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1 Introduction

This user guide provides step-by-step directions for applying for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. The following are available resources for more information.

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<td>Wisconsin Medicaid EHR Incentive Program</td>
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2 Before You Begin

Note: The following prerequisites must be completed prior to applying for Wisconsin Medicaid EHR Incentive Program incentive payments.

2.1 Register with Centers for Medicare and Medicaid Services

All Eligible Hospitals are required to first register at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) website at https://ehrincentives.cms.gov/hitech/login.action.

Eligible Hospitals may register as one of the following:

- Medicaid only
- Medicare only
- Medicare and Medicaid (except children’s hospitals)

Eligible Hospitals that plan to participate in both the Medicare and Medicaid EHR Incentive Programs should register with the R&A for both programs.

After an Eligible Hospital successfully registers with the R&A, CMS will process the registration and send the file to the Wisconsin Medicaid EHR Incentive Program. After receipt of the file, the Wisconsin Medicaid EHR Incentive Program will enter all relevant information into the Wisconsin Medicaid system and then send a welcome email confirming that the registration information has been received to the email address provided during registration.

Note: To allow for this process, Eligible Hospitals must wait two full business days before applying for the Wisconsin Medicaid EHR Incentive Program. During this time, Eligible Hospitals should not access or modify their registration with the R&A.

2.2 Gather Required Data

When beginning the Wisconsin Medicaid EHR Incentive Program Application, Eligible Hospitals should have:

- The CMS EHR Certification Identification for the certified EHR technology that Eligible Hospitals have acquired or are contractually obligated to acquire. 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 (CHPL) website at http://chpl.healthit.gov.

- Information submitted to the R&A. 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.
• 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 start date of the hospital’s federal fiscal year (FFY) quarter the Eligible Hospital intends to use as the start date for the patient volume period. This information is distributed by the Wisconsin Medicaid Agency to the Hospital via email.

• 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 with the:
  o Total discharges for four fiscal years.
  o 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.

• The required certified electronic health record technology (CEHRT) documentation to support the acquisition of EHR technology that is certified to the current federal standards.

2.3 Select the ForwardHealth Account to Complete the Application

Eligible Hospitals may access the Wisconsin Medicaid EHR Incentive Program application via the ForwardHealth secure Provider Portal at www.forwardhealth.wi.gov/.

Once a user has started the Wisconsin Medicaid EHR Incentive Program application with one Provider Portal account, the user cannot switch to another Provider Portal account during that Program Year. The user can save the information entered and return later to complete the application; however, only the same Provider Portal account that started the application will be permitted access to it.

2.4 Assign the Wisconsin Medicaid Electronic Health Record Incentive Program Role

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.
3 Using the Wisconsin Medicaid Electronic Health Record Incentive Program Application

The Wisconsin Medicaid EHR Incentive Program Application uses a tab arrangement to guide users through the application process. Users must complete the tabs in the order presented, but can return to previous tabs to review the information or make modifications until the application is submitted. Users cannot proceed without completing the next tab in the application progression, except when navigating to the Get Started and Review tabs, which can be accessed at any time.

Once the application is submitted, the data can no longer be modified and can only be viewed using the Review tab. In addition, the tab arrangement will change after submission to allow users to view status information.

When proceeding through the application process, the user’s identifying information (i.e., name, National Provider Identifier [NPI], Tax Identification Number [TIN]) will be displayed at the top of most pages. This is information provided by the R&A.

Other functions available in the application include the following:

• A Print link displays in the upper right corner of most pages and allows users to print the information entered. The Internet browser’s print function can also be used to print page shots within the application at any point.

• A Contact Us link displays in the upper right corner of most pages and contains Wisconsin Medicaid EHR Incentive Program contact information.

• An Exit link that allows the user to close the Wisconsin Medicaid EHR Incentive Program Application window. If a user attempts to close the application without saving any modifications, a confirmation message will be displayed.

• A Save & Continue button, which must be used before exiting or data entered on the page will be lost.

• A Previous button, which displays the previous window without saving any changes to the application.

• A Reset button, which will restore all unsaved data entry fields to their original values.

