MAY 2018

Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM

Program Year 2017 attestation submission period ends April 30

Reminder:
Information which will assist you — and the latest updates — are available on the TennCare EHR Incentive website.

CMS to Change EHR Incentive Program Name

CMS is renaming the EHR Incentive Programs to the **Promoting Interoperability (PI) Programs** for eligible hospitals, critical access hospitals, and Medicaid providers.

Details on page 2

CMS Issues Statement to Clarify CQMs, eCQMs, and Reporting Periods

Many providers are expressing confusion about the Centers for Medicare and Medicaid Service's (CMS's) references to CQMs, eCQMs, and 2018 reporting periods. Questions aren't just coming from Tennessee, where we have not collected CQMs electronically. The confusion is apparently widespread enough that CMS has released the following information:

What is the Difference Between CQMs and eCQMs?

An eCQM is a clinical quality measure that is expressed and formatted to use data from electronic health records (EHR) and/or Health Information Technology systems. Therefore all CQMs related to the EHR Incentive Program are eCQMs. The method of submission, whether via attestation or electronic submission, doesn't change this. Non-electronic CQMs are usually generated from paper chart review or via claims. We have generally used the terms CQM and eCQM interchangeably with respect to the EHR Incentive Program, but in the future will try to more accurately use only eCQM.

Reporting Period for First-Time Meaningful Users

The eCQM reporting period for Eligible Providers (EPs) is and will remain 90 days for first-time meaningful users. Remember that because Medicaid EPs can skip years, potential first-time meaningful users may participate in any future year of the program (if they already received a payment for AIU).

2018 eCQMs Available in the Medicaid EHR Incentive Program

The number of eCQMs that EPs must report remains the same as 2017. Specifically, EPs must report any six available eCQMs relevant to their practice.

The menu of eCQMs also remains the same 53 that were available to EPs in 2017. Note that this will not exactly align with the eCQMs available to eligible clinicians under the Quality Payment Program (QPP). Exceptions are noted at the eCQI Resource Center.

As stated in the 2018 IPPS rule, at 82 FR 38486, the reporting period for eCQMs will remain one full year for EPs who have previously demonstrated meaningful use.

The relevant pages on the CMS website have been updated, specifically the document that outlines the requirements for eCQM reporting for Medicare and Medicaid EHR Incentive Programs in 2017 and 2018: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM_Table.pdf.

TN Division of TennCare

Public Health Reporting Options

Be sure to check the Tennessee Department of Health (TDH) Declaration of Readiness for all Public Health Reporting options in Tennessee.
For questions related to the TDH Declaration of Readiness, contact the TDH Meaningful Use Coordinator at (615) 253- 8945 or MU.Health@tn.gov.

TN Division of TennCare

CMS to Change Name of EHR Incentive Program to Focus on Interoperability

To continue their commitment to promoting and prioritizing interoperability of health care data, the Centers for Medicare and Medicaid Services (CMS) has some changes in store for the EHR Incentive programs.

CMS is overhauling and streamlining the Electronic Health Record (EHR) Incentive Programs for hospitals as well as for the Advancing Care Information performance category of the Merit-based Incentive Payment System (MIPS), which is one track of the Quality Payment Program. This change will move the programs beyond the existing requirements of meaningful use to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information.

To better reflect this focus, effective immediately CMS is renaming:

- The EHR Incentive Programs to the **Promoting Interoperability (PI) Programs** for eligible hospitals, critical access hospitals, and Medicaid providers
- The MIPS Advancing Care Information performance category to **the Promoting Interoperability performance category** for MIPS eligible clinicians

Please note that this rebranding does not merge or combine the EHR Incentive Programs and MIPS. In the coming weeks, CMS will be updating its websites and educational resources to reflect this change.

TennCare will begin watching for further guidance and to see how the name change, overhaul, streamlining, and rebranding efforts will occur. At that time we will begin studying the effects this will have on our state's version of the EHR Incentive program and determine the changes we need to make to align with CMS. Please be watching this newsletter and our website for details.

Don't Trash Your Documents!

