

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Advanced Practice Nurse Prescribers with Psychiatric Specialty, Community Health Centers, Dentists, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, Tribal Federally Qualified Health Centers

## Information for Eligible Professionals Regarding Program Year 2018 of the Wisconsin Medicaid Electronic Health Record Incentive Program

This *ForwardHealth Update* provides information for Eligible Professionals regarding Program Year 2018 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program.

### Program Year 2018 Reporting and Attestation Timeframe

Per federal regulations, Program Year 2018 of the Wisconsin Medicaid EHR Incentive Program begins January 1, 2018, and runs through December 31, 2018. Eligible Professionals are required to choose a 90-day EHR reporting period from within these dates.

### Grace Period to Apply for Program Year 2018

The Wisconsin Medicaid EHR Incentive Program includes a grace period at the end of the Program Year to apply for an incentive payment. Eligible Professionals will be able to attest to Program Year 2018 through the Wisconsin Medicaid EHR Incentive Program attestation system from November 1, 2018, to March 31, 2019.

The last day to apply to receive a Program Year 2018 incentive payment is March 31, 2019.

### Program Year 2018 Standard Deduction for Patient Volume

Eligible Professionals are required to meet patient volume thresholds over the course of a 90-day period. The following information is required to accurately calculate patient volume in Program Year 2018.

The Wisconsin Medicaid EHR Incentive Program only considers services provided to members who are eligible to be reimbursed with funding directly from Wisconsin Medicaid (Title XIX) to be eligible patient encounters. Since Eligible Professionals may be unable to distinguish between eligible members and 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 2018 is 5.33 percent.

To calculate eligible patient encounters, Eligible Professionals should multiply the total eligible encounter patient volume by a factor of  $(1 - 0.0533)$ , which is 0.9467, and then divide that number by the total patient encounter volume. The final number should be rounded to the nearest whole number (i.e., 0.01–0.49 should be rounded down to

the nearest whole number, and 0.50–0.99 should be rounded up to the nearest whole number).

For examples of how to calculate individual and group patient volume, Eligible Professionals may refer to the Example of Calculating Individual Patient Volume topic (topic #12100) and the Example of Calculating Group Practice Patient Volume topic (topic #12101) of the Patient Volume chapter of the EHR Incentive Program section of the ForwardHealth Online Handbook at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

## **Adopt, Implement, and Upgrade**

In Program Year 2018, Eligible Professionals are no longer allowed to initiate participation in the Medicaid EHR Incentive Program and cannot select the Adopt, Implement, or Upgrade phase in their application. Per federal regulations, Program Year 2016 was the final year an Eligible Professional could initiate participation in the Medicaid EHR Incentive Program.

## **Meaningful Use**

### ***EHR Reporting Periods***

On August 2, 2017, the Centers for Medicare and Medicaid Services released the Hospital Inpatient Prospective Payment System final rule, which allows a 90-day EHR reporting period in Program Year 2018 for all Eligible Professionals, regardless of prior participation.

For Program Year 2018, Eligible Professionals who are either attesting to Meaningful Use criteria for the first time or have successfully demonstrated any stage of Meaningful Use in a prior year, the EHR reporting period is any continuous 90-day period between January 1, 2018, and December 31, 2018.

## ***Clinical Quality Measure Reporting Periods***

The following date ranges are the Clinical Quality Measure (CQM) reporting periods for Meaningful Use for Program Year 2018:

- The CQM reporting period for Eligible Professionals who are attesting to Meaningful Use criteria for the first time is any continuous 90-day period between January 1, 2018, and December 31, 2018.
- The CQM reporting period for Eligible Professionals who have successfully demonstrated any stage of Meaningful Use in a prior year is the full calendar year from January 1, 2018, through December 31, 2018.

## **Certified Electronic Health Record Technology**

In Program Year 2018, Eligible Professionals are required to use Certified Electronic Health Record Technology (CEHRT) that meets the criteria for the Office of the National Coordinator for Health Information Technology 2015 Edition, the 2014 Edition, or a combination of the two editions. 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 Online Handbook.

## **Meaningful Use Requirements for Program Year 2018**

There are two sets of Meaningful Use requirements available for Eligible Professionals in 2018:

- Modified Stage 2 — To meet Modified Stage 2 requirements, Eligible Professionals may use CEHRT that meets the criteria for the 2015 Edition, the 2014 Edition, or a combination of the two editions.
- Stage 3 — To meet Stage 3 requirements, Eligible Professionals must use technology certified for the 2015 Edition. An Eligible Professional who has technology certified to a combination of the 2015 and 2014 Editions may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures.

However, an Eligible Professional who has technology certified to the 2014 Edition only may not attest to Stage 3.

