



User Accounts: User Names – Passwords – Security Questions

In order to access and use the PIPP portal, EPs and EHRs must first establish User Accounts. The User Account consists of your User Name, Password, and the responses to three Security Questions in the event that changes are necessary. On the log in screen, providers have the ability to recover and/or change their User Name and Password. When necessary, the Bureau of TennCare can give you a temporary password that must be changed when you first log in using the temporary password. The key to making these changes is that you must have the answers to the Security Questions.

A funny thing has been happening on the way to using the PIPP portal. The person who has all the secret codes has disappeared!! Sometimes they die unexpectedly, or quit, or asked to leave, etc, etc. And when they leave, guess what leaves with them? Yep! User names, passwords, AND the responses to the security questions! While TennCare can tell you your user name and assign a temporary password, we cannot see the answers to your security questions.

TennCare strongly urges EPs and EHRs to take steps to assure that more than one person has access to your PIPP portal access information. This, obviously, is a matter for each organization. We do have a lengthy process by which we can disassociate a provider from his User Account and allow you to start all over again – on establishing an account, not the attestation process. We are also working to make the process easier and quicker. Still, it would be to each provider's advantage to establish a back-up plan to your PIPP portal access.

IT'S NOT TOO LATE!

If you know of other EPs who think they may have missed out on the TennCare Medicaid Certified EHR Incentive Program, assure them that they have not. EPs who may be eligible to participate have through 2016 to enroll and begin participation in the EHR incentive program. The initial criterion is to be a provider type deemed by CMS to be eligible for the EHR incentive payment.

These are:

- ◆ Physicians – either Medical or Osteopathic
- ◆ Nurse Practitioners (Advanced Practice Nurses)
- ◆ Certified Nurse Midwives
- ◆ Dentists
- ◆ Physician Assistant (PA) practicing in an FQHC led by a PA, or in an RHC so led by a PA.

Just as you did, they must first register at the CMS Registration & Attestation System web site - <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>

They can find out more information at our web site: http://www.tn.gov/tenncare/ehr_intro.shtml

Counting OB-GYN Encounters

The Patient Volume (PV) calculations are based on Total Paid Medicaid Encounters divided by Total Paid Encounters, regardless of who the payor is. For most providers, this is a pretty straight-up calculation. However, OB-GYNS who deliver babies sometimes experience difficulties in knowing what is to be counted. This is because the OB-GYN may see the mother many times during the pregnancy, but only submit a bill following the delivery, using a global encounter code that includes the pre-natal visits, the delivery, and a post-natal visit.

The TennCare MCOs, as most other insurance carriers, report only one encounter, when the child is born. Therefore, whether a mother is seen one time prior to delivery or 20 times, TennCare's records will only reflect one encounter. So how do you count these encounters for attestation purposes?

During the 90-day qualifying period for PV, report only the number of babies born during that period. For example, you may be seeing 30 pregnant women during the 90-day period. Of those 30, 15 actually deliver during this time, and 5 of those are TennCare Medicaid births. To your other office visits for which you are paid during this time, you would add 15 to your Total Paid Encounters and 5 to your Total Paid Medicaid Encounters to determine your PV. You ignore any other pregnancy-related encounters with the other 15 pregnant women, as their deliveries did not occur during your 90-day Qualifying Period.

Speaking of "90-day Qualifying Periods"

For EPs, keep in mind when doing your Meaningful Use (MU) Attestation that the 90-day period for MU is different from the 90-day period for Patient Volume (PV). The 90-day MU period occurs in the current calendar year. The 90-day PV period occurs in the previous calendar year. For the current year, MU is based on 90 days in 2012, while PV data comes from 2011.

For EHs, all information is based on previous fiscal years. In addition, for most dual-eligible EHs, your MU data is based on a full year rather than a 90-day period.

Returned Attestations

TennCare makes every effort to work with providers when there are problems with attestations to help you make corrections and avoid having to deny any attestation. We hope that the emails that are sent explain the problem and how to correct it. Given the low number of follow-up emails, we think we have been successful at this. However, if at any time you do not understand what we are trying to tell you, please email us at TennCare.EHRIncentive@tn.gov. This mailbox is monitored constantly, and in most cases, questions are answered the same day or the next. Occasionally, some additional research is needed that requires additional time. Questions about problems involving MU attestation should be directed to EHRMeaningfulUse.TennCare@tn.gov.

Sometimes we have to send you to the Bureau of TennCare's web site to select and submit specific provider applications. We understand the frustration this causes. However, this must be done in order for TennCare's records to be accurate and allow us to pay you the EHR incentive payment for which you have qualified. If TennCare's provider-related records are not complete and accurate, payment cannot be made, and will be delayed until we receive your paperwork. There is a dedicated fax phone number in our return email that will enhance the processing time of your application.

Occasionally, we have no choice but to deny your attestation. To date, we have only denied 20 attestations out of 2,818 (for comparison, we originally thought we would only have about 1,500 EPs enroll in the EHR incentive program). Some of these denials were because the provider was not an eligible EP, the EP was determined to be hospital-based, or did not have sufficient patient volume to qualify. Quite honestly, a couple of the denials were the result of problems so complicated that it was better to deny the attestation and have the EP start again.

If we deny your attestation over what turns out to be a correctable problem, do not despair. You simply need to go back to the CMS Registration & Attestation System web site and start again. It does not cost you anything but a little time. It will not affect the amount of your EHR incentive payment should you qualify. You can appeal a denial and the instructions on how to do so are on the PIPP portal, if you choose to go that route. There is a specific timeframe for submission of an appeal.

Questions about the EHR Attestation Program can be sent to TennCare.EHRIncentive@tn.gov

Questions specific to Meaningful Use (MU) Attestation can be sent to EHRMeaningfulUse.TennCare@tn.gov

To enroll in the EHR Incentive Program, go to <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>