This *Update* has been revised. The November and December dates for an Eligible Hospital's fiscal year in Attachment 2 have changed since original publication. For more information, refer to page 7 of this *Update* or to the Determining the Payment Year for Eligible Hospitals topic (topic #12517) in the EHR Incentive Program section, Financial Information chapter of the Online Handbook.

Update
October 2011
No. 2011-68

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

Additional Information and Clarifications Regarding the Wisconsin Medicaid Electronic Health Record Incentive Program

This *ForwardHealth Update* includes information regarding changes to the Wisconsin Medicaid Electronic Health Record Incentive Program application as well as clarifications surrounding the policy for this program.

Beginning in November 2011, the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program application has been changed to include:

- A function to file appeals regarding payment amounts and denials of Wisconsin Medicaid EHR Incentive Program applications.
- The ability to upload supporting documentation when completing the Wisconsin Medicaid EHR Incentive Program application.

This *ForwardHealth Update* also includes some clarification and further explanation of policy for the Wisconsin Medicaid EHR Incentive Program for Eligible Hospitals and Eligible Professionals.

Valid Reasons to Appeal

Eligible Professionals and 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.

Refer to Attachment 1 of this *Update* for a complete list of valid application denial appeal reasons.

Appealing a Payment Amount

Eligible Professionals and Hospitals who wish to appeal a payment amount must do so within 45 calendar days of the Remittance Advice (RA) date of the Wisconsin Medicaid EHR Incentive Program payment.

Appealing a Denied Wisconsin Medicaid Electronic Health Record Incentive Program Application

Eligible Professionals and Hospitals who do not qualify for a Wisconsin Medicaid EHR Incentive Program payment will receive a denial letter in the mail, sent to the address provided during the Wisconsin Medicaid EHR Incentive Program application process. The letter will explain why their Wisconsin Medicaid EHR Incentive Program application was denied. Eligible Professionals and Hospitals who wish to appeal a denied Wisconsin Medicaid EHR Incentive Program application must do so within 45 calendar days from the date on the denial letter.

Appeals Process

To file an appeal, the Eligible Professional or Hospital should log in to the secure ForwardHealth Portal and select

the new quick link called the "Wisconsin Medicaid EHR Incentive Program Appeal" on the secure Portal homepage.

Eligible Professionals and Hospitals (or an authorized preparer) filing a Wisconsin Medicaid EHR Incentive Program appeal should have the following information on hand when initiating an appeal:

- The National Provider Identifier (NPI) of the Eligible Hospital or Eligible Professional submitting the appeal.
- The payment year for which the appeal is being submitted.
- The name, telephone number, e-mail address, and the preferred method of contact of the person submitting the appeal (i.e., the Eligible Hospital, Eligible Professional, or authorized preparer).

Once the Wisconsin Medicaid EHR Incentive Program has validated that the NPI matches a current application, the Eligible Professional or Hospital will then be able to select the reason to appeal from a drop-down list of reasons or will be able to provide a statement in a free form comment box. Refer to Attachment 1 for a complete list of valid application appeal reasons and instances when a statement is needed from the Eligible Professional or Hospital.

If the Wisconsin Medicaid EHR Incentive Program cannot match the NPI supplied with a current application, the Eligible Professional or Hospital will receive the following message: "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." The Eligible Professional or Hospital should then contact Provider Services at (800) 947-9627.

After selecting the reason for the appeal or providing a statement in the free form comment box, the Eligible Professional or Hospital will then be able to upload any relevant supporting documentation in support of their appeal. This documentation may include any Portable Document Format (PDF) files up to 5 MBs each. Eligible Professionals and Hospitals should note that they must upload all relevant supporting documentation at the time of submission, as they will not be able to return to the appeal application to upload any documentation after submitting the appeal. Eligible Professionals and Hospitals will also have the option of creating a PDF of their appeal for their files. Refer to Attachment 1 for information regarding additional supporting documentation that the Eligible Professional or Hospital may be required to upload based on the type of appeal.

