

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Advanced Practice Nurse Prescribers with Psychiatric Specialty, Dentists, Dental Groups, Federally Qualified Health Centers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## The Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals

This *ForwardHealth Update* introduces the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals.

The Electronic Health Record (EHR) Incentive Program was established under the American Recovery and Reinvestment Act of 2009, also known as the “Stimulus Bill,” to encourage certain eligible health care professionals and hospitals to adopt and become meaningful users of certified EHR technology.

Under the federal law, Medicare and Medicaid have separate EHR incentive programs. Eligible Professionals may register to participate in either the Medicare or Medicaid EHR Incentive Programs, but not both. Eligible Professionals may change their EHR Incentive Program election once, switching between Medicare and Medicaid, but the change in election must occur on or before December 31, 2014. All Eligible Professionals must be Wisconsin Medicaid certified in order to participate in the Wisconsin Medicaid EHR Incentive Program. Eligible Professionals may participate in only one state’s Medicaid EHR Incentive Program. Eligible Professionals should apply for EHR payments from the state with which they do most of their business.

Beginning August 1, 2011, Eligible Professionals may register with the Medicare and Medicaid EHR Incentive Program Registration and Attestation System, to be referred to as the R&A in this *ForwardHealth Update*. Beginning August 22,

2011, Eligible Professionals may begin to apply with the Wisconsin Medicaid EHR Incentive Program. All Wisconsin Medicaid EHR Incentive Program applications will be submitted through the secure Provider area of the ForwardHealth Portal. Eligible Professionals will be able to assign the new “EHR Incentive” clerk role beginning August 1, 2011.

Eligible Professionals should note that if they choose to participate in the Wisconsin Medicaid EHR Incentive Program and want to receive payments for calendar year 2011, Eligible Professionals must complete and submit an application by December 31, 2011. Applications completed and submitted on and after January 1, 2012, are considered applications for calendar year 2012.

Payments to Eligible Professionals will be made within 45 calendar days of the approval of a completed and submitted application. Eligible Professionals who meet all of the requirements may receive an incentive payment once per calendar year.

The Wisconsin Medicaid EHR Incentive Program will be available for Eligible Professionals from 2011 through 2021. The last date Eligible Professionals may register to begin receiving incentive payments for adopting, implementing, and upgrading EHR technology is December 31, 2016. Eligible Professionals may participate for a total of six years in the Wisconsin Medicaid EHR Incentive Program. Eligible

Professionals are encouraged, but not required, to participate in all six allowed payment years.

The Wisconsin Medicaid EHR Incentive Program payment years are defined as calendar years and are composed in the following way:

- First payment year: Eligible Professionals are required to attest to adopting, implementing, or upgrading certified EHR technology.
- Second payment year: Eligible Professionals are required to demonstrate “meaningful use” of certified EHR technology during any 90-day, continuous period during the payment year.
- Third – sixth payment year: Eligible Professionals are required to demonstrate “meaningful use” of certified EHR technology for the entire payment year.

Refer to Attachment 4 of this *Update* for an example of how payments can be received over a six-year period. Eligible Professionals should note that they are not required to participate in consecutive years of the Wisconsin Medicaid EHR Incentive Program. For example, an Eligible Professional may register and complete all requirements for the first year in 2011 and receive a payment but then wait until 2013 to demonstrate “meaningful use” during a 90-day, continuous period for the second payment year.

Wisconsin Medicaid will issue future *Updates* to outline the specifics of “meaningful use” attestation procedures for program participation years two through six.

All information submitted on the Wisconsin Medicaid EHR Incentive Program application is subject to audit at any time. Information on the Wisconsin Medicaid EHR Incentive Program can be found on the Wisconsin Medicaid Electronic Health Record Incentive Program Web site at [www.dhs.wisconsin.gov/ebrincentive](http://www.dhs.wisconsin.gov/ebrincentive).

Providers should look for future *Updates* regarding more detailed information for the Wisconsin Medicaid EHR Incentive Program for upcoming payment years. A separate *Update* will be issued for Eligible Hospitals.

## **Eligible Professionals for the Wisconsin Medicaid Electronic Health Record Incentive Program**

To be eligible to participate in the Wisconsin Medicaid EHR Incentive Program, an Eligible Professional must be certified with Wisconsin Medicaid as one of the following:

- Advanced practice nurse prescriber with psychiatric specialty.
- Dentist.
- Nurse midwife.
- Nurse practitioner.
- Physician.
- Physician assistants (PAs). Only PAs practicing predominately in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) are considered Eligible Professionals.

