SEPTEMBER 2016

Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM

DON'T LEAVE MONEY ON THE TABLE!

- **Incentive Year 2016 is the final year to enroll in and attest for the first time to TennCare's EHR Incentive Program. You must enroll in and attest for 2016 to participate in the program.**
- **The only new attestations we are currently accepting are 2016 AIU and first-year MU attestations.**
- **We will begin accepting 2016 MU attestations requiring a full year of MU data on Jan. 1, 2017.**

SEE YOU AT THE FALL TMA WORKSHOPS!

Oct. 4 | Memphis
Oct. 5 | Jackson
Oct. 11 | Kingsport
Oct. 12 | Knoxville
Oct. 13 | Chattanooga
Oct. 25 | Nashville

Meeting 2016 MU Public Health Reporting Measures

Final Rule 80 FR 62761, published 10/16/2015, makes public health reporting a core objective for all Eligible Professionals (EPs). For this objective (Objective 10 for 2016 Modified Stage 2) three public health measures are available for EPs.

In 2016, EPs scheduled to demonstrate Meaningful Use (MU) must report on at least two public health measures.

- EPs may claim an Alternate Exclusion for Measure 2 and Measure 3 Syndromic Surveillance and Specialized Registry Reporting.
- An alternate exclusion may be claimed for up to two measures, and the provider must attest to or meet the exclusion requirements for the remaining measure.

Demonstrating Active Engagement

To meet the public health measure requirements the EP must be in active engagement with a Public Health Agency (PHA) to submit data from the public health immunization registry, as opposed to ongoing submission of test data. The Centers for Medicaid and Medicare Services (CMS) states that active engagement means "That a provider is in the process of moving toward sending 'production data' or sending 'production data' (data generated through actual clinical processes involving patient care) to a PHA."

Active Engagement may be demonstrated by any of three options:

Active Engagement Option 1 – Completed Registration to Submit Data: The EP, EH, or CAH registered to submit data with the PHA or, where applicable, the Clinical Data Repository (CDR) to which the information is being submitted. Registration was completed within 60 days after the start of the EHR reporting period. The EP, EH, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

Active Engagement Option 2 – Testing and Validation: The EP, EH, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR, within 30 days. Failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Active Engagement Option 3 – The EP, EH, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Continued next page

Meeting 2016 MU Public Health Reporting Measures

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Please Note:

□ Testing alone is no longer sufficient to meet public health measure requirements. EPs are expected to be in active engagement with the registry to submit data. EPs attesting to the public health measures must register their intent no later than 60 days from the start of the EHR reporting period.

□ If a registry declares readiness at any point in the calendar year after the initial 60 days, a provider may still register intent to report with that registry to meet Active Engagement – Option 1. However, a provider who could report to that registry may still exclude for that calendar year if they had already planned to exclude based on the registry not being ready to allow for registrations of intent within the first 60 days of the reporting period. For example, if the registry was not available February 29, the EP has a choice to exclude or register once the registry is ready.

Determining Availability of a Specialized Registry

The EP is not required to make an exhaustive search of all potential registries. Instead, they must take steps to meet due diligence in determining if there is a registry available, or if they meet the exclusion criteria:

1. An EP should check with Tennessee Department of Health to determine if there is an available specialized registry maintained by a public health agency. Note: See page 3 for information regarding TDH's registry reporting readiness.

2. An EP should check with any specialty society with which they are affiliated to determine if the society maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider's EHR reporting period.

If the EP determines no registries are available, they may exclude from the measure.

For more information regarding the TDH registries, please visit

□ http://tn.gov/health/topic/meaningful-use-summary

□ https://apps.health.tn.gov/twisprod/RegisterMU/MUregistration.asp

Additional Resources:

□ What counts as a specialized registry, see FAQ #13653.

□ Whether there is a specialized registry available or if an exclusion should be claimed, see FAQ #13657.

□ Whether to report as part of a group or claim an exclusion, see FAQ # 3369.

□ What alternate exclusions are available in 2016, see FAQ #14397.

Public Health Reporting Measures for EPs in 2016

Measure Name	Maximum Times Measure Can Count Towards the Objective
Measure 1: Immunization Registry Reporting	1
Measure 2: Syndromic Surveillance Reporting	1
Measure 3: Specialized Registry Reporting	2

- **EPs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.**

Don't Trash Your Documentation!

So you've successfully attested and your PIPP status is "Payment Complete". Your EHR Incentive payment has been deposited. You're done for another year. So what do you do with your folder or packet of documentation?