After submission of the appeal, Eligible Professionals or Hospitals will receive a tracking number that is assigned to each appeal. Eligible Professionals and Hospitals should have this tracking number on hand to reference if they need to contact Provider Services regarding their appeal.

Once an appeal has been filed, the Eligible Professional or Hospital will receive an e-mail confirming the receipt of the appeal request and a second e-mail confirming that the appeal request has been adjudicated. The Wisconsin Medicaid EHR Incentive Program will communicate the appeal determination through a decision letter, sent to the address provided during the Wisconsin Medicaid EHR Incentive Program application process, within 90 days of receipt of all information needed to make a determination. The decision letter will state whether the appeal has been denied or approved.

Uploading Supporting Documentation for Adopting, Implementation, and Upgrading Certified Electronic Health Record Technology

Beginning November 2011, it is recommended, but not required, that Eligible Professionals and Hospitals provide documentation supporting adoption, implementation, or upgrading of certified EHR technology. If attesting to adoption, implementation, or upgrade, the Eligible Professional or Hospital may upload supporting documentation at the conclusion of the Wisconsin Medicaid EHR Incentive Program application. Eligible Professionals and Hospitals may upload any relevant documentation to support their attestations related to adopting, implementing,

or upgrading. This may include PDF files (of no more than 2 MBs) of purchase orders, vendor contracts to install the certified EHR technology, any other receipts, and any other auditable documentation. Instructions for uploading documentation can be found on the User Guide page of the Providers area of the ForwardHealth Portal. A new "Audit Support" role has been created specifically for uploading documentation for the purpose of auditing. The Portal account administrator can delegate this role to clerks.

Note: Eligible Professionals and Hospitals that previously submitted applications cannot attach documentation to their submitted applications.

All Eligible Professionals and Hospitals are reminded that they should maintain supporting documentation for the Wisconsin Medicaid EHR Incentive Program application in their files for six years.

E-mail Notifications

Beginning in November 2011, e-mail notifications for the Wisconsin Medicaid EHR Incentive Program will include the name of the Eligible Professional or Hospital and the NPI of the applying Eligible Professional or Hospital, as entered in the Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A).

Application Inactivity E-Mail

Eligible Professionals and Hospitals that completed registration with the R&A but have not yet submitted the Wisconsin Medicaid EHR Incentive Program application within 14 calendar days will receive an e-mail reminder.

Clarifications to Policy for the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals

Patient Volume Rounding

Eligible Professionals should note that the Wisconsin Medicaid EHR Incentive Program will not round up to meet the minimum patient volume threshold. All patient volumes reported that are below 30 percent (including those at or below 29.99 percent) will be deemed ineligible.

Physician Assistants and "Practicing Predominately" in a Federally Qualified Health Centers or Rural Health Clinics

In the July 2011 *Update* (2011-40), titled "The Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals," it states that only physician assistants (PAs) practicing predominately in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) are considered Eligible Professionals. To clarify, PAs are *not* required to practice "predominately" in an FQHC or RHC. Physician Assistants are only required to practice in an FQHC or RHC that is so led by a PA to be 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.

The term "practicing predominately" still refers to all other Eligible Professionals, including pediatricians, whose clinical location accounts 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. This distinction allows these Eligible Professionals to use the needy individual patient volume method.

Clarifications to Policy for the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Hospitals

National Provider Identifier for Eligible Hospitals

Some Eligible Hospitals may have more than one NPI on file with Wisconsin Medicaid or with other payers. When registering for a Wisconsin Medicaid EHR Incentive Payment on the R&A, Wisconsin hospitals must register under the same NPI used to certify the hospital with

Wisconsin Medicaid, not an individual business unit or subpart.