*Note:* Under the federal law, only PAs practicing predominately in an FQHC or RHC that is so led by a PA are considered Eligible Professionals. “So led” is defined in the federal regulation as one of the following:

- When a PA is the primary provider in a clinic.
- When a PA is a clinical or medical director at a clinical site of practice.
- When a PA is an owner of an RHC.

Eligible Professionals will not be eligible for the Wisconsin Medicaid EHR Incentive Program if they provide 90 percent or more of their services rendered to eligible members in an inpatient hospital or emergency department. Less than 90 percent of all services rendered to eligible members must take place outside place of service code “21” (Inpatient Hospital) and “23” (Emergency Room — Hospital).

## **Registration for the Electronic Health Record Incentive Program with Centers for Medicare and Medicaid Services**

All Eligible Professionals are required to first register at the R&A at <https://ebrincentives.cms.gov/bitech/login.action>. A step-by-step walkthrough of the R&A registration process for Eligible Professionals is available online at

Eligible Professionals may begin to register on the R&A beginning August 1, 2011.

After an Eligible Professional successfully registers on the R&A, Centers for Medicare and Medicaid Services (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 ForwardHealth system. Eligible Professionals may apply for the Wisconsin Medicaid EHR Incentive Program beginning August 22, 2011. If an Eligible Professional initiates registration on the R&A on and after August 22, 2011, Eligible Professionals must wait two full business days before beginning the application for the Wisconsin Medicaid EHR Incentive Program to allow for this process.

### **Applying for the Wisconsin Medicaid Electronic Health Record Incentive Program**

Eligible Professionals may apply for the Wisconsin Medicaid EHR Incentive Program beginning August 22, 2011. A secure Provider Portal account is required to apply for the Wisconsin Medicaid EHR Incentive Program. All applications must be completed via a secure Provider ForwardHealth Portal account. Eligible Professionals may apply for the Wisconsin Medicaid EHR Incentive Program in two different ways:

- Organizations applying on behalf of Eligible Professionals.
- Applying as an Individual.

#### **Organizations Applying on Behalf of Eligible Professionals**

Organizations applying on behalf of Eligible Professionals need to follow the process below when applying for the Wisconsin Medicaid EHR Incentive Program:

- The organization needs to first log in to the ForwardHealth Portal. The organization only needs one

ForwardHealth Portal account to apply for all Eligible Professionals assigning payment to their organization and associated with the organization's federal tax identification number (TIN). If the organization does not have a ForwardHealth Portal account, they need to obtain one. Refer to the Account Users User Guide on the References and Tools page of the Provider area of the Portal for more information on obtaining a ForwardHealth Portal account.

- Portal Administrators will automatically have access to the Wisconsin Medicaid EHR Incentive Program application. Beginning August 1, 2011, organizations may assign the new "EHR Incentive" role to a clerk to conduct all Wisconsin Medicaid EHR Incentive Program business.
- Click on the Wisconsin Medicaid EHR Incentive Program link in the Quick Link box.
- The organization will see a list of all Eligible Professionals that are associated with the organization's TIN. The organization will have to submit a separate application for *each* Eligible Professional associated with their TIN. Organizations should note that once an application has begun for an Eligible Professional, only the Portal account used to begin the application can access that Eligible Professional's application.

#### **Applying as an Individual**

Eligible Professionals applying as an individual need to follow the process below when applying for the Wisconsin Medicaid EHR Incentive Program:

- The Eligible Professional needs to first log in to the Portal. If the Eligible Professional does not have a ForwardHealth Portal account, they need to obtain one. Refer to the Account Users User Guide on the References and Tools page of the Provider area of the Portal for more information on obtaining a ForwardHealth Portal account.
- Click on the Wisconsin Medicaid EHR Incentive Program link in the Quick Link box.
- Eligible Professionals will have to designate payment to either themselves or their organization.

## Required Information When Starting the Application

Eligible Professionals will be required to supply specific information when completing the application. Eligible Professionals do not have to complete the entire application in one session. The application will allow users to save the information entered and return later to complete the application.

