



## Webinar: A Walkthrough of Attesting to First Year Meaningful Use

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### (Payment Year 2)

Are you attesting to Stage 1 Meaningful Use for your first year of meaningful use in 2012? Join TennCare in a webinar on May 23, 2012, from 9:00-10:00 AM, to walk through the attestation process for TennCare's Provider Incentive Payment Program (PIPP) Portal. You'll view each of the steps involved in attesting for Payment Year 2 and have a chance to ask questions. E-mail [EHRMeaningfulUse.TennCare@tn.gov](mailto:EHRMeaningfulUse.TennCare@tn.gov) by May 22<sup>nd</sup> to reserve your spot in the webinar and receive instructions for how to join!

Below are a few tips for attesting that will be demonstrated and discussed during the webinar.

### Attestation Tips

**Multiple Sites:** If you work at multiple sites, the portal asks for information about your patient encounters at multiple sites. These questions are related to the requirement that *any eligible professional demonstrating meaningful use must have at least 50% of their of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology capable of meeting all of the meaningful use objectives*. If it decreases your reporting burden, you may total your patient encounters and enter only that redundant total for each site for which you answer to having an EHR, but you must enter your patient encounter information separately for each site without an EHR.

**Core Measure 1, CPOE:** Ensure you are entering your provider and not your practice total for this measure. As the denominator for Core Measure 1 is the "number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period," the denominator should not exceed the number of unique patients.

**Core Measure 10, CQM:** You are asked to name a CQM when you attest, and easy ways to identify a CQM include the CQM measure name and/or NQF number. Be sure not to confuse CQM (a clinical quality measure) with CDS (clinical decision support)!

**Core Measure 11, CDS:** You are asked to name your CDS rule or intervention when you attest. Easy ways to identify a CDS include listing the alert prompted, and including the patient population targeted and relevance to your practice also provides a better description. A CDS rule is not a condition or a clinical process alone—it's the guidance the implemented rule offers regarding that condition and/or process.

**Core Measure 14, Exchanging Key Clinical Information:** You are asked to provide information about your test partner for this measure, so be sure to put enough information to demonstrate that you did perform a test with distinct certified EHR technology or another system capable of receiving the information. See the CMS technical specification for this measure for the definitions of “different legal entities,” “distinct certified EHR technology,” and “exchange.”

**Menu Measure 9, Immunization Registry:** Utilize the letter you received from TDOH to fill out the date of your test!

**Typos and Reading Carefully:** Review your attestation to avoid attestations below the required thresholds or the clicks on “no” when you meant “yes.” Ensure your attestation reflects all your hard work toward meaningful use!

### *Contact Us*

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Questions specific to Meaningful Use (MU) should be directed to [EHRMeaningUse.TennCare@tn.gov](mailto:EHRMeaningUse.TennCare@tn.gov)

Other questions about the TennCare Medicaid EHR Incentive Program can be submitted to [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov)