

Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Dentists, Federally Qualified Health Centers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Information for Program Year 2013 of the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals

This *ForwardHealth Update* includes changes to the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals effective in Program Year 2013. On September 4, 2012, the Stage 2 Meaningful Use Final Rule was published to the Federal Register. This rule contained new federal guidance that affects the Stage 1 Meaningful Use Final Rule.

This *ForwardHealth Update* provides information for Eligible Professionals regarding Program Year 2013 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. Per federal regulations, Program Year 2013 includes the dates between January 1, 2013, and December 31, 2013; however, Eligible Professionals have an additional 90-day grace period at the end of the Program Year to apply for an incentive payment. The last day to apply for a Program Year 2013 incentive payment is March 31, 2014.

Eligible Professionals are reminded that due to the short time between the release of the Stage 2 Meaningful Use Final Rule and the start of Program Year 2013, the required system changes to the Wisconsin Medicaid EHR Incentive Program necessitated a delay. Effective April 1, 2013, Eligible Professionals may apply for Program Year 2013.

Eligibility Changes for Eligible Professionals

Hospital Based

Prior to Program Year 2013, Eligible Professionals were considered hospital based and subsequently ineligible to participate in the Wisconsin Medicaid EHR Incentive Program if they provided more than 90 percent of their services in place of service (POS) 21 or 23. Effective in Program Year 2013, Eligible Professionals who are able to demonstrate that they funded the acquisition of the Certified Electronic Health Record Technology (CEHRT) they are using without reimbursement from an Eligible Hospital or critical access hospital and provide more than 90 percent of services in POS 21 or 23 may participate in the Wisconsin Medicaid EHR Incentive Program. Eligible Professionals who participate in the program based on this new hospital-based definition must upload one of the following documents as part of the application process:

- Receipt or proof of purchase detailing the CEHRT, including the vendor, product, and version number.
- Contract or lease detailing the CEHRT, including the vendor, product, and version number.

Practicing Predominantly in a Federally Qualified Health Center or Rural Health Clinic

Beginning in Program Year 2013, an Eligible Professional is defined as practicing predominantly in a federally qualified health center (FQHC) or rural health clinic (RHC) if more than 50 percent of the Eligible Professional's encounters occur in an FQHC or RHC during a six-month period in the most recent calendar year or in the most recent 12 months prior to attestation.

Patient Volume

Effective in Program Year 2013, the definition of an eligible member patient encounter has been changed to any services rendered on any one day to an individual enrolled in Wisconsin Medicaid. The Wisconsin Medicaid EHR Incentive Program will consider a claim paid at \$0 or more for services rendered on any one day to an individual enrolled in Wisconsin Medicaid or BadgerCare Plus to be an eligible member patient encounter.

Multiple Eligible Professionals may count an encounter for the same individual. For example, it may be common for a physician assistant or nurse practitioner and physician to provide services to a patient during an encounter on the same date of service. It is acceptable in these and similar circumstances to count the same encounter for multiple Eligible Professionals for the purposes of calculating each Eligible Professional's patient volume. The encounters must take place within the scope of practice for each of the Eligible Professionals.

In Program Year 2013, Eligible Professionals will need to select one of the following patient volume reporting periods:

- Calendar year preceding payment year.
- Twelve months preceding attestation date.

Note: The attestation date will be defined as the day when the application is electronically signed and submitted for the first time in the Program Year or the last day of the Program Year if applying during the grace period.

An Eligible Professional cannot calculate patient volume by including patient encounters that occur during the 90-day grace period following the Program Year. For example, an Eligible Professional who applies for Program Year 2013 participation cannot include patient encounters occurring after December 31, 2013.

An Eligible Professional cannot use the same or overlapping patient volume periods for future Program Year applications. For example, an Eligible Professional uses January 1, 2013, through March 31, 2013, for Program Year 2013. In Program Year 2014, the Eligible Professional cannot use January 1, 2013, through March 31, 2013, or any overlapping period (i.e., February 1, 2013, through April 30, 2013).

Updates to Stage 1 Meaningful Use

The Stage 2 Meaningful Use Final Rule has made modifications to Stage 1 Meaningful Use. Eligible Professionals should refer to the Stage 1 Changes Tip Sheet on the CMS Web site at www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1ChangesTipsheet.pdf for additional updates regarding Stage 1 Meaningful Use measures and Clinical Quality Measures.

Eligible Professional Incentive Payment Reassignment

Eligible Professionals may assign Wisconsin Medicaid EHR Incentive Program payments to either themselves or the group practice designated as the pay-to address on their Wisconsin Medicaid provider file. Eligible Professionals are responsible for maintaining their Wisconsin Medicaid provider file, including their financial address information, using the demographic maintenance tool available through their secure ForwardHealth Portal account.

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/.

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