



TennCare



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CONTACT INFORMATION

We're ready!
Are you?

You have been asking – now we're ready to tell you! As everyone knows, CMS finalized a new rule that has a large impact on MU attestations, and that rule became effective on December 15, 2015. Our contractor has completed the upgrades and **we are now ready to being accepting your MU attestations, starting tomorrow January 15th!!!**

The MU requirements have changed, so take your time and make sure you understand them. If you have a question about a requirement, send an email to EHRMeaningfuluse.TennCare@tn.gov.

REMEMBER, the Final Rule allows all providers, regardless of what stage of MU attestation they are in, to use a consecutive 90-day period in 2015 for your MU data. Your (EPs) patient volume encounters must come from 2014.

ELIGIBLE HOSPITALS: The Final Rule changed your EHR Reporting Period to a calendar year. Your MU data can come from anytime from October 1, 2014 through December 31, 2015. Your patient volume encounters still must come from the previous fiscal year. (In other words, nothing changes about from when patient encounters are reported.)

As stated above, MU-specific questions should be submitted to EHRMeaningfuluse.TennCare@tn.gov. All other EHR-related questions should be directed to TennCare.EHRIncentive@tn.gov. We will respond as quickly as possible.

Keep reading. There's more good information ahead!



⚡ Attention: Deadline for Submission of 2015 Attestations

The deadline for submission of 2015 attestations, both AIU & MU, is 11:59 PM on March 31, 2016. Any attestations received after that date will be return to you as an untimely submission. Should your attestation be returned due to an error found during review, you are encouraged to correct and resubmit your attestation as soon as possible. The deadline for returning attestations having been found with errors will be announced later.

Program year 2016 is the LAST YEAR TO **BEGIN** receiving payments in the TennCare MEDICAID EHR Provider Incentive Program

Eligible providers can receive incentive payments for up to six years, but **Program Year 2016** will be the last year for providers to **begin** the TennCare Medicaid EHR Incentive Payment. First-time participants in 2016 must register at the [CMS Registration and Attestation](#) site, and must either *Acquire, Implement or Upgrade* their certified EHR system **or** complete a 90-day *Meaningful Use* period by December 31, 2016.

Most recipients of this newsletter have already enrolled and attested in this program. However, you can help us spread the word to those who have yet to enroll. After December 31, 2016, no one will be allowed to enroll and participate in the EHR Provider Incentive Payment Program.

W-9, ACH Form, Voided Check, Deposit Slip, or Bank Letter No Longer Required for the EHR Incentive Program

Effective January 15, 2016, providers (EPs and EHs) will no longer be required to submit a W-9, ACH form, or a voided check, deposit slip, or bank letter with their attestation. Provider Registration has implemented a process where all providers and groups are required to electronically register and revalidate. With that process nearing completion, we in the EHR Incentive program are going to accept what Provider Registration has as the information of record. You are **STILL** required to submit an **updated** Signature Page with each year's attestation. The current Signature Page is dated 10.21.14. Nurse Practitioners and Physician Assistants are also still required to submit their respective pages when attesting.

To avoid payment delays related to your profile information, you **MUST** keep this information current and up-to-date. Individual providers needing to make profile changes need to go to CAQH, follow the update process, and

re attest. Group Practices/clinics need to go to TennCare's Provider Registration web site, click on "Provider Information", then, click on "All Other Provider Registration Information" and do an update and resubmit. Click on "For Step by Step Instructions" for assistance.



The State of Tennessee will issue individual 1099s to providers receiving EHR Incentive Payments during 2015. This mailing will occur on or shortly after January 31, 2016. Although Eligible Professionals do have the option to assign their EHR Incentive Payment to their Group Practice or Clinic, the Department of Finance and Administration believes that the proper interpretation of IRS guidelines requires the issuance of individual 1099s to the attesting provider, at his/her home address, irrespective of who actually received the payment. The 1099 form is an informational return provided to the IRS. To determine if payments are taxable, you must consult your tax professional. In most cases, you and your organization will need to complete a "middleman 1099." A "middleman 1099" transfers the income from your Social Security number and places such income in your employer's tax ID number. You should have your employer's tax ID number from the W-2 you were sent last year.

It is the responsibility of the eligible professional to assign his/her EHR Incentive Payment, either to his individual NPI or an organizational NPI (his employer or entity with whom he has a valid contractual relationship allowing the entity to bill for the EP's services), in consideration of the program parameters and any agreements with his organization. The eligible professional is responsible for selecting the appropriate option in the CMS Registration and Attestation System, and any payments will be made to the designated Payee NPI. The payment can be designated to different entities for each year of program participation but cannot be divided during a single year of program participation.

