

**Wisconsin Medicaid
Electronic Health Record
Incentive Program
for Eligible Hospitals**

June 15, 2015

User Guide

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1 Introduction

This user guide provides step-by-step directions for applying for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. The following are available resources for more information.

Available Resources	Web Address
Provider Services	800-947-9627
<i>ForwardHealth Updates</i>	https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Updates/index.htm.spage
Wisconsin Medicaid EHR Incentive Program	https://www.dhs.wisconsin.gov/ehrincentive/index.htm
Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program	https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/

2 Before You Begin

Note: The following prerequisites must be completed prior to applying for Wisconsin Medicaid EHR Incentive Program incentive payments.

2.1 Register with Centers for Medicare and Medicaid Services

All Eligible Hospitals are required to first register at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) website at <https://ehrincentives.cms.gov/hitech/login.action>.

Eligible Hospitals may register as one of the following:

- Medicaid only.
- Medicare only.
- Medicare and Medicaid (except children's hospitals).

Eligible Hospitals that plan to participate in both the Medicare and Medicaid EHR Incentive Programs should register with the R&A for both programs.

After an Eligible Hospital successfully registers with the R&A, CMS will process the registration and send the file to the Wisconsin Medicaid EHR Incentive Program. After receipt of the file, the Wisconsin Medicaid EHR Incentive Program will enter all relevant information into the Wisconsin Medicaid system. To allow for this process, Eligible Hospitals must wait *two full business days* before applying for the Wisconsin Medicaid EHR Incentive Program.

2.2 Gather Required Data

Eligible Hospitals should have the following information available when beginning the Wisconsin Medicaid EHR Incentive Program Application:

- Information submitted to the R&A. Eligible Hospitals will need to confirm all of this information during the initial application phases.
- Contact name, telephone number, and email address of the preparer of the Eligible Hospital's application.
- Whether or not the Eligible Hospital applying to the Wisconsin Medicaid EHR Incentive Program has any sanctions or pending sanctions with the Medicare or Medicaid programs and is licensed to practice in all states in which services are rendered.
- The CMS EHR Certification Identification for the certified EHR technology that has been or is contractually obligated to be acquired. For more information on approved EHR technology, Eligible Hospitals should refer to the Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List (CHPL) website at <http://onc-chpl.force.com/ehrcert>.

- The start date of the hospital's federal fiscal year (FFY) quarter the Eligible Hospital intends to use as the start date for the patient volume period. This information is distributed by the Wisconsin Medicaid Agency to the Hospital via email.
- Total eligible member discharges (for in-state eligible member patient encounters, as well as total out-of-state Medicaid [Title XIX] discharges).
- Hospital Payment Calculation Data:
 - Total discharges for four fiscal years.
 - Total inpatient Medicaid bed days (distributed by the Wisconsin Medicaid Agency), total inpatient bed days, total charges for all discharges and total charges for charity care.

2.3 Select the ForwardHealth Account to Complete the Application

Eligible Hospitals may access the Wisconsin Medicaid EHR Incentive Program application via the ForwardHealth secure Provider Portal at www.forwardhealth.wi.gov/.

Once a user has started the Wisconsin Medicaid EHR Incentive Program application with one Provider Portal account, the user cannot switch to another Provider Portal account during that Program Year. The user can save the information entered and return later to complete the application; however, only the same Provider Portal account that started the application will be permitted access to it.

2.4 Assign the Wisconsin Medicaid Electronic Health Record Incentive Program Role

Before beginning the Wisconsin Medicaid EHR Incentive Program Application, the EHR Incentive clerk role must be assigned to the clerk completing the application.

For more information on obtaining a Provider Portal account or assigning a clerk role, refer to the ForwardHealth Provider Portal Account User Guide on the [Portal User Guides page](#) of the Provider Portal.

3 Using the Wisconsin Medicaid Electronic Health Record Incentive Program Application

The Wisconsin Medicaid EHR Incentive Program Application uses a tab arrangement to guide users through the application process. Users must complete the tabs in the order presented, but can return to previous tabs to review the information or make modifications until the application is submitted. Users cannot proceed without completing the next tab in the application progression, except when navigating to the Get Started and Review tabs, which can be accessed at any time.

Once the application is submitted, the data can no longer be modified and can only be viewed using the Review tab. In addition, the tab arrangement will change after submission to allow users to view status information.

When proceeding through the application process, the user's identifying information (i.e., name, National Provider Identifier [NPI], Tax Identification Number [TIN]) will be displayed at the top of most pages. This is information provided by the R&A.

Other functions available in the application include the following:

- A *Print* link displays in the upper right corner of most pages and allows users to print the information entered. The Internet browser's print function can also be used to print page shots within the application at any point.
- A *Contact Us* link displays in the upper right corner of most pages and contains Wisconsin Medicaid EHR Incentive Program contact information.
- An *Exit* link that allows the user to close the Wisconsin Medicaid EHR Incentive Program Application window. If a user attempts to close the application without saving any modifications, a confirmation message will be displayed.
- A *Save & Continue* button, which must be used before exiting or data entered on the page will be lost.
- A *Previous* button, which displays the previous window without saving any changes to the application.
- A *Reset* button, which will restore all unsaved data entry fields to their original values.
- A red asterisk (*), which indicates a required field.
- Help icons, which are located next to certain fields and display help content specific to the associated field when the cursor is hovered over the icon.

If any data is incorrectly entered or is incomplete, a validation message may be displayed above the navigation button. The error must be addressed in order for the application to be saved.

4 Application Process

4.1 Getting Started

To begin the Wisconsin Medicaid EHR Incentive Program application process, complete the following steps:

1. Access the Portal at www.forwardhealth.wi.gov/.

Figure 1 ForwardHealth Home Page

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

Figure 2 ForwardHealth Portal Login

Note: The login box can also be accessed by clicking the Providers icon on the home page of the Portal.

3. Enter your username.
4. Enter your password.
5. Click **Go!** The secure Provider page will be displayed.

The screenshot displays the ForwardHealth Provider portal. At the top, there is a navigation bar with links for 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header features the 'ForwardHealth' logo and the 'interChange Provider' title. A welcome message indicates the user is logged in as a Provider on February 11, 2014, at 2:17 PM, with a 'Logout' link. Below the header is a menu with various service categories, including 'Providers', 'Enrollment', 'Claims', and 'Remittance Advices'. A user status bar shows the user is logged in with NPI: 1111111111, Zip Code: 53715 - 1000, and Financial Payer: Medicaid. The main content area includes a 'What's New?' section with a magnifying glass icon and a list of updates. Below this are sections for 'Messages' and 'Claims', both showing '*** No rows found ***'. On the right side, there are two boxes: 'Home Page' with links like 'Update User Account' and 'Check My Revalidation Date', and 'Quick Links' with links like 'Register for E-mail Subscription' and 'Wisconsin Medicaid EHR Incentive Program'. A red arrow points to the 'Wisconsin Medicaid EHR Incentive Program' link in the Quick Links box, which is highlighted with a red rectangle.

Figure 3 Secure Provider Page

6. Click **Wisconsin Medicaid EHR Incentive Program** located in the Quick Links box on the right side of the page. The Wisconsin Medicaid EHR Incentive Program page will be displayed.

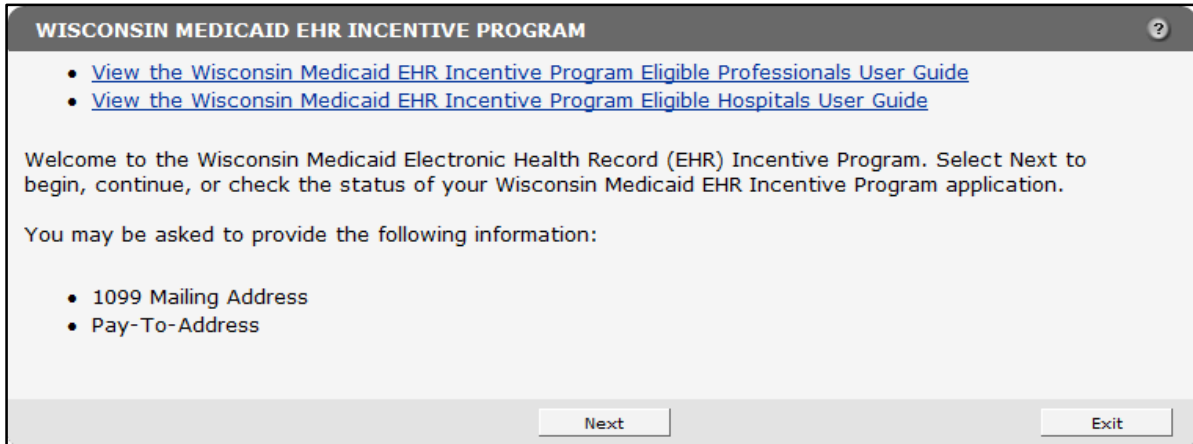


Figure 4 Wisconsin Medicaid EHR Incentive Program Page

7. Click **Next**. The Select EHR Incentive Application page will be displayed.

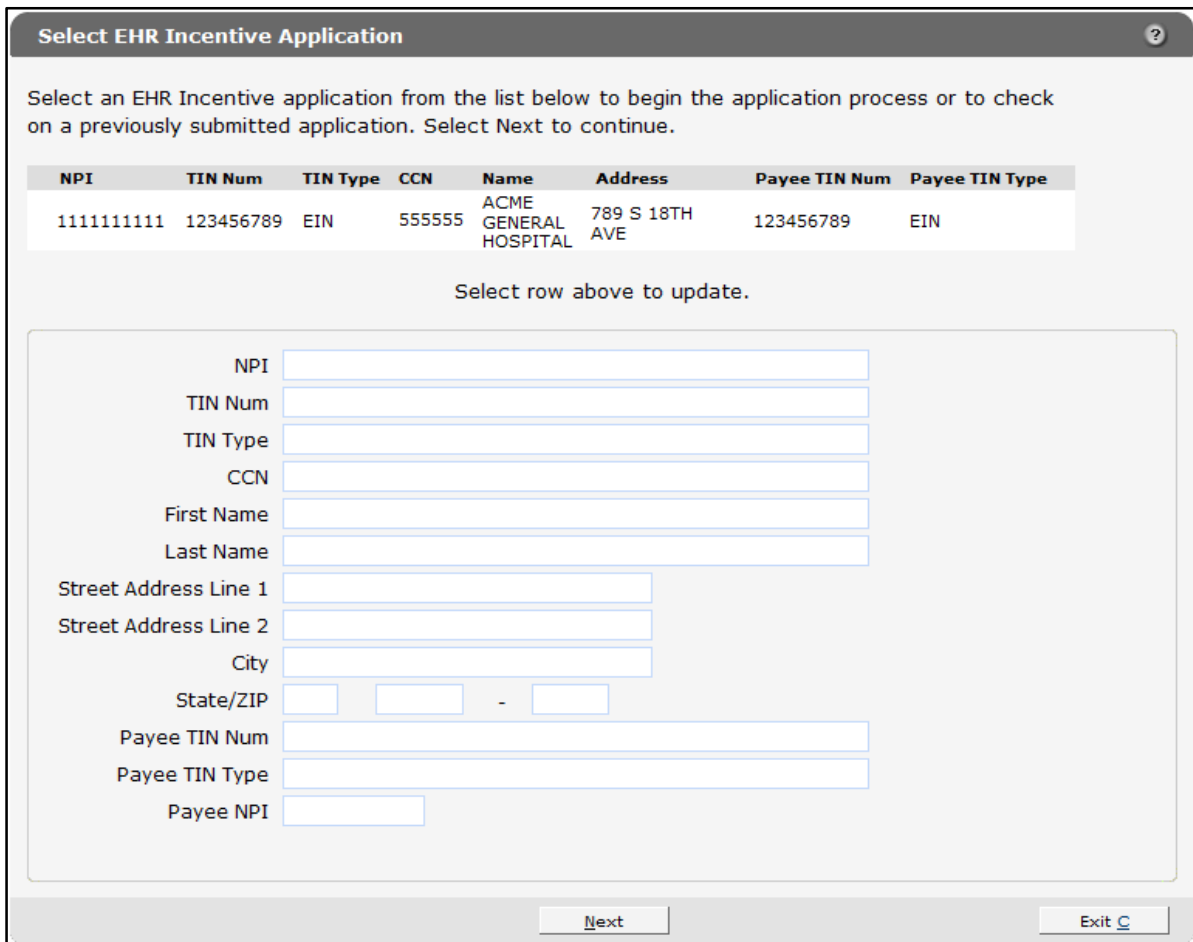


Figure 5 Select EHR Incentive Application Page

The Select EHR Incentive Application page will display a list of the applications that are registered at the R&A.

- Select one Wisconsin Medicaid EHR Incentive Program application from the row(s) at the top of the page to begin the application process. The selected information will populate the fields on the page.

Select EHR Incentive Application
?

Select an EHR Incentive application from the list below to begin the application process or to check on a previously submitted application. Select Next to continue.

NPI	TIN Num	TIN Type	CCN	Name	Address	Payee TIN Num	Payee TIN Type
1111111111	123456789	EIN	555555	ACME GENERAL HOSPITAL	789 S 18TH AVE	123456789	EIN

Type data below for new record.

NPI

TIN Num

TIN Type

CCN

First Name

Last Name

Street Address Line 1

Street Address Line 2

City

State/ZIP -

Payee TIN Num

Payee TIN Type

Payee NPI

Figure 6 Select EHR Incentive Application Page with Populated Application Information

- Click **Next**.

For Payment Year 1, the Select Wisconsin Medicaid EHR Incentive Program Payee page will be displayed.

Select Wisconsin Medicaid EHR Incentive Program Payee
?

Select a Payee from the list below. Wisconsin Medicaid EHR Incentive Program payments will be made to this payee.

NPI	Prov Name	Pay to Address	Prov Type	Prov Spec
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	17-Therapy Group	900-Group
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	33-Physician Group	900-Group
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	01-Hospital	010-Inpatient/Outpat
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	17-Therapy Group	900-Group

Select row above to update.

NPI

Name

Street Address Line 1

Street Address Line 2

City

State/ZIP -

Provider Type

Provider Specialty

Figure 7 Select Wisconsin Medicaid EHR Incentive Program Payee Page

Select the payee that you designated at the R&A from the provided row(s). The selected information will populate the fields on the page.

Select Wisconsin Medicaid EHR Incentive Program Payee

Select a Payee from the list below. Wisconsin Medicaid EHR Incentive Program payments will be made to this payee.

NPI	Prov Name	Pay to Address	Prov Type	Prov Spec
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	17-Therapy Group	900-Group
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	33-Physician Group	900-Group
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	01-Hospital	010-Inpatient/Outpat
1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE	17-Therapy Group	900-Group

Type data below for new record.

NPI: 1111111111
 Name: ACME GENERAL HOSPITAL
 Street Address Line 1: 789 S 18TH AVE
 Street Address Line 2:
 City: STURGEON BAY
 State/ZIP: WI 54235 -
 Provider Type: 01-Hospital
 Provider Specialty: 010-Inpatient/C

Figure 8 Select Wisconsin Medicaid EHR Incentive Program Payee Page with Populated Payee Information

For Payment Year 2 and later, the Confirm Payee page will be displayed.

Confirm Payee

Required fields are indicated with an asterisk (*).

- Please confirm the payee information file for the Wisconsin Medicaid EHR Incentive Program.

