WISCONSIN DEPARTMENT of HEALTH SERVICES

Wisconsin Medicaid Promoting Interoperability Program Frequently Asked Questions

Eligible Professionals

July 2020

CONTENTS

1 OVERVIEW

The following sections include the most frequently asked questions (FAQs) posed to the Wisconsin eHealth and Quality Team concerning the Wisconsin Medicaid Promoting Interoperability (PI) Program (formerly known as the Electronic Health Record Incentive Program).

If you have questions beyond the scope of this document, you can call Provider Services at 800-947-9627 or email the Wisconsin Medicaid PI Program at dhspromotinginteroperabilityprogram@dhs.wisconsin.gov.

2 ELIGIBILITY

2.1 Who qualifies as an Eligible Professional?

To qualify for the Wisconsin Medicaid PI Program, a provider must:

1. Be licensed to practice in Wisconsin and be Medicaid-enrolled.
2. Have no current or pending sanctions.
3. Be one of the following provider types:

Eligible Professionals
Physicians (provider type 31)
Pediatricians
Dentists (provider type 27)
Certified nurse midwives (provider type 16)
Nurse practitioners (provider type 09)
Advanced practice nurse prescribers with a psychiatric specialty (provider type 11)
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)

**"Practicing predominantly" is defined as providing 50 percent 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. Have less than 90 percent of services occurring in an inpatient (place of service code 21) or emergency department (place of service code 23) setting, or demonstrate that they have funded the acquisition, implementation, and maintenance of certified electronic health record

technology (CEHRT) without reimbursement from an Eligible Hospital or Critical Access Hospital—and they use such CEHRT at a hospital, in lieu of using the hospital's CEHRT.

5. Meet patient volume requirements. Read Section 4: Patient Volume for more information.

6. Have participated in the Medicaid PI Program prior to Program Year 2017. The last year an Eligible Professional could begin receiving payments was calendar year 2016.

2.2 What does it mean to be an enrolled Medicaid provider?

To be eligible for an incentive payment, a provider must be enrolled in Wisconsin Medicaid as a billing/rendering provider on the date his or her Wisconsin Medicaid PI Program application is submitted and on the date the incentive payment is issued. If the provider's Medicaid enrollment has lapsed or terminated, he or she cannot receive the incentive payment.

2.3 How do I determine if I am a hospital-based Eligible Professional?

Hospital-based Eligible Professionals are defined as providers who render 90 percent or more of their covered professional services in either the inpatient (place of service code 21) or emergency department (place of service code 23) of a hospital.

2.4 If I am a hospital-based Eligible Professional, how do I determine if I qualify for the Wisconsin Medicaid PI Program?

Hospital-based Eligible Professionals will only qualify for the Wisconsin Medicaid PI Program if they can demonstrate that they have funded the acquisition, implementation, and maintenance of CEHRT they are using without reimbursement from an Eligible Hospital.

As part of the application process, hospital-based Eligible Professionals are required to upload documentation detailing their acquisition of CEHRT (e.g., receipt, proof of purchase, contract or lease), including the vendor, product, and version number.

2.5 Can Wisconsin Medicaid run a report for me to determine if an Eligible Professional is hospital-based?

No. Wisconsin Medicaid does not have the resources to run individualized reports.

2.6 Can I continue to participate if I have joined a new practice?

Yes. Payment schedules are tied to an individual Eligible Professional, not a practice. Therefore, if an Eligible Professional joins a new practice, 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.

2.7 Can I take a year off from participating in the Wisconsin Medicaid PI Program?

Yes. After the first payment year, Eligible Professionals can choose the years in which they would like to participate without penalty (for example, losing a year of eligibility). Eligible Professionals do not need to take any steps, such as notifying the Wisconsin Medicaid PI Program, when choosing not to participate in the program for a year.

