

Affected Programs: BadgerCare Plus, Medicaid
To: Hospital Providers, HMOs and Other Managed Care Programs

Eligible Hospitals Reporting Meaningful Use for the Wisconsin Medicaid Electronic Health Record Incentive Program and Other Program Information

This *ForwardHealth Update* includes the following information regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs:

- New features on the Wisconsin Medicaid EHR Incentive Program application.
- Additional information for all Eligible Hospitals participating in the Wisconsin Medicaid EHR Incentive Program.
- Reporting meaningful use for dual-eligible hospitals.
- Reporting meaningful use for Eligible Hospitals only participating in the Wisconsin Medicaid EHR Incentive Program.

2012 Program Year of the Wisconsin Medicaid EHR Incentive Program

The 2011 Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program Year for Eligible Hospitals concluded on September 30, 2011. The Wisconsin Medicaid EHR Incentive Program is no longer accepting applications for 2011. The 2012 Program Year for Eligible Hospitals began on October 1, 2011. Eligible Hospitals will be able to begin their Wisconsin Medicaid EHR Incentive Program application for the 2012 Program Year on February 20, 2012.

Eligible Hospitals participating in their second payment year in 2012 must attest to stage one meaningful use to be eligible for a Wisconsin Medicaid EHR Incentive Program incentive

payment. Eligible Hospitals participating for their first payment year in 2012 may attest to either adopt, implement, or upgrade certified EHR technology or to stage one meaningful use. Eligible Hospitals should note that they are not required to participate in consecutive Program Years.

Refer to the Online Handbook for complete information on the Wisconsin Medicaid EHR Incentive Program and more information on adopting, implementing or upgrading certified EHR technology.

The 2012 Wisconsin Medicaid EHR Incentive Program Year for Eligible Hospitals will end September 30, 2012. After September 30, 2012, Eligible Hospitals will have an additional 90-day grace period after the end of the payment year to apply for an incentive payment for the 2012 Program Year. The payment year for Eligible Hospitals is based on the Federal Fiscal Year (FFY) (i.e., October 1 through September 30). The last day to apply for a 2012 payment is December 29, 2012.

Inpatient Bed Days Information

The payment amount Eligible Hospitals receive is calculated during the first year of participation. To assist Eligible Hospitals with the information needed within the application to determine the payment amount, Wisconsin Medicaid will provide each hospital their Medicaid Inpatient Bed Days for

their first year of participation by e-mail. Eligible Hospitals who have not submitted their application for their first year of participation should look for an e-mail from the Wisconsin Medicaid EHR Incentive Program e-mail address of dbsebrincentive@wi.gov. Eligible Hospitals that completed their first year application in 2011 will not require their Medicaid Inpatient Bed Days information in 2012 for their second year of participation.

Patient Volume

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 the hospital qualified through e-mail from the Wisconsin Medicaid EHR Incentive Program e-mail address of dbsebrincentive@wi.gov. Patient volume requirements must be met for the Program Year in which the hospital is participating in order to participate. Qualification under patient volume requirements will be distributed to the address provided on the Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A).

Eligible Hospitals may expect an e-mail regarding patient volume qualification in February 2012.

New Features on the Wisconsin Medicaid EHR Incentive Program Application

Dashboard Feature

A new dashboard feature on the Wisconsin Medicaid EHR Incentive Program application allows Eligible Hospitals to gauge their status in the program. The dashboard will be viewable on the first page after logging into the ForwardHealth Portal and selecting the link to the Wisconsin Medicaid EHR Incentive Program. The dashboard will give Eligible Hospitals access to all of the previous year's applications.

The dashboard will also include a timeline that will show the allowable grace periods for each payment year. For example, if an Eligible Hospital is attesting to meaningful use for

Program Year 2012, the timeline will show a three-month grace period after the FFY during which the Eligible Hospital can still apply.

Save Functionality

Eligible Hospitals 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 continue completing an application.

