



In this issue:

- 2014 EHR Incentive Program Attestations
- Stage 2 MU & DIRECT Messaging
- MU & Clinical Decision Rules
- MU Time lines
- New Provider Registration & Current Provider Re-Qualification
- And, the Survey Says...
- CMS Newsletter (June 4, 2014)

What's happening with 2014 EHR Incentive Program Attestations?

Short answer? We're working on it. As everyone knows by now, CMS issued a *Notice of Proposed Rulemaking (NPRM)* on May 23, 2014 (*Federal Register*, May 23, 2014, 29732-29738). The apparent effect of this proposed rule is to allow Eligible Professionals (EPs), Eligible Hospitals (including Critical Access Hospitals) (EHs) to continue to use the 2011 Edition of certified Electronic Health Record Technology (CEHRT) for the 2014 reporting period for the Medicare and Medicaid EHR Incentive Programs. There is a 60-day comment period, which means we are looking at a late July or early August effective date.

What are the proposals?

Very briefly, as it is still open for change, the proposed rule will give flexibility to eligible providers for 2014 **ONLY** in the way and with which CEHRT providers attest.

Providers currently expected to demonstrate Stage 1 in 2014 would be able to report MU performance for:

- Stage 1 (2013 Definition) using 2011 Edition CEHRT, or using a combination of 2011 & 2014 Edition CEHRT; **OR**
- Stage 1 (2014+ Definition) using 2014 Edition CEHRT, or using a combination of 2011 & 2014 Edition CEHRT.

Providers currently expected to demonstrate Stage 2 in 2014 would be able to report MU performance for:

- Stage 1 (2013 Definition) using 2011 Edition CEHRT, or using a combination of 2011 & 2014 CEHRT;

- Stage 1 (2014+ Definition) using 2014 Edition CEHRT, or using a combination of 2011 & 2014 Edition CEHRT; **OR**
- Stage 2 using 2014 Edition CEHRT, or using a combination of 2011 & 2014 Edition CEHRT.

Why is this change being proposed?

CMS has acknowledged that the implementation of the Stage 2 *Final Rule* (September, 2012) is taking longer than anticipated. Due to various backlogs, not all submitted CEHRT is being certified in a timely manner, and where approved, vendors are not being able to keep up with the demand for their product and installation.

What does the proposed rule mean?

Again, we are waiting on clarification from CMS just as you are. Essentially it appears to allow any provider – regardless of what stage of attestation they are in – to attest using either 2011 Edition CEHRT, a combination of 2011 Edition CEHRT & 2014 Edition CEHRT, or the 2014 Edition CEHRT. This exception will be effective for 2014 only. **In 2015, all providers will be required to attest using a 2014 Edition CEHRT.**

What are the requirements under this proposed rule?

You will have to provide a statement as to why you are unable to attest using a 2014 Edition CEHRT. Providers will be required to state that the reason they cannot attest using 2014 Edition CEHRT is due to issues related to 2014 Edition CEHRT availability delays. This would include situations such as the vendor has been unable to get certification due to a backlog at the ONC certifying bodies, or a delay in installing the 2014 Edition as the result of the vendor being overwhelmed.

TennCare is working on how to implement this and details will be forth coming.

What about providers who are attesting for the first time under Adopt, Implement, or Upgrade (AIU)?

CMS has stated that any provider attesting for the first year under AIU **MUST** use the 2014 Edition of CEHRT when participating in the TennCare Medicaid EHR Incentive Program.

Will this have an impact of the proposed **MEDICARE payment reductions for 2015?**

As far as we can tell at this moment, this proposed change will **not** delay the Medicare payment reductions scheduled to go into effect January 1, 2015 (October 1, 2014 for EHs). Can this change? As you well know, with the federal government, anything is subject to change. However, do **NOT** count on a change to the planned enforcement date. We have not heard of any such talk.

As we have said numerous times, these scheduled payment reductions are to Medicare payments only. If you have any questions about these payment reductions, you need to discuss them with CMS Medicare.

Are there any other changes included in the proposed rule?

The proposed rule also includes a provision that would formalize CMS and ONC's recommended timeline to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of MU would be 2017.

Stage 2 Meaningful Use & DIRECT Messaging

Stage 2 of the Meaningful Use EHR incentive programs has started. The focus of this stage, and a significant installment on the value of EHR adoption for providers, is health information exchange at transitions of care – between hospitals and providers at hospital discharge and between providers in closed loop specialist referrals. Stage 2 requirements also include patients having access to their own information from the EHR.