Eligible Professionals should have the following information available when beginning the application:

- Information submitted to the R&A. Eligible Professionals will need to confirm all of this information during the initial application phases.
- Contact name, telephone number, and e-mail address of the authorized preparer of the Eligible Professional's application, if not the Eligible Professional.
- Information regarding whether or not the Eligible Professional 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 ID for the certified EHR technology already or is contractually obligated to acquire. For more information on approved EHR technology, Eligible Professionals should refer to the Office of the National Coordinator for Health IT (ONC) certified EHR product list at [onchpl.forve.com/ehrvrt](http://onchpl.forve.com/ehrvrt).
- Required Patient Volume Data.
  - ✓ The total in-state eligible member patient encounter volume over the previously determined continuous 90-day reporting period.
  - ✓ The total eligible member patient encounter volume over the previously determined continuous 90-day reporting period.
  - ✓ The total patient encounter volume over the previously determined continuous 90-day reporting period.

## Patient Volume Requirements and Calculations

In addition to other program requirements, Eligible Professionals must meet patient volume thresholds over the course of a 90-day period for each Eligible Professional in the preceding calendar year, chosen by the applicant at the time of application. Eligible Professionals may enter any 90-day period that starts and ends in the previous calendar year.

When reporting patient volume, Eligible Professionals will designate which practice locations are using certified EHR technology and enter the relevant patient encounter data needed to determine eligibility. Patient encounter data will be entered in three parts for each practice location:

- The total (in-state) eligible member-only patient encounters volume over the previously determined continuous 90-day reporting period.
- The total (regardless of state) eligible member-only patient encounters volume over the previously determined continuous 90-day reporting period.
- The total patient encounters volume (regardless of state or payer) over the previously determined continuous 90-day reporting period.

When attesting to Wisconsin Medicaid EHR Incentive Program patient volume requirements, there are two methods by which an Eligible Professional may calculate patient volume.

- Eligible member patient volume.
- Needy individual patient volume.

Each patient volume method contains its own unique requirements; however, only Eligible Professionals practicing in an FQHC or RHC may use the needy individual patient volume method. Each of the patient volume methods is described in the sections that follow.

### **Eligible Member Patient Volume**

The federal law 42 CFR s. 495.306(c)(1) stipulates that only certain services rendered to certain members that are reimbursed with Medicaid (Title XIX) funds may be counted towards eligible member patient volume requirements. The

Wisconsin Medicaid EHR Incentive Program defines eligible members as those members enrolled in the programs listed in Attachment 1 and will refer to those members in this *Update* as eligible members.

Eligible Professionals using the eligible member patient volume method must meet a minimum patient encounter volume threshold of one of the following:

- At least 30 percent of their patient volume attributed to eligible members over a continuous 90-day period in the calendar year proceeding the payment year.
- Pediatricians will be considered eligible if 20 percent of their patient encounter volume is attributable to eligible members but will receive two-thirds of the incentive amounts. If a pediatrician's patient encounter volume is 30 percent or higher, the incentive payments are the same as any other Eligible Professional.

An eligible member patient encounter is defined as services rendered on any one day to an eligible member, listed in Attachment 1, where Medicaid or BadgerCare Plus paid all or part of the service including copayments or any other cost-sharing. Eligible Professionals must have submitted a claim to ForwardHealth or a state-contracted managed care organization and received reimbursement of at least \$0.01 to be counted as a patient encounter for an eligible member.

Eligible Professionals may be unable to distinguish between some eligible members and some non-eligible members when determining their patient volume. The Wisconsin Medicaid EHR Incentive Program only considers services provided to members that are reimbursed with funding directly from Medicaid (Title XIX) as a patient encounter. Eligible Professionals may be unable to determine where funding for eligible members comes from, so in order to assist Eligible Professionals in determining their eligible patient encounters, the Wisconsin Medicaid EHR Incentive Program will calculate a standard deduction. The standard deduction for 2011 is 8.08 percent.

To figure out the eligible member patient encounters, the Eligible Professional must multiply the total eligible member

encounter patient volume by a factor of (1-.0808) or .9192 and then divide that number by the total eligible member patient encounter volume. The final number should be rounded to the nearest whole number (i.e., .01 through .49 should be rounded down and .50 through .99 should be rounded up to the nearest number.)

Eligible Professionals using the eligible member patient volume method may elect to calculate patient volume at the individual or group practice level. If an Eligible Professional calculates their patient encounter volume based on a group practice level, the entire group practice's patient encounter volume must be included. This includes the services rendered by all providers within the group practice, regardless of provider type or eligibility status for the Wisconsin Medicaid EHR Incentive Program. Additionally, all Eligible Professionals included in the group practice who register for the Wisconsin Medicaid EHR Incentive Program, must also register using the group practice patient volume.

