



Happy New Year – Belated

Here it is February and we have not even wished you a Happy New Year. Time flies when you are having fun. Many changes are coming because of the Stage 2 Final Rule that was published in September 2012. We will keep you advised of what those are and how they impact you as we go along. As always, our contact information is at the end of this newsletter should you have questions.

Welcome

Many of you are receiving this TennCare EHR Newsletter for the first time. Although we have provided the opportunity for providers, and others, to subscribe through both our web site and the PIPP portal, subscriptions have been far lower than we anticipated, and frankly, wanted. Our intent is to provide information through this newsletter that will help you understand the EHR Provider Incentive Payment Program and provide assistance with attestation. This is the best and quickest way for us to disseminate that information to everyone.

We have initiated a process where we are adding everyone to our mailing list. You should receive only one newsletter per email address (i.e., if you are a group using the same email address, you should get only one newsletter). If you do not want to receive our newsletter, opt out instructions are at the end under Contact Information. To see previous issues of the TennCare EHR Newsletter, click [here](#).

1099s

At the end of January, many of you received unexpected 1099s. To those who inquired as to why, this is message we are giving.

We received notice from the IRS for tax year 2012 that the IRS regulations concerning the issuance of 1099s to EHR recipients at the individual provider level changed for 2012 versus 2011 tax year. Therefore, in order to comply with IRS regulations we have issued 1099s to all individual EHR providers regardless if they received the incentive payment directly, turned the payment over to their group, or assigned the payment to go directly to their group. The 1099 form is an informational return provided to the IRS. To determine if

payments reported to the IRS are taxable you must consult your tax professional. The link below is the notification the State received.

<http://content.govdelivery.com/bulletins/gd/USIRS-69588e?reqfrom=share>

Note: This link may be slow in opening. You can also copy and paste to your browser.

As the message states, this was an IRS decision that affected providers in the EHR Incentive Program nationwide. The Bureau was only given notice by the IRS on the Monday before the 1099s were mailed. Again as stated in the message, if you have questions about what is needed, contact your tax professional. Unfortunately, that is all the information and advice we can offer you.

 **EP Attestation Deadline** 
The EH Deadline has already passed.

Any EP attesting for **2012** (using 2011 patient encounter data) **must** have their attestation submitted to TennCare **by March 31, 2013**. Whether you are attesting to Year 1 (AIU) or Year 2 (Stage 1 of MU), all **2012** attestations must be submitted by this date. If received after that date, your attestation will be returned. However, all is not lost! You can skip a year and pick up where you left off. Instead of 2012, you will be attesting for 2013, using 2012 patient volume data.

TennCare EHR Web Site Updated!

The TennCare EHR Web site has been updated! You will find new links and fly-outs. The FAQs have been updated, and sections on Acronyms and a Glossary have been added. The latest information on Meaningful Use attestation is present, as well as a new section on Audits – just in case. Click [here](#) to go to the updated web site. You can go to the home page from anywhere on the EHR web site or the main [Bureau of TennCare](#) web site by clicking on “EHR Incentive Program” in the left column. That link has fly-outs to the starting page of each section.

Patient Encounter Data vs. Meaningful Use Data Reporting Periods

We realize this is confusing, but we will try to make it as painless as possible. This section will talk about calendar years for EPs, but it also applies to EHs in terms of fiscal years.

The reporting period for **patient encounter data** is always a consecutive 90-day from the previous calendar year. This is the information you place on the Patient Volume Questions page of the attestation. This is also the information that determines whether you have met the 30% (20% for pediatricians; 10% acute care hospitals & CAHs) threshold for patient volume. It is **always, always** the previous year from the Program Year for which you are attesting. For example, when attesting for 2013, you will use patient encounter data from 2012.

The reporting period for **meaningful use data** is different in two ways. If you are attesting for Stage 1 – Year 1 of MU, you use a consecutive 90-day period from the **current** year. If you are just now attesting for MU Stage 1 – Year 1 for 2012 (before the expiration of the grace period), your MU data will come from 2012. If you are attesting for Stage 1 – Year 1 for 2013, your MU data must come from a 90-day period in 2013. This means that if you began using your EHR system in a meaningful way on January 1, the earliest you can attest is April 1.

