



TennCare



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⇒⇒⇒ New Logo - New Web Site - New Look 😊

You have already heard that the State of Tennessee is changing its logo to give a more unified appearance across state agencies. Now when you see the logo above you will know that you are dealing with a state agency and not have to guess who is trying to contact you. The State Flag, State Seal, and the Tri-Stars **are not** going away or being changed.

We also have a new look web site. This additionally means that the URLs of our web site are changing as well. The URL of the TennCare web site is <http://www.tn.gov/tenncare>. If you look at the lower right corner, you will find the link to the EHR Incentive Program. Or the direct link is <http://www.tn.gov/tenncare/section/electronic-health-record>. The direct link to information on Meaningful Use is <http://www.tn.gov/tenncare/section/meaningful-use-overview>. If you have our old URLs bookmarked, for a while you will be taken to a page that will list the new links. That eventually will go away. So, please visit our new web site and bookmark our new location. This change **will NOT** impact the URL for the PIPP web site.

💡 It's Coming..... 📅

2016 that is. Obviously the majority of you receiving this newsletter are already enrolled in the TennCare Medicaid EHR Incentive Program. Perhaps you have someone new in your practice, or know of a peer who has yet to participate in this program. According to the HITECH Act, **2016 will be the last year** an Eligible Professional or Eligible Hospital can enroll and attest in the EHR Incentive Program. Up until now, an EP or EH could skip a year and not lose out on an EHR Incentive Payment. For an EP who begins their participation in the EHR Incentive Program in 2016, that EP will have to attest every year through 2021 in order to receive the full \$63,750 incentive payment. An EH not currently enrolled, **must** join the program in 2016, and **must** receive a payment each year in order to collect the EHR Incentive payment (Tennessee, with approval from CMS, makes the EH incentive Payment over a 3-year period – 50%, 30%, & 20%).

If you know of someone who “has been meaning to” or otherwise has yet to enroll in the TennCare Medicaid EHR Incentive Program, please direct them to our web site <http://www.tn.gov/tenncare>. Or they can email us at the address listed in the Contact Information section at the end of this newsletter.

Have you Registered at CMS But Decided Not to Attest?

On any given day, we have over 500 providers registered in the TennCare EHR Incentive Program and who have not proceeded to attest. If you began an application with CMS and have decided that the EP or EH

- ✚ does not qualify,
- ✚ is unable to meet the requirements for the program, or
- ✚ no longer works in your office/practice,

it is important that you return to the CMS Registration and Attestation System web site and delete the application. This will stop the ongoing emails you receive from us about that provider, and it also makes it easier for that provider to re-register if he so chooses at a new location.

To do this, return to the CMS Registration & Attestation system web site, enter the Registration Number you were originally given, and on the appropriate page click “Cancel participation in the Incentive Program.” On **EACH** page of this web site, you must click “Save & Continue” and then “Submit” at the end in order for the change to take effect.

Provider Attestation Record-Keeping Reminder

CMS and TennCare cannot emphasize enough, the importance of saving all supporting documents used for attestation. The most accurate data reflecting the attestation is best saved **at the time of attestation and submission**. These may be reports, screenshots, and patient lists. During the course of an audit, providers must be able to provide documentation to support their attestations as submitted. We want you to be successful. Providers who wait until they are audited to try to recreate or recover documentation are putting themselves through unnecessary work, time, and expense. Additionally, recreated reports and patient lists sometimes provide inaccurate information.

Proposed 2015 Rule & the Immunization Registry: Just Testing Will Not Be Sufficient

The **proposed** rule for 2015 Meaningful Use changes the Immunization Registry measure requirement for EPs and EHs. The proposed rule requires providers to be ***“in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health***

immunization registry/immunization information system (IIS). If the 2015 proposal for public health measures is finalized as the proposal is written, **just testing with the Tennessee Department of Health Immunization Registry will not be sufficient to meet the measure requirement in payment year 2015 and subsequent years.**

CMS further defines active engagement as when a provider is in the process of moving towards sending “production data” to a Public Health Agency (PHA) or Clinical Data Registry (CDR) and has applied the concept of “active engagement” to all public health measures.

CMS proposed “active engagement” is demonstrated by:

- **Active Engagement Option 1**–Completed Registration to Submit Data: The EP, Eligible Hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2** - Testing and Validation: The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3** – Production: The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

See the complete chart below for the newly proposed public health meaningful use measures.

MEASURES FOR OBJECTIVE 8--PUBLIC HEALTH AND CLINICAL DATA REGISTRY REPORTING OBJECTIVE

Measure	Maximum Times Measure Can Count Towards Objective for EPs	Maximum Times Measure Can Count Towards Objective for EHs/CAHs
Measure 1 – Immunization Registry Reporting	1	1
Measure 2 – Syndromic Surveillance Reporting	1	1
Measure 3 – Case Reporting	1	1
Measure 4 - Public Health Registry Reporting*	3	4
Measure 5 - Clinical Data Registry Reporting**	3	4
Measure 6 - Electronic Reportable Laboratory Results	N/A	1

*EPs, eligible hospitals, and CAHs may choose to report to more than one public health registry (measure 4) to meet the number of measures required to meet the objective.

** EPs, eligible hospitals, and CAHs may choose to report to more than one clinical data registry (measure 5) to meet the number of measures required to meet the objective.



Increasing Patient Engagement



Stage 2 of the Electronic Health Record Incentive Program requires providers to engage patients in more than one way. One way is by providing patients the ability to view, download or transmit health information to a third party. Making a portal available alone will not guarantee that patients will access it. The portal should be a patient centered and user friendly application. Providers are strongly encouraged to gain portal experience so that they can recognize the benefits, and communicate them to their patients. Patient engagement can improve the quality and safety of patient care, and lead to better health outcomes.

Here are few tips to get started increasing patient's engagement using your portal:

✓ **Educate Staff**

Staff and physicians should be trained on the use of the patient portal. At minimum training should include content and features available, user registration, procedures, troubleshooting and privacy and security. Eligible providers should be trained on the content available in the portal and patient messaging capabilities.

✓ **Communicate the Portal's Benefits and Train the Consumers**

Patients are more likely to use the portal if their provider recommends it. Providers should explain how access will increase the patient's involvement in care. Placing brochures and signs in the front office can also encourage use of the new system. Onsite registration and training can help patients make the most of the tools. Patient are more likely to use a portal that is designed to address their personal needs.

✓ **Consider Proxy Accounts**

Proxy access is granting access to someone other than the patient. Inform patients of their right to grant access to caregivers, health care power of attorney and/or family members.

✓ **Positive Reinforcement**

Acknowledge patients who use the portal. A simple "Thank you" can go a long ways.



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

◆ For **all other questions**, send an email to 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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