



## Last EHR Newsletter...

...for this year, unless something really, really big happens! We hope the information we have provided through these newsletters have been of value to you. If you would like to see a particular topic covered, please send an email to [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov).

Remember, both EPs and EHRs can still enroll to participate in the TennCare Medicaid EHR Incentive Program with the first year being 2013. New providers will begin with AIU just as you did, and it is possible to have different providers within the same group in different cycles of the Incentive Program in the same year. Contact us at the email address at the end should you have questions. Also, see our web site at [http://www.tn.gov/tenncare/ehr\\_intro.shtml](http://www.tn.gov/tenncare/ehr_intro.shtml)[http://www.tn.gov/tenncare/ehr\\_intro.shtml](http://www.tn.gov/tenncare/ehr_intro.shtml)

## Updates to Stage 1 Meaningful Use

Eligible professionals (EPs) pursue stages of meaningful use in various years, and the stage determines the criteria that must be met. There will be three stages of meaningful use—Stage 1, Stage 2, and Stage 3—as an EP progresses through six years of the program. The Centers for Medicare and Medicaid Services (CMS) has updated the criteria for Stage 1 Meaningful Use (MU) for 2013 and beyond. For EPs pursuing Stage 1 MU for any consecutive 90 days in 2012, these CMS updates will not affect their 2012 attestations (with the exception of an optional change to Core Measure 1: see below). These updates affect EPs pursuing Stage 1 MU for 2013 and beyond. If an EP is pursuing his/her first or second year of Stage 1 MU for 90 or 365 days in 2013, respectively, the following updates apply.

For more information about the meaningful use *reporting* and *attesting* periods, visit [http://www.tn.gov/tenncare/mu\\_epstage1.shtml](http://www.tn.gov/tenncare/mu_epstage1.shtml) and view the appropriate timelines. An EP reporting

MU for 2012 may attest through March 31, 2013, and again pursue MU for 2013, attesting as late as March 31, 2014.

In 2013, there are several minor updates to Stage 1 MU and only one major change, arranged by measure. Each of these updates adds flexibility to the MU program.

### **Minor Updates**

**Core Measure 1:** *More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.*

EPs have the option to use an alternate measure with a denominator of all medication orders created by the EP during the EHR reporting period. This alternate measure became available in September 2012, and there is neither penalty nor preference for the original or alternate measure. See [http://www.tn.gov/tenncare/mu\\_cm1.shtml](http://www.tn.gov/tenncare/mu_cm1.shtml) for more information.

**Core Measure 4:** *More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.*

EPs may select a new exclusion if applicable. The previous exclusion of “any EP who writes fewer than 100 prescriptions during the EHR reporting period” has been joined by “any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his/her reporting period.” See [http://www.tn.gov/tenncare/mu\\_cm4.shtml](http://www.tn.gov/tenncare/mu_cm4.shtml) for more information.

**Core Measure 8:** *For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data/ More than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over) and height and weight (for all ages) recorded as structured data.*

In 2013, EPs have a choice between two measures and two exclusions as the replacement measure and exclusion are phased in for 2014, when they will become mandatory. The replacement measure separates recording blood pressure from height and weight, specifying an age range of 3 and up for blood pressure. The exclusion likewise offers four options separating the reporting of blood pressure from height and weight. This change is complicated, but still minor: it’s capturing these three vital signs separately rather than together, shifting the denominator for blood pressure from age 2 and up to age 3 and up, and the new measure and exclusion set remain optional for 2013. See [http://www.tn.gov/tenncare/mu\\_cm8.shtml](http://www.tn.gov/tenncare/mu_cm8.shtml) for more information.

**Core Measure 10:** *Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS.*

There is no Core Measure 10 beginning in 2013—no separate affirmation of reporting CQMs will be required as part of the core set. This change is minor, however, because reporting CQMs continues to

be a requirement to be a meaningful user: instead of attesting in the core set that an EP reported CQMs later in the attestation, the EP will simply report the CQMs later in the attestation. See [http://www.tn.gov/tenncare/mu\\_cm10.shtml](http://www.tn.gov/tenncare/mu_cm10.shtml) for more information.

**Menu Measure 9:** *Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submissions if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically)*

CMS added the language "except where prohibited" to the objective to clarify that if EPs are "authorized to submit the data, they should do so even if it is not required by either law or practice." This update is not a change but a mere clarification. See [http://www.tn.gov/tenncare/mu\\_mm9.shtml](http://www.tn.gov/tenncare/mu_mm9.shtml) for more information.

**Menu Measure 10:** *Performed at least one test of the certifies EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically)*

CMS added the language "except where prohibited" to the objective clarify that if EPs are "authorized to submit the data, they should do so even if it is not required by either law or practice." This update is not a change but a mere clarification. See [http://www.tn.gov/tenncare/mu\\_mm10.shtml](http://www.tn.gov/tenncare/mu_mm10.shtml) for more information.

