

TACHC



The Heartbeat of Texas Community Health Centers

Weekly Wrap-up - October 25, 2013

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*People's Community Clinic
Austin, TX*

Upcoming Events



MARK YOUR CALENDAR

- [TACHC November CPI Webcast “Coding to Ensure Accurate Health Risk Scoring” \(Part 1 of 2\): November 15, 2013](#)
- [TACHC UDS Training: December 9, 2013](#)

Information regarding all upcoming events hosted by TACHC can be found [HERE](#). For questions or assistance, please contact [TaSheena Mitchell, TACHC Meeting Coordinator](#).

Governance and Finance

HHSC Meaningful Use Audit Recoupment Proposed Rule: The Texas Health and Human Services Commission (HHSC) will follow policies and procedures related to the recoupment of Medicaid Electronic Health Record (EHR) Incentive Program funds as detailed in a new proposed rule, Title 1, Texas Administrative Code, Part 15, Chapter 356, §356.202. Attached is the proposed new rule for recoupment of such funds in cases where an eligible professional (EP) or eligible hospital (EH) received incentive payments in excess of what they were entitled to receive under the program. This new rule will be presented at the Medical Care Advisory Committee (MCAC) on November 8, 2013. **Please send written feedback by close of business October 28, 2013 by emailing Sylvia.Kauffman@hhsc.state.tx.us.**





1. Migrant Clinicians Network Training Course: “Managing Ambulatory Health Care” Community



and migrant health centers face tremendous challenges with the increasing need for services, rising costs, declining government resources, and stiff competition for physicians and other clinicians. The challenges of the health care environment have put primary care clinicians and their administrative leaders in critical positions, but licensed clinicians often have less substantial training and experience in management. Clinicians must expand their knowledge of management concepts and understand their leadership role to effectively guide their health center through times of uncertainty and change. Over one thousand clinicians have completed this continually updated program, consistently rating it excellent for its practicality in the clinical setting, sensitivity to the needs of community health center physicians, and timeliness. This course, an exciting collaboration between [Migrant Clinicians Network](#) and the [National Association of Community Health Centers](#), will take place **February 17-20, 2013** at the Hyatt Regency Austin in Austin, TX. Take advantage of this unique opportunity to network and tap the collective experience of clinicians from across the country dealing with exactly the same challenges as you. Click [HERE](#) for more information and to register for this event.

2. TMF Diabetes Empowerment Education Program (DEEP) Train-the-trainer Session: This training



is offered by TMF Health Quality Institute and will take place on **October 28-30, 2013 8:30am-5:00pm** at the Onion Creek Senior Citizens Center located at 420 Barton's Crossing, Buda, Texas 78610. This training is intended for anyone who can commit to leading DEEP classes. **There is no charge to attend;** however, participants will be asked to conduct at least one to two DEEP classes in their community. Only those who can fulfill this commitment should attend. Participants will receive certification upon completion of all three sessions. Participants must commit to attend all 3 days of the training. If you are not interested in this training or have already been trained on DEEP but know someone interested in being trained and certified to teach using the DEEP curriculum, please forward this information to them. This may be the last training for the year in the Austin/San Antonio area and only 20 seats are available. For more information contact [Ardis Reed](#) or [Heidi Turpin](#) at TMF (1-800-725-2633).



Texas Women’s Health Program Outreach Materials: The Texas Women’s Health Program has



expanded the outreach materials it offers to help non-profit organizations and service providers share information about the program in their communities. Along with brochures, there are now posters and general information cards organizations can order free of charge on the HHSC website. To order materials, visit www.hhsc.state.tx.us/WomensHealth/brochure-request.asp.

Recruitment and Retention



1. TACHC Congratulations to Vida Y Salud Health Systems for New Hire! Dr. Kali Willis, a TACHC referral, has accepted an offer from Vida Y Salud Health Systems for their Dental position. Does your center have openings for clinical providers or executive management that you would like us to help you recruit for? Click [HERE](#) and complete the quick and easy online position profile. Contact [April Sartor, TACHC Recruitment Dept. Program Assistant](#) if you have questions or need assistance.



2. TACHC Upcoming Staff Recruitment Activities: With great enthusiasm, TACHC staff continue in our mission to support member organizations in fulfilling their clinical and administrative staff workforce needs. As such, we will be exhibiting at the **Texas Academy of Family Physicians Primary Care Summit November 8-10 in Dallas** and **speaking with residents at the University of Texas Medical Branch in Galveston November 14th**. If your center has a new opportunity that you would like us to help you recruit for at one of these events, simply click [HERE](#) and complete the easy online position profile. Have questions or need assistance? Contact [April Sartor, Recruitment Dept. Program Assistant](#) at TACHC.



