



## Clinical Data Repository updates

The Clinical Data Repository (CDR) continues to gain critical mass as more provider organizations submit their Continuity of Care Document (CCD) files after each outpatient encounter or inpatient admission. Several providers, large and small, have submission success rates in the 90% range. OHP also continues working with 50+ EHR vendors to assist remaining providers to complete their onboarding activities.

Transforming healthcare will require new and unconventional approaches to HIE/HIT. Combining the CDR, HIE and Single Sign-On (SSO) provides the capability to share disparate data across multiple platforms and settings for various Trading Partners. Just as a reminder of the data that is currently in the CDR:

- Eligibility data for 2M Medicaid managed care lives (over 400,000 of which have at least one C-CDA submitted to their record)
- Almost 2 years of clinically relevant claims (Medical, Dental, Pharmacy)

Additional future capability for the CDR includes inclusion of flat files, electronic paper (PDFs) and smart forms related to Social Determinants of Health (SDH), behavioral health screening tools or other assessments. Depending on the nature of data, it could be accessed as a document for viewing or as discrete data to be consumed in an application or used for analysis. In a future stage of the CDR, substance use disorder (SUD) information will also be made available with patient consent.

### In this issue

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

### 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](#)

This can assist various clinical staff as they address the challenge of the opioid epidemic.

These capabilities will provide valuable support for coordination/integration of care, performance improvement and various types of reporting. Multiple types of organizations can make use of CDR data – physical health and behavioral health providers, jail based providers and state correctional facilities, health related staff at community/social service agencies, local health departments, tribal providers, managed care organizations, Accountable Communities of Health (ACH) and other state health related agencies (e.g. DOH and DSHS).

The date to open the CDR portal for viewing via a secure web browser is still under discussion. Of note, the ability to view CDR data will be open to providers that are submitting to the CDR, as well as to those who are not yet submitting. Even providers without an EHR can view CDR data via the portal. However, each organization will need to have a signed Trust Agreement with OHP and have their Single-Sign-On (SSO) administrator grant access to their staff based on their role.

Eventually, the CDR will provide access at the point of care using EHR query capability (the data can be viewed in the user's native EHR system), so users will not need to log onto a separate portal.

There is an immediate need for integrated health information for the purpose of treatment and care coordination. Continuing work on the CDR moves us closer to achieving an integrated, longitudinal health care record for our clients. We appreciate your engagement with this process.

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

## **EHR attestation notification**

Due to system updates, the eMIPP attestation application for EPs (Eligible Providers) will shut down until August 2018 (for all years). HCA has received approval from CMS to extend the deadline for providers attesting to Meaningful Use program year 2017 to October. HCA will notify our providers when the system is back up and ready for 2017 attestations. Dual Eligible hospitals that attest Meaningful Use to Medicare need to attest by 4/30/2018 for the 2017 payment year.

Please [sign up to receive communications from HCA](#) regarding the EHR Incentive Payment program.

We apologize for the inconvenience.

## **From CMS: eCQM annual update pre-publication document**

CMS has published the [Electronic Clinical Quality Measures \(eCQM\) Annual Update Pre-Publication Document](#), which describes changes in the standards and code set versions used in the updated measures for potential use in CMS quality reporting programs for 2019 reporting/performance. This document reflects changes that will go into effect for the 2019 reporting/performance period. The Pre-Publication Document is designed to help health information technology developers, Eligible Professionals, Eligible Clinicians, and Eligible Hospitals prepare for the 2019 reporting/performance period through transparent pre-release of expected standards and code system versions.

The eCQM annual update for 2019 reporting/performance is expected to be available Spring 2018. Please follow the [electronic Clinical Quality Improvement \(eCQI\) Resource Center](#), [CMS](#), and the [Office of the National Coordinator for Health Information Technology](#)

[\(ONC\)](#) listservs to receive updates and announcements on the eCQM Annual Update publication and related supporting materials. Please submit questions or comments regarding the standards being used or the upcoming eCQM annual update to the [eCQM Issue Tracker](#).

## EHR stats

### Hospitals

Year 1 = 88 (\$63,781,127)

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

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

Year 4 = 64 (\$18,095,783)

### Eligible Providers

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

Year 2 = 3,160 (\$26,712,684)

Year 3 = 2,231 (\$18,915,339)

Year 4 = 1,470 (\$12,449,672)

Year 5 = 723 (\$6,125,669)

Year 6 = 184 (\$1,561,167)

**Grand total** = \$359,619,800

### 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.

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

### Disclosure notice

All messages we send via GovDelivery are subject to public disclosure, as are the names and email addresses of those who sign up for email notifications.

### Nondiscrimination

The Washington State Health Care Authority (HCA) complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services. Visit HCA's website to [view complete nondiscrimination statements](#).

### Stay connected



**Subscriber services:** [Manage subscriptions](#) | [Unsubscribe all](#) | [Help](#)

Having trouble viewing this email? [View it as a Web page](#).