



# Office of Health Information Technology

## Goals of This Conversation:

- Provide Health Information Technology program updates
- EHR/EMR Incentive Payment Program Updates and what is new
- Provide a high level introduction to the WA Link4Health Clinical Data Repository CDR
- Introduce the Expansion of Federal HITECH investment opportunities and what our state is doing via HealthIT
- Provide each Tribe with individual consultations about the EHR Incentive program and funds still available for each to claim.



# Step 1: Registering with CMS

- The first step is registering your provider with CMS for the EHR Incentive Program. There, you will report the provider's NPI#, the Payee NPI# (the NPI # to receive the payment), contact information and the ONC Certification Number for your EHR product. You will "submit" the information and CMS will forward it to our system, usually in 24 hours.
- Keep reassignment documentation
- Tax liability = Payee NPI

# The Importance of Contact Information

- The contact information you enter in CMS is very important. It needs to be kept current or you might miss important emails about your attestation. For security reasons, we are only permitted to contact the email entered into the registration.
- We have a suggestion for your email address: If you are concerned about staff turn-over or you want to share the EHR duties, it is encouraged to use a “generic email” as opposed to an email with a name in it. If your email has a name attached to it we can only communicate with that person. An example of a generic email might be: AwesomeClinicEHR@yahoo.com. Most large facilities use this method. Note: you may only use a generic email for the EHR Program.
- Automated emails will be sent “only” to the contact’s email address. If it is not updated, you will miss important communication about your attestation(s).
- To change your contact information, it must be done in the CMS Registration (not in eMIPP) then submitted.

## Access the CMS Medicaid User Guide for Registration Instructions:

- [www.cms.gov](http://www.cms.gov)
  - Tab **Regulations & Guidance**
  - Under **LEGISLATION: EHR Incentive Program**
  - **Educational Resources**
  - Under **REGISTRATION Information:**
  - **Medicaid Registration User Guide for Eligible Professionals**

## Step 2: Attesting with the State

- Provider types eligible for the Medicaid EHR Incentive Program are listed below.
  - Note, the Medicare and Medicaid programs are a little different and *Naturopaths* are included

Overview of Eligible Professional (EP) and Eligible Hospital Types	
<b>Eligible Professionals (EPs)</b>	
<p><b>Medicare EPs Include:</b></p> <ul style="list-style-type: none"> <li>• Doctors of Medicine or Osteopathy</li> <li>• Doctors of Dental Surgery or Dental Medicine</li> <li>• Doctors of Podiatric Medicine</li> <li>• Doctors of Optometry</li> <li>• Chiropractors</li> </ul> <p>Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit <a href="#">CMS website</a>.</p> <p><b>NOTE:</b> EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).</p>	<p><b>Medicaid EPs Include:</b></p> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Nurse Practitioners</li> <li>• Certified Nurse - Midwife</li> <li>• Dentists</li> <li>• Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant</li> </ul> <p>Further, Medicaid EPs must also:</p> <ul style="list-style-type: none"> <li>• Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR</li> <li>• Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals</li> </ul>

## Attesting in eMIPP

- This second step is the actual attestation in eMIPP (which is a sub-system within ProviderOne).
- CMS transmits the registration information to the state
- Provider will receive automated emails containing login credentials



# Resources for Attesting

Visit our website – <http://www.healthit.wa.gov>

Look under **ELIGIBLE PROVIDERS** (Including Specialists and Dentists)

Click on these links:

Click on "**EP AIU AND MU eMIPP USER GUIDE**"-(step-by-step process)

and/or the **PATIENT VOLUME WORKSHEET** (tool for you to gather your numbers)

There is also a new section for **TRIBAL ATTESTATIONS**

These will walk you through the basic process.

Please see our other training tools and resources on our website.

**email: HealthIT@hca.wa.gov**

## Attesting as a FQHC

- Indian Health clinics are able to use the FQHC/RHC rules when attesting for EHR Incentive funds.
- Special Rules apply to EPs attesting as a FQHC/RHC. Please see our User Guide and White Paper for details.

## What is a FQHC?

- Federally Qualified Health Clinics are located in “underserved” populations and offer a sliding fee scale, or charity care, according to income. Tribes are included in the special rules for FQHC but do not receive the same federal grants.

# Patient Volume Rules

- CMS has made it a little easier for Tribes to qualify due to the charitable care they give. If they don't meet 30% by using the Medicaid only encounters, they have the option to use the "Medically Needy" option of including charity care, sliding fee scale and CHIP.

