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**Wisconsin Medicaid EHR  
Incentive Program  
Frequently Asked Questions**  
*Eligible Professionals*

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## 1. Overview

The sections that follow are the most frequently asked questions posed to the Wisconsin Medicaid HIT Team. If you have questions beyond the scope of this document you can contact the Wisconsin Provider Services Help Desk at (800) 947-9627, or send an email to the Wisconsin EHR Incentive Program Mailbox at [dhsehrincentiveprogram@wi.gov](mailto:dhsehrincentiveprogram@wi.gov).

## 2. Eligibility

### 2.1. Who qualifies as a Medicaid Eligible Professional?

Providers are considered eligible for the Medicaid EHR Incentive Program if they meet the following eligibility requirements:

1. A Wisconsin Medicaid enrolled provider, licensed to practice in Wisconsin
2. No current or pending sanctions
3. One of the following provider types meeting the patient volume requirement:

Medicaid Eligible Professionals	Minimum Medicaid Patient Volume Threshold
Physicians (Provider Type 31)	30 percent Medicaid
Pediatricians	20 percent Medicaid
Dentists (Provider Type 27)	30 percent Medicaid
Certified nurse midwives (Provider Type 16 )	30 percent Medicaid
Nurse practitioners (Provider Type 09)	30 percent Medicaid
Advanced practice nurse prescribers with psychiatric specialty (Provider Type 11)	30 percent Medicaid
Physician assistants practicing predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) so led by a physician assistant (Provider Type 10)	30 percent “needy individuals”

The term “practicing predominantly” is defined as providing 50% or more of services in an FQHC or RHC during a six month period in the previous calendar year or during the 12 months preceding the attestation date.

4. Not hospital-based – must have less than 90% of services occurring in an inpatient (place of service 21) or emergency department (place of service 23) setting.
  - a. However, if the Eligible Professional is hospital-based but can demonstrate that he/she has funded the acquisition, implementation, and maintenance of CEHRT without reimbursement from an Eligible Hospital or CAH, and such CEHRT is in use, the Professional is eligible.

### 2.2. How do I determine if I’m hospital based?

A hospital-based Eligible Professional is defined as a provider who provides 90% or more of their covered professional services in either the inpatient (place of service 21) or emergency department



(place of service 23) of a hospital. Hospital-based Eligible Professionals are excluded from the Wisconsin Medicaid EHR Incentive Program unless they can demonstrate that they have funded the acquisition, implementation, and maintenance of certified EHR technology (CEHRT) without reimbursement from an Eligible Hospital or CAH – and use such CEHRT at a hospital, in lieu of using the hospital’s CEHRT.

### **2.3. Can I apply for the Wisconsin Medicaid EHR Incentive Program if my practice is owned by a hospital?**

Yes. Only physicians who primarily work (provide more than 90% of their services) in inpatient and emergency room settings are excluded from the Wisconsin Medicaid EHR Incentive Program. However, if the physician provides the majority of their services in these settings but can demonstrate that they have funded the acquisition, implementation, and maintenance of certified EHR technology without reimbursement from an Eligible Hospital or CAH, they are still eligible to apply.

### **2.4. Can I continue to participate if I’ve joined a new practice?**

Yes. Payment schedules are tied to the individual Eligible Professional, not the practice. Therefore, if an Eligible Professional leaves or arrives at a facility the Eligible Professional may still participate provided eligibility criteria are still met. This also applies to all Eligible Professionals who are transferring over state lines.

### **2.5. Can I take a year off from participating in the Wisconsin Medicaid EHR Incentive Program?**

After the first Payment year, Eligible Professionals can choose to not participate in the Program for any number of years and rejoin the following year without penalty. There are no official steps Eligible Professionals need to take when choosing not to participate in the Program for one of the six years of their involvement. Additionally, and unlike the Medicare Program, Eligible Professionals may participate in the Wisconsin Medicaid EHR Incentive Program over the course of non-consecutive years without losing a year of eligibility.

### **2.6. Can I enroll in both the Wisconsin Medicaid EHR Incentive Program and the Medicare EHR Incentive Program?**

No. Eligible Professionals must select either the Medicare or Medicaid EHR Incentive Program when registering in the [CMS Registration and Attestation System](#). Eligible Professionals may not participate in both Programs in the same Payment Year.

### **2.7. Can I switch between the Medicare and Medicaid EHR Incentive Programs?**

Eligible Professionals may change their EHR Incentive Program election once, but such change in election must occur before the end of calendar year 2014. The switch is only official after the Eligible Professional has successfully attested in the other Program.



