



TennCare

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PIPP PORTAL RE-OPENING FOR MU ATTESTATIONS

On January 21, 2016, we had to temporarily close the PIPP Portal to MU attestations due to some unanticipated problems (really, is there any other kind?). Those problems are almost corrected and **we anticipate re-opening the portal on February 8th**. Our contractor is working diligently to get the system corrected and up & running so quick, which we greatly appreciate. We have heard from other states who don't expect to get their revised systems up and running until late spring or summer. We appreciate the great work our contractor and staff preform for the TennCare EHR Incentive Program and PIPP Portal.

You will receive an email announcing the PIPP Portal is open for MU attestations. It has always been open for AIU attestations.

The deadline for 2015 Attestations is 11:59PM March 31, 2016. After that date, late submissions will be rejected. Also, any time we return your attestation due to a problem, please return the corrected attestation to us as soon as possible.

Meaningful Use going away? Don't count on it!

In a recent speech made to the J.P. Morgan 34th Annual Healthcare Conference in San Francisco, CMS Acting Administrator Andy Slavitt was quoted as saying that "The meaningful use program, as it has existed, will now be effectively over and replaced with something better." The entirety of his remarks can be found here on [The CMS Blog](#). A thorough review of his remarks makes it clear that the immediate end to Meaningful Use is **NOT** happening. CMS officials quickly clarified that Meaningful Use is not ending, but is being rolled up into the Medicare Merit-Based Incentive Payment System (MIPS), which is a part of MACRA. CMS officials additionally stated that the **Medicaid EHR Provider Incentive Payment Program is still set to go through 2021**. As we all know, Congress and CMS can change their minds at any time. But until they promulgate new rules stating

otherwise, TennCare providers participating in the TennCare Medicaid EHR Incentive Program will continue to attest (including MU criteria) and receive EHR incentive payments as appropriate.

*Don't meet the Medicaid Patient Encounter requirement?
You can still attest and avoid the Medicare Payment Adjustment!*

The Stage 3 and 2015-2017 Modified Meaningful Use Stage 2 Rule, published in October 2015, includes a provision that allows certain Medicaid Eligible Professionals (EPs) the option of attesting through the **MediCARE** EHR Incentive Program Registration and Attestation system for the purpose of avoiding Medicare payment adjustments.

This Alternate Method will not issue an incentive payment, but it does permit EPs who previously received an incentive payment under the Medicaid EHR Incentive Program (for either AIU or MU) **to demonstrate that they are meaningful EHR users**, even if they fail to meet the patient volume eligibility criteria in a subsequent year.

For **Program Year 2015**, EPs can report their Meaningful Use criteria for a 90-day period from within calendar year 2015 at the [CMS Registration](#) site. **The CMS deadline to attest using the Alternative Method is February 29, 2016.**

Please note:

- EPs who have been participating in the Medicaid EHR Incentive Program may find that they are unable to meet the patient volume percentage to qualify for a Medicaid EHR Incentive Program payment in Program Year 2015. They **cannot** switch to the **Medicare** EHR Incentive Program, as Program Year 2014 was the last year that EPs could switch programs.
- Even if they can't meet patient volume, EPs may still be able to meet Meaningful Use criteria for a 90-day EHR reporting period in 2015.
- If these are EPs that are subject to the Medicare Payment Adjustments, they may attest at the [CMS Registration](#) site. (**Note:** Pediatricians, OB/GYNs, & Dentists are **not** subject to the Medicare Payment Adjustment; unless, of course, you are a Medicare provider.)
- This **is not** as a program switch between the Medicare and Medicaid EHR Incentive Programs.
- Rather, it counts as skipping a year in the Medicaid EHR Incentive Program, i.e., there is no reduction in the maximum number of six years of Medicaid EHR Incentive Program payments that an EP can receive over the course of the program.
- If an EP uses the Alternate Method to attest at CMS and subsequently finds that he/she **CAN** meet the patient volume requirements, he/she may **ALSO** then attest on the TennCare PIPP portal before the grace period ends on March 31, 2016 to receive a program year 2015 incentive payment.
- The Alternative Method does not apply for EPs attesting to AIU since Medicare does not have an AIU option.

This is a brief description of the Alternative Medicare attestation method for Medicaid EPs. Along with this newsletter is information provided by CMS, including some Q&As, to assist you if you choose to attest in this

manner. You may see some terms such as “B-6” and “D-18.” These are methods of communication between CMS and the states and as such, you do not have to be concerned with these terms.

Visit the [CMS Medicare Registration and Attestation](#) webpage for additional guidance. If you have questions, the CMS EHR Information Center can assist you with registration and attestation system inquiries:

CMS EHR Information Center Hours of Operation

7:30 a.m. - 6:30 p.m. (Central Time) Monday through Friday, except federal holidays.
1-888-734-6433* (primary number) *(press option 1) or 888-734-6563 (TTY number)



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.

RECENT ANNOUNCEMENT FROM CMS

MACRA Physician Focused Payment Model Technical Advisory Committee Announcement

The U.S. Department of Health and Human Services announces the first meeting of the new Physician-Focused Payment Model Technical Advisory Committee on February 1, 2016. The Committee is required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and its members were appointed by the Comptroller General. On January 5, 2016, Secretary Burwell signed the Charter of the Committee. The Committee will review proposals for physician-focused payment models submitted by stakeholders based on criteria that the law requires the Secretary to establish through notice and comment rulemaking by November 1, 2016.

The Committee includes 11 members who are nationally recognized for their expertise in physician-focused payment models and related delivery of care. With authority delegated by the Secretary, the Assistant Secretary for Planning and Evaluation, Richard G. Frank, PhD has appointed Jeffrey Bailet, MD, as the Chairperson of the Committee and Elizabeth Mitchell as the Vice Chairperson of the Committee.

Dr. Bailet is an otolaryngologist and President of Aurora Health Care Medical Group in Wisconsin. Ms. Mitchell is President and Chief Executive Officer of the Network for Regional Healthcare Improvement in Maine.

Meeting information can be found by visiting the [Federal Register Notice of Public Meeting](#).



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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Attachment