



# Wisconsin Medicaid Electronic Health Record Incentive Program

## Frequently Asked Questions

### Eligible Hospitals



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# 1 OVERVIEW

The following sections include the most frequently asked questions (FAQs) posed to the Wisconsin eHealth Team concerning the Medicaid Electronic Health Record (EHR) Incentive Program. If you have questions beyond the scope of this document, you may call Provider Services at 800-947-9627 or email the Wisconsin Medicaid EHR Incentive Program at [dhsehrincentiveprogram@wisconsin.gov](mailto:dhsehrincentiveprogram@wisconsin.gov).

# 2 ELIGIBILITY

## 2.1 What hospitals are eligible to receive Wisconsin Medicaid EHR Incentive Program payments?

Acute care, critical access, and children's hospitals are the only types of hospitals eligible for the Wisconsin Medicaid EHR Incentive Program.

Acute care and critical access hospitals must have a Medicaid (Title XIX) patient volume of at least 10 percent of their total volume to be eligible to receive incentive payments. Patient volume is defined in the Centers for Medicare and Medicaid Services (CMS) Stage 1 Meaningful Use Rule as the hospital's number of Medicaid (Title XIX) encounters compared to total hospital encounters within a chosen quarter from the previous federal fiscal year (FFY). Children's hospitals do not have to meet Medicaid patient volume requirements to receive incentive payments.

Eligible Hospital types are provided in the table below (as defined by the Stage 2 rule):

Eligible Hospitals	Minimum Medicaid Patient Volume Threshold	Definition
Acute care and critical access hospitals	10 percent	<ul style="list-style-type: none"> <li>Average patient stay of 25 days or fewer.</li> <li>CMS Certification Number (CCN) last four digits are 0001-0879 or 1300-1399.</li> </ul>
Children's hospitals	None	<ul style="list-style-type: none"> <li>Separately certified children's hospital.</li> <li>CCN's last four digits are 3300-3399.</li> <li>Any separately certified hospital (either freestanding or a hospital within a hospital) that predominantly treats individuals under 21 years of age, but has not been assigned a CCN.*</li> </ul>

*\*To enroll in the Medicaid EHR Incentive Program, children's hospitals need to contact the Wisconsin Medicaid EHR Incentive Program at [DHSEHRIncentiveProgram@dhs.wisconsin.gov](mailto:DHSEHRIncentiveProgram@dhs.wisconsin.gov) to obtain an alternative number issued by CMS.*



## 2.2 How is patient volume calculated?

Eligible Hospitals must meet a 10 percent Medicaid (Title XIX) member encounter threshold (Title XIX encounters divided by total encounters regardless of payer) with the exception of children's hospitals which have no minimum thresholds.

The Wisconsin Medicaid EHR Incentive Program will analyze all Wisconsin hospital's patient volume during the first 90-day quarter of the FFY and inform the hospital if it meets the 10 percent patient volume requirement for the Program Year. Hospitals that do not meet the patient volume threshold in the first 90-day quarter will continue to have their patient volume analyzed for additional quarters of the year. Eligible Hospitals will not be able to apply for any given Program Year until they receive notification of their patient volume eligibility.

# 3 INCENTIVE PAYMENTS

## 3.1 How is the total Wisconsin Medicaid EHR Incentive Program payment calculated for a hospital?

CMS has detailed the formula used to calculate payments in their Tip Sheet, [Medicaid Hospital Incentive Payments Calculations](#).

## 3.2 How will Wisconsin Medicaid EHR Incentive Program payments be distributed to hospitals across participation years?

Wisconsin Medicaid will distribute payments over three years according to the following percentages:

- Payment Year 1: 50 percent of Aggregate EHR Hospital Incentive Amount
- Payment Year 2: 40 percent of Aggregate EHR Hospital Incentive Amount
- Payment Year 3: 10 percent of Aggregate EHR Hospital Incentive Amount

Refer to the [CMS EHR Incentive Program website](#) for more information on attesting to the Medicare program.

## 3.3 When is the last year a hospital can begin receiving payments from the Wisconsin Medicaid EHR Incentive Program?

The last year a hospital can begin receiving Wisconsin Medicaid EHR Incentive Program payments is 2016.