### 3. Incentive Payments

#### 3.1. What is the maximum incentive amount I can receive as an Eligible Professional participating in the Wisconsin Medicaid EHR Incentive Program?

Eligible Professionals who adopt, implement, upgrade, or demonstrate the meaningful use of certified EHR technology can receive up to \$63,750 over the 6 years that they choose to participate in program – receiving \$21,250 the first year and \$8,500 each following year.

Pediatricians have special rules and are allowed to participate with a reduced patient volume threshold (20% instead of 30%). If pediatricians participate and have a patient volume less than 30% of total encounters, they receive an incentive reduced to two-thirds of regular payment levels, or \$42,500 total over their six years participating in the program - receiving \$14,167 the first year and \$5,666 each following year. Eligible Professionals must begin receiving incentive payments by calendar year 2016.

#### 3.2. Over how many years will an Eligible Professional receive payments?

Medicaid Eligible Professionals may participate for a total of 6 years and may not begin receiving payments any later than the end of calendar year 2016.

#### 3.1. When is the last year an Eligible Professional can begin receiving payments from the Medicaid EHR Incentive Program?

The last year an Eligible Professional may begin receiving payments is calendar year 2016, and the last year an Eligible Professional can receive payments is calendar year 2021.

#### 3.2. Can I reassign my Wisconsin Medicaid EHR Incentive Program payment to the practice where I work?

Yes, Eligible Professionals may reassign their full incentive payments to the entity that is associated with their taxpayer identification number on file with the Wisconsin Medicaid Agency. Eligible Professionals are responsible for maintaining their Wisconsin Medicaid provider file, including their financial address information, using the [Demographic Maintenance Tool](#) available through their secure [ForwardHealth Provider Portal](#) account.

We strongly encourage providers to confirm information in their provider file matches the registration information provided in the [CMS Registration and Attestation System](#).

### 4. Patient Volume

#### 4.1. What are the patient volume requirements?

Eligible Professionals must meet a 30% Medicaid (Title XIX) member encounter threshold during a 90-day reporting period in either the calendar year preceding the Payment Year or from within the 12 months directly preceding the attestation date.



If the Eligible Professional practices predominately in an FQHC or RHC they must meet a 30% “needy individual” encounter threshold (“needy individuals” include Medicaid [Title XIX], CHIP [Title XXI], uncompensated care, and encounters remunerated on a sliding fee scale based on an individual’s ability to pay).

Pediatricians may also qualify with a 20% Medicaid (Title XIX) member encounter threshold, however if they qualify with a Medicaid patient volume under 30% they will see a reduction in total incentive payments.

More information on patient volume requirements can be found in our [Introduction to Eligible Professional Patient Volume Webinar](#).

#### **4.2. How is a Medicaid encounter defined?**

For the purposes of calculating Eligible Professional patient volume, an encounter is defined as services rendered on any one day to an individual enrolled in a Medicaid Program (regardless of the claim amount paid by Medicaid). Only one encounter can be counted for a patient per day per provider, regardless of the number of services provided to the patient in a single day by the provider.

#### **4.3. How do I calculate patient volume?**

As it is not possible for providers to distinguish between Title XIX and Title XXI encounters through claims records, Wisconsin Medicaid has developed a Standard Deduction that must be applied to adjust volume eligibility numerators to reflect just Title XIX encounters. The Wisconsin Medicaid EHR Incentive Program will calculate and publish the Standard Deduction annually through a ForwardHealth Update. The Program Year 2014 Standard Deduction amount is 8.11%.

More information on calculating patient volume can be found in our [Introduction to Eligible Professional Patient Volume Webinar](#).

#### **4.4. Can I use patient volume based on a group practice’s volume data?**

Yes. A group practice is defined by how each group of providers is organized under the billing provider’s National Provider Identification (NPI) number. When using group practice patient volume all encounters for that group practice must be considered when determining both numerators and denominators. Even if a provider in the practice is not eligible for the Program, his or her patient encounters must be included in both the numerator (Medicaid [Title XIX] patient encounters) and denominator (total patient encounters, regardless of payer) and not limited in anyway.

In order to use the group practice patient volume calculation, an Eligible Professional is required to have at least one encounter with an eligible Medicaid member during the patient volume reporting period at the current group practice or another group practice/clinic where the Eligible Professional practices. This encounter does not need to be paid by Wisconsin Medicaid. If the Eligible Professional is new to



practicing medicine (e.g., a recent graduate of an appropriate training program), he or she does not need to provide proof of an encounter with a Medicaid member.

