



Electronic Health Record (EHR)

Incentive Program

Program Year 2015 Application Requirements

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Agenda

- Current State of Program Year 2015
- Certified EHR Technology (CEHRT) and Documentation Requirements
- Patient Volume and Documentation Requirements
- Documentation Submission Requirements
- Application Process Guide
- Program Resources
- Questions



Program Year 2015 Application Requirements

Current State of Program Year 2015



Current State of Program Year 2015

- Now accepting adopt, implement, and upgrade applications.
- Will accept meaningful use applications at a later date.



Meaningful Use Delay

- Modified Stage 2 and Stage 3 final rule was published October 16, 2015:
 - Program Year 2015 has a 90-day EHR reporting period for all providers.
 - Changes to meaningful use measures necessitate attestation system changes.
- Continue to check Wisconsin Medicaid EHR Incentive Program website for announcements.



Did You Know?

- Program Year 2016 is the last year to initiate participation in the Medicaid EHR Incentive Program.
- Starting in Program Year 2015, providers must submit CEHRT and patient volume documentation with their applications.



Program Year 2015 Application Requirements

CEHRT and Documentation Requirements



CEHRT

Requirements

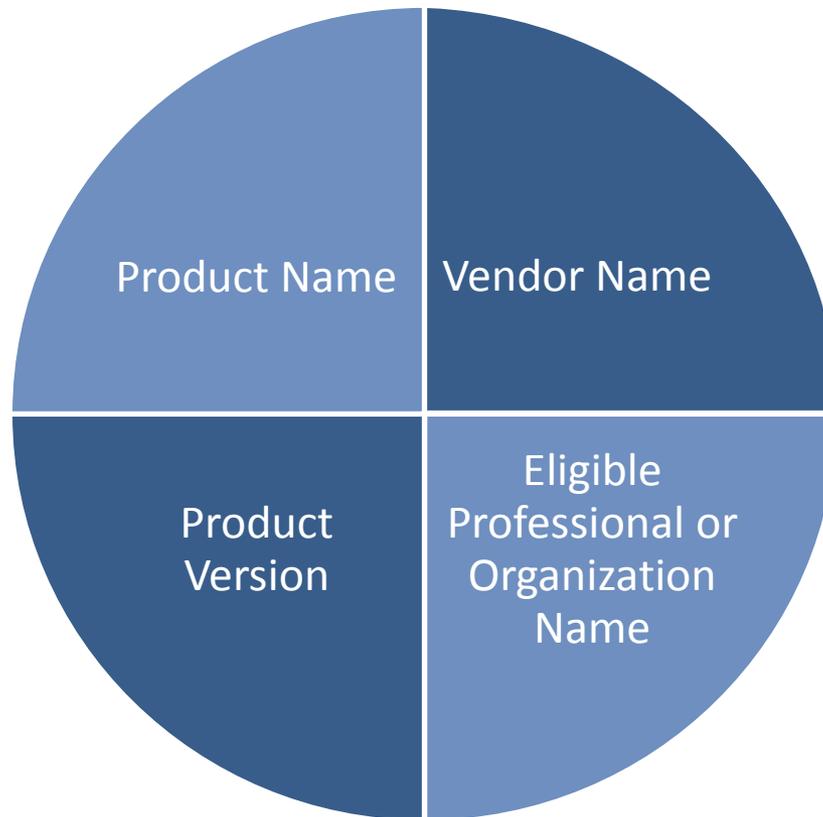
- 2014 edition of CEHRT required
- New CEHRT documentation requirements:
 - Proof of CEHRT must be submitted with applications.
 - Applications without proof of CEHRT will be returned to the provider for resubmission including the required documentation.



CEHRT

Documentation Requirements

Supporting documentation must identify:





CEHRT

Documentation Examples

Providers may need to submit more than one item below to fulfill documentation requirements:

- Contract
- Lease
- Proof of purchase
- Receipt
- Vendor letter: signed and dated by vendor
- System screenshot: may be submitted in addition to one of the above items



Program Year 2015 Application Requirements

Patient Volume and Documentation Requirements



Patient Volume Requirements

- Standard deduction is 7.07 percent.
 - Multiply numerator by 0.9293 to apply the standard deduction.
 - Required **except** for Eligible Professionals with needy individual patient volume.
 - Applications without standard deduction will be returned.
- New patient volume documentation requirements.
 - Individuals must submit a detail report.
 - Groups must submit a detail report and a summary report.



