

SEPTEMBER
2017



Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM

WHICH ATTESTATIONS ARE WE CURRENTLY ACCEPTING?

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.

LOCATION CHANGE FOR PROGRAM LINK

The primary link to the EHR Incentive Program from TennCare's website has changed. You may now access our information by selecting "Providers" on the homepage, then "TennCare EHR Provider Incentive Program" among the links on the left.

CMS Announces MU Program Changes for Eligible Professionals: 90-Day EHR MU Reporting Period in 2017

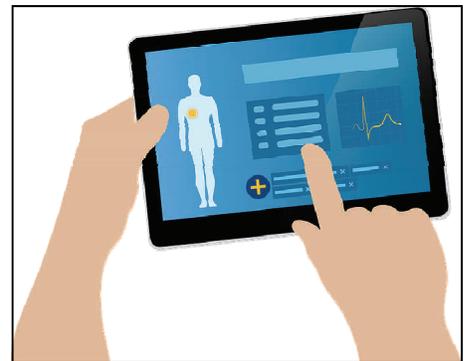
On August 2, the Centers for Medicare and Medicaid Services (CMS) released the Inpatient Prospective Payment System (IPPS) [Final Rule](#) which included changes to Medicaid EHR Meaningful Use (MU), effective **October 1, 2017**. The changes finalized in the final rule focuses on increasing interoperability and reducing the administration burden on eligible professionals (EPs). The finalized changes are highlighted below.

Changes to Medicaid EHR Meaningful Use

For 2017, CMS modified the CQM reporting period to a **continuous 90-day period for all EPs**.

For 2017, CMS finalized aligning Clinical Quality Measures (CQMs) available for MU with the CQMs that are available for the Merit-Based Incentive Payment System (MIPS). The CQM options will consist of the 53 CQMs available for MIPS. Also, **Medicaid EPs will report any six CQMs relevant to the EP's scope of practice**.

For 2018, EPs can use 2014 certified EHR technology (CEHRT), 2015 CEHRT or a combination of 2014 and 2015 CEHRT to



meet Meaningful Use Objectives and Measures.

All new and returning EPs will have the option of attesting to Modified Stage 2 for the 2018 EHR Reporting Period. Similarly, all EPs will have the option to attest to Stage 3 objectives and measures utilizing 2015 CEHRT or a combination of 2014 and 2015 Edition CEHRT, as long as the EHR technology can support the objectives and measures to which the EP plans to attest.

For 2018, CMS finalized a 90-day EHR Reporting Period for all providers. **This does not change the requirement for a one full-year reporting period of CQMs for returning MU participants.**



Do We Have Your Current Address?

To ensure your EHR Incentive can be paid, keep your CMS, CAQH and PDMS information current.

DID YOU KNOW?

Should you need help when using the TennCare Provider Registration system (CAQH and PDMS), you can contact Provider.Registration@tn.gov for assistance.

Reminder: The Medicaid EHR Incentive Program Continues Through 2021

CMS issued an EHR Incentive Program bulletin on August 11, 2017 to remind providers that the EHR Provider Incentive Payment Program under Medicaid continues through 2021.

To participate in the program in 2017, EPs and eligible hospitals must attest to:

- [Modified Stage 2 objectives and measures](#), or
- [Stage 3 objectives and measures](#)

To learn more, visit the [2017 program requirements](#) page on the [EHR Incentive Programs](#) website. For state-specific information and resources, go to the [TennCare EHR Provider Incentive Payment Program web page](#).

Incentive Payment Information

- There are no payment adjustments in the Medicaid EHR Incentive Program, as it applies to PIPP.
- EPs and eligible hospitals who meet program requirements can continue to attest to their state Medicaid agencies to receive yearly incentive payments.
- The incentive payment is a fixed amount for each year of participation.
- EPs and eligible hospitals who began the program in 2016 must

participate consecutively to receive the full payment amount over six years.

