

FEBRUARY
2020



Incentive News

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

Reminders:

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

FREE INSIDE! PY 2019 Pre-attestation Checklist!

Whether you've already begun or you're not yet underway, creating your PY 2019 attestation we'll be easier with our comprehensive Pre-attestation Checklist! It's included in this issue, beginning on page 3.

Don't forget, the deadline for submitting your 2019 attestation is March 31, 2020.

Sixth-Year EPs Should Attest Now to Avoid Next Year's 'Crunches'

Attesting for the 2019 program year of the EHR Provider Incentive Payment Program (PIPP) is underway! As a result, TennCare would like to see Eligible Providers (EPs) who have already received five EHR Incentive payments to attest now for their final payment in order to avoid next year's "time crunches" in the program.

The "crunches" will come about because Program Year (PY) 2021 will be the final year for Medicaid EHR Incentives. Per CMS Rules & Regs., all EHR Incentive payments for the program must be made by December 31, 2021 - creating the need for TennCare to accept attestations for both PY 2020 and PY 2021 during calendar year 2021.

The program's time frame is mandated by the HITECH Act of 2009, and according to the Centers for Medicare and Medicaid Services (CMS), this time frame cannot be changed.

Sixth-year EPs, by successfully



attesting for PY 2019, will avoid attesting in 2021 altogether. Fifth-year EPs, by successfully attesting for PY 2019 and then for PY 2020, will avoid the last-minute "crunch" of attesting for PY 2021 in the last months of Calendar Year 2021. However ***we strongly encourage all*** providers who remain eligible in PIPP to attest for PY 2019.

Of course providers who do 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.

If you have attestation questions, contact the EHR Incentive office at TennCare.EHRIncentive@tn.gov.

CMS to Allow Flexibility on 2019 MU Objective 5

It has come to the attention of CMS that the language in the Meaningful Use Stage 3 regulation and 2019 specification sheet for Objective 5, Measure 1 is unclear. CMS has determined that in the interest of fairness, they will allow flexibility in meeting the measure for 2019 attestations.

Objective 5, Measure 1 states that for more than 80 percent of all unique patients seen by the EP:

- (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
- (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of

their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's certified electronic health record technology (CEHRT).

CMS understands that it is not clear that the word "timely" is intended to apply to the availability of data via an API in (2), as well as the video display terminal in (1). The intent of this measure is that EPs must make a patient's health data available and must offer all four functionalities (view, download, transmit, and access through API) within 48 hours of the information being available to the EP.

Due to the confusion, CMS is allowing states to give EPs flexibility on meeting the second

part of this measure for 2019 only. EPs may meet this measure if they (1) have enabled an API during the calendar year of the reporting period, (2) make data available via that API for 80% of the patients seen during their reporting period, (3) provide those patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API, and (4) maintain availability of the API, i.e., it can't be turned on for one day and then disabled.

CMS believes that this flexibility meets the intent of the measure while not penalizing EPs for the vagueness of the specifications, which will be updated for 2020.

State Issuing 1099s to EPs for Incentive Payments

The State of Tennessee is issuing individual 1099s to individual Eligible Professionals (EPs) who have received EHR Incentive Payments during 2019. The mailing was set to occur by the end of January. EPs have the option to assign their EHR Incentive Payment to their group practice or clinic, however, IRS guidelines require the issuance of Form 1099 to the EP.

The 1099 is an informational document 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 in the CMS Registration and Attestation website the option to receive the EHR Incentive Payment or to pay it to a designated Payee NPI (one with which the EP has a contractual relationship).

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

When the Incentive is distributed to the group practice, 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 encouraged to contact a tax professional on the proper handling of this matter.

EPs who lose a 1099 or 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.) Provide the tax year for which the 1099 is needed, tax ID number, name, and an email address, fax number, or current mailing address where the replacement 1099 can be sent.

Returning to CMS RNA Site for Changes? A Reset of Your User Password Is Likely

Will completing your 2019 attestation require you to return to the CMS HITECH Registration System (RNA) website to make a change in the profile data there? If so, and you haven't been to the site since December 28, 2019, you will be required to reset your password there.

