



TennCare

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CONTACT INFORMATION

Goodbye ☹ - Hello ☺

For the past two years, many of you who have attested for Meaningful Use have had a chance to work with Cindy Wallace. We apologize for the late notice and are sad to announce that Cindy retired from state government in mid-January. Cindy worked hard on the MU portion of the EHR Incentive Program and went to bat many times for providers, both helping with MU attestation and making improvements to the system. We're sure you will join with us in wishing Cindy a long and happy retirement.

We're happy to announce that in addition to her duties as the TennCare (Roving) Clinical Educator, Vickie Duncan has assumed Cindy's role as Director of the MU Review Unit. Many of you have already had dealings with Vickie as one of the reviewers of MU attestations, and in her Clinical Educator role in assisting providers with attestation problems. Vickie is available to assist providers directly when needed. To reach Vickie, email EHRMeaningfuluse.TennCare@tn.gov with the Subject Line ATTN: Vickie Duncan.

We are also happy to announce that the EHR Provider Incentive Program Unit is now back to full strength. We are pleased to have Rebecca Dunlap join our unit. Rebecca has many years of experience in the TennCare Medicaid Program and is a great addition. Over the coming months you obviously will have the opportunity to meet Rebecca as she assists you with attesting for the EHR Provider Incentive Payment Program.

Alternative Attestation Method thru Medicare

As mentioned in last month's TennCare EHR Newsletter, CMS has created an alternative method of attesting for MU for those who don't think they will meet the 30% Medicaid patient volume requirement. You

- will have to attest according to MediCare requirements;
- if approved – you will meet the MU requirement to avoid the MediCare payment reductions;
- if approved, you will NOT receive an EHR Incentive Payment from Medicare or TennCare.

The following question was posed to CMS and includes their response.

An eligible professional (EP) demonstrated meaningful use but was unable to meet the Medicaid patient volume. Can the EP still attest?

According to the [2015 final rule](#), beginning in 2015 eligible professionals (EPs) who are dually eligible, i.e. bill claims to both Medicare and Medicaid, and demonstrated meaningful use during the payment year but were unable to meet the Medicaid patient volume requirements, may attest for the Medicare EHR Incentive Program in order to avoid the Medicare payment adjustments.

EPs who exercise this alternate attestation option for meaningful use:

- would not receive an EHR incentive payment for that year
- would not be considered as switching to the Medicare EHR Incentive Program
- must comply with Medicare attestation requirements
- may not simultaneously attest to adopt, implement or upgrade (AIU) for the Medicaid EHR Incentive Program for the same year

An EP's use of this alternate attestation method would be treated the same as if the EP had not attested to meaningful use for that year in the Medicaid EHR Incentive Program. Furthermore, an EP's EHR reporting period in a subsequent year for the Medicaid EHR Incentive Program would be determined without regard to any previous attestations using this alternate method. Medicare attestations must be completed in the CMS Registration and Attestation System at <https://ehrincentives.cms.gov/hitech/login.action>.

The deadline for attesting using this method is that determined by CMS. CMS has recently announced an extension to the attestation period for submission of 2015 Program Year attestations. You now have until 11:59 P.M. ET on March 11, 2016 to submit your attestation under this alternative method. This alternative method will continue to be available to providers, but again, the attestation period is set by CMS and normally it ends on February 28th of each year. This is a CMS procedure. If you have questions, call the CMS Help Desk at 1-888-734-6433.

Public Health Objective Reporting Requirements

Objective: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

There are three measure options available for Eligible Professionals (EPs) in Tennessee. Eligible Professional must be actively engaged with public health agency in order to positively attest to measures in Objective 10.

EPs must attest to any combination of two measures; this includes EPs previously scheduled to be in Stage 2 in 2015 and all EPs in 2016 and 2017. An EP previously scheduled to be in Stage 1 may meet one measure in 2015.

In 2015, the EHR Reporting Period for all EPs is any continuous 90-day period during the calendar year 2015. In 2016, the EHR Reporting Period for EPs who have not successfully demonstrated meaningful use in a prior year

is any continuous 90-day period during the calendar year 2016. The EHR Reporting Period for returning EPs is a full calendar year January 1, 2016 through December 31, 2016.

Registration to Submit Data

Attention: All providers must register with the appropriate public health agency (PHA) or CDR within 60 days of the start of their EHR reporting period. Failure to register your intent for a public health objective by this deadline will mean you will fail to meet the measure. Please contact the PHA or CDR associated with the registry to determine registration status.