A group practice is defined by how a group practice enumerates its business using National Provider Identifiers (NPIs). When calculating a group practice patient volume, the group practice patient volume methodology can only be used if all of the following conditions are satisfied:

- The eligible members included in the group practice patient volume calculation were provided services during the 90-day period that the group practice is attesting (for the first year).
- There is an auditable data source to support a group practice's patient volume determination.
- All Eligible Professionals in the group practice use the same methodology for the payment year.
- The group practice uses the entire practice or clinic's patient volume and does not limit patient volume in any way.
- If an Eligible Professional works inside and outside the group practice, the patient volume calculation may only include those encounters associated with the group practice and not individual encounters outside the group practice.

*Note:* Eligible Professionals should note that whether they calculate their eligible member patient encounter volume as a group practice or individual will not affect how the incentive payments are distributed. For example, an Eligible Professional may calculate their eligible member patient volume at an individual level and assign payment to their group practice. Conversely, an Eligible Professional may calculate their eligible member patient volume at a group practice level and assign payment to themselves. Refer to the Applying for the Wisconsin Medicaid Electronic Health Record Incentive Program section of this *Update* for more information on assigning payments.

Eligible Professionals calculating group practice patient volume under the eligible member patient volume must meet a minimum of at least 30 percent of their patient volume attributed to eligible members. The standard deduction must be applied to the total (in-state) eligible member-only patient encounters of the group and rounded to the nearest whole number prior to entry in the Wisconsin EHR Incentive Program application.

Refer to Attachment 2 for an example of how to calculate individual patient volume. Refer to Attachment 3 for an example of how to calculate group patient volume.

### ***Needy Individual Patient Volume***

The federal law stipulates that only certain services rendered to certain individuals may be counted towards the needy individual patient volume requirements. The Wisconsin Medicaid EHR Incentive Program defines needy individuals as those listed in Attachment 1 as well as those who are provided uncompensated care by the provider, or individuals provided services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Only Eligible Professionals, including pediatricians, practicing in an FQHC or RHC may use the needy individual patient volume method. In order to meet the definition of practicing predominantly in an FQHC or RHC, the clinical location for more than 50 percent of all services in an FQHC

or RHC for at least a six-month period of the previous calendar year.

Eligible Professionals using the Needy Individual Patient Volume method must meet a minimum of 30 percent needy individual patient volume threshold. Needy Individual Patient Volume encounters consist of the following:

- Services rendered on any one day to an individual where Medicaid or BadgerCare Plus paid all or part of the service including copayments or any other cost-sharing.
- Services rendered on any one day to an individual where Children's Health Insurance Program under Title XXI paid for part or all of the service.
- Services rendered on any one day to an individual furnished by the provider as uncompensated care.
- Services rendered on any one day to an individual furnished at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

Eligible Professionals using the Needy Individual Patient Volume method may elect to calculate patient volume at the individual or a group practice level. If an eligible professional calculates their patient encounter volume based on a group practice, the entire group practice's patient volume must be included. This includes the services rendered by all providers within the group practice, regardless of provider type or eligibility status for the Wisconsin Medicaid EHR Incentive Program. Additionally, all Eligible Professionals included in the group practice who register for the Wisconsin Medicaid EHR Incentive Program must also register using the group practice patient volume.

A group practice is defined by how a group practice enumerates its business using NPIs. When calculating a group practice patient volume, the group practice patient volume methodology can only be used if all of the following conditions are satisfied:

- The eligible members included in the group practice patient volume calculation were provided services during the 90-day period that the organization is attesting (for the first year).

- There is an auditable data source to support a group practice's patient volume determination.
- All Eligible Professionals in the group practice use the same methodology for the payment year.
- The group practice uses the entire group practice's patient volume and does not limit patient volume in any way.
- If an Eligible Professional works inside and outside the group practice, the patient volume calculation may only include those encounters associated with the group practice and not individual encounters outside the group practice.

*Note:* Eligible Professionals should note that whether they calculate their needy individual patient encounter volume as a group practice or individual will not affect how the incentive payments are distributed. For example, an Eligible Professional may calculate their needy individual patient volume at an individual level and assign payment to their group practice. Conversely, an Eligible Professional may calculate their needy individual patient volume at a group practice level and assign payment to themselves. Refer to the Applying for the Wisconsin Medicaid Electronic Health Record Incentive Program section of this *Update* for more information on assigning payments.

