January 1, 2011

That's the day that the EHR Provider Incentive Payment Program began. So, what has been happening since that faithful day nearly five years ago?

Nationwide, just over 204,300 Eligible Professionals (EPs) have received $3.4 billion in EHR Incentive Payments. Among Eligible Hospitals (EHs), 9,567 EHs have received almost $5.4 billion in EHR Incentive Payments. This includes both new and returning providers. And these are just the payments that have been made to those participating in the Medicaid EHR Incentive Program.

In Tennessee, 5,147 EPs have received EHR Incentive payments totaling $89 million. EHs (204) have received just over $108.8 million, for a total of $197,902,040 through December 8, 2014.

Those of you who were with us in the beginning may remember that we began with a paper-based system. Then in November, 2011, we switched to an on-line portal. Over the years we have worked to refine and improve that system, including the changes just made for the Flex Option. And we will continue to work on the PIPP portal to meet the ever-changing needs of the program.

Important Change to Required Forms

Finance & Administration – Division of Accounts is no longer accepting the Substitute W-9. You must now submit a "real" W-9 (as opposed to the substitute). You can access this form by using this link. We will also be putting this link on the Required Forms screen of the PIPP portal.

In addition, all Required Forms – W-9; ACH; and the Signature Page – must be signed and dated within 30-90 days of the date the attestation is submitted for review.

What's coming up in the future?

The vast majority of you receiving this newsletter obviously are already enrolled and participating in the EHR Incentive Program. However, there are always new providers moving into Tennessee and joining practices, or perhaps some of your peers are not yet taking part in this opportunity.

2016 is the last year in which an EP or EH can enroll and participate in the EHR Incentive Program. EPs that do not begin participation until 2016, will not be able to skip a year between attestations and still receive the full $63,750 for which they may be eligible. No EH may begin receiving EHR Incentive Payments for any year after FY 2016, and after FY 2016, an EH may not receive an incentive payment

unless it received an incentive payment in the prior FY (no skipping).

Why are we telling you this now? Don't wait until the last minute to participate in the EHR Incentive Program. It may not seem like it, but 2016 will be here before you know it.

Don't Forget:

Attestations for the 2014 Program Year are due no later than

- **January 31, 2015 for EHs**
- **March 31, 2015 for EPs**

Speaking of the Flex Option

Everyone, hopefully, has heard about the Flex Option whereby CMS is allowing providers options on attesting provided they **were not able to fully implement** a 2014 Edition CEHRT as a result of an **availability delay**. More information about the Flex Option can be found

- In this previous newsletter
- On our web site
- On CMS's web site

CMS also has three tools to help you determine the best option for you to use.

- CEHRT Interactive Decision Tool
- 2014 CEHRT Flexibility Chart
- 2014 CEHRT Rule Quick Guide

In addition to selecting the correct option to use, it is extremely important that you document why you were not able to fully implement a 2014 Edition CEHRT. You cannot just say "I didn't do it." You must be able to support (document) why you were unable to fully implement a 2014 Edition CEHRT in the event you are selected for a post-payment audit.

Information on "fully implement," "what is an availability delay," and, most importantly, "what is **not** an availability delay," can be found on this web page.

Webinar

The Office of Quality Oversight, the unit responsible for reviewing Meaningful Use, recently presented a webinar about the Flex Options and how those options benefit provides. If you were unable to participate in the webinar, or want a re-fresher, please use this link to view the webinar.

Did you get an email from us?

On November 24th, we sent a limited number of emails entitled "You may be eligible to re-attest." This email went to individuals who had attested earlier in 2014, but did not have a 2014 Edition CEHRT. As a result of not having a 2014 Edition CEHRT and the fact that the provider was attesting to the 2014 Program Year, we had to return those attestations as unqualified.

With the passage of the Flex Rule, those providers may now be eligible to use one of the options available, and resubmit their attestation. If you received one of these emails, you may re-open your attestation, click "OK" on **EACH** page and re-submit your attestation. When you click "OK" on the EHR Questions page, you will be given the opportunity to select the option under which you plan to attest.

2015 Meaningful Use Reporting Periods and Important Deadlines

If you plan to attest to *meaningful use* for the first time in 2015, the reporting period for **Stage 1 Year 1** is any **90 consecutive days completely within the 2015 calendar year.** The meaningful use reporting period for all other providers attesting to meaningful use **2015 Stage 1 Year 2 or Stage 2** is the **entire 2015 calendar year,** at this time.