TIN: 1111111111
 Name: ACME GENERAL HOSPITAL
 Address 1: 789 S 18TH AVE
 Address 2:
 City: STURGEON BAY
 Zip Code: 54235
 Telephone Number: Ext.
 Is this information correct? Yes No

Figure 9 Confirm Payee Page

If the information is correct, select **Yes**. If it is not correct, select **No** and click **Next**. The Select Wisconsin Medicaid EHR Incentive Program Payee Page (above) will be displayed and you can select the correct payee.

10. Click **Next**. The Complete Registration page will be displayed.

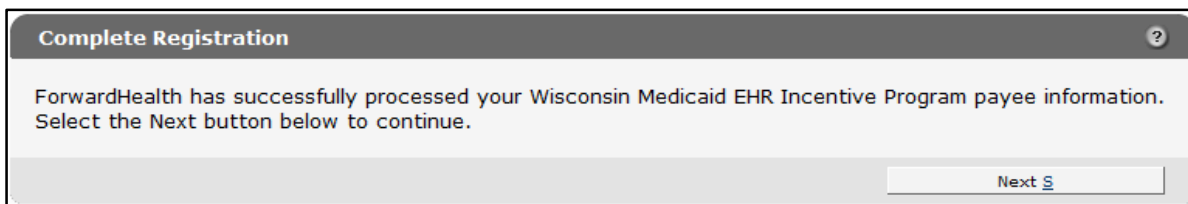


Figure 10 Complete Registration Page

11. Click **Next**. The Wisconsin Medicaid EHR Incentive Program Participation Dashboard page will open in a new browser window.

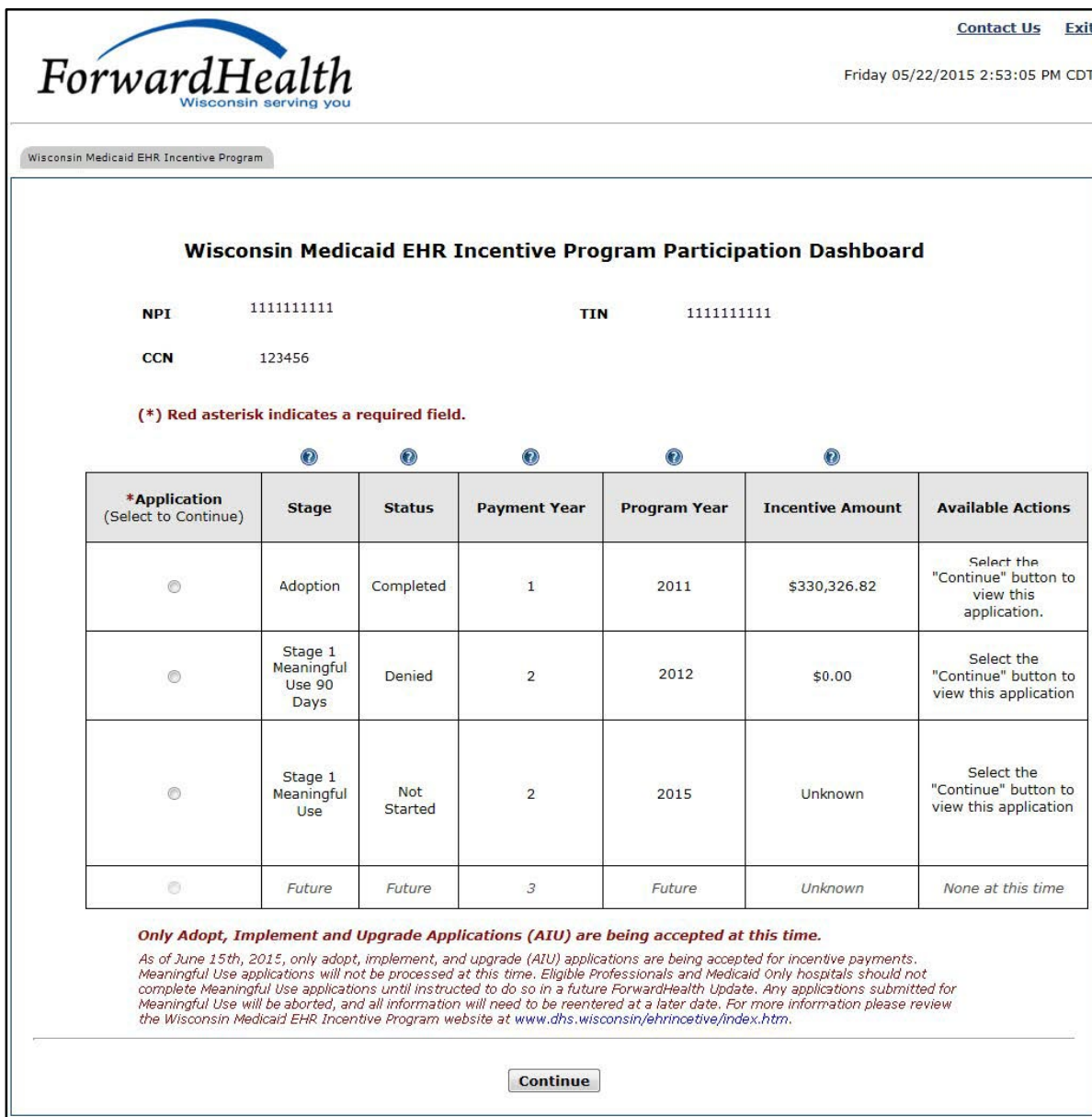


Figure 11 Wisconsin Medicaid EHR Incentive Program Participation Dashboard Page

Note: Beginning June 15, 2015, Eligible Hospitals (Medicaid-only hospitals) participating in their first payment year will be able to apply for incentive payments for adopting, implementing, and upgrading Certified Electronic Health Record Technology (CEHRT) for Program Year 2015. The Wisconsin Medicaid EHR Incentive Program will accept applications for Meaningful Use incentive payments for Program Year 2015 at a later date. Eligible Hospitals should not complete applications for Meaningful Use until instructed to do so by the Wisconsin Medicaid EHR Incentive Program. Any applications that have been submitted for Meaningful Use incentive payments for Program Year 2015 will be aborted, and all information will be lost and need to be re-entered. For further information, Eligible Hospitals should refer to the Department of Health Services (DHS) website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

The dashboard consists of seven columns that show the Eligible Hospital's activity and status in the Wisconsin Medicaid EHR Incentive Program.

- The *Application* column displays the active button used to begin the current application or review previous Program Year applications. Grayed-out buttons show future applications.
- The *Stage* column displays the Stage and Attestation Phase attained by current and previous applications.
- The *Status* column displays the current status of the application.
- The *Payment Year* column displays the year the payment is made for the application.
- The *Program Year* column displays the year the application was begun.
- The *Incentive Amount* column displays the amount of the incentive paid to the Eligible Hospital.
- The *Available Actions* column displays the actions that are allowed for the application.

Note: If an application has been started but not yet submitted, the Status column will indicate the application is Incomplete. If an application has a status of Incomplete, Eligible Hospitals have the option to Abort the application, which removes any information that has been entered.

If the user clicks Abort, a confirmation page will be displayed asking the user to confirm the abort. If the user clicks Confirm, the Dashboard page will again be displayed and the application will show as Not Started. The user can then click Continue to restart the application if desired.

Wisconsin Medicaid EHR Incentive Program Participation Dashboard						
NPI	1111111111		TIN	123456789		
(*) Red asterisk indicates a required field.						
*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Upgrade	Denied	1	2011	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 1 Meaningful Use	Completed	1	2013	\$2,009,278.75	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 1 Meaningful Use	Incomplete	2	2014	Unknown	Select the "Continue" button to process this application or click Abort to eliminate all progress.
<input type="radio"/>	Future	Future	3	Future	Unknown	None at this time

Figure 12 Dashboard Page Abort Button

- Click the appropriate radio button in the Application column to select an application.
- Click **Continue**. If the Status column indicates the application is Not Started the CEHRT — ONC Validation page will be displayed.

Note: If you have an Incomplete application, the Wisconsin Medicaid EHR Incentive Program page will be displayed. Skip Steps 14-15 below and proceed to [step 16](#).

ForwardHealth
Wisconsin serving you

Contact Us Exit

Friday 03/27/2015 12:08:14 PM CDT

Payment Year 2 Program Year 2015

Wisconsin Medicaid EHR Incentive Program

Name: ACME GENERAL HOSPITAL

Applicant NPI: 111111111

Status: **Not Started**

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

(No dashes or spaces should be entered.)

Exit Reset Next

Figure 13 CEHRT — ONC Validation Page

The Wisconsin Medicaid EHR Incentive Program requires the use of technology certified for this program. A valid CMS EHR Certification ID obtained from the ONC CHPL website at <http://onc-chpl.force.com/ehrcert> must be entered on this page.

14. Enter the 15-character CMS EHR Certification ID. Do not use any dashes or spaces.

15. Click **Next**.

The Wisconsin Medicaid EHR Incentive Program will validate the number entered. If you entered an invalid CMS EHR Certification ID, go to the ONC CHPL website to find the valid ID for your EHR product. If you entered a valid CMS EHR Certification ID, a CEHRT — ONC Validation Review page will be displayed.

Figure 14 CEHRT — ONC Validation Review Page

16. Click **Next**. The Wisconsin Medicaid EHR Incentive Program page will be displayed.

Figure 15 Wisconsin Medicaid EHR Incentive Program Page

The Wisconsin Medicaid EHR Incentive Program page contains basic information about your application including the following:

- Payment Year.
- Program Year.
- Hospital name.
- Applicant NPI.
- Status. For more information on statuses, refer to [Section 7.2 Application Status](#).

The Wisconsin Medicaid EHR Incentive Program page also displays important information regarding who can complete the Wisconsin Medicaid EHR Incentive Payment application:

- The application must be completed by an authorized preparer.
- Once the application has been started, it must be completed by the same Provider Portal account.

To apply for access to the Wisconsin Medicaid EHR Incentive Program under a different Provider Portal account, users must click Exit, log out of the Portal, and log back in with the Provider Portal account they wish to use to begin and complete the application.

17. Click **Get Started** to save and continue with the current application, locking all of the options selected up to this point. A Confirmation page will be displayed.

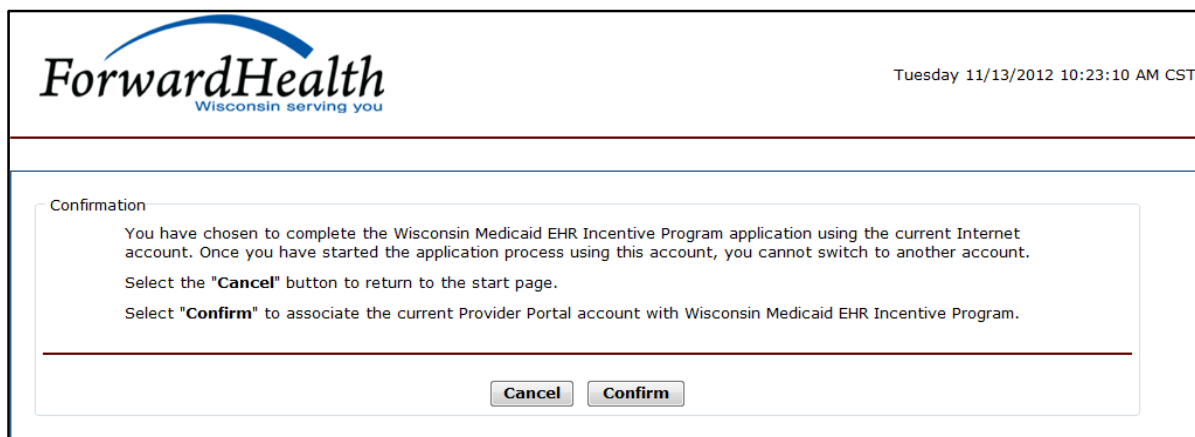



Figure 16 Confirmation Page

- Clicking **Confirm** will associate the current Provider Portal account with the Wisconsin Medicaid EHR Incentive Program application for the Eligible Hospital previously selected.
- Clicking **Cancel** will return the user to the previous page.

18. Click **Confirm**. The Get Started page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Thursday 04/16/2015 1:23:22 PM CDT

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2015

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Name: ACME GENERAL HOSPITAL

Applicant NPI: 555555

Status: Incomplete Continue

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

IMPORTANT: If you need to update or change your CMS EHR Certification ID, exit this application and start over. At the dashboard/starting page 'Abort' the application and begin a new application with the appropriate CMS EHR Certification ID. Please remember no information on this application will be saved.

In order to participate in the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program all Eligible Hospitals and Eligible Professionals must complete the following application sections:

- CMS Registration and Attestation & Contact Info Section
- Eligibility Section
- Patient Volume Section
- Attestation
- Review
- Submit

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application. For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

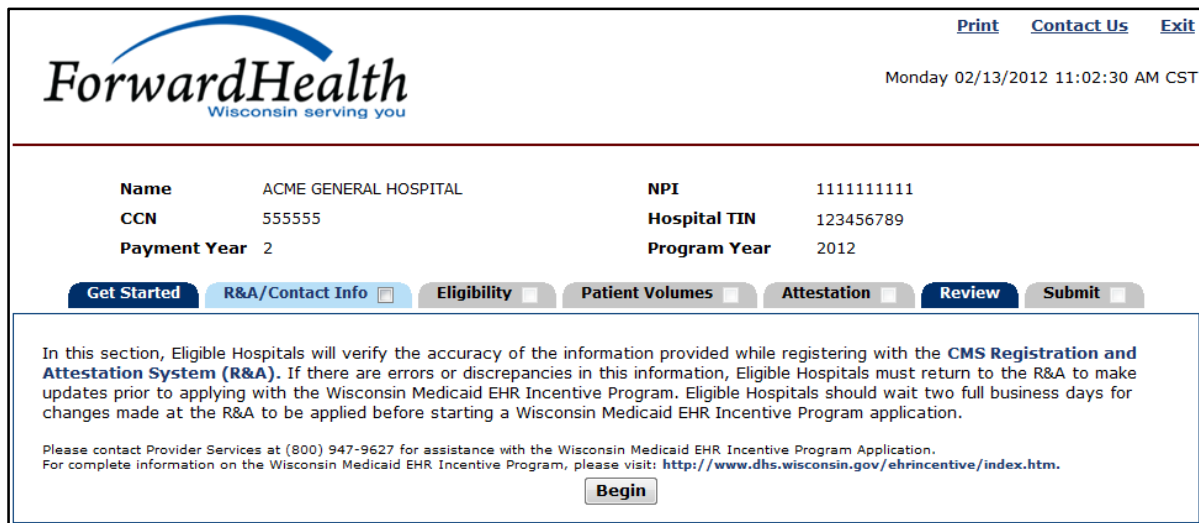
Available Resources
 Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Incentive Program before beginning the application:

- Eligible Hospital User Guide
- EHR Incentive Program Section in the Online Handbook.

Figure 17 Get Started Page

19. Click **Continue**. The initial R&A/Contact Info page will be displayed.

4.2 Registration and Attestation/Contact Information



The screenshot shows the ForwardHealth registration interface. At the top left is the ForwardHealth logo with the tagline "Wisconsin serving you". At the top right are links for "Print", "Contact Us", and "Exit", along with the date and time: "Monday 02/13/2012 11:02:30 AM CST". Below the header is a table of hospital information:

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Below the table is a navigation bar with several tabs: "Get Started", "R&A/Contact Info" (which is active and highlighted in blue), "Eligibility", "Patient Volumes", "Attestation", "Review", and "Submit".