Aligned with the requirements of Stage 2 of Meaningful Use are the 2014 Certification requirements for EHR systems that must be used to qualify for incentives. These certification requirements include a provision that the EHR system must be capable of sending and receiving DIRECT secure messages. DIRECT is a specific type of secure email developed by the Office of the National Coordinator (ONC) for Health Information Technology (HIT) that requires a connection between the EHR and a Health Information Service Provider (HISP), an electronic post office for DIRECT messages. A number of vendors offer HISP services but some EHR vendors have only created connections to one HISP, although DIRECT messages can still be sent or received from EHR systems connected to other HISPs.

EHR users should contact their EHR vendor about which HISP is compatible with their EHR. More information is available about DIRECT messaging by visiting the Office of eHealth website at <http://www.tn.gov/ehealth/direct.shtml>

- >What is DIRECT technology – for a full explanation of how the technology works
- > DIRECT HISP offering for State users – for more information on implementation; policies; training
- >Health eShare website for - more DIRECT information; listing of market-based HISP vendors for private healthcare providers; Tennessee DIRECT directory

Meaningful Use and Clinical Decision Support Rules

Clinical Decision Support (CDS) is a process designed to aid directly in clinical decision making, in which characteristics of individual patients are used to generate patient specific interventions, assessments, recommendations, or other forms of guidance that are then presented to a decision making recipient or recipients that can include clinicians, patients, and others involved in care delivery. (Osheroff, 2012;

Bright, Wong, Dhurjati et al, 2012; Kawamoto, Houlihan, Balas et al, 2005) It represents one of the most promising tools to mitigate the ever-increasing complexity of the day-to-day practice of medicine. The effective use of a CDS system means patients get the right tests, the right medications, and the right treatment, particularly for chronic conditions. CDS provides clinicians, staff, patients or other individuals with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and health care. CDS encompasses a variety of tools to enhance decision-making in the clinical workflow. These tools include computerized alerts and reminders to care providers and patients; clinical guidelines; condition-specific order sets; focused patient data reports and summaries; documentation templates; diagnostic support, and contextually relevant reference information, among other tools.

What are the benefits of Clinical Decision Support?

- Increased quality of care and enhanced health outcomes.
- **Avoidance of errors and adverse events.**
- Improved efficiency, cost-benefit, and provider and patient satisfaction.

What is the TennCare EHR meaningful use looking for in CDS Rules?

- Clinical relevance to the practice.
- A brief explanation of how the EHR assists - in real time, the implementation of the CDS rule.

A group of Behavior Health/Psychiatry providers implemented the following CDS rule which is both relevant to their practice, and well explained. This rule is considered a best practice by TennCare and because it aligns with many other TennCare efforts:

- **Pregnancy Precaution**-This clinical decision rule alerts the providers when they attempt to prescribe a medication to anyone of child bearing age that the medication might be harmful to the unborn child. Information provided to the prescriber includes severity of potential interaction, clinical effects, predisposing factors, patient management information, and discussion notes.

Below are more examples of CDS rules identified as relevant and well explained that were submitted in conjunction with TennCare Stage 1 meaningful use attestations:

- Include patients 18 and under when a medication is chosen for prescribing (the provider is prompted with correct dosing).
- Diabetic Order set prompted when diabetic medication added /prescribed.
- Our clinic uses the CDS rule to notify providers and staff of sexually active patients requiring HIV testing on an annual basis.
- Include all female patients who are pregnant with blood type of RH- (prompts provider to order Rhogam injection).
- Adult Flu - To identify all adult patients in the target group, over age 64 that have not had an influenza immunization during the current flu season. Used to send reminder letters.
- Breast cancer screening: Measure identifies female patients 40-69 years of age who have had an office visit during the last 2 years and received a breast cancer screening during this time.
- Alert staff to complete a hematocrit annually for all patients age 9 months to 23 months.
- Diabetes- All ages, both genders reminded for 1) Hemoglobin A1C every 3 months 2) Urine random micro albumin every 6 months 3) Dilated eye exam every year 4) Foot exam every 6 months 5) Lipid every 6 months.
- Alert clinical staff any patient 12 months to 24 months who have not received a CBC/Lead test.
- For each medication prescribed, the prescribing application will check to see whether there is weight-based dosing information available for the medication based on the patient's age.
- Provides point of care alerts for lab tests, procedures, referrals, exam elements or any missing data.
- Our clinic uses the CDS to notify providers and staff of diabetic patients requiring A1C testing during a three month period.
- There is an active rule that alerts the provider if a woman age 24-64 does not have a documented pap test in the last 2 years and gives the option to order from there.
- Hypertension: Blood Pressure Management: alert provider to BPs recorded outside of normal range for intervention purposes.
- Mammogram status including female patients greater than or equal to 50 years of age prompted to schedule.

Meaningful Use Timelines

No matter where you are on the journey through Meaningful Use (MU), there are several potential pathways for pursuing or beginning MU in the course of a six-year EHR Incentive itinerary. Like a GPS for a road trip, our [MU Timelines](#) for Eligible Professionals are an invaluable resource to use in mapping out your Meaningful Use participation.