CMS, the Bureau of TennCare, and the EHR Provider Incentive Payment Program are not responsible for decision-making or mediation regarding the assignment of incentive payments.

Again, we strongly encourage you to contact your tax professional on the proper handling of this matter. If you lose your 1099 or otherwise need a replacement, contact Donna Nicely at Donna.Nicely@tn.gov or (615) 253-5234. She will need your Tax ID number, name, and either an email address, fax number, or current mailing address where the replacement 1099 can be sent. Any questions about the EHR Provider Incentive Payment Program should be sent to one of the email addresses at the end of the newsletter. Donna will **NOT** be able to help you with those.

EHR Documentation

One of the largest problems we encounter with providers is the matter of documenting the fact that you have a contractual/financial obligation showing you have adopted, implemented, or upgraded to a certified Electronic Health Record technology (CEHRT) system. This includes upgrading from a previous CEHRT to an updated CEHRT (for example, from the 2011 Edition to the 2014 Edition). **CMS requires** the states to verify that each attesting provider does have this legal and/or financial obligation for a CEHRT system.

When completing the EHR Questions during an attestation, you will see a box following question 2a which states what is acceptable as documentation. These are

- The page of an executed contract or lease agreement **clearly showing the CEHRT**, vendor, and provider, **AND** the executed dated signature page showing both the provider's and vendor's names and signatures.
- If your current contract/lease requires the vendor to provide you with appropriate updates/upgrades to your system to qualify it as CEHRT, executed upgrade agreements for which a cost and timeframe are stated, **AND identifies your CEHRT**.
- A copy of the vendor's invoice **clearly identifying your CEHRT**, **AND** proof of payment
- A copy of your purchase order identifying the vendor and **the CEHRT being acquired**, **AND** proof of payment
- If using one of the free CEHRT, documentation requirements are a signed letter on the vendor's letterhead **identifying the provider and CEHRT**, **AND** a copy of the User Agreement.

Hopefully you noticed above that phrases concerning the identification of your CEHRT are highlighted. For example if you use item 1 and the first page does not identify your CEHRT, then you need to also include the page that does identify your CEHRT. You'll also notice that each item includes an all-caps, bolded "**AND**". That means whichever means you use to provide documentation, there is something else which must be included in addition to the first item listed. This is especially important if you use one of the free CEHRTs available on-line.

Besides the five items above, you will also find a list of items which are **NOT** acceptable as documentation.

NOT acceptable as documentation:

- A screenshot of CHPL showing the CMS certification number of your CEHRT
- A screenshot of your computer showing your CEHRT
- Requests for Proposals (RFPs) or vendor bids

In addition to these items, we will not accept letters from your CEHRT vendor, or any other such documentation. The reason being is that these documents do not prove a legal/financial obligation to access to a CEHRT system. Again, **CMS requires** that we verify that you have a legal/financial obligation to a CEHRT. CMS has reviewed our list of required documents, and if your documentation does not meet one of these items, your attestation will be returned to you for correction.

Improving Health Care: Sharing Electronic Health Information among Eligible Providers

The cost of health care is expected to reach \$4.8 trillion by 2021 up from 2.6 trillion in 2010. Information sharing is vital to reducing health care cost and improving health care quality. The increase in timely information

sharing can greatly reduce duplicate tests and services. In addition it will allow providers the opportunity to assess the medical behavior of a patient before making critical decisions.

Here is an ideal scenario of how electronic health information sharing should work in the future. You are attending a conference in another state after spending several hours on a plane. You become ill and you go to the nearest hospital where the physician is able to download a record from your primary care physician. The record contains your personal history, family history, medications, allergies, surgeries, etc. The physician quickly realizes that you have a history of blood clots and are currently taking birth control medication. The physician begins treatment and saves your life.

The providers in this case were able to quickly work together to save the patient's life because of the meaningful use standards that require electronic health records use consolidated clinical document architecture (C-CDA). C-CDA is a standard that support the exchange of clinical documents, public health reporting, patient safety and clinical trials. C-CDA can include both structured and unstructured information. The Stage 2 Modifications Health Information Exchange objective requires, "a provider that transitions or refers their patient to another setting of care or provider of care 1) uses the CEHRT to create a summary of care record and 2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals." You can see from the example how learning this skill to safely communicate electronically about your patients in a very short amount of time cannot only save time and money, but lead to quicker treatment, better outcomes and a more satisfied patient.

