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. Once these lists have reached a subscriber amount equal to the original list we will delete the old list. So please be sure to subscribe as soon as possible. Thank you for understanding.

EHR Subscriber:

CDR Subscriber List:

Clinical Data Repository updates

Clinical summary data submission volumes continue to grow!

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Need help?

Need CDR help?
Please contact our team at: healthit@hca.wa.gov and put "CDR" in the subject line or visit our website at http://hca.wa.gov/about-hca/health-information-technology

To take the first readiness steps in adopting the CDR please visit the OneHealthPort readiness page: http://www.onehealthport.com/hca-cdr

Need EHR help?
Need EHR help? Please contact our team at:
The Link4Health Clinical Data Repository (CDR) has been open for the past several months for health care organizations that have successfully 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.

This accomplishment is the result of significant work by OneHealthPort (OHP), the state health information exchange, in collaboration with providers and their electronic health record (EHR) vendors. OHP has approved a $600 HIE subscription incentive for several providers submitting CCD files by June 1.

To recap some of the key activities of the CDR team during the past month:

- Plans are being finalized for additional provider outreach to reinforce the many benefits of the CDR and how it fits into the broader Healthier Washington strategy.
- Mapping is underway to update the data segmentation white paper, addressing SNOMED and LOINC codes for restricted and very restricted data.
- OHP is refining weekly reporting on system statistics.
- Additional training materials have been developed and are under review.
- Planning is underway for next steps with the CDR.

Although participation in the CDR is not a direct requirement of the Meaningful Use program at this point in time, many providers have not been able to meet the requirements for sharing care summaries with others. However, these providers can now meet this objective by contributing care summaries to the CDR. Look for an announcement about an upcoming webinar on this topic.

If you have any questions about whether your organization is required to submit data to the CDR, please refer to the

healthit@hca.wa.gov
and put "EHR" in the subject line or visit our website at
http://hca.wa.gov/about-hca/health-information-technology

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 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.
HCA health IT web site or e-mail us at healthit@hca.wa.gov.

You may also visit the OneHealthPort CDR Readiness page for information on readiness activities, contracting, and clinical data exchange technical requirements.

We recognize that automating this level of data sharing results in a work effort for your EHR vendor and your staff. We appreciate your engagement and efforts in this initiative as we continue working collectively in 2017 to better serve our clients.

Electronic Health Record Incentive Payment Program updates

New Final Rule

Please watch for the “new” Final Rule to be published this month! We will be sending out an announcement with more details of what these changes mean for you! If you have other staff that would benefit from this (and other) announcements, please have them register for GovDelivery notifications.

Be sure to check out the HealthIT Dashboard!

The Dashboard provides access to analysis, reporting, and datasets that monitor health information technology trends and Office of the National Coordinator for Health Information Technology programs and policies specific to individual States.

2017 Meaningful Use Modified Stage 2 for Eligible Professionals

- Deadline to attest for 2017 Meaningful Use is February 28, 2018
- If this is your first year attesting to Meaningful Use (Note: You may be on your second year in the program, but if you attested to AIU in a prior year...
this would be your first year attesting to Meaningful Use) then you will attest to 2017 Meaningful Use Modified Stage 2 Objectives and Measures.

- Must attest to all 10 objectives – There are no alternate exclusions or specifications available.

**Changes to Specific Objectives**

- **Objective 8, Measure 2, Patient Electronic Access:** Requires that more than 5 percent of unique patients seen by the EP during the EHR reporting period view, transmit, or download their health information.

- **Objective 9, Secure Messaging:** Requires that more than 5 percent of unique patients seen by the EP during the EHR reporting period a secure message was sent using the electronic messaging function of the certified EHR technology to the patient, or in response to a secure message sent by the patient.

Specification information on Objectives and Measures can be found [here](#).

**2017 Meaningful Use Stage 3 for Eligible Professionals**

- Deadline to attest for 2017 Meaningful Use is February 28, 2018

- All providers attesting to Stage 3 must use technology certified to the 2015 Edition. If your EHR technology is not certified to the 2015 Edition you will attest to Modified Stage 2.

- Must attest to all 8 objectives – There are no alternate exclusions or specifications available.

**Flexibility with Objectives and Measures**

- Coordination of Care through Patient Engagement: You will be required to attest to all three measures and meet the thresholds for at least two of the measures to meet this objective.
Health Information Exchange: You will be required to attest to all three measures and meet the thresholds for at least two to meet the objective.

Public Health Reporting: You will be required to report on two measures

Specification information on Objectives and Measures can be found here.

Total EHR Incentive Payments to date

Hospital Payments
Year 1 = 88 ($63,781,127)
Year 2 = 78 ($35,845,012)
Year 3 = 70 ($25,571,749)
Year 4 = 57 ($16,656,222)

Eligible Provider Payments
Year 1 = 6,924 ($146,497,530)
Year 2 = 3,095 ($26,160,184)
Year 3 = 2,054 ($17,410,839)
Year 4 = 1,294 ($10,956,505)
Year 5 = 558 ($4,728,835)
Year 6 = 116 ($983,167)

Thank you for subscribing to Health Information Technology
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.

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.
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