

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



In this issue

- [Clinical Data Repository](#)
- [Electronic Health Records Incentive Program](#)
- [EHR Program 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

Web portal is now open for viewing data

Since early July the CDR web portal has been open for viewing by all licensed professionals including physical and behavioral health providers and their delegates. If your organization would like to begin using this service, [please contact OneHealthPort.](#)

Some things to remember:

- All organizations that view 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.
- Providers may view CDR data regardless of whether or not they are currently submitting Continuity of Care Documents (CCDs).

- Organizations with less than four providers are exempt from submitting CCDs until July 1, 2019.

- 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.

OneHealthPort has been conducting clinical usability sessions with providers to refine use cases and gather additional feedback. Several providers, using different EHR systems, have CCD submission success rates in the 90 percent range. Currently, the CDR contains the following information:

- Eligibility data for 2.2 million Medicaid managed care lives

- Over two years of clinically relevant claims (medical, dental and pharmacy) for virtually all these lives

- Just under 6 million clinical records (CCDs) overall

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.

HCA has also been reaching out to providers that are still in the onboarding process to better understand their challenges and to share some lessons learned.

We appreciate your patience as the system was being readied for the portal opening and welcome your feedback as we work together to continuously improve the CDR.

HIT in the community

Representatives from HIT presented updates on the CDR at the [HIMSS Fall Conference](#) and will be at the [Medicaid Transformation Learning Symposium](#) to answer questions about the CDR and EHR Incentive Payment program.

Electronic Health Records Incentive Program

Monthly Q&A!

Please join the HCA Eligibility Coordinators for a monthly webinar. We will be available to provide updates and answer any questions you may have regarding the program and attestation process.

The webinar will be the second Wednesday of each month from 11 a.m. to 12 p.m. [Please register for the webinar.](#)

90-day patient volume date span clarification

Due to HCA attestation application (eMIPP) system delay's allowing 2017 attestations, we feel it is important to remind eligible providers (EPs) of the CMS date span rule.

You have 2 choices; the 90 days must either be in the previous calendar year (2016) or the previous 12 months from your attestation date.

Even though it may mean re-running your patient volumes to accommodate the date span requirements, we are unable to change this. The 2013 CMS document that addresses this original change is in the link below on page 69.

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2013-01-16-NPC-Stage2.pdf>

****If you are attesting with Group Proxy and you have later attestations that fall outside of your original attestation date span, please contact us for assistance.**

Note: It is acceptable to use 2018 date spans for 2017 attestations as long as you do not overlap those date spans when you attest for 2018.

Attestation statement signature sheet

Please note that the attestation signature page that you print, sign and uploaded into eMIPP had been updated with additional statement and signature line. Please make sure you are using the updated page when uploading into eMIPP.

You can find the [signature sheet on our website](#) as well.

Provider Tip

When the unfortunate happens and you receive an error message while attesting in eMIPP, please email us at healthit@hca.wa.gov. The quickest way for us to give you answers is if you click the "View Stack Trace" link you will see in the Error Box and send us the coding language that comes up. If we need to ask our vendors to resolve the issue they will need that information.

IPPS Final Rule: optional scoring methodology for states

The IPPS final rule established a new scoring methodology for hospitals that is optional for state Medicaid agencies to adopt. CMS would like to know whether any states are considering this approach.

MU Tipsheet: EPs Practicing in Multiple Locations

CMS has updated the tip sheet on [EPs Practicing in Multiple Locations](#). Please refer to the updated document if you have questions about this topic.

EHR Program statistics

Hospital

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

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

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

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

EP

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

Year 2 = 3,216 (\$27,188,684)

Year 3 = 2,238 (\$18,974,839)

Year 4 = 1,477 (\$12,509,172)

Year 5 = 730 (\$6,185,169)

Year 6 = 187 (\$1,586,667)

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 (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.

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](#).