3 Incentive Payments

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

Eligible Professionals who adopt, implement, upgrade, or demonstrate the Meaningful Use of CEHRT can receive up to $63,750 over the six years that they choose to participate in the 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 percent instead of 30 percent). If pediatricians participate and have a patient volume less than 30 percent of total encounters, they receive incentive payments reduced to two-thirds of the regular payment levels. Pediatricians receive $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?

Eligible Professionals may participate for a total of up to six years.

3.3 When is the last year an Eligible Professional can begin receiving payments from the Wisconsin Medicaid PI Program?

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

3.4 Can I reassign my Wisconsin Medicaid PI 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 Wisconsin Medicaid. Eligible Professionals are responsible for maintaining their Wisconsin Medicaid provider file, including their financial address information. Eligible Professionals can maintain their provider file information by using the Demographic Maintenance Tool available through their secure ForwardHealth Provider Portal account.

Providers are encouraged to confirm that the information in their provider file matches the registration information provided in the Centers for Medicare & Medicaid Services (CMS) Registration and Attestation System.

3.5 When will I receive my incentive payment?

As a general rule, applications will be paid within 45 days of the application being approved for payment; however, all applications go through a prepayment review process before this determination can be made. Eligible Professionals may monitor application status by referring to Section 5 "Check Application Status" of the PI Program User Guide. Incentive payments are made once a month. Once an application moves to a Payment Approved status it is paid the first Friday of the following month.

3.6 What should Eligible Professionals do after completing the final year of participation?

Eligible Professionals who have completed all six years will need to retain their supporting documentation (patient volume, proof of CEHRT, proof of meeting Meaningful Use measures) for six years after each payment was issued. This is a requirement because all providers are subject to audit for six years after their payment is issued.

Regarding the security risk assessment (SRA), Eligible Professionals must continue to review/update the analysis on an annual basis; it is a Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirement that the SRA be conducted annually, and therefore, this requirement does not end when the provider has completed the PI Program. Also, since Eligible Professionals will continue using their EHR system, they should ensure they are safeguarding their patients' records by continuing to assess the potential risks and take action to mitigate them. Review the HIPAA requirements and guidance on this subject on the Health and Human Services website.

Finally, our program encourages the continued use of EHR to engage with patients, public health registries, and other providers of care. Even if providers will not be attesting to Stage 3, they can review the CMS Stage 3 requirements for examples of advanced clinical processes that can support improved outcomes.

4 Patient Volume

4.1 What are the patient volume requirements?

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

If the Eligible Professional practices predominately in an FQHC or RHC, they must meet a 30 percent "needy individual" encounter threshold ["needy individuals" include Medicaid (Title XIX), Children's Health Insurance Program (CHIP or 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 percent Medicaid (Title XIX) member encounter threshold; however, if they qualify with a Medicaid patient volume under 30 percent, they will see a reduction in total incentive payments.

More information on patient volume requirements can be found on the Eligible Professionals – Eligibility Rules page.

4.2 How is an eligible Medicaid encounter defined?

For the purposes of calculating Eligible Professional patient volume, a Medicaid encounter is defined as services rendered on any one day to a member enrolled in a Medicaid program (regardless of the Medicaid reimbursement amount). Unpaid encounters for services rendered on any one day to a member enrolled in a Medicaid program may be counted as eligible Medicaid encounters. Only one encounter can be counted for a member per day per provider regardless of the number of services provided to the member in a single day by the provider.

Claims denied because the individual was not Medicaid eligible at the time of service cannot be counted as Medicaid encounters.

4.3 How do I calculate patient volume?

$$\text{Patient Volume} = \left\{ \frac{\text{Eligible Member Encounters} \times (1 - \text{Standard Deduction})}{\text{All Encounters}} \right\} \times 100$$

As it is not possible for providers to distinguish between Medicaid (Title XIX) and CHIP (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. Eligible Professionals must use the standard deduction to remove their CHIP volume when calculating Medicaid patient volume encounters.

