

MAY 2017



# Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM

## ACCEPTING NOW ONLY SECOND-YEAR ATTESTATIONS

◆ The TennCare EHR Incentive office is currently accepting second-year attestations only for first-year Meaningful Use. These require only 90-days of MU data for the current year.

## RECORD ATTESTATION SUBMISSIONS RECEIVED

As the deadline for submitting 2016 attestations approached, we received an unusually high volume of attestation submissions in a short period of time. Please understand it is taking longer than usual to process recent submissions.

## So You've Received Only an AIU Incentive? Come Back Now for Your First-Year of MU!

If you've received only an EHR Incentive payment for proving Adoption, Implementation, or Upgrade (AIU) to a certified EHR technology, now's the time to attest for your first year of Meaningful Use!

The recent 2016 program year deadline marked the closing of enrollment and first-time attestation to the TennCare EHR Provider Incentive Payment Program (PIPP). But PIPP is not a completed program, as it will continue through program year 2021! While AIU attestations will no longer be accepted beginning with the 2017 program year, those who have already successfully attested may continue to do so.

All providers who continue in PIPP will now be attesting for MU. Those who have received only an Incentive payment for AIU can attest for 2017 as soon as they can show MU and CQM data for a 90-day period from the year. As more than 90 days have now passed on the current calendar, many providers should have what they need to



attest now for their first year of MU!

If you know providers in or outside your group who have not continued after receiving one payment, don't let them pass up this opportunity!

Providers who checked into MU previously – and decided it was too complicated to continue – should know that there have been changes to

streamline requirements and reporting.

Are you one who never attested for AIU, but successfully attested for MU in your first year of the program? All who have received only one Incentive payment since the program began in 2011 are eligible to receive five more Incentive payments.

Don't delay! You MUST successfully attest for program year 2017 – and each year thereafter – in order to be eligible for all five remaining Incentive payments available to you.

Anyone with questions about attesting to PIPP can contact the EHR Provider Incentive Unit at [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov).



## Stages for 2017 Attestations

**First-year attesters for Meaningful Use will attest to Modified Stage 2 objectives and measures. Providers who have successfully attested to at least one year of MU may choose to attest to either Modified Stage 2 or new Stage 3 objectives and measures.**

**DID YOU KNOW?**  
The TennCare EHR Provider Incentive Payment Program is no longer accepting new enrollees.

# Review 2017 Program Requirements in the 2017 OPPS/ASC Final Rule

*Whether you are attesting for Meaningful Use the first time, the final time, or anywhere in between, you will find helpful this CMS-produced reminder regarding 2017 program requirements.*

Providers who have not demonstrated Meaningful Use successfully in a prior year and are seeking to demonstrate Meaningful Use for the first time in 2017 to avoid the 2018 payment adjustment must attest to Modified Stage 2 objectives and measures. Providers who have demonstrated Meaningful Use successfully in a previous year may attest to Stage 3 objectives and measures starting in 2017.

CMS encourages eligible hospitals, CAHs, and dual-eligible hospitals to visit the [EHR Incentive Programs website](#) for more details about the [2017 program requirements](#) outlined below.

### OPPS/ASC Final Rule with Comment Period

- Eliminated the Clinical Decision Support (CDS), and the Computerized Provider Order Entry (CPOE) objectives and measures beginning in 2017;
- Reduced the threshold for the View, Download or Transmit (VDT) measure of the Patient Electronic Access Objective to at least one unique patient (or patient-authorized representative) for Modified Stage 2;
- Reduced the thresholds for a subset of Patient Electronic Access to Health Information, Coordination of Care through Patient Engagement, Health Information Exchange, and Public Health Reporting and Clinical Data Registry measures for Stage 3;
- Added [new naming conventions for measures](#); and
- Requires that actions occur within the EHR reporting period, or the calendar year in which the EHR reporting period occurs, in order to be included in the numerators for specific measures.

### For More Information

Visit the EHR Incentive Programs website and review the following materials:

- Modified [Stage 2](#) and [Stage 3](#) Attestation Worksheets for Eligible Hospitals, CAHs, and Dual-Eligible Hospitals.
- [Overview of the OPPS/ASC Final Rule Changes for the EHR Incentive Programs](#)

*Should you have questions regarding the content of this article, please contact the CMS Help Desk EHR Information Center (EHRIC) at 888.734.6433 (TTY: 888.734.6563) and select option 1. Hours are Monday through Friday, 8:30 a.m. - 7:30 p.m. ET.*

# What to Know Before You Next Attest

**1 Updated for 2017 PowerPoint presentations are now on the TennCare EHR website.** Even though registration has ended, you must still attest each year on order to receive your full EHR Incentive amount. View these updated presentations at <http://www.tn.gov/tenncare/topic/powerpoint-presentations>.

**2 A YouTube presentation covering MU Stage 2 is available.** Watch this helpful video *before* beginning your attestation. You'll find it at [MU Attestation Presentation](#).

**3 The TennCare Meaningful Use Clinical Educator is available to provide assistance in a variety of venues including onsite visits, calls, and webinars.** Edith Murphy, RN, BSN has over 30 years of clinical experience working with providers in clinics and hospitals. Edith will be available statewide to work with a variety of providers having difficulties meeting and or reporting Meaningful Use measures. Edith is looking forward to meeting and working with the provider community 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](mailto:EHRMeaningfulUse.TennCare@tn.gov) and placing "Attn: Edith Murphy" in the subject line.