• A red asterisk (*), which indicates a required field.

• Help icons, which are located next to certain fields and display help content specific to the associated field when the cursor is hovered over the icon.

If any data is incorrectly entered or is incomplete, a validation message may be displayed above the navigation button. The error must be addressed in order for the application to be saved.
4 Application Process

4.1 Getting Started

To begin the Wisconsin Medicaid EHR Incentive Program application process, complete the following steps:


![ForwardHealth Home Page](image-url)
2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

![ForwardHealth Portal Login](image1)

**Figure 2** ForwardHealth Portal Login

*Note: The login box can also be accessed by clicking the Providers icon on the home page of the Portal.*

3. Enter the user’s username.
4. Enter the user’s password.
5. Click **Go!** The secure Provider page will be displayed.

![Secure Provider Page](image2)

**Figure 3** Secure Provider Page
6. Click **Wisconsin Medicaid EHR Incentive Program** located in the Quick Links box on the right side of the page. The Wisconsin Medicaid EHR Incentive Program page will be displayed.

![Figure 4 Wisconsin Medicaid EHR Incentive Program Page](image)

7. Click **Next**. The Select EHR Incentive Application page will be displayed.

![Figure 5 Select EHR Incentive Application Page](image)
The Select EHR Incentive Application page will display a list of the applications that are registered at the R&A.

8. Select one Wisconsin Medicaid EHR Incentive Program application from the row(s) at the top of the page to begin the application process. The selected information will populate the fields on the page.

![Select EHR Incentive Application Page with Populated Application Information](image)

**Figure 6** Select EHR Incentive Application Page with Populated Application Information
9. Click **Next**. The Confirm Payee page will be displayed.

![Figure 7 Confirm Payee Page]

If the information is correct, select **Yes**. If it is not correct, select **No** and click **Next**. The Select Wisconsin Medicaid EHR Incentive Program Payee Page (above) will be displayed and the user can select the correct payee.

10. Click **Next**. The Complete Registration page will be displayed.

![Figure 8 Complete Registration Page]
11. Click Next. The Wisconsin Medicaid EHR Incentive Program Participation Dashboard page will open in a new browser window.

Figure 9 Wisconsin Medicaid EHR Incentive Program Participation Dashboard Page

The dashboard consists of seven columns that show the Eligible Hospital’s activity and status in the Wisconsin Medicaid EHR Incentive Program.

- The **Application** column displays the active button used to begin the current application or review previous Program Year applications. Grayed-out buttons show future applications.
- The **Stage** column displays the Stage and Attestation Phase attained by current and previous applications.
- The **Status** column displays the current status of the application.
- The *Payment Year* column displays the year of program participation for the application.
- The *Program Year* column displays the year within which a provider attests for a payment.
- The *Incentive Amount* column displays the amount of the incentive paid to the Eligible Hospital for the payment year.
- The *Available Actions* column displays the actions that are allowed for the application.

After December 31 of the program year, the bottom of the dashboard will also display the allowable grace period for the program year. For example, for Program Year 2017, if an Eligible Professional is attesting after December 31, 2017, the dashboard will show the dates of the grace period (January 1, 2018–March 31, 2018), ending on the last day an application may be submitted.

*Note:* If an application has been started but not yet submitted, the Status column will indicate the application is Incomplete. If an application has a status of Incomplete, Eligible Hospitals have the option to Abort the application, which removes any information that has been entered.

If the user clicks Abort, a confirmation page will be displayed asking the user to confirm the abort. If the user clicks Confirm, the Dashboard page will again be displayed and the application will show as Not Started. The user can then click Continue to restart the application if desired.

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**Figure 10** Dashboard Page Abort Button
12. Click the appropriate radio button in the Application column to select an application.

13. Click **Continue**. If the Status column indicates the application is Not Started the CEHRT — ONC Validation page will be displayed.

   *Note*: If the user has an Incomplete application, the Wisconsin Medicaid EHR Incentive Program page will be displayed. Skip Steps 14-15 below and proceed to step 16.