For Stage 1 – Year 2 MU attestation, CMS requires a full year of meaningful use of your EHR system. If you have already done Stage 1 – Year 1, you will not be able to attest for your next incentive payment until January 1, 2014.

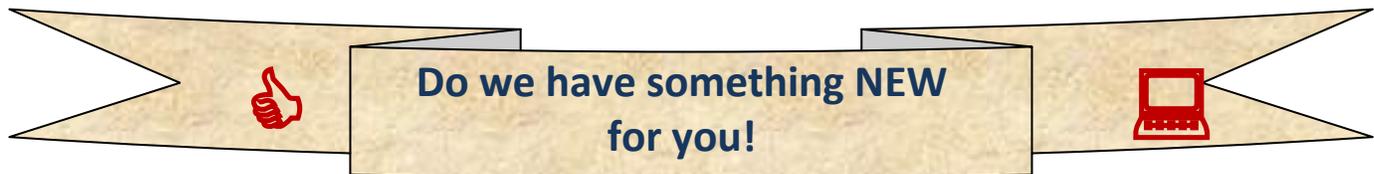
Patient Encounters – Definition Revised

The Stage 2 Final Rule has made a change in the definition of a Medicaid encounter. Effective for 2013 and following, the requirement that a Medicaid encounter must be paid to be counted, has been removed. This means that providers can now count any Medicaid patient encounter during the 90-day reporting period irrespective of whether Medicaid has made a payment or not, **EXCEPT** where the claim was denied due to the patient not being enrolled in TennCare (or the Medicaid program of another state) at the time the billable service was provided. For example, if your claim was denied for timely filing, the service was not covered by TennCare, or the service exceeded TennCare benefit limits, these can all be counted as Medicaid encounters. Only if the patient was not enrolled in a Medicaid program on the date the billable service was provided is it **NOT** countable. All encounters with a TennCare enrollee on the same day by the same provider are still counted as only one encounter. That

is, if a TennCare enrollee comes to your office in the morning with one diagnosis, and comes back later that same day even with another diagnosis, that is still considered one encounter. If your denied claim is corrected and resubmitted to the TennCare MCO and subsequently paid, only count that situation as one encounter.

Mathematically, the revised calculation looks like this:

$$\text{Total Medicaid encounters for the 90-day period} \div \text{Total Patient encounters for the same period} \\ = \text{Patient Volume Ratio}$$



For anyone pursuing meaningful use, an eight-minute video has been posted to the website regarding common challenges to Stage 1 Meaningful Use for Eligible Professionals (EPs). From the [Meaningful Use Overview](#) page, you can navigate to the video via the Stage 1 MU for EPs page, followed by the Preparation for Stage 1 MU page. You can also link [directly to the video](#). Look for more videos to be posted over the coming months!

Recent Information from CMS

Following is from a recent CMS EHR Newsletter. Questions about information presented here should be directed to CMS at the phone number at the end of this newsletter.

CMS Has Added New and Updated EHR Incentive Programs FAQs to the CMS FAQ

To keep you updated with information on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, CMS has recently added two new and four updated FAQs to the website.

New FAQs:

1. How should an eligible professional (EP), eligible hospital, or critical access hospital (CAH) that sees patients in multiple practice locations attest when locations choose to implement different menu objectives and/or different clinical quality measures? [Read the answer here.](#)

2. Can an appeal be filed if the Medicare EP or eligible hospital disputes the amount of the incentive payment received after successfully demonstrating meaningful use under the EHR Incentive Program? [Read the answer here.](#)

Updated FAQs:

1. To meet the third measure of the objective of providing "a summary of care record for each transition of care or referral" for the Medicare and Medicaid EHR Incentive Programs, must the electronic exchange with a recipient using technology designed by a different EHR developer occur for each provider or can there be one exchange per location? What if the provider chooses instead to exchange information with the CMS test EHR? [Read the answer here.](#)
2. I am an EP who has successfully attested for the Medicare EHR Incentive Program, so why haven't I received my incentive payment yet? [Read the answer here.](#)
3. After successfully demonstrating meaningful use for the Medicare and Medicaid EHR Incentive Program, will incentive payments be paid as a lump sum or in multiple installments? [Read the answer here.](#)
4. How and when will incentive payments for the Medicare Electronic Health Record (EHR) Incentive Programs be made? [Read the answer here.](#)

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



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.

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