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Need Help?

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

A Message From Washington State's Health IT Coordinator



Melodie Olsen, WA State's Health IT Coordinator

You may be one who has asked us what Washington State's HealthIT division does to support health outcomes and improved care coordination for the lives we serve and cover. We place high value on improving the health of the lives we cover in the Apple Health population and work daily on efforts that will reduce duplication of services, increase informed coordination of care between multiple providers and care delivery networks, and continue to support building infrastructure via the clinical network of certified electronic health records systems in hospitals and offices across the state.

That infrastructure supports the secure, authorized sharing of a longitudinal record across disparate Health IT systems, health care delivery locations and entities, and social support organizations.

April was a busy month with our Health IT team's efforts. Some of the activities we led were:

- Hosting the quarterly Inter-Agency Health IT Interoperability meeting. Multiple HealthIT aligned projects that provided updates were; Behavioral Health Data Consolidation (DSHS), Electronic Lab Reporting (DOH), AIM (Analytics, Interoperability and Measures) (HCA), and WA Link4Health (HCA)
- Studying a special Attorney General's published opinion about what health information can currently be exchanged under HIPAA
- Reading the 2015-2017 proposed rules for Meaningful Use (MU) from the Centers for Medicare & Medicaid Services (CMS) and consider how our state may implement active HIE engagement as a gradual requirement
- Continuing collaborative work with our Managed Care Organizations
- Advancing our understanding of the challenges posed by CFR 42.2 as it relates to whole person, coordinated care. Participating in the Full Integration, Early Adopters Workgroup ongoing meetings
- Began awareness meetings with professional organizations and scheduled meetings with potential first movers in the Medicaid Clinical Data Repository (CDR) Service to discuss pre-implementation readiness

We look forward to the many opportunities May will bring us to meet with many in the communities and share efforts to partner in these efforts. Enjoy our beautiful weather and be safe.

Melodie

Washington Link4Health Updates

April has been a busy month for the project team! We have made progress on a number of high priority items:

- In conjunction with Consolidated Technology Services, HCA's security office and our technology partners, we participated in a comprehensive security

- 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.

review process that will keep the data repository safe from cyber threats. The documentation is nearly complete and we hope to receive approval on the security design in mid-May.

- Configuration decisions were made and provided to our technology partner regarding system access, reports, and initial claims and eligibility data loads. With those decisions made, we hope to have an implementation timeline by mid-May.
- Outreach to the provider community continues during the next several months. We will work with them on how to leverage the data stored in Electronic Health Records (EHR) for populating the Clinical Data Repository (CDR), creating a longitudinal care record for Medicaid patients, supporting careful, integrated care coordination by authorized providers.

-Shelley McDermott, Link4Health Project Manager

EHR (Electronic Health Records Incentive Payment Program) Updates

Program Participation Information

The last year to enter the program is 2016. If you have not attested for year 1 (AIU or Stage 1 Year 1) by 2016, you will not be able to apply for the incentive payment program.

For information and instructions on how to register for this program go to [EHR Instructions/Worksheets](#). Providers may qualify for a total of \$63,750 during their six years of participation. The EP may reassign these incentive payments to their employer at the eligible provider's discretion. There are no specific rules about the use of the EHR funds. Please see the document: [Business relationship required for payment reassignment](#) before assigning payment to a group.

AIU vs MU

Applicants entering their first year of the Medicaid EHR Incentive Payment Program do not have to meet Meaningful Use requirements to receive year one AIU incentive payment of up to \$21,250.00. For subsequent years, you must meet Meaningful Use (MU) requirements to receive up to \$8,500 per provider per year. If you are a Medicare provider, see the CMS website regarding payment adjustments if you do not attest for Meaningful Use by a specific year. If you are NOT a Medicare provider, these payment adjustments will not affect you.