The main content area contains the following text:


In this section, Eligible Hospitals will verify the accuracy of the information provided while registering with the **CMS Registration and Attestation System (R&A)**. If there are errors or discrepancies in this information, Eligible Hospitals must return to the R&A to make updates prior to applying with the Wisconsin Medicaid EHR Incentive Program. Eligible Hospitals should wait two full business days for changes made at the R&A to be applied before starting a Wisconsin Medicaid EHR Incentive Program application.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application. For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

At the bottom of the content area is a "Begin" button.

Figure 18 Initial R&A/Contact Info Page

1. Click **Begin**. The R&A Verification page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Thursday 11/15/2012 10:31:58 AM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.*

Legal Business Name	ACME GENERAL HOSPITAL	Hospital NPI	1111111111
CCN	555555	Hospital TIN	123456789

Business Address 789 S 18TH AVE
 STURGEON BAY, WI 54235-0001

Business Phone 123-456-7890

Incentive Program	DUALY_ELIGIBLE	Deemed Medicare Eligible Status?	State WI
--------------------------	----------------	---	-----------------

Eligible Hospital Type Acute_Care_Hospitals

R&A Registration ID 1000000000

R&A Registration Email Address acmehospital@xyz.com

CMS EHR Certification Number Q000000I0CLMAQ

(*) Red asterisk indicates a required field.

* Is this information accurate? Yes No

Previous
Reset
Save & Continue

Figure 19 R&A Verification Page

2. Check the information carefully to ensure it is accurate.
3. Compare the R&A Registration ID you received while registering with the R&A with the R&A Registration ID displayed on this page.

- After reviewing the information, select **Yes** or **No** to the question “Is this information accurate?”

Note: If you select **No**, the following message will display at the bottom of the page: “Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).”

- Click **Save & Continue**. The Contact Information page will be displayed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit

Thursday 01/08/2015 12:26:34 PM CST

Name [] NPI []
 CCN [] Hospital TIN []
 Payment Year 3 Program Year 2014

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation **Review** Submit

Contact Information

Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.

(*) Red asterisk indicates a required field.

Primary Contact

* First Name [] * Last Name []
 * Phone [] - [] - [] * Phone Extension []
 * Email Address [] * Verify Email []
 * Department []
 * Address Line 1 []
 Address Line 2 []
 * City []
 * State []
 * Zip Code []

Alternate Contact

First Name [] Last Name []
 Phone [] - [] - [] Phone Extension []
 Email Address [] Verify Email []

Previous Reset Save & Continue

Figure 20 Contact Information Page

- Enter a contact name in the First Name and Last Name fields.

7. Enter a contact telephone number in the Phone field.
8. Enter a contact email address in the Contact Email Address and Verify Email fields. Verify the email address entered is the same in both fields.
9. Enter an address in the appropriate Address fields.
10. Enter an optional alternative contact.
11. Click **Save & Continue**. A completed page will be displayed.


Note: A checkmark will appear in the R&A/Contact Info tab to acknowledge that the “R&A/Contact Info” section was completed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Monday 02/13/2012 11:02:30 AM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit



You have now completed the **R&A/Contact Information** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Eligibility** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

[Continue](#)

Figure 21 R&A/Contact Information Completed Page

12. Click **Continue**. The initial Eligibility page will be displayed.

4.3 Eligibility

ForwardHealth
Wisconsin serving you

Print Contact Us Exit

Thursday 04/16/2015 1:38:16 PM CDT

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2015

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

To participate in the Wisconsin Medicaid EHR Incentive Program, Eligible Hospitals must provide basic information to confirm your eligibility for the program. In this section you will be asked to confirm the following information:

- Your intent to participate in the Wisconsin Medicaid EHR Incentive Program
- Whether you have current Medicare or Medicaid sanctions in any state

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application. For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

Begin

Figure 22 Initial Eligibility Page

The “Eligibility” section will require Eligible Hospitals to confirm their eligibility for the Wisconsin Medicaid EHR Incentive Program.

1. Click **Begin**. The Hospital Eligibility Questions page will be displayed.

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Print Contact Us Exit

Thursday 01/08/2015 12:30:43 PM CST

Name		NPI	
CCN	3	Hospital TIN	
Payment Year		Program Year	2014

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Hospital Eligibility Questions

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please confirm you intend to only receive incentive payments from the Wisconsin Medicaid EHR Program Yes No ?

* Do you have any sanctions or pending sanctions with Medicare or Medicaid in The State of Wisconsin? Yes No ?

Previous **Reset** **Save & Continue**

Figure 23 Hospital Eligibility Questions Page

2. Select **Yes** or **No** to the eligibility questions.

Note: Hover over the ? icon for additional information regarding a specific question.

3. Click **Save & Continue**. A completed page will be displayed.

Note: A checkmark will appear in the Eligibility tab to acknowledge that the “Eligibility” section was completed.



The screenshot displays the ForwardHealth application interface. At the top left is the logo for ForwardHealth with the tagline "Wisconsin serving you". At the top right are links for "Print", "Contact Us", and "Exit", along with the date and time: "Monday 02/13/2012 11:02:30 AM CST". Below the header, there is a table of hospital information:

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Below the table is a navigation bar with several tabs: "Get Started", "R&A/Contact Info" (with a checkmark), "Eligibility" (with a checkmark), "Patient Volumes", "Attestation", "Review", and "Submit". The main content area features a large green checkmark icon on the left and a message on the right:

You have now completed the **Eligibility** section of the application. You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application. The **Patient Volumes** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.

At the bottom of the message box is a "Continue" button.

Figure 24 Eligibility Completed Page

4. Click **Continue**. The initial Patient Volumes page will be displayed.

4.4 Patient Volumes

[Print](#) [Contact Us](#) [Exit](#)

Monday 02/13/2012 11:02:30 AM CST

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Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

In this section Eligible Hospitals will enter their eligible member patient volume and cost report data.

To participate in the Wisconsin Medicaid EHR Incentive Program, Acute Care and Critical Access Hospitals must have an eligible member patient volume of at least 10 percent of their total patient volume. The hospital will need to enter the start date of the Federal Fiscal Year quarter during which eligible member patient volume requirements were met (October 1, January 1, April 1, or July 1). Children's hospitals do not have any patient volume requirements.

Eligible Hospitals will also need to enter the following information for the Wisconsin Medicaid EHR Incentive Program to determine the payment amount:

- Four years worth of discharge data from the most recently submitted Medicare Cost Report
- Estimated eligible member inpatient bed days (as supplied to the Eligible Hospital by the Wisconsin Medicaid EHR Incentive Program)
- Estimated total inpatient bed days
- Estimated total charges
- Estimated total charity care charges

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

Figure 25 Initial Patient Volumes Page

1. Click **Begin**.

Children's Hospitals

Children's hospitals (hospitals within the CMS Certification Number [CCN] range of 3300-3399) do not have any patient volume requirements.

If you are logged in as a children's hospital in Payment Year 1, after clicking Begin on the initial Patient Volumes page, the Hospital Cost Report Data — Fiscal Year (Part 3 of 3) page will be displayed. Proceed to [Section 4.4.3 Hospital Cost Report Data](#) to continue with your application.

If you are logged in as a children's hospital in Payment Year 2, after clicking Begin on the initial Patient Volumes page, the Hospital Cost Report Data (Part 3 of 3) review page will be displayed. Proceed to the [Hospital Cost Report Data \(Part 3 of 3\) Review page](#) under the Payment Year 2 section to continue with your application.

Acute Care and Critical Access Hospitals

To participate in the Wisconsin Medicaid EHR Incentive Program, acute care and critical access Eligible Hospitals must meet certain patient encounter volume requirements based on the hospital's classification with CMS over a representative continuous Federal Fiscal Year (FFY) designated quarter during the preceding FFY (October 1-September 30), or a continuous 90-day period from within the 12 months before the attestation date.

Acute care and critical access hospitals (hospitals within the CCN range of 0001-0879 or 1300-1399) must have an eligible member patient volume of at least 10 percent (10%) of their total patient volume to be eligible for the Wisconsin Medicaid EHR Incentive Program.

Since Eligible Hospitals are unable to determine where funding for eligible members comes from, the Wisconsin Medicaid EHR Incentive Program will calculate the patient volume for hospitals based on claims discharge data submitted to ForwardHealth for eligible members and the total discharge data Wisconsin hospitals provide quarterly to the Wisconsin Hospital Association Information Center, LLC, pursuant to ch. 153, Wis. Stats.

The Wisconsin Medicaid EHR Incentive Program will analyze a Wisconsin hospital's patient volume on a quarterly basis and communicate qualification under patient volume requirements and the FFY quarter in which the hospital qualified.

If you are logged in as an acute care or critical access hospital, after clicking Begin on the initial Patient Volumes page, the Patient Volume (Part 1 of 3) — 90-Day Reporting Period page will be displayed.

4.4.1 Patient Volume (Part 1 of 3) — 90-Day Reporting Period

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Tuesday 02/25/2014 1:49:39 PM CST

Name ACME GENERAL HOSPITAL **NPI** 111111111
CCN 555555 **Hospital TIN** 123456789
Payment Year 2 **Program Year** 2014

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) **[Patient Volumes](#)** [Attestation](#) [Review](#) [Submit](#)

Patient Volume (Part 1 of 3) — 90 Day Reporting Period

If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. The continuous 90 day volume reporting period may be from either the last completed fiscal year preceding the payment year or the previous 12 months prior to the attestation date. Select either previous fiscal year or previous 12 months, then enter the Start Date of your continuous 90-day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

Last Completed Fiscal Year Preceding the Payment Year 12 Months Preceding Attestation Date

* **Start Date:**
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

[Previous](#) [Reset](#) [Save & Continue](#)

Figure 26 Patient Volume (Part 1 of 3) — 90-Day Reporting Period Page

- All Wisconsin Eligible Hospitals will select the **Last Completed Fiscal Year Preceding the Payment Year** option.
- Enter a start date for the FFY Quarter for which you will attest to the required eligible member patient volume participation level. The calendar icon located to the right of the Start Date field may also be used to select a date.

The Wisconsin Medicaid EHR Incentive Program will have sent you the patient volume reporting period during which the Eligible Hospital met patient volume requirements. *You must enter the same reporting period given to you by the Wisconsin Medicaid EHR Incentive Program.* If you do not have this information available, please email to DHSEHRIncentiveProgram@dhs.wisconsin.gov to request the Patient Volume Start Date email for the respective Program Year.

- Click **Save & Continue**. The 90-day end date will be automatically calculated and will be displayed on the following page.

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Print Contact Us Exit
Tuesday 02/25/2014 2:52:19 PM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2014

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Patient Volume (Part 1 of 3) - 90 Day Reporting Period

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Start Date: Jan 01, 2012
End Date: Mar 30, 2012

Previous Save & Continue

Figure 27 Patient Volume (Part 1 of 3) — 90-Day Reporting Period Page

- Review the start date and system-calculated end date for accuracy.
- If the dates are correct, click **Save & Continue**. The Patient Volume (Part 2 of 3) — Location page will be displayed.

4.4.2 Patient Volume (Part 2 of 3) — Location

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Monday 11/05/2012 2:09:51 PM CST

Name ACME GENERAL HOSPITAL **NPI** 1111111111
CCN 555555 **Hospital TIN** 123456789
Payment Year 1 **Program Year** 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Patient Volume (Part 2 of 3) - Location

Wisconsin Medicaid EHR Incentive Program has the following information on the locations for your facility.
 If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

Provider ID	Location Name	Address	Available Actions
10101010, 1111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE STURGEON BAY, WI 54235	

Add Location Refresh

Previous Reset Save & Continue


Figure 28 Patient Volume (Part 2 of 3) — Location Page

When reporting patient volume, Eligible Hospitals are required to designate which practice locations are using CEHRT and to enter the relevant patient encounter data needed to determine eligibility.

1. Review the listed location(s).

To report patient volumes for a location or site that is not listed:

- a. Click **Add Location**. The following page will be displayed.



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Thursday 11/08/2012 9:40:45 AM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Patient Volume (Part 2 of 3) - Location

Please provide the information requested below to add a location to Wisconsin Medicaid EHR Incentive Program application *(for this Payment Incentive Application use only)*.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Location Name: ?

* Address Line 1: ?

Address Line 2:

Address Line 3:

* City:


* State: Alabama ▼

* Zip (5+4): -

Previous Reset Save & Continue

Figure 29 Patient Volume (Part 2 of 3) — Location Addition Page

- b. Enter the requested practice location information.
- c. Click **Save and Continue**. You will be returned to the Patient Volume (Part 2 of 3) — Location page. The added location will be displayed at the bottom of the table.



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 Monday 11/05/2012 2:26:15 PM CST

Name ACME GENERAL HOSPITAL

CCN 555555

Payment Year 1

NPI 111111111

Hospital TIN 123456789

Program Year 2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume (Part 2 of 3) - Location

Wisconsin Medicaid EHR Incentive Program has the following information on the locations for your facility.
If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

Provider ID	Location Name	Address	Available Actions
10101010, 111111111	ACME GENERAL HOSPITAL	789 S 18TH AVE STURGEON BAY, WI 54235	
N/A	ACME GENERAL HOSPITAL EAST	100 E MAIN ST STURGEON BAY, WI 54235	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Figure 30 Patient Volume (Part 2 of 3) — Location Page with Added Location

Note: You can clear all patient volume data and delete any manually added locations by clicking **Refresh**.

- Click **Save & Continue** after adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.



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Tuesday 11/06/2012 1:48:19 PM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

In this section Eligible Hospitals will complete their eligible member patient volume and cost report data.


Eligible Hospitals may not be able to determine if a member's encounter can be included in the provider's patient encounter volume, therefore the Wisconsin Medicaid EHR Incentive Program will annually calculate if a hospital meets the patient volume thresholds for each payment year and indicate if a hospital is qualified for the Wisconsin Medicaid EHR Incentive Program.