When providers first registered for any version of the Electronic Health Records (EHR) Provider Incentive Payment Program (PIPP), they created an online profile at the CMS RNA site. Throughout the life of the TennCare EHR PIPP, the RNA profile has maintained a significant role, populating TennCare's PIPP attestation software with such information as a provider's primary practice address, email address, Payee NPI, and more.

TennCare does not have access to the information stored with CMS, therefore we cannot change any information within the RNA profile on behalf of a provider. For a provider to access their profile on the RNA site, they must be registered with the CMS Identity & Access Management System (I&A), which helps control private entry to the system.

CMS has alerted TennCare that they are implementing Multi-

Factor Authentication (MFA) in I&A to better protect the information there. For more information about MFA implementation, view this [PDF presentation](#). The first phase of the implementation on the RNA site was completed December 28, 2019.

This password update applies to **EVERY** user of the RNA, even if they recently reset their RNA password less than 60 days ago. Also, be aware resetting your password on or before the date will not eliminate the mandatory password reset required after December 28, 2019.

After entering the current password to sign into the RNA, this error message will appear:

"The account's password has expired. Please [go to I&A](#) to change the password now."

Selecting the link will open up the Identity & Access Management System interface as shown below.

1. Read the Terms and Conditions and click 'Accept'

2. Enter the User ID and



current password, and click 'Sign In'

3. The 'User Information Integrity Check' message will appear as shown below. Click 'Continue To Start'

4. The system then prompts the user to create a new password.

Only one password change is permitted in a 24-hour period.

In case assistance is required, contact the NLR Production Support Desk:

- By e-mail - NLRProdSupport@cms.hhs.gov.
- By phone - 1-833-238-0203 (Toll free. Hours of operation – Monday to Friday, 8 am to 5 pm Eastern Time). Voicemail is available outside regular operating hours.



Division of
TennCare

EHR Incentive News **FEBRUARY 2020**

Medicaid EPs and EHs should submit questions about the Medicaid Promoting Interoperability (PI) Program (in Tennessee also known as the TennCare EHR Provider Incentive Payment Program) to TennCare.EHRIncentive@tn.gov; including questions about

- Eligibility (first 4 attestation pages)
- Meaningful Use
- Clinical Quality Measures
- Program Participation

ALWAYS include the provider's name and NPI when contacting us. We will respond to your inquiry as quickly as possible.

Should you have issues with a CMS website, contact the QualityNet help desk for assistance at qnetssupport@hcgis.org or 1-866-288-8912.

View TennCare Medicaid EHR Incentive Program online assistance at

- [Program website](#)
- How-to [PowerPoint Presentations](#)
- [FAQs](#)
- [Acronyms & Glossary](#)
- [Previous issues](#) of EHR Incentive News

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.

Start Planning Now for PY 2020, 2021 Attesting

As noted on page 1 of this issue, the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) ends with Payment Year (PY) 2021. And with just one calendar year remaining in which to make payments, TennCare must accept attestations for both PY 2020 and PY 2021 during calendar year 2021.

To allow time for review, correction, and payment, deadlines for submitting applications will not follow the pattern established in previous years of the program, Instead the "usual" schedule will be adjusted.

PY 2020 will open in November 2020 to receive PY 2020, if you are ready. PY 2021 will follow the most unusual schedule, as PIPP will open for attestations beginning July 1, 2021.

TennCare has established the following significant dates for PYs 2020 and 2021:

- 11/01/2020 – PIPP opens for PY 2020 attestations
- 03/31/2021 – PIPP closes for PY 2020 attestation submissions (11:59 P.M. Central)
- 05/31/2021 – Final deadline for resubmission of

corrected PY 2020 attestations

- 07/01/2021 – PIPP opens for PY 2021 attestations
- 09/30/2021 – PIPP closes for PY 2021 attestation submissions (11:59 P.M. Central)
- 11/30/2021 – Final deadline for resubmissions of corrected PY 2021 attestations

If you have questions about attesting with PIPP, please submit all questions to TennCare.EHRIncentive@tn.gov.



TennCare EHR Incentive Program, A CMS Promoting Interoperability Program

Pre-Attestation Checklist – Payment Year 2019

This guide provides eligible professionals (EPs) with a brief overview of the requirements for the TennCare EHR Incentive Program. Please review the checklist and select the blue hyperlinks to navigate to valuable resources that will assist you in preparing your 2019 attestation.



