



TennCare

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CONTACT INFORMATION

This is a message that we will repeat several times over the next few months. This is **not** a decision made by the Bureau of TennCare. **This is an IRS requirement.** The Bureau is obligated to send your 1099 the way the IRS dictates. We have also recently learned that the IRS requires that **the 1099 be mailed to your home address** and not your office. Some providers are evidently being caught unaware until they receive a penalty notice from the IRS. Regardless of what you may hear of other states doing, this is what Tennessee will be doing until instructed otherwise by the IRS.



The State of Tennessee will issue individual 1099s to providers receiving EHR Incentive Payments during 2015. This mailing will occur on or shortly after January 31, 2016. Although Eligible Professionals do have the option to assign their EHR Incentive Payment to their Group Practice or Clinic, the Department of Finance and Administration believed that the proper interpretation of IRS guidelines requires the issuance of individual 1099s irrespective of who actually received the payment. The 1099 form is an informational return provided to the IRS. To determine if payments are taxable, you must consult your tax professional. In most cases, you and your organization will need to complete a “middleman 1099.” A “middleman 1099” transfers the income from your Social Security number and places such income in your employer’s tax ID number. You should have your employer’s tax ID number from the W-2 you were sent last year.

It is the responsibility of the eligible professional to assign his/her EHR Incentive Payment, either to his individual NPI or an organizational NPI (his employer or entity with whom he has a valid contractual relationship allowing the entity to bill for the EP’s services), in consideration of the program parameters and any agreements with his organization. The eligible professional is responsible for selecting the appropriate option in the CMS Registration and Attestation System, and any payments will be made to the designated Payee NPI. The payment can be designated to different entities for each year of program participation but cannot be divided during a single year of program participation.

CMS, the EHR Provider Incentive Program, and the Bureau of TennCare are not responsible for decision-making or mediation regarding the assignment of incentive payments.

Again, we strongly encourage you to contact your tax professional on the proper handling of this matter. If you lose your 1099 or otherwise need a replacement, contact Donna Nicely at Donna.Nicely@tn.gov or

(615) 253-5234. She will need your Tax ID number, name, and either an email address, fax number, or current mailing address where the replacement 1099 can be sent. Any questions about the EHR Provider Incentive Program should be sent to one of the email addresses at the end of the newsletter. Donna will **NOT be able to help you with those.**



IT'S FINAL!!

CMS has issued the Final Rule (with comment period), *Medicare and Medicaid Programs; Electronic Health Record Incentive Program – Stage 3 and Modifications to Meaningful Use in 2015 – 2017*, on October 16, 2015. If you remember the *Stage 3 and Modifications to Meaningful Use in 2015 – 2017* were issued earlier this year as two separate rules. CMS decided to issue a combined Final Rule as they tended to overlap. The “with comment period” is something that you have to understand about CMS. They are still accepting comments on these two rules, but CMS has told the states that unless it is something really, really “earth-shattering”, the rule is final as published. The effective date is December 15, 2015. We will provide guidance as we work our way through the rules and the additional information provided us by CMS.

It is our plan to have the TennCare EHR Provider Incentive Payment Portal revised and ready to accept attestations on January 4, 2016. However, “the best laid plans...”, if we are unable to make that target date, we will inform you of when we are ready to accept and process attestations, and we will adjust our 90-day attestation period as necessary.

The Office of the National Coordinator also issued its Final Rule on October 16, 2015: 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications. This rule does not have a comment period. This final rule finalizes a new edition of certification criteria (the 2015 Edition health IT certification criteria or “2015 Edition”) and a new 2015 Edition Base Electronic Health Record (EHR) definition, while also modifying the ONC Health IT Certification Program to make it open and accessible to more types of health IT and health IT that supports various care and practice settings. This rule is effective January 14, 2016, except for two portions which will not be effective until April 1, 2016.

To view the rules

CMS Stage 2 and Modifications to Meaningful Use 2015-2017: <http://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25595.pdf>

ONC 2015 Edition HIT Certification Criteria: <http://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25597.pdf>

Important Meaningful Use Information for 2015

The meaningful use final rule is complete. It specifies criteria for Eligible Professionals (EPs) that must met in order to demonstrate meaningful use in 2015 through 2017 and for Stage 3 in 2018 and beyond.