Abort Functionality

New functionality has been added to the Wisconsin Medicaid EHR Incentive Program application to "Abort" an Eligible Hospital application and eliminate all progress. The new "Abort" button allows providers to eliminate incomplete applications and remove that application from their dashboard. Eligible Hospitals may abort an application at any point up until the application is submitted.

During a grace period, Eligible Hospitals may elect to complete an application for the previous Program Year or abort the previous Program Year application and apply for the current Program Year.

Meaningful Use

The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for the meaningful use of certified EHR technology to achieve health and efficiency goals. By implementing and using EHR systems, Eligible Hospitals can also expect benefits beyond financial incentives such as reduction of clerical errors, immediate availability of records and data, clinical decision support and e-prescribing, and refill automation.

The American Recovery and Reinvestment Act of 2009 specifies three main components of meaningful use:

- The use of a certified EHR in a meaningful manner, such as e-prescribing.
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
- The use of certified EHR technology to submit clinical quality and other measures.

In short, meaningful use means Eligible Hospitals need to demonstrate that they are using EHR technology in ways that can be measured in quality and quantity.

Meaningful Use Criteria Overview

The Centers for Medicare and Medicaid Services (CMS) have split the meaningful use criteria into three stages that will be rolled out over the course of the next five years. As of now, the stages are identified as such:

- Stage one (Program Year 2011 and/or 2012) sets the baseline for electronic data capture and information sharing.
- Stages two and three (at this time expected to be implemented in Program Year 2013) will continue to expand on this baseline and be developed through future rule making.

Refer to the Attachment of this *ForwardHealth Update* for a table that demonstrates what stage of meaningful use must be reported based on the first Program Year an Eligible Hospital begins participating in the Wisconsin Medicaid EHR Incentive Program.

Meaningful Use for Dual-Eligible Hospitals

Dual Eligible Hospitals, which are hospitals participating in both the Medicare EHR 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 an 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.

Important steps for Dual Eligible Hospitals include the following:

- First register and attest for the 2012 Medicare EHR Incentive Program payment.
- Complete attestation and submission of meaningful use measures to the Medicare EHR Incentive Program.
- After completion of the 2012 Medicare EHR Incentive Program application, begin the Wisconsin Medicaid EHR Incentive Program application.
- Once CMS has determined if meaningful use requirements are met, CMS will communicate meaningful use determination (eligible or ineligible) to the Wisconsin Medicaid EHR Incentive Program within 45 days of determination.
- Only after receipt of confirmation that meaningful use requirements have been met will the Wisconsin Medicaid EHR Incentive Program begin to process the application.
- Eligible Hospitals should note that if an Eligible Hospital is not deemed a meaningful user of certified EHR technology by the Medicare EHR Incentive Program, the Eligible Hospital cannot be deemed a meaningful user by the Wisconsin Medicaid EHR Incentive Program. This will result in a denial of the 2012 Wisconsin Medicaid EHR Incentive Program application.

Meaningful Use for Wisconsin Medicaid-Only Eligible Hospitals

Requirements for Stage One of Meaningful Use

The requirements for stage one of meaningful use includes both a "core set" and a "menu set" of objectives that are specific to Eligible Hospitals. There are a total of 24 meaningful use objectives. To qualify for a Wisconsin

Medicaid EHR Incentive Program payment, 19 of these 24 objectives must be met. Of the 24 objectives, there are 14 required “core set” objectives that must be met. The remaining five “menu set” objectives may be chosen from a list of 10 menu set objectives.

Some meaningful use objectives are not applicable to every Eligible Hospital’s clinical practice; therefore, they would not have any eligible patients or actions for the measure denominator. In these cases, the Eligible Hospital would be excluded from having to meet that measure. For example, core measure eight of 14 is to “Record smoking status for patients 13 years old or older.” Any Eligible Hospital that admits no patients 13 years or older to their inpatient or emergency department is excluded from meeting this measure. Therefore the Eligible Hospital is excluded from this objective and is then only required to attest to 13 of the remaining core set objectives.