![Figure 11: CEHRT — ONC Validation Page](image)

The Wisconsin Medicaid EHR Incentive Program requires the use of technology certified for this program. A valid CMS EHR Certification ID obtained from the ONC CHPL website at [http://chpl.healthit.gov/](http://chpl.healthit.gov/) must be entered on this page.

14. Enter the 15-character CMS EHR Certification ID. Do not use any dashes or spaces.

15. Click **Next**.

   The Wisconsin Medicaid EHR Incentive Program will validate the number entered. If the user entered an invalid CMS EHR Certification ID, he or she can go to the ONC CHPL website to find the valid ID for the EHR product. If the user entered a valid CMS EHR Certification ID, a CEHRT — ONC Validation Review page will be displayed.
16. Click **Next**. The Wisconsin Medicaid EHR Incentive Program page will be displayed.
The Wisconsin Medicaid EHR Incentive Program page contains basic information about the user’s application including the following:

- Payment Year
- Program Year
- Hospital name
- Applicant NPI
- Status (For more information on statuses, refer to Section 7.2 Application Status.)

The Wisconsin Medicaid EHR Incentive Program page also displays important information regarding who can complete the Wisconsin Medicaid EHR Incentive Payment application:

- The application must be completed by an authorized preparer.
- Once the application has been started, it must be completed by the same Provider Portal account.

To apply for access to the Wisconsin Medicaid EHR Incentive Program under a different Provider Portal account, users must click Exit, log out of the Portal, and log back in with the Provider Portal account they wish to use to begin and complete the application.

17. Click **Get Started** to save and continue with the current application, locking all of the options selected up to this point. A Confirmation page will be displayed.

![Figure 14 Confirmation Page](image)

- Clicking **Confirm** will associate the current Provider Portal account with the Wisconsin Medicaid EHR Incentive Program application for the Eligible Hospital previously selected.
- Clicking **Cancel** will return the user to the previous page.
18. Click **Confirm**. The Get Started page will be displayed.

![Get Started Page](image)

**Figure 15** Get Started Page

19. Click **Continue**. The initial R&A/Contact Info page will be displayed.
4.2 Registration and Attestation/Contact Information

*Figure 16* Initial R&A/Contact Info Page

1. Click **Begin**. The R&A Verification page will be displayed.
2. Check the information carefully to ensure it is accurate.

3. Compare the R&A Registration ID the user received while registering with the R&A with the R&A Registration ID displayed on this page.
4. After reviewing the information, select **Yes** or **No** to the question “Is this information accurate?”

   **Note:** If the user selects **No**, the following message will display at the bottom of the page: “Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).”

5. Click **Save & Continue**. The Contact Information page will be displayed.

![Contact Information Page](Image)

**Figure 18** Contact Information Page

6. Enter a contact name in the First Name and Last Name fields.
7. Enter a contact telephone number in the Phone field.
8. Enter a contact email address in the Contact Email Address and Verify Email fields. Verify the email address entered is the same in both fields.
9. Enter an address in the appropriate Address fields.
10. Enter an optional alternative contact.
11. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the R&A/Contact Info tab to acknowledge that the “R&A/Contact Info” section was completed.

![Figure 19 R&A/Contact Information Completed Page](image)

12. Click **Continue**. The initial Eligibility page will be displayed.
4.3 Eligibility

Figure 20 Initial Eligibility Page

The “Eligibility” section will require Eligible Hospitals to confirm their eligibility for the Wisconsin Medicaid EHR Incentive Program.

1. Click **Begin**. The Hospital Eligibility Questions page will be displayed.

Figure 21 Hospital Eligibility Questions Page

2. Select **Yes** or **No** to the eligibility questions.

   *Note:* Hover over the icon for additional information regarding a specific question.
3. Click **Save & Continue**. A completed page will be displayed.

   *Note*: A checkmark will appear in the Eligibility tab to acknowledge that the “Eligibility” section was completed.

![Eligibility Completed Page](image)

**Figure 22** Eligibility Completed Page

4. Click **Continue**. The initial Patient Volumes page will be displayed.
4.4 Patient Volumes

![Initial Patient Volumes Page]

**Figure 23** Initial Patient Volumes Page

1. Click **Begin**.

### 4.4.1 Children’s Hospitals

Children’s hospitals (hospitals within the CMS Certification Number [CCN] range of 3300-3399) do not have any patient volume requirements.

