Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM
A CMS "Promoting Interoperability" Program

Reminders:

Information which will assist you —and the latest updates — is available on the [TennCare EHR Incentive website](#).

Accepting Program Year (PY) 2020 attestations only for TennCare-requested corrections through June 30. If you attested and did not receive payment, see your dashboard to determine if corrections are needed.

Can We Help?

If you have questions about your upcoming attestation, contact us at TennCare.EHRIncentive@tn.gov, Monday through Friday from 7:00 a.m. to 3:30 p.m. Central Time. When emailing, please include your provider's name(s) and NPI(s).

2021 Attestation Final Opens Thursday, July 1

The **FINAL** submission period of the TennCare EHR Provider Incentive Payment Program (PIPP) opens in less than one week, July 1. Attestation for Program Year (PY) 2021 will take place during this calendar year, as all PIPP payments must be made by the time the program ends on December 31.

This final period is only for eligible professionals who have received at least one EHR Incentive Payment for any year through PY 2016, but who have yet to receive the limit of six EHR Incentive payments.

Because attestation is beginning at the midpoint of the calendar year, your Meaningful Use (MU) and eCQM data will need to come from a period of at least **90 consecutive days between Jan. 1, 2021 through July 31, 2021.** You will not be able to use a period that extends past July 31. Patient Volume will come from a consecutive 90-day period in Calendar Year (CY) 2020.

The deadline for submissions is Sept. 30, 2021, 11:59 p.m., CDT.

If you attested for PY 2020, you will not be able to access your PY 2021 attestation until either payment is made or that attestation is denied.

KEEP CALM AND ATTEST SOON

CMS will allow you to attest prior to completing your annual SRA. However if you have not completed your annual SRA by the time you attest, you **must complete** your SRA by Dec. 31, 2021. If your **SRA** is not conducted pre-attestation, you **must attest** that one will be completed by Dec. 31, 2021, and then you must do so. Failure to submit your SRA by Jan. 31, 2022 to TennCare at InternalAudit.TennCare@tn.gov will result in a post-payment audit.

To help you with your attestation preparation, we are again including our *2021 Pre-Attestation Checklist* as part of this issue.

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Completing the Required Security Risk Analysis

Do You Have Questions About

The EHR Incentive Program?

Meaningful Use Measures?

Electronic Clinical Quality Measures?

Your attestation?

Email TennCare. EHRIncentive @tn.gov

Always include the Provider's Name and NPI when communicating with TennCare.

In order to meet Meaningful Use (MU) Requirements, a security risk analysis (SRA) must be conducted or reviewed for each year of participation in the TennCare EHR Provider Incentive Payment Program (PIPP). 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.

The MU objective for the SRA is to "Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology (CEHRT) through the implementation of appropriate technical capabilities." To meet the measure, the eligible provider must conduct or review the SRA in accordance with the requirements under 45 CFR 164.308(a)(1), including:

- Addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and

- Implement security updates as necessary, and

- Correct identified security deficiencies as part of the eligible professional's (EP's) risk management process.

The SRA must also answer the following questions:

- 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?

The SRA must be maintained in a folder with all proper documentation, including an inventory list and a final report.

For Program Year 2021, CMS is allowing EPs to submit their 2021 attestation prior to the completion of their annual SRA. The SRA can be conducted any time within 2021 prior to the MU reporting period if the SRA was not used for a previous attestation. However if the SRA has not been completed by the time the attestation is submitted, EPs must attest that one will be completed by Dec. 31, 2021. The promised SRA must then be submitted by Jan. 31, 2022 to TennCare at InternalAudit.TennCare@tn.gov. Failure to submit a promised SRA will result in a post-payment audit.

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Guide to PY 2021 Objectives and Measures

Click an objective title to open a page of information and details on the CMS website.

Objective	Description
Protect Patient Health Information	Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.
Electronic Prescribing	Generate and transmit permissible prescriptions electronically.
Clinical Decision Support	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
Computerized Provider Order Entry	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
Patient Electronic Access to Health Information	The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
Coordination of Care Through Patient Engagement	Use CEHRT to engage with patients or their authorized representatives about the patient's care.
Health Information Exchange	The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
Public Health and Clinical Data Registry Reporting	The EP is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice.