Eligible Hospitals should refer to the CMS Web page https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf for a complete table of contents of all core set and menu set objectives. Each objective contains the following information:

- The definition of the objective.
- How to measure the objective.
- Any applicable exclusions.

Additional information may also be included on this Web page regarding the following:

- Term definitions.
- Attestation requirements.
- Any other additional information related to the objective.
- Frequently asked questions.

Clinical Quality Measures

Clinical quality measures are tools that help measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and systems that are associated with the ability to provide high-quality health care. To demonstrate meaningful use successfully, Eligible

Hospitals must report clinical quality measures. Eligible Hospitals must report on all 15 of their clinical quality measures.

Eligible Hospitals should refer to the CMS Web page http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp for complete information about reporting clinical quality measures.

Meaningful Use Denominators

There are two types of percentage-based measures that are included in demonstrating meaningful use:

- The denominator is all patients seen or admitted during the EHR Reporting Period, as well as all patients regardless of whether their records are kept using certified EHR technology or not.
- The denominator is actions or subsets of patients seen or admitted during the EHR Reporting Period. The denominator only includes patients, or actions taken on behalf of those patients, whose records are kept using certified EHR technology.

Eligible Hospitals should refer to their EHR system for meaningful use denominators to be entered into the Wisconsin Medicaid EHR Incentive Program application. Eligible Hospitals should note that each EHR system varies.

Electronic Health Record Reporting Period

The EHR Reporting Period is defined as the timeframe when Eligible Hospitals report meaningful use to the Wisconsin Medicaid EHR Incentive Program. The EHR Reporting Period years are defined as:

- First year: The Eligible Hospital must be able to show meaningful use for a 90-day timeframe that must fall within the FFY for which the Eligible Hospital is applying. For example, if an Eligible Hospital is applying for the 2012 Wisconsin Medicaid EHR Incentive Program payment, the entire 90-day reporting period must fall in FFY 2012.
- Subsequent years: The Eligible Hospital must be able to show meaningful use for the entire FFY for which the Eligible Hospital is applying for the Wisconsin Medicaid

EHR Incentive Program payment. For example, if an Eligible Hospital is applying for the 2013 Wisconsin Medicaid EHR Incentive Program, the reporting period must be October 1, 2012, through September 30, 2013.

Summary

Eligible Hospitals participating in their first year may register on the R&A and apply with the Wisconsin Medicaid EHR Incentive Program beginning February 20, 2012, after registration has been received from the R&A. Hospitals continuing participation with the Wisconsin Medicaid EHR Incentive Program do not need to re-register at the R&A. Returning Eligible Hospitals may begin their Wisconsin Medicaid EHR Incentive Program application February 20, 2012.

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

Stages of Meaningful Use and Payment Years

The table below demonstrates what stage of meaningful use must be reported based on the first year an Eligible Hospital began participation in the Wisconsin Medicaid EHR Incentive Program. Eligible Hospitals should note that they do not need to participate in consecutive Program Years.

First Year of Participation	Program Year				
	2011	2012	2013	2014	2015
2011	adoption, implementation, or upgrade (AIU) or Stage 1 meaningful use (MU)	Stage 1	Stage 2*	Stage 2	TBD
2012		AIU or Stage 1 MU	Stage 1	Stage 2	TBD
2013			AIU or Stage 1 MU	Stage 1	TBD
2014				AIU or Stage 1 MU	TBD

* The Centers for Medicare and Medicaid Services announced on November 30, 2011, that Stage 2 meaningful use will be delayed for one year for providers who attest during 2011. Stage 2 compliance will be required in 2014, not 2013. Until the Stage 2 Meaningful Use Final Rule is published this is not official policy; therefore, it has not been changed in the table above.