So your EHR Incentive payment has been deposited. What do you do now?

File your documentation immediately with your long-term records. A provider may be asked to show documentation to support any of the information in his/her attestation. With 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.

Using Secure Electronic Messaging to Support Patient Engagement[1,2,3]

Secure electronic messaging can play an important role in improving patient access to health care providers. It also helps patients who want to be better informed and more active members of their care team.

Secure messaging can be used to:

- Promote care coordination between visits
- Handle routine health issues
- Address patient questions and concerns
- Monitor patient condition(s)
- Adjust the care plan in a timely manner
- Help patients better manage their condition

Secure messaging can also be a convenient way for handling routine nonclinical tasks such as medication refills and referrals.

Modified Stage 2 Meaningful Use Objective and Measure 9 – Secure Electronic Messaging

Objective: Use secure electronic messaging to communicate with patients on relevant health information.

Measure: A secure message must be sent using the electronic messaging function of certified electronic health record (EHR) technology by more than 5% of unique patients seen by an eligible provider (EP) during the reporting period.

Benefits to Patients

- Secure messaging provides an easy way for patients to communicate with their providers between visits. Benefits include:
- Patients can communicate with their provider in an unpressured setting that fits their schedule.
- Patients avoid the frustration of trying to reach their provider by phone. Instead, they feel they have easier access to their providers.
- Some patients feel more comfortable discussing sensitive health issues with their providers via secure messaging rather than in person.
- Patients can follow up with questions they may have forgotten or didn't have time to ask during the clinic visit. Also, they can review the provider's response whenever it is convenient.
- Patients can share important information for managing their health condition(s), such as blood pressure or blood glucose levels.

Benefits to Providers

Secure messaging can be convenient, cost-effective, and efficient for providers. Benefits include:

- Avoids the problem of "telephone tag," which can result in delays in communication as well as miscommunication.
- Allows providers to address a variety of routine health issues more efficiently, freeing up time for additional office visits and increasing access for patients who need to be seen.
- Automatically captures and documents communication with patients in their EHRs, improving record accuracy.
- Staff can triage patient messages and batch answers, which improves efficiency and saves additional time if auto-replies are used for routine issues.

Continued on next page

Keep Your Registration Up to Date

To verify attestation information or even to ensure an EHR Incentive can be paid, we often ask providers to update CAQH or the TennCare Provider Registration Portal. However, keeping these two systems updated is actually required to maintain your status as a TennCare provider! If you wait until we ask you to update, this will slow down your incentive!

Using Secure Electronic Messaging…

Continued from previous page

Encouraging Patients to Use Secure Electronic Messaging

Some tips for promoting secure messaging to patients include:

- Get everyone involved, from telephone and front desk staff to clinicians.
- Provide talking points to remind staff and providers about what to highlight with patients.
- Announce secure messaging through different channels, such as on the practice website or Facebook page, telephone on-hold message, signs and flyers in the clinic, and letters or postcards.
- Educate patients about when and how to use secure messaging as well as about the practice's procedures, such as when information will be sent via secure messaging and the response times.
- Ask adopters of secure messaging for input on ways to improve it.
- Thank patients when they use secure messaging.

[1]Emont, S. (2011). Measuring the impact of patient portals: What the literature tells us. http://www.chcf.org/publications/2011/05/measuring-impact-patient-portals

[2]Wakefield, D.S., Mehr, D., Keplinger, L., Canfield, S., Gopidi, R., Wakefield, B.J. … Kochendorfer, K.M. (2010). Issues and questions to consider in implementing secure electronic patient–provider web portal communications systems. *International Journal of Medical Informatics, 79*(7), 469–477. http://www.sciencedirect.com/science/article/pii/S1386505610000948

[3]Zhou, Y.Y., Kanter, M.H., Wang, J.J., & Garrido, T. (2010). Improved quality at Kaiser Permanente through e-mail between physicians and patients. *Health Affairs, 29*(7), 1370–1375. http://content.healthaffairs.org/content/29/7/1370.full.pdf+html

Don't Wait Until the Last Moment to Resolve Returned 2017 Attestations

Human nature is to always (or almost always) put things off to the last minute. Some of you may have put off your 2017 attestation to the last moment. But now that you have submitted your EHR Provider Incentive Payment Program attestation, what's next?