Active Engagement

EPs are required to demonstrate “active engagement” with a public health agency (PHA) or clinical data registry (CDR). Active engagement means that the provider is in the process of moving toward sending “production data” to a PHA and CDR. The term “production data” refers to data generated through clinical processes involving patient care, and it is used to distinguish between this data and “test data,” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

Public Health Measures for EPs 2015-2017			
Public Health Measures	Measure Specification	Exchange Option Available for Eligible Professionals	Maximum times can count toward the objective
Measure 1— Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data	Tennis Immunization Information System TennIIS	1
Measure 2— Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data	As of February 2016, TDH is not accepting syndromic data or registration from EPs at this time	1
Measure 3— Specialized Registry Reporting	The EP is in active engagement with a public health agency to submit data to a specialized registry	Tennessee Cancer Registry- operated by Tennessee Department of Health No other registries are currently provided by Tennessee Department of Health to support meaningful use requirements. EPs that belong to specialty societies should check with that organization to see if they offer any special registries that would satisfy this measure	2

CMS Resource: [Public Health Reporting for EPs in 2015](#)

Public Health Specialized Registries Reporting

Measure: The EP is in active engagement to submit data to a specialized registry.

For EPs planning to attest to Public Health Measure 3, for the 2015 or 2016 reporting period, here are few things you should know.

- The deadline to register intent for any of the public health reporting measures is within 60 days of the start of the reporting period.
- Providers may use electronic submission methods beyond the functions of CEHRT to meet the requirements for the Specialized Registry Reporting measure ([CMS FAQ 13653](#)).
- An EP can report on up to 2 specialized registries to which they send electronic transactions.

How to determine what specialized registries are available

EPs should take a few steps to meet CMS due diligence requirement in search for specialized registries ([CMS FAQ 13657](#)). In summary, the steps are:

1. Check with your state to determine if there is a specialized registry available.
2. Check with specialty societies with which the professional is affiliated to determine if the societies maintain or endorse any specialized registries.

Eligible providers that have taken the necessary steps to meet CMS due diligence requirements may be eligible to take one of the exclusions listed below for this measure.

- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Alternate Exclusion available in 2015

For 2015 only, EPs may claim an Alternate Exclusion to this measure if for an EHR reporting period in 2015 they did not intend to attest to the equivalent prior menu objective ([CMS FAQ 12985](#)). Beginning in 2016, EPs must exercise due diligence as stated above before selecting exclusions 1, 2 or 3. Providers that report Exclusions 1, 2, or 3 for the 2015 reporting period will be asked to upload an explanation to the portal confirming that due diligence requirements have been met.

CMS Resources:

What can count as a specialized registry? [CMS FAQ 13653](#)

How to determine if a specialized registry is available [CMS FAQ 13657](#)

For 2015, how should a provider report on the public health reporting objective if they had not planned to attest to certain public health measures? [CMS FAQ 12985](#)

Deadlines – Everybody wants to know about deadlines!

The TennCare EHR Incentive Program:

The deadline for submission of 2015 Program Year attestations is **March 31, 2016 at 11:59 P.M.**

If we return your attestation due to eligibility errors: Your attestation is recorded in the PIPP system. However, CMS requires that we set deadlines for wrapping up each program year's attestations. If we return your attestation due to an eligibility error

- Provider Questions
- EHR Questions
- Required Forms
- Patient Encounters

We will return your attestation for correction through June 30, 2016. Any attestations returned to us after June 30th and still not corrected will be denied. July 31st is the last date we will accept attestations that have been re-submitted to us and corrected. Any previously returned attestations received by us after July 31st will be denied.

If we return your attestation due to MU errors: Again, your attestation is recorded in the PIPP system, so you have submitted it by the March 31st deadline and the return due to errors does not change that fact. We will return your attestation for correction of MU errors through July 31, 2016. Any attestations returned to us after July 31st and still not corrected will be denied. August 31st is the last date we will accept attestations that have been re-submitted to us and corrected. Any previously returned attestations received by us after August 31st will be denied.

CMS Deadlines:

CMS has changed its deadline for 2015 program attestations to **March 11th**. This includes those who are attesting through MediCare because they do not believe they meet the 30% Medicaid patient encounter requirement. If you have questions about this process, you **must call** the CMS Help Desk at 1-888-734-6433. We are unable to answer questions involving their attestation process.

CMS also recently announced an extension of the deadline to apply for **hardship exemptions**. From a CMS newsletter (February 29, 2016): Today, CMS is extending the application deadline for the Medicare EHR Incentive Program hardship exception process that reduces burden on clinicians, hospitals, and critical access hospitals (CAHs). The new deadline for Eligible Professionals, Eligible Hospitals and Critical Access Hospitals is July 1, 2016. CMS is extending the deadline so providers have sufficient time to submit their applications to avoid adjustments to their Medicare payments in 2017. (Emphasis added)

In January, CMS posted new, streamlined hardship exception application forms that reduce the amount of information that eligible professionals (EPs), eligible hospitals, and CAHs must submit to apply for an exception. The new applications and instructions for providers seeking a hardship exception are [available here](#).

