DECEMBER 2017

Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM

A WORD ABOUT ATTESTING FOR 2017...

At press time, we are continuing to wait for the word to give you the "go-ahead" to attest for 2017. As soon as our PIPP software is ready to begin accepting 2017 attestations again, we will send out an "Extra" edition of the newsletter to alert you of the software's availability.

The PIPP system has been undergoing updates in order to meet CMS rules that went into effect on October 1. While all attestations arriving prior to October 1 were evaluated, those that have come in since October 1 have been on hold pending release of the updated software.

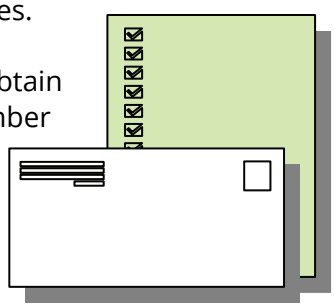
State to Send 1099s to EPs for Incentives Paid During 2017

The State of Tennessee will issue individual 1099s to Eligible Professionals (EPs) receiving EHR Incentive Payments during 2017. The mailing will occur on or shortly after January 31, 2018. EPs do have the option to assign their EHR Incentive Payment to their Group Practice or Clinic, however, IRS guidelines requires the issuance of Form 1099 to the EP.

The 1099 is an informational return that is also provided to the IRS. To determine if payments are taxable, you must consult your tax professional. The EP is responsible for selecting the appropriate option in the CMS Registration and Attestation System, whether the EP is to receive the EHR Incentive Payment or it is to be made to a designated Payee NPI (one with which the EP has a contractual relationship). The payment can be designated to a different entity for each year of program participation, but cannot be divided during a single year of program participation.

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

In most cases the EHR Incentive Payment itself is distributed to the group practice. When this occurs, it is the responsibility of the EP to report the payment on Form 1099-MISC to the employer or entity which bills for the EP's services. Contact your employer to obtain the tax ID number to be entered on the Form 1099-MISC.



Again, EPs are strongly encouraged to contact their tax professional on the proper handling of this matter.

EPs who lose their 1099 or otherwise need a replacement should contact F&A Accounts, Supplier Maintenance at F_A.Accounts@tn.gov. (There is an underscore [_] between the F and the A.) In your message, please provide the tax year for which the 1099 is needed, Tax ID number, name, and either an email address, fax number, or current mailing address where the replacement 1099 can be sent.

F&A Accounts, Supplier Maintenance is NOT able to assist with EHR Program-related questions. Any questions about the EHR Provider Incentive Payment Program should be sent to TennCare.EHRIncentive@tn.gov.

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EPs Are Responsible for Re-assigning Payment

If needed, it is the responsibility of the eligible professional to complete IRS Form W-9MISC to re-assign his/her EHR Incentive Payment to their group.

DID YOU KNOW?

To ensure your EHR Incentive can be paid, keep your CMS, NPPES, CAQH and TennCare Provider Registration Portal information current.

TennCare Is Still in 'the MU Business'

You may have thought that Meaningful Use is going away.

Early talk of the new Merit-Based Incentive Payment System (MIPS), a program for Medicare providers only, left some with the impression that the program would be replacing MU.

Whatever you have seen or heard, please note: TennCare is still operating its Medicaid version of the EHR Provider Incentive Payment Program (PIPP), and it is still in "the MU business".

MIPS is a new way to pay physicians through CMS, concentrating on quality of care. MIPS combines elements of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-based Payment Modifier), and the Medicare Electronic Health Record (EHR) Incentive program into a single program. Eligible Professionals (EPs) are measured on:

1. Quality
2. Resource use
3. Clinical practice improvement
4. Meaningful use of certified EHR technology

These four measurement areas are known as Advancing Care Information (ACI). A percentage is assigned to each area to use in calculating the incentive a provider would receive. And note area 4: There's still a place for MU, even in the new Medicare program.

While the EHR Incentive program of both Medicare and Medicaid are often erroneously referred to as the "Meaningful Use Program", MU has always been a part of attestation, and not the sum total of the program itself. Just as MU will carry over to MIPS, it will also remain part of the TennCare EHR Incentive program.

