

MAY 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](#).

TennCare COVID-19 Information

Do you have questions regarding the COVID-19 outbreak and its effect on TennCare? Read TennCare's official page regarding the coronavirus [here](#).

Don't forget, the deadline for submitting 2019 attestations is now June 1, 2020.

CORRECTION – CHANGE TO SUBMISSION DEADLINE DATE

Because of a miscommunication, Tennessee must change its deadline for the submission of Program Year 2019 EHR Incentive attestations.

The new deadline submission date is
JUNE 1, 2020; 11:59 P.M., CENTRAL TIME.

Unlike what was previously reported, the submission period for Program Year (PY) 2019 attestations to the TennCare EHR Provider Incentive Payment Program has only been extended through June 1. We apologize for the error and for any confusion this date change may cause.

To be clear, CMS has granted an extension of the PY 2019 attestation submission period to June 1, 2020 (11:59 p.m. Central Time).

Because of the coronavirus pandemic and the emergency guidelines that were put into place, we realize that providers have been pressed on all sides to treat patients and respond to all of the other items asked of a provider. We also recognize that a few offices suffered

damages from March tornadoes that continue to hinder their service.

No other aspect of TennCare's EHR Incentive program will change. All attestation and Meaningful Use requirements remain in place. You now have until June 1 to submit your PY 2019 attestation. Following submission, if your attestation is returned due to errors, we ask that you resubmit your corrected attestation as soon as possible.

We again want to take the opportunity to thank you for serving not only our Medicaid enrollees, but the community at large. Please continue to heed all announcements from the CDC, CMS, Tennessee Department of Health, and the Division of TennCare.



Do You Have Questions About

The EHR Incentive Program?

Meaningful Use Measures?

Electronic Clinical Quality Measures?

Your attestation?

Email TennCare.EHRIncentive@tn.gov

Always include the Provider's Name and NPI when communicating with TennCare.

2019 Attestation Info Round-Up

With the submission period for Program Year 2019 attestations extended to June 1, 2020, you have a fresh opportunity to attest for the year. If you haven't already begun, you'll find it easier to get underway to be easier with our [Pre-attestation Checklist](#). Clicking the link in the previous sentence will download the checklist (PDF).

General Requirements

All eligible professionals (EPs) attesting in PY 2019 will be required to attest to Stage 3 Meaningful Use (MU) and demonstrate use of a 2015 edition of certified EHR technology (CEHRT). EPs may use any continuous 90-day period from calendar year 2019 for which MU can be successfully demonstrated.

Program Year 2019 MU Objectives and eCQMs

EPs will attest to eight MU objectives and will be required to report on six of 50 electronic Clinical Quality Measures (eCQMs). Per CMS: "Medicaid EPs are **required** to report on at least one outcome measure. If no outcome measures are relevant to that EP, they **must** report on at least one high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they **must** report on any six **relevant** measures." If no outcome and/or high priority eCQMs are relevant to the EP's scope of practice, the EP **must** choose to report on any other six eCQMs that are relevant. Relevant eCQMs will have data in the denominator. If the EP does not have six eCQMs with data in the denominator, report those with

data and the remaining without data to equal six eCQMs.

EPs who have successfully attested to MU in a previous program year will be required to use a full calendar year reporting period for eCQMs. Those who are attesting to MU for the first time, may use a 90-day eCQM reporting period.

Online User Manual

As you work through your 2019 attestation(s), you can find help via our online User Manual. Look on the left side of each attestation page for the "Help / User Manual" link. Should you find something you don't understand in the User Manual, send your questions to TennCare.EHRIncentive@tn.gov.

Return Corrections Promptly

If your attestation is returned for correction, please resubmit your corrections as soon as possible. If you do not understand why your attestation was returned, please contact us immediately. Failure to correct and resubmit timely will result in a denial.

Important Links for PY 2019

[Program Year 2019 Stage 3 MU Specification Sheets](#)

[Program Year 2019 CQMs](#)

[2019 Program Requirements Website](#)

[Broadband Access Exclusions Tip Sheet](#)

[Security Risk Analysis Tip Sheet](#)

Don't forget, the deadline for submitting your 2019 attestation is now June 1, 2020.

