



## **DEADLINES FOR APPLYING**

It's that time of year again, and we have to have deadlines for applying for 2013 EHR Incentive Payments.

**Eligible Hospitals** have until Monday, December 30<sup>th</sup> to submit their 2013 **TennCare Medicaid EHR** Incentive attestation. Most, if not all, acute care hospitals and Critical Access Hospitals in Tennessee must first submit their EHR attestation to CMS Medicare. Following their approval, CMS will notify TennCare that the hospital is MU-eligible. At that point, we send you an email telling you to go the PIPP portal to do your TennCare Medicaid attestation. The instructions on what you need to do are contained in that email.

**Eligible Professionals** have until March 31, 2014 to submit their 2013 TennCare Medicaid attestation. For those of you anxious to do your **2014** attestation, the earliest you can submit that is April 1, 2014. That is because CMS is allowing a 90-day MU attestation period for 2014 *regardless* of what year/stage of attestation you are in.

**The 90-day MU attestation period applies to ALL providers –  
both EPs & EHs for the 2014 Payment Year!**

## **CHANGE IN EHR DOCUMENTATION REQUIREMENTS**

TennCare has found it necessary to change its documentation requirements for proof of ownership/access to a certified EHR system and/or modules. Effective immediately the following requirements are in place.

Providers are required to submit proof of a legal and/or financial obligation showing that they have adopted, implemented, or upgraded to certified EHR technology (CEHRT). Documentation must be submitted each year in which you attest for an incentive payment. The following list is acceptable documentation of a legal and/or financial obligation.

- The page of an executed contract or lease agreement clearly showing the CEHRT, vendor, and provider, and the executed dated signature page showing both the provider's and vendor's names and signatures.
- If your current contract/lease requires the vendor to provide you with appropriate updates/upgrades to your system to qualify it as CEHRT, executed upgrade agreements for which a cost and timeframe are stated, and identifies your CEHRT.
- A copy of the vendor's invoice clearly identifying your CEHRT, and proof of payment.
- A copy of your purchase order identifying the vendor and CEHRT being acquired, and proof of payment.
- If using one of the free CEHRT, documentation requirements are a signed letter on the vendor's letterhead identifying the provider and the CEHRT, and a copy of the User Agreement.

**NOT acceptable as documentation:**

- A screenshot of CHPL showing the CMS certification number of your CEHRT
- A screenshot of your computer showing your CEHRT
- Requests for Proposals (RFPs) or vendor bids

The above information will be appearing on the EHR Questions screen of the PIPP portal as soon as our contractor can make the change. That does not relieve providers of the responsibility of providing sufficient evidence of a legal and/or financial obligation of having certified EHR technology. As stated above, your EHR documentation is required **EACH** year in which you attest. If you change systems, or add modules that changes your CMS Certification Number (CHPL), that field is editable after the first year. Be careful to enter your new CMS Cert Number accurately. CMS requires that we verify your system. Should you be selected for an audit by TennCare, your CEHRT documentation is subject to being a part of the audit as well.

## Claiming Out-of-State Medicaid Encounters

(Notice how this looks sort of like Tennessee? ☺)

When claiming out-of-state Medicaid encounters, question 5 on the Provider Volume Questions screen, a table labeled 5a pops up. In that table, we ask you list the number of Medicaid patients from each state, starting with Tennessee, which you see. The columns are to be completed with the 2-letter abbreviation for each state, the number of Medicaid patients (Green arrow) from that state, and then

your Medicaid PROVIDER number (Red arrow) for that state. Not a recap of the number of Medicaid patients as was done below.

**Document Criteria**

5. Are any of your Medicaid patients covered by another state's Medicaid program? Yes ▾

5a. Enter covered patient number by state:

State	Medicaid Patient Count	Medicaid No
TN	17036	17036
VA	2477	2477
KY	9	9
NC	78	78
WV	21	21
FL	5	5
NY	2	2

7. What is the verifiable data source you are using to calculate patient volume? Billing System ▾

We need your Medicaid Provider number for each state should it be necessary to verify your Medicaid patient count from each state.

## ≡ One More Thing ≡

One question we regularly receive is “Do we have to include the Required Forms each year?” The answer is Yes, we do ask for these forms each year of attestation. The reason? Sometimes things change that providers forget to inform us about. This is our way of keeping our files up-to-date. In addition to the Substitute W9, ACH, Voided Check, and Signature Page (which must be signed annually), the Nurse Practitioner and Physician Assistant forms must also be submitted with each attestation, where appropriate.

## Meaningful Use 2013 Reporting Deadlines

Eligible Professionals (EPs) in Stage 1 - Year 1 have been submitting attestations since April of this year. EPs in Stage 1 - Year 2 (you successfully attested to Year 1 – Stage 1 in 2012) can begin submitting attestations in PIPP for 2013 starting January 1, 2014. All EPs attesting to Stage 1 Meaningful Use for payment year 2013 must have their attestations in the Provider Incentive Payment Program (PIPP) portal by March 31, 2014.



## Do it Right the first time! Tips for Achieving Meaningful Use

Being a Meaningful User indicates successful achievement of specific procedural and clinical benchmarks using certified EHR technology. The TennCare Medicaid EHR Provider Incentive Payment Program would like Eligible Professionals to achieve Meaningful Use on the first attempt. Below are some tips to help. In addition, if there is a question about a specific measure, you can visit the TennCare Meaningful Use web site at <http://www.tn.gov/tenncare/mu.shtml> where you will have access to Stage 1 and Stage 2 measures, including technical specifications.

When entering Meaningful Use data into the TennCare Medicaid EHR Provider Incentive Payment Program, or PIPP, click the “Save and Exit” button and **take a few minutes to review** your attestation **before submitting**, noting the following:

- Check your Business address and compare it your NPI address at the NPI Registry web site! These addresses should be the same, if not make all adjustments necessary.
- Make sure the unique patient denominator in the general questions is the same as the unique denominator used for measures requiring a unique patient denominator.
- Check your testing date for the Tennessee Department of Health Immunization Registry to assure it is before (in the same calendar year) or within your reporting period.
- Review all uploaded materials to assure the data they contain match the data in your attestation, including reporting period and name of Eligible Professional.
- Review your Clinical Quality Measures. Pay special attention to measures with criteria for specific ages. If one criterion is a measure of all ages, and the other criteria are subsets of the age group, subsets should add up to that total for both the numerator and denominator. Pay attention to measures with an “a” and “b” to assure the data is not transposed.
- Finally, if you are an Eligible Professional that writes less than 100 prescriptions during the reporting period, claim that exclusion consistently where available.

We hope these reminders will help you in the process.



## 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.
- ◆ **TennCare Medicaid EHR Incentive Program web site:** [http://www.tn.gov/tenncare/ehr\\_intro.shtml](http://www.tn.gov/tenncare/ehr_intro.shtml)
- ◆ **PowerPoint Presentations** on different subject areas are available here:  
[http://www.tn.gov/tenncare/ehr\\_page6.shtml](http://www.tn.gov/tenncare/ehr_page6.shtml)

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