APRIL 2016

EHR Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM

THE 2015 ATTESTING PERIOD IS CLOSED

- **We are currently accepting 2016 AIU and first-year MU attestations only.**
- **We are still reviewing 2015 attestations that were submitted by the deadline.**
- **2015 attestations returned for correction must be resubmitted by June 30, 2016.**

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You Met the 2015 Deadline – Now What?

The deadline for submitting a 2015 TennCare EHR Provider Incentive Payment Program attestation was extended to April 1 this year, a day beyond the previously announced deadline. A Gregorian hitch had already extended it one day – 2016 is a Leap Year – so you actually received TWO extra days in which to submit an attestation. If you did submit by 11:59 p.m. CT April 1, rest assured you met the requirement for timely submission.

Moving forward, as we review your attestation, we may find an error or two. If so, we will return the attestation with a letter explaining what the problem is and how to correct it. We occasionally will send an additional email letter if we believe we need to provide more information.

If your attestation is returned, **DO NOT WAIT** to correct and resubmit it. While it may seem there is plenty of time at this point, the deadlines for the return of corrected attestations can come quicker than you realize.

On the Clock for 2016 – Who Can Attest Now?

TennCare is NOW accepting 2016 EHR Provider Incentive attestations for:

- Those who are attesting for AIU.
- Those who are attesting for their first year of Meaningful Use. (90 days of MU data from 2016 are required to attest.)

For Program Year 2016, the Patient Volume Data for both AIU and MU attestations will come from a consecutive 90-day period in 2015.

Providers who are beyond the first year of attesting for MU must have 365 days of data from 2016. This obviously means these providers will not be able to attest until January 2017.

One final word: If you are attesting for the very first time in 2016, no "skip years" will be available before the EHR Provider Incentive Payment Program is scheduled to end at the close of 2021. This means that 2016 is the last year providers can enroll and still receive the full six years of incentives available to them in the program.

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If you cannot access your PIPP account, here's how to get the help you need.

DID YOU KNOW?

Because Meaningful Use is a part of the program, some mistakenly refer to the EHR Provider Incentive Payment Program as the Meaningful Use Program.

Can't Log In? Locked Out?

Normally, all you need to enter TennCare's Provider Incentive Payment Program (PIPP) system and attest for the EHR Incentive is the user name and password for your account. But what if you can't get in?

If you can't remember the user name or password: First, check with another co-worker who knows or knows how to find the information. We always recommend more than one person in your practice have or have access to your User ID, password, and the answers to the security questions. In the event an employee leaves, someone else will know how to access the portal. If necessary, you can change the information in the future.

If the designated co-worker isn't available, try recovering your User ID or resetting your password from the links provided on the PIPP Log-in page. You must know the answers to the security questions associated with the account to accomplish either task.

If you are unable to reset the password on your own, email the provider's name and NPI to TennCare.EHRIncentive@tn.gov and explain you need to have the password reset. We will send a temporary password you can use to get in the system (assuming you know the answers to the security questions). Once in PIPP, you can set up a new password only your office will know.

Any time you set up a new PIPP password, remember it must be 7 to 10 characters, contain at least one non-alphanumeric character (! @ # % *), contain at least one upper case character and at least one lower case character, and must NOT have any spaces.

If you are locked out by the system: You cannot unlock a PIPP User Account by creating a new password. Email TennCare.EHRIncentive@tn.gov with the provider's name and NPI, and explain what happened. We will unlock your account for you and notify you once it has been done.

If you do not have the answers to the security questions: Recovering a User ID or resetting a password will not get you into PIPP if you do not have or cannot remember the answers to the security questions. At this point, the current User Account will need to be deleted so that you can set up a new User Account with a new User ID, password, and security question answers. Email TennCare.EHRIncentive@tn.gov with the provider's name and NPI, and explain you do not have the answers to the security questions. We will then delete the current User Account, and you can return to PIPP to set up the new one.

To set up the new User Account, select the "Provider Web Registration" link on the home page of the PIPP portal. You will need to know your CMS Registration Number (the number you were given when you enrolled on the CMS R&A web site), the provider's individual NPI (not the NPI of the group), and the Tax ID (For EPs, this is the Social Security Number (SSN)). You will then be taken to the page that requests you establish a User Name, password, and answers to three security questions. Once this page is completed, select "Save" to create the new account.

