



TennCare

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## CMS – ONC FINAL RULES ✂

As I write this – not yet! We're twisting every arm we can find, but no luck in getting any information. When the rules are released and we have had time to digest them, we will communicate with you what the impact will be on you and attesting in the TennCare EHR Incentive Program. Wish we had better news!

Of the two Notices of Proposed Rulemaking that are in their final review, the 2015-2017 Modification Rule is going to have the first impact on our program. Here are a few highlights of the changes proposed:

- Eligible Professionals (EPs) and Eligible Hospitals (EHs) completing an application for Meaningful Use would submit data for a 90 day Meaningful Use (MU) reporting period.
- EHs would move to a calendar year for MU reporting to align with EPs.
- Stage 1 EPs will move from 13 Core Objectives and 5 Menu Objectives to 9 Core Objectives with 2 Public Health options.
- Stage 1 EHs will move from 11 Core Objectives and 5 Menu Objectives to 8 Core Objectives with 3 Public Health options.
- Stage 2 EPs will move from 17 Core Objectives and 3 Menu Objectives to 9 Core Objectives with 2 Public Health options.
- Stage 2 EHs will move from 16 Core Objectives and 3 Menu Objectives to 8 Core Objectives with 3 Public Health options.
- 2014 Certified EHR Systems will be used for program years 2015 – 2017.
- Change the threshold from the Stage 2 Objective for Patient Electronic Access measure 2 from '5 percent' to 'equal or greater than 1'
- Change the threshold from Stage 2 Objective Secure Electronic Messaging from being a percentage based measure to a 'yes-no' measure stating the functionality fully enabled
- Change all public health reporting objectives into one objective with measure options following the structure of the Stage 3 Public Health Reporting Objective

- EPs and EHs will have more options to take exclusions, especially those starting Stage 1.
- EP MU Stage 1 objectives that have been **Menu options** will now be **required**:
  - Perform Medication Reconciliation
  - Patient Specific Educational Resources
  - Public Health Reporting Objectives
- EH MU Stage 2 objective that had been a **Menu option** will now be **required**:
  - EHs and CAHs only: Electronic Prescribing

## ONC CEHRT Certification Pulled

The Office of the National Coordinator for Health Information Technology (ONC) announced on September 2, 2015 that two previously certified Electronic Health Record technology (CEHRT) systems had their certifications terminated. According to the HHS release, “The products do not continue to meet ONC Health IT Certification Program requirements and providers can no longer use these products to meet the requirements of the EHR Incentive Programs.”<sup>1</sup>

The release continues, “The EHR products, two versions of SkyCare 4.2, developed by Platinum Health Information System, Inc., had their certifications terminated for failure to respond and participate in routine surveillance requests by InfoGard Laboratories Inc. (InfoGard), an ONC Authorized Certification Body (ONC-ACBs). EHRs must be certified by an ONC-ACB before providers may use them to achieve meaningful use under the EHR Incentive Programs.”<sup>1</sup>

As of the announcement, only 48 EPs had attested to meeting Stage 1 MU of the MediCARE EHR Incentive Program using SkyCare EHR products. Because these attestations were made while the products were certified, these providers will have to transition to other CEHRT before continuing to participate in the EHR Incentive Program. A hardship exemption is available to these EPs by visiting CMS.gov website.

The Bureau of TennCare does not know how many, or even if any, Tennessee providers have attested through the TennCare EHR Incentive Program using one of these two SkyCare products. As they are no longer certified, EPs will need to investigate, choose, and replace their SkyCare EHR system with a certified system before continuing to attest.

## **Gotta Complaint?**

About your CEHRT, that is. The Quality Oversight, Meaningful Use Clinical Nurse Educator is piloting a questionnaire to help identify problems and barriers EP’s are experiencing with MU. The first review of these questionnaires has found that Vendor support has been the number one barrier of the EPs responding. According to [EHR Health Intelligence](#), ONC has recently launched a Health IT complaint tool for EHR users.

<sup>1</sup> <http://www.hhs.gov/news/press/2015pres/09/20150902c.html>

CMS and ONC have devised a process whereby providers can lodge complaints about their CEHRTs. Jon White, M.D., Deputy National Coordinator at ONC, has posted a blog “Do you have a complaint about your Electronic Health Record” ONC has a new tool that might help” (<http://www.healthit.gov/buzz-blog/uncategorized/healthit-complaints/>) that provides helpful information about ONC responding to provider concerns about their health IT products. Providers are advised to first contact their vendors with their concerns. If that proves to not be fruitful, then an ONC-Authorized Certification Body (ONC-ACB) should be contacted if the provider believes the issue relates to something a product is certified to do. Only if those two steps fail should a grievance be formally made to ONC.

ONC has laid out five instances where providers should contact the federal agency:

- *“Your challenge appears to be related to health information blocking (when someone or an entity knowingly and unreasonably interferes with the exchange or use of health information).*
- *You are not able to share or receive health information.*
- *You are concerned about the usability of your EHR.*
- *The certified capabilities of your product are not performing as you expected or,*
- *You have concerns about the safety of your product.”*

The ONC complaint form can be found at this link: <http://www.healthit.gov/healthitcomplaints.><sup>2</sup>

**Remember**, this is a CMS – ONC Program. The Bureau of TennCare is not responsible for fielding complaints about CEHRT.