The Wisconsin Medicaid PI Program will calculate and publish the standard deduction annually through a *ForwardHealth Update*. Each program year's standard deduction is also published in the

Announcements section of the Wisconsin Medicaid Promoting Interoperability website home page.

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 Identifier (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 reimbursed 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 an 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 an FQHC or RHC when at least 50 percent of total patient encounters over a period of six 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 CHIP (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?

No. 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 denominator; only the percent of qualifying patient encounters is counted.

4.8 Am I required to submit documentation to support my patient volume attestation?

Yes. Eligible Professionals must submit documentation to support their attestation in addition to the information entered directly into the ForwardHealth application (regardless of their year of participation in the program). See the details of this requirement on the Eligible Professionals – Required Documentation page.

5 CEHRT

5.1 How do EHRs become certified?

The CMS Medicare and Medicaid PI Programs require the use of CEHRT as identified by the Office of the National Coordinator for Health IT (ONC) Certified Health IT Product List at https://chpl.healthit.gov/. For information on certification, please visit the CMS webpage on Certified EHR Technology.

Before an Eligible Professional may attest to meeting the CMS Medicare and Medicaid PI Program requirements, he or she must acquire or have access to CEHRT. In Program Year 2019 and subsequent program years, all Eligible Professionals are required to use technology certified to the 2015 Edition.

5.2 Where can I find a list of CEHRT?

A list of CEHRT is available through the ONC Certified Health IT Product List at http://chpl.healthit.gov/.

Once you find your EHR system, you will need the CMS EHR Certification ID for your CEHRT when registering and attesting. If you need assistance obtaining your CMS EHR Certification ID, use the Certified Health IT Product List Public User Guide to understand how to generate a CMS EHR Certification ID using the ONC Certified Health IT Product List.

5.3 What edition of CEHRT must an Eligible Professional use to demonstrate Stage 3?

All Eligible Professionals must use technology certified to the 2015 Edition to meet Stage 3 requirements.

5.4 Am I required to submit documentation to support my acquisition of CEHRT?

Yes. Eligible Professionals must submit documentation to support their Wisconsin Medicaid PI Program attestation in addition to the information entered directly into the ForwardHealth

application (regardless of their year of participation in the program). Organizations attesting on behalf of more than one Eligible Professional may submit documentation via email to dhspromotinginteroperabilityprogram@dhs.wisconsin.gov. See the details of this requirement on the Eligible Professionals – Required Documentation page.

6 REGISTRATION

6.1 How do I register for Wisconsin Medicaid PI Program incentive payments?

Eligible Professionals must register through the CMS Registration and Attestation System. Refer to these two useful registration resources: CMS Registration and Attestation User Guide and EHR Incentive Programs Registration Checklist.

After an Eligible Professional has registered successfully with CMS, applicants for Wisconsin Medicaid PI incentive payments must complete their attestation through the ForwardHealth Portal. Eligible Professionals can refer to our Eligible Professional Application Process Guide for an overview of the process of registering and applying for a Wisconsin Medicaid PI Program application.

6.2 Why do I have to wait two business days after entering my payee information to complete the Wisconsin Medicaid PI Program application?

The Wisconsin Medicaid PI Program requires 48 hours to validate that the payee combination is appropriate for the rendering provider.

6.3 Do I need an electronic fund transfer account?

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 electronic fund transfer (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 provider's Wisconsin Medicaid provider file.

7 ATTESTATION

7.1 How do I attest to the Wisconsin Medicaid PI Program?

After an Eligible Professional has registered successfully with CMS, applicants for Wisconsin Medicaid PI payments must complete their attestation through the ForwardHealth Portal. Please allow two business days after registration at the CMS Registration and Attestation System before attempting to begin your application at the ForwardHealth Portal.

Eligible Professionals may refer to our Eligible Professional Application Process Guide (P-01151) for an overview of the process of registering and applying for a Wisconsin Medicaid PI Program application. This is an abbreviated version of the user guide for Eligible Professionals.