As a result of the Final Rule (use the link above), TennCare will stop accepting first year meaningful use **Stage 1** attestations at 11:59 PM on December 14, 2015. EPs who attest on or after December 15, must meet the new modified Stage 2 meaningful use requirements. All EPs in the first year of meaningful use who wish to attest via the TennCare portal to **Stage 1** measures must attest by December 14, 2015. However, these EPs may choose to wait and attest to the new **modified Stage 2 meaningful use measures**. The TennCare portal will begin to accept the new modified Stage 2 measures in **January 2016**.

EPs in their second year of meaningful use will not be able to attest to **Stage 1** measures for payment year 2015. The new rule changed the reporting period to any 90 consecutive days in the 2015 calendar year, but as of December 15, 2015 ***the measures they are required to demonstrate are the modified Stage 2 measures***. For these Stage 1 providers in payment year 2015 only, CMS has provided alternate measures and exclusions for measures in which there are no Stage 1 equivalents or for menu measures providers did not plan to meet. Year 2 meaningful use providers ***will not be able to attest*** via the TennCare portal for payment year 2015 until **January 2016**.

All EPs attesting to meaningful use for payment year 2015 must have 2014 Edition CEHRT.

The new modified Stage 2 measures are a single set of objectives and measures that replace the old core and menu format.

There have been **no changes to Clinical Quality Measure (CQM) reporting**. EPs must report 9 from a list of 64 CQMs. The nine selected must cover 3 of the six National Quality Strategy Domains.

Resources for these new measures can be found on the CMS EHR Incentive Program website at [2015 Program Requirements](#).

TennCare will continue accepting AIU attestations as the Final Rule did not make any changes impacting those attestations.

More Than A Test –Are You Meeting the Active Engagement Requirements for Immunization Registry Reporting?

Reporting to public health registries as part of the new modified Stage 2 meaningful use measures is an integral part of improving population and public health. The MU [final rule](#) makes public health reporting a core objective for all eligible providers (EPs). In Tennessee, the public health reporting objective has three measure options available for EPs to choose from. In 2015, EPs scheduled to demonstrate Stage 2 MU must report on two public health measures and EPs scheduled to demonstrate Stage 1 MU must report on at least one public health measure. One of the public health measure options available is the immunization registry (IR).

To meet the IR requirements the EP must be in active engagement with a PHA to submit immunization data from the public health immunization registry, as opposed to ongoing submission of test data. The Centers for Medicaid and Medicare Services (CMS) states that active engagement means, *“That a provider is in the process of moving toward sending ‘production data’ or sending ‘production data’ (data generated through actual clinical processes involving patient care) to a PHA.”*

Active Engagement may be demonstrated by any of the following:

- **Active Engagement Option 1** – Completed Registration to Submit Data: The EP, EH, 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. The EP, EH, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.
- **Active Engagement Option 2** – Testing and Validation: The EP, EH, 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** – The EP, EH, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Therefore, testing with the IR is no longer sufficient to meet the IR measure requirements. Eligible providers are expected to be in active engagement with the registry to submit immunization data. Furthermore, EPs attesting to the IR measure must register their intent no later than 60 days from the start of the EHR reporting period. In 2016, providers beyond their second year of MU planning to attest to the IR measure option must register their intent before March 1st.

For more information regarding the TDH immunization registry, please visit:

<http://tn.gov/health/topic/meaningful-use-summaryhttps://apps.health.tn.gov/twisprod/RegisterMU/MUregistration.asp>

HARDSHIP EXEMPTIONS

CMS has previously established a system of hardship exemptions for EPs and EHs who may have trouble attesting during a Program Year. These exemptions are for dual Medicare-Medicaid (or Medicare only) providers as they may experience a payment reduction in their Medi**CARE** payment amounts if they are classified as Meaningful Users of CEHRT. There is **not** a reduction in TennCare Medicaid payments related to the EHR Incentive Program.

A question has been posed to CMS about the timing of the Stage 3 Final Rule and its impact on providers: See CMS FAQ 12845 <https://questions.cms.gov/faq.php?faqId=12845&id=5005>

[EHR Incentive Programs] If an EP, eligible hospital or Critical Access Hospital (CAH) is unable to effectively plan for a reporting period in 2015 due to the timing of the publication of the 2015 through 2017 Modifications final rule, can they apply for a hardship exception?