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EHR Incentive News
JULY 2021

Medicaid EPs and EHs should submit questions about the Medicaid Promoting Interoperability (PI) Program (in Tennessee also known as the TennCare EHR Provider Incentive Payment Program) to TennCare.EHRIncentive@tn.gov; including questions about

- Eligibility (first 4 attestation pages)
- Meaningful Use
- Clinical Quality Measures
- Program Participation

ALWAYS include the provider's name and NPI when contacting us. We will respond to your inquiry as quickly as possible.

Should you have issues with a CMS website, contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

View TennCare Medicaid EHR Incentive Program online assistance at

- Program website
- How-to PowerPoint Presentations
- FAQs
- Acronyms & Glossary
- Previous issues of EHR Incentive News

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.

Before Attesting, Update TennCare Registration

Before you attest for 2021, take time to update your practice location(s) in the following systems:

1. The CMS Promoting Interoperability Programs Registration System

2. CAQH ProView

3. The TennCare Provider Registration Portal

4. NPPES NPI Registry

Taking care of any address issues now will help you avoid a return due to an address mismatch.

We have long stressed the importance of ensuring that the Promoting Interoperability

Programs Registration System and the TennCare Provider Registration System have the correct, up-to-date, and **EXACT** address for your locations. That's because we verify all practice location addresses listed on your attestation against the addresses in the profiles of these systems. If there is not an **EXACT** match, we will return your attestation with instructions to make the necessary correction.

Not sure of your correct address(es)? Check with your local post office or mail carrier as they can provide the correct address for your practice location(s). If your address is a

Post Office box, you must enter a physical address on your attestation and it must match your Provider Registration file.

Unsure what practice locations are on file for you now in CAQH and the TennCare Provider Registration System? You may contact provider.registration@tn.gov for that information.

Don't know how to update your profiles? Obtain our free PDF resource, How to Update Your Practice Address. This simple, easy-to-follow guide will instruct you on making changes in each system.

TennCare Medicaid EHR Incentive Program, A CMS Promoting Interoperability Program

Pre-Attestation Checklist – Program Year 2021

This guide provides eligible professionals (EPs) with a brief overview of the requirements for the TennCare Medicaid EHR Incentive Program. Please review the checklist and select the blue hyperlinks to navigate to valuable resources that will assist you in preparing your 2021 attestation.

Attesting for a Final Incentive Begins and Ends in 2021

Providers who are still eligible to receive an EHR Incentive Payment can begin submitting Program Year (PY) 2021 attestations on July 1 of **THIS** year. It is the final attestation period of the program. It is only for eligible providers (EPs) who have received at least one incentive payment by PY 2016, and who have yet to receive six EHR Incentive payments.

The submission period for PY 2021 begins July 1, 2021.

The deadline for submissions is Sept. 30, 2021, 11:59 p.m. Central Time.

If you attested for PY 2020, that attestation must be reviewed and either passed or denied prior to you completing a PY 2021 attestation. You will not be able to access your PY 2021 attestation until either payment is made or the attestation is denied.

CMS will allow you to attest prior to completing your annual SRA. If you have not completed your annual SRA by the time you attest, you **must complete** your SRA by Dec. 31, 2021. You also **are required** to attest that you will complete the SRA by this date. Documentation that the SRA has been completed **is required** when it is conducted after the submission of the 2021 attestation. A post-submission SRA **must be** sent to InternalAudit.TennCare@tn.gov, using "Security Risk Analysis 2021" in the subject line. Your SRA must be received no later than January 31, 2022, 11:59 p.m. Central Time.

A provider must meet the SRA requirements outlined in the Security Standards of **45 CFR 164.306 – 316**. See the following guidance for assistance in performing your annual risk assessment:

- **Security Rule Guidance Material**
- **Security Risk Assessment Tool and Video**
- **Security Standards for the Protection of Electronic Protected Health Information**

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📝 Additional Prerequisites

EPs must meet the following criteria to successfully attest for Program Year (PY) 2021 in PIPP.

☐ **Prior Program Participation**	Enrollment in the program ended with PY 2016. To attest for PY 2021, providers must have enrolled in and successfully attested to the program for the first time by PY 2016.
☐ **Non-Hospital Based**	If an EP renders 90% or more of their services in an inpatient acute care or emergency department (place of service code 21 or 23), the EP will not qualify under program guidelines. EPs are encouraged to determine if they would be considered a Hospital-Based Provider prior to attesting.
☐ **EHR Certification ID**	Visit the Certified Health IT Products List (CHPL) to obtain the certification ID for your EHR system. Please note that EPs must be using 2015 Edition certified EHR technology (CEHRT) in order meet the Stage 3 requirements for PY2021.
☐ **TennCare Medicaid Enrollment**	All EPs and Payees must be enrolled as TennCare providers for the duration of the attestation and payment process. If you or your Payee need to revalidate your Medicaid ID, please review this Revalidation FAQ.
☐ **Medical License**	All EPs must have a current and active Medical License for the duration of the attestation and payment process. If you need to update or check the status of your Medical License, visit the Tennessee Department of Health License Verification web page.