Documentation Primer: EHR Documents Must Show Legal/Financial Obligation

To comply with an on-site audit by CMS, the Division of TennCare in 2013 upgraded its EHR documentation requirements. The rules adopted at that time and still in effect today require providers to show a legal/financial obligation to the certified EHR technology (CEHRT) they are attesting to use.

CMS requested to see more in the way of proof of payment (such as an invoice) or legal obligation (such as a contract). Requirements for those using a “free” CEHRT were strengthened.

Most providers attesting for the TennCare EHR Provider Incentive Payment Program submit a contract or lease agreement as their EHR documentation. To be considered valid documentation, a contract or lease agreement must be executed, as evidenced by the signatures of both parties in the contract or agreement. That is, the document must be signed by a representative of your practice, as well as by a representative of the CEHRT vendor. Documents bearing the signature of only one party are not executed and are not valid.

Often a vendor’s proposal or order document is executable in that it may become as a contract or lease agreement when it is appropriately signed by both parties. A vendor’s proposal or order form that is not executed or that is signed by only one party is not valid documentation.

When submitting an executed contract or lease agreement, providers may submit only the first page (not a cover page) and the signature page. The first page must clearly show the CEHRT, vendor, and provider. The signature page must be dated and executed, bearing the names and signatures of representatives of both the provider and vendor.

Alternatively, providers may submit a copy of their purchase order or vendor’s invoice. These must clearly identify the practice name, vendor, and CEHRT, and must be accompanied by proof of payment of the amount shown on the purchase order or invoice. Where regular and ongoing payments are made to an EHR vendor for the acquisition or lease of a CEHRT, a vendor’s receipt for an automatic bank draft or credit/debit card payment may be submitted.

If a current contract or lease requires the vendor to provide updates to your system to qualify it as CEHRT, an executed upgrade agreement may be provided. Such agreements must state a cost and timeframe, and identify the CEHRT.

Attestations are often received with a letter from the CEHRT vendor attached. Such vendor letters are not acceptable as primary EHR documentation.

Providers using one of the “free” CEHRTs must submit a copy of

their complete (all pages) User Agreement. Accompanying it as secondary documentation must be a signed letter on the vendor’s letterhead identifying the provider and CEHRT.

For a Program Year (PY) in which CMS requires an upgrade (such as the 2015 CEHRT requirement for PY 2019), a signed letter on the vendor’s letterhead identifying the provider and upgrade is can be proof of the upgrade. However, it must be accompanied by an executed contract, invoice, or other documentation as proof of a legal/financial obligation to the base EHR system.

Other unacceptable types of documentation include a screenshot of your computer showing your CEHRT, any screenshot from the CHPL website, requests for Proposals (RFPs), or vendor bids.

All submitted documentation is subject to additional evaluation, as rules or interpretation of rules may change. Provider Services also retains the right to flag for audit any attestation for which special attention is needed.

Proper EHR documentation must be submitted with each attestation, regardless of whether or not the information was submitted previously.

Documentation Primer: Signature Page, PA Page, and MU Document Requirements

Signature Page Makes Your Attestation a Legal Doc

The ONLY form that must still be uploaded to the Required Forms page of ALL TennCare EHR Incentive attestations is the Signature Page.

The inclusion of a proper Signature Page makes the electronic submission of your attestation a legal document. For this reason the Signature Page must always be current, legible, and complete. It must be signed by the attesting provider and dated within 90 days of the submission of the attestation.

By signing the Signature Page, you certify that you are treating Medicaid patients, that you understand and agree to all provisions of the program, and that the information you provide is true, accurate, and complete.

Occasional changes to the program's provisions often affect the verbiage that must appear on the Signature Page, creating the need for an update. Because of such changes, attesters must always use the current version.

Attestations submitted with an incomplete, outdated, or missing Signature Page will be returned with a request for correction.

An updated version of the EHR Incentive Program attestation Signature Page is always available

for you to download from the Required Forms link on the left side of each PIPP page.

Eligible PAs Must Submit PA Page, Facility Letter

If you are attesting as a PA who works in a Federally Qualified Health Center (FQHC) led by a PA or in a Rural Health Clinic (RHC) so led by a PA, you are required to complete and upload to your attestation the Physician's Assistant (PA) Page in addition to the Signature Page.