When CMS revamped the Medicare EHR Incentive program, it did not in the same way revamp the Medicaid EHR Incentive programs conducted through participating states. However CMS released a set of rule changes for state EHR Incentive programs, which went into effect October 1, to allow all providers attesting for 2017 to do so with just 90 days of MU and CQM data. Providers may attest to either Modified Stage 2 or Stage 3 of MU.

So if you attested to TennCare's PIPP program last year, or received an EHR Incentive payment from TennCare any time in the past, come back and attest again for 2017 if you are still eligible.

As always, should you need assistance when attempting to attest, contact the EHR Provider Incentive Unit by email at TennCare.EHRIncentive@tn.gov. If you have questions specifically about the two MU pages of your attestation, contact Edith Murphy, Clinical Nurse Educator, at ehrmeaningfuluse.tenncare@tn.gov. Place "Attn: Edith Murphy" in the subject line.

Don't Leave Money on the Table!

You may have received EHR Incentive payments in the past, but did you stop attesting?

Good News! If you are an Eligible Professional (EP) that hasn't yet received six payments, you may be eligible for more!

TennCare's Electronic Health Records (EHR) Provider Incentive Payment Program (PIPP) is not a completed program — it will continue through program year 2021! If you've received only an Incentive payment for proving Adoption, Implementation, or Upgrade (AIU) to a certified EHR technology, now's the time to attest for your first year of Meaningful Use (MU)! Or, if you've already begun attesting to MU, you may have more years of attesting ahead!

The end of the 2016 program year marked the closing of enrollment and first-time attestation. All providers who continue will now be attesting for MU. Only those who have received at least one Incentive payment can continue attesting in 2017.

If you checked into MU previously and decided it was too complicated to continue, be aware there have been changes to streamline requirements and reporting. For all EPs in 2017, CMS modified the reporting periods for MU and Clinical Quality Measures (CQMs) to continuous 90-day periods. CMS also aligned the number of CQMs available for PIPP with the CQMs that are available for the Merit-Based Incentive Payment System (MIPS). This means there are now only 53 CQM options, the same as MIPS, and EPs may report the six that are most relevant to their scope of practice.

If you've only attested once, you MUST successfully attest for program year 2017 — and each year thereafter — in order to be eligible for all five remaining Incentive payments available.

Contact the EHR Provider Incentive Unit with your questions about PIPP at TennCare.EHRIncentive@tn.gov. If you have questions specifically about the two MU pages of your attestation, contact Edith Murphy, Clinical Nurse Educator, at ehrmeaningfuluse.tenncare@tn.gov. Place "Attn: Edith Murphy" in the subject line.

When You Need Assistance...

When you email the PIPP Help Desk with questions about your attestation, please help us assist you more quickly by providing the following:

- The provider's name
- The provider's NPI
- The group/Payee NPI

The more specific your inquiry, the better we can assist.

If you lock your account by making too many log-in errors), changing your password will not unlock your user account. We must unlock it for you. If necessary, we can change your password at the same time.

Don't Trash Your Documents

So your PIPP status is "Payment Complete", and your EHR Incentive payment has been deposited. You're done for another year. What do you do now with your folder or packet of documentation?

File your documentation immediately with your long-term records. In light of the possibility of a post-payment audit, providers are required to retain documentation in support of all attestations for no fewer than six years after each payment year. A provider may be asked to show documentation to support any of the information in his/her attestation.

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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.

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Substance Abuse Data Needed by March

This is a reminder for Tennessee hospitals to submit the required information needed by the Tennessee Department of Health (TDH) to begin reporting drug overdoses.

Tennessee Public Chapter 959, which was passed in 2016, requires TDH to establish a method of collecting data from hospitals on substance abuse and misuse, and nonfatal and fatal opioid overdoses.

All hospitals must successfully report their data by March 2018.

There are two important steps for hospitals to take now in preparation for meeting the reporting deadlines:

- Identify your hospital's key contacts for drug overdose reporting and submit their contact information to TDH.
- Register for the TDH Trading Partner Registration (TPR) system or update existing trading partner agreements. The information required for registering is included in the worksheet.

Hospitals should begin now to put processes in place for reporting. The hospitals in the pilot reporting group last spring experienced 8-12 weeks of preparatory work to successfully extract and submit the correct data fields.

To help with reporting, the Tennessee Department of Health launched a dedicated website that provides instructions for the data reporting process, as well as a variety of related materials and information.

For additional information, contact TDH.Informatics@tn.gov.