

OCTOBER
2018



Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM
A CMS "Promoting Interoperability" Program

Reminder:

Information which will assist you —and the latest updates — are available on the [TennCare EHR Incentive website](#).

2018 Meaningful Use Changes and Updates Webinar

Participants are invited to a special webinar sponsored by Quality Oversight, Division of TennCare regarding 2018 Meaningful Use Changes and Updates. The webinar is to be held on Wednesday, October 10, 2018 from 10:00 am to 11:00 a.m. Central Time.

If you wish to participate, please send an email to EHRMeaningfulUse.TennCare@tn.gov with **2018 MU Webinar** in the Subject line.

IPPS Final Rule: Modified Stage 2 Allowed in 2018, Stage 3 Is Optional

On Aug. 2, 2018, the Centers for Medicare & Medicaid Services (CMS) posted the final rule on the 2019 Medicare Hospital Inpatient Prospective Payment System (IPPS) which modifies the Medicaid Electronic Health Record (EHR) Incentive Program. The policies in the IPPS final rule further advance CMS's priority of creating a patient-centered healthcare system by achieving greater price transparency, interoperability, and significant burden reduction.

Key provisions modified in the final rule that effect the Medicaid EHR Incentive Program:

- CMS has renamed the EHR Incentive Payment Program to the Promoting Interoperability (PI) Program.
- TennCare's branding of the program will remain the same "EHR Incentive Payment Program" under the option allowed by CMS.

MU Stage Requirements:

- **Modified Stage 2:**
 - Optional for Program year (PY) 2018; **No longer available for PY 2019**
- **Stage 3: Optional for PY 2018**
 - Required for PY 2019 – 2020

EHR Reporting Period:

- **PY 2018:** All EPs have a minimum of any continuous 90-day period between January 1 – December 31, 2018. **This does not change the requirement for a 1 full year reporting period of CQMs for returning MU participants.**
- First time MU attesters have a 90 day CQM reporting period.
- **Reminder: If you intend to attest to PY 2018 Modified Stage 2, then October 2 would be the last day for a continuous 90-day reporting period for 2018.**
- **PYs 2019 - 2020:**
 - For Program Year 2019, all EPs have a minimum of any continuous 90-day period between January 1 – December 31, 2019;
 - For Program Year 2020, all EPs have a minimum of any continuous 90-day period between January 1 – December 31, 2020.

CEHRT requirements for EHRs:

- **In PY 2018**, Eligible Providers may use 2014 Edition, 2015

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See You at These Fall Events!

Representatives from the EHR Incentive and Provider Networks offices of TennCare Provider Services will be available to talk with you at the meetings listed below.

Fall TMA Workshops

- Oct. 17 | Memphis
- Oct. 18 | Jackson
- Oct. 23 | Kingsport
- Oct. 24 | Knoxville
- Oct. 25 | Chattanooga
- Oct. 30 | Nashville

Joint Amerigroup- UnitedHealthCare Provider Expos

- Nov. 6 | Knoxville
- Nov. 7 | Lebanon
(Nashville)
- Nov. 8 | Memphis

User Report Can Help You Verify Immunization Updates

Tennessee Immunization Information System (TennIIS) online users now have the ability to verify if immunizations submitted from Electronic Health Record (EHR) systems are updating correctly. The **TennIIS Provider Submission Detail Report**, found in the Report Module after logging into TennIIS, can now help ensure you are properly communicating with the Immunization Registry.

Running the report will allow you to see the number of patients and vaccinations that came into TennIIS and if they were entered from your EHR or by Direct Data Entry (through the website). It will also show if the facility name (RXA-11) field was included on the message from your EHR.

Note: RXA-11 is a required field and should be a point of emphasis for your EHR vendor.

When setting up the Provider Submission Detail Report, pay



particular attention to these four settings:

- 1) Make sure the **"Display Actual Reporting Method"** is checked —this will allow you to see how the immunizations actually came in to TennIIS.
- 2) **"Do Not Limit"** the facility.
- 3) Select the correct date range.
- 4) Select **"Detailed"** as the Report Type.

To review the many benefits of TennIIS, see this [Click here](#) to PDF brochure. Should you have questions or require additional assistance, please email TennIIS.Registration@tn.gov.

IPPS Final Rule: Modified Stage 2 Allowed in 2018, Stage 3 Is Optional...