Prerequisites

EPs must meet the following criteria to successfully attest for Payment Year (PY) 2019 in [PIPP](#).

<input type="checkbox"/> Prior Program Participation	<p>Enrollment in the program ended with Program Year (PY) 2016. To continue in the program until its end with PY 2021, providers must have enrolled and successfully attested no later than PY 2016.</p>
<input type="checkbox"/> Non-Hospital Based	<p>If an EP renders 90% or more of their services in an inpatient acute care or emergency department (place of service code 21 or 23), the EP will not qualify under program guidelines. EPs are encouraged to determine if they would be considered a Hospital-Based Provider prior to attesting.</p>
<input type="checkbox"/> EHR Certification ID	<p>Visit the Certified Health IT Products List (CHPL) to obtain a certification ID for your EHR system. Please note that EPs must be using 2015 Edition certified EHR technology (CEHRT) in order meet Stage 3 requirements for PY2019. [Note: The CHPL website does not support Internet Explorer.]</p>
<input type="checkbox"/> TennCare Enrollment	<p>All EPs and Payees must be enrolled as TennCare fee-for-service providers for the duration of the attestation and payment process. If you or your Payee need to revalidate your Medicaid ID, please review this Revalidation FAQ.</p>
<input type="checkbox"/> Medical License	<p>All EPs must have a current and active Medical License for the duration of the attestation and payment process. If you need to update or check the status of your Medical License, visit the Tennessee Department of Health License Verification web page.</p>

Payment and Contact Information

EPs should review the following systems and information to ensure that they can be contacted to resolve any issues, and that payment can be assigned as they wish.

<input type="checkbox"/> CMS Registration	<p>Access and review your CMS Registration and Attestation profile to ensure your contact, payee, and professional information are current. A password reset is required for ALL users who have not logged on to this site since Dec. 28, 2019, as CMS has implemented new security to better protect your information.</p> <p><i>Note: Your CMS Registration ID is required here, and also for establishing a PIPP account. If you do not know your CMS Registration ID, please email our support team at TennCare.EHRIncentive@tn.gov</i></p>
<input type="checkbox"/> Individual Profile	<p>Information for an individual profile on each EP is populated by the EP's profile in CAQH ProView. All EPs must maintain a current status with CAQH to avoid any issues or errors when submitting attestations. CAQH requires updates every 120 days in order to stay active.</p>
<input type="checkbox"/> Group Profile	<p>All EPs who are part of a group must ensure that their group is registered with the TennCare Provider Registration System, and that all information there is correct and current. EPs must also ensure that they are listed as an active provider with the group and that the group name is included in their CAQH profile.</p>
<input type="checkbox"/> EFT Enrollment	<p>In order to receive an EHR Incentive payment, all group practices must enroll to receive an Electronic Funds Transfer (EFT). Groups must enter required information on the Substitute W-9 and ACH Authorization pages of the TennCare Provider Registration System. In addition, the group must upload copies of W-9 and ACH forms with information that matches the financial information entered into the system.</p> <p>EPs reporting as an individual must also enroll to receive payment by EFT. Individuals can enroll by following the instructions for EFT Enrollment for Individual Sole Proprietors.</p>

<input type="checkbox"/> Practice Locations	<p>Groups must take care to enter all practice locations at which their providers work on the Practice Locations page of the TennCare Provider Registration System. Exact addresses for each physical location must be entered.</p> <p>EPs must also enter each Service Location where they provide services into CAQH ProView. As with groups, exact addresses for each physical location must be entered.</p>
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Provider Registration Support

If you or your organization is experiencing Provider Registration issues, please contact provider.registration@tn.gov.



Medicaid Patient Volume (MPV)

For each participation year, EPs must demonstrate at least 30% [Medicaid Patient Volume](#) for a continuous 90-day reporting period.

