

**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

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

This *ForwardHealth Update* includes information for Program Year 2013 of the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals.

### Grace Period to Apply for the Wisconsin Medicaid Electronic Health Record Incentive Program

Program Year 2012 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive program for Eligible Professionals will conclude on December 31, 2012; however, Eligible Professionals have an additional 90-day grace period at the end of each Program Year to apply for an incentive payment. The Program Year for Eligible Professionals is based on the calendar year (i.e., January 1 through December 31). The last day to apply for a Program Year 2012 incentive payment is March 31, 2013.

### Program Year 2013 Delay

The Stage 2 Meaningful Use Final Rule was published to the Federal Register on September 4, 2012. This Rule includes changes that affect the rules established in the Stage 1 Meaningful Use Final Rule and as a result system changes are required to administer the Wisconsin Medicaid EHR Incentive Program. Due to the short timeline between the release of the Stage 2 Meaningful Use Final Rule and the start of Program Year 2013, the required system changes

have not been completed; therefore, the Wisconsin Medicaid EHR Incentive Program cannot accept Program Year 2013 applications at this time. The anticipated timeline to begin accepting Program Year 2013 applications is late spring of 2013. The Wisconsin Medicaid EHR Incentive Program will formally communicate the start of Program Year 2013 in a future *ForwardHealth Update*.

### Program Year 2013 Standard Deduction

Eligible Professionals may be unable to distinguish between some eligible members and some non-eligible members when determining their patient volume. In order to assist Eligible Professionals in determining their eligible patient encounters, the Wisconsin Medicaid EHR Incentive Program calculates a standard deduction to be applied. The standard deduction for Program Year 2013 is 8.01 percent.

To calculate the eligible patient encounters, Eligible Professionals must multiply the total eligible encounter patient volume by a factor of  $1 - 0.0801$  or  $0.9199$  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 whole 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 AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are 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

## Example of Calculating Individual Patient Volume for Program Year 2013

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. In order to assist Eligible Professionals in determining their eligible member patient encounters, the Wisconsin Medicaid EHR Incentive Program will calculate a standard deduction. The standard deduction for 2013 is 8.01 percent.

To figure out the eligible member patient encounters, Eligible Professionals must multiply their total eligible member encounter patient encounter volume by a factor of 1 - 0.0801, or 0.9199, and then divide that number by their total patient encounter volume.

### Standard Deduction Calculation

$$\left[ \frac{\text{Total eligible member patient encounters during any 90-day continuous period} * 0.9199}{\text{Total patient encounters, regardless of payer over that same 90-day continuous period}} \right] * 100$$

-Or-

$$\left[ \frac{33 * 0.9199}{75} \right] * 100 = 40.47 \text{ percent}$$

The final eligible member patient encounter volume is 30.35 encounters out of 75 total, or 40.47 percent, rounded to the nearest whole number, 40 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 Program Year 2013

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 Based on Provider Type	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 ( $1 - 0.0801 = 0.9199$ ) to the number of eligible members.

$$455 * 0.9199 = 418.554$$

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

$$418.554 / 1300 = 0.321 \text{ or } 32.1 \text{ percent}$$

Therefore, the group practice patient volume is 32.1 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.