File your documentation immediately with your long term records. In light of the possibility of a post-payment audit, providers are required to retain documentation in support of all attestations for no fewer than six years after each payment year. A provider may be asked to show documentation to support any of the information in his/her attestation.

TDH Declares Public Health Reporting Readiness

Meaningful Use (MU) Stage 3 Update: As of July 1, 2016, The Tennessee Department of Health (TDH) declares readiness for the public health measures listed at right. Requirements and references are listed for your convenience at http://tn.gov/health/topic/meaningful-use-summary.

Although TDH will not declare its readiness for Electronic Case Reporting until July 2017, TDH is actively seeking pilot sites to begin testing in 2017. TDH has also begun to onboard trading partners capable of implementing the MU bidirectional immunization reporting requirements for HL7 2.5.1 following the 1.5 implementation guide.

Measure	Eligible Professional	Eligible Hospital	Eligible CAH
Immunization Registry Reporting	Yes	Yes	Yes
Syndromic surveillance Reporting	No	Yes	Yes
Electronic Laboratory Reporting	No	Yes	Yes
Eligible providers may attest to stage 3 measures for implementation beginning January 1st, 2017.			

For questions related to Electronic Case Reporting, contact CEDS.Informatics@tn.gov and for questions related to Immunization Registry Reporting, contact TennIIS.MU@tn.gov. For questions related to the TDH Declaration of Readiness, contact the TDH Meaningful Use Coordinator at 615.253.8945 or MU.Health@tn.gov.

DIRECT Secure Messaging to Enhance Cancer Surveillance

Staff members at the Tennessee Department of Health have established DIRECT Secure messaging for healthcare providers reporting to the state. DIRECT allows all connected and trusted parties to securely exchange simple text narratives to structured documents, such as Continuity of Care Documents (CCDs), lab results, or images.

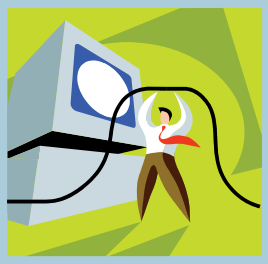
Dr. Kathleen Clark, a middle Tennessee dermatologist, became the first provider in the state to report cancer case information to the Tennessee Cancer Registry using DIRECT messaging from her product, EMA by Modernizing Medicine.

More cancer patients are being diagnosed and treated outside of the traditional hospital setting today than ever before, meaning that cancer case information from non-hospital health care providers is becoming increasingly important for overall cancer surveillance. Ultimately, it is hoped that meaningful use compliance will result in improved reporting, improved population outcomes, and improved research data.

Dr. Kathleen Clark and Jake Richards, MBA Tennessee Cancer Registry

DIRECT allows healthcare providers to report data to a public health agency in an easier and more efficient way than conventional fax communications. For more information about the use of direct messaging for public health objectives, please contact the TDH MU Coordinator at MU.Health@tn.gov.

Mysteries of TennCare's Internal Vendor Number Revealed



To ensure your EHR Incentive can be paid, keep your CAQH and PDMS information current.

DID YOU KNOW?

It's a good practice to forward to your accounting representative the "Payment Completed" emails you receive from us. That way your accounting rep knows for whom the Incentive is being paid.

Here's a TennCare accounting riddle:

Q. What do you have that you don't know you need, and don't know you have it if you do, but without it you cannot receive a TennCare EHR Incentive payment?

A. It's a TennCare vendor number, also called an Edison number for the accounting system TennCare uses. This internal accounting number is assigned to you so that you can receive TennCare payments beyond the regular insurance payments which come through your contracted Managed Care Organizations (MCOs). These additional payments include Medicare Crossover Claims, Supplemental Pool Payments, and the EHR Incentive payment.

So if the vendor number is only for internal use within TennCare, why are we telling you about it? Because you cannot be assigned a vendor number if your CAQH and PDMS financial information is not complete or up to date. And that means you cannot receive an EHR Incentive Payment should you qualify.

For provider groups, financial information is entered in PDMS on the "ACH Authorization" tab, and required documentation is uploaded there as well.

On that tab, you will see the question "Do you expect to receive payments directly from TennCare (For example: Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?". The "Yes" button must be selected in answer to that question. This gives you access to subsequent fields for entering your group's financial information. After this information is complete and submitted, TennCare's Fiscal department can assign your group a vendor number.