For additional details on the application process, refer to the full user guide: Wisconsin Medicaid PI Program for Eligible Professionals (P-00385C).

7.2 What information do I need to begin my attestation?

Eligible Professionals should have the following information available when beginning the Wisconsin Medicaid PI 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.

  Providers are encouraged to confirm information in their ForwardHealth provider file before beginning an application. Providers will be required 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 email address of the preparer of the Eligible Professional's application if not the Eligible Professional.

  Before beginning the Wisconsin Medicaid PI 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 PI 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 CEHRT that was in use during the EHR reporting period.

  - For more information on approved EHR technology, Eligible Professionals should refer to the ONC Certified Health IT Product List website at https://chpl.healthit.gov/.
  - If you need assistance obtaining your CMS EHR Certification ID, use the Certified Health IT Product List Public User Guide to understand how to generate a CMS EHR Certification ID using the ONC Certified Health IT Product List.

- The required CEHRT documentation to support the acquisition of EHR technology that is certified to the current federal standards.
- The required patient volume documentation, 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.
- The required Meaningful Use measure documentation to support Objective 1, Protect Patient Health Information, and all Meaningful Use percentage-based measures entered in the Attestation section of the application.

7.3 What are the reporting periods for Meaningful Use?

EHR Reporting Periods

In Program Year 2020, the EHR reporting period for Eligible Professionals is any continuous 90-day period from January 1 through December 31, 2020.

In Program Year 2021, the EHR reporting period for Eligible Professionals is any continuous 90-day period from January 1 through July 31, 2021.

Note: Eligible Professionals are not required to attest in consecutive years and may attest to the adopting, implementing, and upgrading phase and then a 90-day EHR reporting period in a subsequent year of participation.

Electronic Clinical Quality Measure Reporting Periods

The following date ranges are the electronic clinical quality measure (eCQM) reporting periods for Meaningful Use for Program Years 2020 and 2021:

- In Program Year 2020, the eCQM reporting period for all Eligible Professionals is any continuous 90-day period between January 1 and December 31, 2020.

- In Program Year 2021, the eCQM reporting period for all Eligible Professionals is any continuous 90-day period between January 1 and July 31, 2021.

7.4 When will the application system be available for me to attest to Program Years 2020 and 2021?

For Program Year 2020, the Wisconsin Medicaid PI Program will begin accepting applications on October 1, 2020. The last day to submit a Program Year 2020 application will be January 31, 2021.

For Program Year 2021, the Wisconsin Medicaid PI Program will begin accepting applications on April 1, 2021. The last day to submit a Program Year 2020 application will be August 1, 2021.

7.5 Am I required to submit SRA documentation at the time of attestation?

In Program Year 2020, Eligible Professionals must submit their SRA documentation at the time of attestation. Refer to the Required Documentation page of the Wisconsin Medicaid PI Program website for additional information on what must be submitted and the required submission process.

Program Year 2021 has an expedited timeline for attestation, with the last day to submit a 2021 application being August 1, 2021. To account for the expedited timeline, CMS is allowing Eligible Professionals the flexibility to complete the SRA after the date of attestation, but no later than December 31, 2021. If the Eligible Professional has completed the SRA before the date of attestation, the SRA documentation is required at the time of attestation. If the Eligible Professional has not completed the SRA before the date of attestation, they must attest to their intent to complete it no later than December 31, 2021. Eligible Professionals who complete their SRA after the date of attestation must submit the SRA documentation to the PI Program no later than January 31, 2022. Refer to the Required Documentation page of the Wisconsin Medicaid PI Program website for additional information on what must be submitted and the required submission process.

7.6 Can the EHR reporting period be different from the patient volume reporting?

Yes. Eligible Professionals may use different patient volume and EHR reporting periods. The application allows users to select two different start dates for these time periods.