Other important deadlines to meet in 2015:

- Stage 1 Meaningful Use **Immunization Registry** testing with Tennessee Department of Health and or validation must occur between **January 1st and the last day of your reporting period**.
- Stage 2 **registration of intent** with Tennessee Department of Health must occur within the first 60 days of your reporting period for Immunization or Cancer Registry. For 2015, that deadline for registration of intent is **March 1, 2015**.
- A provider who is reporting meaningful use for a 90-day EHR reporting period may complete the appropriate **security risk analysis requirements** outside of this 90-day period as long as it is completed no earlier than **January 1st of the EHR reporting year and no later than the date the provider submits their attestation** for that EHR reporting period.
- A provider who is reporting meaningful use for Stage 2, in addition to meeting the same **security risk analysis** requirements as Stage 1, will also need to address the encryption and security of data stored in the certified EHR technology (CEHRT) and **must take place no earlier than the start of the EHR reporting year.**

Attesting for AIU in 2015

As mentioned earlier, providers who have yet to enroll in the TennCare Medicaid EHR Provider Incentive Program can still enroll in 2015. You have the choice to either attest to AIU (Adopt, Implement, & Upgrade), which does not require MU data, or you may attest to Year 1 of Meaningful Use (MU). More information can be found on our web site and especially our PowerPoint Presentations.

EHR Documentation Must Show Legal/Financial Obligation

When you attest for an EHR Incentive payment in Tennessee, you are asked to provide documentation as proof that you have adopted, implemented, or upgraded to certified EHR technology (CEHRT). For the TennCare EHR Incentive program, CMS requires that this proof show a legal and/or financial obligation to the CEHRT for which you are attesting.

Examples of legal proof include properly signed contracts, while examples of financial proof would include an invoice or proof of payment. Acceptable documentation would be

- The page of an executed contract or lease agreement clearly showing the CEHRT, vendor, and provider, and the executed dated signature page showing both the provider's and vendor's names and signatures.

- Executed upgrade agreements for which a cost and timeframe are stated, and identified your CEHRT (if your current contract/lease requires the vendor to provide you with appropriate updates/upgrades to your system to qualify it as CEHRT)

- A copy of the vendor's invoice clearly identifying your CEHRT, and proof of payment.

- A copy of your purchase order identifying the vendor and CEHRT being acquired, and proof of payment.

- If using an advertiser-supported CEHRT, documentation requirements are a signed letter on the vendor's letterhead identifying the provider and CEHRT, and a copy of the User Agreement.

Some EHR vendors may send you a summary letter describing your CEHRT, however, CMS has told Tennessee that this is not acceptable for the TennCare EHR Incentive program. Your vendor deals with many clients in many states, and agreements with CMS may vary from state to state. In addition to this "vendor letter", other types of unacceptable documentation include a screenshot of CHPL showing the CMS certification number of your CEHRT, a screenshot of your computer showing your CEHRT, or Requests for Proposals (RFPs) or vendor bids.

Under the 2014 CMS Flexibility Rule, providers may have the opportunity to use a CEHRT that is already in place to attest, while first time attesters (for AIU) only have the option of using a 2014 CEHRT. Your EHR documentation must reflect the system with which you are attesting, as shown by the system version named and the dates that appear on the documents.

When compiled, your proof is uploaded to the EHR Questions page of the attestation. Documentation must be submitted each year in which you attest for an incentive payment.

Paying proper attention to ensure you submit valid EHR documentation will prevent your attestation from being returned to you for correction.

CALCULATING PATIENT VOLUME FOR YOUR ATTESTATION

When counseling providers or reviewing attestations, we often see that some attesters are confused about calculating Patient Volume.

Patient Volume is a count of Medicaid encounters seen by a provider or group within a 90-day period of time in the *year prior* to one for which you are attesting. That is, if you are attesting for 2014, you will count Medicaid encounters from 90 consecutive days in 2013.

A "Medicaid encounter" refers to services rendered to an individual on any one day where:

- Medicaid (or a Medicaid demonstration project – TennCare) paid for part or all of the service
- Medicaid (or a Medicaid demonstration project – TennCare) paid all or part of the individual's cost sharing
- The individual is enrolled in a Medicaid program (or a Medicaid demonstration project – TennCare, or the Medicaid program of another state) at the time the billable service was provided. (42 CFR § 495.306(e)(1))

All services rendered on a single day to a single individual by a single EP counts as one encounter. If the individual receives services from another EP who is a part of the same group, each EP can count his services provided as a separate encounter.

If you provided a billable service to an individual who was enrolled in TennCare (or the Medicaid program of another state), that encounter is to be included in your patient volume data. If your claim was denied because of untimely filing, services not covered by the Tennessee Medicaid State Plan (or that of another state in which the individual is enrolled), or the individual had exceeded benefit limits (TennCare's or that of the state in which he is enrolled), the encounters may be counted. You cannot count claims that were denied because the

individual was not enrolled in any Medicaid program on the date of service.

When reviewing an attestation, we take the number of Medicaid encounters you report and compare it to what the MCOs report to us as your paid and denied claims. If the difference between those numbers fall outside an acceptable range, then we cannot approve the attestation. For providers who are dual Medicare/Medicaid providers, crossover claims are included in our count as well.

If your attestation is denied because your Patient Volume is not acceptable, contact the MCOs with which you are contracted, and verify that they are reporting your claims history correctly to TennCare.

You can always select a different 90-day period from which to draw your patient encounter data and re-attest.

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
- **PowerPoint Presentations** on different subject areas are available here: http://www.tn.gov/tenncare/ehr_page6.shtml

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