Methods of exchange data for Modified Stage 2 include Direct Messaging Exchange, secure messaging and Health Information Exchange. In Stage 2 the provider must create the C-CDA and send it electronically (meeting HIPAA standards). Having the ability to access test results and other information created by other providers can help them make inform decisions as quickly as possible when minutes may matter. The ability to share this level of information can greatly decrease healthcare cost. With interoperability being the focus of stage 3, our ideal scenario may not be too far off.

NEW CMS RESOURCES

CMS has posted some new resources on their web site to assist providers in the attestation process. The CMS web site is found here: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html>

- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#): What You Need to Know for 2015
- [Overview of the EHR Incentive Programs in 2015-2017](#)
- [What's Changed for the EHR Incentive Programs in 2015-2017](#)
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) Attestation Worksheets
- [Alternate Exclusions and Specifications Fact Sheet](#)
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) Objectives and Measures Tables
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) Specification Sheets

MEDICARE PAYMENT ADJUSTMENTS & HARDSHIP INFORMATION

CMS has made provisions for providers, both Eligible Professionals & Eligible Hospitals, to apply for a hardship exemption where a provider attesting for the EHR Incentive has encountered unusual circumstances. An approved hardship exemption allows you to avoid a future MediCARE payment adjustment. For instructions and an application please go to this web site: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html.

In addition to the instructions and hardship application, you will find tip sheets providing information about what is considered a hardship plus some FAQs. You should also *take note of the deadlines for submitting a hardship application*.

NOTE: The Hardship Application and process is handled entirely by CMS. TennCare has no connection to this program. If you have questions, go to the CMS web site or call 1-888-734-6433.

CMS Proposes Changes to Recertification of Electronic Health Record Technology

CMS recently posted a Request for Information (RFI) seeking public input about CEHRT and future Clinical Quality Measures (CQMs). Following is an article, reprinted with permission, discussing this RFI. This article was posted on January 6, 2016 by Dena Feldman, an Associate in Covington & Burling, LLP's Washington office. To see the original blog post, [click here](#). This article includes a link to the RFI as posted in the *Federal Register*.

Last week, the **Centers for Medicare and Medicaid Services (CMS)** published a [request for information \(RFI\)](#) seeking public comment regarding areas of certification and testing of health IT as part of the **Electronic Health Records (EHR)** meaningful use program.

Beginning in 2018, participants in the Stage 3 Meaningful Use EHR incentive program must electronically report certain clinical quality measures using certified EHR technology. CMS annually updates these clinical quality measures and requires that participants report using these most recent specifications. However, CMS explains that it currently has no way to track implementation of these updates for already certified EHR technology. As these clinical quality measures evolve, CMS believes that there is value in retesting certified models to ensure that the updated measures are accurately calculated and represented. CMS explains that it previously declined to require recertification because of the associated burdens on health IT developers. However, CMS notes that it recently received comments and requests from stakeholders to change this policy.

Accordingly, CMS is soliciting information regarding whether, and when, recertification should be required when a new version of certified EHR technology is available. CMS is also soliciting comment on whether Health IT

modules should undergo annual clinical quality measures testing through CMS approved testing tools and the ONC: Health IT Certification Program. Specifically, CMS is seeking comment on the following:

- What is the burden (both time and money) of additional testing and recertification?
- What are the benefits of requiring additional testing and recertification?
- How will it affect the timeline for clinical quality measures and standard updates?
- What are the benefits and challenges of establishing a predictable cycle from measure development to provider data submission?

In the RFI, CMS is also soliciting comments on the number of clinical quality measures which a certified Health IT Module should be required to certify and potential changes to the process of testing Health IT Modules to increase the “robustness” of the testing.

CMS will accept comments on these proposals until February 29, 2016.

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Contact Information

As always, anytime you have a question or need assistance, please feel free to contact us. We will get back to you as quickly as possible.

 **Please be sure to include the provider’s name and NPI when contacting us.** 

- ◆ For questions relating to **Meaningful Use (MU)**, send an email to EHRMeaningfuluse.TennCare@tn.gov
- ◆ For **all other questions**, send an email to TennCare.EHRIncentive@tn.gov
- ◆ The **CMS Help Desk** can be reached at **1-888-734-6433**.
- ◆ **TennCare Medicaid EHR Incentive Program web site:**
<http://www.tn.gov/tenncare/section/electronic-health-record>
- ◆ **PowerPoint Presentations** on different subject areas are available here:
<http://www.tn.gov/tenncare/topic/powerpoint-presentations>

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