## USE THE NATIONAL BROADBAND MAP TO DETERMINE BROADBAND SPEED IN YOUR AREA

[The National Broadband Map \(NBM\)](#) is a searchable and interactive tool that allows users to view broadband availability across every neighborhood in the United States.

The NBM is particularly helpful for providers in the EHR Incentive Programs that need to determine their broadband download speed for exclusion criteria. Providers can use the NBM to search, analyze, and map broadband availability in their area to determine if these exclusions apply.

CMS has posted [instructions](#) on how to use the NBM to help providers determine how they can use the tool for the EHR Incentive Programs. [[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CMS\\_API\\_instructions.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CMS_API_instructions.pdf)]

### How to use the NBM for the EHR Incentive Programs

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<sup>2</sup> White, M. J. (2015, September 16). *Do you have a complaint about your Electronic Health Record? ONC has a new tool that might help.* Retrieved September 22, 2015, from Health IT Buzz: <http://www.healthit.gov/buzz-blog/uncategorized/healthit-complaints/>

1. Using the [Summarize tool](#), select “County” as your geography, choose your corresponding state, and type in the name of your county. Then click the “Summarize” button.  
[\[http://www.broadbandmap.gov/summarize\]](http://www.broadbandmap.gov/summarize)
2. The summarize results page will display full details of broadband availability for your county.
3. Scroll down to the section titled “**Broadband Speed Test (Mbps)**” and click the darker gold bar by the “**Home**” location for the median broadband speed for housing units in your area (must be below 3Mbps for EHR broadband exclusions to apply).
4. Scroll back to the top of the results page to print or export the broadband data and save it for your records.

**Note:** Be sure you review the download speed, **not** the upload speed.

The most recent data available is from June 2014, so please substitute jun2014 into the URLs in the appropriate spot when searching for the information.

If you have any questions about how to use the data or to report how you are using it, send an email to [SBDD@ntia.doc.gov](mailto:SBDD@ntia.doc.gov) and visit the [National Telecommunications and Information Administration \(NTIA\) website](#) for more information.

## **Want to try again? Should you try again?**

Many providers since 2011 have tried to attest but ending up failing because they did not meet the minimum patient encounter volume requirements. These are

- ◆ 30% or more - All eligible professionals (EPs) except pediatricians
- ◆ 20% - 29% - Pediatricians, receive reduced payments (a pediatrician who has 30% or more Medicaid patient volume would qualify for the full TennCare EHR Incentive payment)
- ◆ 10% - for acute care and Critical Access Hospitals (CAHs) [children’s hospitals do not have a minimum requirement]

**But**, have you checked lately? Your practice payor mix may have changed and you might not have realized it.

## **Eligible Professionals: Meaningful Use Special Registry Case Reporting in 2015**

Both Stage 2 and the proposed 2015 meaningful use measures include electronic case reporting to specialized registries. The proposed 2015 meaningful use rule splits reporting into two distinct separate categories, public health and clinical data registry. Both of these measures, the Stage 2 and new proposed 2015 measures are based upon the EP reporting specific clinical case information to a registry electronically using their certified EHR technology (CEHRT). Many providers are trying to meet these measures for 2015 and are confused about what will be accepted as clinical case registries. Providers who choose to report to specialized registries should select

a registry that is relevant to their practice and one that can monitor quality for their specific scope of practice. The remainder of this article will be to explain clinical data registries and to provide resources for providers.

Clinical registries are simply databases designed to capture rich, clinical data that matter to both providers and patients according to the National Quality Registry Network. Why would providers provide case information to a clinical registry? Reporting case information can help providers:

- Benchmark and monitor health care quality improvement activities and resource usage
- Evaluate patient case data to assure they are receiving the best recommended treatments
- Compare the effectiveness of different treatments and procedures
- Monitor the safety of drugs and medical devices
- Identify gaps in care to support education
- Support a learning network

Which registries can providers in Tennessee select to satisfy 2015 meaningful use requirements? Any of the current public health registries are acceptable. Providers can visit the Tennessee Department of Health website at <http://tn.gov/health/topic/meaningful-use-summary> for current information on the registries available for EPs in 2015. In addition, there are several non-public health registries posted on the CMS PQRS web site that can be used by providers in Tennessee. You can access the PQRS web site at <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/qualified-clinical-data-registry-reporting.html> and scroll down the page to the paragraph labeled “2015 Qualified Clinical Data Registries” or use the following link; <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015QCDRPosting.pdf> to access the current PQRS list. These registries can be used to satisfy meaningful use as long as the provider’s CEHRT is used to collect the case information and the information is sent electronically during the appropriate EP reporting period.



