



## What's Happening?

The last three months have been somewhat hectic around here. As you know, the grace period for filing 2012 Program Year attestations was March 31, 2013. And, sure enough, the closer we got to the deadline, the more attestations came in. We have also seen an increase in the number of new providers enrolling in the EHR Incentive Program over the last half of 2012. Further down in this newsletter is information about a CMS Fact Sheet giving some national numbers on EHR Incentive participation. Haven't gotten to 100% yet, but getting closer. We're here to help you with your attestation. Contact email addresses and phone numbers are at the end of this newsletter. Don't hesitate to contact TennCare or CMS if you have questions or problems.



## What will 2013 bring?



New providers who have not yet enrolled in the TennCare Medicaid EHR Incentive Program can still enroll and receive the full six years of incentive payments. For Eligible Hospitals (EHs), payments are made over three years. To enroll, go to the CMS Registration & Attestation System web site and follow the instructions.

**New this year!** If you are an Eligible Professional (EP) who provides services to both Medicare and Medicaid beneficiaries, you probably know that beginning in 2015, CMS will reduce your Medicare payments if you are not a meaningful user (MU) of a certified EHR system. You have through the first three quarters of 2014 to prove MU.

Just to be clear, if you meet the MU criteria through the Medi**CAID** EHR Incentive Program, you will meet the CMS requirements of being a MUEr and will not experience the reduction of your Medi**CARE** payments.

How do you do this? If you are attesting for your first year of participation in the TennCare Medicaid EHR Incentive Program, a question on the first page asks if you are attesting for AIU (Adopt, Implement, or Upgrade) **OR** for MU. You will need MU information and data for a consecutive 90-day period in 2013 in order to attest to MU. Your patient encounter data comes from a consecutive 90-day period in 2012. This option will continue to be available through the cut-off year of 2016, with the date ranges adjusted accordingly.

## What are my options for attesting in 2013?

**AIU** – If this is your first year to attest in the TennCare Medicaid EHR Incentive program, you can attest for AIU – the adoption, implementation, or upgrade to a certified EHR system. Basic requirements – having or having access to a certified EHR system; and a 30% Medicaid patient volume during a consecutive 90-day period during 2012. (Pediatricians can qualify for a reduced payment with a 20% Medicaid patient volume; EHRs must meet a 10% threshold in the previous fiscal year.) **Or** as described above, you can choose to attest to MU.

**MU** – Stage 1 Year 1: If you did the AIU attestation in 2012 (or 2011 and skipped attesting in 2012), you will attest to MU. You must have meaningfully used your certified EHR system for a consecutive 90-day period in 2013. Your patient encounter volume comes from a consecutive 90-day period during 2012.

**MU** – Stage 1 Year 2: For this attestation, you **must** have a **full year (12 months)** of meaningful use of your certified EHR system. This is based on a calendar year, not a rolling 12 months. The earliest you will be able to submit this attestation is January 1, 2014.

**Note:** If you are changing to the TennCare Medicaid EHR Incentive Program from the Medicaid incentive program of another state or from Medicare, you will continue with whatever stage you currently are in, just as if you had been in the TennCare program the entire time. According to CMS rules, you cannot receive two incentive payments in the same year, and the total amount you will receive cannot exceed the maximum established by regulation.



Regardless of where you are with your efforts toward meaningful use (**MU**)--whether you have earned an incentive payment for Payment Year 2012 or are pursuing MU for the first time for Payment Year 2013--one of the best resources is the timelines webpage for your cohort. Each cohort, labeled based on the year for which you first earned an incentive payment for the EHR Incentive Program, has its own timelines [illustrating](#) program expectations and deadlines. The [2011 timelines](#) for EPs who earned an incentive payment for AIU in 2011, for example, show that some providers chose to pursue 90 days of Stage 1 MU in 2012, while others skipped 2012 and are pursuing their 90 days this year. The [2012 timelines](#) are applicable to the over 1000 EPs who earned incentive payments for 2012, and the [2013 timelines](#) show a new option available this year: attesting to MU in one's first year rather than AIU (but earning the same first year incentive payment). [Review your possible timelines](#) and choose your pathway toward Stage 3 Meaningful Use as you continue planning participation that is appropriate for your practice.



## REMINDERS

**The TennCare Medicaid EHR Incentive Program is STILL open to new participants.** If you have new EPs in your group or clinic, or know of new EPs entering practice, or EHs that have yet to enroll – it's not too late. New providers can enroll to participate in the EHR Incentive Program through 2016. Just as you did, they must go to the CMS Registration & Attestation System web site to begin the process of enrolling and attesting.

