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☹ Goodbye…Farewell…Amen* ☹

(*With apologies to fans of M.A.S.H.)

It is with much sorrow that we announce that Jim HutchEson has departed…from TennCare. (If you don't get the "E", Jim used to emphasize that 'E' when spelling his name.) Just over 11 years after Jim came to the Bureau of TennCare he took advantage of the Voluntary Buyout and decided to go into full-time retirement (tongue planted firmly in cheek). Many of you have worked with Jim over the years, not only in the EHR Provider Incentive Program, but also in *ePrescribe* and other provider-related programs with which he worked. Jim always worked hard at resolving provider questions and problems, and could be very persistent. Jim has many friends around the state and I know you will join us in wishing him a long and enjoyable retirement. Like you, we will miss him, but the rest of us will buck up and carry on somehow.

While the Provider Services portion of the EHR Provider Incentive Program is down one (we hope to be back at full strength this fall), Quality Oversight (the MU Review Unit) has added two new employees in the past few weeks. Krystal Massey and Cindy Rich are recent additions to the MU team, and are available to assist you with your MU questions. This leads us quite nicely to our next topic.

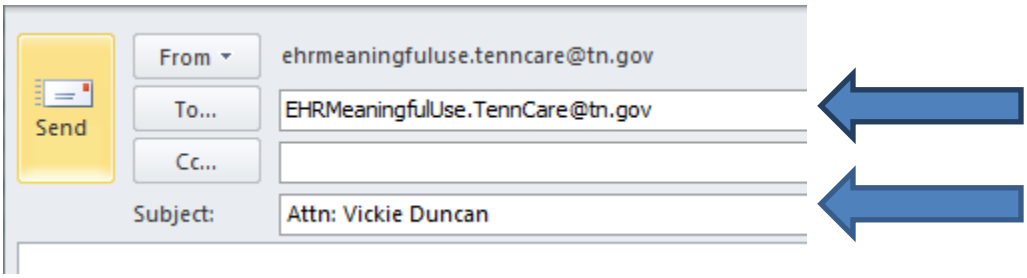
MEANINGFUL USE CLINICAL EDUCATOR

TennCare Meaningful Use Program is announcing a new service beginning October 1, 2015. The Quality Oversight Division has a new Meaningful Use position, **TennCare Meaningful Use Clinical Educator**. *Vickie Duncan, BSN* has been selected to provide this new and exciting service. Vickie has many years of experience working with providers and hospitals to meet core measures. Vickie will be available statewide to work with a variety of providers having difficulties meeting and/or reporting Meaningful Use measures.

She will provide assistance in a variety of venues including onsite visits, calls, and webinars. A 2016 calendar is in development in order to schedule onsite visits per regions and grand regions. A new request form for her

services will be available soon. Vickie is looking forward to meeting and working with the provider community in transforming from paper to electronic health record systems and assisting providers in meeting meaningful use requirements in order to receive incentive payments.

Medicaid providers participating in the Meaningful Use Program may request her services by emailing EHRMeaningfulUse. TennCare@tn.gov and placing 'ATTN: Vickie Duncan' in the subject line.



Deadlines for Program Year 2014 EHR Incentive Attestations

Each year CMS requires states to wrap up the attestations for the current Program Year. The deadline for 2014 attestation submissions was March 31, 2015. For the last four months, we have been working with providers to correct problems found during the review of their attestations. We must now close that process out in order to make our final report to CMS.

On August 21, those whose attestations have been returned due to a problem(s) will receive an email reminding them that a correction(s) is needed. The deadline for returning corrected attestations is 11:59 PM on **September 15, 2015**.

If you cannot locate the email sent to you stating why your attestation was returned, you can send an email to TennCare.EHRIncentive@tn.gov. If your Meaningful Use attestation was returned to you and cannot locate the email sent to you stating the issues, you can send an email to EHRMeaningfuluse.TennCare@tn.gov. We will check the return reason and inform you why we returned it. Likewise, if you don't understand the return reason, please email so that we can explain. **You must include the Provider's Name, Individual NPI, and Payee NPI so that we can locate your attestation.**

Security Risk Analysis

- A Security Risk Analysis must be performed or reviewed each year with proper documentation maintained, including an inventory list and a final report.
- Because the Security Risk Analysis is vitally important, the following questions must now be answered before completion of the MU attestation is possible.
  - Who completed the SRA?
  - Was an inventory list prepared of all hardware and software that creates, receives, maintains or transmits Electronic Personal Health Information (EPHI)?
  - Has a final report and/or corrective action plan(s) been documented for all significant deficiencies noted during the SRA, including target dates for implementation?
    Note: Corrective actions must be completed prior to the submission of your next attestation.
- In order to facilitate performing the annual Security Risk Analysis, resources have been provided on the TennCare website at http://www.tn.gov/tenncare/article/eligible-professionals-stage-2-core-measure-9
- Just added to the website is a "Security Risk Analysis Tool" for reference when completing your annual analysis. While there are numerous methods of performing a security risk analysis, there is no single method or "best practice" that guarantees compliance with the Security Rule. The method and format used to document the requirements are up to the individual practice.
- Required Elements of a Security Risk Analysis can be found at http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/rafinalguidancepdf.pdf

New from the Tennessee Department of Health (TDH): Trading Partner Registration (TPR) System

The Tennessee Department of Health (TDH) is launching a new web-based registration portal, the Trading Partner Registration (TPR) system.

