



WELCOME

Welcome to those of you who recently joined our subscription list and are receiving your first TennCare EHR Newsletter. If you are receiving this newsletter via some other means, such as through your provider association, you can join our subscription list and receive your own copy. Simply go to <http://www.tn.gov/tenncare/medicaidhitemail.shtml> and follow the instructions.

Don't forget, we also have an FAQ that will provide answers to some of your questions. The link is <http://www.tn.gov/tenncare/forms/hitechfaq.pdf>. In addition, at the end of the newsletter are the email addresses where you can submit questions to us if you are having problems or need assistance.

STAGE 1 MEANINGFUL USE

This issue of the EHR Newsletter is focused on Stage 1 Meaningful Use. As 2012 is winding down, if you have not already begun this process, you need to get moving. Read this information carefully, and don't hesitate to ask if you have questions.

Note: Most everyone is aware that CMS published the Stage 2 Final Rule on September 4, 2012. This rule provides the criteria for Stage 2 attestation and other changes to the EHR Incentive Program. We are still reviewing this rule and waiting for further guidance from CMS on how it applies to both you and us. As this information becomes available, we will update you on what is needed.

Scheduling Stage 1 Meaningful Use

Eligible professionals (EPs) who adopted, implemented, or upgraded (AIU) to certified Electronic Health Record (EHR) technology in 2011 as part of the Medicaid EHR Incentive Program should pursue 90 days of Stage 1 Meaningful Use (MU) in 2012 in order to earn a second EHR incentive payment.

(Medicaid EPs do have the option to resume participation in the program in 2013 if they choose to skip 2012.) Medicaid EPs who earned an AIU payment in 2012 may pursue Stage 1 MU in 2013.

For EPs pursuing Stage 1 MU for 2012, October 3 is the last day to begin the 90-day reporting period. EPs beginning Stage 1 MU on October 3 will complete the required 90 days on December 31. Any other consecutive 90 days in 2012 is also acceptable as a reporting period if the meaningful use criteria were met.

Attesting to 90 days of Stage 1 Meaningful Use for any of the possible 90-day reporting periods in 2012 may occur through **March 31, 2013**.

- For more information about the meaningful use **reporting** and **attesting** periods, visit http://www.tn.gov/tenncare/mu_epstage1.shtml and view the appropriate timelines.
- For more information about accessing an account in the attestation portal, visit http://www.tn.gov/tenncare/ehr_step3.shtml.

Beginning Stage 1 Meaningful Use

When beginning a 90-day reporting period for meaningful use, visit the TennCare meaningful use website, <http://www.tn.gov/tenncare/mu.shtml>, to review the meaningful use criteria. Each core and menu measure has an individual page on this website featuring the following:

- the objective and measure as specified by CMS
- the CMS technical specification
- TennCare clarifications and/or insights
- links to any related CMS FAQs
- links to any other pertinent resources
- corresponding standards for certified EHR functionality

Ten Things to Remember About Stage 1 Meaningful Use in 2012

1. ***An EP achieves meaningful use as an individual for actions performed for his/her patient population.*** Visit http://www.tn.gov/tenncare/mu_eligibleprof.shtml to read more about achieving meaningful use while working at multiple practice sites, regardless of whether such sites are associated with the same organization or use the same certified EHR technology.
2. ***An EP reports meaningful use for his/her entire patient population.*** Meaningful use measures with a denominator of all unique patients (e.g., Core Measure 3, maintaining patient problem lists) must have their threshold achieved given that all unique patients, regardless of payor or whether such patients have their data in the EHR, are included in the denominator. As noted by CMS, "Please keep in mind that patients whose records are not maintained in certified EHR technology will need to be added to denominators whenever applicable in order to provide accurate numbers."
3. ***An EP achieves meaningful use within the reporting period.*** For the first year of Stage 1 Meaningful Use, each of the core, selected menu measures, and core and selected clinical quality

measures all must be achieved in that 90 day reporting period. The attestation reflects a time period during which various elements of meaningful use were achieved, and thus there is consistency within the attestation. Core Measures 1 (CPOE) and 4 (eRx), for example, have exclusions related to the number of prescriptions written during the EHR reporting period, so an exclusion for Core Measure 1 based on the number of prescriptions would also apply to Core Measure 4.

4. ***An EP must achieve the 15 Core Measures unless he/she qualifies for a measure's specific exclusion.*** Here, meaningful use becomes an all-or-nothing endeavor: the measure-specific exclusion must apply for an EP not to achieve a core measure, and many of the measures do not have exclusions available.
5. ***An EP must attest to 5 of the 10 Menu Measures, including a public health measure.*** As no public health agency in Tennessee currently has the capacity to receive syndromic surveillance data from EPs in the standards mandated (Menu Measure 10), EPs should attest to Menu Measure 9, testing with the immunization registry.
6. ***An EP must attest to the Clinical Quality Measures (CQMs).*** EPs attest to the CQMs through the same mechanism as attesting to the other measures, the TennCare attestation portal, for the same 90-day reporting period. The CQMs must be reported as generated by certified EHR technology, and in accordance with CMS guidelines, "a zero [is] reported in the denominator of a measure when an EP, eligible hospital or CAH did not care for any patients in the denominator population during the EHR Reporting Period."
7. ***An EP must enable functionalities for the entire 90-day reporting period.*** For example, Core Measure 2, drug-drug and drug-allergy interaction checks, should be enabled for every unique patient seen by the EP during the 90-day reporting period. Other functionalities that should be enabled for the entire reporting period include Core Measure 11, the Clinical Decision Support Rule, and Menu Measure 1, implementing drug formulary checks.
8. ***An EP must achieve the measures according to the measure timelines.*** As with implementing functions for the entire 90-day reporting period, other measures must be performed within certain timelines. For example, Core Measure 14 and Menu Measure 9, each concerning tests that must be performed, must be achieved during the 90-day reporting period or even before it within the same calendar year, but cannot be achieved after the 90-day reporting period ends.
9. ***An EP must attest to his achievement of meaningful use.*** An attestation should reflect an EP's work toward meaningful use. Any uploaded documents should match the information given in the attestation; for instance, the numbers and reporting periods should be consistent. Exclusions should only be claimed where applicable. Answers to questions should be appropriate; for example, the clinical decision support rule should be listed so that the EP demonstrates it was a rule or intervention that prompted an alert for a patient population for a target condition or risk factor.
10. ***An EP should consider Stage 1 Meaningful Use in context.*** Efforts toward Stage 1 Meaningful Use for 90 days offer opportunities to improve EHR use and clinical workflow. Such

improvements may benefit the practice as well as achieving Stage 1 MU for a full calendar year and later, Stage 2 MU. For example, testing with the immunization registry is one of the two public health objectives in Stage 1, but a core measure of Stage 2 is ongoing submission to the registry.

For any questions or concerns about the above material or any other aspect of the MU criteria or attestation process, visit TennCare's MU website at <http://www.tn.gov/tenncare/mu.shtml> or e-mail EHRMeaningfulUse.TennCare@tn.gov.

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

To contact CMS, the CMS Help Desk can be reached at 1-888-734-6433.