Determining the Patient Volume Cost Data Start Date

When completing Part 3 of 3 of the Wisconsin Medicaid EHR Incentive Program application, all Eligible Hospitals will need to "use data from the hospital fiscal year that ends during the Federal Fiscal Year (FFY) prior to the FFY that serves as the first payment year." This part of the application is asking Eligible Hospitals to enter in the start date of their hospital's own fiscal year, which corresponds to the start date for the Medicare Cost Report from which the Patient Volume Cost data will be sourced. In order to simplify the process for identifying this start date, each Eligible Hospital will be able to determine what start date to enter at this point in their application based on the table listed in Attachment 2.

Alerting Eligible Hospitals for Medicaid Inpatient Bed Days and Patient Volume Eligibility Period

For payment year 2012, the Wisconsin Medicaid EHR Incentive Program will analyze all Wisconsin hospital's patient volume on a quarterly basis and communicate to each hospital their 90-day FFY quarter eligibility period as well as the relevant Medicaid Inpatient Bed Day total for each facility to the contact information provided during the R&A process. ForwardHealth policy allows each Wisconsin Hospital one year from the date of service to submit all claims used in this eligibility determination process. Therefore, the Wisconsin Medicaid EHR Incentive Program will be able to begin eligibility determination for all Wisconsin Hospitals starting on January 1 of each year. Eligible Hospitals will not be able to apply for their 2012 Wisconsin Medicaid EHR Incentive Program payment before receiving this information. For more information on determining patient volume eligibility, please refer to the Patient Volume section of the July 2011 *Update* (2011-39), titled "The Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Hospitals."

Dual-Eligible Members and Medicare Crossover Claims

The Centers for Medicare and Medicaid Services issued a clarification regarding including dual eligible members inpatient bed days to determine patient volume or payment amount. The patient volume communicated from the Wisconsin Medicaid EHR Program for the FFY quarter ending September 20, 2011, and for all future FFY quarters will not include dual eligible member's inpatient bed days.

Cost Data Clarification

There are two versions of the Medicare Cost reports. Attachment 3 lists where the information to determine the payment amount can be found for the 2552-10 and 2552-96 Medicare Cost Reports.

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/*.

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ATTACHMENT 1
Acceptable Reasons to File an Appeal for a Wisconsin Medicaid Electronic Health Record Incentive Program Application

Eligible Professionals and Hospitals should refer to the tables below for the following information:

- A complete list of valid application denial appeal reasons.
- Additional supporting documentation that the Eligible Professional or Hospital may be required to upload based on the type of appeal, including instances when a statement is needed from the Eligible Professional or Hospital in the appeals application free form comment box.
- Information on how to appealing the payment amount.

Denied Application Appeals	
Reason for Appeal	**Documentation Needed**
The patient volume required by the Centers for Medicare and Medicaid Services (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 Electronic Heath Record (EHR) Incentive Program application. • For Eligible Professionals, provide the 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 only 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.

Denied Application Appeals (Continued)	
Reason for Appeal	**Documentation Needed**
The Eligible Professional has indicated that they have current or pending sanctions with Medicare or Medicaid and therefore does not qualify for the Wisconsin Medicaid EHR Incentive Program.	Upload documentation proving the Eligible Professional has been reinstated by the Office of Inspector General. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional has no current or pending sanctions with Medicare or Medicaid.
The Eligible Professional has indicated that he or she is hospital based.	Eligible Professionals are not eligible for the Wisconsin Medicaid EHR Incentive Program if they provide 90 percent or more of their services to eligible members in an inpatient hospital or emergency department. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional is not hospital based.
The Eligible Professional has indicated they are not waiving their right to a Medicare EHR Incentive Program payment for this payment year. Eligible Professionals must select to register with either Medicare or Medicaid EHR Incentive Program, but not both.	Eligible Professionals may participate in either Medicare or Medicaid EHR Incentive Programs, but not both. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional is waiving their right to a Medicare EHR Incentive Program payment for this year.

Payment Amount Appeals	
Reason for Appeal	**Documentation Needed**
Eligible Professional payment amount (pediatrician only)	Provide the patient volume numbers for the reported 90-day period that should have been reported on the original Wisconsin Medicaid EHR Incentive Program application.
Eligible Hospital payment amount	Upload the Eligible Hospital's Medicare and Medicaid Cost Reports for the last four years.