### **Major Update**

**Core Measure 14:** *Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.*

This objective and measure will not be required for 2013 and beyond. As CMS notes, "the Stage 2 requirements for actual electronic exchange of summary of care records create sufficient incentive to begin testing in Stage 1 without there being an explicit meaningful use requirement to do so." This objective and measure remain part of the core set for anyone attesting to Stage 1 MU for 2012.

### **Reminders**

If you are an EP who attested to Stage 1 MU for 2012 or are planning to do so, you may begin your full year of Stage 1 MU on January 1, 2013. Review the Top 10 Things to Remember tip sheet, [http://www.tn.gov/tenncare/mu\\_10things.shtml](http://www.tn.gov/tenncare/mu_10things.shtml), to remind yourself of your preparation for your 90-day reporting period as you prepare for a 365-day reporting period. EPs may begin 365 days of MU on January 1, 2013 regardless of their attestation status for their 90 day reporting period in 2012. EPs can attest in non-consecutive years, so EPs who did not achieve 90 days of MU in 2012 may pursue 90 days of MU in 2013.

## News from CMS

---

Following are recent E-Newsletters from CMS containing important information. If you have any questions about these newsletters, contact the CMS Help Desk at 1-888-734-6433.

### December 3, 2012

#### **Verify Your Registration with PECOS, the MAC, and the EHR Registration System**

CMS recommends you take the following steps in order to successfully register for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

- Enroll in the [Provider Enrollment, Chain and Ownership System \(PECOS\)](#).

Your registration status with the EHR Incentive Programs will remain in “issue pending” until you have an active enrollment record in PECOS. You will need the following information to successfully enroll with PECOS:

- An active NPI
- NPPES User ID and password. Internet-based PECOS can be accessed with the same User ID and password that a physician or non-physician practitioner uses for NPPES
- Personal identifying information (legal name, Social-Security Number, and date of birth)
- School information (name of school and graduation year)
- Professional license/certification information
- Practice location information
- Information about any final adverse action(s), if applicable
- Drug Enforcement Agency (DEA) number

If you are already enrolled, confirm your information is correct.

- Ensure your information with your Medicare Administrative Contractors (MAC) is up-to-date and matches your information in the CMS EHR Registration & Attestation System. The MAC processes your claims. Use [this list](#) to find your MAC and confirm your information is correct.
- [Register early for the EHR Incentive Programs](#). This helps to more easily resolve any issues that may affect your incentive payment.

### Participation Resources

CMS developed registration user guides for [Medicare eligible professionals \(EPs\)](#), [Medicaid EPs](#), and [Medicare and Medicaid eligible hospitals](#). You can also read the [CMS Registration, Attestation, and PECOS Checklist](#) for more information.

### 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.

### Learn the Basics of enrolling in Internet-based PECOS

Take a look at [The Basics of Internet-based Provider Enrollment, Chain and Ownership System \(PECOS\) for Physicians and Non-Physician Practitioners](#), a helpful fact sheet series that provides education to physicians and non-physician practitioners on how to use Internet-based PECOS and includes a list of Frequently Asked Questions (FAQs).

## December 11, 2012

### Get Paid for 2012: Stay Informed of Key Program Deadlines

#### December 31 deadline

The reporting year ends on **December 31, 2012** for eligible professionals (EPs) participating in the Medicare and Medicaid EHR Incentive Programs in 2012. For participating EPs, this means they must have completed their 90 or 365-day reporting period (within the calendar year) by the end of 2012 in order to receive an incentive payment.

#### When do I attest?

Medicare EPs must complete attestation for the 2012 program year by **February 28, 2013**, but can attest as soon as their reporting period is complete. CMS encourages EPs to register and attest sooner rather than later to resolve any potential issues that may delay their payment.

*Medicaid EPs should check with their State for their attestation deadline.*

**Special Note to TennCare Medicaid EHR Incentive Program Participants:** The deadline for EPs to submit their Program Year 2012 attestation to TennCare is **March 31, 2013**. This is what is referred to as the “tail period” or “grace period.” Attestations received after March 31, 2013 will not be processed by TennCare.

### Resources from CMS

CMS has several resources located on the EHR Incentive Programs website to help EPs properly meet meaningful use and attest, including:

- A [Registration & Attestation page](#) on the CMS EHR Incentive Programs website that houses information on registration and attestation, and includes links to additional resources.
- The [Meaningful Use Attestation Calculator](#) allows EPs and eligible hospitals to determine if they have met the Stage 1 meaningful use guidelines before they attest in the system. The calculator prints a copy of each EP's or eligible hospital's specific measure summary.
- The [Attestation User Guide for Medicare Eligible Professionals](#) provides step-by-step guidance for EPs participating in the Medicare EHR Incentive Program on navigating the attestation system.
- The Attestation Worksheet for [EPs](#) allows users to enter their meaningful use measure values, creating a quick reference tool to use while attesting.

### 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.

## 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.