Eligible Professionals calculating group patient volume under the needy individual patient volume must meet a minimum of at least 30 percent of their patient volume attributed to needy individuals. The standard deduction must be applied to the total (in-state) eligible member-only patient encounters of the organization and rounded to the nearest whole number prior to entry in the Wisconsin EHR Incentive Program application.

Refer to Attachment 2 for an example of how to calculate individual patient volume. Refer to Attachment 3 for an example of how to calculate group patient volume.

## **Adopting, Implementing, or Upgrading Certified Electronic Health Record Technology**

For the first year of the Wisconsin Medicaid EHR Incentive Program, adopting, implementing, or upgrading certified EHR technology is the only means through which Eligible Professionals may receive payment. Adoption, implementation, and upgrade are defined in the Final Rule (42 CFR s. 495.4). Eligible Professionals do not have to demonstrate meaningful use in the first payment year. For more detailed information on meaningful use, please visit the CMS Web site at [www.cms.gov/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp](http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp).

### **Adopting Electronic Health Record Technology**

In order to qualify for a Wisconsin Medicaid EHR Incentive Program payment under "adoption," Eligible Professionals must demonstrate acquisition, installation, or contractual proof of a future acquisition of certified EHR technology in the first payment year. All information is subject to audit at any time and must be maintained by the Eligible Professional for a period of six years. If selected for audit, the applicant must be able to supply one of the following items:

- Receipt(s) for certified EHR technology. The receipt must match the products associated with the CMS EHR certification ID the applicant received from the ONC Certified Health IT Product List at [onc-chpl.force.com/ehrcert](http://onc-chpl.force.com/ehrcert) and reported through the application process.
- A contract for certified EHR technology. The products listed in the contract must match the products associated with the CMS EHR certification ID the applicant received from ONC's Certified Health IT Product List at [onc-chpl.force.com/ehrcert](http://onc-chpl.force.com/ehrcert) and reported through the application process.

Additional documentation may be considered but must, at a minimum, identify the certified EHR technology adopted and indicate the certified EHR technology acquired or purchased.

## ***Implementing Electronic Health Record Technology***

In order to qualify for a Wisconsin Medicaid EHR Incentive Program payment under “implementation,” Eligible Professionals must meet the criteria for adopting certified EHR technology and demonstrate actual implementation, installation, or utilization of certified EHR technology. Examples of how to demonstrate implementation of certified EHR technology includes completing a workflow analysis and redesign, training staff on the use of modules, and patient demographics and administrative data. All information is subject to audit at any time and must be maintained by the Eligible Professional for a period of six years. If selected for audit, the applicant must be able to supply at least one document from each of the following lists:

### *List One:*

- Receipt(s) for certified EHR technology. The receipt must match the products associated with the CMS EHR certification ID that the applicant received from the ONC Certified Health IT Product List at [onc-chpl.force.com/ehrcert](http://onc-chpl.force.com/ehrcert) and reported through the application process.
- A contract for certified EHR technology. The products listed in the contract must match the products associated with the CMS EHR certification ID the applicant received from ONC’s Certified Health IT Product List at [onc-chpl.force.com/ehrcert](http://onc-chpl.force.com/ehrcert) and reported through the application process.

### *List Two:*

- Maintenance agreement.
- Installation contract or receipts.
- System logs indentifying use of the certified technology and/or user license agreements.
- Evidence of cost, contract, or third party certification of certified EHR technology training.

Additional documentation may be considered but must, at a minimum, identify the certified EHR technology

implemented and indicate the certified EHR technology acquired or purchased.

If attesting to “implementation,” the Eligible Professional will select from a list of implementation activities that are either “Planned” or “Completed.” Some examples of these activities include workflow analysis, workflow redesigns, software installations, hardware installations, peripheral installations.

## ***Upgrading Electronic Health Record Technology***

In order to qualify for a Wisconsin Medicaid EHR Incentive Program payment under “upgrade,” Eligible Professionals must meet the criteria for adopting and implementing and demonstrate expansion of the certified EHR technology’s functionality such as the addition of an e-prescribing functionality or Computerized Physician Order Entry. All information is subject to audit at any time and must be maintained by the Eligible Professional for a period of six years. If selected for audit, the applicant must be able to supply one of the following items:

- Receipt(s) for certified EHR technology. The receipt must match the products associated with the CMS EHR certification ID the applicant received from the ONC Certified Health IT Product List at [onc-chpl.force.com/ehrcert](http://onc-chpl.force.com/ehrcert) and reported through the application process.
- Executed contract for certified EHR technology. The products in listed in the contract must match the products associated with the CMS EHR certification ID the applicant received from ONC’s Certified Health IT Product List at [onc-chpl.force.com/ehrcert](http://onc-chpl.force.com/ehrcert) and reported through the application process.