Eligible Hospitals should enter the eligible member patient volume and cost report data elements as directed by the Wisconsin Medicaid EHR Incentive Program.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

Figure 31 Patient Volumes Entry Instructions Page

3. Click **Begin**. The Patient Volume (Part 2 of 3) — Enter Volume page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Monday 11/05/2012 2:40:54 PM CST

Name ACME GENERAL HOSPITAL

CCN 555555

Payment Year 1

NPI 1111111111

Hospital TIN 123456789

Program Year 2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume (Part 2 of 3) – Enter Volume

Please enter **patient volumes** where indicated.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point*


(*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Discharges <i>(In State Numerator)</i>	Other Medicaid Discharges <i>(Other Numerator)</i>	Total Discharges All Lines of Business <i>(Denominator)</i>
1111111111, 10101010	ACME GENERAL HOSPITAL	789 S 18TH AVE STURGEON BAY, WI 54235	* <input style="width: 80%;" type="text"/>	* <input style="width: 80%;" type="text"/>	* <input style="width: 80%;" type="text"/>
N/A	ACME GENERAL HOSPITAL EAST	100 E MAIN ST STURGEON BAY, WI 54235	* <input style="width: 80%;" type="text"/>	* <input style="width: 80%;" type="text"/>	* <input style="width: 80%;" type="text"/>

Previous Reset Save & Continue

Figure 32 Patient Volume (Part 2 of 3) — Enter Volume Page

4. Enter a “1” in the Medicaid Discharges (In State Numerator) column.
5. Enter a “0” in the Other Medicaid Discharges (Other Numerator) column.
6. Enter a “1” in the Total Discharges All Lines of Business (Denominator) column.
7. Click **Save & Continue**. The Patient Volume (Part 2 of 3) — Enter Volume review page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Monday 11/05/2012 3:12:53 PM CST

Name ACME GENERAL HOSPITAL

CCN 555555

Payment Year 1

NPI 1111111111

Hospital TIN 123456789

Program Year 2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Patient Volume (Part 2 of 3) – Enter Volume

The patient volumes selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
1111111111, 10101010	ACME GENERAL HOSPITAL	789 S 18TH AVE STURGEON BAY, WI 54235	<i>In State Medicaid:</i> 1 <i>Other Medicaid:</i> 0 <i>Total Discharges:</i> 1	100%
N/A	ACME GENERAL HOSPITAL EAST	100 E MAIN ST STURGEON BAY, WI 54235	<i>In State Medicaid:</i> 1 <i>Other Medicaid:</i> 0 <i>Total Discharges:</i> 1	100%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
2	0	2	100%

Previous
Save & Continue

Figure 33 Patient Volume (Part 2 of 3) — Enter Volume Review Page

The Total % field must have a percentage greater than or equal to 10 percent to meet the Medicaid patient volume requirement. If all the values entered above are entered correctly, the field should read “100%.”

8. Review the information for accuracy.
9. Click **Save & Continue**.

4.4.3 Hospital Cost Report Data

Eligible Hospitals in Payment Year 1 must enter cost report data in order for the Wisconsin Medicaid EHR Incentive Program to determine payment amount. The total hospital incentive payment is calculated in Payment Year 1 and distributed over subsequent years once program requirements have been met.

For Eligible Hospitals in Payment Year 2 or higher, the Wisconsin Medicaid EHR Incentive Program keeps the previous payment year's cost report data on file. Eligible Hospitals in Payment Year 2 or higher should proceed to the [Payment Year 2 or Higher](#) section to continue with their application.

Payment Year 1

The Hospital Cost Report Data — Fiscal Year (Part 3 of 3) page will be displayed.

The screenshot shows the ForwardHealth Wisconsin Medicaid EHR Incentive Program application interface. At the top left is the ForwardHealth logo with the tagline "Wisconsin serving you". To the right are links for "Print", "Contact Us", and "Exit", and a timestamp: "Wednesday 03/06/2013 9:14:25 AM CST".

Below the header, there is a summary of hospital information:

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2013


Below this information is a navigation bar with buttons: "Get Started", "R&A/Contact Info" (checked), "Eligibility" (checked), "Patient Volumes", "Attestation", "Review", and "Submit".

The main content area is titled "Hospital Cost Report Data — Fiscal Year (Part 3 of 3)". It contains the following text:

Please enter the **Start Date** of the most recent completed hospital fiscal year.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(* Red asterisk indicates a required field.)

* Start Date: 
mm/dd/yyyy

At the bottom of the form are three buttons: "Previous", "Reset", and "Save & Continue".

Figure 34 Hospital Cost Report Data — Fiscal Year (Part 3 of 3)

1. Enter the start date of the most recent hospital fiscal year for which the hospital has a completed Medicare Cost Report. The calendar icon located to the right of the Start Date field may also be used to select a date.
2. Click **Save & Continue**. The end date will be automatically calculated and will be displayed on the following page.

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[Print](#) [Contact Us](#) [Exit](#)

Wednesday 03/06/2013 9:21:51 AM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2013

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

Please review the start and end dates below. The dates should reflect the hospital's most recent completed fiscal year

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Fiscal Year Start Date: Jan 01, 2011
Fiscal Year End Date: Dec 31, 2011

[Previous](#) [Save & Continue](#)

Figure 35 Hospital Cost Report Data — Fiscal Year (Part 3 of 3) Page

3. Review the information to ensure it is accurate.
4. Click **Save & Continue**. The Hospital Cost Report Data (Part 3 of 3) entry page will be displayed.

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Print Contact Us Exit
Wednesday 03/06/2013 9:24:08 AM CST

Name ACME GENERAL HOSPITAL NPI 111111111
CCN 555555 Hospital TIN 123456789
Payment Year 1 Program Year 2013

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Hospital Cost Report Data (Part 3 of 3)

Please enter your **hospital cost report data** for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges, Total Inpatient Medicaid Bed Days and Total Inpatient Bed Days. Nursery days must be excluded from these entries.

Note: You will not be able to change the Fiscal years which were previously entered.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2011-12/31/2011	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* \$ <input type="text"/>	* \$ <input type="text"/>
01/01/2010-12/31/2010	* <input type="text"/>				
01/01/2009-12/31/2009	* <input type="text"/>				
01/01/2008-12/31/2008	* <input type="text"/>				

Previous Reset Save & Continue

Figure 36 Hospital Cost Report Data (Part 3 of 3) Entry Page

5. In the Total Discharges fields, for all locations listed, enter the total number of inpatient discharges for all patients, regardless of health insurance coverage for the corresponding fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges. Nursery days must be excluded from these entries.
 - Four years’ worth of discharge data from the most recently submitted Medicare Cost Report period. Discharge Data for the current years (2010 and beyond) can be found on the most recently submitted Medicare Cost Report 2552-10, Worksheet S-3, Part 1, Column 15, line 14. Discharge Data from historical years (prior to 2010) can be found on Medicare Cost Report 2552-96, Worksheet S-3, Part 1, Column 15, line 12.
6. In the Total Inpatient Medicaid Bed Days field, enter the eligible member inpatient bed day value provided via email by the Wisconsin Medicaid EHR Incentive Program. If you do not have this information, please email the following address: DHSEHRIncentiveProgram@dhs.wisconsin.gov.
7. In the Total Inpatient Bed Days field, enter the total acute care bed days for all inpatient services, regardless of health insurance coverage. Only acute care discharges and acute care bed days are to be included in Total Inpatient Bed Days field. Nursery days must be excluded from these entries.
 - Estimated total inpatient bed days data can be found on the most recently submitted Medicare Cost Report Worksheet S-3, Part 1, Column 8, sum of lines 1 and 8-12.

8. In the Total Charges — All Discharges field, enter the total charges for all inpatient services, regardless of health insurance coverage.
 - Estimated total charges. Data can be found on the most recently submitted Medicare Cost Report Worksheet C, Part 1, Column 8, line 200.
9. In the Total Charges — Charity Care field, enter the total charity care charges for all inpatient services, regardless of health insurance coverage.
 - Estimated total charity care charges. Data can be found on the most recently submitted Medicare Cost Report 2552-10, Worksheet S-10, line 20.
10. Click **Save & Continue**. The Hospital Cost Report Data (Part 3 of 3) review page will be displayed.

[Print](#) [Contact Us](#) [Exit](#)
 Tuesday 11/06/2012 2:38:26 PM CST

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Name ACME GENERAL HOSPITAL **NPI** 1111111111
CCN 555555 **Hospital TIN** 123456789
Payment Year 1 **Program Year** 2012

Hospital Cost Report Data (Part 3 of 3)

Please review your *hospital cost report data* below.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

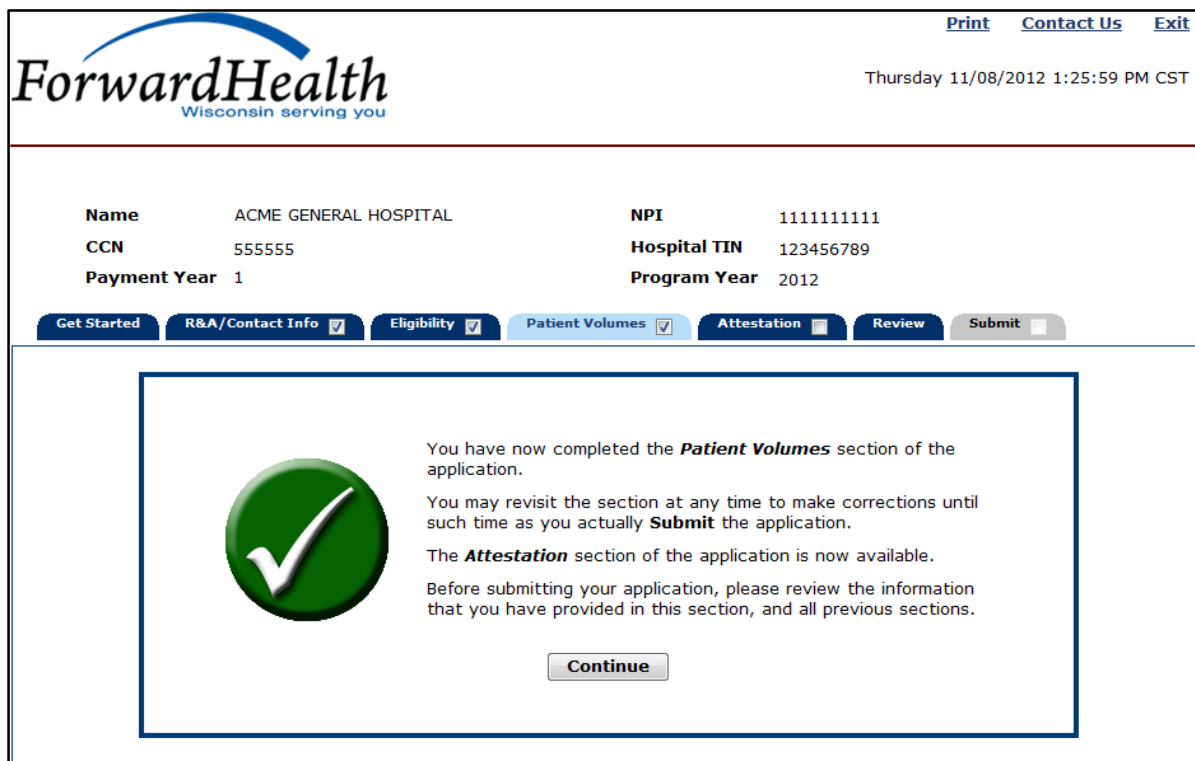
(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2010-09/30/2011	2854	12259	109985	\$11,887,566.55	\$564,520.00
10/01/2009-09/30/2010	2817				
10/01/2008-09/30/2009	2880				
10/01/2007-09/30/2008	2946				

Figure 37 Hospital Cost Report Data (Part 3 of 3) Review Page

11. Review your hospital cost report data to ensure it is accurate.
12. Click **Save & Continue**. A completed page will be displayed.

Note: A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.



The screenshot displays the ForwardHealth application interface. At the top left is the logo for ForwardHealth, with the tagline "Wisconsin serving you". To the right of the logo are links for "Print", "Contact Us", and "Exit". Below the logo, the date and time "Thursday 11/08/2012 1:25:59 PM CST" are shown. The main content area contains a table of hospital information:

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2012

Below the table is a navigation bar with several tabs: "Get Started", "R&A/Contact Info" (with a checkmark), "Eligibility" (with a checkmark), "Patient Volumes" (with a checkmark), "Attestation" (with a square icon), "Review", and "Submit" (with a square icon). The "Patient Volumes" tab is highlighted in light blue.

The main content area features a large green circular icon with a white checkmark. To the right of the icon, the following text is displayed:

You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.


At the bottom of the message box is a "Continue" button.

Figure 38 Patient Volumes Completed Page

13. Click **Continue**.
14. Proceed to [Section 4.5 Attestation](#) to continue with your application.

Payment Year 2 or Higher

The Hospital Cost Report Data (Part 3 of 3) review page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Thursday 11/08/2012 11:08:43 AM CST

Name ACME GENERAL HOSPITAL

CCN 555555

Payment Year 2

NPI 111111111

Hospital TIN 123456789

Program Year 2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Hospital Cost Report Data (Part 3 of 3)

Please review your **hospital cost report data** below. If you wish to update the data shown below please select the Change Data button.

Note: You will not be able to change the Fiscal years which were previously entered.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.
 Click **Change Data** to change previously entered data.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2010-09/30/2011	2854	12259	109985	\$11,887,566.55	\$564,520.00
10/01/2009-09/30/2010	2817				
10/01/2008-09/30/2009	2880				
10/01/2007-09/30/2008	2946				

Previous Save & Continue Change Data


Figure 39 Hospital Cost Report Data (Part 3 of 3) Review Page

The Hospital Cost Report Data (Part 3 of 3) review page displays data from a previously paid application.

1. Review the data.
2. Click **Save & Continue** if the data is accurate. A completed page will be displayed.

Note: If the data needs to be updated, click **Change Data**. A Change Data and Re-enter Hospital Cost Report Data page will be displayed. Click **Confirm** to delete the previously entered cost report data. The previously entered fiscal years will not be deleted. The Hospital Cost Report Data (Part 3 of 3) page will be displayed. Refer to [step 5](#) under Section 4.4.3 Hospital Cost Report Data for instructions on entering cost report data.


Note: A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

[Print](#) [Contact Us](#) [Exit](#)

Monday 02/13/2012 11:02:30 AM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get StartedR&A/Contact Info Eligibility Patient Volumes Attestation ReviewSubmit



You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.


Continue

Figure 40 Patient Volumes Completed Page

3. Click **Continue**.

4.5 Attestation

After completing the Patient Volumes tab, the initial Attestation page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Monday 02/13/2012 3:21:21 PM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Only Adopt, Implement and Upgrade Applications (AIU) are being accepted at this time.

As of June 15th, 2015, only adopt, implement, and upgrade (AIU) applications are being accepted for incentive payments. Meaningful Use applications will not be processed at this time. Eligible Professionals and Medicaid Only hospitals should not complete Meaningful Use applications until instructed to do so in a future ForwardHealth Update. Any applications submitted for Meaningful Use will be aborted, and all information will need to be reentered at a later date. For more information please review the Wisconsin Medicaid EHR Incentive Program website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

Eligible hospitals may qualify for incentive payments if they adopt, implement, upgrade or demonstrate meaningful use in their first year of participation. They must successfully demonstrate meaningful use for subsequent participation years. If the Hospital is participating in both the Medicare and Medicaid EHR Incentive Programs and has attested to the relevant meaningful use objectives for the Medicare program, then that hospital is required to choose to attest to meaningful use during their first year participating in the Wisconsin Medicaid EHR Incentive Program.

Acute Care Hospitals must also attest their Average Length of Stay is 25 days or fewer. Children's Hospitals have no Average Length of Stay requirements.

All data submitted through this attestation process must be derived from an auditable data source and is subject to an audit as well as all relevant statutes in Federal and State law. The eligible hospital for which the payment is being requested is responsible and liable for any errors or falsifications provided in this attestation process. The eligible hospital, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application. For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

Begin

Figure 41 Initial Attestation Page

Note: Beginning June 15, 2015, Eligible Hospitals (Medicaid-only hospitals) participating in their first payment year will be able to apply for incentive payments for adopting, implementing, and upgrading CEHRT for Program Year 2015. The Wisconsin Medicaid EHR Incentive Program will accept applications for Meaningful Use incentive payments for Program Year 2015 at a later date. Eligible Hospitals should not complete applications for Meaningful Use until instructed to do so by the Wisconsin Medicaid EHR Incentive Program. Any applications that have been submitted for Meaningful Use incentive payments for Program Year 2015 will be aborted, and all information will be lost and need to be re-entered. For further information, Eligible Hospitals should refer to the DHS website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

1. Click **Begin**.

For Eligible Hospitals participating in Payment Year 1 that may attest to either Adopt, Implement, Upgrade, or Meaningful Use of CEHRT, the following Attestation Phase (Part 1 of 3) page will be displayed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit

Tuesday 11/06/2012 2:43:22 PM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Adoption:
You are acquiring certified EHR Technology.

