Washington State Health Care Authority

HEALTH INFORMATION TECHNOLOGY

Clinical Data Repository updates

Web portal is now open for viewing data!

One of the most frequent questions from the healthcare community is when the clinical web portal will open so users can view CDR clinical and claims data. That date has arrived – **the web portal is now open.** If your organization would like to begin using the web portal, contact OneHealthPort.

They can complete the set up and provide training for end users and single sign on administrators. OneHealthPort has also been conducting clinical usability sessions with providers to refine use cases and gather additional feedback. Some considerations to keep in mind:

- All healthcare organizations that view CDR data are expected to have a signed HIE Participation Agreement.

- Providers may view CDR data whether they are currently submitting data or not

- Only staff with a need to view individual client level data based on their role (as determined by their manager and configured by their internal IT access staff) should be allowed in the CDR. This is similar to how your organization granted EHR access.

- Organizations using the CDR will not incur training costs from OHP or HCA

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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

- Users can complete training in one hour or less. Reference materials are available.

The CDR continues to build critical mass as providers submit their clinical summaries after each outpatient encounter or inpatient admission. Several providers, using different EHR systems, have CCD submission success rates in the 90% range. Currently, the CDR contains the following information:

• Eligibility data for 2.2M Medicaid managed care lives

• Over 2 years of clinically relevant claims (medical, dental, pharmacy) for virtually all these lives

• Just under 6M clinical records (CCD) overall

Just as a reminder to those that have not completed CDR onboarding, the UAT domain is open and ready for testing. OneHealthPort continues working with 50+ EHR 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 particular challenges and to share some lessons learned.

HCA realizes that the value of the CDR is utilizing the rich data set stored in the system. We are well on our way to achieving an integrated, longitudinal health care record to provide the most effective and coordinated care for our clients. 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.

Electronic Health Record Incentive Payment Program updates

Information for the portal opening

On September 21, 2018 the EHR attestation portal will open for EP's attesting to 2017 and non-dual eligible EHs. The deadline for those 2017 attestations will be midnight, November 21, 2018.

The attestation portal will also be open on September 21, 2018 for EP's attesting to 2018, year 1 MUs, and dual eligible EHs that attested to Medicare. The deadline for those will be February 28, 2019.

For EP's attesting to 2018, MU years 2-6 which requires a full calendar year's worth of eCQM data, attestations will need to come in between January 1st, 2019- February 28th, 2019.

Preparing for the portal opening

As we are approaching September 21st we wanted to provide you with a list of documents that you will need to help attestation run smoothly. Please note that there have been some changes to this document so it is worth re-reading.

[White Paper #9: Documentation Checklist](#)

What changes can I expect to see when the portal opens?

Public Health Measures tab:

- You will find a new label "Special Registry Availability Verification" and radio buttons with the options "Yes" and "No"
- A response will be mandatory if a provider selects zero or one exclusion

Attestation page:

- You will see a new pop up window displaying seven additional statements to the attestation language
- The first 5 statements are mandatory

- The last 2 statements will be optional, you can select one, both, or neither

- When you select Print only the selected statements will print

Clinical Quality Measures:

- You are responsible to report on 6 Clinical Quality Measures for 2017 forward

- There are no longer Domains that you must spread your reporting across

- A warning message will appear if CQM dates are changed, this is just for confirmation purposes

ONC Reporting:

- For 2017 and 2018 you can meet Meaningful Use using an EHR system certified in either 2014, 2015, or a hybrid of both. Note: As of 2019 you will be required to use a 2015 certified system

- You can report two separate certification numbers, one for your Meaningful Use Objectives and another for your Clinical Quality Measures

QRDA III Files:

- You will be asked to include the Group TIN to help us with identification purposes

- You will be asked to include your NPI for individual QRDA files

Program name change

CMS is renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. Washington does not plan on following the name change however, you will see reference to it in most of our documents. For more information please visit the CMS website.

EHR 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 = 3,215 ($27,180,184)
Year 3 = 2,232 ($18,923,839)
Year 4 = 1,476 ($12,500,672)
Year 5 = 729 ($6,176,669)
Year 6 = 187 ($1,586,667)

Grand total = $360,223,300

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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.

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