Problems we often see

- Completing the Attestation Screens in Order** – We sometimes are contacted by providers who are having a problem with the various screens used when attesting. After some digging around, we find out the problem was caused by not completing the attestation screens in order. Information provided on some screens set up the following screens with the proper information and questions you need when attesting. Please complete the screens in the order they are listed on this screen:

UserID: provider1
User Role: Self
Provider: PROVIDER YEAR ONE

[My Profile](#) [Log Out](#)

[Home](#)

[Apply for Incentive \(Attest\)](#)

[CMS Registration site](#)

[Required Forms](#)

[Help/User Manual](#)

[Additional Information](#)

[Security Risk Analysis Resources](#)

Contact Us

Provider Information:
1-800-552-2683 x 4
TennCare.EHRincentive@tn.gov
TennCare Medicaid EHR

Provider Attestation

Current Case

Provider: PROVIDER YEAR ONE	NPI: 2111000010	Medicaid Id: 11111111
Email: testemail@hotmail.com	Payee NPI: 2110000810	Imported Data: N
Tax Id: 999333445	Payee TaxId: 999555445	
Status: Eligible Professional Attestation Pending	Status Date: 12/10/2015 09:56 AM	Payment Year/Stage: 1 - 2
Provider Type: Eligible Professional	Attestation Date: N/A	

Provider Eligibility Criteria

Criteria	Status	Verification Method	Received Date	Denial Reason	Attested?
Registered with CMS	Pass	System	11/25/2015		Yes

Provider EHR Criteria

	Criteria	Status	Received Date	Action	Attested?
Attest	Provider Questions	Attested	12/10/2015		Yes
Attest	EHR Questions	Attested	12/11/2015		Yes
Attest	Required Forms	Attested	12/11/2015		Yes
Attest	Patient Volume Questions	Attested	12/11/2015		Yes
Attest	Meaningful Use Questions	Pending			No
Attest	Meaningful Use Clinical Quality Measures	Pending			No

The first four screens must be completed **EACH** year. The last two screens will be available to you each year when you attest to MU. After you complete the first 4 screens, the MU screens will become available to you.

- EHR Documentation** – This continues to be one of the most frequent problems we encounter. The documentation requirements are on the attestation screen “EHR Questions.” Somehow, many providers appear to miss them. In short, we must be able to determine a legal and/or financial obligation or contractual arrangement showing you own, lease, or otherwise have access to certified Electronic Health Record technology (CEHRT). What we will **NOT** accept:
 - A screenshot of the CHPL page showing your system
 - A screenshot of your computer showing your system
 - A letter or other statement from your vendor (except when using a free on-line system such as Practice Fusion)
 - Requests for Proposals (RFPs) or vendor bids (these do not constitute a contractual obligation)

Please make sure that your documentation clearly identifies your CEHRT. For example, if the first page and/or signature page of your contract does not identify your system, **include** that portion of the contract that does.

- **Please, please, please** – whenever contacting us about a problem, particularly a locked account or password problem – please **include the Provider’s Individual NPI**. We cannot identify anyone by their User Name, and we have a whole lot of Smiths & Jones in our system. The fastest, best, and most accurate way for us to locate your account is by your NPI.

FANTASTIC RESOURCE

There is what we suspect a little used but, fantastic resource available to you when you are attesting!! We know it’s fantastic because we helped put it together. We’ll leave you to figure out why we say it’s little used. On **EACH** page of the PIPP attestation, on the left hand side, is a link labeled “**Help/User Manual.**” This manual will answer most any question you may have. It will take you step-by-step through the attestation process – from beginning to end.

Also, on our web site are several other resources you may find helpful.

<http://www.tn.gov/tenncare/topic/resources>. At this site you will find Acronyms & Glossary, FAQs, and PowerPoint Presentations, all of which are available anytime to assist you. And as always, we’re only an email away if you don’t find what you need. Our email addresses are below in the “Contact Information” section.

\$\$ Latest TennCare EHR Provider Incentive Payments \$\$

Each Friday on our web site, we publish the latest total number of payments and the dollar amounts paid. (Go to <http://www.tn.gov/assets/entities/tenncare/attachments/AttestationStatusTable.pdf>.) As of March 4, 2016, we have

- ✓ Made 6,720 payments to Eligible Professionals for a total of \$110,997,324
- ✓ Made 220 Payments to Eligible Hospitals for a total of \$ 120,509,132
- ✓ For an overall total of 6,940 payments totaling \$231,506,456



Got yours?



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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