Additional documentation may be considered but must, at a minimum, identify the certified EHR technology upgraded and indicate the certified EHR technology acquired or purchased.



## **Reviewing, Confirming, and Submitting the Application**

After completing attestations, the Eligible Professional will be asked to review all answers provided. An error-checking function will identify any errors found in the application.

Final submission will require an electronic signature by providing the preparer or the Eligible Professional's initials, the Eligible Professional's NPI and the Eligible Professional's personal TIN. If completed through the use of an authorized preparer, that preparer will also need to include their name, their relationship to the Eligible Professional, and then electronically sign the application before submission. Once the Wisconsin Medicaid EHR Incentive Program application has been completed and submitted, an e-mail notification will be sent to confirm the application's submission. After an application is successfully submitted and approved, Eligible Professionals can expect payments within 45 days.

## **Incentive Payment Information**

Eligible Professionals who meet all of the requirements will receive an incentive payment once per calendar year. Eligible Professionals must assign payment to either themselves or their organization's federal TIN. Refer to Attachment 4 for payment amount information.

Wisconsin Medicaid EHR Incentive Program payments for Eligible Professionals may only be assigned to either the Eligible Professional themselves or the group practice assigned for the pay-to address on the Wisconsin Medicaid provider file. Eligible Professionals should ensure that the most current group practice is assigned for the pay-to address. Eligible Professionals can check this information via their ForwardHealth Portal Account in the "Demographic" section.

## ***Electronic Funds Transfer***

Eligible Professionals who assign payments to themselves as individuals may elect to receive paper checks but are encouraged to set up an electronic funds transfer (EFT). Electronic funds transfers allow ForwardHealth to directly

deposit payments into the group's or Eligible Professional's designated bank account for a more efficient delivery of payments. An EFT is secure, eliminates paper, and reduces the uncertainty of possible delays in mail delivery.

Eligible Professionals that assign payments to an organization or clinic must supply the organization's EFT number. Organizations receiving payment from an Eligible Professional may only receive incentive payments through their existing EFT account.

Refer to the Electronic Funds Transfer User Guide on the References and Tools page of the Portal for information on EFT enrollment.

## **Remittance Advice and 835 Health Care Claim Payment/Advice Transaction Information**

Eligible Professionals will see changes to the Remittance Advice (RA) and 835 Health Care Claim Payment/Advice (835) transactions after implementation of the Wisconsin Medicaid EHR Incentive Program. The following information will help identify what has changed and will identify the specific codes used to distinguish the Wisconsin Medicaid EHR Incentive Program payments from all other ForwardHealth payments.

## **Remittance Advice**

### ***Financial Transactions Section***

Eligible Professionals will see the following information under the "Non-Claim Specific Payouts to Payee" section within the financial transactions page of the text (TXT) version of the RA as well as within Section 130 of the comma-separated value (CSV) downloadable file:

- All Wisconsin Medicaid EHR Incentive Program payments will appear under the "Non-Claim Specific Payouts to Payee" section of the RA.
- Amounts identified with the Reason Code 0247 will designate the amount as a Wisconsin Medicaid EHR Incentive Program payment.

- Amounts identified with the Reason Code 0248 will designate the amount as a Wisconsin Medicaid EHR Incentive Program positive adjustment.
- Payments reported in this section are processed and mean the same as any other ForwardHealth payment identified within this section.
- A new field has been added, called “Related Provider ID,” to identify the NPI of the individual Eligible Professional approved to receive the Wisconsin Medicaid EHR Incentive Program payment.

Eligible Professionals will see the following information on the “Accounts Receivable” section within the Financial Transactions page of the TXT version of the RA as well as within Section 150 of the CSV downloadable file:

- If a negative adjusting entry is required to adjust the original Wisconsin Medicaid EHR Incentive Program incentive payment issued, an Accounts Receivable transaction will be generated to initiate the adjusting entry. All Wisconsin Medicaid EHR Incentive Program payment adjustments will be identified with the Reason Code 0265 (EHR Payment Adjustment). The Wisconsin Medicaid EHR Incentive Program payments are subject to recoupment as a result of any monies owed to ForwardHealth.
- The Wisconsin Medicaid EHR Incentive Program payment adjustments are processed and report on the RA as they do today under the Accounts Receivable section.