Two Patient Volume Calculations available to a FQHC/RHC:

- Medicaid only encounters
- Medically needy encounters that include Charity, Sliding Fee, and CHIP

# What is an Encounter?

- An encounter is a provider's visit with a patient - paid or unpaid. No matter how many procedures are performed during that visit...it is still just one encounter.
- If the patient sees a different provider type within your clinic, that is considered a separate encounter.

# Total Encounters

- These are the total encounters of all your patients within the 90-day period of your choice (either within the previous 12 months or previous calendar year).
- Individual
- Group Proxy

# Medicaid Encounters

Use the same rules as above for Group Proxy or Individual, but only count the Medicaid encounters (paid or unpaid). Include Managed Medicaid, Medicaid as a secondary or tertiary.

# Charity Care

Charity care is a written agreement, made prior to the visit, that there is no charge for the encounter. It is a not bad-debt write off.



# CHIP

CHIP (Children's Health Insurance Program) is not considered Medicaid, but can be included if you are using the Medically Needy method.

## Sliding Fee Scale

This is similar to Charity Care, but they qualify for a reduced rate due to income. Like Charity Care, it must be a written agreement in advance of the encounter.

# Special Rules for Physician Assistants

The only time a PA is eligible for the program is if they work in a PA-Lead FQHC, RHC or Tribal Clinic. They can be:

- The primary provider (works more hours than other providers in that specific clinic)
- Works in a clinic lead by another PA

We do require a letter from the Medical Director (or equivalent) explaining “how” they meet this criteria.