7.7 How do I know what stage of Meaningful Use I will attest to?

In Program Year 2019 and beyond, all Eligible Professionals must attest to Stage 3.

7.8 Are alternate exclusions still available?

No. Please note, there are no alternate exclusions or specifications available after Program Year 2016.

7.9 What are the Meaningful Use requirements for Stage 3?

The requirements for Stage 3 contain eight objectives for Eligible Professionals, including one consolidated public health reporting objective. For more information on the Eligible Professional Stage 3 requirements for Program Years 2020 and 2021, refer to the CMS PI Program website.

7.10 What are the two general requirements for Meaningful Use?

Requirement	Measure	Example of How to Find Information
General Requirement 01: Percent of CEHRT Use.	Eligible Professionals must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with CEHRT.	To evaluate if this threshold was met during the EHR reporting period, create a list of **total encounters** with detail including rendering provider, patient identifier, date, location and CEHRT used. Compare the number of encounters provided in locations with CEHRT (numerator) to those provided with locations with and without CEHRT (denominator). The calculation must be performed for each unique Eligible Professional and may not be done for the practice as a whole.
General Requirement 02: Unique Patients in CEHRT.	Eligible Professionals must have 80 percent or more of their unique patient data in the CEHRT during the EHR reporting period.	To evaluate if this threshold was met during the EHR reporting period, create a list of all **unique patients** with indication of whether they are in CEHRT. (If practicing at multiple locations, indicate which patients were seen in what location.) The calculation must be performed for each unique Eligible Professional and may not be done for the practice as a whole.

Requirement	Measure	Example of How to Find Information
		Note: The denominator should match the denominator of other Meaningful Use measures that calculate the number of unique patients.

7.11 What is the policy for measure calculation for actions outside of the EHR reporting period?

Beginning in Program Year 2017, there were changes to the measure calculations policy, which specify that actions counted in the numerator must occur within the EHR reporting period if that period is a full calendar year or, if it is less than a full calendar year, within the calendar year in which the EHR reporting period occurs. Specific measures affected are identified in the Additional Information section of the CMS Meaningful Use specification sheets.

7.12 What are the ONC Questions for Meaningful Use?

Beginning in Program Year 2017, Eligible Professionals are required to attest to cooperation of the following policies:

- Demonstration of supporting information exchange and prevention of information blocking.
- Demonstration of good faith with a request relating to ONC direct review of CEHRT.

To be deemed a meaningful user, Eligible Professionals must respond in a certain way to several ONC questions. For additional information on how to answer these questions, refer to the Meaningful Use section of the Wisconsin Medicaid PI Program for Eligible Professionals User Guide (P-00385C).

7.13 What are my available electronic clinical quality measures (eCQMs)?

All Eligible Professionals, regardless of the stage of Meaningful Use, are required to report on six of the eCQMs available for the Program Year.

Additionally, Eligible Professionals must report on at least one outcome measure (or, if an applicable outcome measure is not available or relevant, one other high-priority measure). If no outcome or high-priority measure is relevant to the Eligible Professional's scope of practice, they may report on any six eCQMs that are relevant.

The Wisconsin High-Priority Electronic Clinical Quality Measures (P-02315) was created to provide Eligible Professionals guidance on outcome and high-priority electronic clinical quality measures. Wisconsin Medicaid strongly recommends Eligible Professionals report on Wisconsin's designated

high-priority eCQMs because these measures closely align with Medicaid's initiatives and priorities.

For a complete listing of available eCQMs, refer to the Electronic Clinical Quality Improvement (eCQI) Resource Center from CMS.

7.14 How do I submit eCQMs to the Wisconsin Medicaid PI Program?

Eligible Professionals must submit eCQMs via attestation within the PI Program application, accessible through the ForwardHealth Portal. Wisconsin does not accept electronic submissions of eCQMs.