To determine which path to follow, choose the timeline cohort for the year you earned your first incentive payment:

- [2011 Timelines](#)
- [2012 Timelines](#)
- [2013 Timelines](#)
- [2014 Timelines](#)

Then, determine the route that's best for your practice — do you follow the standard path? Should you choose an expanded path because you skipped or are planning to skip a year? Should you choose an accelerated path because you began by attesting to MU in your first year?

Still not sure which way to go? By comparing timelines, you'll be able to see program expectations and deadlines for each potential pathway.

Even if you have a great sense of your MU direction, and believe you already know your way, a stop by the [Meaningful Use Timelines web page](#) will be well worth your time!

New Provider Registration & Re-Verification of Current TennCare Medicaid Providers

The next release of electronic registration for providers is now in production. TennCare is no longer accepting paper applications for single / multi-specialty groups, Rural Health Clinics or Federally Qualified Health Clinics. All new applications must utilize the new electronic registration portal. In addition, all existing single / multi-specialty groups, Rural Health Clinics and Federally Qualified Health Clinics must re-verify their information loaded in the TennCare system. The new system can be accessed at: <https://pdms.tennCare.tn.gov/Account/Login.aspx>. A link for detailed instructions can be found on the Provider Registration page at: <http://www.tn.gov/tenncare/pro-forms.shtml>. Until your information has been re-verified new individual providers will not be added to your group. All individual providers are still required to complete the individual registration in order for TennCare to receive their CAQH data.

If you experience issues during the registration process, **please contact the TennCare Provider Registration Call Center at 1-800-852-2683 option 5 for assistance.**

 **And, the Survey says...** 

The Bureau of TennCare is always trying to update providers on what is occurring in the TennCare Medicaid Program. Readers of this newsletter know that the big push since 2011 has been the EHR Provider Incentive Program whereby providers can receive financial incentives for having and using certified Electronic Health Technology (CEHRT). TennCare is also using electronic means to enroll new TennCare Medicaid providers, and in re-credentialing current TennCare Medicaid providers.

Our efforts to communicate with you include the TennCare EHR Newsletter, e-blasts about topics of interest, and participation in workshops hosted by the MCCs and provider associations, when invited.

TennCare Provider Services is considering the possibility of hosting community workshops and/or webinars to keep you abreast of changes occurring in the TennCare Program, particularly the Provider Incentive Program. To make this decision, we need your input on what you would like to learn more about.

To gauge your interests, we have created an online survey for your use. Please follow the link below to our survey. Please complete the survey by June 30, 2014. This will help us make plans on how to best keep you informed.

Take the Survey

FROM CMS

Below is a copy of the CMS EHR Newsletter sent out on June 4th. If you are interested in making comments about the *NPRM*, **you must submit your comments as directed to CMS** – not TennCare. We have no control over the outcome.



NPRM Comment Period Now Open: Submit by July 21, 2014

CMS and ONC invite the public to [submit comments](#) on the recently released [notice of proposed rulemaking \(NPRM\)](#) that would allow providers participating in the EHR Incentive Programs to use the 2011 Edition or 2014 Edition of certified electronic health record technology (CEHRT) for the 2014 reporting year.

Comments [must be received](#) by **July 21, 2014** to be considered.

About the NPRM

If finalized, the proposal would allow providers to meet Stage 1 or Stage 2 of meaningful use with EHRs certified to the 2011 or 2014 Edition criteria or a combination of both Editions.

Beginning in 2015, all eligible providers would be required to report using 2014 Edition CEHRT.

2014 Participation Options

If finalized, this proposal will provide participation options that vary by a provider's stage of meaningful use and by their CEHRT Edition selection.

2011 CEHRT

Providers in Stage 1 or 2:

- 2013 Definition Stage 1 objectives and 2013 CQMs

Combination of 2011 & 2014 CEHRT

Providers in Stage 1:

- 2013 Definition Stage 1 objectives and 2013 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs

Providers in Stage 2:

- 2013 Definition Stage 1 objectives and 2013 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs; or
- 2014 Definition Stage 2 objectives and 2014 CQMs

2014 CEHRT

Providers in Stage 1:

- 2014 Definition Stage 1 objectives and 2014 CQMs

Providers in Stage 2:

- 2014 Definition Stage 2 objectives and 2014 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs

Extending Stage 2

The proposed rule also includes a provision that would formalize CMS and ONC's [recommended timeline](#) to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

For More Information

Visit the CMS Newsroom to read the [press release](#) about the [NPRM](#).



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.

- ◆ **TennCare Medicaid EHR Incentive Program web site:** http://www.tn.gov/tenncare/ehr_intro.shtml
- ◆ **PowerPoint Presentations** on different subject areas are available here:
http://www.tn.gov/tenncare/ehr_page6.shtml

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