#### **4.5. What is a “Needy Individual”?**

Eligible Professionals practicing predominantly in a RHC or FQHC can qualify for incentive payments with a 30 percent "needy individuals" patient volume threshold. Eligible Professionals are considered to be practicing predominantly at a FQHC or RHC when they have at least 50% of total patient encounters over a period of 6 months occur in the most recent calendar year or 12-month period at the FQHC or RHC clinical location.

“Needy individuals” are those receiving medical assistance from Medicaid (Title XIX) or the Children's Health Insurance Program (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

#### **4.6. Can Wisconsin Medicaid run a report for me to determine patient volume?**

Wisconsin Medicaid does not have the resources to run individualized reports.

#### **4.7. Is there a minimum denominator for patient volume?**

No, there is no minimum; the percent of qualifying patient encounters is all that matters.

### **5. Registration**

#### **5.1. How do I register for Medicaid incentive payments?**

Eligible Professionals must register through the [CMS Registration and Attestation System](#). Two useful registration resources are the [CMS Registration and Attestation User Guide](#) and an [EHR Incentive Programs Registration Checklist](#).

After an Eligible Professional has registered successfully with CMS, applicants for Medicaid EHR Incentive payments must complete their attestation through the ForwardHealth Portal. See below for more information on attesting to the Program.

#### **5.2. Why do I have to wait 2 business days after entering my payee information to complete the Wisconsin Medicaid EHR Incentive Program application?**

48 hours is required to allow the Medicaid EHR Incentive Program time to validate that the payee combination is appropriate for the rendering provider.



### 5.3. Do I need an electronic fund transfer (EFT) account before registering for the program?

If you are applying as an Eligible Professional and plan on designating yourself as the recipient of the program's incentive payments, you do not need an EFT account, you can opt to receive a paper check. However, if you are an organization, or are an Eligible Professional applying and planning on designating an organization or clinic as the recipient of the program's incentive payments, that organization must have an EFT account and it must be included in the Wisconsin Medicaid program's provider file.

## 6. Attestation

### 6.1. How do I attest to the Medicaid EHR Incentive Program?

After an Eligible Professional has registered successfully with CMS, applicants for Medicaid EHR Incentive payments must complete their attestation through the [ForwardHealth Portal](#). Please allow two business days after registration at the CMS Registration & Attestation System before attempting to begin your application at the ForwardHealth Portal.

For more information on the application process, please refer to the step-by-step user guide below: [Wisconsin Medicaid EHR Incentive Program User Guide for Eligible Professionals](#).

### 6.2. What information do I need to begin my attestation?

Eligible Professionals should have the following information available when beginning the Wisconsin Medicaid EHR Incentive Program Application:

- Information submitted to the CMS Registration and Attestation system. Eligible Professionals will need to confirm all of this information during the initial application phases.
  - We also encourage confirming information in the ForwardHealth provider file before beginning an application. In order to update any differences between the provider file and the registration information provided in the CMS Registration and Attestation System.
- Contact name, telephone number, and e-mail address of the preparer of the Eligible Professional's application, if not the Eligible Professional.
  - Before beginning the Wisconsin Medicaid EHR Incentive Program Application, the EHR Incentive clerk role must be assigned to the clerk completing the application. For more information on obtaining a Provider Portal account or assigning a clerk role, refer to the [ForwardHealth Provider Portal Account User Guide](#) on the Portal User Guides page of the Provider Portal.
- Whether or not the Eligible Professional applying to the Wisconsin Medicaid EHR Incentive Program has any sanctions or pending sanctions with the Medicare or Medicaid programs and is licensed to practice in all states in which services are rendered.
- The CMS EHR Certification Identification (ID) for the Certified EHR Technology that has been or is contractually obligated to be acquired. For more information on approved EHR technology, Eligible Professionals should refer to the Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List (CHPL) Web site at <http://onc-chpl.force.com/ehrcert/>.
- The start date of the 90-day patient volume reporting period and required patient volume data.



- The total in-state eligible member-only patient volume during the previously determined continuous 90-day reporting period.
- The total eligible member patient volume during the previously determined continuous 90-day reporting period.
- The total patient volume during the previously determined continuous 90-day reporting period.

## **7. Public Health**

### **7.1. How do I register for the Public Health Meaningful Use Objectives?**

Eligible Professionals are required to register with the Wisconsin Division of Public Health (DPH) to initiate an onboarding process for any of the public health objectives. For more information visit [Public Health](#) to read a summary of the Stage 1 and Stage 2 Public Health Meaningful Use Objective requirements. Click on the DPH [Registration](#) page to read their Frequently Asked Questions and begin your enrollment in PHREDS.