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INFORMATION FOR ELIGIBLE PROFESSIONALS REGARDING PROGRAM YEAR 2020 OF THE WISCONSIN MEDICAID PROMOTING INTEROPERABILITY PROGRAM

Program Year 2020 Reporting and Attestation Timeframe

Per federal regulations, Program Year 2020 of the Wisconsin Medicaid Promoting Interoperability (PI) Program begins January 1, 2020, and runs through December 31, 2020. Eligible Professionals are required to choose a 90-day electronic health record (EHR) reporting period and electronic Clinical Quality Measures (eCQM) reporting period from within these dates.

Eligible Professionals may report their EHR information and attest to their eCQMs through the Wisconsin Medicaid PI Program attestation system from October 1, 2020, through January 31, 2021.

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

WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Program Year 2020 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 2020.

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 2020 is 4.41 percent.

To calculate eligible patient encounters, Eligible Professionals should multiply the total eligible encounter patient volume by a factor of (1 - 0.0441), which is 0.9559, and then divide that number by the total patient encounter volume. The final number should be rounded to the nearest whole number (that is, 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 ForwardHealth Online Handbook.

Meaningful Use Requirements for Program Year 2020

In 2020, Eligible Professionals must attest to Stage 3 Meaningful Use. To meet Stage 3 Requirements, Eligible Professionals must use technology certified to the 2015 Edition.

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.

> **The standard deduction for Program Year 2020 is 4.41 percent.**

For additional details about objectives and measures, Eligible Professionals should refer to the Stage 3 Meaningful Use Specification Sheets 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 certified EHR technology. The public health and clinical data registry reporting objective contains five measure options. In Program Year 2020, 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.

Electronic Clinical Quality Measure Reporting in Program Year 2020

Per the Centers for Medicare & Medicaid Services, Eligible Professionals must report on a total of six eCQMs. Eligible Professionals must report eCQMs manually through the Wisconsin Medicaid PI Program attestation system. Of the six eCQMs reported, 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" eCQM. If no outcome or high-priority eCQMs are relevant to the Eligible Professional's scope of practice, the Eligible Professional must report on any six eCQMs.

Outcome measures are those that speak to an actual clinical patient outcome rather than measuring whether a process was completed. eCQMs may be designated as high-priority by both Centers for Medicare & Medicaid Services and the Wisconsin Department of Health Services. Eligible Professionals should refer to the Wisconsin Department of Health Services eHealth Program Quality Series, titled "Wisconsin High-Priority Electronic Clinical Quality Measures," for more information on this requirement and the list of outcome and high-priority eCQMs designated by Centers for Medicare & Medicaid Services, Wisconsin, or both.

RESOURCES

- Stage 3 Meaningful Use Specification Sheets
- Wisconsin High-Priority Electronic Clinical Quality Measures
- Eligible Professionals— Required Documentation

Documentation Submission Requirements

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

- Certified EHR technology 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 documentation

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

For more information on specific documentation and submission requirements, refer to the Eligible Professionals—Required Documentation page at www.dhs.wisconsin.gov/ehrincentive/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 Department of Health Services upon request. The Meaningful Use of Certified EHR Technology chapter 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 (#12137) iof the Online Handbook.