For individual providers who are not part of a group, you can find ACH, W-9, and banking information (voided check, deposit slip, bank letter) forms by going to the TennCare Provider Registration Required Forms page. Instructions and FAQs are available there to assist you. Specific help can be received by emailing Provider.Registration@tn.gov.

Any questions you may have about updating CAQH and PDMS, including the entering and submission of banking information, may also be addressed to Provider.Registration@tn.gov.

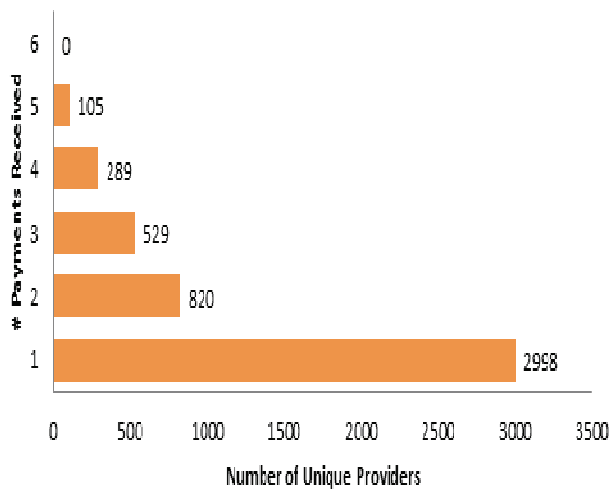
Do you expect to receive payments directly from TennCare (For example: Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?

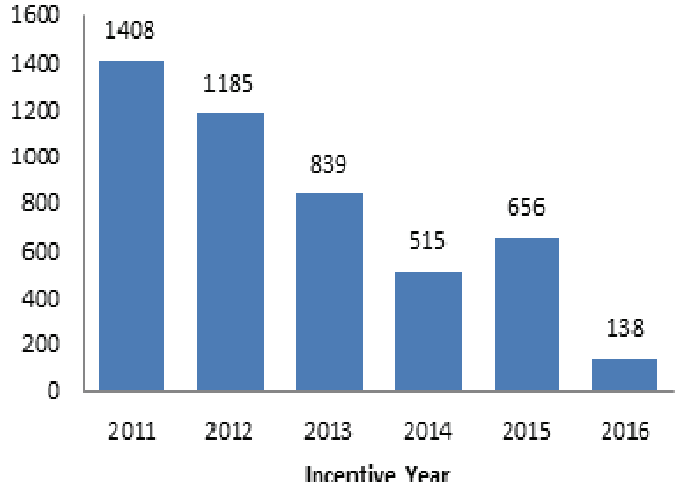
If you are contracted with the Department of Intellectual and Developmentally Disabled (DIDD) you must check "Yes" and complete the information below.

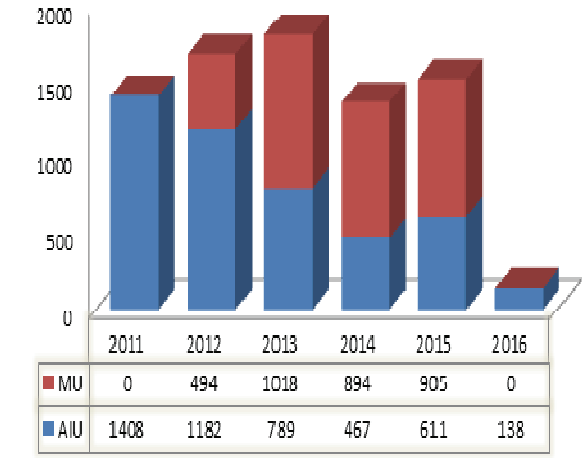
◉ Yes ○ No

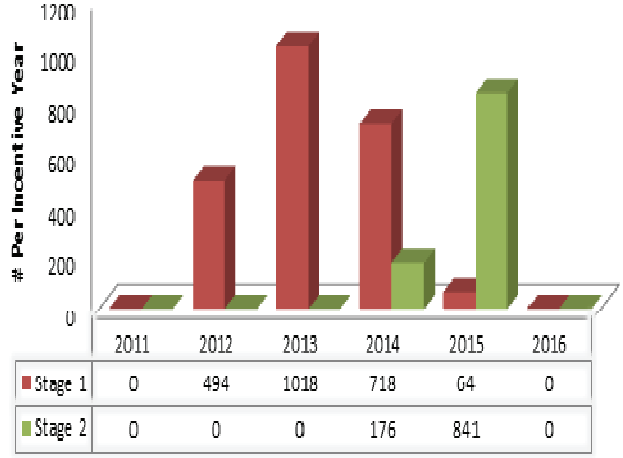
In PDMS, make sure you answer this question "Yes", or you cannot be paid the Incentive.