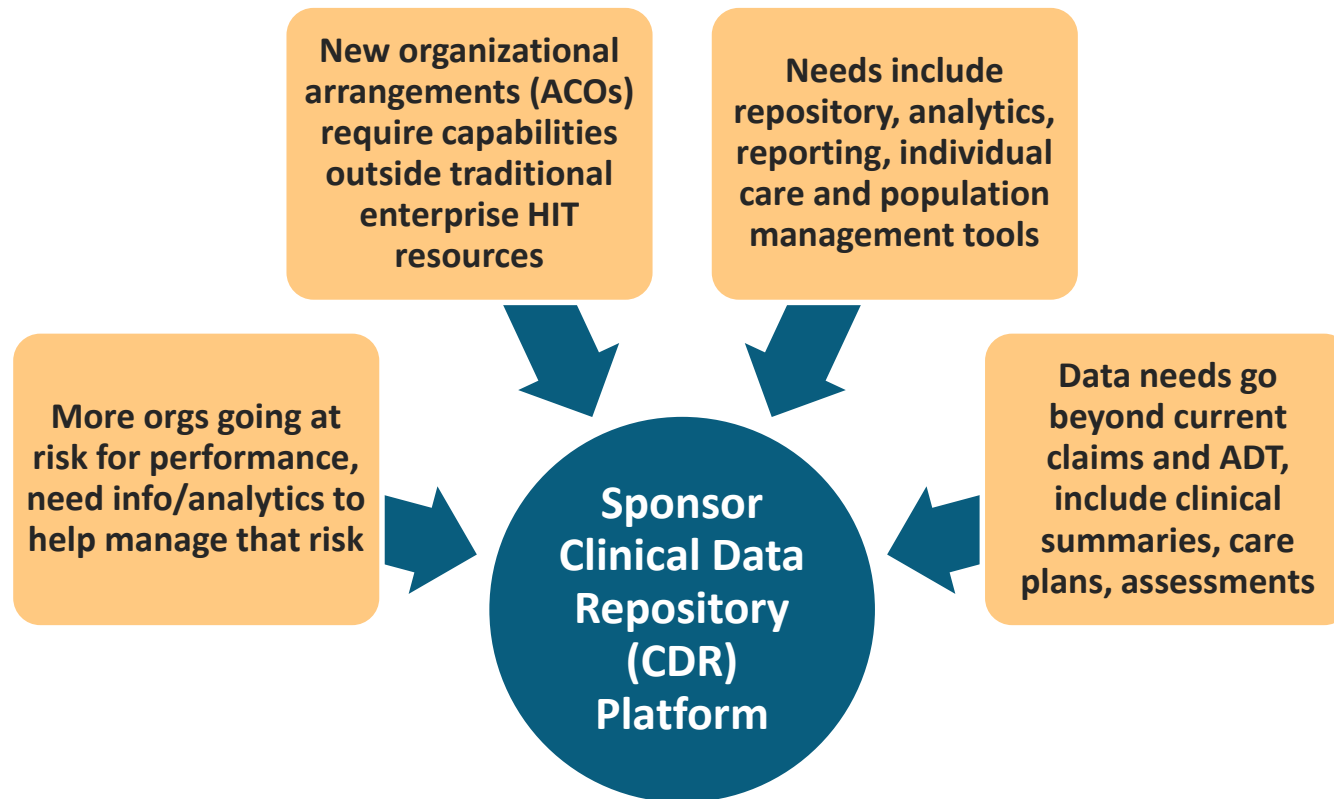
## Resources

- email: [HealthIT@hca.wa.gov](mailto:HealthIT@hca.wa.gov)
- Website: <http://hca.wa.gov/about-hca/health-information-technology>
- CMS Website: [www.cms.gov](http://www.cms.gov)
- CMS Help Desk: 888-734-6433 option 1
- CMS Security: 866-484-8049 option 3
- DOH questions about Public Health Reporting:  
[informatics@csc.doh.wa.gov](mailto:informatics@csc.doh.wa.gov)

W A S H I N G T O N  
**Link4Health**

## Background- From EHRs to CDRs What does it mean to me?

- Electronic Health Records are becoming the norm for delivery systems and small clinics, and have built a foundational “highway” to hold and share patient clinical information.
- One area HealthIT has lagged – clinical information exchange between authorized providers across regions and organizations. Our state is the first customer of a service that will support the authorized sharing of clinical records.
- Expansion of the Federal HITECH funds and opportunities for our state to apply for these funds.



## What is the CDR?

- A Clinical Data Repository or CDR is a database designed to collect and index clinical content for specific uses
  - Create a longitudinal view of all care provided on a single patient (patient-centric, point-of-care access for practitioners)
  - Aggregate (population level) data that can be used in population analytics
  - Aggregate (population level) data for performance reporting
  - Feed applications that need clinical data



# Multi-year implementation

- Implementation underway for first purchase: Medical data storage for Apple Health Managed Care clients
  - Providers will begin by submitting Care Summaries from EHR systems
  - The HCA will provide claims and encounter data as a supplement
- Required providers submitting data by February 1, 2017
- Additional data sets and clients covered next year

## How do I know if this requirement applies to me?

Providers who are able to answer yes to all three of the criteria listed are required to participate and should begin the onboarding process

Is your organization part of a Managed Care Organization provider network serving Apple Health Consumers?

Does your organization have an Electronic Health Record (EHR) system?

Is your EHR 2014 certified by the Office of the National Coordinator for Meaningful Use?

Data submission to the Link4Health Clinical Data Repository is **REQUIRED** to begin no later than February 1, 2017.

Visit the OneHealthPort website ([http://www.onehealthport.com/HCA\\_CDR](http://www.onehealthport.com/HCA_CDR)) to begin completing readiness activities.

If you have questions about any of the three criteria listed above please email the Health Information Technology team at [healthit@hca.wa.gov](mailto:healthit@hca.wa.gov)

# OneHealthPort

- Background
  - Founded in 2002 by leading NW health care organizations
  - Services such as a Single Sign On, Health Information Exchange, and Administrative Simplification
  - Provides technical support and infrastructure for CDR
- Monthly webinars
- Implementation guides and documentation
- Works with EHR vendor community

## Expansion of the Federal HITECH Funding Opportunities

- Additional federal funding opportunities identified
- The HCA underwent an effort to determine the highest impact investments to support care coordination- called the Environmental Scan
- Intensive stakeholder work through July and August
  - Surveys, focus groups, and interviews
- Implementation work to begin in July 2017

# Potential Investments

Primary goal identified by participants was to ensure the most comprehensive view of a client's care, regardless of provider

Investment Area	Benefit
Build re-usable interfaces	Support clinical data sharing, and break down cost barriers
Onboarding incentives and technical assistance	Offset large one-time costs for providers to contribute and use data
Extraction and record locator tools	Locate and reference data sources, such as images
Expand CDR clients and data	Support consistency and access
Expand alerts	Inform providers of critical events

# Questions?

- HealthIT website:  
<http://hca.wa.gov/about-hca/health-information-technology>
- HealthIT email:  
[healthit@hca.wa.gov](mailto:healthit@hca.wa.gov)
- CMS Website: [www.cms.gov](http://www.cms.gov)
- CMS Help Desk: 888-734-6433  
option 1
- CMS Security: 866-484-8049  
option 3
- DOH questions about Public Health Reporting:  
[informatics@csc.doh.wa.gov](mailto:informatics@csc.doh.wa.gov)