Patient Volume

Documentation Requirements: All Providers

Detail report must:

- Represent all encounters during the patient volume reporting period.
- Identify needy encounters, if applicable.
- Display all Department of Health Services (DHS) required elements for each encounter.



Patient Volume

Documentation Requirements: All Providers

Detail report required elements for each encounter:

- Rendering provider National Provider Identifier (NPI)
- Date of service
- Unique patient identifier
- Financial payer
- State Medicaid agency (out-of-state Medicaid encounters only)



Patient Volume

Documentation Requirements: Groups

Summary report required elements:

- Rendering provider name
- Rendering provider NPI
- Number of Medicaid encounters per rendering provider
- Number of needy encounters per rendering provider, if applicable
- Number of total encounters per rendering provider



Patient Volume

Documentation Examples (Format)

Detail Report Example (All EPs)

| Rendering Provider Name | Rendering Provider NPI | Patient Name | Medicaid ID | Date of Service | SMA (Out of State Encounter) | Payer |
|-------------------------|------------------------|----------------|-------------|-----------------|------------------------------|-------------|
| Laurence Olivier | 9999999999 | Audrey Seymour | 1000008 | 6/8/2015 | | Medicaid |
| Laurence Olivier | 9999999999 | Nick Snape | 4444444 | 6/10/2015 | | Medicaid |
| Laurence Olivier | 9999999999 | Lilian Snape | 55555554 | 6/8/2015 | Iowa | Medicaid |
| Laurence Olivier | 9999999999 | Luna Marx | 800007 | 6/15/2015 | | Medicaid |
| Laurence Olivier | 9999999999 | Gus Arnold | | 7/25/2015 | | Private Pay |

Summary Report Example (Group EPs)

| Rendering Provider Name | Rendering Provider NPI | Medicaid Encounters | Needy Encounters | Total Encounters |
|-------------------------|------------------------|---------------------|------------------|------------------|
| Laurence Olivier | 9999999999 | 222 | 28 | 332 |
| Vivian Leigh | 2222222222 | 354 | 35 | 412 |
| Anthony Maria | 3333333333 | 123 | 154 | 289 |
| Anita Jette | 4444444444 | 21 | 554 | 603 |
| | TOTALS: | 720 | 771 | 1,636 |



Program Year 2015 Application Requirements

Documentation Submission Requirements



Documentation Submission

CEHRT

Groups with **less than 30** applicants: Upload documentation to each application.

Groups with **30 or more** applicants: Do one of the following:

- Upload documentation to each application.
- Submit via secure email.

Note: Email submissions must include the Required CEHRT Documentation spreadsheet, available on the program website at

dhs.wisconsin.gov/forms/f01564.xlsx.



Documentation Submission

Patient Volume

Individual: Upload documentation to the application.

Group: Do one of the following:

- Upload documentation to each application.
- Submit via secure email.

Note: Email submissions must include the Required Patient Volume Documentation spreadsheet, available on the program website at

dhs.wisconsin.gov/forms/f01565.xlsx.



Documentation Submission

Application Upload



ForwardHealth
Wisconsin serving you

[Print](#) [Contact Us](#) [Exit](#)
 Friday 05/22/2015 2:14:57 PM CDT

| | | | |
|------------------|-----------|---------------|-----------|
| Name | Anjoo Doe | Applicant NPI | 111111111 |
| Personal TIN/SSN | 123456789 | Payee TIN | 123456789 |
| Payment Year | 1 | Program Year | 2015 |

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Application Submission (Part 1 of 2)

Eligible Professionals are required to upload proof of Certified EHR Technology and attested patient volume. For more information on these documentation requirements, please review the Wisconsin EHR Incentive Program Website at www.dhs.wisconsin.gov/ehrincentive/index.htm.