Yes, if a provider is unable to meet the requirements of meaningful use for an EHR reporting period in 2015 for reasons related to the timing of the publication of the final rule, a provider may apply for a hardship exception under the "extreme and uncontrollable" circumstances category. Each hardship exception application will be reviewed on a case-by-case basis, as required by law.

In the past, CMS has considered these applications seriously and, in fact, has approved over 85% of hardship exemptions. Hardship applications will be available in early 2016 on

<https://www.cms.gov/EHRIncentivePrograms>

Created 10/7/2015
Updated 10/8/2015
(FAQ12845)

In addition to the example above, there are other reasons that CMS may grant a hardship exemption. We recommend that you visit the CMS web site for more information. As we have stated before, **this is a CMS process**. Approval hardship exemptions are determined by CMS; the Bureau of TennCare plays no part in this process. Any questions must be directed to CMS.

Information from Provider Registration

The information in this section DOES NOT IMPACT everyone who is receiving this newsletter. Please read it closely and if you have a question, you can email TennCare.EHRIncentive@tn.gov and we will check to see if you need to act.

In October, Provider Registration sent out almost 28,000 letters to **SPECIFIC PROVIDERS** who had yet gone through Electronic Registration/Revalidation of their TennCare Medicaid Provider Profiles. If you **DID NOT** receive one of these letters, you can stop reading and move on. The text of this letter is printed below.

Subject: URGENT – Electronic Registration / Re-validation Required

As of March 2015, Tennessee TennCare/Medicaid program implemented electronic provider registration for all new and existing provider types. In order to ensure we have the most current and accurate data in our system ALL existing providers (individuals, groups and entities) must register electronically. Our records for NPI: [NPI] and TennCare/Medicaid ID: [MID] show that **you have not** yet registered electronically.

In order to continue to be eligible to participate in the Tennessee TennCare/Medicaid program under NPI: [NPI] and TennCare/Medicaid ID: [MID], **you must re-validate** your provider data by selecting the appropriate link provided on our website: <http://tn.gov/tenncare/topic/provider-registration>. Choose the appropriate registration link for either an Individual (Provider Person) or All Other Providers. Step by Step instructions are available on the website to assist with the registration process. If multiple TennCare/Medicaid IDs are associated with this NPI, you may receive multiple letters. You will be prompted to choose one TennCare/Medicaid ID during the re-validation process; once you have successfully registered any additional TennCare/Medicaid IDs associated with this NPI will be terminated.

Failure to complete this re-validation process within 30 days of the date of this notice will result in termination of your TennCare/Medicaid ID. (Please see the reverse side of this letter for consequences of having your TennCare/Medicaid ID terminated.) If you have started the electronic registration process but not yet completed, you must do so to continue your eligibility in the TennCare/Medicaid program. Individuals must ensure their CAQH profiles remain current by re-attesting at intervals required by CAQH.

Thank you for your continued participation in the TennCare/Medicaid program and for serving the healthcare

needs of TennCare/Medicaid enrollees.

NOTE: If you received this letter and have questions regarding this re-validation effort, please contact our TennCare Provider Services Call Center at 1-800-852-2683, between the hours of 8:00 am and 3:30 pm (CST) Monday through Friday.

One of the consequences of failure to complete this revalidation effort is that you will no longer be eligible to participate in the TennCare Medicaid Provider Incentive Payment Program. One of the first conditions of participation is that you must be a Medicaid-enrolled provider and contracted with at least one MCO. If you no longer meet these conditions, you will no longer be eligible for the EHR Incentive payment.

Additional Information

This fall, representatives of the TennCare EHR Incentive Provider Payment Program attended meetings hosted by the Tennessee Medical Association (TMA) and the Tennessee Academy of Family Practitioners (TNAAP). Our purpose, as always, is to meet with providers to discuss the EHR Incentive Program, help providers get started, and to answer questions you may have.

We are always seeking opportunities to make presentations or just to be “on hand” to discuss the TennCare EHR Provider Incentive Payment Program. If your organization would like to have a TennCare rep at your meeting, please contact us at TennCare.EHRIncentive@tn.gov.

Along with this newsletter, we are including the handouts (with some revisions) that were used this fall. We hope you find them helpful.



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>

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.