Eligible hospitals that are eligible to participate in the Medicare and Medicaid EHR Incentive Programs may attest under Medicare to avoid a payment adjustment. Dual EHs must attest under Medicare first.

Please note: 2016 was the last year EPs and eligible hospitals could begin participation in the Medicaid EHR Incentive Program.

Medicaid EHR Incentive Program and the Merit-based Incentive Payment System (MIPS)

MIPS does not replace the Medicaid EHR Incentive Program. If a provider plans to participate in the Medicaid EHR Incentive Program through their state and they are also a Medicare Part B clinician who is eligible for MIPS, they will also need to participate in the MIPS program to avoid a negative MIPS payment adjustment.

For More Information

Visit the [EHR Incentive Program website](#)

Email your question to EHRInquiries@cms.hhs.gov

To learn more about MIPS, visit qpp.cms.gov



PIPP vs. MIPS

Which Does a Dual Provider Choose?

NOTE: The Medicare EHR Incentive Program for returning eligible professionals (EPs) ended with the 2016 reporting period. Starting in 2017, Medicare eligible clinicians will report through the Quality Payment Program.

PIPP vs. MIPS – Sometimes finding your way through health care requirements seems like you’re navigating through a sea of acronyms. You’ve gotten used to PIPP, the acronym for the Provider Incentive Payment Program, but now you are hearing about MIPS. And if you are a Medicare or a dual Medicare/Medicaid provider, you are dealing with twice the acronyms. It’s no wonder you’re asking questions like this:

Do I need to continue to attest to Meaningful Use (MU) through the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) if I have to participate in the Merit-based Incentive Payment Program (MIPS)?

While MU is also a component of the MIPS program and your Medicare payments, not every Medicare or dual Medicare/Medicaid provider will be participating in the MIPS program beginning in 2017. There are some exclusions and exemptions. As we are not the Medicare reimbursement experts, please go to the [Quality Payment Program website](#) to learn these details. Bear in mind that you may need to continue attesting with PIPP in order to meet your MU requirement.

What is the benefit of continuing to attest in the TennCare PIPP?

Simply this: If you as an Eligible Professional (EP)

have been participating in PIPP and have not received six (6) years of payments, you have not received your full EHR Incentive.

If you want to receive the full EHR Incentive Payment amount, then you will need to continue attesting in PIPP. If you pass, we’ll be more than happy to continue sending you your incentive payment. On the other hand, if you rather be done with the EHR Incentive Payment Program, then you can go ahead and stop! We’ll save your payment for someone else. Your choice!

The attestation deadline for returning EPs who wished to avoid a 2018 Medicare payment adjustment was March 13, 2017. EPs who have received the EHR Incentive payment for demonstrating Adoption, Implementation, or Upgrading (AIU) of a certified EHR technology (CEHRT), but who have not yet demonstrated Meaningful Use successfully have until March 31, 2018 to do so using Medicaid encounters. EPs who choose to transition to MIPS for 2017 and attest using Medicare encounters have until Oct. 1, 2017 to attest through CMS or apply for their one-time hardship exception.

To learn more, visit the [Quality Payment Program website](#). You can also subscribe to the Quality Payment Program listserv for updates. As an alternative, you may call the CMS Help Desk at 888.734.6433, choosing option 1.

TDH Now Onboarding Hospitals, ER Departments for Statewide Drug Overdose Reporting

Tennessee Department of Health is now onboarding hospitals and emergency departments statewide for Drug Overdose Reporting.

Tennessee Code Ann. § 68-1-104, reads “the commissioner of health or the commissioner's designee may obtain records maintained by any facility licensed under this title to facilitate investigations and inquiries concerning opioid drug abuse, opioid drug overdoses, and opioid overdose deaths.”

To facilitate this work; TDH is requesting a contact list for your organization with both a leadership and technical contact (persons familiar with computer interfaces and data exchange).