### 3.4 Do payments need to be received on a consecutive, annual basis?

Yes. After Program Year 2016, all payments must be made on a consecutive, annual basis and Eligible Hospitals must have participated in the previous year in order to receive a payment.

## 4 REGISTRATION

### 4.1 How do I register for Wisconsin Medicaid incentive payments?

Eligible Hospitals must register through the [CMS Registration and Attestation System](#).

CMS provides a [Registration User Guide](#) to assist Eligible Hospitals in the registration process.

After an Eligible Hospital has registered successfully with CMS, applicants for Wisconsin Medicaid EHR Incentive Program 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.

For more information on the application process, please refer to the step-by-step user guide: [Wisconsin Medicaid EHR Incentive Program for Eligible Hospitals](#) (P-00358D).

### 4.2 Why do I have to wait two business days after entering my payee information to complete the Wisconsin Medicaid EHR Incentive Program application?

The Wisconsin Medicaid EHR Incentive Program requires 48 hours to validate that the payee combination is appropriate for the rendering provider. Dually eligible hospitals must attest to the Medicare EHR Incentive Program before submitting their Wisconsin Medicaid EHR Incentive Program application.

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

No. However, hospitals that already have an EFT account on their Wisconsin Medicaid provider file must receive incentive payments via EFT.

### 4.4 Why am I receiving an invalid ID error when I enter the EHR Certification ID?

It has been common for the letter “O” and the number zero or the letter “L” and the number one to be confused. We recommend directly copying and pasting the ID number from the [Certified Health IT Product List](#).



## 5 ATTESTATION

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

After an Eligible Hospital has registered successfully with CMS, applicants for Wisconsin Medicaid EHR Incentive Program 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.

For more information on the application process, refer to the step-by-step user guide: [Wisconsin Medicaid EHR Incentive Program for Eligible Hospitals \(P-00358D\)](#).

### 5.2 What information do I need to begin my attestation?

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

- The CMS EHR Certification Identification (ID) for the CEHRT that has been or is contractually obligated to be acquired. For more information on approved EHR technology, Eligible Hospitals should refer to the Office of the National Coordinator for Health Information Technology (ONC) [Certified Health IT Product List](#).
- Information submitted to the CMS Registration and Attestation System. Eligible Hospitals will need to confirm all of this information during the initial application phases.
- Contact name, telephone number, and email address of the preparer of the Eligible Hospital's application.
  - 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 Hospital 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 [required CEHRT documentation](#) to support the acquisition of EHR technology certified to the current federal standards.
- The start date of the FFY quarter the Eligible Hospital intends to use as the start date for the patient volume period. This information is distributed by Wisconsin Medicaid to the hospital via email.



- This email also contains the values the Eligible Hospital will key for their total eligible member discharges [for in-state eligible member patient encounters, as well as total out-of-state Medicaid (Title XIX) discharges].
- Hospital payment calculation data:
  - Total discharges for four fiscal years.
  - Total inpatient Medicaid bed days (distributed by the Wisconsin Medicaid Agency), total inpatient bed days, total charges for all discharges, and total charges for charity care.

### 5.3 What are the Meaningful Use requirements?

The requirements for Modified Stage 2 contain nine objectives for Eligible Hospitals, including one consolidated public health reporting objective. Each objective has one or more measures to which the Eligible Hospitals are required to attest. Since the changes in the final rule occurred after some Eligible Hospitals had already started to work toward Meaningful Use in 2015, there are alternate exclusions and specifications within individual objectives for Eligible Hospitals in Program Year 2016.

For more information on the Eligible Hospitals Modified Stage 2 requirements for Program Year 2016, review the [Eligible Hospital 2016 Meaningful Use Specification Sheets](#).

For information about the Meaningful Use requirements for Stage 3, Eligible Hospitals should refer to the [Federal Register](#).

Additional information on the Eligible Professional Stage 3 requirements is forthcoming. The CMS [Medicare and Medicaid EHR Incentive Program website](#) will be updated to include new information and resources reflecting the latest requirements for participation in Stage 3.

### 5.4 If I am registering for both the Medicare and the Wisconsin Medicaid EHR Incentive Program as an Eligible Hospital, do I have to attest to Meaningful Use in the first payment year?