Please note that applications submitted without required documentation will be returned to an Incomplete status until the proper documentation is uploaded.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

All files must be in **.pdf** or **.xls** or **.xlsx** or **.doc** or **.docx** format, and must be no larger than **2 MB** in size.

File name must be less than or equal to **100 characters**.

File Location: Browse...

Upload File

Previous Reset Save & Continue

Source: Wisconsin Medicaid EHR Incentive Program User Guide for Eligible Professionals

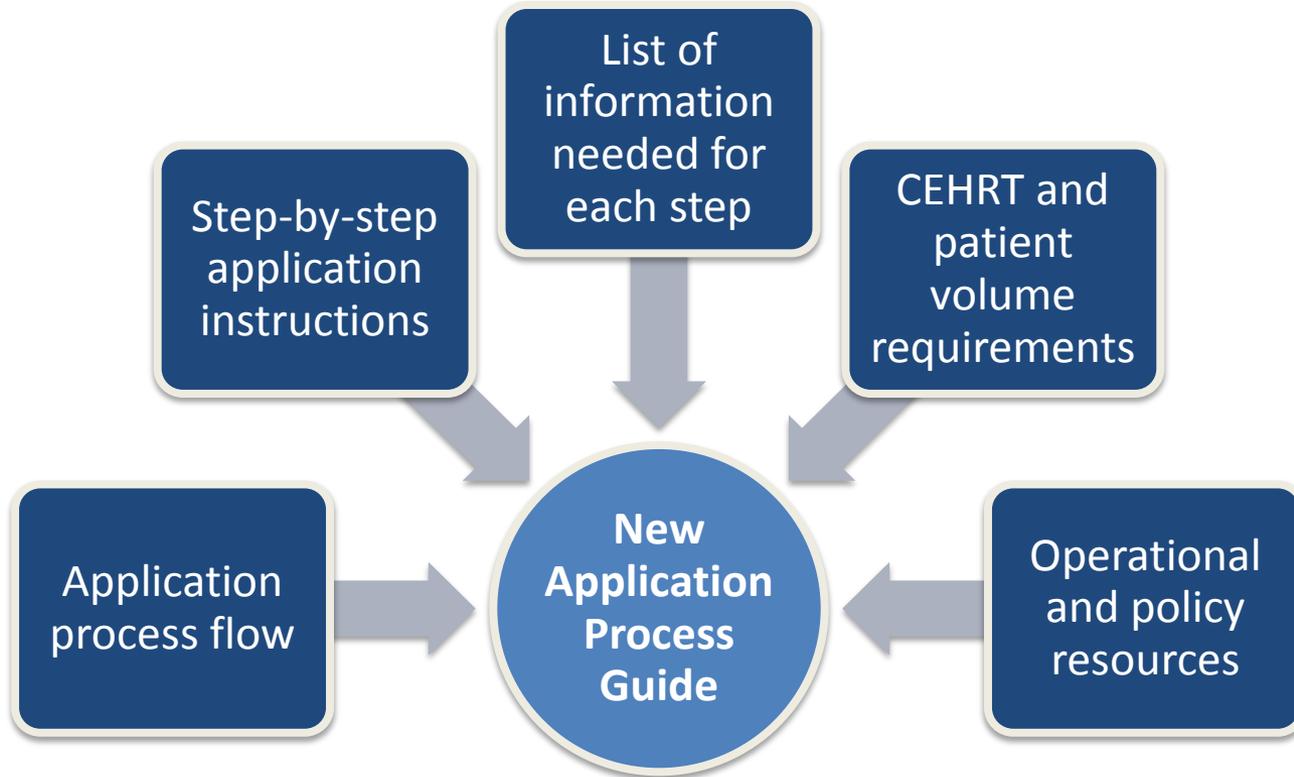


Program Year 2015 Application Requirements

Application Process Guide



Application Process Guide



dhs.wisconsin.gov/publications/p01151.pdf



Step-by-Step Instructions

| Step-by-step Process | | |
|--|---|---|
| Refer to the Quick Reference Chart on page 6 | | |
| Responsible Party | Process | Information Needed |
| Step 1 Application Preparer | <p>Initiate a connection with the Eligible Professional using the Centers for Medicare and Medicaid Services (CMS) Identity and Access (I&A) Management system.</p> <ol style="list-style-type: none"> 1. Create account as an "Authorized Official/Delegated Official." 2. Set up your "Organization" as your employer. 3. Login to the I&A system and complete the connection request per the I&A user guide instructions. | <ul style="list-style-type: none"> • Active email address • Eligible Professional National Provider Identifier (NPI) • Organization NPI |
| Step 2 Eligible Professional | <p>Approve connection request.</p> <ol style="list-style-type: none"> 1. Eligible Professional receives an email notification of the request. 2. Login to the I&A system and approve the connection request per the I&A user guide instructions. | <ul style="list-style-type: none"> • I&A username and password |