As TennCare reviews EHR attestations there will be some with errors which we will have to return for correction. Some errors will occur in the "eligibility" section (the first four pages). Other errors will be found in the MU attestation section. Some will be in both sections, but understand that our processing doesn't allow us to return an attestation one time for **ALL** errors.

TennCare's expectation is that when we return an attestation with error(s), that you will correct and return it right away. While many of you do, many others of you do not. In fact, many providers' offices seem to forget to check on the status of their attestations.

Whenever an attestation is returned to you for correction, a return letter is also sent to your email address of record. These letters explain what needs to be corrected on the attestation and how the correction can be made.

Too many times we hear that a provider's office ignores or simply forgets to look for these return letters, or that they never updated their contact email address and their letter went to Internet limbo. (To update your contact email address, see box below.) Each year attestations end up being denied because the provider never returned to make corrections.

So whenever we return an attestation for correction, please correct and return **ASAP!** If you don't understand the problem or how to correct you can email either unit and we'll be happy to assist you. **REMEMBER,** if you are attesting to MU and your attestation has been returned for an 'eligibility' problem, including patient volume, your attestation still has to be reviewed according to the MU criteria. And problems found there will also have to be returned for correction. Later this year, we will have a cutoff date for returns, and if you fail to meet that date, your attestation will not be approved.

Please don't wait until the last minute!

How to Update Your Email Address

The return email address on your EHR Incentive attestation is populated by the contact information you entered at the CMS Registration & Attestation System website when you first registered for the program. To update your email address and ensure you are receiving all communication from the TennCare EHR Incentive program, follow these instructions:

- Go to the CMS Registration & Attestation System website, https://ehrincentives.cms.gov/hitech/login.action
- Enter the CMS Registration Number you were originally given
- Click on "Modify"
- As you go through **EACH** page, click "Save & Continue"
- On the appropriate page(s), enter your current email address, then click "Save & Continue"
- On the last page, click "Submit"

This will save your information and cause CMS to resend your information back to us for processing within 24–48 hours. Should you need help with the CMS website, contact their help desk at NLRProdSupport@cms.hhs.gov or (833) 238-0203 (toll free). Hours of operation are Monday to Friday, 8:00 a.m. to 5:00 p.m. Eastern Time. Voicemail is available outside of regular operating hours.

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With EHR Incentive Program questions and questions regarding eligibility, contact TennCare.EHRIncentive@tn.gov

For help with MU pages, please contact Edith Murphy, Clinical Nurse Educator, at ehrmeaningfuluse.tenncare@tn.gov. Place "Attn: Edith Murphy" in the subject line.

For CMS issues, contact the CMS Help Desk at NLRProdSupport@cms.hhs.gov or (833) 238-0203 (toll free). Hours of operation are Monday to Friday, 8:00 a.m. to 5:00 p.m. Eastern Time. Voicemail is available of outside regular operating hours.

View TennCare Medicaid EHR Incentive Program online assistance at

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

As always, anytime you have a question or need assistance, please 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.

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.

TennIIS Update Request

The Tennessee Immunization Program (TIP) needs your help updating contact information in the Tennessee Immunization Registry (TennIIS)!

Twice each year, our program sends out a Meaningful Use Attestation Letters that describe the status of your EHR connection to TennIIS and how many messages TennIIS has received from your organization. This letter can be used for Meaningful Use audits and attestation requests, and the data also helps your organization and the TennIIS team work together to improve the quality and quantity of TennIIS records.

In order to make sure this information reaches the right people, we need up-to-date contact information in TennIIS for your organization. If you did not receive a Meaningful Use Attestation Letter in February 2018, please update your organization's contact information by sending the following information to TennIIS.Registration@tn.gov:

- Organization name (the entity that receives Meaningful Use incentive payments)
- Organization address
- Group NPI number
- Contact name(s), title(s) and email address(es)