TPR is an application that allows potential trading partners (like hospitals, eligible professionals, pharmacies, laboratories, and others) to register their intent to electronically exchange data with TDH and provides a mechanism for eligible professionals and eligible hospitals to register their intent with TDH for the Meaningful Use public health measures.

Using the TPR system, trading partners can now register at one location, for Immunization Messaging, Cancer Case Reporting, Electronic Laboratory Reporting (ELR), and Syndromic Surveillance Messaging (**Eligible Hospitals only**), as well as view their progress through the on-boarding processes. TPR will also allow users to document the relationships between entities within their organization and provide an effective way for TDH to communicate with potential trading partners. Documentation that can be utilized for Meaningful Use attestation, milestones, and requests for actions are also displayed within the TPR organizational profiles.

Soon, all trading partners will be required to register to exchange data for all stages of Meaningful Use using the TPR system.

- At this time all eligible providers desiring to participate in Cancer Case Reporting are required to use the TPR system to register their intent.
- Eligible Hospitals working on or planning to work on ELR will be expected to register in this system **by October 1st, 2015**.
- Eligible Hospitals **with emergency departments** who plan to participate in Syndromic Surveillance for MU Stage 2 will also need to register in this system.
- The immunization program will switch to TPR starting **October 1st, 2015**. Until that point registrations of intent to exchange data with the Immunization Registry will be accepted via the existing link.

➢ **TPR Webinars are scheduled for the following dates and times:**

- Monday, August 17th, 12 AM -1 PM CDT
- Tuesday, August 25th, 9 AM -10 AM CDT
- Friday, August 28th, 1:30-2:30 PM CDT
- Wednesday, September 2nd, 9:00-10:00 AM CDT
- Friday, September 11th, 3:00-4:00 PM CDT
- Wednesday, September 16th, 8:00-9:00 AM CDT
- Friday, September 18th, 11:30-12:30 PM CDT
- Monday, September 21st, 1:30-2:30 PM CDT

To receive the TPR webinar details, you **must** RSVP by sending an email with the desired date to MU.Health@tn.gov. In your response include the name of your affiliated organization and the interface your organization wishes to register with (e.g., Cancer Case Reporting, Electronic Laboratory Reporting, Immunizations, or Syndromic Surveillance). If that date and time is available you will receive an invite with the conference phone number and a webinar link.

If you would like to learn more about Meaningful Use public health objectives, visit the TDH Meaningful Use web page at http://tn.gov/health/topic/meaningful-use-summary.

The CMS – ONC Proposed Rules

Everyone knows that back in the spring, CMS and the ONC proposed some new rules that impact EHR systems and attestations for Program Year 2015. What no one seems to know, including those we spoke with at CMS, is when the *Final Rule* will be published, the effective date, nor what it will look like. Several of us joined other states in a meeting with CMS recently in Atlanta, and we pushed really, REALLY hard to get some information out of them, but their lips were sealed. The CMS reps at the meeting stated they were in the same position as we are – they're waiting also.

Based on history, we were told, the *Final Rule* will look pretty much like the *Proposed Rule*, with perhaps some tweaks. With that in mind, here are a few of the items mentioned.

- Attestations for the 2015 Program Year cannot be submitted until January 2016. (Except for those attesting to AIU or the First Stage of MU who can attest now.)
- The attestation deadline for CMS is 60 days from January 1. For TennCare, it is 90 days from January 1 (or are due by March 31). CMS and/or TennCare will inform you if anything changes. If TennCare is unable to accept attestations beginning January 1, we will inform you of the new begin and end dates for attesting. Providers will not have less than 90 days in which to submit their attestations.
- The MU data collection period will be for a consecutive 90-day period in **2015**. Your Patient Encounter data **MUST** come from a 90-day period in **2014**.
- Providers **must** have 2014 certified EHR technology (CEHRT) in order to attest – AIU and MU. There is **not** a Flexible Option this year.
- Eligible Hospitals – CMS is changing the EH attestation period from the Federal Fiscal Year to the Calendar Year. EHs also cannot attest until January 2016. The reporting period for 2015 will be from October 1, 2014 through December 31, 2015. The reporting period for 2016 will be January 1, 2016 through December 31, 2016.
- CMS is developing a plan whereby dual Medicare-Medicaid providers who do not meet the Medicaid patient volume requirement can still attest to MU in order to avoid the Medicare payment reductions. We do not know how this is going to look at this time.

From the original rule:

- **The last year** EPs and EHs can register and begin attesting for the EHR Provider Incentive Payment Program is 2016. New registrations will not be accepted after 11:59 PM, December 31, 2016.
- In order to receive the full EHR Incentive Payment, EPs, who start in 2016, **will not** be able to skip a year of attesting as current participants can.
- **Eligible Hospitals** – The original rule, in 42 CFR § 495.4, states *Beginning with Fiscal Year 2017, payments to Medicaid eligible hospitals must be consecutive, and the hospital is not eligible for an incentive payment under subpart D of this part unless it received such incentive payment for the prior fiscal year.* We are not sure how the switch to Calendar Year will impact this provision. We will get clarity and pass it along.

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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