Washington Link4Health
EHR Incentive Program

December 2014 Newsletter

Washington State Health Care Authority

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Upcoming Event:

HCA Tribal Affairs meeting – December 16, 2014

Important EHR Deadlines:

November 30, 2014 at 11:59 pm ET: Attestation deadline for eligible hospitals for the 2014 program year

December 31, 2014: End of 2014 calendar year and end of the 2014 reporting period

New CMS 'flexibility rule' for Program Year 2014

To see if the new rule applies to you please access the decision tool found here: CEHRT Rule Decision Tool

"The rule grants flexibility to providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 CEHRT availability." Remember that if you have a 2014 product in place by October 1st, you may still attest as outlined in the original rule and you can do so at any time. Also, the rule does NOT apply to AIU (Adopt/Implement/Use) attestations. AIU attestations must use a 2014 CEHRT product.

eMIPP is ready to accept attestation's invoking the flexibility rule on and after 10/27/14.

Program deadlines have not changed.

For program year 2014:

Eligible Hospitals can attest until November 30th, 2014

Eligible Providers can attest until February 28th, 2015

Please direct any questions to our Health Information Technology team at: HealthIT@HCA.WA.GOV

In addition to current documentation requirements, if you are attesting using 2011 or 2011/2014 CEHRT, you must submit a signed statement from your CEO, CIO, designated authority or system vendor briefly describing why/how you qualify under the new flexibility rule.

**We are also asking for encounter reports during the prepayment review process

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Security Risk Analysis

Conducting or reviewing a security risk analysis to meet the standards of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule is included in the meaningful use requirements of the Medicare and Medicaid EHR Incentive Programs. Eligible professionals must conduct or review a security risk analysis in both Stage 1 and Stage 2 of meaningful use to ensure the privacy and security of their patients' protected health information.

View the Security Risk Analysis tipsheet here: Security Risk Assessment Fact Sheet

[CC(1]**This is updated and not the same as security notes in last newsletter. This is an area providers are failing in audits which is why I want to keep highlighting it for a few months.**

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for eligible professionals

February 28, 2015: Attestation deadline for eligible professionals.

Help Desk Contacts:

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.

- Please remember that if you do not have your own security credentials granting you access to the EHR domain in ProviderOne, our staff is not able to discuss any information with you.
- 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.

Tips from CMS

Provider User Guide for NIST EHR Randomizer Tool

Are you a provider in Stage 2 of meaningful use who needs help meeting measure #3 of the Transitions of Care core objective? If so, CMS and ONC encourage you to use a new provider user guide that outlines instructions on how to use the NIST EHR Randomizer, including:

- Required information
- Steps to register
- Guidance on how to perform the test

The guide walks providers through every step of the Randomizer—from registration to completion of the test.

About the NIST EHR Randomizer
The Randomizer tool enables providers to exchange data with a Test EHR in order to meet measure #3 of the Stage 2 Transitions of Care objective.

Once registered, the tool pairs a provider's EHR technology with a different test EHR from the list of authorized systems. The provider must then send a Consolidated Clinical Document Architecture summary of care record to the Test EHR.

Providers will receive an email with notification of success or failure that can be used as proof of meeting the measure.

Transitions of Care Objective in Stage 2
The Stage 2 Transitions of Care objective for eligible professionals and eligible hospitals includes three measures. Measure #3 is outlined below:

- Conduct one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender's, or

- Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

More Information
For more information about the Stage 2 Transitions of Care objective and other Stage 2 requirements, visit the CMS Stage 2 of Meaningful Use webpage.

EHR Payments as of November 24, 2014

Hospitals:

Total Hospital Payments Made	**= 193**	**$ 109,682,350.00**
Paid for Year 1 (unique Hosp.)	= 87	($ 63,775,032.00)
Paid for Year 2	= 65	($ 30,544,867.00)
Paid for Year 3	= 36	($ 14,505,510.00)
Paid for Year 4	= 5	($ 856,941.00)

Eligible Providers:

Total EP Payments Made	=	**7,675**	**$ 128,848,706.00**
Paid for Year 1 (unique EPs)	=	5,043	($106,575,861.00)
Paid for Year 2	=	1,977	($ 16,719,510.00)
Paid for Year 3	=	641	($ 5,437,168.00)
Paid for Year 4	=	14	($ 116,167.00)

GRAND TOTAL PAID: $238,531,056.00

What is Washington Link4Health?

Washington Link4Health is a Washington State Health Care Authority (HCA) multi-year initiative to help address the need for community wide clinical health data solutions, services and tools. It will enable real time medical, dental, social service support and behavioral health care information (what we term a "clinical record" for purposes of this initiative) to follow the patient across care settings and over time – regardless of the insurer, plan, location or provider.

To advance the coordination of care provided for Apple Health enrollees – and ultimately all Washingtonians – HCA is initiating Washington Link4Health, a multi-year initiative to advance the electronic exchange of clinical records in the state. The Washington Link4Health initiative is part of the State's long-term efforts to improve health care quality, better manage costs and improve health outcomes for Washingtonians.

Working with Washington's statewide Health Information Exchange (HIE), HCA is serving as the catalyst to introduce Washington Link4Health's first statewide service, the Clinical Data Repository (CDR). When fully populated with clinical records, the CDR service will provide authorized access to integrated medical, dental, behavioral health and social service support data for enrollees of Apple Health.

Why is clinical information the focus of Washington Link4Health's first service?

The transition from paper records in multiple individual offices to complete electronically exchangeable Electronic Health Records (EHR) provides emerging opportunities to embrace the use of medical, dental, behavioral health and social support data that benefits patients. Clinical information has unique properties to aid both practitioners at the point of care and patients seeking to improve their own health. Now, for the first time, with the broad shift from paper to Electronic Health Records (EHR), this valuable clinical information stream can be accessed cost effectively by using the standard protocols built into certified EHRs.

The CDR will utilize the C-CCDA standard architecture as the basis for the repository. This will leverage the significant investment providers have already made in certified EHR technology and greatly simplify the process of connecting to, populating, and extracting clinical information from the CDR. For those providers who do not have certified EHRs, the HIE is working to deploy a browser based solution.

When will the CDR service be available?

The prospective service will be launched during mid-to-late 2015. The use of the service for Apple Health enrollees will be staged over three-plus years. **More details and a schedule for the rollout of the first Washington Link4Health service, the Clinical Data Repository, will be forthcoming in early 2015. If you have questions, please email our team at HealthIT@hca.wa.gov and put the word**

“HIE” in the subject line.

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.