



Changes to the TennCare EHR Attestation Process

In the near future, providers will notice the requirement of two additional forms on the Required Forms screen. These changes will only affect two provider types – Nurse Practitioners (NPs), and Physician Assistants (PAs) practicing in a PA-led FQHC or an RHC so led by a PA.

- ❖ First, Nurse Practitioners – TennCare allows NPs to submit claims under the NPI of a doctor or proctor or that of the group in which they work. This sometimes makes it difficult for us to determine that the NP meets the patient volume threshold, as we may not find all of the attested to TennCare Medicaid encounters. Soon a page will be added to the Required Forms screen titled “Nurse Practitioner Page.” On that page, we are requesting that the NP list all of the EP names and NPIs under which claims are submitted, including that of the group, if used. This should help us identify all of the claims needed to meet the patient volume threshold without having to return the attestation.

In the meantime, to assist TennCare in the processing of NP attestation, please attach a page to the Provider Questions screen with this information:

- ⇒ The doctor’s or proctor’s name & NPI under which TennCare Medicaid claims are submitted
- ⇒ The group name & NPI under which TennCare Medicaid claims are submitted

- ❖ And now, Physician’s Assistants – Under the program rules established by CMS, PAs are only allowed to participate in the EHR Incentive Program if the PA works in a PA-led Federally Qualified Health Center (FQHC), or a Rural Health Center (RHC) so led by a PA. (42 CFR § 495.304(b)(5)) CMS further defines an FQHC/RHC as being led by a PA in the following manner:
 - A PA is the primary provider in the clinic (for example, when there is a part-time physician and full-time PA, CMS considers the PA as the primary provider); or
 - A PA is a clinical or medical director at a clinical site of practice (being the director of a department **within** the FQHC/RHC **does not** qualify the PA as being the lead); or
 - A PA is the owner is an RHC.

Similar to the NP page described above, a page for PAs will be added to the Required Forms screen – “Physician’s Assistant Page.” This form will request that the PA furnish TennCare with the name

and address of the FQHC or RHC in which the PA works, a copy of the facility's letter indicating its status as an FQHC or RHC, and the name and NPI of the lead PA. (Note: You do not have to be the lead PA to attest; your FQHC or RHC must be led by a PA in order for you to attest.)

In the meantime, to assist TennCare with the processing of PA attestations, please attach to the Provider Questions screen, documents with the following information:

- ⇒ The name and address of the FQHC/RHC
- ⇒ The name and NPI of the lead PA
- ⇒ The letter to the facility indicating its status as an FQHC or RHC

Certified EHR Technology Requirements for 2014 & Beyond

At the same time the Stage 2 Final Rule was published, the Office of the National Coordinator for Health Information Technology (ONC) published a rule (77 FR 54163 (September 4, 2012)) making changes to the criteria for certified EHR technology (CEHRT). Specifically, this Final Rule, adopted certification criteria that establish the technical capabilities and specifies the related standards that CEHRT will need to include to, at a minimum, support the achievement of Meaningful Use by EPs and EHs under the Medicare and Medicaid EHR Incentive Programs beginning with the EHR reporting periods in fiscal year and calendar year 2014.

EPs and EHs must have EHR technology certified to the 2014 Edition EHR certification criteria that meets the Base EHR definition. In addition, EHR technology must be certified to the 2014 Edition EHR certification criteria necessary to meet the MU objectives and measures for the stage of MU that they seek to meet and to capture, calculate, and electronically submit CQMs when attesting in 2014.

“Base EHR” is defined as EHR technology that includes fundamental capabilities all providers would need to have. The full definition of “Base EHR” can be found at 45 CFR § 170.102.

CMS and TennCare both strongly encourage all providers to understand the 2014 EHR criteria and what it is they are receiving from their EHR vendor. The 2014 EHR criteria can be met by a complete certified EHR system or by the addition of one or more modules to your current certified system. It is important that you understand your needs that enable you to meet MU requirements in order to receive your EHR incentive payment. Neither CMS nor TennCare recommends or not recommend any certified EHR system or module. However, the ONC can decertify a previously approved product if it is determined later that the system or module does not actually meet the required criteria.

Also New for 2014

FOR 2014 ONLY, because of the change to the 2014 Edition of EHR certification criteria (above), CMS is allowing **ALL** providers, regardless of year in the program or MU Stage of attestation, to attest to a MU period of 90 days in 2014. This means, if you are using your CHERT in a meaningful way on January 1, 2014, the earliest you can attest is April 1, 2014. This is especially important for Medicare-Medicaid providers.