Implementation:
You are installing certified EHR Technology.

Upgrade:
You are expanding functionality of certified EHR Technology.

Meaningful Use:
You are capturing meaningful use measures using a certified EHR technology.

Previous Reset Save & Continue

Figure 42 First Payment Year Attestation Phase (Part 1 of 3) Page

Select the attestation phase for the incentive payment for which you are applying. Based on the attestation phase you select, you may be asked to complete additional information about activities related to the selected phase:

- For Adoption, refer to [Section 4.5.1 Adoption Phase](#).
- For Implementation, refer to [Section 4.5.2 Implementation Phase](#).
- For Upgrade, refer to [Section 4.5.3 Upgrade Phase](#).
- For Meaningful Use, refer to [Section 4.5.4 Meaningful Use Phase](#).

4.5.1 Adoption Phase

1. Select **Adoption** if you demonstrate acquisition, installation, or contractual proof of a future acquisition of CEHRT.
2. Click **Save & Continue**. The Attestation Phase (Part 3 of 3) page will be displayed. Proceed to [Section 4.5.5 Attestation](#).

4.5.2 Implementation Phase

1. Select **Implementation** if you meet the criteria for adopting CEHRT and demonstrate actual implementation, installation, or use of CEHRT.
2. Click **Save & Continue**. The Attestation Phase (Part 2 of 3) page will be displayed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Tuesday 02/14/2012 7:17:33 AM CST

Name ACME GENERAL HOSPITAL NPI 1111111111
CCN 555555 Hospital TIN 123456789
Payment Year 1 Program Year 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an implementation.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.*

(*) Red asterisk indicates a required field.

*Implementation Activity	Planned	Complete
Workflow Analysis	<input type="radio"/>	<input type="radio"/>
Workflow Redesign	<input type="radio"/>	<input type="radio"/>
Software Installation	<input type="radio"/>	<input type="radio"/>
Hardware Installation	<input type="radio"/>	<input type="radio"/>
Peripherals Installation	<input type="radio"/>	<input type="radio"/>
Internet Connectivity / Broadband	<input type="radio"/>	<input type="radio"/>
Uploading Patient Data	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Health Information Exchange (i.e. labs, pharmacy)	<input type="radio"/>	<input type="radio"/>
Physical Redesign of Workspace	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>

Other (Click to Add)

Previous Reset Clear All Save & Continue

Figure 43 Attestation Phase (Part 2 of 3) Implementation Activity Page

3. Select **Planned** or **Complete** for the listed implementation activities.

4. Click **Other (Click to Add)** to add additional implementation activities:
 - Enter the desired implementation activity in the provided space.
 - Select **Planned** or **Complete**.
5. Click **Save & Continue**. The Attestation Phase (Part 2 of 3) review page will be displayed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Tuesday 02/14/2012 7:24:43 AM CST

Name ACME GENERAL HOSPITAL NPI 1111111111
CCN 555555 Hospital TIN 123456789
Payment Year 1 Program Year 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an implementation.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Implementation Activity	Planned	Complete
Workflow Analysis		✓
Workflow Redesign		✓
Software Installation		✓
Hardware Installation		✓
Peripherals Installation		✓
Internet Connectivity / Broadband		✓
Uploading Patient Data	✓	
Electronic Prescribing	✓	
Health Information Exchange (i.e. labs, pharmacy)	✓	
Physical Redesign of Workspace	✓	
Training	✓	

Previous Save & Continue

Figure 44 Attestation Phase (Part 2 of 3) Implementation Activity Review Page

6. Review the implementation activities that you selected as planned or complete.
7. Click **Save & Continue** if the information is accurate. The Attestation Phase (Part 3 of 3) page will be displayed. Proceed to [Section 4.5.5 Attestation](#).

4.5.3 Upgrade Phase

1. Select **Upgrade** if you meet the criteria for adopting and implementing and demonstrate expansion of the CEHRT's functionality.
2. Click **Save & Continue**. The Attestation Phase (Part 2 of 3) page will be displayed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Tuesday 02/14/2012 7:29:03 AM CST

Name ACME GENERAL HOSPITAL NPI 1111111111
CCN 555555 Hospital TIN 123456789
Payment Year 1 Program Year 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Phase (Part 2 of 3)

Please select the activities where you have **planned** or **completed** an upgrade.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.
After saving, click the **Clear All** button to remove standard activity selections.*

(*) Red asterisk indicates a required field.

*Upgrade Activity	Planned	Complete
Upgrading Software Version	<input type="radio"/>	<input type="radio"/>
Upgrading Hardware or Peripherals	<input type="radio"/>	<input type="radio"/>
Clinical Decision Support	<input type="radio"/>	<input type="radio"/>
Electronic Prescribing	<input type="radio"/>	<input type="radio"/>
Computerized Provider Order Entry	<input type="radio"/>	<input type="radio"/>
Adding Functionality / Modules (personal health record, mental health, dental)	<input type="radio"/>	<input type="radio"/>

Other (Click to Add)

Previous Reset Clear All Save & Continue

Figure 45 Attestation Phase (Part 2 of 3) Upgrade Activity Page

3. Select **Planned** or **Complete** for the listed upgrade activities.
4. Click **Other (Click to Add)** to add additional upgrade activities:
 - Type the desired upgrade activity in the provided space.
 - Select **Planned** or **Complete**.
5. Click **Save & Continue**. The Attestation Phase (Part 2 of 3) review page will be displayed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Tuesday 02/14/2012 7:30:34 AM CST

Name ACME GENERAL HOSPITAL NPI 1111111111
CCN 555555 Hospital TIN 123456789
Payment Year 1 Program Year 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have **planned** or **completed** an upgrade.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Upgrade Activity	Planned	Complete
Upgrading Software Version		✓
Upgrading Hardware or Peripherals		✓
Clinical Decision Support	✓	
Electronic Prescribing	✓	
Computerized Provider Order Entry	✓	
Adding Functionality / Modules (personal health record, mental health, dental)	✓	

Previous Save & Continue

Figure 46 Attestation Phase (Part 2 of 3) Upgrade Activity Review Page

- Review the upgrade activities you selected as planned or complete.
- If the information is accurate, click **Save & Continue**. The Attestation Phase (Part 3 of 3) page will be displayed. Proceed to [Section 4.5.5 Attestation](#).

4.5.4 Meaningful Use

Dual Eligible Hospitals

Dual Eligible Hospitals, which are hospitals participating in both the Medicare EHR Incentive Program and the Wisconsin Medicaid EHR Incentive Program, must report Meaningful Use to CMS; therefore, they do not need to report Meaningful Use to the Wisconsin Medicaid EHR Incentive Program. The CMS will communicate the reported measures to the Wisconsin Medicaid EHR Incentive Program. The Wisconsin Medicaid EHR Incentive Program will not approve a Dual Eligible Hospital’s application until CMS communicates approval of the Meaningful Use measures reported. It may take up to 45 days for CMS to approve the reported Meaningful Use information and communicate that approval to the Wisconsin Medicaid EHR Incentive Program.

If CMS has not yet approved a Dual Eligible Hospital's reported Meaningful Use information and communicated that approval to the Wisconsin Medicaid EHR Incentive Program, when a Dual Eligible Hospital selects the Meaningful Use option on the Attestation Phase (Part 1 of 3) page, the following page will be displayed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Friday 02/17/2012 7:41:24 AM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Our records indicate that you have not been approved for Meaningful Use Attestation during the current Program Year at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). It is not possible to proceed with the Medicaid application process until attestation has been approved at the R&A.

If you have successfully attested as a Meaningful User of the EHR Technology at the R&A, please contact Wisconsin Medicaid for assistance.

Figure 47 Meaningful Use Attestation Not Approved Page

Dual Eligible Hospitals will not be able to continue with the Wisconsin Medicaid EHR Incentive Program application until CMS approves their reported Meaningful Use measures. If a Dual Eligible Hospital successfully attested to Meaningful Use in the R&A and it has been more than 45 days, the Dual Eligible Hospital should contact Wisconsin Medicaid for assistance. Dual Eligible Hospitals whose Meaningful Use measures have been approved by CMS should proceed to [Section 4.5.5 Attestation](#) to continue with their application.

Medicaid-Only Eligible Hospitals

The Wisconsin Medicaid EHR Incentive Program will accept applications for Meaningful Use incentive payments for Program Year 2015 at a later date. Eligible Hospitals (Medicaid-only hospitals) should not complete applications for Meaningful Use until instructed to do so by the Wisconsin Medicaid EHR Incentive Program. Any applications that have been submitted for Meaningful Use incentive payments for Program Year 2015 will be aborted, and all information will be lost and need to be re-entered. For further information, Eligible Hospitals should refer to the DHS website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

4.5.5 Attestation

After clicking Save & Continue for the appropriate attestation phase, the Attestation Phase (Part 3 of 3) page will be displayed.



[Print](#) [Contact Us](#)
 Thursday 03/14/2013 1:55:02 PM

Name ACME GENERAL HOSPITAL

CCN 555555

Payment Year 3

NPI 1111111111

Hospital TIN 123456789

Program Year 2013

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Phase (Part 3 of 3)

Eligible Hospitals may be subject to the Centers for Medicare & Medicaid Services process for audits and appeals of Meaningful Use attestations. This includes Eligible Hospitals applying for a Medicaid only EHR incentive payment.

Please answer the following question.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital. Yes No [?](#)

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact Wisconsin Medicaid. [?](#)

*Payment Address <small>(Must Select One)</small>	Provider ID	Location Name	Address	Additional Information
<input type="radio"/>	1111111111, 10101010	ACME GENERAL HOSPITAL	100 E MAIN ST STURGEON BAY, WI 54235	

Previous
Reset
Save & Continue

Figure 48 Attestation Phase (Part 3 of 3) Page

The Attestation Phase (Part 3 of 3) page contains information about the assignment of your incentive payment. Please review it carefully.

1. Click **Yes** to confirm that you are an acute care hospital with an average length of stay of 25 days or fewer, a critical access hospital, or a children’s hospital.
2. Select a payment address to be used for your incentive payment from the list provided. You must select an address in order to proceed.
3. Click **Save & Continue**. A completed page will be displayed.

Note: A checkmark will appear in the Attestation tab to acknowledge that the “Attestation” section was successfully completed.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Monday 02/13/2012 11:02:30 AM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit



You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.


Before submitting the application, please review the information you have provided in this section, and all previous sections.

Figure 49 Attestation Completed Page

4. Click **Continue**.

4.6 Review Application

After clicking **Continue** on the **Attestation Completed** page, the **Review** page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Monday 02/13/2012 11:02:30 AM CST

Name ACME GENERAL HOSPITAL

CCN 555555

Payment Year 2

NPI 111111111

Hospital TIN 123456789

Program Year 2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

*The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.*

Status

Incomplete

R&A Verification

Legal Business Name	ACME GENERAL HOSPITAL	Hospital NPI	111111111
CCN	555555	Hospital TIN	123456789

Attestation Phase (Part 3 of 3)

Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital. **Yes**

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program as those hospitals with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

You have selected the mailing address below to be used for your Incentive Payment, if you are approved for payment.

Provider ID	Location Name	Address	Additional Information
111111111, 10101010	ACME GENERAL HOSPITAL	789 S 18TH AVE STURGEON BAY, WI 54235-	<input style="width: 100%; height: 20px;" type="text"/>

[Top](#)

Figure 50 Review Page

The Review page allows you to review all the information entered on your application. To print a copy of your application for review, click the **Print** button located in the blue box at the top of the page.

1. Review the information on the Review page carefully. If you find errors, complete the following steps:
 - a. Click the associated tab at the top of the page to return to that section.
 - b. Correct the inaccurate information.
 - c. Click the **Review** tab to return to the Review page.
 - d. Review the information to ensure it was changed correctly.

Note: Clicking **Continue** at the bottom of the page will return you to the last saved page.

2. After determining that all the information is correct, click the **Submit** tab at the top of the page. The Submit page will be displayed.

4.7 Submit Your Application

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Wisconsin serving you

Print Contact Us Exit

Monday 02/13/2012 11:02:30 AM CST

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

When you are ready to submit your application the system will review the information provided and alert you to any errors within the application that must be addressed. You will still be able to submit the application with errors; however, this may impact approval determinations. If there are no errors, an optional application questionnaire page will be displayed.

You will also be required to provide your electronic signature on the Application Submission page. This signature acknowledges that the information provided is true, accurate, and complete. Any falsification or concealment of a material fact may be prosecuted under Federal and State law.

All data submitted through this attestation process must be derived from an auditable data source and is subject to an audit as well as all relevant statutes in Federal and State law. The eligible hospital for which the payment is being requested is responsible and liable for any errors or falsifications provided in this attestation process. The Eligible Hospital, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

Important Note: Once your application is submitted, you will not have the opportunity to change it.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application.
For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

Begin

Figure 51 Submit Page

1. Click **Begin**. The Application Submission (Part 1 of 2) page will be displayed.

[Print](#) [Contact Us](#) [Exi](#)

Friday 05/22/2015 2:53:05 PM CDT

ForwardHealth
Wisconsin serving you

Name	ACME GENERAL HOSPITAL	NPI	1111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2015

Get Started **R&A/Contact Info** **Eligibility** **Patient Volumes** **Attestation** **Review** **Submit**

Application Submission (Part 1 of 2)

Eligible Hospitals are required to upload proof of Certified EHR Technology and relevant sections of Hospital Cost Reports. For more information on these documentation requirements, please review the Wisconsin EHR Incentive Program Website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

Please note that applications submitted without required documentation will be returned to an Incomplete status until the proper documentation is uploaded.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **.pdf** or **.xls** or **.xlsx** or **.doc** or **.docx** format, and must be no larger than **2 MB** in size.

File name must be less than or equal to **100 characters**.

File Location:

Figure 52 Application Submission (Part 1 of 2) Page

Eligible Hospitals are required to provide relevant sections of the Hospital Cost Reports used to complete their Wisconsin Medicaid EHR Incentive Program application as well as documentation supporting their adoption of CEHRT. Only Microsoft® Word, Microsoft® Excel, and Portable Document Format (PDF) files of two megabytes or less can be uploaded.

For details on documentation requirements, Eligible Hospitals should refer to the DHS website at www.dhs.wisconsin.gov/ehrincentive/index.htm. Eligible Hospitals can also refer to the Eligible Hospital Frequently Asked Questions (FAQs) on the DHS website for specific Medicare Cost Report Worksheet requirements.

Applications submitted without the required documentation will be returned an Incomplete status until the required documentation is uploaded.

- To upload a file, click **Browse**. The Choose file window will be displayed.

