



2011 Attestations for Adoption, Implementation, and Upgrade (AIU)

The deadline for 2011 AIU attestations (using 2010 patient volume data) is March 31, 2011. *Fret Not!* If you did not do first payment year attestation in 2011, you can always submit your attestation this year. Or 2013, 2014, 2015, or 2016. An Eligible Professional (EP) or Eligible Hospital (EH) can begin participation in the TennCare Medicaid EHR Incentive Program at any time up through 2016.

And yes, providers in Group Practices or Clinics can be on different cycles. The main point of emphasis is that the provider must have been there for the 90-day Patient Volume Qualifying Period in the *previous* calendar year. For example, Main Street Medical Group had five doctors in 2010, for whom an EHR attestation was submitted in 2011. However, during 2011, Main Street Medical added another doctor and two nurse practitioners. Because these three EPs were not a part of Main Street Medical in 2010, they cannot attest in 2011. Then in 2012, Main Street Medical will submit Payment Year 2 attestations, which includes meeting Stage 1 Meaningful Use (MU) requirements, for the original five EPs, and Payment Year 1 attestations for the new doctor and two NPs who are only required to meet the AIU requirements.

The first year that an EP or EH participates in the TennCare Medicaid EHR Incentive Program is the first payment year of their participation. The requirement for Payment Year 1 is that the provider shows AIU of a certified EHR system, along with Patient Volume from the previous year. This is true irrespective of in which calendar or fiscal year the provider begins.

In Payment Year 2, EPs must show 90 consecutive days of MU data in the **current** calendar year. For Payment Years 3 – 6, EPs must submit a full year of MU data with their attestation. The 90 days of Patient Volume data will always come from the previous calendar year, regardless of which payment year the EP is in.

For EHs, the situation is a little different – but not by much. Following is a response we have been using for inquiries from EHs about attestation in the second and third years.

TennCare has received several inquiries from Eligible Hospitals (EHs) about when submission for the second EHR Incentive Payment can be made. We requested clarification from CMS on the timelines particularly surrounding meeting Meaningful Use (MU) criteria and submission.

- If a dual-eligible EH submitted its first year AIU attestation **to TennCare Medicaid only** in 2011, such hospital can submit an attestation now, using an MU 90-day reporting period in the current Federal Fiscal Year (FFY). The process is to submit the first payment year Medicare attestation, including its MU data, to Medicare first, and then CMS will forward the EH's data to TennCare. Once received, we will notify you to go to the TennCare PIPP portal to complete our attestation process for TennCare's second year incentive payment.
- If a dual-eligible EH submitted first payment year attestations **to both** Medicare and TennCare Medicaid in 2011, such EH must now submit a full year (365 days) of MU data (from FFY 2012). This means that the earliest this EH can do a second payment year attestation for Medicare & Medicaid is October 2012. The Medicare attestation must be submitted first. CMS will forward to TennCare the MU data. We will notify you to go to the TennCare PIPP portal to complete attestation. The same process is to be followed for the third payment year.
- An EH that registered to participate only in the Medicaid EHR Incentive Program or a children's hospital will be able to submit its second payment year attestation with MU data as soon as TennCare's MU portal pages have been approved by CMS. It is anticipated this will occur shortly.

Providers having questions about the above timelines should contact the CMS Help Desk at 1-888-734-6433.

Establishing User Accounts on the PIPP Portal

Many providers submitted their EHR attestations and received payment prior to the TennCare PIPP portal going live in November 2011. As a result, a majority of these providers have not yet established User Accounts in the portal so that they can submit their Payment Year 2 attestation. On March 9, 2012, an email was sent to these providers with instructions on how to establish a User Account, including a User ID and password. **If you have already established a User Account in the PIPP portal**, nothing further needs to be done. You are good to go.

The points of emphasis here are, when on the screen "Create New User," always use

- ◆ The EP's **individual** NPI, and
- ◆ The EP's **individual Tax ID, which is usually the SSN.**

Attesting for Meaningful Use (MU)

EPs who submitted Payment Year 1 attestations in 2011 (or during the 2012 extension period) using 2010 Patient Volume data, will be able to submit their Payment Year 2 attestations beginning March 31, 2012. (EHs, please see the note above in the first section about second payment year attestation.) There are two drop-down boxes for you to tell us what calendar year and the payment year for which you are attesting.

Important things to keep in mind about Payment Year 2 attestations:

- ✧ EPs must have 90 days of MU data in the **current** calendar year in order to attest to Stage 1 MU. If you began MU of your certified EHR system on January 1, then you can submit attestations beginning March 31st. You can attest at any time throughout the year; EPs are *not* required to attest on March 31.
- ✧ Each EP in a group practice or clinic can choose a separate 90-day reporting period for MU data **ONLY**. The MU data is based on the **individual** EP **NOT** the group. This is **not** the same 90 days used to report Patient volume data.
- ✧ Group Practices & Clinics **can** still use group Patient Volume data as a proxy for the individual EP's Patient Volume. The 90-day period for Patient Volume data must come from the *previous* calendar year and is the same period for all EPs. **BIG NOTE:** If you have EPs in a group on different cycles as described in the example above, you **MUST** use the same 90-day **Patient Volume period** for **ALL** providers without regard to the individual's payment cycle.
- ✧ EPs are required to provide documentation of having a certified EHR system each year. You can submit the same information that was used in the first year if it was approved. The documentation requirements are on the page "EHR Questions." *If you changed certified EHR systems* for whatever reason, you **MUST** return to the [CMS Registration & Attestation System](#) web site and make the change prior to submitting your attestation to TennCare. If you have misplaced your CMS Registration number, call the CMS Help Desk at 1-888-734-6433. TennCare does not have access to this number.
- ✧ EPs must submit all four of the Required Forms – individually.

For more information about MU, go to <http://www.tn.gov/tenncare/mu.shtml>

As always,

If you have questions or need assistance, send an email to TennCare.EHRIncentive@tn.gov

The Quality Unit responsible for reviewing MU data will be getting a separate mailbox for your questions and concerns. That address will be published when it is available. In the meantime, we will be happy to forward your messages to that office.

News from CMS

CMS sent the following information out Friday, March 09, 2012. If you have any questions about this, contact CMS.

Join CMS for a National Provider Call on the Proposed Rule for Stage 2

CMS is holding a National Provider Call on **Monday, March 12**, from **12:30 – 2:00 pm ET** for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to provide an overview of the proposed rule for Stage 2 for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

More than \$3.2 billion in Medicare and Medicaid incentive payments have been made since the program began last year, and more than 191,000 EPs, eligible hospitals, and CAHs are actively registered for the incentive programs. On Thursday, February 23, CMS announced a [proposed rule](#) for Stage 2 meaningful use requirements and other changes to the EHR Incentive Programs, which was officially published on Wednesday, March 7.

The call on the new NPRM will cover:

- The extension of Stage 1 meaningful use
- Changes to Stage 1 criteria for meaningful use
- Proposed Medicaid policies
- A Stage 2 meaningful Use overview
- Stage 2 clinical quality measures
- Medicare payment adjustments and exceptions
- Question and answers about the incentive programs (note that we cannot answer questions on the rule beyond what is proposed)

Registration Information:

In order to receive the call-in information, you must [register](#) for the call. **Registration will close at 12pm on the day of the call** or when available space has been filled; no exceptions will be made, so please register early.

The [presentation](#) for this call will be posted at least one day beforehand. In addition, the presentation will be emailed to all registrants on the day of the call.

Want more information about the EHR Incentive Programs?

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