TennCare Asking Sixth-Year EPs to Attest Now, Avoid ‘Crunches’

Attesting for the 2018 program year of the EHR Provider Incentive Payment Program (PIPP) is underway! As a result TennCare has been alerting Eligible Providers (EPs) who have already received five EHR Incentive payments to attest now for their final payment in order to avoid coming “time crunches” in the program.

The “crunches” will be necessary in the closing three years of the program — 2019, 2020, and 2021 — may be shortened from 90 days to 60 days, similar to the periods of the Medicare version. In addition attestations for 2020 and 2021 will both need to be completed during the 2021 calendar year. The program’s time frame is mandated by the HITECH Act of 2009, and according to Centers for Medicare and Medicaid Services (CMS), this time frame cannot be changed.”

In order to attest during these remaining years, EPs must have successfully attested to and received payment for at least one previous year of the EHR Incentive program. Only those who can successfully attest now for their sixth year can avoid the shorter submission periods to come. However, we strongly encourage all providers who remain eligible in PIPP to attest for the 2018 program year (PY).

Of course all providers who attest must be able to meet the requirements for eligibility, patient volume, Meaningful Use, and Clinical Quality Measure (CQM) criteria in order to qualify for an incentive payment. By attesting sooner rather than later (March), EPs will have more time to complete and submit PY 2018 attestations, and more time to make corrections should attestations be returned.

If you have questions about attesting, contact the EHR Provider Incentive Unit at TennCare.EHRIncentive@tn.gov. If you have questions about attesting to Meaningful Use, contact Edith Murphy, Meaningful Use Clinical Educator, at ehrmeaningfuluse.tenncare@tn.gov. Place “Attn: Edith Murphy” in the subject line.
State Issuing 1099s for EPs Who Received EHR Incentive Payments during 2018

The State of Tennessee is issuing individual 1099s to Eligible Professionals (EPs) who have received EHR Incentive Payments during 2018. The mailing is set to occur by January 31, 2019. 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.

Any questions about the EHR Provider Incentive Payment Program should be sent to TennCare.EHRIncentive@tn.gov. F&A Accounts, Supplier Maintenance is NOT able to assist you with EHR Program-related questions.
CMS Final Rule Electronic Clinical Quality Measure (eCQM) Policies for PY 2019

On Nov. 1, 2018, the Centers for Medicare and Medicaid Services (CMS) released its final changes to the Physician Fee Schedule (PFS) which include updates to the Quality Payment Program and the Medicaid Promoting Interoperability Program Final Rule.

A table of fifty eCQMs was identified in the PFS Final Rule for Program Year 2019. The table identifies six outcome classified measures (reported in the table below) and the twenty seven high priority classified measures. As noted in the recent CMS Updates email about the PFS Final Rule, providers are required to report on at least one outcome measure for Program Year 2019. If no outcome measures are relevant, they must select at least one high priority measure. Providers with no relevant outcome measures or high priority measures may report six relevant CQMs.

<table>
<thead>
<tr>
<th>CQM Outcome Measures</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS122v7 diabetes Hemoglobin A1c</td>
<td>Percentage of patients 18-75 years of age with diabetes who had hemoglobin Al1c &gt;9.0% during the measurement period.</td>
</tr>
<tr>
<td>CMS132v7 Cataracts: Complications within 30 days following cataract Surgery Requiring additional surgical procedures</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.</td>
</tr>
<tr>
<td>CMS133v7 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.</td>
</tr>
<tr>
<td>Depression Remission at Twelve Months CMS159v7</td>
<td>The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.</td>
</tr>
<tr>
<td>Controlling High Blood Pressure CMS165v7</td>
<td>Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90 mmHg) during the measurement period.</td>
</tr>
<tr>
<td>Children Who Have Dental Decay or Cavities CMS75v7</td>
<td>Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.</td>
</tr>
</tbody>
</table>

eCQM Reporting Periods for PY 2019

EPs who are returning meaningful users must report on a one-year eCQM reporting period and first-time meaningful users may report on a 90-day eCQM reporting period.

If you have Meaningful Use attestation questions or are in need of technical assistance, please email: EHRMeaningfulUse.TennCare@tn.gov.
Public Health Reporting: Active Engagement Status Letters Now Include ‘As Of Date’

In 2018 the Tennessee Department of Health (TDH) added the ability to generate Status letters with an As of Date in the Trading Partner Registration (TPR) system for its registered trading partners. Each time a Status letter is generated, it’s stored on the new Documents tab and emailed to the trading partner. The TPR statuses: In Queue, Testing, Onboarding, and Production are aligned with the Centers for Medicare and Medicaid Services (CMS) Active Engagement options.

All potential and existing trading partners must have an approved registration in the TPR system to take advantage of this service. The TPR Interface Administrator associated for each of the public health reporting options will review the registration and update it when necessary with the appropriate status. TPR provides this and the documentation needed to meet CMS Active Engagement requirements to trading partners. Trading partners are encouraged to upload the TPR documents as proof of active engagement in the PIPP portal.

