

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

Wisconsin Medicaid Electronic Health Record Incentive Program Standard Deduction Information for Eligible Professionals

This *ForwardHealth Update* provides Eligible Professionals with information regarding the 2012 Wisconsin Medicaid Electronic Health Record Incentive Program Year and information related to the 2012 standard deduction for determining eligible patient encounters.

Wisconsin Medicaid EHR Incentive Program Year 2012

The 2011 Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program Year for Eligible Professionals concluded on December 31, 2011. The Wisconsin Medicaid EHR Incentive Program is no longer accepting applications for 2011. The 2012 Wisconsin Medicaid EHR Incentive Program Year for Eligible Professionals began on January 1, 2012. Eligible Professionals will be able to submit their application for 2012 on the following dates:

- Payment Year 1: (adopt, implement, or upgrade) February 20, 2012.
- Payment Year 1 or 2: (meaningful use) Summer 2012. Eligible Professionals should look for a future *ForwardHealth Update* regarding submitting applications for meaningful use to the Wisconsin Medicaid EHR Incentive Program.

After December 31, 2012, Eligible Professionals will have an additional 90-day grace period after the end of the Program

Year to apply for an incentive payment for the 2012 Program Year. The Program Year for Eligible Professionals is based on the calendar year (i.e., January 1 - December 31). The last day to apply for a 2012 payment is March 31, 2013.

For complete information on the Wisconsin Medicaid EHR Program, refer to the *ForwardHealth Online Handbook*.

Program Year 2012 Standard Deduction

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 2012 is 7.84 percent.

To figure out the eligible patient encounters, the Eligible Professional must multiply the total eligible encounter patient volume by a factor of 1 - 0.0784 or 0.9216 and then divide that number by the total patient encounter volume. The final number should be rounded to the nearest whole

number (i.e., 0.01 through 0.49 should be rounded down and 0.50 through 0.99 should be rounded up to the nearest number.)

Refer to Attachment 1 of this *Update* for an example of how to calculate individual patient volume. Refer to Attachment 2 for an example of how to calculate group patient volume.

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

Example of Calculating Individual Patient Volume for the 2012 Program Year

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 33 out of a total patient encounter volume of 75, the eligible member patient volume is 44 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 2012 is 7.84 percent.

To figure out the eligible member patient encounters, Eligible Professionals must multiply their total eligible member encounter patient volume by a factor of $1 - 0.0784$, or 0.9216 , and then divide that number by their total eligible member patient encounter volume.

Standard Deduction Calculation

$$\frac{\text{Total eligible patient encounters during any 90-day continuous period} * 0.9216}{\text{Total patient encounters, regardless of payer over that same 90-day continuous period}} * 100$$

-Or-

$$\frac{33 * 0.9216}{75} * 100 = 40.55 \text{ percent}$$

The final eligible patient encounter volume is 30.41 encounters out of 75 total, or 40.55 percent, rounded to the nearest whole number, 41 percent. 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.

ATTACHMENT 2

Calculating Group Practice Patient Volume for the 2012 Program Year

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 practitioners 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.

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 ($1 - 0.0784 = 0.9216$) to the number of eligible members.

$$455 * 0.9216 = 419.328$$

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

$$419.328 / 1300 = 0.323 \text{ or } 32.3 \text{ percent}$$

Therefore, the group practice patient volume is 32.3 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.