(EHR) Incentive News

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

How You Can Prepare Now to Create 2019 EHR Incentive Attestations

When the 2019 submission period opens January 1, 2020, providers will discover there are two new "musts" required for approval:
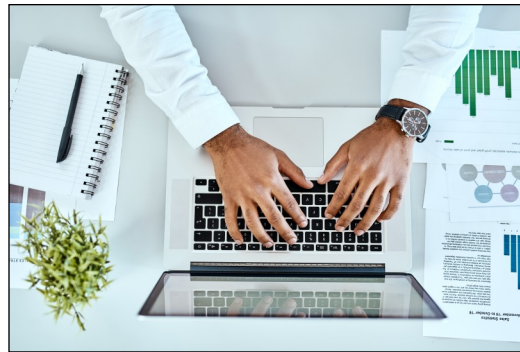
1. **All EHR systems must be 2015-certified systems,** and

2. **All providers must demonstrate Stage 3 Meaningful Use.**

Using Certified Electronic Health Record Technology (CEHRT) is the purpose and prerequisite to earning the EHR Incentive. An upgrade to a 2015-certified system is required for 2019 attestations because all 2015 systems are capable of working within and reporting to Stage 3 MU.

CMS understands the complexities of upgrading technologies, so they announced to eligible providers that a 2015 Edition CEHRT **would not** have to be implemented on January 1, 2019 for an attestation to be approved. However the functionality must be in place by the first day of the EHR reporting period, and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. Eligible hospitals must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed, but pending certification.

Concerns about the use of a CEHRT or any other aspect of the EHR Incentive program can be addressed by reviewing CMS FAQs at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html. There you will also find FAQs describing the basics of Meaningful Use measures and Clinical Quality Measures (CQMs).

To prepare for Stage 3 attesting, review your CEHRT's reporting functionality and become familiar with the MU and CQM reports it produces. You will also want to educate providers and staff alike on any new workflows needed to meet Stage 3 measures. To help you better understand Stage 3, see page 3 of this issue for a comparison of Stage 2 and Stage 3 measures.

TN Division of **TennCare**

Last 2018 Call for Greenway Customers

In our previous issue, we reported that Greenway Health had completed corrections on some of its CEHRT products that had prevented some providers from properly attesting for 2018.

TennCare has now been in touch with eligible Greenway customers in the state to explain how they may proceed to attest. If you are a Greenway customer and did not receive this information from us, please contact TennCare.EHRIncentive@tn.gov by October 10 in order to receive the information.
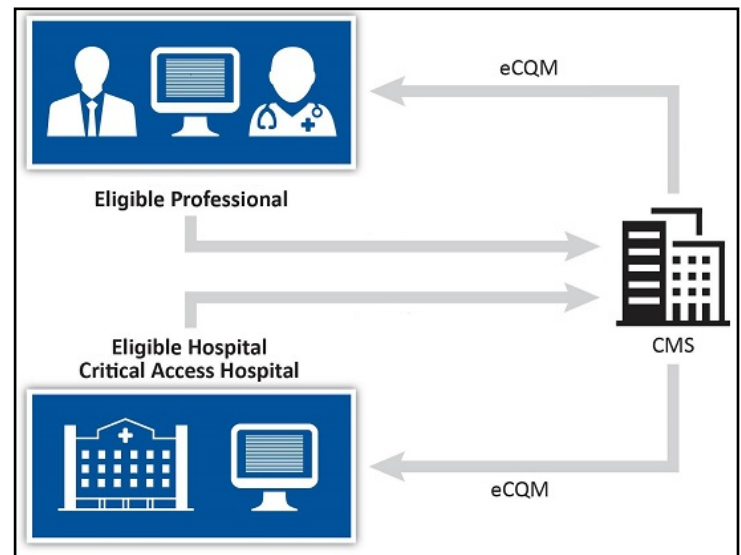
2020 CMS QRDA III Resources Include PI, eCQM Reporting Requirements

As Tennessee providers await January 1, 2020 to begin submitting 2019 TennCare EHR Provider Incentive Payment Program (PIPP) attestations, the Centers for Medicare & Medicaid Services (CMS) has provided a head start for 2020.

CMS has released the 2020 CMS Quality Reporting Document Architecture (QRDA) III Implementation Guide (IG) along with the Schematron and Sample Files. The 2020 CMS QRDA III IG includes requirements for eligible professionals to report electronic clinical quality measures (eCQMs) and promoting interoperability measures for the calendar year 2020 performance period for Medicaid Promoting Interoperability (PI) programs such as TennCare's PIPP.

Electronic clinical quality measure (eCQM) Universally Unique Identifiers (UUIDs) have been updated with the 2020 performance period eCQMs that were published on May 13, 2019. (Please note, measures will not be eligible for 2020 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for the applicable program.)

Additional QRDA-related resources, as well as current and past implementation guides, are found on the Electronic Clinical Quality Improvement (eCQI) Resource Center QRDA page.

For questions related to this guidance, the QRDA IGs, Schematrons, or Sample Files, visit the Office of the National Coordinator (ONC) Project Tracking System (Jira) QRDA project.