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Edition, or a combination of the two for the purposes of EHR reporting.

- **Beginning with an EHR reporting period in Program Year 2019**, all eligible providers under TennCare's EHR Provider Incentive Program will be required to use the 2015 Edition

of certified Electronic Health Record technology (CEHRT).

If you have not attested to MU in a while then PY 2018 is a good time to come back to achieve an incentive payment. For assistance with MU, please contact us:

EHRMeaningfulUse.TennCare@tn.gov

Now Available

CMS Debuts 2019 eCQM Flows, Including New Hospital Flow

The information on this page was provided to TennCare in multiple articles by CMS. Any questions on this content should be directed to CMS as indicated at the end of this article.

The Centers for Medicare & Medicaid Services (CMS) has developed and released 2019 reporting period Electronic Clinical Quality Measure (eCQM) flows for eligible clinicians and eligible professionals (EPs), and for eligible hospitals (EHs) and critical access hospitals (CAH). The flows are published to the eCOI Resource Center.

These eCQM flows assist in interpretation of the eCQM logic and calculation methodology for performance rates. In addition, the flows provide an overview of each of the population criteria components and associated data elements that lead to the inclusion or exclusions into the eCQM quality action (numerator).

The hospitals flow is a new resource for EH and CAH reporting eCQMs for 2019 reporting, developed in response to stakeholder feedback.

The [2019 Reporting Period eCQM Flows for Eligible Hospitals / Critical Access Hospitals](#) supplement eCQM specifications for EHs and CAHs for the following programs:

- **Medicare and Medicaid Promoting Interoperability (PI)**
- **Hospital Inpatient Quality Reporting (IQR)**

A “Read Me First” guide to understanding the flows is also available to assist users as they navigate this new resource. The guide is found on the eCQI Resource Center website within the eCQM flows zip file.

The [2019 Performance Period eCQM Flows for Eligible Clinicians and EPs](#) supplement eCQM specifications for eligible clinicians and EPs for the following programs:

- **Quality Payment Program:** Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- **Comprehensive Primary Care Plus (CPC+)**
- **The Promoting Interoperability Program**

The flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification or for reporting purposes.

Questions on the eCQM flows should be directed to the Office of the National Coordinator (ONC) for Health Information Technology eCQM Issue Tracker available at <http://jira.oncprojectracking.org/browse/CQM/>.

Reporting System Open to Hospitals

The Centers for Medicare & Medicaid Services (CMS) would like to notify hospitals and vendors that as of September 12, 2018, the Hospital Quality Reporting system is available to accept eCQM data for the Calendar Year (CY) 2018 reporting period. The system, accessible via the *QualityNet Secure Portal*, has been updated to accept Quality Reporting Document Architecture (QRDA) Category I test and production files utilizing the CY 2018 requirements.

NOTES:

1. Test QRDA Category I data submissions are considered practice and do not count towards CMS reporting program credit.
2. The PSVA tool was updated to contain the CY 2018 eCQM specifications so that hospitals and their vendors can conduct format checks of test and production files.



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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.

Best to Update TennCare Registration by Year's End

As the submission period for 2018 attestations draws closer, take advantage of this time to update your practice location(s) in the following systems:

1. CMS EHR Registration and Attestation website
2. CAQH ProView
3. TennCare Provider Registration Portal
4. NPPES NPI Registry

Taking care of any address issues now before the end of this year will help you once you can attest. And you'll likely avoid a return due to an address mismatch.

In previous issues, we've stressed the importance of ensuring that your profile at the CMS EHR Registration and Attestation website and in the TennCare Provider Registration System have the correct, up-to-date, and **EXACT** address for your these locations. That's because beginning in January with the submission of your Program Year 2018 EHR

Incentive attestation, we will be checking all practice location addresses listed on your attestation against the addresses in these profiles. If there is not an **EXACT** match, we will return your attestation with instructions to make the necessary correction.

Not sure of your correct address(es)? Check with your local post office or mail carrier as they can provide the correct address for your practice location(s). If your address is a post office box, explain that you need the physical address.

Unsure what practice locations are on file for you now in CAQH and the TennCare Provider Registration System? You may contact provider.registration@tn.gov for that information.

Don't know how to update your profiles? Obtain our free PDF resource, [How to Update Your Practice Address](#). This simple, easy-to-follow guide will instruct you on making changes in each system.