If the user is logged in as a children’s hospital in Payment Year 1, after clicking Begin on the initial Patient Volumes page, the Hospital Cost Report Data — Fiscal Year (Part 3 of 3) page will be displayed. Proceed to [Section 4.4.5 Hospital Cost Report Data](#) to continue with the application.

If the user is logged in as a children’s hospital in Payment Year 2, after clicking Begin on the initial Patient Volumes page, the Hospital Cost Report Data (Part 3 of 3) review page will be displayed. Proceed to the [Hospital Cost Report Data (Part 3 of 3) Review page](#) under the Payment Year 2 section to continue with the application.

### 4.4.2 Acute Care and Critical Access Hospitals

To participate in the Wisconsin Medicaid EHR Incentive Program, acute care and critical access Eligible Hospitals must meet certain patient encounter volume requirements based on the hospital’s classification with CMS over a representative continuous Federal Fiscal Year (FFY) designated quarter during the preceding FFY (October 1-September 30), or a continuous 90-day period from within the 12 months before the attestation date.
Acute care and critical access hospitals (hospitals within the CCN range of 0001–0879 or 1300–1399) must have an eligible member patient volume of at least 10 percent (10%) of their total patient volume to be eligible for the Wisconsin Medicaid EHR Incentive Program.

Since Eligible Hospitals are unable to determine where funding for eligible members comes from, the Wisconsin Medicaid EHR Incentive Program will calculate the patient volume for hospitals based on claims discharge data submitted to ForwardHealth for eligible members and the total discharge data Wisconsin hospitals provide quarterly to the Wisconsin Hospital Association Information Center, LLC, pursuant to Wis. Stats ch. 153.

The Wisconsin Medicaid EHR Incentive Program will analyze a Wisconsin hospital’s patient volume on a quarterly basis and communicate qualification under patient volume requirements and the FFY quarter in which the hospital qualified.

If the user is logged in as an acute care or critical access hospital, after clicking Begin on the initial Patient Volumes page, the Patient Volume (Part 1 of 3) — 90-Day Reporting Period page will be displayed.

**4.4.3 Patient Volume (Part 1 of 3) — 90-Day Reporting Period**

![Image of Patient Volume (Part 1 of 3) — 90-Day Reporting Period Page](ForwardHealth.png)

*Figure 24 Patient Volume (Part 1 of 3) — 90-Day Reporting Period Page*
1. All Wisconsin Eligible Hospitals will select the **Last Completed Fiscal Year Preceding the Payment Year** option.

2. Enter a start date for the FFY Quarter for which the user will attest to the required eligible member patient volume participation level. The calendar icon located to the right of the Start Date field may also be used to select a date.

   The Wisconsin Medicaid EHR Incentive Program will have sent the user the patient volume reporting period during which the Eligible Hospital met patient volume requirements. *The user must enter the same reporting period given to him or her by the Wisconsin Medicaid EHR Incentive Program.* If the user does not have this information available, send an email to DHSEHRIncentiveProgram@dhs.wisconsin.gov to request the Patient Volume Start Date email for the respective Program Year.

3. Click **Save & Continue.** The 90-day end date will be automatically calculated and will be displayed on the following page.

   ![Patient Volume (Part 1 of 3) — 90-Day Reporting Period Page](image)

   **Figure 25** Patient Volume (Part 1 of 3) — 90-Day Reporting Period Page

4. Review the start date and system-calculated end date for accuracy.

5. If the dates are correct, click **Save & Continue.** The Patient Volume (Part 2 of 3) — Location page will be displayed.
4.4.4 Patient Volume (Part 2 of 3) — Location

When reporting patient volume, Eligible Hospitals are required to designate which practice locations are using CEHRT and to enter the relevant patient encounter data needed to determine eligibility.
1. Review the listed location(s).

   To report patient volumes for a location or site that is not listed:

   a. Click **Add Location**. The following page will be displayed.

