ffected 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 Eligible Professionals Regarding Program Year 2015 of the Wisconsin Medicaid Electronic Health Record Incentive Program

This *ForwardHealth Update* provides information for Eligible Professionals regarding Program Year 2015 of the Wisconsin Medicaid Electronic Health Record Incentive Program.

Start of Program Year 2015

Adopt, Implement, and Upgrade

Beginning June 15, 2015, Eligible Professionals participating in their first payment year of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program will be able to apply for incentive payments for adopting, implementing, and upgrading to certified EHR technology (CEHRT) in their first year of participation.

Meaningful Use

As a result of a published notice of proposed rulemaking (NPRM) regarding modifications to Meaningful Use for Program Years 2015 through 2017, which was published by the Centers for Medicare and Medicaid Services (CMS) on April 15, 2015, the Wisconsin Medicaid EHR Incentive Program will accept applications for Meaningful Use incentive payments at a later date. The proposed requirements in the NPRM affecting Program Years 2015 through 2017 can be found in the Federal Register at *www.gpo.gov/fdsys/pkg/FR-2015-04-15/pdf/2015-08514.pdf.*

Once the regulations have been finalized later this year, the Wisconsin Medicaid EHR Incentive Program will communicate information on Meaningful Use and future Program Year 2015 changes.

Note: Emails from the Wisconsin Medicaid EHR Incentive Program are sent to the contact person provided during the Medicare and Medicaid EHR Incentive Program Registration and Attestation System process. The name indicated in the "From" line for these emails is *DHSEHRIncentiveProgram@dhs.wisconsin.gov.*

Grace Period to Apply for Program Year 2015

Per the CMS Stage 2 Meaningful Use Final Rule from 2012, the EHR reporting period for the Wisconsin Medicaid EHR Incentive Program in Program Year 2015 included the dates from January 1, 2015, through December 31, 2015. Eligible Professionals also have an additional grace period at the end of the Program Year to apply for an incentive payment. Currently, under the Proposed Rule, the last day for Eligible Professionals to submit Program Year 2015 applications is March 31, 2016. Any extensions to the grace period will be communicated once the federal regulations on Program Year 2015 have been finalized.

Department of Health Services

Certified Electronic Health Record Technology

In Program Year 2015, all Eligible Professionals are required to use CEHRT that meets the criteria outlined in the Office of the National Coordinator for Health Information Technology (ONC) 2014 Edition Standards & Certification Criteria Final Rule, regardless of the stage of Meaningful Use they are demonstrating. For further information, Eligible Professionals should refer to the Certified Electronic Health Record Technology topic (topic #16897) in the An Overview chapter of the EHR Incentive Program section of the ForwardHealth Online Handbook at *www.forwardhealth.wi.gov/*.

New Documentation Requirements

Beginning in Program Year 2015, all Eligible Professionals, regardless of their year of participation in the Wisconsin Medicaid EHR Incentive Program, will be required to submit at least *one* of the following with their Wisconsin Medicaid EHR Incentive Program application to provide documentation of their acquisition of 2014 Edition CEHRT:

- Contract.
- Lease.
- Proof of purchase.
- Receipt.
- Signed and dated vendor letter.

All of the following must be identified on the submitted documentation, regardless of format:

- Vendor.
- Product.
- Product version number.

Eligible Professionals are reminded that they are required to retain supporting documentation for their Wisconsin Medicaid EHR Incentive Program application for six years post-attestation. Refer to Attachment 1 of this *ForwardHealth Update* for a table that includes the new documentation requirements.

Submission Requirements

Organizations that are attesting for *fewer than 30* Eligible Professionals are required to upload supporting documentation to each Eligible Professional's Wisconsin Medicaid EHR Incentive Program application.

Organizations that are attesting for *30 or more* Eligible Professionals are required to either upload supporting documentation to each Eligible Professional's Wisconsin Medicaid EHR Incentive Program application or securely email supporting documentation to the Wisconsin Medicaid EHR Incentive Program prior to submitting each application. Wisconsin Medicaid strongly encourages organizations that are attesting for 30 or more Eligible Professionals to upload their supporting documentation, rather than email it.

Uploading Documentation

Organizations that are uploading supporting documentation are required to upload it through the Application Submission (Part 1 of 2) page in the Submit section of the Wisconsin Medicaid EHR Incentive Program application. Organizations are strongly encouraged to upload their supporting documentation as a Microsoft® Excel spreadsheet, although Microsoft® Word and Portable Document Format (PDF) files can also be uploaded. All uploaded files must be two megabytes or less. For specific instructions on uploading supporting documentation, refer to the Wisconsin Medicaid Electronic Health Record Incentive Program User Guide for Eligible Professionals on the Portal User Guides page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage*.