Stepping Through Your Attestation Review

You put a lot of work into your attestation, and your efforts are not taken lightly at TennCare. Each attestation submitted to the EHR Provider Incentive Payment Program undergoes not one, but four reviews. And for Meaningful Use attestations, there is a fifth, very intensive review.

Your attestation must pass, in order, each step before going forward to the next review.

In this issue, we want to give you an overview of these five review types. In future issues we will examine one type of review at length and give you tips for passing that review.

1. The Eligibility Review. When you first submit your attestation, we review the Provider Questions, EHR Questions, and Required Forms pages. We verify each number entered against information from CMS EHR Registration, the TennCare Provider Registration portal, the Tennessee Department of Health, the CHPL EHR Certification website, and other databases.

We examine your EHR documentation to determine if it meets requirements listed on the EHR Questions page. We also determine if your Signature Page meets requirements for legal documentation and check to see if you provided a Nurse Practitioner page or Physicians Assistant page if needed.

2. The Patient Volume Review. Once your attestation passes the Eligibility Review, we will conduct a review of the Patient Volume numbers you have provided. In this step, we compare the Medicaid encounter numbers you entered on the Provider Questions page to the encounter numbers reported to TennCare by the MCOs with which you are contracted. If the initial check does not allow you to pass, we review your group connections and any NP or PA claims to ensure you are receiving credit for all encounters. We work with our informatics department to conduct even more thorough searches as necessary.

Once your attestation passes the Patient Volume review, it will move forward to either the MU Review or the CMS Review.

3. The MU Review. If you are attesting to Meaningful Use, your attestation will next be reviewed by TennCare's Quality Oversight division. Here the Meaningful Use Questions and Meaningful Use Clinical Quality Measures pages are checked to determine if all MU requirements are met. Each measure and CQM is examined for qualification and accuracy, and reviewers determine whether each has been met and if you have successfully attested to the total number of measures and CQMs needed to pass. They also check your registry interaction, security risk assessment, and other aspects of MU.

4. The CMS Review. At this point in the process, your attestation is checked against CMS requirements, including a second look at eligibility information from a national point-of-view. This review ensures CMS that you are eligible to attest to the program.

5. The Fiscal Review. When your attestation arrives in "Ready for Payment" status, it is forwarded to the TennCare Fiscal for their review. The Fiscal department looks at your financial information and documentation in the TennCare Provider Registration portal to see how and if your EHR Incentive is set up to be paid. Once your attestation passes this step, payment is scheduled.

After each review, your attestation may be returned. This allows you to make corrections and gives you the opportunity to pass the review again. Each correction or change is reviewed in our offices as appropriate.

Attestations undergo these reviews:

1. Eligibility

2. Patient Volume

3. MU

4. CMS

5. Fiscal

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With EHR Incentive Program questions, email TennCare.EHRIncentive@tn.gov

With Meaningful Use (MU) questions, email EHRMeaningfuluse.TennCare@tn.gov
CMS Help Desk, 888.734.6433

TennCare Medicaid EHR Incentive Program website: www.tn.gov/tenncare/section/electronic-health-record

How-to PowerPoint Presentations are available at www.tn.gov/tenncare/topic/powerpoint-presentations

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.

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View past TennCare E-Newsletters at www.tn.gov/tenncare/topic/e-blast-newsletters

I Attest Every Word, Every Number Is True

By submitting your information to be evaluated for the TennCare EHR Incentive, you are not submitting it as an application to the program. Rather, you are submitting your information as a legal *attestation*.

When you *attest*, you are making a legal statement that everything to which you are stating is true. As a document, an attestation is one in which every word stated, every number written, is entirely true.

Just as the EHR Incentive attestation does, many such documents require very specific documentation that supports what is being stated. This is why our reviewers may seem to be very "picky" when returning your documentation for correction. Because you are submitting a legal attestation, such preciseness is a must.

Like any other legal document, the EHR Incentive attestation must be properly signed and dated by the attester to bring the document into the realm of legality. This is why we require a Signature Page to be submitted with your attestation.

The Signature Page makes your attestation a legal document.

We must return your attestation if there is no Signature Page, or if it is included but not signed, or not signed by the attester. The document must bear the printed name of the attester as well. We also return your attestation if the date on your Signature Page is not within 90 days of the submission date, a legality required by TennCare's Fiscal department.