**4 For those who are dual Medicare/Medicaid providers, MU is an integral component of the Medicare MIPS Program.** You must continue to prove you are a Meaningful User of CEHRT or face possible Medicare payment adjustments, or at best a neutral adjustment.

**5 To be eligible for all six available Incentive payments, EPs must be careful when skipping attestation years.** EPs have been and will continue to be allowed to skip years between

attestations, but some now have little or no flexibility to do so and still be eligible for all six Incentive payments. For instance EPs who have received an AIU payment, and now will attest with a first-year MU attestation, must attest in 2017 and each year thereafter through program year 2021 in order to be eligible to receive a total of six Incentive payments. EPs who have already skipped one or more years between attestations should look at the time left to attest and weigh carefully whether or not to skip any future years.

**6 On April 28, CMS published a proposed rule about the prospective payment changes for acute care and long term care hospitals.** Included are proposed changes impacting the EHR Incentive Program.

- For CY 2018, a 90-day MU attestation period
- An exemption process if an EP or EH can demonstrate they can't meet an MU requirement because their CEHRT has been decertified
- Implementing a policy in which no payment adjustments will be made for EPs who provide substantially all of their cover services in an ASC, applicable for the 2017 and 2018 Medicare payment adjustments.
- Using Place of Service (POS) code 24 to identify services furnished in an ASC, or other codes or mechanisms to use in lieu of POS code 24.

The comment period ends June 13.

# Why Has PIPP Enrollment Ended?

Regular readers of *EHR Incentive News* have known for some time that program year 2016 would be the final year a provider could enroll in and attest for the first time to the TennCare Provider Incentive Payment Program. However, even as enrollment was drawing to a close, the EHR Incentive Program office was receiving inquiries about enrollment during the 2017 program year.

Some providers were surprised to learn that enrollment was ending. Some offered various scenarios under which they should be allowed to enroll in 2017. Others wanted to know about how the deadline was set or where the deadline had appeared in writing.

Here is how the program came about and where information can be found regarding the pre-set deadlines and term of the program.

The American Recovery and Reinvestment Act of 2009 (ARRA) (Pub.L. 111-5), which established the EHR Incentive Program, was enacted on February 17, 2009. Title IV of Division B of ARRA amends Titles XVIII and XIX of the Social Security Act (the Act) by establishing incentive payments to eligible professionals (EPs), eligible hospitals, and critical

access hospitals (CAHs), and Medicare Advantage Organizations to promote the adoption and meaningful use of interoperable health information technology (HIT) and qualified electronic health records (EHRs). ARRA established the length and term of the EHR Incentive Program.

The Centers for Medicare & Medicaid Services (CMS) has guided participating states in establishing their individual Medicaid programs and has provided the basic governing rules for each program. These basics are reported on the CMS website at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html>. Under the headline “Additional Information for Eligible Professionals Participating in the Medicaid EHR Incentive Program” is this statement: “The last year that an eligible professional can begin participation is 2016.”

A statement in regard to the typical first-year attestation, verifying Adoption, Implementation, or Upgrading (AIU) to certified EHR technology, appears on the TennCare website at <http://www.tn.gov/tenncare/article/attestation-payment-years> under “Payment Year 1”. On the home page (<http://www.tn.gov/tenncare/section/electronic-health-record>) is

this note: “Program Year 2016 is the last year for which we will accept AIU attestations. AIU attestations for Program Year 2017 WILL NOT be accepted.”

This statement appears in section I-1 of our online FAQs at <http://www.tn.gov/assets/entities/tenncare/attachments/hitechfaq.pdf>: “Both EPs and EHRs can enroll to participate in the TennCare Medicaid EHR Incentive Program through 2016.”

Beyond these web resources, the EHR Incentive Program office has been announcing the end of enrollment in provider outreach for some time now. Our newsletters over the past two years have included periodic reminders about 2016 being the final program year for enrollment and the last year for AIU. And at all Tennessee Medical Association meetings and Provider Expos we have attended over the past two years, we have emphasized that provider enrollment to participate in the EHR Provider Incentive Payment Program would end with 2016.



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## EHR Incentive News MAY 2017

With EHR Incentive Program questions,  
email [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov)

With Meaningful Use (MU) questions, email  
[EHRMeaningfuluse.TennCare@tn.gov](mailto:EHRMeaningfuluse.TennCare@tn.gov)  
CMS Help Desk, 888.734.6433

TennCare Medicaid EHR Incentive Program  
website: [www.tn.gov/tenncare/section/  
electronic-health-record](http://www.tn.gov/tenncare/section/electronic-health-record)

How-to PowerPoint Presentations are  
available at [www.tn.gov/tenncare/topic/  
powerpoint-presentations](http://www.tn.gov/tenncare/topic/powerpoint-presentations)

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.

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[www.tn.gov/tenncare/topic/e-blast-newsletters](http://www.tn.gov/tenncare/topic/e-blast-newsletters)

## Don't Wait Until to Resolve Returned 2016 Attestations

Human nature is to always (or almost always) put things off to the last minute. Some of you undoubtedly put off your 2016 attestation off to the last moment. Now that the opportunity to enroll and participate in the EHR Provider Incentive Payment Program has ended, what is 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 your MU attestation section. And unfortunately, some of you will have errors in both. Just as unfortunately, 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 an error(s), that you will correct and return immediately. And many of you do, but a whole lot of you don't.

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.