



## Deadlines for applying for the 2012 TennCare Medicaid EHR Incentive Payment

Providers need to be aware of the following deadlines for attesting for the 2012 TennCare Medicaid EHR Incentive Payment.

**Eligible Hospitals** – for Fiscal Year 2012 – For the TennCare Incentive Payment, EHs have until December 29<sup>th</sup> to apply. Dual-eligible EHs (Medicare & Medicaid) must apply first to Medicare. Medicare will then forward information to TennCare. TennCare will then notify the EH to go to the PIPP portal to attest. Children's hospitals do **not** have to file with Medicare. An EH filing for the first year AIU incentive payment, that attestation is submitted directly to TennCare after registration and establishing a User Account on TennCare's PIPP portal.

**Eligible Professionals** – for Calendar Year 2012 – EPs have until March 31, 2013 to attest for the 2012 calendar year EHR Incentive payment. Whether you are submitting an attestation for AIU (first year) or Stage 1 of Meaningful Use (second year), your patient volume data comes from calendar year 2011. If you have not already begun your 90-day MU period for 2012, you will have to wait until April 2013 to submit your Stage 1 MU attestation.

### Stage 2 Final Rule

The Stage 2 Final Rule published in September, made several changes to the EHR Incentive Program. TennCare will be providing additional information in the coming months.

### CMS – EHR Newsletters

The remainder of this newsletter consists of several recently published EHR newsletters from CMS. If you have any questions about these newsletters, contact the CMS Help Desk. That number is at the end of this newsletter.

## Read Our Two New FAQs Providing Information on the Stage 2 Meaningful Use Transitions of Care Measure

CMS and ONC have jointly released two new FAQs that help explain requirements for the transitions of care measure for Stage 2 meaningful use. The measure's objective is:

*The eligible professional (EP), eligible hospital, or critical access hospital (CAH) who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral..*

### New FAQs

The FAQs focus on the certification criteria for this measure, as well as more detailed information about the objective. The questions are:

- What certification approaches would satisfy the 2014 Edition transitions of care certification criteria adopted at 45 CFR 170.314(b)(1) and (b)(2) as well as permit an eligible provider to have EHR technology that meets the Certified EHR Technology (CEHRT) definition? Please emphasize how the adopted transport standards fit in. [Read the answer here.](#)
- For meaningful use Stage 2's transitions of care and referrals objective, in what ways can I meet the second measure that requires more than 10% of the summary care records I provide for transitions of care and referrals to be electronically transmitted? [Read the answer here.](#)

### Want more information about the EHR Incentive Programs?

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

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## Look at CMS' 2014 CQM Page and New CQM Resources

Last week, CMS announced the release of the 2014 clinical quality measures (CQMs) for providers in the Electronic Health Record (EHR) Incentive Programs.

Along with posting the specific measures on the [2014 CQMs page](#), CMS has created additional resources to help providers understand the 2014 CQMs, as well as the specifications for electronic reporting.

Resources include:

- [Recommended Core Set](#) webpage— provides recommended core sets of 2014 CQMs, including PDFs for [adults](#) and [children](#) with details on each core measure

- [eSpecifications for 2014 eCQMs for Eligible Professionals](#)— .zip file contains the electronic specifications in a machine readable (xml) and human readable (html) format for the 2014 eCQMs for eligible professionals
- [eSpecifications Navigator 2014 eCQMs for Eligible Hospitals](#)— provides access to the electronic specifications in a machine readable (xml) and human readable (html) format for the 2014 eCQMs for eligible hospitals
- [Clinical Quality Measures through 2013](#) webpage— explains CQM reporting requirements before 2014

A full list of all of the available CQM webpages and resources is available in the [2014 Clinical Quality Measures \(CQMS\) & eCQM Resources](#) document.

#### Questions about CQMs?

CMS' FAQ system provides helpful questions and answers on many topics in the EHR Incentive Programs. There are several existing [CQM FAQs](#) that may help answer your questions.

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## CMS Releases Stage 2 Meaningful Use Specification Sheets with Details on Each Measure

CMS has added Stage 2 meaningful use specification sheets for both eligible professionals (EPs) and for eligible hospitals and critical access hospitals (CAHs) to help them participate in Stage 2 of meaningful use in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

The new specification sheets can be found on the [Stage 2 page](#) of the EHR website. Each specification sheet includes the objective, measure, and exclusion for each core and menu objective, as well as a definition of terms, attestation requirements, additional information, and the corresponding standards and certification criteria.

You can view the specification sheets in two ways:

- **Use the Stage 2 Specification Sheet Table of Contents** — The Table of Contents lists all the core and menu objectives, with direct links to each individual measure specification sheet. The page contains a Table of Contents for both [EPs](#) and for [eligible hospitals and CAHs](#).
- **Download ALL Stage 2 Specification Sheets** — Zip files containing PDFs of all of the core and menu objectives for [EPs](#) and for [eligible hospitals and CAHs](#) are available for download on the page.

**Reminder:** The earliest that the Stage 2 criteria will be effective is in fiscal year 2014 for eligible hospitals and CAHs or calendar year 2014 for EPs. All providers must achieve meaningful use under the Stage 1 criteria before moving to Stage 2.

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## CMS Asking for Public Comment on Potential Stage 3 CQMs for the EHR Incentive Programs

The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica Policy Research to develop new measures for potential use by eligible professionals (EPs) in the Electronic Health Record (EHR) Incentive Programs. Mathematica, along with its subcontractor, the National Committee for Quality Assurance (NCQA), invites the public's input on the proposed measure specifications.

The proposed measures assess key components of the [annual wellness visit \(AWV\) benefit](#) created through the Patient Protection and Affordable Care Act (ACA) for Medicare beneficiaries. It is anticipated that these will be composite measures that use both components from existing measures and new components; the compositing methodology is under consideration. Measure testing, expert feedback, and public comment will inform which compositing methodology is applied.

### Participating in Public Comment

Mathematica and NCQA are requesting that stakeholders review and provide feedback on these measures. All comments are welcome, but there is particular interest in feedback in the following areas:

- Relevance of the measures to the mission of public reporting under the EHR Incentive Programs for EPs
- Usefulness of the measures to improve quality of care for Medicare patients
- Feasibility of data collection via electronic health records for the purposes of public reporting under the EHR Incentive Program for EPs

You can read and comment on the proposed specifications on the [NCQA website](#). The Mathematica and NCQA team will review input from public comment and potentially revise the measure specifications to reflect that input.

**Deadline:** Comments are now being accepted, and must be received by 5:00 p.m. ET on Monday, December 17, 2012, to be considered.

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## 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](mailto:EHRMeaningfuluse.TennCare@tn.gov)

For all other questions, send an email to [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov)

The CMS Help Desk can be reached at 1-888-734-6433.