If you have not demonstrated MU, a Medicare-Medicaid provider must do so by October 1, 2014 (July 1 for EHs; see article below from CMS) to avoid 2015 Medicare payment reductions. Dual Medicare/Medicaid providers can now attest to MU in the first year in the TennCare Medicaid PIPP portal. If there are providers in your group who are attesting in the Medicare program, or are an EH (acute care or CAH), these providers must attest according to calendar quarters established by CMS. There is no such requirement in the TennCare Medicaid PIPP. MediCARE providers must demonstrate MU of their certified EHR systems by October 1, 2014 (July 1 for EHs) in order to avoid the 2015 Medicare payment reductions.

Clinical Quality Measures (CQMs) – Also beginning in 2014, the reporting of CQMs will change for all providers. EHR technology that has been certified to the 2014 Edition of EHR certification criteria will contain new CQM criteria, which EPs and EHs will report using the new 2014 criteria. This is regardless of whether the provider is participating in MU Stage 1 or Stage 2 of the EHR Incentive Program. Although CQM reporting has been removed as a core objective for both EPs and EHs, all providers are required to report on CQMs in order to demonstrate MU.

Reporting CQMs in 2014 and beyond –

EPs must report on 9 of the 64 approved CQMs

- ◆ Recommended core CQMs – encouraged but not required
 - ✓ 9 CQMs for the adult population
 - ✓ 9 CQMs for the pediatric population
 - ✓ NQF 0018 – strongly encouraged since controlling blood pressure is a high priority goal in many national health initiatives, including the Million Hearts campaign
 - ✓ Selected CQMs must cover at least 3 (out of 6) of the National Quality Strategy domains

Eligible Hospitals must report on 16 of the 29 approved CQMs

- ◆ Selected CQMs must cover at least 3 (out of 6) of the National Quality Strategy domains

National Quality Strategy domains

- 📄 Patient and Family Engagement
- 📄 Patient Safety
- 📄 Care Coordination
- 📄 Population and Public Health
- 📄 Efficient Use of Healthcare Resources
- 📄 Clinical Processes/Effectiveness

To learn more about the Stage 2 Final Rule changes, go to this CMS web site:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

Information is also available on TennCare's EHR web site, located at:

<http://www.tn.gov/tenncare/mu.shtml>

Medicare EPs: How to Avoid Payment Adjustments

Effective January 1, 2015, CMS will impose mandatory cuts on Medicare payments to **Medicare** providers who do not meet EHR Meaningful Use (MU) requirements. It is important to note, and we are asked all the time, these payment reductions **DO NOT impact Medicaid-only** providers or Medicaid payments to providers. If you do not participate in the Medicare program, your Medi**CAID** payments **will not** be reduced. Dual Medicare/Medicaid providers who successfully attest to MU requirements through the TennCare Medicaid PIPP will not experience the Medicare payment reductions.

Following is a newsletter published by CMS on May 30, 2013 explaining how to avoid payment reductions.

Medicare eligible professionals (EPs) who do not demonstrate meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program may be subject to payment adjustments beginning on **January 1, 2015**. Because payment adjustments are mandated to begin on the first day of the 2015 calendar year, CMS will determine the payment adjustments based on meaningful use data submitted prior to the 2015 calendar year.

These payment adjustments will be applied to the Medicare physician fee schedule amount for covered professional services furnished by the EP in 2015. EPs who do not demonstrate meaningful use in subsequent years will be subject to increased payment adjustments in 2016 and beyond.

EPs that began participation in 2011 or 2012

EPs who first demonstrated meaningful use in 2011 or 2012 must demonstrate meaningful use for a full year in 2013 to avoid payment adjustments in 2015.

EPs that begin participation this year (2013)

EPs who first demonstrate meaningful use in 2013 must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid payment adjustments in 2015.

EPs that plan to begin participation in 2014

EPs who first demonstrate meaningful use in 2014 must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid payment adjustments in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and EPs must attest to meaningful use no later than October 1, 2014, in order to avoid the payment adjustments.

Note: EPs must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

Eligibility

Only EPs that are eligible for the Medicare EHR Incentive Program are subject to payment adjustments. Use CMS' [Eligibility Widget](#) to determine for which programs you are eligible. Medicaid EPs who can only participate in the Medicaid EHR Incentive Program and do not bill Medicare are not subject to these payment adjustments.

Resources

For more information on EP payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tipsheet](#) for EPs and the [How Payment Adjustments Affect Providers Tipsheet](#).

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.

🔔 **Note:** If you want more information about the CMS information above, call the CMS Help Desk at 1-888-734-6433.



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

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