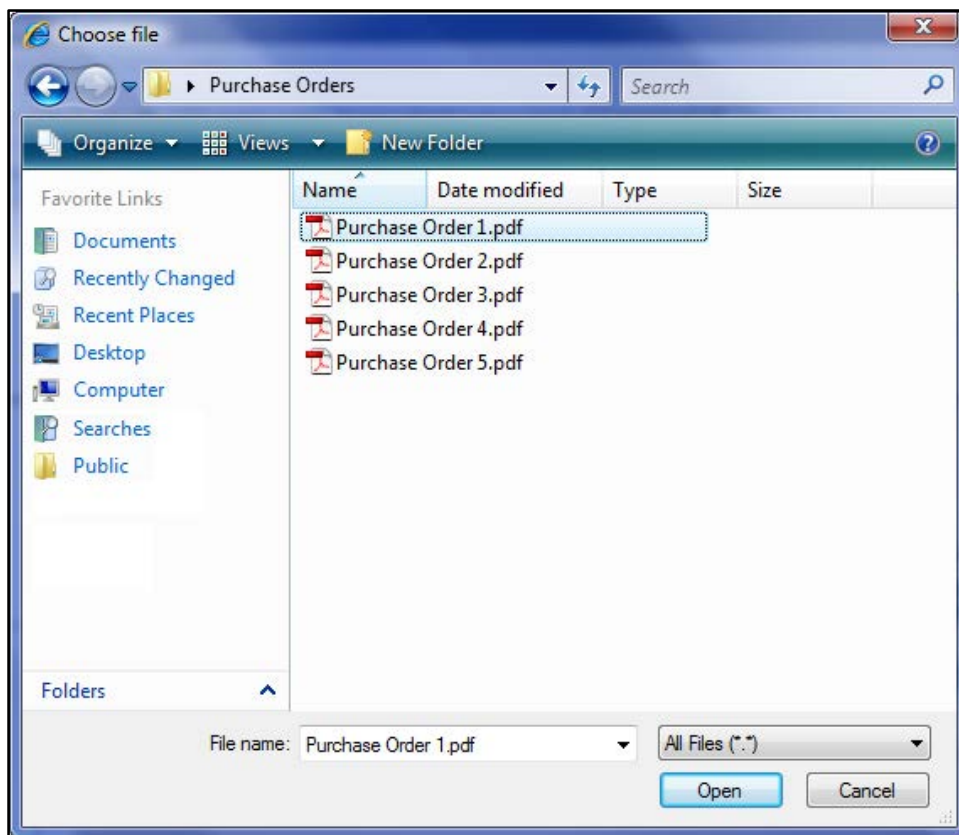



Figure 53 Choose File Window

3. Navigate to the appropriate computer or network location and select the file you wish to upload.
4. Click **Open**. The Choose file window will close and the file path will be displayed in the File Location field.
5. Click **Upload File**. An “Uploaded Files” section will display the successfully uploaded file.



[Print](#) [Contact Us](#) [Exit](#)

Friday 05/22/2015 2:53:05 PM CDT

Name ACME GENERAL HOSPITAL

CCN 555555

Payment Year 2

NPI 1111111111

Hospital TIN 123456789

Program Year 2015

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Application Submission (Part 1 of 2)

Eligible Hospitals are required to upload proof of Certified EHR Technology and relevant sections of Hospital Cost Reports. For more information on these documentation requirements, please review the Wisconsin EHR Incentive Program Website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

Please note that applications submitted without required documentation will be returned to an Incomplete status until the proper documentation is uploaded.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

To upload a file, type the full path or click the **Browse...** button.

All files must be in **.pdf** or **.xls** or **.xlsx** or **.doc** or **.docx** format, and must be no larger than **2 MB** in size.

File name must be less than or equal to **100 characters**.

File Location:

Uploaded Files

File Name	File Size	Date Uploaded	Available Actions
Purchase Order 1.pdf	75572	05/22/2015	<input type="button" value="View"/> <input type="button" value="Delete"/>

- **File has been successfully uploaded.**

Figure 54 Application Submission (Part 1 of 2) Page with Uploaded Files Section

Upload as many files as necessary to verify the information entered in your Wisconsin Medicaid EHR Incentive Program Application.

6. Click **Save & Continue**. The Application Submission (Part 2 of 2) page will be displayed.



[Print](#) [Contact Us](#) [Exit](#)
 Monday 02/13/2012 1:33:05 PM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the facility, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.
 I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State of Wisconsin law. I am authorized by the hospital receiving the incentive payments to agree, and so agree, to the following: (i) the hospital is responsible for any errors, omissions or falsifications and is liable to repay any improper payments received; (ii) the hospital will update the foregoing information as necessary; and, (iii) if I am no longer an authorized representative for the hospital, the hospital will resubmit the required information and attestation by an authorized representative.

Please contact Provider Services at (800) 947-9627 for assistance with the Wisconsin Medicaid EHR Incentive Program Application. For complete information on the Wisconsin Medicaid EHR Incentive Program, please visit: <http://www.dhs.wisconsin.gov/ehrincentive/index.htm>.

(*) Red asterisk indicates a required field.

*By checking the box, you are indicating that you have reviewed all information that has been entered into Wisconsin Medicaid EHR Incentive Program (as displayed on the **Review** panel).

Electronic Signature of Preparer for Facility:

* Preparer Name:

* Preparer Relationship:

To attest, click the **Sign Electronically** button (you will not be able to make any changes to your application after submission). Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Previous
Reset
Sign Electronically

Figure 55 Application Submission (Part 2 of 2) Page

7. Review the certification statement.
8. Click the box to confirm that you have reviewed your application information.
9. Enter your preparer name and preparer relationship.
10. Click **Sign Electronically**. A sample incentive payment chart will be displayed. The chart, based on federal law, provides an example of the maximum potential payment per year. The columns represent the first year of participation, and the rows represent the three years of potential participation.

ForwardHealth
Wisconsin serving you

Print Contact Us Exit
Monday 02/13/2012 1:52:49 PM CST

Name ACME GENERAL HOSPITAL **NPI** 1111111111
CCN 555555 **Hospital TIN** 123456789
Payment Year 2 **Program Year** 2012

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Application Submission (Part 2 of 2)

Only Adopt, Implement and Upgrade Applications (AIU) are being accepted at this time.
As of June 15th, 2015, only adopt, implement, and upgrade (AIU) applications are being accepted for incentive payments. Meaningful Use applications will not be processed at this time. Eligible Professionals and Medicaid Only hospitals should not complete Meaningful Use applications until instructed to do so in a future ForwardHealth Update. Any applications submitted for Meaningful Use will be aborted, and all information will need to be reentered at a later date. For more information please review the Wisconsin Medicaid EHR Incentive Program website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

Based on the Medicaid EHR incentive rules, the following chart provides an example of the maximum potential amount per year of a three year payment. The columns represent the year of participation, and the rows represent the three years of potential participation.

To submit your application, click the **Submit Application** button (**you will not be able to make any changes to your application after submission**).

Example Payment Disbursement over 3 Years
Year 1 50%, Year 2 40%, Year 3 10%

Year	Example Calculation	Example Amount
Year 1	\$15,925,500 * 50%	\$7,962,750
Year 2	\$15,925,500 * 40%	\$6,370,200
Year 3	\$15,925,500 * 10%	\$1,592,550

Figure 56 Example Hospital Incentive Payment Chart

No information is required on this page. This is the final step of the submission process.

Note: Once your application is submitted, you will not have the opportunity to change it.

11. If no other changes need to be made to the incentive application, click **Submit Application**. If your application was successfully submitted, the Application Submitted page will be displayed.

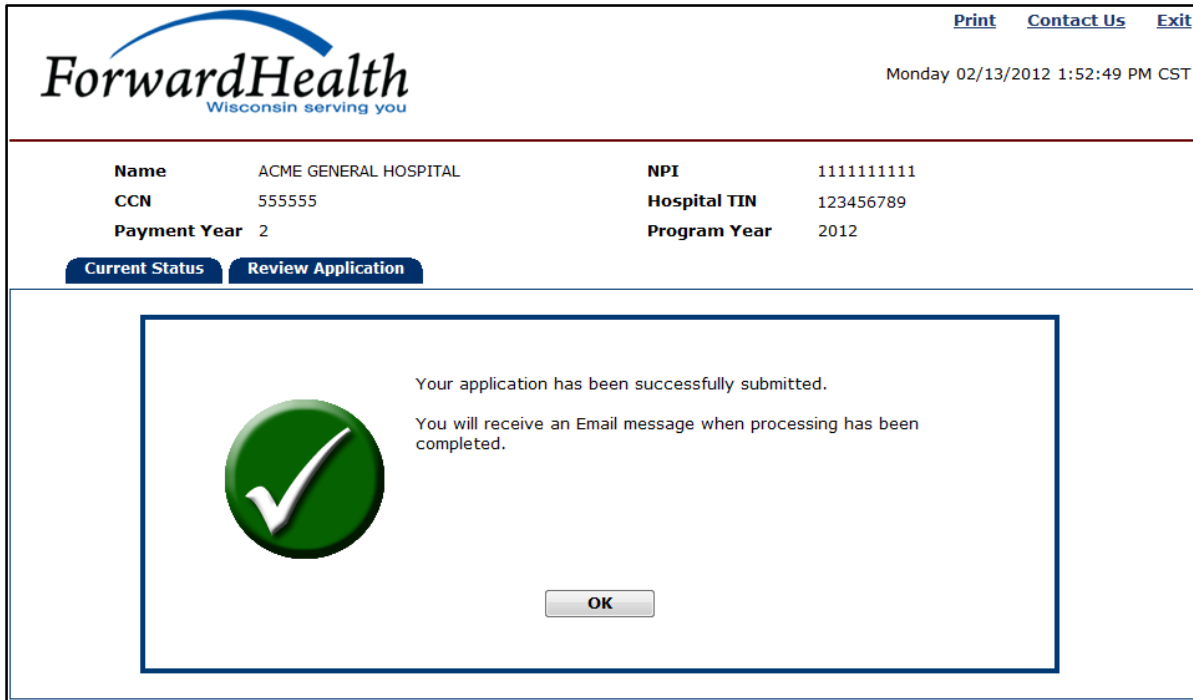


Figure 57 Application Submitted Page

12. Click **OK**. The Current Status page will be displayed.



Figure 58 Current Status Page

5 Check Application Status

You can check the status of your application at any time by logging into the Portal.

1. Log in to the secure Provider area of the Portal at www.forwardhealth.wi.gov/.
2. Click **Wisconsin Medicaid EHR Incentive Program** located in the Quick Links box. The Wisconsin Medicaid EHR Incentive Program page will be displayed.
3. Click **Next**.
4. Select the application from the list on the Select EHR Incentive Application page.
5. Click **Next**. The Confirm Payee page with your previously chosen payee information will be displayed.

Confirm Payee ?

Required fields are indicated with an asterisk (*).

- Please confirm the payee information file for the Wisconsin Medicaid EHR Incentive Program.

TIN 123456789

Name ACME GENERAL HOSPITAL

Address 1 789 S 18TH AVE

Address 2

City STURGEON BAY

Zip Code 54235

Telephone Number 1234567890 Ext.

Is this information correct?* Yes No

Next **Exit C**

Figure 59 Confirm Payee Page

6. If the previously entered payee information is correct, select **Yes** at the bottom of the page. If your payment information has changed, select **No** and update your information in the R&A.
7. Click **Next**. The Complete Registration page will be displayed.


Complete Registration ?

ForwardHealth has successfully processed your Wisconsin Medicaid EHR Incentive Program payee information. Select the Next button below to continue.

Next S

Figure 60 Complete Registration Page

5.1 Submitted Status



[Print](#) [Contact Us](#) [Exit](#)
 Monday 02/24/2014 6:02:38 PM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	2	Program Year	2014

Current Status

Review Application


Document Upload

Name:	ACME GENERAL HOSPITAL	Available Resources
Applicant NPI:	555555	Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Program before beginning the application:
Status:	Submitted	<ul style="list-style-type: none"> Eligible Hospital User Guide EHR Incentive Program Section in the Online Handbook.

Select **Review Application** to view the information that was entered on the application that was submitted.

Figure 62 Current Status Page with Submitted Status

You can click the **Review Application** tab to review your application; however, you will not be able to make any changes.



[Print](#) [Contact Us](#) [Exit](#)
 Monday 02/13/2012 1:52:49 PM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	55555	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Current Status
Review Application

The **Review Application** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved.

Status

Submitted

R&A Verification

Legal Business Name	ACME GENERAL HOSPITAL	Hospital NPI	111111111
CCN	55555	Hospital TIN	123456789

Application Submission (Part 1 of 2)

By checking the following box, you are indicating that you have reviewed all information that has been entered into Wisconsin Medicaid EHR Incentive Program (as displayed on the **Review** panel):

Application Submission (Part 2 of 2)


Electronic Signature of Preparer for Facility:

Preparer Name: Nancy Smith	Preparer Relationship: Clerk
-----------------------------------	-------------------------------------

[Top](#)
Continue

Figure 63 Review Application Page

5.2 Denied Status



[Print](#) [Contact Us](#) [Exit](#)
 Monday 02/13/2012 2:07:46 PM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2011

Current Status


Review Application

Submission Outcome

<p>Name: ACME GENERAL HOSPITAL</p> <p>Applicant NPI: 111111111</p> <p>Status: <i>Denied - Year Forfeited</i></p>	<p>Available Resources Providers should consult the following materials for detailed information on the Wisconsin Medicaid EHR Program before beginning the application:</p> <ul style="list-style-type: none"> Eligible Hospital User Guide Wisconsin Medicaid EHR Incentive Program Webcasts EHR Incentive Program Section in the Online Handbook.
--	---

Figure 64 Current Status Page with Denied Status

You can click the **Review Application** tab to review your application; however, you will not be able to make any changes.



[Print](#) [Contact Us](#) [Exit](#)
 Monday 02/13/2012 2:16:13 PM CST

Name ACME GENERAL HOSPITAL
CCN 555555
Payment Year 1

NPI 1111111111
Hospital TIN 123456789
Program Year 2011

Current Status
Review Application
Submission Outcome

The **Review Application** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved.

Status

Denied - Year Forfeited

R&A Verification

Legal Business Name	ACME GENERAL HOSPITAL	Hospital NPI	1111111111
CCN	555555	Hospital TIN	123456789

Application Submission (Part 1 of 2)

By checking the following box, you are indicating that you have reviewed all information that has been entered into Wisconsin Medicaid EHR Incentive Program (as displayed on the **Review** panel): ✔

Application Submission (Part 2 of 2)

Electronic Signature of Preparer for Facility:

Preparer Name:	Nancy Smith	Preparer Relationship:	Clerk
-----------------------	-------------	-------------------------------	-------

[Top](#)

Figure 65 Review Application Page

If you wish to view your application results, click the **Submission Outcome** tab.



[Print](#) [Contact Us](#) [Exit](#)

Monday 02/13/2012 2:28:14 PM CST

Name	ACME GENERAL HOSPITAL	NPI	111111111
CCN	555555	Hospital TIN	123456789
Payment Year	1	Program Year	2011

Current Status
Review Application
Submission Outcome



The Wisconsin Medicaid EHR Incentive Program "Review" panel displays the information that you have entered to date for your application. Select "Print" to generate a printer friendly version of this information.

Status

Denied - Year Forfeited

Provider Information

Name: ACME GENERAL HOSPITAL

Applicant NPI: 111111111

Figure 66 Submission Outcome Page

If you wish to appeal a Wisconsin Medicaid EHR Incentive Program decision, refer to [Section 6 Appeals Process](#).

Note: Refer to [Section 7.2 Application Status](#) for a list of potential application statuses.