***This just out from CMS  
in case you have questions***

CMS has created a [new webpage on the EHR Incentive Programs website](#) that contains all the program requirements and resources for previous years of the EHR Incentive Programs. The webpage includes information on:

- 2014 Definition of Stage 2
- 2014 Definition of Stage 1
- 2014 Certified EHR Technology flexibility reporting
- 2014 Clinical Quality Measures (CQMs) reporting
- 2013 Definition of Stage 1
- 2013 CQM reporting
- 2011 and 2012 Definition of Stage 1

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RequirementsforPreviousYears.html>

**Please note:** The corresponding pages for the programs above have been removed from the site; all respective resources can be found on the new webpage. The webpage also has FAQs and additional guidance for previous years of the EHR Incentive Programs.

### Coming Soon

CMS will make further updates to the EHR Incentive Programs website to include new information and resources on the latest requirements for the EHR Incentive Programs, including information on program participation in 2015. Stay tuned for additional announcements on website changes.

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**EHR Incentive Programs**

**2015 Program Requirements**  
**2016 Program Requirements**  
2017 Program Requirements  
Educational Resources  
Payment Adjustments & Hardship Information  
Registration & Attestation  
Data and Program Reports  
Participating in EHR?  
Medicare and Medicaid EHR Incentive Program Basics  
Clinical Quality Measures Basics  
2015 CQM Reporting Options  
Certified EHR Technology  
Eligible Hospital Information  
Medicaid State Information  
Medicare Advantage  
CMS EHR Incentive Programs Listserv  
Attestation Batch Upload Page  
Frequently Asked Questions (FAQs)  
**Requirements for Previous Years**

**EHR Incentive Programs**



**The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs**

The Medicare and Medicaid Electronic Health Care Record (EHR) Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Important Announcements and Dates for the EHR Incentive Programs:

**More Information Coming Soon**  
The EHR Incentive Programs website will be updated to include new information and resources reflecting the latest requirements for participation. [Subscribe](#) to the EHR listserv to stay informed of additional announcements on EHR website changes.

**Choosing a Program: Medicare or Medicaid?**  
There are two EHR Incentive Programs. CMS oversees the Medicare EHR Incentive Program, and the agencies manage the Medicaid EHR Incentive Program. The two programs are similar, but there are some differences between them.

Medicare EHR Incentive Program	Medicaid EHR Incentive Program
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View Your EHR Participation Timeline [Click Here](#)

**REMINDER – PROGRAM YEAR 2015 10/3/15 MEANINGFUL USE REPORTING PERIOD START DATE**

If you are planning to attest to Meaningful Use for Program Year 2015, October 3rd, 2015 is the last day to **begin** tracking your Meaningful Use 90-Day reporting period in 2015. In other words, when monitoring providers' thresholds for meeting MU measures, 10/3/15 is the very latest date in 2015 that you can start a 90-day EHR reporting period and have it fall entirely within the calendar year of 2015.

## **2016 MediCARE Electronic Health Record (EHR) Incentive Program Payment Adjustment Fact Sheet for Hospitals**

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), Congress established payment adjustments under MediCARE for eligible hospitals that are not meaningful users of Certified Electronic Health Record (EHR) Technology. Eligible hospitals that do not successfully demonstrate meaningful use for an EHR reporting period associated with a payment adjustment year will receive reduced MediCARE payments for that year. The payment adjustments began on October 1, 2014 for eligible hospitals. Eligible hospitals that only participate in the Medicaid EHR Incentive Program and do not bill Medicare are not subject to these payment adjustments. Eligible hospitals that participate in both the Medicare and Medicaid EHR Incentive Programs will be subject to the payment adjustments unless they successfully demonstrate meaningful use under one of these programs. Over 4,800 eligible hospitals may participate in the EHR Incentive Programs.

CMS has issued the above fact sheet for eligible hospitals with information about the EH Medicare Payment Adjustments. This fact sheet can be found here - [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj\\_HardshipExcepTipsheetforHospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipsheetforHospitals.pdf).

📅 🎵 We'll be there! 🎵 📅

A member of the TennCare EHR Incentive Program team will be at these meetings this fall. Usually we are with a representative from Provider Networks. Be sure to come by, visit, and get your questions answered!

### **TMA Fall Insurance Workshops**

- |              |           |              |             |
|--------------|-----------|--------------|-------------|
| • October 6  | Memphis   | • October 14 | Knoxville   |
| • October 7  | Jackson   | • October 15 | Chattanooga |
| • October 13 | Kingsport | • October 21 | Nashville   |

### **Tennessee Academy of Family Physicians' 67<sup>th</sup> Annual Scientific Assembly**

- October 26 – 30      Gatlinburg
- ➔ Representatives of Quality Oversight (MU Review) will also be present

### **UnitedHealthcare – Amerigroup 2015 Provider Information Expo**

- |               |              |               |           |
|---------------|--------------|---------------|-----------|
| • November 11 | Johnson City | • November 17 | Nashville |
| • November 12 | Knoxville    | • November 18 | Memphis   |
| • November 13 | Chattanooga  | • November 19 | Jackson   |



## 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/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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