JUNE 2016

Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM

CURRENTLY ACCEPTING ATTESTIONS FOR 2016

- **Accepting 2016 AIU and first-year MU attestations only.**
- **Still reviewing some 2015 attestations that were submitted by the deadline.**
- **2015 attestations returned for correction must be resubmitted by June 30, 2016.**

INSIDE THIS ISSUE:

TennCare Providers Enjoying	2
Silverlight… Gone	2
Verifying Your Identifiers	3
Correct Attestations by June 30	4

TennCare Is Still in 'the MU Business'

You may have seen the news reports or heard the "rumors" that Meaningful Use is going away.

Whatever you have seen or heard, please note: **TennCare is still in "the MU business" with its EHR Incentive Program.**

While CMS has indeed proposed the new Merit-Based Incentive Payment System (MIPS), *the program is designed for Medicare providers only*. CMS has not proposed changes to the Medicaid EHR Incentive programs conducted through participating states.

MIPS would be a new way to pay physicians through CMS, concentrating on quality of care. MIPS would combine elements of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-based Payment Modifier), and the Medicare Electronic Health Record (EHR) Incentive program into a single program. Eligible Professionals (EPs) would be measured on:

1. Quality
2. Resource use
3. Clinical practice improvement
4. Meaningful use of certified EHR technology

These four measurement areas would be known as Advancing Care Information (ACI). A percentage would be assigned to each area to use in calculating the incentive a provider would receive. And note area 4: To some extent Meaningful Use would still be part of the proposed Medicare program.

Again, Meaningful Use remains part of the TennCare EHR Incentive Program. For 2016 we move into Modified Stage 2 and Stage 3 of MU. First year MU attestations must include 90 days of MU data. As of this date, it remains that returning MU attesters will need a full calendar year of MU data for 2016.

Incentive money remains available for those who have yet to participate.

DID YOU KNOW?

Incentive Year 2016 is the final year a provider can enroll in the TennCare EHR Incentive Program.

7,475 TennCare Providers Enjoying EHR Incentive Program Payout

Recipients of this newsletter already know that the Bureau of TennCare is issuing EHR Incentive Payments to providers who attest for the first time and to those who successfully demonstrate that they are using their certified EHR technology (CEHRT) in a meaningful way.

But how much are we paying?

As of May 20, 2016, TennCare has issued $242,555,651 in payments to 7,475 providers participating in the EHR Provider Incentive Payment Program. (Numbers represent multiple payments to multiple providers).

You can track our payment progress by clicking on the highlighted words in this sentence while holding down the Control (Ctrl) button on your keyboard. There you'll find payment stats broken down by year, number of providers, and dollar amounts paid. Check this page each week, as the table is updated each Friday.

Help us spread the word to those not yet participating in the TennCare Medicaid EHR Provider Incentive Payment Program.

EHR Incentive Payouts

Eligible Professionals

Number Paid	7, 220
Amount Paid	$118,385,246

Eligible Hospitals

Number Paid	255
Amount Paid	$124,555,651

Total Providers

Number Paid	7,475
Amount Paid	$242,555,651

Silverlight Is Going... Going... Gone

When our contracted programmers built PIPP, our online attesting application, they utilized the functionality of a program called Silverlight within the first four pages. To attest, PIPP end-users have been required to download a version of this program as a browser add-on. In recent months browser support for Silverlight has diminished, and some of you experienced some difficulties when trying to complete your attestation.

The Bureau of TennCare is pleased to announce that PIPP's Silverlight functionality has now been removed. You will notice a slightly different look to these pages, but their behavior will remain the same manner. *This change did not impact the pages used for attesting for Meaningful Use.*

While we believe that we have conducted thorough testing of the new program, if you encounter any problems or have questions, please email us ASAP. We recognize and offer our thanks to our programmers who worked hard to make this change, and made it a smooth one.

Attestation Review: Verifying Your Identifiers

The Eligibility Review, part 1

Second in a series of articles giving you an inside view of how TennCare reviews your EHR Incentive attestation.

When your attestation is ready and you click the submit button in PIPP, your hard work is immediately delivered to TennCare's Attestation Review queue. Attestations are reviewed in the order in which they are received, and we begin our review as soon as your attestation rises to the top of the queue.

As identified in our previous article, we begin with the Eligibility Review. There are three steps in this initial review: 1) ID Check; 2) EHR Check; and 3) Document Check.

As a first step, we check and cross-check each identifier you have entered in CMS EHR Registration and in PIPP. These numbers are verified against information in TennCare, CMS, and Tennessee Department of Health (TDOH) databases.

We make sure the NPI you entered is a valid NPI and that it is assigned to you. We ensure that the Medicaid ID you entered is not only yours, but also is currently active. Then we match these to the records found in the TennCare Provider Registration System.

Next we look at your Payee Information as entered at CMS Registration and compare it to the way your TennCare payments are setup to be paid in the Provider Registration System. These must match because Tenncare must make all of its payments to you in the same manner.

If your payments are made to your SSN, FEIN, or group Tax ID, then your practice must be set up in the Provider Registration System as the proper business type (which should coincide with your IRS status). If you are attesting for payment to be made to a group, Provider Registration records must show you connected to that group.

When you receive Medicare crossover payments or any other type of payment that comes directly from TennCare, you have been assigned an internal accounting number. It is necessary to have such a number (also called a vendor or Edison number) to receive the EHR Incentive Payment, so we verify whether you have one. If you do not, we check your Provider Registration records to determine what is needed there in order to make assignation possible.

Next we verify the professional license number you entered into PIPP against the TDOH database to ensure that the license is valid and current. We also note whether the license is for the correct provider type and if there are any sanctions against you.

For the remainder of this step, we review other answers on the Provider Questions page to determine if you are a provider who is hospital-based, practicing in a FQHC or RHC, or practicing in multiple locations. We also note if you are attesting to AIU or MU, to patient volume at a group or individual level, and to what Incentive Year you are attesting.

TIP: A large part of the ID Check depends on information found in the TennCare Provider Registration System. Your EHR Incentive attestation is more likely to pass this step of the Eligibility Review if you ensure your provider and group records there are up-to-date and accurate. Remember, all TennCare providers are required to update their Provider Registration records every 120 days in order to remain active in the state Medicaid program.

The 3 steps in the Eligibility Review:

1. ID Check

2. EHR Check

3. Document Check

TN Division of Health Care Finance & Administration | TennCare

EHR Incentive News
JUNE 2016

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.

TennCare E-Newsletters: If you choose to unsubscribe from this list at any time, you may do so by sending a message to: listserv@listserv.tn.gov, (no subject) and unsubscribe MedicaidHIT. You will receive an email confirming your removal.

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

Correct 2015 Attestations by June 30

Year 2015 attestations that met the March 31 submission deadline, but were returned for correction related to the Provider Questions, EHR Questions, Required Documents, or Patient Volume Questions pages, must be resubmitted by June 30.

The June 30 deadline provides TennCare with a final opportunity to review 2015 EHR Incentive attestations for eligibility. Any attestation that is not resubmitted by June 30 will not be processed due to an untimely return, and your denial reason will be based on the problem for which your attestation was originally returned.

This does not apply to 2015 attestations that have passed the Eligibility and Patient Volume reviews and are currently returned for correction of MU pages. Attestations with MU corrections must be returned no later than July 31 or by the deadline date included in the MU return letter.

What About 2016?

TennCare is NOW accepting 2016 EHR Provider Incentive attestations for: 1) Those who are attesting for AIU, and 2) Those who are attesting for their first year of Meaningful Use (requiring 90 days of MU data from 2016).

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.

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.