To view previous TennCare E-Newsletters, go to <http://www.tn.gov/tenncare/topic/e-blast-newsletters>

Attachments

ATTACHMENTS:

DECEMBER 31, 2016

The HITECH Act (a part of the American Recovery and Reinvestment Act of 2009 – ARRA) established an EHR Provider Incentive Program. The purpose of this program is to encourage use of certified Electronic Health Records technology (CEHRT) by eligible hospitals (acute care, Critical Access, & children’s), and eligible professionals – doctors, dentists, nurse-midwives, nurse practitioners, and physician assistants in certain situations. The EHR Incentive Program is scheduled to sunset in 2021.

Last Chance to Enroll & Attest

The following comes from the *Code of Federal Regulations* (CFR):

- 42 CFR § 495.310(a)(1)(iii) – *An EP may not begin receiving any payments any later than CY 2016.*
- 42 CFR § 495.310(a)(2)(iii) – *Payments made after the first payment year may continue for a maximum of 5 years.*
- 42 CFR § 495.310(a)(2)(v) – *No payments may be made after CY 2021. (We think this means for any year after CY 2021.)*
- 42 CFR § 495.310(f)(5) – *No hospital may begin receiving incentive payments for any year after FY 2016, and after FY 2016, a hospital may not receive an incentive payment unless it received an incentive payment in the prior fiscal year. (We are not sure at this time how the proposal to change hospital attestations to calendar years will be affected by this rule.)*

What does all of this mean to you? Quite simply, if you have yet to enroll in the TennCare Medicaid EHR Provider Incentive Program, **time’s a wasting! And you’re leaving money on the table!!**

What do you need to do?

- ❖ Have questions?
 - Visit our web site - <http://www.tn.gov/tenncare/section/electronic-health-record>
 - View our PowerPoint Presentations - <http://www.tn.gov/tenncare/topic/powerpoint-presentations> - **and** other items under the “Resources” link
 - Email us your questions – TennCare.EHRIncentive@tn.gov
 - Visit the CMS web site - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>
- ❖ Need to Register?
 - Go to the CMS Registration & Attestation System web site - <https://ehrincentives.cms.gov/hitech/login.action>
 - Have questions when you get there – call the CMS Help Desk – 1-888-734-6433

(Over)

Will I get another chance? We don't know. We are not aware of any discussions going on about extending this program into the future.

Remind me, what are the benefits of participating in this program?

- ➔ There is, of course the financial incentive. Doctors (MDs & DOs), dentists, nurse practitioners, nurse midwives, and physician assistants (in certain situations) can qualify for an EHR Incentive of \$63,750. A pediatrician can qualify at a lower patient volume requirement for a reduced EHR Incentive amount of \$42,500. The EHR Incentive for hospitals has a \$2,000,000 base which is adjusted according to a number of factors.
- ➔ There is also a **second** financial incentive. The HITECH Act requires that CMS reduce the Medi**CARE** payment to eligible dual Medicare/Medicaid professionals who are not certified as meaningful users of CEHRT. The payment reduction, starting in 2015, begins at 1% and increases each year that an EP does not demonstrate MU, to a maximum of 5%. Eligible hospitals and CAHs that do not successfully demonstrate meaningful use of certified EHR technology will be subject to Medi**CARE** payment adjustments beginning in FY 2015.
- ➔ And then, there are the goals of the EHR Incentive Program, which were established way back at the beginning. These are:
 - ✓ Improve Quality, Safety, Efficiency, and Reduce Health Disparities
 - ✓ Engage Patients and Families in their Healthcare
 - ✓ Improve Care Coordination
 - ✓ Improve Population and Public Health
 - ✓ Maintain Privacy and Security

With the ultimate goal being **Improved Outcomes** for all individuals through the healthcare system.

While the EHR Provider Incentive Program may sunset in 2021 as the Rule currently states, CEHRT is here to stay. And the use of CEHRT will continue to grow.

Making Changes to Your CMS Attestation Registration

On occasion, TennCare finds it necessary to send providers back to the CMS Registration & Attestation (CMS R&A) System web site to make changes. This is necessary when you leave off the CMS Certification number for your certified EHR system; to change your 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 update their information or just to see what they entered previously, which is fine.

When returning to the CMS R&A, 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”
- ↪ On the appropriate page(s), make the necessary change(s)
 - When you are changing Payee NPIs, the change is made in the section “Group Reassignment Payee NPI Selection”
- ↪ On the last page, click “Submit” – It is only by clicking on “Submit” that your changes will be made, saved, and reported to TennCare by CMS.

