provider CDR meetings:

<https://www.surveymonkey.com/r/provideraccommodations>

Please follow the link below to register for our next Monthly Professional Association webinar:

<https://attendee.gotowebinar.com/register/4911486929656084993>

EHR Payments in WA State

Hospitals:

Paid for Year 1 (unique Hosp.)	=	88	(\$63,781,127.00)
Paid for Year 2	=	75	(\$34,025,917.00)
Paid for Year 3	=	58	(\$22,488,014.00)
Paid for Year 4	=	33	(\$10,812,238.00)

Eligible Providers (EP):

Paid for Year 1 (unique EPs)	=	5,896	(\$124,680,862.00)
Paid for Year 2	=	2,404	(\$20,309,348.00)
Paid for Year 3	=	1,209	(\$10,262,335.00)
Paid for Year 4	=	303	(\$2,572,667.00)

GRAND TOTAL PAID: \$288,932,508.00

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.