### **Summary Section**

The Earnings Data section on the Summary section of the TXT version of the RA and the Sections 160 (Summary Net Payments) and Section 180 (Summary Net Earnings) of the CSV downloadable file will include the Wisconsin Medicaid EHR Incentive Program payments and adjustments reported on the Financial Transactions section. The process for calculating and reporting the net payments and earnings for the Summary section has not changed.

### **835 Health Care Claim Payment/Advice Transaction**

To assist trading partners in identifying Wisconsin Medicaid EHR Incentive Program payments received for an Eligible Professional or organizations on the 835 transaction, the NPI of the Eligible Professional approved to receive the Wisconsin Medicaid EHR Incentive Program payment will appear in segment PLB01 of the 2110 Loop. The PLB03-1 segment identifies the adjustment reason code. A code of LS will represent a positive incentive payment while a code of WO will represent a recovery of a previously paid incentive payment. The PLB04 segment will represent the monetary amount that is either paid or recouped based on the Adjustment Reason Code displayed in PLB03-1.

A revised companion document for the 835 transaction is available on the ForwardHealth Portal.

### **Appeals Process**

Eligible Professionals may appeal their Wisconsin Medicaid EHR Incentive Program eligibility determination or payment amounts.

Eligible Professionals should look for future *Updates* regarding the Wisconsin Medicaid EHR Incentive Program appeals process.

### **Resources**

Eligible Professionals should call Provider Services at (800) 947-9627 with all questions regarding the Wisconsin Medicaid EHR Incentive Program.

### **User Guide**

Wisconsin Medicaid EHR Incentive Program User Guides for Eligible Professionals will be available in mid-August 2011 on the References and Tools page of the Provider area of the ForwardHealth Portal.

### **Other Resources**

There are multiple additional resources available for Eligible Professionals and staff regarding the different aspects of the

Wisconsin Medicaid EHR Incentive Program. Refer to Attachment 5 for a complete list of available resources.

This *Update* was issued on July 25, 2011, and information contained in this *Update* was incorporated into the Online Handbook on September 9, 2011.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250

# **ATTACHMENT 1**

## **Members Who May Be Counted When Determining Patient Volume**

Most members enrolled in the programs listed below are considered eligible members and may be counted when determining patient encounters and patient volume:

- Wisconsin Medicaid.
- BadgerCare Plus Standard Plan.
- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Core Plan.
- BadgerCare Plus Express Enrollment for Pregnant Women.
- Alien Emergency Service Only.
- Tuberculosis-Related Service Only (TB-Only) Benefit.
- Family Planning Only Services.

*Note:* There are certain members enrolled in these programs or certain services provided to eligible members that may be included in the patient volume, which is the reason for the standard deduction.

# ATTACHMENT 2

## Example of Calculating Individual Patient Volume

Eligible Professionals must have at least 30 percent (except pediatricians, who must have at least 20 percent) of their patient volume attributed to eligible members. For example, if an Eligible Professional calculates his or her total eligible member patient encounter volume of 35 out of a total patient encounter volume of 75, the eligible member patient volume is 46.66 percent, rounded to 47 percent.

Eligible Professionals may be unable to distinguish between some eligible members and some non-eligible members when determining their patient volume. The Wisconsin Medicaid EHR Incentive Program only considers services provided to members who are reimbursed with funding directly from Medicaid (Title XIX) as a patient encounter. Eligible Professionals may be unable to determine where funding for eligible members comes from, so in order to assist Eligible Professionals in determining their eligible patient encounters, the Wisconsin Medicaid EHR Incentive Program will calculate a standard deduction. The standard deduction for 2011 is 8.08 percent.

To figure out the eligible member patient encounters, Eligible Professionals must multiply their total eligible member encounter patient volume by a factor of (1-.0808) or .9192 and then divide that number by their total eligible member patient encounter volume.

### Standard Deduction Calculation

$$\frac{\text{Total eligible member patient encounters during any 90-day continuous period} * .9192}{\text{Total patient encounters, regardless of payer over that same 90-day continuous period}} * 100$$

-Or-

$$\frac{35 * .9192}{75} * 100 = 42.896 \text{ percent}$$

So the final eligible member patient encounter volume is 32.17 encounters out of 75 total, or 42.896 percent, rounded to the nearest whole number, 43 percent.