ATTACHMENT 2
Determining the Payment Year for Eligible Hospitals

When completing the Wisconsin Medicaid Electronic Health Record Incentive Program application, Eligible Hospitals are asked to enter in the start date of their hospital's own fiscal year, which corresponds to the start date for the Medicare Cost Report from which the Patient Volume Cost data will be sourced. In order to simplify the process for identifying this start date, each Eligible Hospital will be able to determine what start date to enter at this point in their application based on the table below.

Hospital Fiscal Year Start	2011 Payment Year	2012 Payment Year	2013 Payment Year	2014 Payment Year	2015 Payment Year
January	1/1/09 – 12/31/09	1/1/10 – 12/31/10	1/1/11– 12/31/11	1/1/12 – 12/31/12	1/1/13 – 12/31/13
February	2/1/09 – 1/31/10	2/1/10 – 1/31/11	2/1/11 – 1/31/12	2/1/12 – 1/31/13	2/1/13 – 1/31/14
March	3/1/09 – 2/28/10	3/1/10 – 2/28/11	3/1/11 – 2/29/12	3/1/12 – 2/28/13	3/1/13 – 2/28/14
April	4/1/09 – 3/31/10	4/1/10 – 3/31/11	4/1/11 – 3/31/12	4/1/12 – 3/31/13	4/1/13 – 3/31/14
May	5/1/09 – 4/30/10	5/1/10 – 4/30/11	5/1/11 – 4/30/12	5/1/12 – 4/30/13	5/1/13 – 4/30/14
June	6/1/09 – 5/31/10	6/1/10 – 5/31/11	6/1/11 – 5/31/12	6/1/12 – 5/31/13	6/1/13 – 5/31/14
July	7/1/09 – 6/30/10	7/1/10 – 6/30/11	7/1/11 – 6/30/12	7/1/12 – 6/30/13	7/1/13 – 6/30/14
August	8/1/09 – 7/31/10	8/1/10 – 7/31/11	8/1/11 – 7/31/12	8/1/12 – 7/31/13	8/1/13 – 7/31/14
September	9/1/09 – 8/31/10	9/1/10 – 8/31/11	9/1/11 – 8/31/12	9/1/12 – 8/31/13	9/1/13 – 8/31/14
October	10/1/09 – 9/30/10	10/1/10 – 9/30/11	10/1/11 – 9/30/12	10/1/12 – 9/30/13	10/1/13 – 9/30/14
November	11/1/08 – 10/31/09	11/1/09 – 10/31/10	11/1/10 – 10/31/11	11/1/11 – 10/31/12	11/1/12 – 10/31/13
December	12/1/08 – 11/30/09	12/1/09 – 11/30/10	12/1/10 – 11/30/11	12/1/11 – 11/30/12	12/1/12 – 11/30/13

ATTACHMENT 3
Cost Data Clarification for Eligible Hospitals

There are two versions of the Medicare Cost reports. This table lists where the information to determine the payment amount can be found for the 2552-10 and 2552-96 Medicare Cost Reports.

Data Point Needed	If You Have the 2552-10 Form (Revision Date July 2, 2009)	If You Have the 2552-96 Form (Revision Date May, 1,2004)
Total Discharges	Worksheet S-3, Part 1, Column 15, Line 14	Worksheet S-3, Part 1, Column 15, Line 12
Total Medicaid Inpatient Bed Days	Distributed by the Department of Health Services (DHS)	Distributed by the DHS
Total Inpatient Bed Days	Worksheet S-3, Part 1, Column 8, sum of Lines 1 and 8-12	Worksheet S-3, Part 1, Column 6, sum of Line 1 and 6-10
Total Charges — All Discharges	Worksheet C, Part 1, Column 8, Line 200	Worksheet C, Part 1, Column 8, Line 101
Total Charges Charity Care	Worksheet S-10, Column 3, Line 20	Worksheet S-10, Line 30