Information Technology



1. CMS Stage 1 Meaningful Use Calculator Includes Updated Measure Requirements: The [Stage 1 Meaningful Use Attestation Calculator](#) can help you prepare to enter your meaningful use information into the CMS attestation system. Enter your meaningful use data into the calculator to learn if you have met all of the objectives and the associated measures prior to completing attestation for Stage 1 of the EHR Incentive Programs. The updated calculator reflects the latest requirements for participation in Stage 1 of meaningful use. Changes include:



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- Removal of core measures no longer required for Stage 1
- Updates to measure requirements in accordance with the Stage 2 rule

You can find the Stage 1 Meaningful Use Attestation Calculator and more information about the attestation process on the [Registration & Attestation page of the EHR Incentive Programs website](#). In order to better understand the meaningful use criteria, you can also review the Stage 1 Meaningful Use Specification Sheets for [eligible professionals](#) or for [eligible hospitals and CAHs](#). These specification sheets contain detailed information on each core and menu meaningful use measure. See attached for Stage 2 FAQs. For more information about the EHR Incentive Programs, visit the CMS EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

2. Medicare PV-PQRS Program: Some members have elected to participate in the Medicare PV-PQRS Program in order to avoid the 2015 Medicare adjustment. **Reminder: as long as you are participating in the Medicaid Meaningful Use (MU) Incentive Program you do not need to register and/or attest in the PV-PQRS Program.** Only providers who are applying for Medicare MU need to register in PQRS. Also, any member participating in either TACHC Medicare ACO does not need to register in the PQRS system. The



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ACO reports those measures at the group level and submission is handled by our ACO partner CHS. Questions? Contact [Todd Radloff, Director of Information Technology](#) at TACHC.

Other News

TACHC Member News: To learn what your fellow health centers are involved in or read news that may affect your health center, click [HERE](#) for news coverage. We also encourage you to post your news, questions and comments to each other on the TACHC members listserv (members@tachc.org), where only TACHC executives or their designees are recipients.



If you would like to be removed from this mailing, please send a message to ccarson@tachc.org, and we will remove your name from our list as soon as possible.

TITLE 1 ADMINISTRATION
PART 15 TEXAS HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 356 MEDICAID AND CHIP ELECTRONIC HEALTH INFORMATION
SUBCHAPTER B MEDICAID ELECTRONIC HEALTH RECORD INCENTIVE PAYMENT
PROGRAM
RULE §356.202 Audit Review and Recoupment

§356.202. Audit Review and Recoupment

(a) Introduction. This section describes the policies HHSC will follow related to the review of audit findings, and recoupment of overpayments in the Texas Medicaid Electronic Health Record (EHR) Incentive Program.

(b) Review of audit findings. A review of audit findings is limited to the reviews provided for in 1 TAC §354.1450 (relating to Audits of Medicaid Providers).

(c) Recoupment. HHSC may recoup an EHR incentive payment if that payment was identified in an audit and resulted in money paid in excess of what an eligible professional (EP) or eligible hospital (EH) is entitled to receive under the Texas Medicaid EHR Incentive Program.

Stage 2 Webinar Questions from September 11, 2013

- 1) For Stage 1 2014 did the number of Core Objectives change?

Response: When Stage 1 started there were 15 core objectives. With the Stage 2 Rule the electronic exchange and CQM reporting objectives were removed from the functional objectives, resulting in 13 measures for Stage 1 in 2013. CQM reporting is still required just is not counting as an EHR functional measure.

- 2) Attestation period is now only 90 days? We are currently in year two of stage one and I had the impression that we had to attest for an entire year?

Response: Please review the Stage 2 Timeline posted at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html . Also use the helpful tool, *My EHR Participation Timeline*, posted at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html>. It will also provide information on the length of time you are required to demonstrate meaningful use at each stage and the maximum incentive payment for each year you participate.

- 3) We are in the 3rd year of MU and still on stage 1? What is the dead line for reporting for this year for Medicaid?