Patient Volume Reporting

Due to new requirements from CMS regarding pre-payment audits, we are requiring EXCEL spreadsheets showing the encounter data you used to gather your patient volume information. These are easily uploaded directly into the attestation. The spreadsheet will need to include:

- **Patient Name**
- **Date of Encounter** - one per day unless separate visit and reason. Ancillary charges are *not* an encounter if performed on the same day as an office visit.
- **Payer** (including private pay) - Make sure that the Medicaid Managed Care (formerly Healthy Options) is labeled as such so we can see the separation between private insurance, basic health, CHIP; etc.).
- **Insurance/Client ID** (especially if they are Medicaid). It is optional for non-Medicaid patients.
- **Provider Name and NPI** (if one issued) - Remember, if you are using Group Proxy, you must include ALL encounters; even for providers who are not

eligible to apply (RNs, MAs; etc.).

When You Attest, Remember That You Must:

- Make sure you have 2014 ONC Certified Technology (The flexibility rule is for 2014 only. You will not be able to use a 2011 or combination ONC# in your 2015 applications.)
- Assess whether your group or individual total practice is 30% Medicaid Encounters (20% for Pediatricians)
- Make sure any provider you attest for hold a current, qualifying license type: Medical Doctor (MD), Advanced Registered Nurse Practitioner (ARNP), Nurse Midwife, Dentist, Osteopath, or Physician Assistant (PA) (if practicing in PA-led setting in FQHC or RHC)
- Register for the EHR program at CMS
- Attest in Provider One's eMIPP
- If eligible – receive a first year payment

We Are Still Experiencing This Issue, Please Update

We are still being contacted by representatives who are not the registered contact person and email. Please remember that our staff cannot answer emails or talk to you on the phone if you are not the person registered with CMS. If the contact person has changed within your office, please have the “new” contact go to the CMS Registration and change the contact information and “submit” it to us. That is not something that we can do on our end and email will continue to go to the contact listed in the eMIPP application.

Have You Registered at CMS But Decided Not to Attest?

If you began an application with CMS and have decided that the Eligible Provider (EP) does not qualify, the provider is unable to meet the requirements for the program or the provider no longer works with your office/clinic, it is important that you return to the CMS website and delete the application. This will stop the ongoing emails that you have been receiving from us regarding that specific provider.

To do this on the CMS website, go to Registration and click on ‘cancel’. You are also able to call CMS at 1-888-734-6433 and select option #1.

CMS Proposed Rules for 2015-2017

Our EHR Program staff is reviewing the CMS proposed rules for 2015-2017 program updates <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-08514.pdf> and stage 3 <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-06685.pdf>.

We do expect the 90-day reporting period to be implemented for this program year and for the rule to be effective as of the date the final rule is published. Please review these rules to know how they may affect your data collection. The comment period is currently open for both rules. The 2015-2017 updates are intended to align with Stage 3, which is optional in 2017 and mandatory in 2018 and beyond. Washington is now accepting attestations for program year 2015 under the existing Incentive Program rules. While documentation is being updated, you may use the 2014 attestation PDFs and survey monkey questionnaires.

Our website will be updated if the 2015 Proposed Rule is upheld.

Other Helpful Information

Our website has a helpful tool called the “worksheet” that you can use to see if you qualify to apply for the program

Access it from: [Patient Volume Worksheet](#).

EHR Incentive Payments in WA State:

Hospitals:

Paid for Year 1 (unique Hosp.)	= 88	(\$ 63,781,127.00)
Paid for Year 2	= 74	(\$ 33,702,611.00)
Paid for Year 3	= 51	(\$ 20,117,381.00)
Paid for Year 4	= 25	(\$ 7,832,668.00)

Eligible Providers:

Paid for Year 1 (unique EPs)	= 5,336	(\$ 112,787,945.00)
Paid for Year 2	= 2,286	(\$ 19,320,513.00)
Paid for Year 3	= 1,084	(\$ 9,202,668.00)
Paid for Year 4	= 200	(\$ 1,697,167.00)

Total payments made to WA Providers: \$ 268,442,080.00

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.



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