Public health reporting options for the State of Tennessee can be found at TDH Declaration of Readiness. For questions related to the TDH Declaration of Readiness please contact the TDH Partner Engagement Coordinator at (615) 253-8945 or MU.Health@tn.gov.

Additional Resources

If an eligible professional is having some difficulty finding public health reporting options, they may want to consider the Centers for Disease Control and Prevention's National Health Care Surveys. CMS has outlined a few steps for EPs, EHs, and CAHs to determine if there is a specialized registry available to them – click here to visit the CMS FAQ.

Greenway Notifies CMS of EHR Software Problems

Fixes Set to Come Later in 2019

CMS has informed the states of the problems Greenway Health LLC is having with the MU portion of some of their EHR systems. TennCare is committed to working with the affected providers and the submission of their Program Year 2018 attestations. Please DO NOT attest until we give you the go ahead to submit.

Through CMS, Greenway has provided a list of the 46 products affected. If you are not sure if your system is affected, please email us at TennCare.EHRIncentive@tn.gov.

Be sure to include
- Your name and NPI
- The exact name of your Greenway Product and the CMS Certification Number

We will check the list and advise you of the status of your system.

You may submit any other questions to the same email address. We will notify you when we are ready to accept your PY 2018 attestation.
So Far, So Good: Most Attestations Received to Date for 2018 Include Correct Addresses

For some time now, we’ve been reminding providers to enter on your 2018 attestation the “Primary Business Address” EXACTLY as it’s listed on your CMS Registration and Attestation and TennCare Provider Registration Portal profiles (for the time period covered by your attestation). You are obviously listening, as most of the 2018 attestations received so far do include the EXACT location required.

But just as we also noted, because the practice location addresses do not match, we’ve also had to return a few attestations for correction.

When you registered or updated your profile as a TennCare-participating provider through CAQH, you gave us your primary practice location. And if you were/are a member of a group with multiple locations, or practice in multiple locations, you gave us those additional locations as well.

When you went to the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (RNA) website to enroll and participate in the EHR Incentive Program, you completed a page titled “Business Address & Phone Number”. CMS clarified that you should enter your primary practice location for “business address”. If anything changes affecting your EHR Incentive registration, you must make corrections at the CMS RNA website. If such changes impact what you have entered in the NPPES website, you must go to NPPES to make the corrections. Data from the CMS RNA website DOES NOT transfer to NPPES. You are required to update NPPES directly.

Check your profiles before you attest. If the addresses do not match...

1. Correct TennCare’s Provider Registration Portal:

If you are listed as an individual or sole proprietor, you will need to log into the CAQH application (https://proview.caqh.org/Login) to make the update to your primary practice location address.

If you are registered as a member of a group, your group will need to log into the TennCare Provider Registration Portal: https://pdms.tenncare.tn.gov/Account/Login.aspx

- Select “update registration”. Then select each link on the left side of the screen from the Identification section through the Agreements section. Review information in each section and select “save”, then “next”. In the Practice Locations section, select the edit icon on the far right after the Primary Practice Address. In the next box, edit the address to match as needed. Now select “Submit to TennCare” to submit the change. For assistance, please contact Provider.Registration@tn.gov.

- If you have additional practice locations listed and need to make changes, or have practice locations to add, scroll down the page and follow the same steps as above.

2. Correct your CMS EHR Registration Profile:

Return to this CMS website: https://ehrincentives.cms.gov/hitech/login.action

- Enter the CMS Registration Number you were originally given upon enrollment
- Click on “Modify”
- On EACH page, click “Save & Continue”
- On the “Business Address & Phone Number” page, make the needed change(s), then click “Save & Continue”
- On the last page, click “Submit”
- For this process to be successful, it is important that you:
  - On each and every page, all the way through, click “Save & Continue” whether or not you made changes to that page.
  - At the end, after making any and all changes, click “Submit.” If you do not click “Submit”, your changes will not be sent to TennCare.
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.

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Tennessee Reportable Disease Lists Are Available for 2019

The diseases, events, and conditions reportable to Tennessee Department of Health (TDH) by healthcare providers, laboratories, including laboratories in healthcare facilities are available for 2019. See the following links for more detail:

- 2019 Tennessee Reportable Disease List for HEALTHCARE PROVIDERS
- 2019 Tennessee Reportable Disease List for LABORATORIES

TDH has published a helpful Summary of Public Health Reporting for 2019 and has established a new online reporting option that will be available to use in January 2019. Reporters can enroll now by requesting an account at ceds.informatics@tn.gov.

More information about reporting is available on the Reportable Diseases website at https://www.tn.gov/health/cedep/reportable-diseases.html. For questions, contact Communicable Environmental Diseases and Emergency Preparedness (CEDEP) at (615) 741-7247 or (800) 404-3006.