6 Appeals Process

Eligible Hospitals may only appeal to the Wisconsin Medicaid EHR Incentive Program for the following reasons:

- To dispute the payment amount.
- To appeal a denied Wisconsin Medicaid EHR Incentive Program Application.

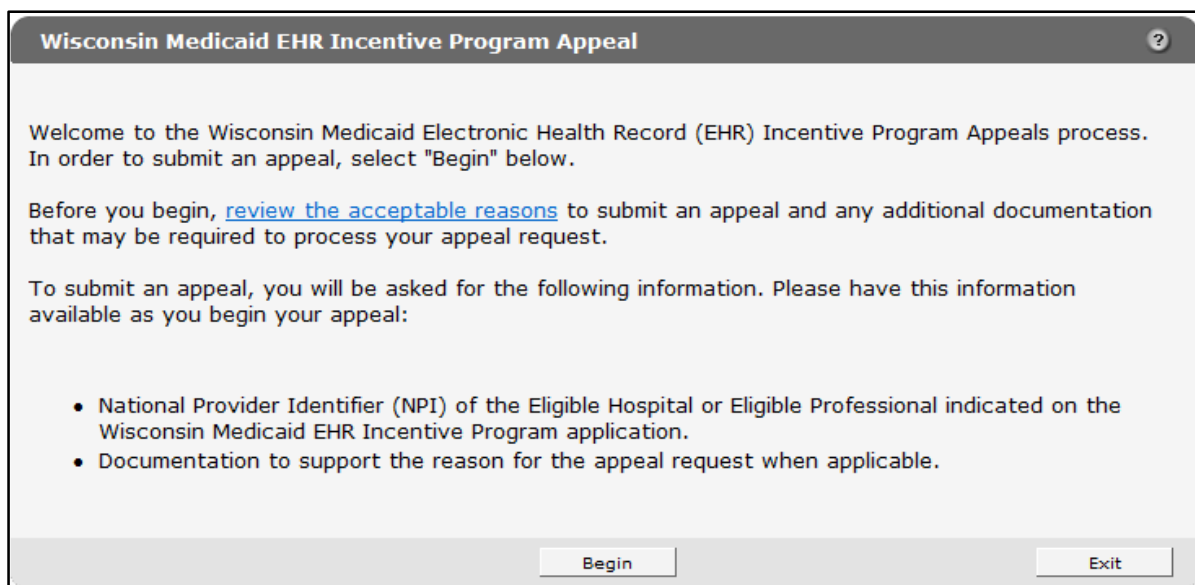
To file an appeal, complete the following steps:

1. Log in to the secure Provider area of the Portal at www.forwardhealth.wi.gov/.

The screenshot displays the ForwardHealth Provider portal. At the top, there is a navigation bar with links for 'wiscnsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header includes the 'ForwardHealth' logo and 'interChange Provider' with a 'Logout' link. A secondary navigation menu contains various service categories like 'Home', 'Search', 'Providers', 'Enrollment', 'Claims', etc. The 'Providers' menu item is highlighted in red. Below the navigation, a search bar shows the user is logged in with their NPI and Taxonomy Number. A 'What's New?' section contains several news items, including 'Planned Downtime for ForwardHealth' and 'HIPAA Version 5010 and NCPDP Version D.0 Upgrade Information'. A 'Quick Links' section on the right contains several links, with 'Wisconsin Medicaid EHR Incentive Program Appeal' highlighted in a red box. A red arrow points from the 'Providers' menu item to this highlighted link.

Figure 67 Secure Provider Page

2. Click **Wisconsin Medicaid EHR Incentive Program Appeal** located in the Quick Links box on the right of the page. The Wisconsin Medicaid EHR Incentive Program Appeal page will be displayed.



Wisconsin Medicaid EHR Incentive Program Appeal

Welcome to the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program Appeals process. In order to submit an appeal, select "Begin" below.

Before you begin, [review the acceptable reasons](#) to submit an appeal and any additional documentation that may be required to process your appeal request.

To submit an appeal, you will be asked for the following information. Please have this information available as you begin your appeal:

- National Provider Identifier (NPI) of the Eligible Hospital or Eligible Professional indicated on the Wisconsin Medicaid EHR Incentive Program application.
- Documentation to support the reason for the appeal request when applicable.

Figure 68 Wisconsin Medicaid EHR Incentive Program Appeal Page

3. Click the review the acceptable reasons link. A PDF explaining appeal reasons and what additional documentation may be required will open in a new window.

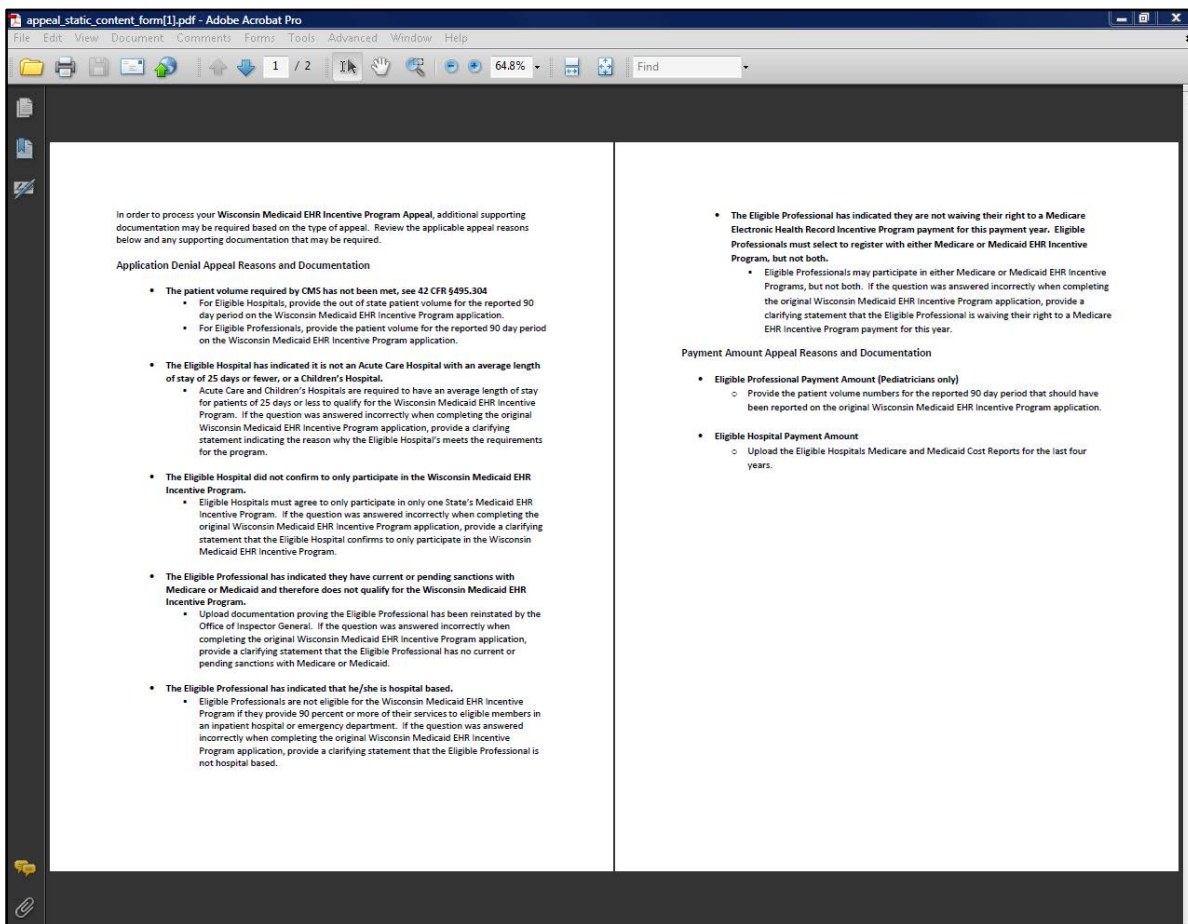


Figure 69 The PDF Explaining Appeal Reasons and Documentation

4. Review the information in the PDF.
5. Close the PDF window.
6. Click **Begin**. The Eligible Provider Identifying Information page will be displayed.

Eligible Provider Identifying Information ?

Required fields are indicated with an asterisk (*).

- This is the identifying information of the Eligible Hospital or Eligible Professional indicated on the Wisconsin Medicaid EHR Incentive Program application.
- Provide contact information of the Wisconsin Medicaid EHR Incentive Program appeal request contact person.

National Provider Identifier* [\[Search \]](#)

Payment Year*

Contact Name*

Contact Telephone Number*

Contact Email Address*

Preferred Method of Contact*

Figure 70 Eligible Provider Identifying Information Page

7. In the National Provider Identifier field, enter the NPI indicated on the Eligible Hospital's application.
8. Click anywhere on the gray area of the panel.

If only one record is found, the page will reload. Proceed to step 9.

If multiple records are found, the National Provider Identifier search box will be displayed.

National Provider Identifier Search Box											
Search											
Provider ID	1111111111										
Business OR Last Name											
First, MI											
Financial Payer	ALL PAYERS										
											search
											clear
Search Results											
National Provider ID ^	Program	Base ID	Financial Payer	Name	Type	Description	Taxonomy	Address	City	State	Zip
1111111111	100000050	2929	TXIX	ACME GENERAL HOSPITAL	33	Physician Group	000P00000X	789 S 18TH AVE	STURGEON BAY	WI	54235
1111111111	100006000	2929	TXIX	ACME GENERAL HOSPITAL	01	Hospital	100N00000X	789 S 18TH AVE	STURGEON BAY	WI	54235

Figure 71 National Provider Identifier Search Box

Select the Eligible Hospital that submitted the Wisconsin Medicaid EHR Incentive Program Application from the "Search Results" section. The National Provider Identifier search box will close, and the NPI of the selected Eligible Hospital will be displayed in the National Provider Identifier field.

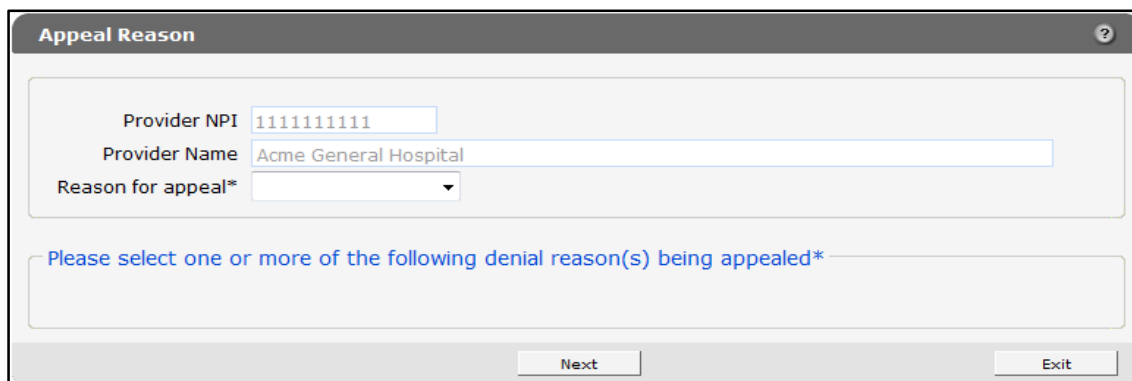
9. From the Payment Year drop-down menu, select the payment year for which the appeal is being submitted.
10. Enter a contact name.
11. Enter a contact telephone number.
12. Enter a contact email address.
13. From the Preferred Method of Contact drop-down menu, select whether you prefer to be contacted by telephone or email.
14. Click **Next**.

If the Wisconsin Medicaid EHR Incentive Program cannot match the NPI supplied with a current application, an error message will be displayed, and the Eligible Hospital cannot continue with the appeal process. The Eligible Hospital should then contact Provider Services.

The following messages were generated:
 A Wisconsin Medicaid EHR incentive Program application that is denied or approved for payment is not found for the eligible Hospital/Professional submitted. Please Verify the information entered. If you believe this message was received in error contact Provider Services.

Figure 72 Example Error Message

If the Wisconsin Medicaid EHR Incentive Program matches the NPI supplied with a current application, the Appeal Reason page will be displayed.

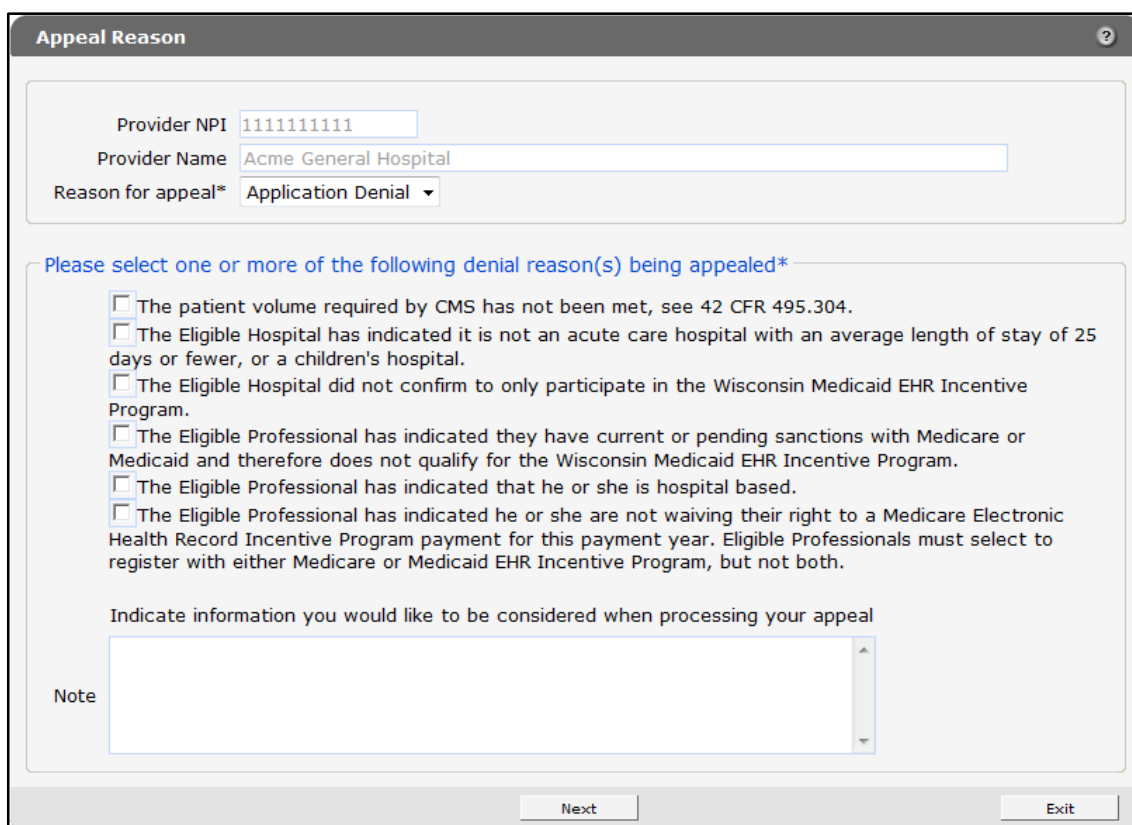


The screenshot shows a web form titled "Appeal Reason". It contains three input fields: "Provider NPI" with the value "1111111111", "Provider Name" with the value "Acme General Hospital", and "Reason for appeal*" which is currently empty. Below these fields is a blue instruction: "Please select one or more of the following denial reason(s) being appealed*". At the bottom of the form are two buttons: "Next" and "Exit".