Not necessarily. If you have not yet attested to Meaningful Use for Medicare, you may attest to adopt, implement, or upgrade (AIU) regardless of the fact that you may attest to Meaningful Use for the Medicare EHR Incentive Program in future payment years. However, if your hospital has registered *and* attested to Meaningful Use under the Medicare EHR Incentive program, then yes – your hospital must also choose to attest to Meaningful Use when applying for an incentive payment through the Wisconsin Medicaid EHR Incentive Program.



## 5.5 How do EHRs become certified?

The Medicare and Medicaid EHR Incentive Programs require the use of CEHRT as identified by the ONC. For information on certification please visit the CMS website page on [Certified EHR Technology](#).

## 5.6 Where can I find a list of CEHRT?

A list of CEHRT is available through the ONC [Certified Health IT Product List](#). Once you find your EHR system, you will need the CMS EHR Certification ID for your CEHRT when registering at the CMS Registration and Attestation System.

## 5.7 What Medicare cost report time period should I use for my attestation?

Eligible Hospitals are required to attach all relevant Medicare cost report data when submitting their Wisconsin Medicaid EHR Incentive Program application. A hospital's Medicare cost report data is based on the first year the hospital participates in the Wisconsin Medicaid EHR Incentive Program, as well as the FFY used by the hospital. Eligible Hospitals that received a Wisconsin Medicaid EHR Incentive Program payment in either Program Year 2011, 2012, 2013, or 2014 cannot change the Medicare cost report data time period.

Hospitals that begin participation in Program Year 2015 or later are required to use the most recent, continuous 12-month time period prior to the payment year that Medicare cost report data is available. Please see below for the time period you should use for applications started in Payment Years 2015 and 2016.

Hospital Fiscal Year Start	2015 Payment Year	2016 Payment Year
January	1/1/13 – 12/31/13	1/1/14 – 12/31/14
February	2/1/13 – 1/31/14	2/1/14 – 1/31/15
March	3/1/13 – 2/29/14	3/1/14 – 2/29/15
April	4/1/13 – 3/31/14	4/1/14 – 3/31/15
May	5/1/13 – 4/30/14	5/1/14 – 4/30/15
June	6/1/13 – 5/31/14	6/1/14 – 5/31/15
July	7/1/13 – 6/30/14	7/1/14 – 6/30/15
August	8/1/13 – 7/31/14	8/1/14 – 7/31/15
September	9/1/13 – 8/31/14	9/1/14 – 8/31/15
October	10/1/13 – 9/30/14	10/1/14 – 9/30/15
November	11/1/12 – 10/31/13	11/1/13 – 10/31/14
December	12/1/12 – 11/30/13	12/1/13 – 11/30/14



### 5.8 Where can I find the cost report numbers that I am responsible for entering in my Wisconsin Medicaid EHR Incentive Program application?

Eligible Hospitals will be required to upload all relevant Medicare cost report sections when submitting their Wisconsin Medicaid EHR Incentive Program application. These report sections will be used to determine the incentive payment amount. Eligible Hospitals should refer to the table below for information regarding where to obtain Medicare cost report data.

Data Points Needed	If you have the CMS 2552-10 (NEW) cost report form, attach:	If you have the CMS 2552-96 (OLD) cost report form, attach:
<b>Total discharges</b>	Worksheet S-3, Part 1, Column 15, line 14	Worksheet S-3, Part 1, Column 15, line 12
<b>Total Medicaid inpatient bed days*</b>	Distributed by the Department of Health Services	Distributed by the Department of Health Services
<b>Total inpatient bed days</b>	Worksheet S-3, Part 1, Column 8, sum of lines 1 and 8-12	Worksheet S-3, Part 1, Column 6, sum of lines 1 and 6-10
<b>Total charges – all discharges</b>	Worksheet C, Part 1, Column 8, line 200	Worksheet C, Part 1, Column 8, line 101
<b>Total charges charity care**</b>	Worksheet S-10, column 3, line 20	Worksheet S-10, Line 30

*\*The Wisconsin Medicaid EHR Incentive Program will send an email notifying Eligible Hospitals applying in Payment Year 1 of their the total Medicaid inpatient bed days.*

*\*\*If your hospital did not submit a Worksheet S-10, then you can use other auditable data sources to supply your total charity care charges.*