Under the rules established by CMS, 42 CFR § 495.304(b)(5), a PA is only eligible to participate in the EHR Incentive program under the above conditions.

In order for TennCare to determine if a PA qualifies, the PA Page must be completed and uploaded to the Required Forms page of the attestation. Attached to the form, must be a copy of your facility's letter indicating its status as an FQHC or RHC.

The sign date on the PA Page must be within 90 days of the submission date of the attestation. A new PA Page must be submitted each year. Failure to include a PA Page with a PA attestation will result in the attestation being returned for correction.

A copy of the PA Page is always available for you to download from the Required Forms link on the left side of each PIPP page.

Proof of Active Registry Engagement Is Only MU Upload Requirement

The only required MU documentation is for the Public Health Registries you are attesting to being in active engagement with. You must upload a document with

- The Eligible Professional's (EP's) or practice name;
- Date; and
- Active engagement status from the registry or comparable documentation.

An EHR report with the registry checked off is not adequate documentation.

Attesting to Meaningful Use (MU) requires EPs to maintain records for six years after the attestation. This means that the EP or their practice must retain these records. Uploading records to the PIPP portal does not store these records for you.

Please upload only the required documentation in PIPP. Uploading extra, unnecessary documentation will only delay your incentive payment if you qualify for one.

If in review of your attestation, the TennCare EHR Program needs more documentation, we will request it through email. Thank you for adhering to these guidelines.

If You're Waiting to File, Don't Forget that 1099 You Received for an EHR Incentive Payment

Now that the filing deadline for individual tax returns has been extended to July 15, 2020 in the wake of the coronavirus pandemic, don't forget that 1099 you may have been mailed for an EHR Incentive payment received last year.

Review any tax documents you may have received so far this year. If you find a Form 1099 in your own name for an EHR Incentive payment distributed during 2019, please read the following very carefully.

The State of Tennessee issued individual 1099s to individual Eligible Professionals (EPs) who received an EHR Incentive Payments during 2019. The mailing occurred at 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.

NOTE: Due to the current COVID-19 pandemic, dates impacting tax-related deadlines may change further. Our purpose is not to offer tax advice, but to inform individual providers why they are receiving a 1099. As always, consult your tax professional for any changes made to tax laws and deadlines.

We Need the Email Address that Reaches You

Many times we try to reach a provider about their payment only to discover the email address we have on record is no longer valid. To update your email address, follow these instructions:

- Go to the CMS Registration & Attestation System site, <https://ehrincentives.cms.gov/hitech/login.action>
- Enter the CMS Registration Number you were given when you first registered
- Click on "Modify"
- As you go through **EACH** page, click "Save & Continue"
- On the appropriate page(s), enter your email address, then click "Save & Continue"
- On the last page, click "Submit"

This will save your information and cause CMS to resend your information back to us for processing within 24-48 hours.

Should you need help with the CMS website, contact 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.



Division of
TennCare

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Medicaid EPs and EHRs 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 qnet-support@hcqis.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.

CMS News Briefs

CMS is encouraging clinicians who participate in the Quality Payment Program (QPP), to contribute to scientific research and evidence to fight the COVID-19 pandemic. Clinicians may now earn credit in the Merit-based Incentive Payment System (MIPS) for participation in a clinical trial and reporting clinical information by attesting to the new COVID-19 Clinical Trials improvement activity. This action will provide vital data to help drive improvement in patient care and develop innovative best practices to manage the spread of COVID-19 within communities.



Due to recent security improvements, CMS advises **EVERY** user of the Promoting Interoperability (PI) programs Registration System (CMS R&A) to update their password

there. Users have a grace period of up to one year (365 days) to set a new passwords. After September 30, 2021 users will no longer be offered a grace period and will be required to set up new credentials in the Identity & Access Management System interface (I&A) before they can log in to the Registration System.

After entering the current password to sign in, 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 I&A. Follow the instruction on the screen to create a new password.

Only one password change is permitted in a 24-hour period. If assistance is required, contact the NLR Production Support Desk at (833) 238-0203.