Figure 73 Appeal Reason Page

15. Select the reason for the appeal from the Reason for appeal drop-down menu.
16. Click to the side of the Reason for Appeal field. Appeal reason options will be displayed at the bottom of the page.

If you selected **Application Denial** as the reason for appeal, in the "Please select one or more of the following denial reason(s) being appealed" section, select the reason for the appeal or provide a statement in the free-form comment box.



This screenshot shows the "Appeal Reason" page with "Application Denial" selected in the "Reason for appeal*" dropdown menu. Below the instruction "Please select one or more of the following denial reason(s) being appealed*", there is a list of six reasons, each with an unchecked checkbox:

- The patient volume required by CMS has not been met, see 42 CFR 495.304.
- The Eligible Hospital has indicated it is not an acute care hospital with an average length of stay of 25 days or fewer, or a children's hospital.
- The Eligible Hospital did not confirm to only participate in the Wisconsin Medicaid EHR Incentive Program.
- The Eligible Professional has indicated they have current or pending sanctions with Medicare or Medicaid and therefore does not qualify for the Wisconsin Medicaid EHR Incentive Program.
- The Eligible Professional has indicated that he or she is hospital based.
- The Eligible Professional has indicated he or she are not waiving their right to a Medicare Electronic Health Record Incentive Program payment for this payment year. Eligible Professionals must select to register with either Medicare or Medicaid EHR Incentive Program, but not both.

Below the list is a section titled "Indicate information you would like to be considered when processing your appeal" with a "Note" label and a large text area. At the bottom are "Next" and "Exit" buttons.

Figure 74 Appeal Reason Page with Application Denial Selected

If you selected **Payment Amount** as the reason for appeal, in the “Please select one of the following reasons for the payment amount appeal” section, select the reason for the appeal or provide a statement in the free-form comment box.

Appeal Reason

Provider NPI

Provider Name

Reason for appeal*

Please select one of the following reasons for the payment amount appeal*

Eligible Professional Payment Amount (Pediatricians only)

Eligible Hospital Payment Amount

Indicate information you would like to be considered when processing your appeal

Note

Next Exit

Figure 75 Appeal Reason Page with Payment Amount Selected

17. Click **Next**. The Upload Files page will be displayed.

Upload Files

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please Note:** JPG, JPEG, TXT, RTF, and PDF file formats are acceptable.

Upload File

File Path* Browse...

Upload

List of Files Uploaded

Next Exit

Figure 76 Upload Files Page

Eligible Hospitals can upload any relevant supporting documentation in support of their appeal. This documentation may include files up to 5 MBs each. Eligible Hospitals must upload all relevant supporting documentation before submission, as they will not be able to return to the appeal application to upload any documentation after submitting the appeal.

For information about additional supporting documentation that may be required to upload based on the type of appeal, refer to [Section 7.3 Appeal Reasons and Needed Documentation](#).

18. Click **Browse**. The Choose file window will be displayed.

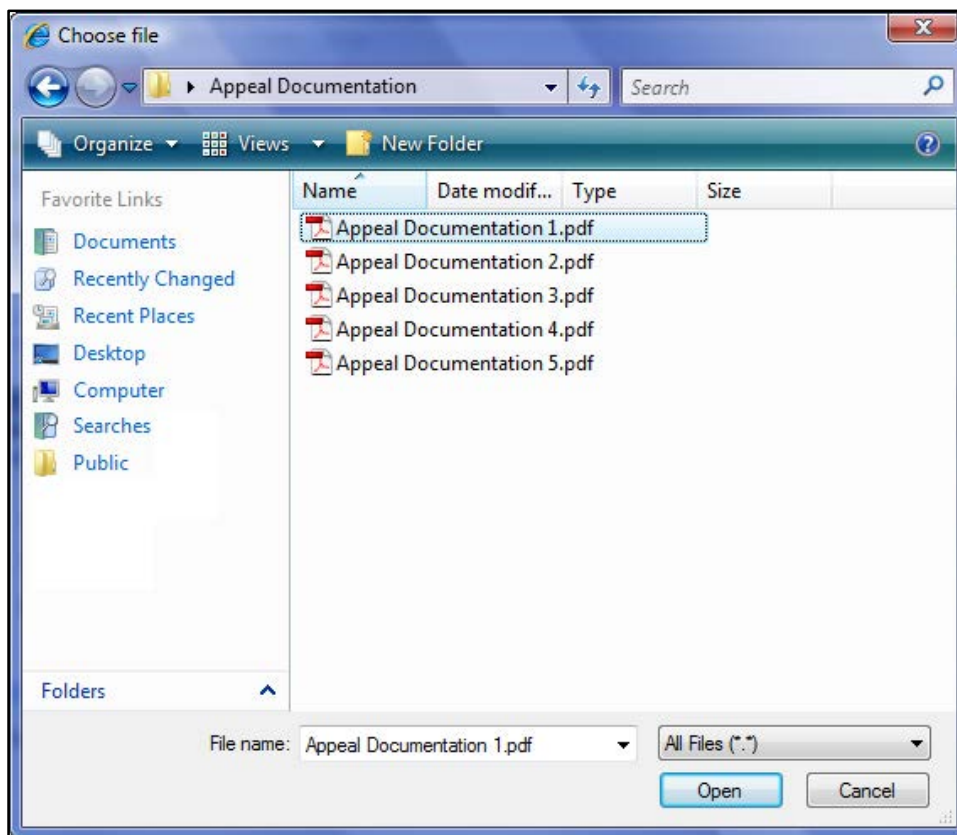
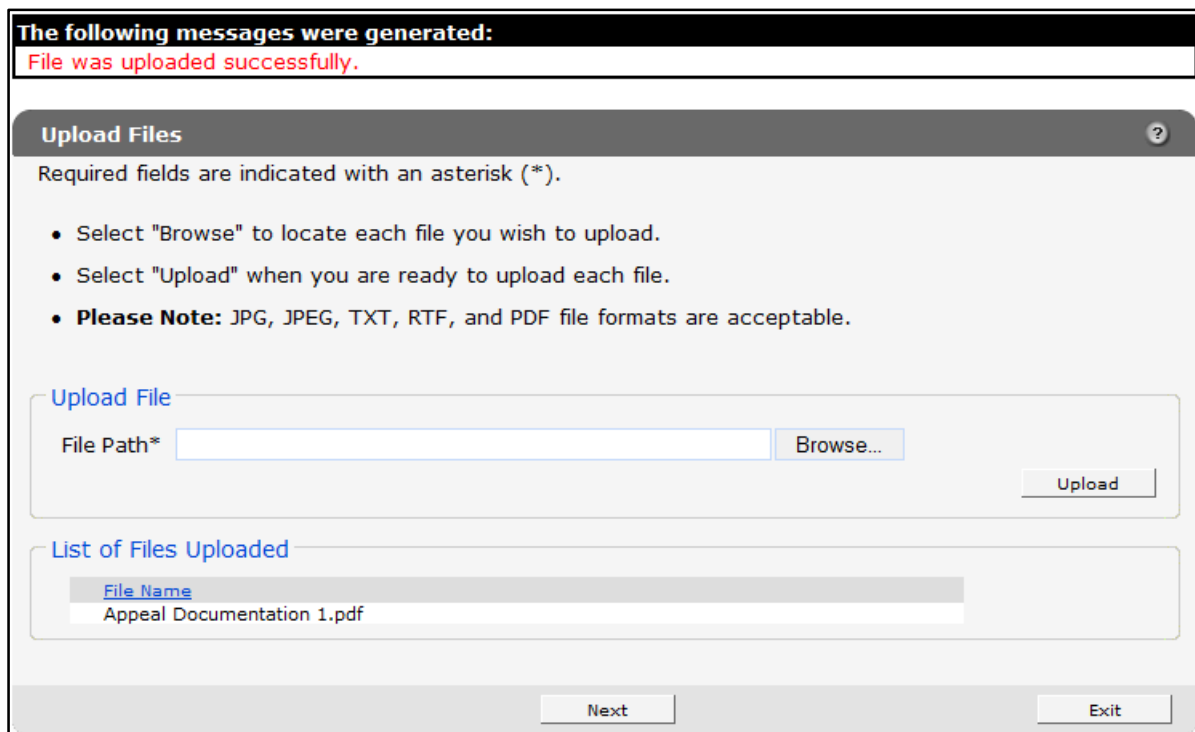


Figure 77 Choose File Window

19. Navigate to the appropriate computer or network location and select the file you wish to download.
20. Click **Open**. The Choose file window will close and the file path will be displayed in the File Path field.
21. Click **Upload**. The uploaded file will be displayed in the “List of Files Uploaded” section at the bottom of the page, and a validation message will be displayed at the top of the page.



The following messages were generated:
File was uploaded successfully.

Upload Files

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please Note:** JPG, JPEG, TXT, RTF, and PDF file formats are acceptable.

Upload File

File Path*

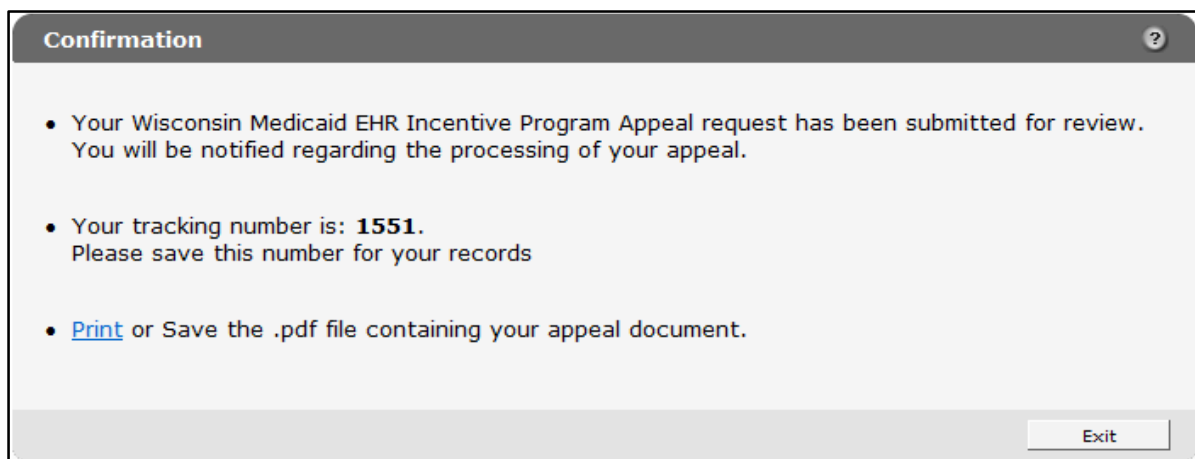
List of Files Uploaded

File Name
Appeal Documentation 1.pdf

Figure 78 Upload Files Page with File Uploaded Successfully Message

Upload as many files as necessary to verify your appeal.

22. Click **Next**. The Confirmation page will be displayed.



Confirmation

- Your Wisconsin Medicaid EHR Incentive Program Appeal request has been submitted for review. You will be notified regarding the processing of your appeal.
- Your tracking number is: **1551**. Please save this number for your records
- [Print](#) or Save the .pdf file containing your appeal document.

Figure 79 Confirmation Page

23. Save the tracking number for your records.

24. Click **Print** if you wish to print your appeal document or save it for your records. A PDF copy of your appeal document will open in a new window.

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F. 00485 (09/11)

STATE OF WISCONSIN

**WISCONSIN MEDICAID
ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM APPEAL**

ForwardHealth requires certain information to authorize payment.
The use of this form is required when submitting an appeal for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program.

Appeal Number
1551

SECTION I — ELIGIBLE PROVIDER INFORMATION

Name — Provider Acme General Hospital	National Provider Identifier (NPI) 1111111111
Address — Provider (Street, City, State, ZIP+4 Code) 789 S 18th Ave Sturgeon Bay, WI 54235	

SECTION II — CONTACT INFORMATION

Name — Contact Tester	Telephone Number — Contact (123) 456-7890
E-mail Address — Contact acmehospital@xyz.com	Preferred Method of Contact <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> E-mail
NPI 1111111111	
Name — Provider Acme General Hospital	Username USER

SECTION III — REASON FOR APPEAL

Appeal Reason
 Payment Amount Application Denial
The patient volume required by CMS has not been met, see 42 CFR 485.304.

ADDITIONAL NOTES

Figure 80 A PDF Copy of Appeal Document

25. Close the PDF window.
26. Click **Exit** to return to the secure Provider page of the Portal.

7 Additional Information

7.1 Acronyms and Terms

CCN — CMS Certification Number

CHPL — Certified Health IT Product List

CMS — Centers for Medicare and Medicaid Services

CPOE — Computerized physician order entry

R&A — Medicare and Medicaid EHR Incentive Program Registration and Attestation System

EHR — Electronic Health Record

FFY — Federal Fiscal Year

NPI — National Provider Identifier

ONC — Office of the National Coordinator for Health Information Technology

TIN — Tax Identification Number

7.2 Application Status

Below is a list of all the potential Application Statuses that applicants may see as they progress through the registration and application process.

Application Status	Description
Appeal Approved	An appeal has been approved.
Appeal Denied	An appeal has been denied.
Appeal Initiated	An appeal has been received.
Cancelled	The R&A has notified Wisconsin Medicaid EHR Incentive Program that this application has been cancelled. The applicant must return to the R&A to re-initiate their registration.
Completed	The Wisconsin Medicaid EHR Incentive Program Application has completed the full submission process and a payment has been made.
Denied	The Wisconsin Medicaid EHR Incentive Program has made a determination that the applicant does not qualify for an incentive payment based on one or more of the application's eligibility rules.
Incomplete	The Wisconsin Medicaid EHR Incentive Program Application has been started, but the application has not been submitted.

Application Status	Description
Not Started	Registration information has been received from the R&A; however, the application has not been started at the Wisconsin Medicaid EHR Incentive Program.
Payment Approved	The Wisconsin Medicaid EHR Incentive Program Application has been reviewed and determined payable.
Submitted	The application has been completed and submitted. The application may no longer be edited after submission.

7.3 Appeal Reasons and Needed Documentation

Refer to the tables below for the following information:

- A list of valid application denial appeal reasons.
- Additional supporting documentation that may be required to be uploaded based on the type of appeal.
- Appealing the payment amount.

7.3.1 Denied Application Appeals

Denied Application Appeals	
Reason for Appeal	Documentation Needed
The patient volume required by the CMS have not been met, see federal rule 42 CFR § 495.304.	For Eligible Hospitals, provide the out-of-state patient volume for the reported 90-day period on the Wisconsin Medicaid EHR Incentive Program application.
The Eligible Hospital has indicated it is not an acute care hospital with an average length of stay of 25 days or less or a children's hospital.	Acute care and children's hospitals are required to have an average length of stay for patients of 25 days or less to qualify for the Wisconsin Medicaid EHR Incentive Program. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement indicating the reason why the Eligible Hospital meets the requirements for the program.
The Eligible Hospital did not confirm to only participate in the Wisconsin Medicaid EHR Incentive Program.	Eligible Hospitals must agree to participate in only one state's Medicaid EHR Incentive Program. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program Application, provide a clarifying statement that the Eligible Hospital confirms to only participate in the Wisconsin Medicaid EHR Incentive Program.

7.3.2 Payment Amount Appeal

Payment Amount Appeal	
Reason for Appeal	Documentation Needed
Eligible Hospital payment amount	Upload the Eligible Hospital's Medicare and Medicaid Cost Reports for the last four years.