Even if you do only the first two steps and then change your mind, you **MUST** still complete the above process. CMS has informed us that if a provider clicks on “Modify” the provider’s attestation status has been changed. Without completing the above steps, your registration is placed in a “**HOLD**” status. This status prevents us from processing your attestation and determining your eligibility for an EHR Provider Incentive Payment.

CMS sends us a daily list of those providers who are in the “**HOLD**” status. We will send you email reminders to go back to CMS R&A and complete the process.

 **Remember: Until you complete the process described above, while your attestation registration is in a “HOLD” status, TennCare cannot process your attestation, nor make an EHR Incentive Payment to you even if you qualify.**

Preventive Care for Common Attestation Ills

Also Helps Relieve Returned Attestation Symptoms

❏ Registration Frustration

Three registration websites share information with the TennCare EHR Provider Incentive Payment Program (PIPP) attestation software. Prior to attesting, complete all information at these sites:

TennCare Provider Registration

[<http://www.tn.gov/tenncare/topic/provider-registration>]

If you have an active Medicaid ID number, you should be registered here already. If you have not received confirmation that your electronic registration was successful, contact the Help Desk listed below. **Tip:** Be sure the “Yes” button is selected near the top of the ACH Authorization page, as the incentive is only paid electronically.

Help Desk: provider.registration@tn.gov

CMS EHR Registration

[<https://ehrincentives.cms.gov/hitech/login.action>]

Read through an overview of the program and begin entering the information necessary to enroll. Once you complete CMS Registration, you will receive an email message directing you to the TennCare PIPP Registration site. **Tip:** Be sure to enter the CMS Certification ID for the CHERT you will use when attesting. While this field is shown as optional, it is required for TennCare’s EHR Incentive. CMS Help Desk: 1.888.734.6433

PIPP Registration

[<https://pipp.tenncare.nash.tenn/login.aspx>]

Set up your PIPP user account and begin attesting. Choose a user name, a password, and security questions you can remember. **Tip:** Before you can submit, click “OK” at the bottom of each page to see a “Yes” in the “Attested” column of the User Dashboard. **Help Desk:**

TennCare.EHRIncentive@tn.gov

❏ Payee Pain

Many attestations are returned for correction because of incorrect Payee information. You must determine whether any incentive earned is to be paid directly to you as the attesting provider, or if it is to be paid to your group. This choice must be consistent with what you enter into the TennCare Provider Registration record, and what you enter as Payee NPI and Payee Tax ID at CMS EHR Registration. **Example:** If you are set up as an “Individual joining a group”, you must pay the group. You would then enter your group NPI as Payee NPI and group Tax ID as Payee Tax ID. **Tip:** If asked to change your Payee information, this can only be done at CMS EHR Registration and Attestation. After updating, wait until at least the next business day before resubmitting your attestation, so that CMS will have time to update TennCare.

❏ ID Impairment

On the Provider Questions page of your attestation, make sure to enter your current Tennessee Professional License number (as found on your current license certificate) and your current Medicaid ID. Too often, providers enter a number that is no longer in use. **Examples:** Nurse Practitioners often enter their LPN license number, and an MD might enter an older MID without realizing that a new MID has been assigned. **Tip:** When you receive a new license or MID, shred the older document or mark as outdated and file it with historical documents. If you are not sure what your current MID number is, contact the **Help Desk:** Provider.Registration@tn.gov.

(Over)

📁 **CEHRT Hurt**

Before gathering EHR documentation to prove you own or are leasing a Certified EHR Technology (CEHRT), please carefully read the documentation requirements found on the EHR Questions page. Note that we can only accept documentation that provides legal and/or financial proof that you do indeed own or are leasing the CEHRT you are attesting to have. Most often this is a recent invoice or an executed contract (a contract that includes signatures of a representative from the vendor and of a representative of the provider). A letter from the CEHRT vendor does not provide legal or financial proof of leasing or of ownership. We can only accept a vendor letter when you provide an invoice or executed contract of your base system and then include the vendor letter as proof that the system has been updated. **Tip:** If you have one of the “free” or advertising-supported CEHRTs such as Practice Fusion, we recognize you will not have proof of a financial obligation. In this case, attach your complete user agreement (even if it is several pages) to your attestation as proof of a legal obligation to the CEHRT.