<input type="checkbox"/> Patient Volume Reporting Period	<p>The MPV reporting period must be at least a continuous 90-day period from the calendar year previous to the one for which the EP is attesting. For a Program Year 2019 attestation, patient volume would come from a period in 2018.</p>
<input type="checkbox"/> Standard Calculation	<p>Using this method, an EP counts the number of Medicaid patient encounters during the 90-day reporting period and divides that number by the total number of patient encounters over the same period.</p>
<input type="checkbox"/> Group Proxy	<p>EPs in a group practice or clinic may use group patient volume as a proxy for individual data.</p>
<input type="checkbox"/> Needy Individuals	<p>EPs who practice predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) may include needy individuals.</p>
<input type="checkbox"/> Pediatricians	<p>Pediatricians may demonstrate 20-30% patient volume but will only receive two-thirds of the incentive payment when under 30%.</p>



Meaningful Use (MU)

<input type="checkbox"/> Reporting Period	EPs must select a continuous 90-day period within calendar year 2019.
<input type="checkbox"/> Meaningful Use Stage 3	EPs must attest to Stage 3 reporting for PY2019. For Stage 3 reporting, a 2015 Edition CEHRT must be installed by the first day of the reporting period and the product must be certified to the 2015 Edition criteria by the last day of the reporting period.
<input type="checkbox"/> CQM Reporting Period	The CQM reporting period for returning Meaningful Users will be the full calendar year of 2019. First time Meaningful Users may select a continuous 90-day period within 2019.
<input type="checkbox"/> CQMs	EPs must report on at least 6 (of 50) clinical quality measures (CQMs) relevant to their scope of practice, including at least one outcome or high-priority measure.
<input type="checkbox"/> Multiple Locations	EPs who practice in multiple locations must collect MU data from all locations with certified EHR technology.



Public Health Reporting

EPs are to be in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT. CMS requires EPs to maintain proof of active engagement with registries.

<input type="checkbox"/> Registering as a TDH Trading Partner	EPs must register via the Trading Partner Registration (TPR) system to express their intent to exchange data electronically with the Tennessee Department of Health (TDH). TPR manages active engagement statuses and generates emails and letters as proof of public health reporting for registered users.
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<input type="checkbox"/> Active Engagement Status	EPs can be in Active Engagement Option 1, 2, or 3 to meet the criteria for a measure. To determine your status for your reporting period, you may consult the TPR system or contact the registry directly. For more information, see the Tennessee Department of Health’s Public Health Reporting Procedures .
<input type="checkbox"/> Clinical Data Registries	If an EP chooses to submit data to a registry that is not supported by TDH, the EP will not have status or engagement proof for those registries provided by TDH. Because of this, EPs must maintain and provide diligent records of their status and engagement with any CDRs.



Identity & Access Connection (I&A)

If an administrator is to complete attestations on behalf of multiple EPs in a practice/organization, in order **to make changes on CMS websites** they will need an [Identity & Access \(I&A\)](#) account with the correct permissions. This allows the administrator to access the CMS Registration System on behalf of all EPs connected to the administrator’s account. *An I&A account is not needed to access TennCare’s PIPP attestation software.*

There are multiple roles that allow a user to act on behalf of an EP and complete tasks for a practice or organization. To determine which actions are allowed by a role, please see the chart below.

Role	Represent an Organization	Manage Staff	Approve/Manage Connections	Act on behalf of a Provider in CMS Systems
Individual Provider	Y	Y	Y	Y
Authorized Official	Y	Y	Y	Y
Delegated Official	Y	Y	Y	Y
Staff End User	N	N	N	Y
Surrogate	N	N	N	Y

For more information regarding the sign on process and available user roles, please review the [I&A Quick Reference Guide](#). If your question is not addressed in this guide, please review the [Identity & Access Frequently Asked Questions \(FAQs\)](#).

Note: *I&A account credentials cannot be used to log into PIPP attestation software.*



Program Integrity

Attestations must truly reflect the EHR activities performed during the payment year. Considering the possibility of post-payment audit, EPs are required to retain documentation in support of all attestations for no fewer than six years from the date of attestation.

If you have questions regarding Post-Payment Audit, visit the [Program Integrity & Audit Web page](#) for more information.

Resources

What should you do first? Below are suggested actions in preparation to attest.



Visit the [TennCare EHR Incentive Program website](#)

The website contains current program information and resources, including:

- [PowerPoint Presentations](#)
- [Current and Past Newsletters](#)
- [Acronym Guide and Glossary](#)
- [Frequently Asked Questions \(FAQs\)](#)



Contact TennCare.EHRIncentive@tn.gov

Questions? We have a dedicated support team that will answer your specific questions about the attestation process.

Last Updated: January 2020