

## In this issue

- [Clinical Data Repository updates](#)
- [Electronic Health Record Incentive Program updates](#)
- [EHR statistics](#)

## Need help?

### Clinical Data Repository (CDR):

- [CDR resource page](#)
- [Readiness steps with OHP](#)
- [Email HCA](#)
- [Email OHP](#)

### Electronic Health Records (EHR):

- [EHR resource page](#)
- [ProviderOne help](#)
- CMS EHR Help desk: 1-888-734-6433 option #1
- CMS account security: 1-866-484-8049 option #3
- [CMS listserv](#)

## Clinical Data Repository updates

### “Small provider” exception

Organizations with less than four providers are exempt from submitting Continuity of Care Documents (CCDs) to the CDR until July 1, 2019. In addition, all providers may view CDR data regardless of whether or not they are currently submitting CCDs.

If your organization would like to begin using this service, please [contact OneHealthPort](#).

If you are an organization that has been using the CDR web portal and want to share feedback, please contact HIT at [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov)!

### Web portal is now open for viewing data

Since July the CDR web portal has been open for viewing by all licensed professionals including physical and behavioral health providers and their delegates.

Some things to remember:

- All organizations viewing CDR data must be HIPAA Covered Entities and must have a signed HIE Participation Agreement with [OneHealthPort](#).
- Only staff with a need to view individual client level data (as determined by their manager and configured by their internal IT access staff) are allowed in the CDR. This is

similar to how your organization grants EHR access.

- Organizations using the CDR will not incur training costs from OneHealthPort or HCA, and users can complete training in one hour or less. Reference materials are available on OneHealthPort's website.

The User Acceptance Testing domain is open and ready for testing for those that have not completed CDR onboarding. OneHealthPort continues working with vendors to assist remaining providers to complete their onboarding activities.

## **Community Activities**

Earlier in December HCA's HIT team presented an overview of the CDR at the [American Indian Health Commission's](#) Annual Conference.

OneHealthPort has been conducting clinical usability sessions with providers to refine use cases and gather additional feedback.

Representatives from HIT will be in attendance at the [2019 State of Reform Health Policy Conference](#) in January.

HIT is also making plans to present topics on the CDR and behavioral health integration at the following events in 2019:

- [Washington Health Care Association Winter Conference](#)
- [Washington Rural Health Association's Northwest Rural Health Conference](#)
- [Washington Council for Behavioral Health's conference.](#)

## **Electronic Health Record Incentive Program updates**

# Strategy on Reducing Burden Relating to the Use of Health IT and EHRs

Draft Released for Public Comment – Time Sensitive

In the [21st Century Cures Act](#), Congress identified the importance of easing regulatory and administrative burdens associated with the use of electronic health records (EHRs) and health information technology.

Specifically, Congress directed the Department of Health and Human Services (HHS) to establish a goal, develop a strategy, and provide recommendations to reduce EHR-related burdens that affect care delivery.

Based on input, the draft strategy outlines three overarching goals designed to reduce clinician burden:

- Reduce the effort and time required to record health information in EHRs for clinicians;
- Reduce the effort and time required to meet regulatory reporting requirements for clinicians, hospitals, and healthcare organizations; and
- Improve the functionality and intuitiveness (ease of use) of EHRs

ONC is encouraging you to give them your comments on this draft strategy. The comment period is open for 60 days. Due to resource limitations, they are only accepting comments electronically in the field below. Attachments should be in Microsoft Word, Excel, or Adobe PDF. The deadline for comment submission is 11:59pm ET on January 28, 2019.

ONC will review, analyze, and post on their website all public comments that are received by 11:59 pm ET on January 28, 2019. The final version will be published here in late 2019. Please use [this link](#) to review and submit comments.

## **Greenway Health LLC Reporting CEHRT Problems**

Last week, Greenway Health LLC sent a letter to its provider customers stating that Greenway's CEHRT is calculating Promoting Interoperability measures incorrectly. Accordingly, they have instructed their customers not to attest to the Medicaid Promoting Interoperability Program (or MIPS) for program year 2018 with the data that their Greenway CEHRT is currently producing.

We have spoken with representatives from Greenway, and they have told us that they are working on fixes, which unfortunately will not be available until later in 2019.

### **Next Steps for State Medicaid Agencies**

It was mentioned in the CMS All States listserv message on 9/27/2018, that providers using CEHRT from Greenway should not be penalized during post-payment audits if they were unaware of CEHRT deficiencies at the time of their attestation. However, now that Greenway has alerted CMS and their customers of known issues, providers should not attest to Meaningful Use with data they know to be incorrect.

CMS is advising states to establish a process for providers using Greenway CEHRT to begin their attestations during the state's program year 2018 attestation period and attest to Medicaid patient volume. HCA is currently working on this process

and will provide an update shortly. Incentive payments will not be issued until providers are able to complete their Meaningful Use attestation following a patch or update from Greenway. In the likely event that that does not happen before our attestation deadline, those providers should be allowed to complete their attestation at a later date, so they can apply for an incentive payment.

CMS is working with Greenway on their further communications with providers who use their CEHRT and we will update as we receive direction from CMS.

## **eCQM update**

After circulating a survey on Electronic Clinical Quality Measures (eCQMs) and analyzing the responses we have decided we will not require providers to submit eCQMs for Program Year 2018. eCQMs are electronic submissions of your CQMs reported straight from your EHR system into eMIPP. If you have questions about your EHR's capability, please contact your EHR vendor.

## **EHR statistics**

### **Hospital**

Year 1 = 87 (\$63,568,957)

Year 2 = 81 (\$36,102,305)

Year 3 = 77 (\$29,081,024)

Year 4 = 62 (\$17,759,317.18)

### **EPs**

Year 1 = 6,938 (\$146,795,030)

Year 2 = 3,319 (\$28,064,184)

Year 3 = 2,330 (\$19,754,006)

Year 4 = 1,599 (\$13,540,506)

Year 5 = 909 (\$7,706,669)

Year 6 = 347 (\$2,938,168)

### **Grand total**

\$365,310,166.18

## About the Health Care Authority (HCA)

The Washington State Health Care Authority (HCA) is committed to whole-person care, integrating physical health and behavioral health services for better results and healthier residents.

HCA purchases health care for more than two million Washington residents through Apple Health (Medicaid), the Public Employees Benefits Board (PEBB) Program, and, beginning in 2020, the School Employees Benefits Board (SEBB) 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.

Please do not reply directly to this message. For more information, [visit the HCA website](#), where you'll also find contact information.

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## Nondiscrimination

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