July 2013 EHR Newsletter

WHAT ARE WASHINGTON STATE'S EHR (Electronic Health Records) INCENTIVE PAYMENT STATISTICS THRU JUNE 24, 2013? :

Total # of EPs (Eligible Professionals) Paid:	4,686
TOTAL EPs Paid Amount:	$88,290,942.00
Total # of EHs (Eligible Hospitals) Paid:	117
TOTAL EHs Paid Amount:	$78,842,431.00
Total of all $$ Paid Out:	**$167,133,373.00**

***** Are you wondering if you qualify to receive these incentive payments? Please go to:** CMS to find out if you're eligible to participate in the EHR Incentive Programs and what you need to do by visiting the Getting Started page. Registering does not commit you to participating in the program, so register early! Eligible hospitals and critical access hospitals (CAHs) should visit the Eligible Hospital Information page to learn about the EHR Incentive Programs.

IMPORTANT DATES AND EVENTS:

- **July 1, 2013:** New Website for ***HealthIT.wa.gov*** which will have a document library of over 100 worksheets/white papers/instructions, training resources, CMS and HCA contact information and more! This site will also provide comprehensive information on Washington State's Medicaid Health IT plan and progress on the statewide HIE (Health Information Exchange).
- **July 3, 2013:** Last day that eligible hospitals and critical access hospitals (CAHs) in their first year of participation of the **Medicare** EHR Incentive Program can begin their 90-day reporting period to demonstrate meaningful use for Fiscal Year (FY) 2013. Hospitals in their second and third years of participation must demonstrate meaningful use for the full FY.
- **August 18, 2013:** eMMIP scheduled upgrade that will fix the issue identified last month pertaining to the NQF0421 Objective. Please remember to answer the questions according to the correct text, not what you see on the screen.

- **How it appears on the screen:**
  - **NQF 0421 Objective** Percentage of patients aged 18 years and older with BMI documented with encounter in the past six months.
    Numerator 1: All Patients less than 65 years old with BMI ≥22 and ≤ 30 and all Patients with BMI <22 or BMI > 30 with follow-up BMI plan

Denominator 1: All patients less than 65 years of age.
Exclusion 1: Terminally Ill, Pregnant, Documented exemption.

Numerator 2: All patients at least 65 years of age with BMI ≥18.5 and ≤ 25 and all Patients with BMI < 18.5 or BMI > 25 with follow-up BMI plan or dietary consult.
Denominator 2: All patients at least 65 years of age.
Exclusion 2: Terminally Ill, Pregnant, Documented exemption.

- **This is the correct text and the actual question you are answering:**
  - Population 1
    Numerator 1: All patients at least 65 years of age with BMI ≥22 and ≤ 30 and all Patients with BMI <22 or BMI > 30 with follow-up BMI plan
    Denominator 1: All patients at least 65 years of age
    Exclusion 1: Terminally Ill, Pregnant, Documented exemption.
    Population 2
    Numerator 2: All Patients less than 65 years old with BMI ≥18.5 and ≤ 25 and all Patients with BMI < 18.5 or BMI > 25 with follow-up BMI plan or dietary consult.
    Denominator 2: All patients less than 65 years of age.
    Exclusion 2: Terminally Ill, Pregnant, Documented exemption.

CMS (Center for Medicare and Medicaid Services) TIPS:

When you register at CMS……..

- Make sure to click on **SUBMIT** when you are finished with your CMS Registration.
  - If you don't submit it, we don't receive it. This can cause a delay and after 90-days your Registration becomes "inactive," which will force you back to CMS to start the registration process again.
- Complete the Medicaid Application well **within 90-days** of the CMS Registration. *If you are not ready to apply to Medicaid, do not register with CMS*.
  - Once we approve for payment, the application goes back to CMS to verify that the Registration is still active. If it is not active, we receive a failure notification. If this happens to you, go back to CMS, "SAVE and SUBMIT". Then wait until the next day and re-attest. This will cause delays.
- **Do not make changes** at CMS after submitting application to Medicaid and prior to payment.
  - CMS will not allow the payment to go through because the information you changed does not match your application.
    - We will have to "reject" your application so you can re-attest to the new information and the payment process will begin again, causing delays.
    - If the person who was listed as a contact on the CMS registration (address and/or email) has changed since last year – then you must go to CMS prior to state registration and make the change there. Otherwise the system will regenerate a record for this year – using the previous year's information.
    - **FOR CMS EHR ASSISTANCE:**

CMS EHR HELP DESK: **1-888-734-6433 option #1**

CMS SECURITY AND CONTACT INFORMATION: **1-866-484-8049option #3**

TIPS FROM US:

- The ONC has developed great new materials on their National Learning Center site. They are helpful as you consider implementing an EHR system, find yourself struggling with change management, or just need helpful tips on how to meet MU. Please go to: Assess Your Practice Readiness , Change Management for EHR Implementation and Continue Quality Improvement or Continuous Quality Improvement (CQI) Strategies to Optimize your Practice
- When you have a change in staff, resulting in a new System Administrator for your **ProviderOne account**, you need to also contact ProviderOne Security in order to obtain security credentials granting the new System Administrator access to the account in ProviderOne. Please contact them at provideronesecurity@hca.wa.gov.
- **If you do not have your own security credentials granting you access to the EHR domain in ProviderOne, we are not able to discuss any information with you.**
- If you have questions or need assistance, please email our team at: HealthIT@hca.wa.gov

QUESTIONS AND ANSWERS FREQUENTLY ASKED OF OUR TEAM:

Q: When can I apply for the next year?
A: Please wait until you receive an email from the HealthIT inviting you to apply for the next year. In order to assure that you will receive this email, it is imperative that you keep your email and contact person information updated at CMS.

Q: Does the original NPI have to match the payee's NPI?
A: No, the original NPI does not need to match the payee NPI. For example: if you use one original NPI and want to divide payment to 3 different clinics or providers you can do so without changing the original NPI. If you are using group proxy calculations and using more than one organization's NPI, the encounter data is distinct of reach.

Q: After registering with CMS, I decided not to apply to Medicaid. What do I need to do?
A: If you do not want to receive reminders that you still need to apply to Medicaid, go into your CMS registration and click on the CANCEL button. (You can always re-register if/when do decide to apply)

Important:

- Make sure the **EP's NPI is associated to the Payee NPI** in ProviderOne (step 15), with an active date span.
  Payment cannot be issued from ProviderOne unless a current business relationship exists in the system between the EP and the Payee NPI. This EP must be a servicing provider listed directly under the payee NPI in ProviderOne. It is not enough that they are listed as a servicing provider under another NPI related to the same clinic, business etc.
  Note**:** If you have an EP who is retiring or leaving prior to payment, please contact HealthIT@hca.wa.gov and work with an EHR Incentive Eligibility Coordinator regarding that provider.
- Make sure **non-active Users in ProviderOne** have been end-dated in their User screen.
  This will ensure that EHR Administrators created for the Domain are active employees and the Security information is received at the correct e-mail. This will prevent un-authorized access to the provider domain by previous staff members.