

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 2019 of the Wisconsin Medicaid Promoting Interoperability Program

This *ForwardHealth Update* provides information for Eligible Professionals regarding Program Year 2019 of the Wisconsin Medicaid Promoting Interoperability (PI) Program.

New Name of the Program

In April 2018, the federal Centers for Medicare and Medicaid Services (CMS) changed the name of this program from the Electronic Health Record (EHR) Incentive Program to the PI Program. Wisconsin Medicaid has similarly changed the name of Wisconsin's program to match CMS.

Program Year 2019 Reporting and Attestation Timeframe

Per federal regulations, Program Year 2019 of the Wisconsin Medicaid PI Program begins January 1, 2019, and runs through December 31, 2019. Eligible Professionals are required to choose a 90-day EHR reporting period from within these dates.

Grace Period to Apply for Program Year 2019

The Wisconsin Medicaid PI 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 2019 through the Wisconsin Medicaid PI

Program attestation system from November 1, 2019, to March 31, 2020.

The last day to apply to receive a Program Year 2019 incentive payment is March 31, 2020.

Program Year 2019 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 2019.

The Wisconsin Medicaid PI Program only considers services provided to members who are eligible to be reimbursed with funding directly from 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 PI Program calculates the standard deduction in order to assist Eligible Professionals in determining their eligible patient encounters. The standard deduction for Program Year 2019 is 4.11 percent.

The information provided in this *Update* is published in accordance with 42 C.F.R. §§ 495.24, 495.40, 495.332.

To calculate eligible patient encounters, Eligible Professionals should multiply the total eligible encounter patient volume by a factor of (1 - 0.0411), which is 0.9589, 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 Promoting Interoperability Program section of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/.

Adopt, Implement, and Upgrade

In Program Year 2019, Eligible Professionals are no longer allowed to initiate participation in the Medicaid PI 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 PI Program.

Meaningful Use

EHR Reporting Periods

On August 17, 2018, CMS released the Hospital Inpatient Prospective Payment System final rule, which allows a 90-day EHR reporting period in Program Year 2019 for all Eligible Professionals, regardless of prior participation.

For Eligible Professionals, the Program Year 2019 EHR reporting period is any continuous 90-day period between January 1, 2019, and December 31, 2019.

Clinical Quality Measure Reporting Periods

The Clinical Quality Measure (CQM) reporting periods for Meaningful Use for Program Year 2019 are as follows:

- 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, 2019, and December 31, 2019.
- 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, 2019, through December 31, 2019.

Certified Electronic Health Record Technology

In Program Year 2019, 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. For further information, Eligible Professionals should refer to the Certified Electronic Health Record Technology topic (topic #16897) in the An Overview chapter of the Promoting Interoperability Program section of the Online Handbook.

Meaningful Use Requirements for Program Year 2019

In 2019, Eligible Professionals must attest to Stage 3 Meaningful Use. To meet Stage 3 requirements, Eligible Professionals must use technology certified to the 2015 Edition.

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.

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Stage 3 Requirements

Stage 3 requirements include 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 about public health reporting is detailed in the section below.

For additional details about objectives and measures, Eligible Professionals should refer to the Stage 3 Meaningful Use Specification Sheets at www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Tables/Contents_EP_Medicaid_2019.pdf prior to completing a Wisconsin Medicaid PI Program application.

Stage 3 Public Health and Clinical Data Registry Reporting Objective

The public health and clinical data registry reporting objective requires Eligible Professionals to demonstrate active engagement with a public health agency or clinical data registry to submit electronic public health data from CEHRT. The public health and clinical data registry

reporting objective contains five measure options. In Program Year 2019, 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
- Satisfy the exclusion criteria for all measure options

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 and clinical data registry reporting objective.

Clinical Quality Measure Reporting in Program Year 2019

Per CMS, Eligible Professionals must report on a total of six clinical quality measures. Of the six, one must be an “outcome” measure. If no outcome measures are relevant to the provider’s scope of practice, then the provider must report on one “high-priority” CQM. If no outcome or high-priority CQMs are relevant to the Eligible Professional’s scope of practice, the Eligible Professional must report on any six CQMs. This requirement is new starting in Program Year 2019.

Outcome measures are those that speak to an actual clinical patient outcome rather than measuring whether a process was completed. CQMs may be designated as high-priority by both CMS and the State. Eligible Professionals should refer to the DHS eHealth Program Quality Series, titled “Wisconsin High-Priority Electronic Clinical Quality Measures,” at www.dhs.wisconsin.gov/publications/p02315.pdf for more information on this requirement and the list of outcome and high-priority CQMs designated by CMS, Wisconsin, or both.

Documentation Submission Requirements

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

- CEHRT documentation

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- 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 on specific documentation and submission requirements, refer to the Eligible Professionals — Required Documentation page at www.dhs.wisconsin.gov/ebrincentive/professionals/reqdoc.htm.

Audits and Appeals

As a reminder, Eligible Professionals who receive incentive payments from the Wisconsin Medicaid PI 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 PI Program application for six years post-attestation and submit it to the Wisconsin Department of Health Services (DHS) upon request. The Meaningful Use of Certified EHR Technology chapter of the Promoting Interoperability Program section of the Online Handbook contains examples of relevant supporting documentation an Eligible Professional may retain for audit purposes.

For information on the appeals process, Eligible Professionals should refer to the Appeals Process topic (topic #12137) in the Appeals chapter of the Promoting Interoperability 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/.

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