

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

## **Information for Eligible Hospitals 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 Hospitals.

### **Grace Period to Apply for Program Year 2012 of the Wisconsin Medicaid EHR Incentive Program**

Program Year 2012 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive program for Eligible Hospitals concluded on September 30, 2012; however, Eligible Hospitals 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 Hospitals is based on the Federal Fiscal Year (FFY) (i.e., October 1 through September 30). The last day to apply for a Program Year 2012 incentive payment is December 31, 2012.

### **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*.

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

For Program Year 2013, the Wisconsin Medicaid EHR Incentive Program will analyze all Wisconsin hospitals' patient volume during the first 90-day quarter of the FFY. If the Eligible Hospital's 90-day FFY quarter eligibility period cannot be established based on patient volume analyzed during the first quarter, the Wisconsin Medicaid EHR Incentive Program will analyze the Eligible Hospital's patient volume for subsequent 90-day quarters to determine if a 90-day FFY quarter eligibility period can be established during Program Year 2013. The Eligible Hospital's 90-day FFY quarter eligibility period for each facility will be communicated to the contact provided during the Medicare and Medicaid EHR Incentive Program Registration and Attestation System process. Eligible Hospitals that have not previously participated in the Wisconsin Medicaid EHR Incentive Program will also receive Medicaid Inpatient Bed Day totals. ForwardHealth policy allows each Wisconsin Hospital to submit all claims one year back from the date of

service, which are used to analyze patient volume 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 calendar year. Eligible Hospitals will not be able to apply for Program Year 2013 until they receive this information.

### **Eligible Hospitals with Fewer Than Four Years of Total Discharge Data**

New Eligible Hospitals may apply for an incentive payment through the Wisconsin Medicaid EHR Incentive Program when they have two years of total discharge data (two Medicare cost reports). In the first row of the Total Discharges column, the Eligible Hospital will enter data from the hospital's most recent cost report. In the second, third, and fourth rows of the Total Discharges column, Eligible Hospitals will enter data from the hospital's cost report from the previous year. Refer to the Attachment of this *Update* for an example and additional information.

Eligible Hospitals with four years of total discharge data (four Medicare cost reports) are required to enter data from the last four years.

### **Eligible Hospitals Are Required to Submit Cost Reports**

Eligible Hospitals applying for the Wisconsin Medicaid EHR Incentive Program are required to submit relevant sections of the Medicare Cost Reports used to complete the application. Beginning in Program Year 2013, Eligible Hospitals will be required to attach all relevant Medicare Cost Report sections before submitting their Wisconsin Medicaid EHR Incentive Program application. Eligible Hospitals will receive an e-mail from the Wisconsin Medicaid EHR Incentive Program with instructions for submitting Medicare Cost Reports for previous Program Years. The Wisconsin Medicaid EHR Incentive Program will not process future year applications for Eligible Hospitals that have not submitted Medicare Cost reports for previous Program Years.

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/).

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# **ATTACHMENT**

## **Eligible Hospitals with Fewer Than Four Years of Total Discharge Data**

The following example is provided to assist Eligible Hospitals with fewer than four years of total discharge data. In this example, the Eligible Hospital has the following data:

- During Federal Fiscal Year (FFY) October 1, 2010 – September 30, 2011: Total discharges were 5,000.
- During FFY October 1, 2009 – September 30, 2010: Total discharges were 1,000.
- During FFY October 1, 2008 – September 30, 2009: The hospital does not have a cost report. The hospital enters data from the October 1, 2009 – September 30, 2010, cost report.
- During FFY October 1, 2007 – September 30, 2008: The hospital does not have a cost report. The hospital enters data from the October 1, 2009 – September 30, 2010, cost report.

| <b>Fiscal Year</b>                   | <b>Total Discharges</b> |
|--------------------------------------|-------------------------|
| October 1, 2010 – September 30, 2011 | 5,000                   |
| October 1, 2009 – September 30, 2010 | 1,000                   |
| October 1, 2008 – September 30, 2009 | 1,000                   |
| October 1, 2007 – September 30, 2008 | 1,000                   |