CMS also has the following resources available to help with upcoming 2019 attestations:

- 2019 Medicaid Hospital specification sheets
- 2019 Medicaid Eligible Professional specification sheets
- 2019 Medicare Physician Fee Schedule (PFS) Final Rule fact sheet
- FY 2019 IPPS and Medicare Promoting Interoperability Program Overview Fact Sheet

TN Division of **TennCare**

Comparison of Stage 2 and Stage 3 Measures

	2018 Medicaid PI Modified Stage 2	2019 Medicaid PI Stage 3
Security Risk Analysis	Required	Required
E-Prescribing	Required more than **50%** Exclusion if denominator <100	Required more than 60% Exclusion if denominator <100
Clinical Decision Support	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions	Required 5 alerts related to 4 CQMs + drug-drug & drug-allergy interactions
CPOE – Med, Lab & Radiation Orders	Required Meds more than 60%, Labs/Rads more than 30% Exclusion if denominator <100	Required more than 60% Exclusion if denominator <100
Medication Reconciliation	Required more than 50%	Removed
Patient Electronic Access	Required more than 50%	Required more than 80%
Patient Education	Required more than 10%, does not have to be electronic	Required more than 35%, has to be electronic
View, Download and/or Transmit	Required more than 5%	Required more than 5%
Secure Messaging	Required more than 5%	Required more than 5%
Patient-Generated Health Data	Not required	Required more than 5%
Summary of Care	Required more than 10% send Exclusion if denominator <100	Required more than 50% send and more than 40% receive Exclusion if denominator <100
Clinical Reconciliation	Not required	Required more than 80%
Public Health Reporting	Required 2 of 3 options	Required 2 of 5 options

Adapted from a table originally published at www.ilhitrec.org

TN Division of **TennCare**

TDH Announces Updates for Drug Overdose Reporting

Tennessee Department of Health (TDH) would like to thank all of those supporting and participating in Drug Overdose Reporting (DOR). The information gathered from DOR is being used to better understand and address the opioid epidemic in the State of Tennessee.

Following the successful rollout of DOR to over 110 facilities in Tennessee, TDH is updating DOR data reporting requirements and streamlining the data submission process:

CMS Updates Contact Information for EHR Incentive (PI) Participants

(Remember EHR Incentive Payment Program = Promoting Interoperability)

Medicare EPs are now considered eligible clinicians and are part of the Quality Payment Program (including MIPS). Contact the Quality Payment Program help desk for assistance at qpp@cms.hhs.gov or 1-866-288-8292.

Medicare and dually eligible hospitals participating in the Medicare and Medicaid Promoting Interoperability Programs may contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

Medicaid EPs and hospitals participating in the Medicaid Promoting Interoperability Program (including the TennCare EHR Provider Incentive Payment Program) with inquiries about their participation should contact their State Medicaid Agencies.

- Based on trading partner feedback, TDH will begin implementing new Secure File Transfer Protocol (sFTP) functionality starting Tuesday January 14, 2020 and will completely retire DOR by Tuesday June 30, 2020. The additional sFTP functionality will allow facilities to automate their processes and reduce the burden of manual DOR submission.

- Based on the expected expansion of reportable conditions for DOR, TDH is adding additional diagnosis codes for reporting drug overdoses. The reportable condition, Opioid Drug Overdose, will be expanded to Drug Overdose which will include Opioids, Stimulants, Benzodiazepines, and Muscle Relaxants.

- Based on DOR data quality review, TDH will be adding new data elements, standardizing some existing data elements and removing some data elements. New DOR file format is required to transition to sFTP. A new version of the DOR manual is expected to be released in October 2019.

For more information, review documents at these links:

Tennessee Department of Health – DOR Notification Letter

Tennessee Department of Health – DOR Diagnosis Code List

TDH values the relationship with our trading partners and hopes this information will help plan and schedule resources as needed to aid partners during this transition. Please direct your questions to TDH.Informatics@tn.gov with Drug Overdose Reporting in the subject line.

TN Division of **TennCare**

EHR Incentive News
OCTOBER 2019

With EHR Incentive Program questions and questions regarding eligibility, contact TennCare.EHRIncentive@tn.gov

For Meaningful Use technical assistance, please contact the Meaningful Use Team at EHRMeaningfulUse.TennCare@tn.gov. Place "Technical Assistance Requested" 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.

Best to Update TennCare Registration by Year End

As the submission period for 2019 attestations draws closer, take advantage of this time to update your practice location(s) at:

1. CMS EHR Registration and Attestation website

2. CAQH ProView

3. TennCare Provider Registration Portal

4. NPPES NPI Registry

Taking care of any address issues now before the end of this year will help you to avoid a return due to an address mismatch.

It is important that your profile at the CMS EHR Registration and Attestation website and the TennCare Provider Registration System have the correct, up-to-date, and **EXACT SAME** address for your locations. That's because we

check all practice location addresses listed on your attestation against the addresses in these profiles. If there is not an **EXACT** match, we will return your attestation with instructions to make the correction.

Not sure of your correct address(es)? Check with your local post office or mail carrier as they can provide the correct address for your practice location(s). If your address is a post office box, ask for the physical address.

Unsure what practice locations are on file for you now in CAQH and the TennCare Provider Registration System? You may contact provider.registration@tn.gov for that information.

Don't know how to update your profiles? Obtain our free PDF resource, How to Update Your Practice Address.