Many of you have communicated with Tara Daniel in our Quality Oversight office about Meaningful Use and the attestation process. We are sad to announce that Tara has moved on to a position in another state, doing something very different from the EHR Provider Incentive Program. Tara worked hard and long to get the MU attestation process in place and as totally user-friendly as possible. In the short time she was with us, Tara developed proficiency unlike anyone else when it came to MU. We hope you will join us in wishing her well in her new endeavors.

At the same time, we welcome two new members to the Meaningful Use Section of Quality Oversight. These are Cindy Wallace and Vickie Duncan. Anytime you have questions specific to the MU portion of the EHR Incentive Program, including the status of your attestation, please email them at EHRMeaningfuluse.TennCare@tn.gov. Cindy or Vickie will respond to your inquiry as quickly as possible.

We have recently added nine PowerPoint presentations to our web site to go along with two that were already present in the MU section. These presentations have been set up as a new fly-out (in the left column), which will take you to the presentations home page. From there, you can choose which presentation(s) you wish to view. In general, the presentations are divided into four sections.

- General Introduction (Applicable to both EPs & EHs)
- Steps to Eligible Professional (EP) Attestation
- Steps to Eligible Hospital (EH) Attestation
- Meaningful Use Attestation
**General Introduction** has three presentations applicable to all providers – both Eligible Professionals (EPs) and Eligible Hospitals (EHs). These are

- Introduction – A brief overview of the EHR incentive Program
- Step 1 – Registering at CMS – Participation begins at the CMS Registration & Attestation System web site
- Step 2 – Establishing a User Account – The starting point to attesting in the TennCare PIPP portal

**Steps to Eligible Professional (EP) Attestation**

- Step 3A – Provider Questions
- Step 3B – EHR Questions
- Step 3C – Required Forms
- Step 3D – Patient Volume Questions

**Steps to Eligible Hospital (EH) Attestation**

- Eligible Hospitals – Part 1
- Eligible Hospitals – Part 2

**Meaningful Use Attestation**

- Common Challenges to Achieving Stage 1 Meaningful Use
- Timelines for 2011 Cohort
We tried to keep the presentations to about 10 – 12 minutes so as to not bore you. It is our hope you will find these presentations informative and useful. We would appreciate your feedback on these PowerPoint presentations, including suggestions for future presentations.

**New Required Forms**

TennCare is now requiring two additional forms on the Required Forms screen of the EP attestation process. These forms affect only Nurse Practitioners (NPs) and Physician Assistants (PAs) who practice in a PA-led FQHC or an RHC so-led by a PA. Alas, we do not have these two forms on the Required Forms screen just yet. We are, however, requiring NPs and PAs to submit the information described below by attaching a document to this screen.

**Nurse Practitioners (NPs)** – In TennCare, NPs are allowed to submit claims under the doctor’s NPI or that of another proctor or that of the group practice/clinic. Unfortunately, we have discovered that this practice makes it difficult for us to verify the patient volume of NPs attesting in the EHR Incentive program. Therefore, effective immediately when attesting, NPs must attach a document that states the name and NPI under which the NP’s claims are being submitted, along with the NP’s name, signature, and NPI.

**Physician Assistants (PAs)** – The CMS requirement for PAs to participate is that the PA must work in an FQHC led by a PA or an RHC so-led by a PA. CMS defines this requirement as

- A PA is the primary provider in the clinic (for example, when there is a part-time physician and a full-time PA, CNS considers the PA as the primary provider); or
- A PA is a clinical or medical director at a clinical site of practice (being the director of a department within the FQHC/RHC does not qualify the PA as being the lead); or
- A PA is the owner of the RHC.

In order for TennCare to verify that a PA meets this requirement, we are requiring documentation be attached with the following information:

- The name and address of the FQHC or RHC
- A copy of the letter indicating the facility’s status as an FQHC or RHC
- The name and NPI of the lead PA
- The name, signature, and NPI of the PA who is attesting
PAs should understand, it is not only the lead PA that can attest for an EHR Incentive payment. Any PA who meets the above FQHC/RHC criteria, along with the other requirements, is able to submit an attestation as well.

Registering as a Medicaid (TennCare) Provider

On occasion, we have returned attestations stating that the EP was not a member of the group practice or clinic to which the EHR incentive payment is being directed. Alternatively, you may have a new provider join your practice who is not registered with the Medicaid (TennCare) program of Tennessee. We no longer register providers with Tennessee Medicaid using a paper application. So, what do you do? What do you do?

Tennessee Medicaid (TennCare) now registers providers electronically through the Center for Affordable and Quality Healthcare (CAQH). To start the process, use this link and follow the instructions. [http://www.tn.gov/tenncare/pro-forms.shtml](http://www.tn.gov/tenncare/pro-forms.shtml). This is the FIRST step, and you only need to do this once. If you have previously enrolled at CAQH, be sure to log into your account and grant TennCare access to your information. If we tell you that you need to grant TennCare access, you can do that by checking TennCare or by granting global access to your information.

If we send you to CAQH (through our attestation return letter) because you are not connected to the group, you need to add the service location to your file with the group tax ID. This information will allow us to connect you to the group to which your EHR Incentive payment is being directed. We must have this connection in order to make payment. Additionally, make sure we have access to your data.

Currently, we are still registering group practices and clinics through the process we have always used. It is available at the same web site shown above. In the near future, we plan to have an on-line process for groups.

If you are new to the Tennessee Medicaid program (TennCare), after being registered with Medicaid as a provider, you must contract with one or more Managed Care Organizations (MCOs) in your area or with the Dental Benefits Manager (DBM), to provide services to the enrollees in each particular organization. Information on how to contact these organizations is available on our web site through this link: [http://www.tn.gov/tenncare/providers.shtml](http://www.tn.gov/tenncare/providers.shtml).
Making Changes to Your CMS Attestation Registration

On occasions, TennCare finds it necessary to send providers back to the CMS Registration & Attestation System web site to make changes. This is necessary when a provider has left off the CMS Registration number for his certified EHR system; to make a change in the provider’s email address; or to change the Payee NPI when leaving, changing, or joining a group practice or clinic. Other times, providers have gone back to make changes without our telling you to do so, which is fine.

When returning to the CMS Registration web site, you must do the following.

- Enter the registration number CMS assigned you when you initially completed your registration.
- Click “Modify.”
- On EACH page, click “Save & Continue.”
- Make the appropriate change(s)
- On the last page, click “Submit.” It is only by clicking on “Submit” will your changes be completed, saved, and forwarded to TennCare by CMS.

Even if you only do the first two steps and then change your mind, you must still click on “Save & Continue” on EACH page and “Submit.” CMS has informed us that if a provider clicks “Modify” and then “Cancel,” the provider’s attestation status has been changed. Without completing the steps described above, your registration essentially in a “hold” status and nothing can be done with your attestation. CMS notifies us daily of provider registrations that are in the hold status. We will send emails reminding you to go back to the CMS R&A System web site and do the above steps.

**Reminder:** Until this process is completed, TennCare cannot process your attestation nor make an EHR Incentive Payment to you if you qualify.

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/ehr_intro.shtml](http://www.tn.gov/tenncare/ehr_intro.shtml)

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