7.15 Is zero an acceptable value for an eCQM?

Yes. Zero is an acceptable value for the eCQM denominator, numerator, and exclusion fields and will not prevent you from demonstrating Meaningful Use or receiving an incentive payment. Eligible Professionals can meet the eCQM requirements even if one or more eCQM has "0" in the denominator provided that this value was produced by CEHRT.

8 Medicare Payment Adjustments

8.1 What is a Medicare payment adjustment?

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), Congress mandated payment adjustments to be applied to Medicare Eligible Professionals who are not meaningful users of CEHRT under the Medicaid PI Program. Prior to Program Year 2017, Eligible Professionals could avoid a Medicare payment adjustment by successfully demonstrating Meaningful Use in the Medicaid PI Program; this is no longer an option. In Program Year 2017, the Medicare EHR Incentive Program was replaced by the Medicare Quality Payment Program (QPP). Providers who previously avoided a Medicare payment adjustment by demonstrating Meaningful Use now must attest directly to CMS in order to avoid their Medicare payment adjustment. Refer to the CMS QPP website for more information.

9 Public Health

9.1 How do I register for the Public Health Meaningful Use Objectives?

Eligible Professionals are required to register with the Wisconsin Division of Public Health to initiate an onboarding process for any of the public health measures. For more information, visit the Public Health Meaningful Use website.

9.2 Are there any new changes to the Public Health Meaningful Use Objectives?

Yes, these changes are detailed in the Eligible Professional Attestation Guidance for the Stage 3 Public Health and Clinical Data Registry Reporting Objective. Eligible Professionals should review this guidance on how to begin electronically submitting data to Division of Public Health programs and to help determine if they are ready to attest to the Stage 3 Public Health and Clinical Data Registry Reporting Objective.

10 CONTACTS

10.1 What resources are available to answer questions about the Wisconsin Medicaid PI Program?

If you have any questions regarding the Wisconsin Medicaid PI Program or are having difficulty with the application process, the following resources are available to assist you.

Available Resources	Contact Information	Service Area
Wisconsin Provider Services Help Desk	800-947-9627	Technical difficulties
Wisconsin PI Program Mailbox	dhspromotinginteroperabilityprogram@dhs.wisconsin.gov	Wisconsin Medicaid PI Program policy and application requirements

10.2 What resources are available for technical assistance?

The Wisconsin Medicaid Health IT Extension Program offers free expert assistance to Medicaid-enrolled health care providers as they adopt, implement, upgrade, and meaningfully use CEHRT.

The Health IT Extension Program has a team of experienced local professionals with extensive knowledge of the Wisconsin medical community and a deep understanding of Meaningful Use requirements.

Free services provided include:

- Vendor-neutral EHR selection and implementation guidance.
- Meaningful Use education and consulting, including readiness assessments, audit preparation, and more.
- Public health objective assistance.
- Health Insurance Portability and Accountability Act of 2009 (HIPPA) security risk assessments.
- Workflow optimization.

For more information or to sign up for assistance, email info@metastar.com.

10.3 What resources are available for health information exchange?

The Wisconsin Statewide Health Information Network (WISHIN) is leading the way to enable health information exchange in Wisconsin. As the state-designated entity for health information exchange, WISHIN has been working to create a network that will give health care providers a secure system to access medical information where they need it, when they need it.

As an independent not-for-profit organization, WISHIN is dedicated to bringing the benefits of widespread, secure, interoperable health information technology to patients and caregivers throughout the state.

WISHIN's statewide health information network connects physicians, clinics, hospitals, pharmacies, payers, and clinical laboratories across Wisconsin in order to promote and improve the health of individuals and communities. WISHIN provides information-sharing services that facilitate electronic delivery of the right health information at the right place and right time to the right individuals.

Statewide health information exchange offers the promise of timely, relevant information that can lead to better clinical decisions, less duplication, more effective transitions of care, and reduced administrative costs.

To learn more about WISHIN and about the benefits of health information exchange, go to www.wishin.org.

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