💬 Payment and Contact Information

EPs should review the following systems and information to ensure that they can be contacted to resolve any issues, and that payment can be assigned as they wish.

☐ **CMS Registration**	Access and review your CMS Registration and Attestation profile to ensure contact, payee, and professional information are current. **A password reset is required for users who have not logged on to this site since Dec. 28, 2019**, as CMS implemented new security at that time. ***Note:*** *If you do not know your CMS Registration ID, please email our support team at TennCare.EHRIncentive@tn.gov.*

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☐ **Individual Profile**	Information for an individual profile on each EP is populated by the EP's profile in CAQH ProView. All EPs must maintain a current status with CAQH to avoid any issues or errors when submitting attestations. CAQH requires updating every 120 days in order to keep a profile active.
☐ **Group Profile**	All EPs who are in a group must ensure that their group is registered in the TennCare Provider Registration System, and that all information there is correct and current. EPs must ensure that they are listed as an active provider with the group and that the group name is in their CAQH profile.
☐ **EFT Enrollment**	In order to receive an EHR Incentive payment, all group practices must enroll to receive an Electronic Funds Transfer (EFT). Groups must enter required information on the Substitute W-9 and ACH Authorization pages of the TennCare Provider Registration System. In addition, the group must upload copies of W-9 and ACH forms with information that matches the financial information that was entered into the system. EPs reporting as an individual must also enroll to receive payment by EFT. Individuals can enroll by following the instructions for EFT Enrollment for Individual Sole Proprietors.
☐ **Practice Locations**	Groups must take care to enter all practice locations at which their providers work on the Practice Locations page of the TennCare Provider Registration System. Exact addresses for each physical location must be entered. EPs must also enter each Service Location where they provide services into CAQH ProView. As with groups, exact addresses for each physical location must be entered.

Provider Registration Support

If you or your organization is experiencing Provider Registration issues, please contact **provider.registration@tn.gov**.

Medicaid Patient Volume (MPV)

For each participation year, EPs must demonstrate at least 30% Medicaid Patient Volume for a continuous 90-day reporting period.

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☐ **Patient Volume Reporting Period**	The MPV reporting period must be at least a continuous 90-day period from the calendar year (CY) previous to the one for which the EP is attesting. For a PY 2021 attestation, patient volume would come from a period in 2020.
☐ **Standard Calculation**	Using this method, an EP counts the number of Medicaid patient encounters during the 90–day reporting period and divides that number by the total number of patient encounters over the same period.
☐ **Group Proxy**	EPs in a group practice or clinic may use group patient volume as a proxy for individual data.
☐ **Needy Individuals**	EPs who practice predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) may include needy individuals.
☐ **Pediatricians**	Pediatricians may demonstrate 20-30% patient volume but will only receive two-thirds of the incentive payment when under 30%.

Meaningful Use (MU)

☐ **Reporting Period**	MU data will come from a consecutive 90-day period in CY 2021. You may choose any 90 days from January 1 through July 31, 2021.
☐ **Meaningful Use Stage 3**	EPs must attest to Stage 3 reporting for PY 2021. For Stage 3 reporting, a 2015 Edition CEHRT must be installed by the first day of the reporting period and the product must be certified to the 2015 Edition criteria by the last day of the reporting period.
☐ **eCQM Reporting Period**	eCQM data will come from a consecutive 90-day period in CY 2021. You may choose any 90 days from January 1 through July 31, 2021.
☐ **eCQMs**	EPs must report on at least 6 (of 47) clinical quality measures (eCQMs) relevant to their scope of practice, including at least one outcome or high-priority measure.
☐ **Multiple Locations**	EPs who practice in multiple locations must collect MU data from all locations with certified EHR technology.

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Public Health Reporting

EPs are to be in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT. CMS requires EPs to maintain proof of active engagement with registries.