Emailing Documentation

If submitting supporting documentation via email, organizations that are attesting for 30 or more Eligible Professionals are required to do the following:

- Complete and attach the Required CEHRT Documentation Microsoft® Excel spreadsheet available on the Department of Health Services (DHS) website at *www.dhs.wisconsin.gov/ehrincentive/index.htm*. Organizations

should complete the spreadsheet using the document's internal instructions and save a copy for their records.

- Attach all other required supporting documentation to the email.
- Indicate the following as the subject line of the e-mail: "Eligible Professional Application Supporting Documentation."
- Encrypt all individually identifying information.
- Send the email to the Wisconsin Medicaid EHR Incentive Program at *DHSEHRIncentiveProgram@dhs.wisconsin.gov.*

Eligible Professionals are encouraged to send their CEHRT and patient volume documentation in a single email.

Patient Volume

Program Year 2015 Standard Deduction

The Wisconsin Medicaid EHR Incentive Program only considers services provided to members who are eligible to be reimbursed with funding directly from Medicaid (Title XIX) to be patient encounters. Since 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 calculates the standard deduction in order to assist Eligible Professionals in determining their eligible patient encounters. The standard deduction for Program Year 2015 is 7.07 percent.

To calculate eligible patient encounters, Eligible Professionals should multiply the total eligible encounter patient volume by a factor of (1 - 0.0707), which is 0.9293, and then divide that number by the total patient encounter volume. The final number should be rounded to the nearest whole number (i.e., .01 through .49 should be rounded down to the nearest whole number, and .50 through .99 should be rounded up to the nearest whole number).

Eligible Professionals should refer to Attachment 2 for an example of how to calculate individual patient volume and to Attachment 3 for an example of how to calculate group

practice patient volume. For additional information regarding applying the standard deduction and calculating patient volume, Eligible Professionals may watch the Introduction to Eligible Professional Patient Volume Webinar on the DHS website at *www.dhs.wisconsin.gov/ehrincentive/resources.htm.*

New Documentation Requirements

In its Final Rule (42 CFR Part 495), CMS published guidance on collecting supporting documentation prior to an incentive payment being paid. This supporting documentation is used to validate information provided for the incentive payment and to ensure program integrity. According to 42 CFR Part 495 s. 332(c)(1), states are granted the authority to collect this level of information to ensure all provider information for attestations "including all information related to patient volume, NPI, Tax identification number (TIN), are all true and accurate and that any concealment or falsification of a material fact related to the attestation may result in prosecution under Federal and State laws ... ."

As a result of CMS's guidance, beginning in Program Year 2015, Eligible Professionals will be required to submit a copy of the reports used to enter eligible member patient volume for their Wisconsin Medicaid EHR Incentive Program application in order to support their patient volume attestation. The report submission method varies depending on whether an Eligible Professional is reporting individual patient volume or group practice patient volume.

Note: The new documentation requirements do not affect how Eligible Professionals calculate individual or group practice patient volume. Refer to Attachment 1 for a table that includes the new documentation requirements.

Eligible Professionals Reporting Individual Patient Volume

Beginning in Program Year 2015, Eligible Professionals reporting individual patient volume will be required to submit a copy of the detail report used to enter patient volume for their Wisconsin Medicaid EHR Incentive Program application for their selected 90-day volume

reporting period. The detail report must include the following information:

- Provider National Provider Identifier (NPI).
- The following details regarding each reported patient encounter (a patient encounter is defined as any services rendered on any one day):
  - ✓ Date of service.
  - ✓ Unique patient identifier (e.g., Medicaid ID, internal patient ID).
  - ✓ Financial payer (e.g., Medicaid fee-for-service, managed care, commercial health insurer, Medicare).
  - ✓ Out-of-state encounters, if applicable.
  - ✓ Encounter data involving services that were provided at no cost or on a sliding fee scale, if needy individual patient volume is reported.

Note: Patient encounter details should support both the patient volume numerator (before the standard deduction, if applicable) and denominator entered in the Wisconsin Medicaid EHR Incentive Program application.

Eligible Professionals Reporting Group Practice Patient Volume

Beginning in Program Year 2015, Eligible Professionals attesting to group practice patient volume will be required to submit the following:

- Summary report of the provider information included in the group practice patient volume calculation.
- Detail report (used to enter patient volume) that supports the information provided in the summary report.

Organizations (at the group NPI level) using the group patient volume calculation for more than one Eligible Professional's Wisconsin Medicaid EHR Incentive Program application will be required to submit the same summary report and detail report for each application. This means summary and detail reports provided for each Eligible Professional application should not vary from one application to another for the same organization and will not require any additional data manipulation.