TDH has distributed Drug Overdose Reporting (DOR) information and technical details through multiple channels to notify all applicable Tennessee hospitals and emergency departments that statewide Drug Overdose Reporting implementation has begun.

- TDH has worked with Tennessee Hospital Association (THA) to distribute DOR information packages to all THA member hospitals.

- TDH sent emails with DOR information packages to all hospital TPR contacts.
- TDH made this announcement available to the TennCare ERH newsletter, East Tennessee Health Information Network (eTHIN) newsletter and the Rural Health Association of Tennessee newsletter.

Note: All of these DOR materials are also available on the Drug Overdose Reporting webpage (<https://www.tn.gov/health/topic/pdo-drug-overdose-reporting>).

Next Steps: Please provide a contact list for your organization with both a leadership and

technical contact. TDH will help determine if your organization has an existing Trading Partner Registration (TPR). Your organization will then need to either update your existing registration or create a new registration in TPR for your facility with the required Drug Overdose Reporting interface information. Organizations and Facilities will only be considered “engaged” after the TPR is approved and the onboarding milestones are started.

Please submit your contact list and general inquiries to TDH.Informatics@tn.gov with Drug Overdose Reporting on the subject line.

TennCare MU Leadership to Speak at TriMED Healthcare Education Summit

Krystal Massey, Meaningful Use Manager and Edith Murphy, Meaningful Use Clinical Educator at the Division of TennCare will present a CME course on “What You Need to Know Before Starting Stage 3 Meaningful Use” at the inaugural TriMED Healthcare Education Summit, happening Sept. 8-9, 2017 at the Nashville Music City Center.

Physicians, healthcare administrators, medical staff and other healthcare professionals from all medical specialties and all areas Tennessee are encouraged to attend and choose from more than 60 hours of CME courses on topics ranging from opioid addiction and treatment to episodes of care and MACRA to eating disorders and behavioral health, and much more.

For more information about TriMED, including full agenda, exhibitors and accommodations, visit trimedtn.com.

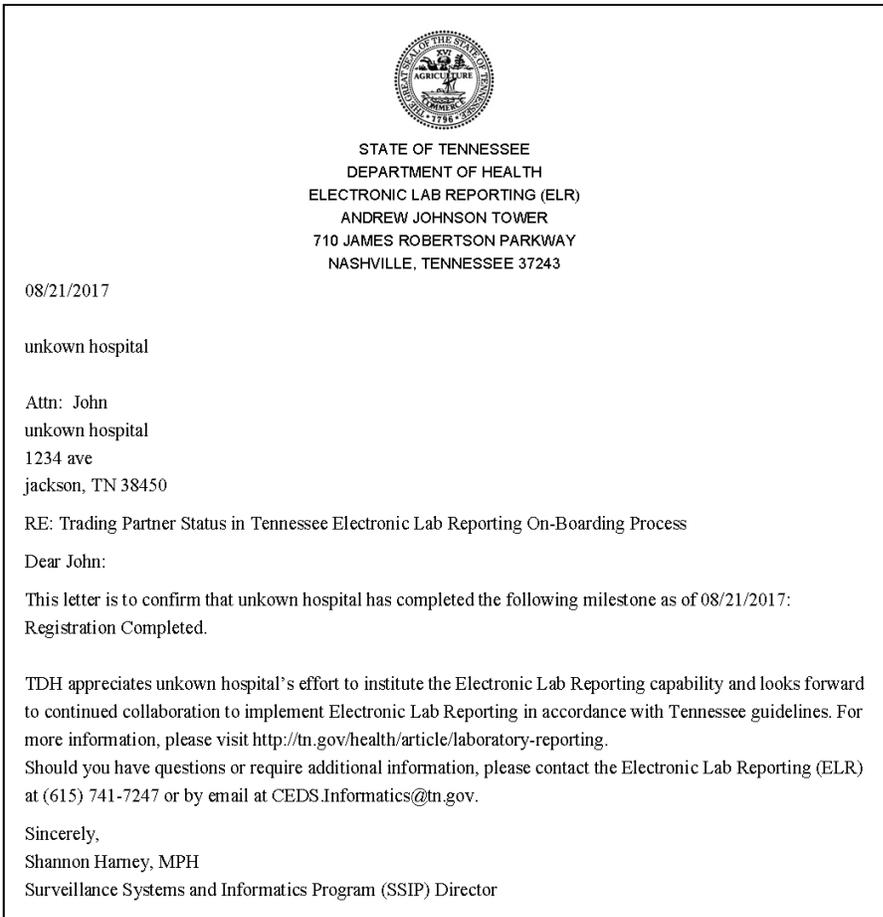
Public Health Reporting Requirements for MU