☐ **Registering as a TDH Trading Partner**	EPs must register via the Trading Partner Registration (TPR) system to express their intent to exchange data electronically with the Tennessee Department of Health (TDH). TPR manages active engagement statuses and generates emails and letters as proof of public health reporting for registered users.
☐ **Active Engagement Status**	EPs can be in Active Engagement Option 1, 2, or 3 to meet the criteria for a Public Health measure. (**Note:** The Immunization Active Engagement status must be for **bi-directional** exchange.) To determine your status for your reporting period, consult the TPR system or contact the registry directly. For more information, see the Tennessee Department of Health's Public Health Reporting Procedures.
☐ **Clinical Data Registries**	If an EP submits data to a registry that is **not** a Tennessee Department of Health registry, active engagement proof for that registry will be provided by the specific registry. EPs must maintain and provide diligent records of their status and engagement with any CDRs.

Identity & Access Connection (I&A)

If an administrator is to be completing attestations on behalf of all EPs in a practice/organization, in order to make changes on CMS websites they will need an Identity & Access (I&A) account with the correct permissions. This allows the administrator to access the CMS Registration System and attest on behalf of all EPs connected to their account.

There are multiple roles that allow a user to act on behalf of an EP, as well as complete other tasks for a practice or organization. To determine which actions are allowed by a role, please see the chart at the top of the next page.

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Role	Represent an Organization	Manage Staff	Approve/Manage Connections	Act on behalf of a Provider in CMS Systems
Individual Provider	Yes	Yes	Yes	Yes
Authorized Official	Yes	Yes	Yes	Yes
Delegated Official	Yes	Yes	Yes	Yes
Staff End User	No	No	No	Yes
Surrogate	No	No	No	Yes

For more information regarding the sign on process and available user roles, please review the I&A Quick Reference Guide. If your question is not addressed in this guide, please review the Identity & Access Frequently Asked Questions (FAQs).

Note: I&A account credentials cannot be used to log into PIPP attestation software. Because some fields in PIPP are populated by information entered at the CMS EHR Registration and Attestation (RNA) website, the I&A account gives the administrator the legal authority to make changes at CMS RNA.

Program Integrity

Attestations must truly reflect the EHR activities performed during the payment year. Considering the possibility of post-payment audit, EPs are required to retain documentation in support of all attestations for no fewer than six years from the date of attestation.

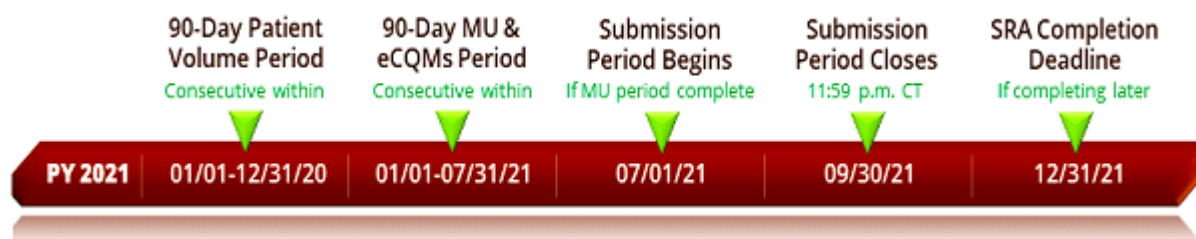If you have questions regarding Post-Payment Audit, visit the Program Integrity & Audit Web page for more information.

Visit the TennCare EHR Incentive Program website

The website contains current program information and resources, including:

- o **PowerPoint Presentations**
- o **Current and Past Newsletters**
- o **Acronym Guide and Glossary**
- o **Frequently Asked Questions (FAQs)**

TennCare.EHRIncentive@tn.gov
TennCare EHR Incentive website

Questions? We have a dedicated support team that will answer your specific questions about the attestation process.

Program Year 2021 Timeline

	90-Day Patient Volume Period	90-Day MU & eCQMs Period	Submission Period Begins	Submission Period Closes	SRA Completion Deadline
	Consecutive within	Consecutive within	If MU period complete	11:59 p.m. CT	If completing later
PY 2021	01/01-12/31/20	01/01-07/31/21	07/01/21	09/30/21	12/31/21

SRA Completion Deadline: If you have not completed your annual SRA by the time you attest, you must complete your SRA by Dec. 31, 2021. You also are required to attest that you will complete the SRA by this date. Documentation that the SRA has been completed is required when it is conducted after the submission of the 2021 attestation. A post-submission SRA must be sent to InternalAudit.TennCare@tn.gov, using "Security Risk Analysis 2021" as the subject. Your SRA must be received no later than Jan. 31, 2022, 11:59 p.m. Central Time.

Last Updated: June 2021