| Step 3 Application Preparer (Eligible Professional if applicable) | <p>Register Eligible Professional for the EHR Incentive Program using the CMS Registration and Attestation (R&A) system.</p> <ol style="list-style-type: none"> 1. Login to the R&A system using National Plan and Provider Enumeration System (NPPES) username and password. 2. Complete registration per the R&A user guide instructions. | <ul style="list-style-type: none"> • Eligible Professional NPI • CMS EHR Certification ID • Payee Tax Identification Number (TIN) • Payee NPI • Eligible Professional provider type • Business address and phone number • Active email address <p>Note: Access the Certified Health IT Product List to acquire CMS EHR Certification ID.</p> |



Documentation Requirements

Certified Electronic Health Record Technology Documentation Requirements (from Step 10)

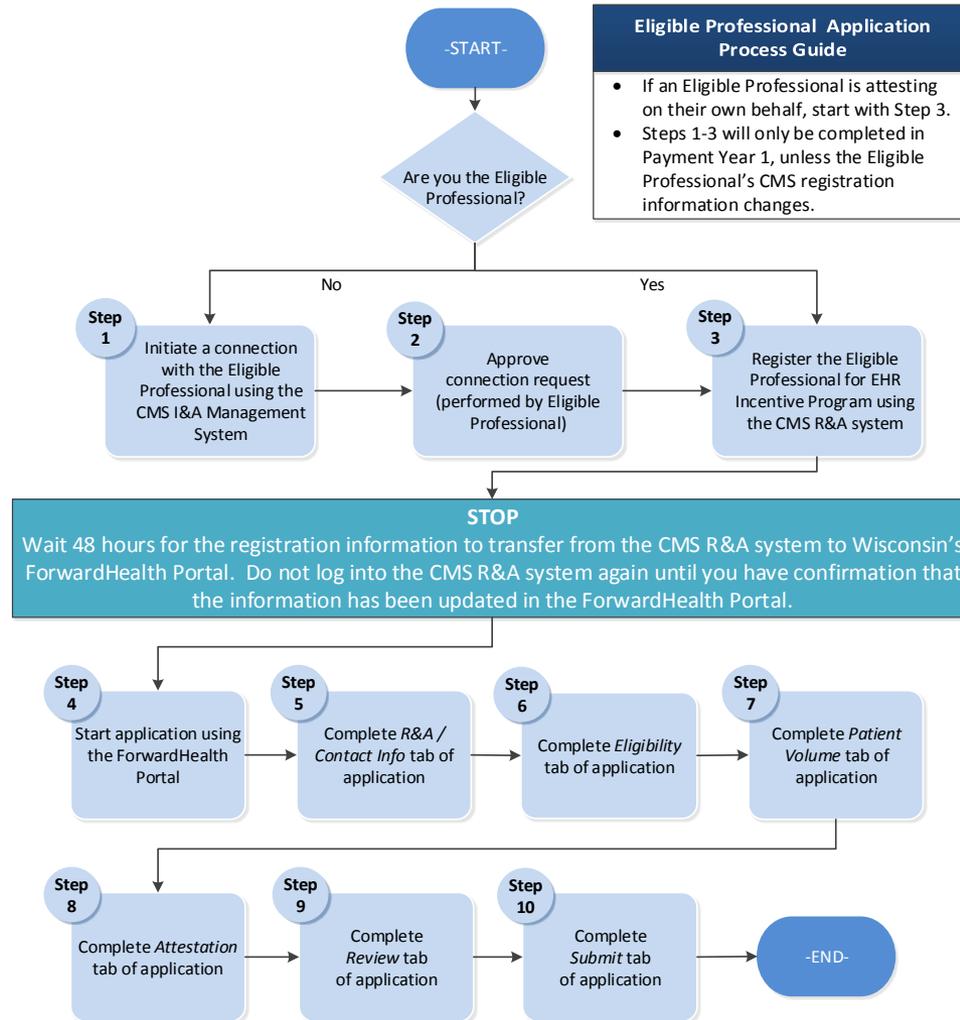
| Requirement | Documentation Description | Submission Method Instructions |
|-------------|---|---|
| CEHRT | <p>At least one of the following must be submitted:</p> <ul style="list-style-type: none"> Contract Lease Proof of purchase Receipt Signed and dated vendor letter Screenshot of the CEHRT system information <p>Must identify the following:</p> <ul style="list-style-type: none"> Vendor Product Product version number <p>Note: if the vendor, product, and version number are not identified, the application will be returned to the provider for resubmission with additional documentation identifying these items.</p> | <p>Organizations with fewer than 30 applications are required to upload the CEHRT documentation to the application.</p> <p>Organizations with more than 30 applications may either upload the CEHRT documentation to each application or submit the documentation once, via secure email, with a list of all Eligible Professionals for whom the documentation applies.</p> <p>To submit via email:</p> <ol style="list-style-type: none"> Download the Required CEHRT Documentation Microsoft® Excel spreadsheet available on the Department of Health Services (DHS) website at https://www.dhs.wisconsin.gov/forms/f01564.xlsx. Complete the spreadsheet using the document's internal instructions and save a copy for your records. Attach the spreadsheet and required CEHRT documentation to the email. Indicate the following as the subject line of the email: "Eligible Professional Application Supporting Documentation." |