Charting EP Progress in TennCare's EHR Incentive Program









Average Years of EP Participation = 1.67

Number of EPs Receiving at least 1 payment = 4,741

Number of Active Providers* = 5,018

*Providers who have registered in the TennCare Medicaid EHR Provider Incentive Program and who have established a user account that has not been closed due to cancellation, termination, transfer, or another reason.

All About the 'Required' of Required Forms

The Eligibility Review, part 3

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

The final step in the Eligibility Review, which we will focus on in this installment, is the Document Check. During this review, we check your attestation for three forms.

The first of these forms, the Signature Page, should be uploaded to ALL attestations submitted. One of the other two forms, the Nurse Practitioner Page and the Physician's Assistant Page, would only be added if you are an NP or PA.

The Signature Page outlines just what you are "attesting to", and by signing the document you are declaring that everything entered into your attestation is true and accurate.

Because attestations are completed online, the Signature Page with the attesting provider's signature and sign date must be uploaded in for the attestation to be a legal document. We do not use an electronic signature for this process as the program or availability of programs required to create electronic signatures vary from provider to provider.

The Signature page must be dated within 90 days of submission of your attestation in order to be accepted. Additionally if your attestation takes several weeks to be approved, because it is returned multiple times for correction or held for any other reason, TennCare's Fiscal department reserves the right to request an updated Signature Page before making any approved EHR Incentive payment.

If you are attesting as a Nurse Practitioner, you are required to print the NP Page, complete as directed, sign, and upload it to your attestation. Failure to do so will result in your attestation being returned to add the page. The Sign Date must be within 90 days of the submission of the attestation.

Information on the NP Page helps us determine all NPIs under which the NP bills, in order to ensure we are correctly reviewing your Patient Volume.

If you are attesting as a Physician's Assistant who works in a PA-led FQHC or in an RHC so led by a PA, you are required to print the PA Page, complete as directed, and upload this page to your attestation. You are also required to attach a copy of your facility's letter indicating its status as an FQHC or RHC. On many occasions we return PA attestations because the letter is not included.

The Signature Date must be within 90 days of the submission of the attestation. Failure to do so will result in having your attestation return so that you can add this page.

A link on the left of the main attestation page ("Required Forms") connects to the forms that you can download, complete, and upload to your attestation as appropriate. Because these are occasionally updated, always download a new copy each year you attest.

In previous years a W-9, ACH form, and banking information were required. This information is now gathered from the TennCare Provider Registration System (CAQH and PDSM) and is no longer required to be uploaded. For prompt EHR Incentive payment, please ensure your information at CAQH and PDSM stays up-to-date.

TIP: Some NPs and PAs in the past have submitted only the NP or PA form, thinking these forms to be a substitute for the Signature Page. ALL providers must submit a Signature Page, and a NP or PA form when applicable must be submitted in addition.

The 3 steps in the Eligibility Review:

1. ID Check

2. EHR Check

> 3. Document Check

TN Division of Health Care Finance & Administration | TennCare

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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

THINK OF IT AS LESS THAN 3 MONTHS 'TIL MIDNIGHT!

Or like the Doomsday Clock published in the Bulletin of the Atomic Scientists 2016…

Your chance to register and participate in the TennCare EHR Provider Incentive Payment Program **ENDS** at 11:59 PM **Eastern Time** on December 31, 2016.

If you have been waiting to enroll and participate in the TennCare EHR Provider Incentive Payment Program (PIPP), time's a wasting.

If you have been putting off enrolling and participating in the TennCare EHR PIPP, the time has come. By rule, the last opportunity you have to enroll is December 31, 2016. After that date, enrollment will be closed by CMS. You will then have until March 31, 2017 to submit your first (AIU) attestation.

The registration/enrollment process is controlled by CMS. Once they shut it down, TennCare can only work with what CMS has submitted to us.

For more information:
www.tn.gov/tenncare/section/electronic-health-record

Email:
TennCare.EHRIncentive@tn.gov

Ready to register: https://ehrincentives.cms.gov/hitech/login.action

This is it! No Mas! Fini! Kaput! That's All Folks! Use It or Lose It!

This is your LAST CHANCE!
Don't miss out!