**Documentation** – TennCare requires **ALL** documentation **EACH** year of attestation. This means we want to see the documentation each year concerning your certified EHR system, and the Required Forms – W9, Automated Clearing House (ACH), Bank Information, and the Signature Page. You can use the same information each year **unless** something has changed (a new EHR system or changed banks), **EXCEPT** the Signature Page. We must have a new Signature Page with each attestation submitted.

**Personal Health Information (PHI)** – **Never, ever** send PHI, or any information that identifies a specific patient, as a part of your documentation when submitting your attestation, particularly when attesting to MU. We do not need this information and it could be construed as a HIPPA violation.

**Program Year vs. Payment Year** – **Program Year** refers to the calendar year (January – December) of program operation. **Payment Year** refers to the year of program participation for which a provider receives payment.

**Consecutive 90-day periods** – The 90-day period for Medicaid encounters for EPs is always from the **previous** calendar year. For example, for 2013, you will use a 90-day period in 2012. If you are attesting to MU Stage 1 Year 1, your consecutive 90-day period **for MU data only**, will come from 2013. The patient encounter data will still come from 2012. The patient encounter period for EHs comes from the previous fiscal year.

Attestation in 2014 will present some new challenges, which we address in the future.

## FOLLOWING IS INFORMATION FROM CMS

### Will incentive payments earned in the Medicare and Medicaid Electronic Health Records (EHR) Incentive programs be affected by sequestration?

Incentive payments made through the Medicare EHR Incentive Program are subject to the mandatory reductions in federal spending known as sequestration, required by the Budget Control Act of 2011. The American Taxpayer Relief Act of 2012 postponed sequestration for 2 months. As required by law, President Obama issued a sequestration order on March 1, 2013. Under these mandatory reductions, Medicare EHR incentive payments made to eligible professionals and eligible hospitals will be reduced

by 2%. This 2% reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction.

Please note that this reduction does not apply to Medicaid EHR incentive payments, which are exempt from the mandatory reductions.

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## A Record of Progress on Health Information Technology

On April 23, 2013, CMS issued a [Fact Sheet](#), entitled “A Record of Progress on Health Information Technology.” This fact sheet provides updated information on the impact of the HITECH Act’s EHR Incentive Program, and some of the reforms introduced by the Affordable Care Act. (Note: the HITECH Act was a part of the ARRA, **not** the ACA.) Below is one section from the fact sheet about participation in the Medicare and Medicaid EHR Incentive Programs.

### Robust Participation in the EHR Incentive Programs:

- **Hospital Participation:** More than 85 percent of eligible hospitals are participating in the Medicare and Medicaid EHR Incentive Programs, and more than 75 percent have received incentive payments for meaningfully using EHR technology as of March 2013.
- **Physicians and other Health Care Provider Participation:** More than 388,000 of the nation’s eligible professionals have registered to participate in the Medicare and Medicaid EHR Incentive Programs, representing 73 percent of all providers eligible to participate. More than 230,000, or 44 percent of all eligible professionals, have received an EHR incentive payment for meaningfully using EHR technology as of March 2013.
- **Assistance from Regional Extension Centers:** HITECH funds established 62 Health Information Technology Regional Extension Centers (RECs) to offer technical assistance and guidance that is critical to accelerating the provider adoption and meaningful use of EHRs, particularly in rural areas and other underserved settings.
  - RECs are providing assistance and support to more than 44 percent (130,000) of primary care providers and 48 percent (20,000) of Nurse Practitioners nationwide.
  - More than 80 percent of all Federally Qualified Health Centers are enrolled with a REC.
- **Effect on the Health IT Marketplace:** Federal investment and standard setting have helped to create a robust market for eHealth IT products. As of March 2013, there are 941 vendors providing more than 1,700 unique certified EHR products.

 **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](mailto:EHRMeaningfuluse.TennCare@tn.gov)

For **all other questions**, send an email to [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov)

The **CMS Help Desk** can be reached at 1-888-734-6433.

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[listserv@listserv.tn.gov](mailto:listserv@listserv.tn.gov), (no subject) and type in the message box: **unsubscribe MedicaidHIT**

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TennCare EHR Incentive Program web site: [http://www.tn.gov/tenncare/ehr\\_intro.shtml](http://www.tn.gov/tenncare/ehr_intro.shtml)

✂ The link to previous EHR newsletters did not function properly. Try this, or copy and paste to your browser:  
[http://www.tn.gov/tenncare/ehr\\_newsletters.shtml](http://www.tn.gov/tenncare/ehr_newsletters.shtml)