

January 2017

Need Help?

Clinical Data Repository (CDR):

Need CDR help? Please contact our team at: healthit@hca.wa.gov and put "CDR" in the subject line or visit our website at <http://hca.wa.gov/about-hca/health-information-technology>

To take the first readiness steps in adopting the CDR please visit the OneHealthPort readiness page: <http://www.onehealthport.com/prepare-c-cda>

Electronic Health Records (EHR):

Need EHR help? Please contact our team at: healthit@hca.wa.gov and put "EHR" in the subject line or visit our website at <http://hca.wa.gov/about-hca/health-information-technology>

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.
- 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.

WASHINGTON

Link4Health

Clinical Data Repository (CDR) Update

The CDR is now accepting clinical summary files!!

In collaboration with the state health information exchange, OneHealthPort (OHP), HCA has continued preparations for the CDR rollout. Recently, we have reached some key milestones:

- Providers have begun submitting clinical summaries in a standard electronic format after they have seen Medicare patients.
- OneHealthPort has more options for providers to submit their clinical summaries
- Paid claims and encounters for 2016 are being loaded into the CDR

If you have any questions about whether your organization is required to submit data to the CDR, please refer to the decision tree on the HCA health IT web site or e-mail us at healthit@hca.wa.gov.



New Technical Assistance Resources Available

Stage 2 to Stage 3 MU Measures and Objectives Comparison Tool

Since the Stage 2 Final Rule was released there have been a number of changes to the meaningful use (MU) objectives and measures. To support state EHR incentive programs and their stakeholders in understanding these changes a new MU stage comparison tool has been developed. The tool highlights how the MU objectives have evolved from stage 2 to modified stage 2 to stage 3, including changes reflected in the recent OPPS final rule. In addition to describing the MU requirement changes, a timeline is presented that includes key dates and deadlines associated with the MU stages and associated program years.

- [EP Stage 2 vs. Stage 3 Comparison Tool](#)
- [EH Stage 2 vs. Stage 3 Comparison Tool](#)

CY 2017 and Stage 3 Specification Sheets

CMS has posted the CY 2017 and Stage 3 program requirements, including specification sheets, on the [EHR Incentive Program's website](#).

CMS Updates for Stage 3 Meaningful Use

Due to CMS updates for Stage 3 Meaningful Use, eMIPP will not be able to accept those attestations until late Spring 2017. Once our system has been updated with the new CMS changes, we will allow an extra 60 days to attest for 2016 for MU years 2-6. Important to note that Year 1 MU still has a deadline of 2/28/17 since no changes were made for Year 1. Please take steps with Medicare if you need to avoid their payment penalties (adjustments). Medicaid has no payment adjustments.

2016 is the last year you can start the program, so if you have not attested, do so by 2/28/17.

Alternate Medicare MU Attestations available to Medicaid EPs for PY 2016 during the CMS Reporting Period (January-February 2017)

Medicaid Eligible Providers (EPs) who do not qualify to attest to Meaningful Use (MU) with Medicaid for Program Year 2016 may attest to MU with Medicare in order to avoid Payment Adjustments in 2017 (if they are 1st-time MU attesters in PY 2016) or in 2018 (if they are returning MU attesters in PY 2016).

The Alternate Medicare MU attestation will be available to Medicaid EPs who have registered for PY 2016 at the CMS Registration & Attestation UI (CMS RNA), and whose respective Medicaid States/Territories have confirmed their registrations at the CMS RNA between January 3rd, 2017 and February 28th, 2017.

PLEASE NOTE: Although the Alternate Medicare MU attestation is done by the Medicaid EP with CMS (through CMS RNA), the registration of the Medicaid EP with his/her respective State Medicaid EHR Incentive Program has to be **CONFIRMED** by the State Medicaid EHR Incentive Program **BEFORE** the Medicaid EP can proceed with submitting the MU attestation in CMS RNA. In other words, even though a Medicaid EP has registered at the CMS RNA for PY 2016, the Medicaid EP cannot proceed with the Alternate Medicare MU attestation at the CMS RNA – the MU attestation menus do not become available – until the EP's State Medicaid Agency confirms the Medicaid EP's registration. To do this, the EP's State Medicaid Agency must have sent the B7-Eligible to CMS/NLR in response to the B6 the State Medicaid Agency received for the EP before the EP can proceed with the Medicare MU attestation.

There is no incentive payment for successfully completing the Alternate Medicare MU attestation. It is for avoiding Medicare payment adjustments only. State Medicaid Agencies do not have to track and/or upload records to CMS/NLR for their Medicaid EPs who do the Alternate Medicare MU attestation with CMS – the Medicare MU attestation records are automatically available to the NLR, for purposes of avoiding Medicare payment adjustments.

It is anticipated that State Medicaid Administrators will promptly send the required B7-Eligible to CMS/NLR for their qualified Medicaid EPs long before the end-date of the CMS Medicare PY 2016 Reporting period, 02/28/17, so that their Medicaid EPs have enough time to complete the Alternate Medicare MU attestation at CMS RNA in spite of the usual higher-than-normal user traffic at the CMS RNA as the Reporting period end-date approaches.

In case an EP encounters difficulties at the CMS RNA attempting the Alternate Medicare MU attestation after your State has confirmed the EP's registration, the EP may contact the CMS Help Desk/EHR Information Center for assistance: (888) 734-6433/ TTY: (888) 734-6563 and select option 1. Hours - Monday to Friday between 8:30 a.m. and 7:30 p.m. EST.

In case further guidance is required about the Alternate Medicare attestation process, see the Information Sheet titled '[Alternate Medicare attestation for Medicaid EPs – information sheet \(updated 09/07/16\)](#)' available on the Medicaid HITECH Technical Assistance (TA) Portal.

Total EHR Incentive Monies Paid Out to Date

Hospitals

Paid for Year 1	= 88	\$63,781,127.00
Paid for Year 2	= 78	\$35,845,012.00
Paid for Year 3	= 66	\$24,811,014.00
Paid for Year 4	= 46	\$14,001,019.00

Eligible Providers

Paid for Year 1	= 6,419	\$135,773,363.00
Paid for Year 2	= 2,814	\$23,777,350.00
Paid for Year 3	= 1,803	\$15,285,838.00
Paid for Year 4	= 853	\$7,216,504.00
Paid for Year 5	= 209	\$1,773,667.00

GRAND TOTAL PAID

SINCE 6/1/2011:	=	\$322,264,894.00
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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.