📁 **Form Affliction**

Collecting the Required Forms should not be a stumbling block to successfully completing your attestation. Attention to the details below can make the difference between forms that are accepted the first time and forms that are returned for correction. **Tip:** New forms may be downloaded from the PIPP Required Forms page, except a current W-9, which is downloaded from www.irs.gov. A new bank letter may be secured from your bank or you may alternately use a voided check or deposit slip.

Use the IRS W-9

TennCare’s Fiscal Office no longer allows the Substitute W-9 form to be used for EHR Incentive attestations. Instead, use the current year’s W-9 form available from the IRS.

Pay Attention to Sign Dates

In order to make proper payment, the Fiscal Office requires that the ACH, W-9, and Bank Letter be

signed and dated within three months of the time you submitted your attestation.

“Pay to” Addresses Must Match

The “Pay to” address on your W-9, ACH, and voided check or deposit slip must be identical and must also match the “Pay to” address entered in the TennCare Provider Registration system. Should you need to verify or change the address in the Provider Registration system, log on to the portal, then select the “ACH Authorization” link. Verify or change the address on the resulting page.

Complete the W-9 Top Line

Line 1 of the W-9 cannot be left blank (see the instruction just above line 1). Always enter there either the provider or group name as appropriate.

Double Check Your ACH for Omissions

Complete each line of the ACH form. Many ACH forms are returned simply because one item was omitted. Often, this is the “Pay to” address requested at the bottom of the form.

Attach a Current Signature Page

Many attestations are submitted with a Signature Page that was used previously. Because it is necessary to update the Signature Page as needed, a previously submitted Signature Page may be outdated. Always download a current Signature Page each time you attest.

Include a NP Form for Nurse Practitioners

In order for TennCare to determine the correct patient volume for a Nurse Practitioner, a NP form must be attached to each NP attestation.

Include a PA Form for Physician’s Assistants

In order for TennCare to determine the eligibility of a Physician’s Assistant, a PA form is required to be attached to each PA attestation. In addition, a copy of the letter showing your facility’s status as an FQHC or RHC must be included with the form.

After Making Corrections, Remember to Submit

After making corrections or adding new documentation, open EACH page of your attestation; click “OK” and then “submit.” Failure to follow this step will result in your attestation not being returned to us for processing. It will remain in a pended status until resubmitted.

What's Coming Up

2016

2016 is the **last year** that providers (EPs and EHs) can enroll and begin receiving EHR Incentive Payments. Providers who BEGIN participation in the incentive program during 2016 will not be able to skip years but will have to attest every year through 2021.

Proposed Rules

In March & April, CMS and the ONC proposed a total of three rules impacting the EHR Incentive Program. As soon as CMS and the ONC issue the Final Rule in each instance, we will provide interpretations on the impact to providers and the EHR Incentive Program.

One proposed rule change will allow **ALL** providers to attest to MU for a 90-day period for 2015.

2015

Providers **must** have a 2014 Edition CEHRT in order to attest for either AIU or MU. The Flex Option Rule has expired.

Remember: Medicaid Patient Encounter Volume is always, **always** a consecutive 90-day period in the **previous** calendar year. When attesting for 2015, your patient encounter volume must come from 2014.

Can't Log In? Lost Password? Locked Out?

Normally, all you need to enter TennCare's Provider Incentive Payment Program (PIPP) system and attest for the EHR Incentive is the user name and password for your account. But what if you can't get in?

If you are unable to reset the password on your own, send an email to TennCare.EHRIncentive@tn.gov with the provider's name and NPI, and explain that you need to have the password reset.

If you are locked out of PIPP, changing the password **will not** get you back in. Send us an email per above, and we can unlock your account and reset the password if necessary.

Attestation Time Frame

TennCare anticipates being ready to accept 2015 attestations beginning January 11, 2016. Depending on when we are actually ready, we will announce what the deadline for receiving attestations will be. After the deadline, such attestations will not be accepted for processing.

Presently TennCare is accepting only AIU (first year) and first year MU attestations for processing. All other MU attestations currently require a full calendar year of MU data.

Contacting Us

For the quickest answers about MU general information, **including questions about why your attestation was returned**, and these MU pages

- MU Core Set Questions
- MU Menu Set Questions
- MU Clinical Quality Measures (CQMs)

Send your email to:

EHRMeaningfuluse.TennCare@tn.gov

General EHR information and questions about these pages

- Provider Questions
- EHR Questions
- Required Forms
- Patient Volume

Send your email to:

TennCare.EHRIncentive@tn.gov