Eligible Professionals reporting group practice patient volume will be required to submit the group practice's summary report used to enter patient volume for their Wisconsin Medicaid EHR Incentive Program application for their selected 90-day volume reporting period. The summary report must include the following information for each provider included in the group practice patient volume calculation:

- Provider name.
- National Provider Identifier.
- Individual Medicaid encounter volume (numerator) and total encounter volume (denominator) totals for each provider included in the group practice patient volume calculation.

In addition, Eligible Professionals reporting group practice patient volume are required to submit a copy of the group practice's detail report used to enter patient volume for their Wisconsin Medicaid EHR Incentive Program application for their selected 90-day volume reporting period. The detail report must include the following information:

- Group and provider NPIs.
- The following details regarding each reported patient encounter (a patient encounter is defined as any services rendered on any one day):
  - ✓ Date of service.
  - ✓ Unique patient identifier (e.g., Medicaid ID, internal patient ID).
  - ✓ Financial payer (e.g., Medicaid fee-for-service, managed care, commercial health insurer, Medicare).
  - ✓ Out-of-state encounters, if applicable.
  - ✓ Encounter data involving services that were provided at no cost or on a sliding fee scale, if needy individual patient volume is reported.

Note: Patient encounter details should support both the patient volume numerator (before the standard deduction, if applicable) and the denominator entered in the Wisconsin Medicaid EHR Incentive Program application.

Note: Alternative supporting documentation may be submitted for Eligible Professionals who do not have claims with their current group practice during the 90-day patient volume reporting period to support they are either new to practicing medicine (e.g., a recent graduate of an appropriate training program) or reporting at least one patient encounter from a previous practice.

Submission Requirements

Eligible Professionals attesting to individual patient volume are required to upload supporting documentation to their Wisconsin Medicaid EHR Incentive Program application. Eligible Professionals attesting to group practice patient volume are required to either upload supporting documentation to their Wisconsin Medicaid EHR Incentive Program application or securely email supporting documentation to the Wisconsin Medicaid EHR Incentive Program prior to submitting their application. Wisconsin Medicaid strongly encourages Eligible Professionals attesting to group practice patient volume to upload their supporting documentation, rather than email it.

Uploading Documentation

Eligible Professionals who are uploading supporting documentation are required to upload it through the Application Submission (Part 1 of 2) page in the Submit section of the Wisconsin Medicaid EHR Incentive Program application. Eligible Professionals are strongly encouraged to use a Microsoft® Excel spreadsheet(s) for their patient volume report(s). For specific instructions on uploading required supporting documentation, Eligible Professionals should refer to the Wisconsin Medicaid Electronic Health Record Incentive Program User Guide for Eligible Professionals.

Emailing Documentation

If submitting supporting documentation via email, Eligible Professionals attesting to group practice patient volume are required to do the following:
- Complete and attach the Group Practice Patient Volume Workbook Microsoft® Excel spreadsheet

available on the DHS website at *www.dhs.wisconsin.gov/ ehrincentive/index.htm*. This spreadsheet identifies each of the practice's Eligible Professionals who are attesting with the group practice patient volume. Eligible Professionals should complete the spreadsheet using the document's internal instructions and save a copy for their records.
- Attach all other required supporting documentation to the email.
- Indicate the following as the subject line of the e-mail: "Eligible Professional Application Supporting Documentation."
- Encrypt all individually identifying information.
- Send the email to the Wisconsin Medicaid EHR Incentive Program at *DHSEHRIncentiveProgram@dhs.wisconsin.gov*.

Eligible Professionals are encouraged to send their CEHRT and patient volume documentation in a single email.

Adopt, Implement, and Upgrade

Eligible Professionals participating in their first year of the Wisconsin Medicaid EHR Incentive Program do not have to attest to Meaningful Use; rather, they may demonstrate that they have adopted, implemented, or upgraded to CEHRT. Eligible Professionals that are adopting, implementing, or upgrading to CEHRT are required to attest using 2014 Edition CEHRT.

The last year for an Eligible Professional to initiate participation in the Medicaid EHR Incentive Program is 2016.

Meaningful Use

Information regarding Meaningful Use stages and required EHR reporting periods (i.e., 90-day reporting period or entire year) for Program Year 2015 will be confirmed when CMS issues its final rule for Program Years 2015 through 2017, which will include modifications to Meaningful Use.

