

Provider Newsblast

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Physicians: enrollment deadline for PIPP — updated

Physicians, Nurse Midwives, Nurse Practitioners, & Physician Assistants



Program Year 2016 Provider Incentive Payment Program (PIPP) attestations are due March 31, 2017, at 11:59 PM CT. This means that if you have never registered before to participate, you must

register at CMS, and then get that first attestation to TennCare by March 31, 2017.

Need more information about PIPP, please go to the TennCare EHR Incentive web site: <http://www.tn.gov/tenncare/section/electronic-health-record>. You can email TennCare at TennCare.EHRIncentive@tn.gov for assistance. Got a question about Meaningful Use? Send an email to EHRMeaningfuluse.TennCare@tn.gov.

Note: Physician Assistants: In order to participate, you must be working in a PA-led FQHC or an RHC so led by a PA to receive the EHR Provider Incentive Payment. See our web site for more information.

TNPEC-1630-16

Physicians: update to MU requirements for PIPP

Physicians, Nurse Midwives, Nurse Practitioners, & Physician Assistants

The records of the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) indicate that a number of providers have begun the attestation process, but have not gone beyond one or two EHR incentive payments. Does that describe you? We know some providers may have stopped attesting because they did not meet the 30% patient volume (PV) requirement. Have you checked your mix of patients lately? You may not realize that your patient load has changed and you again meet the PV requirement.

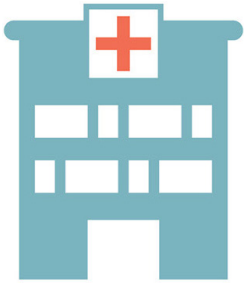
Some providers stopped attesting because they felt meeting Meaningful Use (MU) was too complex or difficult. Did you know CMS heard you? MU requirements have changed – some have been eliminated; the targets for some measures have been lowered or otherwise changed. Whatever the reason which caused you to stop attesting, we would like to hear from and try to help you get back on track. Send an email to TennCare.EHRIncentive@tn.gov, let us know what's going on and we'll do our best to help you complete the EHR Incentive Program.



TNPEC-1632-16

Hospitals: enrollment deadline for PIPP — updated

Acute Care Hospitals, Critical Access Hospitals, & Children's Hospitals



Program Year 2016 Provider Incentive Payment Program (PIPP) attestations are due March 31, 2017, at 11:59 PM CT. This means that if you have never registered before to participate, or haven't submitted your first EHR

attestation, you must register at CMS, and then get that first attestation to TennCare by March 31, 2017.

Need more information about PIPP, please go to the TennCare EHR Incentive web site:

<http://www.tn.gov/tenncare/section/electronic-health-record>. You can email TennCare at TennCare.EHRIncentive@tn.gov for assistance. Got a question about Meaningful Use? Send an email to EHRMeaningfuluse.TennCare@tn.gov.

TNPEC-1631-16

Hospitals: update to MU requirements for PIPP

Acute Care Hospitals, Critical Access Hospitals, & Children's Hospitals

The records of the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) indicate that a number of providers have begun the attestation process, but have not gone beyond one or two EHR incentive payments. Does that describe you? We know some providers may have stopped attesting because they did not meet the 10% patient volume (PV) requirement (Children's hospital do not have a minimum patient volume requirement). Have you checked your mix of patients lately? You may not realize that your patient load has changed and you again meet the PV requirement.

Some providers stopped attesting because they felt meeting Meaningful Use (MU) was too complex or difficult. Did you know CMS heard you? MU requirements have changed – some have been eliminated; the targets for some measures have been lowered or otherwise changed. Whatever the reason which caused you to stop attesting, we would like to hear from and try to help you get back on track. Send an email to TennCare.EHRIncentive@tn.gov, let us know what's going on and we'll do our best to help you complete the EHR Incentive Program.



TNPEC-1633-16

Hospital observation service limits

Observation services with less than eight hours will be considered a bundled service. Observation services billed over 72 hours will be considered as exceeding limits. This pertains to both contracted and noncontracted providers.

An Amerigroup Amerivantage (Medicare Advantage) member's time in observation (and hospital billing) begins with the member's admission to an observation bed. Time in observation (and hospital billing) ends when all clinical or medical interventions have been completed, including follow-up care furnished by hospital staff and physicians that may take place after a physician has ordered the patient be released or admitted as an inpatient. The billed units of service should equal the number of hours the patient receives observation services.

Hospitals should use HCPCS codes G0378 and G0379 to report observation services and direct admission for observation care. Hospitals are reminded not to report CPT codes 99217-99226 for observation services.

Additional information and discussion regarding hospital observation services can be found in the *Medicare Claims Processing Manual*, Chapter 4 — Part B Hospital, 290.2.2.

SSO-NL-0008-16