Response: A Medicaid EP who is in their 3rd year of Stage 1 MU (meaning they received their first payment in 2011), would need to have their MU reporting completed by 12/31/13, since the program year schedule is based on calendar year for EPs (Jan-Dec). Additionally, each state will have a “tail period” in which a provider can submit their attestation for the previous year. For instance, the State of Utah has a 60 day trial period for EPs, which means that the state of Utah will accept 2013 MU attestations through the end of February 2014 (60 days past the end of the calendar year). We encourage the provider to reach out to their respective state HIT Coordinator who can inform them about the specifics of the “tail periods” in their state. Review the Stage 2 Timeline: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html . Also use the helpful tool, *My EHR Participation Timeline*, posted at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html> .

- 4) In order to qualify for the first year Medicaid incentive, does a provider just have to show that an EHR has been adopted and is being used or do they have to meet the 30% requirement also?

Response: A provider must be an eligible professional and adopt, implement, or upgrade an EHR to receive their first year Medicaid incentive payment. So, that means the provider must meet the requirements below (including >30% patient volume) as well as adopt an EHR their first year.

- 5) I attested to Stage I meaningful use in 2012 and got the first incentive payment, do I have to attest to Stage I again this year in order to get the second incentive payment of \$ 11,760 and when is the deadline to attest this year

Response: Yes, you must attest each year to be eligible for the EHR incentive payment and avoid payment adjustments in 2015. The maximum payment for your second year of participation is \$12,000, minus the 2% reduction while sequestration is in effect or \$11,760. The reporting year for EPs is January 1, 2013 to December 31, 2013; the deadline to attest for 2013 is February 28, 2014.

- 6) Is there going to be exclusion for service areas that are rural and patients do not have electronic access and most have not ever used a computer?

Response: Stage 1 meaningful use Core Measure 12, Electronic Copy of Health Information: Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and medication allergies) upon request. Measure: More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.

Exclusion: Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_Stage_1_Specification_Sheets_2013_08_20.zip

Stage 2 Meaningful Use Core Measure 7, Patient Electronic Access:

Objective: Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.

Measure 1:

More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.

Measure 2:

More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

Exclusion: Any EP who:

(1) Neither orders nor creates any of the information listed for inclusion as part of both measures, except for "Patient name" and "Provider's name and office contact information", may exclude both measures.

(2) Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the second measure. http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_7_PatientElectronicAccess.pdf

Also see additional information in question 10.

7) Do the imaging films (digitals) have to be in the patient's chart?

Response: Two approaches are acceptable, 1) incorporation of the image and accompanying information into CEHRT or 2) an indication in CEHRT that the image and accompanying information are available for a given patient in another technology and a link to that image and accompanying information.

8) Is this access to their actual labs/plain films or is this a patient portal for communication?

Response: I think you are referring to core measure 7 which provides patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP. A patient portal is one way for patients to access their information.

9) If I file PQRS, does it count for CQM's?

Response: Yes, you may report clinical quality measures (CQMs) under the PQRS EHR reporting option using certified EHR technology. Beginning in 2014, the reporting of CQMs will change for all providers. EHR technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and eligible professionals, eligible hospitals, and critical access hospitals (CAHs) will report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid Electronic Health Record Incentive Programs. For more information please review: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/ClinicalQualityMeasuresTipsheet.pdf>

10) Has CMS considered exclusions for FQHC's patient population that cannot afford internet access or computers?

Response: This question references Stage 2 Core Measure 17 - A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period. Commenters on the proposed rule noted that the potential barriers of limited internet access, computer access, and electronic messaging platforms for certain populations (for example, rural, elderly, lower

income, visually impaired, non-English-speaking, etc.) might make the measure impossible to meet for some providers. However, CMS believes that the requirement is low enough that all providers should be able to meet it. To review the entire discussion set forth in the Stage 2 Final Rule, click on the following link: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf> to view the Federal Register / Vol. 77, No. 171 / Tuesday, September 4, 2012 / Rules and Regulations Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2, Page 54032

11) ICD10 is there a buffer transition period for ICD 10 where you can submit both until a provider ensures ICD10 are being accepted and paid.

Response: Your question is answered in the document titled FAQs: ICD-10 Transition Basics posted at: <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10FAQs2013.pdf> . Please review questions 7 and 8 which address your concerns.

12) We are on stage 1 third year. When do we report for this year?

Response: To determine which year you will demonstrate Stage 1, Stage 2, and Stage 3 of meaningful use, please use the helpful tool, *My EHR Participation Timeline*, posted at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html>

It will also provide the length of time you are required to demonstrate meaningful use at each stage, and the maximum incentive payment for each year you participate.