*Note:* Eligible Professionals are required to attest to cooperation with the following policies:

- Demonstration of supporting information exchange and prevention of information blocking
- Demonstration of good faith with a request relating to Office of the National Coordinator for Health Information Technology direct review of CEHRT

### **Modified Stage 2 Requirements**

The requirements for Modified Stage 2 contain 10 objectives with one or more measures to which Eligible Professionals are required to attest. Eligible Professionals will attest to all 10 objectives by either meeting the measure or satisfying an exclusion, if applicable. Eligible Professionals may choose to satisfy an exclusion, rather than meet the measure, when the measure is not applicable to them and they meet the exclusion criteria. For additional details, Eligible Professionals should refer to the Modified Stage 2 Meaningful Use Specification Sheets at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents\\_EP\\_Medicaid\\_ModifiedStage2\\_2018.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_ModifiedStage2_2018.pdf) prior to completing a Wisconsin Medicaid EHR Incentive Program application.

*Note:* In 2018, there are no longer alternate exclusions available, which were allowed in prior years.

### **Modified Stage 2 Public Health Reporting Objective**

The public health reporting objective requires Eligible Professionals to demonstrate active engagement with a public health agency to submit electronic public health data from CEHRT. The public health reporting objective contains three measure options. In Program Year 2018, all Eligible Professionals must do one of the following:

- Meet two of three measures
- Meet less than two measures and satisfy the exclusion criteria for all other measures
- Satisfy the exclusion criteria for all three measures

*Note:* If an Eligible Professional is in active engagement with two specialized registries, they may choose to report on the specialized registry reporting measure twice to meet the required number of measures for the public health reporting objective.

### **Stage 3 Requirements**

The requirements for Stage 3 contain eight objectives with one or more measures to which Eligible Professionals are required to attest. Eligible Professionals will attest to all eight objectives by either meeting the measure or satisfying an exclusion, if applicable. Eligible Professionals may choose to satisfy an exclusion, rather than meet the measure, when the measure is not applicable to them and they meet the exclusion criteria.

Stage 3 includes flexibility within certain objectives to allow Eligible Professionals to choose the measures most relevant to their patient population or practice. The Stage 3 objectives with flexible measure options include:

- **Coordination of Care through Patient Engagement** — Eligible Professionals must attest to all three measures and must either meet the thresholds or satisfy an exclusion for at least two measures to meet the objective.
- **Health Information Exchange** — Eligible Professionals must attest to all three measures and must either meet the thresholds or satisfy an exclusion for at least two measures to meet the objective.
- **Public Health Reporting** — Eligible Professionals must either meet or satisfy an exclusion for two measures. More information is detailed in the section below.

For additional details, Eligible Professionals should refer to the Stage 3 Meaningful Use Specification Sheets at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents\\_EP\\_Medicaid\\_Stage3\\_2018.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_Stage3_2018.pdf) prior to completing a Wisconsin Medicaid EHR Incentive Program application.

### Stage 3 Public Health Reporting Objective

The public health reporting objective requires Eligible Professionals to demonstrate active engagement with a public health agency to submit electronic public health data from CEHRT. The public health reporting objective contains five measure options. Measure 3 — Electronic Case Reporting is available to Eligible Professionals in Program Year 2018, but it is not required. In Program Year 2018, all Eligible Professionals must do one of the following:

- Meet two or more of the five measure options
- Meet fewer than two measures and satisfy the exclusion criteria for all other measure options, not including Measure 3 — Electronic Case Reporting
- Satisfy the exclusion criteria for all four measure options, not including Measure 3 — Electronic Case Reporting

*Note:* If an Eligible Professional is in active engagement with two public health or clinical data registries, they may choose to report on these measures twice to meet the required number of measures for the public health reporting objective.

### Documentation Submission Requirements

All Eligible Professionals are required to submit documentation to support Meaningful Use measure data. Meaningful Use documentation submission has been optional in prior Program Years but is now required.

Eligible Professionals are required to submit the following documentation to support attestation:

- CEHRT documentation
- Meaningful Use report(s) supporting all Meaningful Use percentage-based measures (with numerators and denominators) and/or any other source material used by the Eligible Professional to enter the Meaningful Use measure numerators and denominators
- Patient Volume documentation
- Security risk analysis (SRA) documentation

*Note:* At this time, Eligible Professionals are not required to submit documentation supporting their CQMs.

For more information about specific documentation and submission requirements, refer to the Eligible Professionals — Required Documentation page at [www.dhs.wisconsin.gov/ehrincentive/professionals/reqdoc.htm](http://www.dhs.wisconsin.gov/ehrincentive/professionals/reqdoc.htm).

### Audits and Appeals

As a reminder, Eligible Professionals who receive incentive payments from the Wisconsin Medicaid EHR Incentive Program may be subject to an audit at any time. A failed audit may result in a recoupment of incentive payments. Eligible Professionals are required to retain all relevant supporting documentation used when completing a Wisconsin Medicaid EHR Incentive Program application for six years post-attestation and submit it to the Wisconsin Department of Health Services upon request. The Meaningful Use of Certified EHR Technology chapter of the EHR Incentive Program section of the Online Handbook contains examples of relevant supporting documentation an Eligible Professional may retain for audit purposes.

For information about the appeals process, Eligible Professionals should refer to the Appeals Process topic (topic #12137) in the Appeals chapter of the EHR Incentive Program section of the Online Handbook.

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 Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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