The current proposed rule:

- Streamlines reporting by removing measures that have become redundant, duplicative, and that have reached wide-spread adoption.
- Modifies patient action Meaningful Use measures in two Stage 2 Meaningful Use core set objectives related to patient engagement.
- Changes the EHR reporting period in Program Year 2015 to a 90-day period to accommodate modifications.

Technical Assistance Services

Technical assistance services are now available to all Medicaid-enrolled providers (including specialists) who are eligible to participate in or who already participate in the Medicaid or Medicare EHR Incentive Program. These services are designed to help providers as they adopt, implement, upgrade, and meaningfully use CEHRT; they include the following:

- Electronic Health Record selection and implementation guidelines.
- Meaningful Use education and consulting, including readiness assessments and audit preparation.
- Public health objective onboarding and testing assistance.
- Health Insurance Portability and Accountability Act of 1996 security risk assessments.
- Workflow optimization.

The technical assistance services are being offered by the Health Information Technology (IT) Extension Program, which is supported by MetaStar, Inc., an independent nonprofit quality improvement organization. For more information regarding the technical assistance services offered by the Health IT Extension Program, providers may email MetaStar, Inc., at *info@metastar.com*.

ATTACHMENT 1
New Documentation Submission Requirements

Beginning in Program Year 2015, Eligible Professionals are required to submit documentation supporting 2014 edition Certified Electronic Health Record Technology (CEHRT) and the patient volume calculation when they submit their application. The following table summarizes these requirements and provides a description of the type of documentation that will be acceptable.

Requirement	Documentation Description	Submission Method	Required?
CEHRT (Organizations with fewer than 30 applications)	At least one of the following: • Contract. • Lease. • Proof of purchase. • Receipt. • Signed and dated vendor letter. Must identify the following: • Vendor. • Product. • Product version number.	Upload to application	Yes
CEHRT (Organizations with more than 30 applications)	At least one of the following: • Contract. • Lease. • Proof of purchase. • Receipt. • Signed and dated vendor letter. Must identify the following: • Vendor. • Product. • Product version number.	Upload to application (preferred) or secure email	Yes
Patient Volume (Individual)	Detail report identifying: • Provider National Provider Identifier (NPI). • Date of service. • Unique patient identifier. • Financial payer. • Out-of-state encounters, if applicable. • Encounter data for services provided at no cost or on a sliding fee scale, if needy individual patient volume is reported.	Upload to application	Yes

Requirement	Documentation Description	Submission Method	Required?
Patient Volume (Group)	Summary report identifying: • Provider name. • National Provider Identifier. • Medicaid encounters (numerator) and total encounters volume (denominator) for each provider included in the patient volume calculation. Detail report identifying: • Provider NPI. • Date of service. • Unique patient identifier. • Financial payer. • Out-of-state encounters, if applicable. • Encounter data for services provided at no cost or on a sliding fee scale, if needy individual patient volume is reported.	Upload to application (preferred) or secure email	Yes

ATTACHMENT 2
Example of Calculating Individual Patient Volume for Program Year 2015

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 Electronic Health Record Incentive Program calculates a standard deduction. The standard deduction for Program Year 2015 is 7.07 percent.

To determine the eligible member patient encounters, Eligible Professionals should multiply their total eligible member encounter patient encounter volume by a factor of (1 - 0.0707), which is 0.9293, and then divide that number by their total patient encounter volume.

Standard Deduction Calculation

$$\left[\frac{\text{Total eligible member patient encounters during any 90-day continuous period X 0.9293}}{\text{Total patient encounters, regardless of payer over that same 90-day continuous period}}\right] \text{X } 100$$

-Or-

$$\left[\frac{33 \text{ X } 0.9293}{75}\right] \text{X } 100 = 40.8892 \text{ percent}$$

The final eligible member patient encounter volume is 30.6669 encounters out of 75 total, or 40.8892 percent, rounded to the nearest whole number, 41 percent.

ATTACHMENT 3
Example of Calculating Group Practice Patient Volume for Program Year 2015

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 1,300 encounters in the selected 90-day period. Of the 1,300 encounters, 455 — or 35 percent — are attributable to eligible members. The next step is to apply the standard deduction (1 - 0.0707 = 0.9293) to the number of eligible members.

455 X 0.9293 = 422.8315

That number is divided by the total number of encounters in the selected 90-day period, or 1,300 in this example.

422.8315/1300 = 0.325255 or 32.5255 percent

Therefore, the group practice patient volume is 32.5255 percent, which is rounded to the nearest whole number of 33 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 is only five percent and one physician's eligible member encounter percentage is 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 during

the 90-day period; however, if the physician is new to practicing medicine (e.g., a recent graduate of an appropriate training program), he or she would be eligible for the program because he or she does not need to provide proof of an encounter.