

ForwardHealth **UPDATE**

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



CLARIFICATIONS TO THE PROMOTING INTEROPERABILITY PROGRAM FOR ELIGIBLE PROFESSIONALS

Stage 3 Requirements

This ForwardHealth Update clarifies the requirements for Stage 3 Meaningful Use of the Wisconsin Medicaid Promoting Interoperability (PI) Program.

The requirements for Stage 3 Meaningful Use include eight objectives, including one consolidated public health reporting objective. 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

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

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

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 meet the thresholds for two measures for this objective. If the Eligible Professional meets the criteria for exclusion from one measure, the remaining two measure thresholds must be met. If the Eligible Professional meets the exclusion criteria for two measures, the threshold for the one remaining measure must be met. If the Eligible Professional meets the exclusion criteria for all three measures, they may claim all three exclusions and satisfy the objective.
- **Health Information Exchange—Eligible Professionals** must attest to all three measures and must meet the thresholds for two measures for this objective. If the Eligible Professional meets the criteria for exclusion from one measure, the remaining two measure thresholds must be met. If the Eligible Professional meets the exclusion criteria for two measures, the threshold for the one remaining measure must be met. If the Eligible Professional meets the exclusion criteria for all three measures, they may claim all three exclusions and satisfy the objective.
- **Public Health Reporting—Eligible Professionals** must meet two measures for this objective. If the Eligible Professional cannot satisfy at least two measures, they may claim exclusions from all remaining measures they cannot meet to satisfy this objective.

For more information on the Eligible Professional Stage 3 requirements for Program Year 2019, review the [Stage 3 Meaningful Use Specification Sheets](#).

Appeals

The Wisconsin Department of Health Services would like to clarify the valid reasons for appeals. All valid reasons for appealing denied applications or payment amounts are included in the Attachment to this Update, along with the documentation the Eligible Professional must provide as a part of their appeal.

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

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 within 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 within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT

Valid Reasons for Appeals

DENIED APPLICATION APPEALS		
REASON FOR APPEAL	EXPLANATION	DOCUMENTATION REQUIRED
Patient Volume	The provider was denied approval for not meeting the patient volume requirement during the 90-day reporting timeframe but believes they met the appropriate patient volume requirement.	Provide the patient volume for the reported 90-day period on the Wisconsin Medicaid Promoting Interoperability (PI) Program application.
Sanctioned by Medicare or Medicaid	The provider was denied for having current or pending sanctions with Medicare or Medicaid but does not have any sanctions.	Upload documentation proving the Eligible Professional has been reinstated by the Office of Inspector General. If the question was answered incorrectly when completing the original Wisconsin Medicaid PI Program application, provide a clarifying statement that the Eligible Professional has no current or pending sanctions with Medicare or Medicaid.
Demonstration of Adopting, Implementing, and Upgrading (AIU)	The provider was denied for failing to meet the AIU requirements but believes they met the AIU requirements.	Provide a statement explaining how AIU requirements were met. Include documentation supporting the adoption, implementation, or upgrade of certified electronic health record technology.
Demonstration of Meaningful Use	The provider was denied for failing to meet Meaningful Use requirements for the reporting period specified but believes they did meet Meaningful Use requirements.	Provide a statement explaining how Meaningful Use requirements were met. Include documentation to support the satisfaction of the Meaningful Use measure(s) in question.

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

DENIED APPLICATION APPEALS (CONT.)

REASON FOR APPEAL	EXPLANATION	DOCUMENTATION REQUIRED
Duplicate Payment	The provider was denied due to a history of prior payments for the specified program year but has not received any prior payments from the Wisconsin Medicaid PI Program, the Medicare PI Program, or the PI Program of another state.	Eligible Professionals may only receive one incentive payment for a given program year. The Eligible Professional must submit a copy of their full incentive payment history as reported on the CMS Promoting Interoperability Programs Registration System.
Eligible Provider and Specialty Type	The provider was denied due to not meeting the eligible provider type requirement but believes their scope of practice falls under the eligible provider types.	To qualify for a Wisconsin Medicaid PI payment, Eligible Professionals must be one of the provider types and specialties indicated within the State Medicaid Health IT Plan, Section 3—Program Administration and Oversight, subsection 1.4. The Eligible Professional must submit evidence that they are one of the provider type and specialty combinations allowed per the State Medicaid Health IT Plan.
Hospital Based	The Eligible Professional was denied for being hospital based but believes they meet the requirement of providing less than 90 percent of their services in an inpatient hospital or emergency department or of funding the acquisition, implementation, and maintenance of Certified Electronic Health Record Technology without reimbursement from a hospital.	Eligible Professionals are not eligible for the Wisconsin Medicaid PI Program if they provide 90 percent or more of their services to eligible members in an inpatient hospital or emergency department. If the question was answered incorrectly when completing the original Wisconsin Medicaid PI Program application, provide a clarifying statement that the Eligible Professional is not hospital based.

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

PAYMENT AMOUNT APPEALS

REASON FOR APPEAL	EXPLANATION	DOCUMENTATION REQUIRED
Pediatrician Reduced Payment Amount Applied Incorrectly	Pediatricians received reduced payment because they were deemed to have met the reduced Medicaid patient volume criteria (20 percent) by the Wisconsin Medicaid PI Program, but the Eligible Professional believes that they have fulfilled the 30 percent Medicaid patient volume requirement.	Provide the patient volume numbers for the reported 90-day period that should have been reported on the original Wisconsin Medicaid PI Program application.

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