Submission to a Public Health Registry begins when an eligible professional or eligible hospital registers their intent to exchange data with the Tennessee Department of Health (TDH) using the Trading partner Registration (TPR) system. TDH began using the TPR system in 2014 to register potential trading partners participating in stage 2 of Meaningful Use. TDH recognizes that many current trading partners, prior to 2014, registered using a different system for exchanging data with the Immunization Registry. Some of these trading partners may have an unclaimed registration in TPR for which they will need to take ownership. For questions, please contact MU.Health@tn.gov.

TPR allows users to view their progress from start to finish through the use of milestones documenting onboarding progress and is a communication tool that provides documentation that can be utilized to demonstrate *active engagement* with public health.

TPR Webinars are scheduled for the following dates and times:

- Thursday, August 31, 11:00 AM-12:00 PM Central Time
- Wednesday, September 6, 12:30 PM-1:30 PM Central Time (Existing Owner)
- Thursday, September 7, 9:00 AM-10:00 AM Central Time
- Wednesday, September 13,



When you have successfully registered as a trading partner, you will receive an email letter similar to the one above.

- 11:00 AM-12:00 PM Central Time (Existing Owner)
- Tuesday, September 19, 10:30 AM-11:30 AM Central Time

To receive the TPR webinar details, you **must** complete the online registration form found at <http://tn.gov/health/calendar/meaningful-use>. If the requested date/time is available, you will receive an email invitation with the webinar phone number and

link. If you do not receive an email within 3-4 days after registration, send an email to the TDH Meaningful Use Coordinator at MU.Health@tn.gov. You may also, contact the Meaningful Use Coordinator for additional training options or for training questions.



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With EHR Incentive Program questions,
email TennCare.EHRIncentive@tn.gov

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

View TennCare Medicaid EHR Incentive
Program online assistance at

- [Program website](#)
- How-to [PowerPoint Presentations](#)
- [FAQs](#)
- [Acronyms & Glossary](#)

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.

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.

[View previous issues of EHR Incentive News](#)

Keep Your Practice Site Address Updated

Effective immediately, Eligibility reviewers of your TennCare EHR Incentive attestation are verifying your practice site address.

In doing so they will compare the address on your attestation with the address entered in the TennCare Provider Registration system (CAQH/PDMS). The addresses must match or the attestation will be returned for correction.

To avoid a return for a mismatch of addresses it is imperative you maintain a correct address in two systems.

The practice site address on your attestation is populated by the

information that was entered at the CMS EHR Registration website when you registered or made a change there. Therefore you are unable to change the address on the attestation itself, but you must return to CMS EHR Registration to make the change. To do so, please go to the [CMS Registration & Attestation System website](#) to make the change.

In addition, individual providers are required to keep their CAQH Provider profile current by reviewing and updating their information every 120 days. The link to complete this information is found at [All other Provider](#)

[Registration](#). This step can only be completed after your Medicaid ID has been assigned.

To update your group address(es) in [PDMS](#), go to the "Practice Locations" tab. There you will be able to update your primary practice location, billing / payment contact information, correspondence information and address, as well as additional practice locations.

Any questions you have about updating CAQH and PDMS, including entering and submitting banking information, may be addressed to Provider.Registration@tn.gov.