Patient Volume Documentation Requirements (from Step 10)

| Requirement | Documentation Description | Submission Method Instructions |
|-----------------------------|--|---|
| Patient Volume (Individual) | <p>Detail report identifying:</p> <ul style="list-style-type: none"> Eligible Professional 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 | <p>Eligible Professionals using individual patient volume are required to upload their supporting documentation to the Wisconsin Medicaid EHR Incentive Program application.</p> |
| Patient Volume (Group) | <p>Summary report identifying:</p> <ul style="list-style-type: none"> Eligible Professional name Eligible Professional NPI Medicaid encounters (numerator) and total encounters volume (denominator) for each Eligible Professional included in the patient volume calculation <p>Detail report identifying:</p> <ul style="list-style-type: none"> Eligible Professional 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 | <p>Eligible Professionals using group proxy patient volume may either upload their supporting documentation to each application or submit the documentation once, via secure email, with a list of all Eligible Professionals for whom the documentation applies.</p> <p>To submit via email:</p> <ol style="list-style-type: none"> Download the Required Group Practice Patient Volume Workbook Microsoft® Excel spreadsheet available on the Department of Health Services (DHS) website at https://www.dhs.wisconsin.gov/forms/f01565.xlsx. Complete the spreadsheet using the document's internal instructions and save a copy for your records. |



Quick Reference Guide





Program Year 2015 Application Requirements

Program Resources



Program Announcements

- Wisconsin DHS EHR website
 - dhs.wisconsin.gov/ehrincentive/index.htm
- ForwardHealth Updates
 - dhs.wisconsin.gov/ehrincentive/resources.htm



Operational Resources

- New Application Process Guide
 - dhs.wisconsin.gov/publications/p01151.pdf
- Wisconsin Medicaid EHR Incentive Program User Guide for Eligible Professionals
 - dhs.wisconsin.gov/publications/p0/p00358c.pdf
- EHR Incentive Program email
 - dhsehrincentiveprogram@dhs.wisconsin.gov
- ForwardHealth Portal Help Desk
 - 866-908-1363



Question and Answer

- Click on the message icon  to view the chat window.
- Type your questions into the chat window.