Therefore, 43 percent of the Eligible Professional's patient volume is eligible members and the Eligible Professional fulfills the patient volume requirement for the Wisconsin Medicaid EHR Incentive Program.

# ATTACHMENT 3

## Calculating Group Practice Patient Volume

Eligible Professionals must have at least 30 percent of their patient volume encounters attributed to eligible members. When electing to use group practice patient volume, the entire practice's patient volume must be included. This includes the services rendered by all Eligible Professionals within the group practice, regardless of provider type or eligibility status for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. Groups are defined by how their businesses are enumerated under their National Provider Identifier (NPI).

The following is an example of calculating group practice volume for the purpose of establishing eligibility for the Wisconsin Medicaid EHR Incentive Program.

Eligible Provider	Provider Type	Total Encounters (Eligible Members/Total)	Percentage of Eligible Member Encounters
Yes	Physician	80/200	40 percent
Yes	Nurse Practitioner	50/100	50 percent
Yes	Physician	0/100	0 percent
No	Registered Nurse	150/200	75 percent
No	Pharmacist	80/100	80 percent
Yes	Physician	30/300	10 percent
Yes	Dentist	5/100	5 percent
Yes	Dentist	60/200	30 percent

In this scenario, there are 1300 encounters in the selected 90-day period. Of the 1300 encounters, 455 are attributable to eligible members, or 35 percent. The next step is to apply the standard deduction ( $1 - .0808 = 0.9192$ ) to the number of eligible members.

$$455 * 0.9192 = 418.236$$

That number is divided by the total number of encounters in the selected 90-day period, or 1300.

$$418.236 / 1300 = 32.172$$

Therefore, the group practice patient volume is 32.172 percent, which is rounded to the nearest whole number of 32 percent, and is eligible for the Wisconsin Medicaid EHR Incentive Program.

Eligible Professionals should note that even though one dentist's eligible member encounter percentage was only 5 percent and one physician's eligible member encounter percentage was 10 percent, when included in the group practice patient volume, both are eligible for the program when registering with the group practice patient volume. The physician whose eligible member encounter percentage is zero is *not* eligible for the program because he or she did not render services to at least one eligible member.

# ATTACHMENT 4

## Example of a Six-Year Payment Schedule for an Eligible Professional

Eligible Professionals who complete all the requirements for each applicable payment year will receive incentive payments in lump sums, as listed in the following table. Eligible Professionals may begin registering for the Wisconsin Medicaid Electronic Health Record Incentive Program beginning in 2011 and up until 2016.

Calendar Year	Wisconsin Medicaid Eligible Professionals *					
	2011	2012	2013	2014	2015	2016
2011	\$21,250	-----	-----	-----	-----	-----
2012	\$8,500	\$21,250	-----	-----	-----	-----
2013	\$8,500	\$8,500	\$21,250	-----	-----	-----
2014	\$8,500	\$8,500	\$8,500	\$21,250	-----	-----
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	-----
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017	-----	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018	-----	-----	\$8,500	\$8,500	\$8,500	\$8,500
2019	-----	-----	-----	\$8,500	\$8,500	\$8,500
2020	-----	-----	-----	-----	\$8,500	\$8,500
2021	-----	-----	-----	-----	-----	\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

\* Pediatricians with a minimum of 20 percent eligible member patient volume, but less than 30 percent eligible member patient volume will receive two-thirds of the incentive payment amounts. Eligible pediatricians will receive \$14,167 in their first payment year, \$5,667 in their second payment year, and \$42,500 in their third through sixth payment years.

# ATTACHMENT 5

## Available Resources Regarding Wisconsin Medicaid Electronic Health Record Incentive Program

Available Resources	Contact Information
Provider Services	(800) 947-9627
<i>ForwardHealth Updates</i>	<i>www.forwardhealth.wi.gov/</i> (Publications page of Provider ForwardHealth Portal)
Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program User Guide	<i>www.forwardhealth.wi.gov/</i> (References and Tools page of Provider area of the ForwardHealth Portal) Available mid-August 2011
Wisconsin Medicaid EHR Incentive Program Web site	<i>www.dhs.wisconsin.gov/ehrincentive/</i>
Centers for Medicare and Medicaid Services EHR Incentive Program	<i>https://www.cms.gov/EHRIncentivePrograms/</i>
Wisconsin Health Information Technology Extension Center Web site	<i>www.whitec.org/</i>