   ![Patient Volume (Part 2 of 3) — Location Addition Page](image)

   **Figure 27** Patient Volume (Part 2 of 3) — Location Addition Page

   b. Enter the requested practice location information.
C. Click **Save and Continue**. The user will be returned to the Patient Volume (Part 2 of 3) — Location page. The added location will be displayed at the bottom of the table.

![Patient Volume (Part 2 of 3) — Location Page with Added Location](image)

**Figure 28** Patient Volume (Part 2 of 3) — Location Page with Added Location

*Note:* The user can clear all patient volume data and delete any manually added locations by clicking **Refresh**.
2. Click **Save & Continue** after adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

![Figure 29 Patient Volumes Entry Instructions Page](image-url)
3. Click **Begin**. The Patient Volume (Part 2 of 3) — Enter Volume page will be displayed.

![Patient Volume (Part 2 of 3) — Enter Volume Page](image)

**Figure 30** Patient Volume (Part 2 of 3) — Enter Volume Page

4. Enter a “1” in the Medicaid Discharges (In State Numerator) column.

5. Enter a “0” in the Other Medicaid Discharges (Other Numerator) column.

6. Enter a “1” in the Total Discharges All Lines of Business (Denominator) column.
7. Click Save & Continue. The Patient Volume (Part 2 of 3) — Enter Volume review page will be displayed.

Figure 31 Patient Volume (Part 2 of 3) — Enter Volume Review Page

The Total % field must have a percentage greater than or equal to 10 percent to meet the Medicaid patient volume requirement. If all the values entered above are entered correctly, the field should read “100%.”

8. Review the information for accuracy.

9. Click Save & Continue.
4.4.5 Hospital Cost Report Data

For Eligible Hospitals in Payment Year 2 or higher, the Wisconsin Medicaid EHR Incentive Program keeps the previous payment year’s cost report data on file.

Payment Year 2 or Higher

The Hospital Cost Report Data (Part 3 of 3) review page will be displayed.

![Hospital Cost Report Data (Part 3 of 3) Review Page](image)

The Hospital Cost Report Data (Part 3 of 3) review page displays data from a previously paid application.

1. Review the data.

2. Click **Save & Continue** if the data is accurate. A completed page will be displayed.

   *Note:* If the data needs to be updated, click **Change Data**. A Change Data and Re-enter Hospital Cost Report Data page will be displayed. Click **Confirm** to delete the previously
entered cost report data. The previously entered fiscal years will not be deleted. The Hospital Cost Report Data (Part 3 of 3) page will be displayed.

Note: A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

3. Click **Continue**.

### 4.5 Attestation

After completing the Patient Volumes tab, the initial Attestation page will be displayed.

1. Click **Begin**.
4.5.1 Meaningful Use

Dual Eligible Hospitals

Dual Eligible Hospitals, which are hospitals participating in both the Medicare EHR Incentive Program and the Wisconsin Medicaid EHR Incentive Program, must report Meaningful Use to CMS; therefore, they do not need to report Meaningful Use to the Wisconsin Medicaid EHR Incentive Program. The CMS will communicate the reported measures to the Wisconsin Medicaid EHR Incentive Program. The Wisconsin Medicaid EHR Incentive Program will not approve a Dual Eligible Hospital’s application until CMS communicates approval of the Meaningful Use measures reported. It may take up to 45 days for CMS to approve the reported Meaningful Use information and communicate that approval to the Wisconsin Medicaid EHR Incentive Program.

If CMS has not yet approved a Dual Eligible Hospital’s reported Meaningful Use information and communicated that approval to the Wisconsin Medicaid EHR Incentive Program, when a Dual Eligible Hospital selects the Meaningful Use option on the Attestation Phase (Part 1 of 3) page, the following page will be displayed.

![Meaningful Use Attestation Not Approved Page](image)

Dual Eligible Hospitals will not be able to continue with the Wisconsin Medicaid EHR Incentive Program application until CMS approves their reported Meaningful Use measures. If a Dual Eligible Hospital successfully attested to Meaningful Use in the R&A and it has been more than 45 days, the Dual Eligible Hospital should contact Wisconsin Medicaid for assistance. Dual Eligible Hospitals whose Meaningful Use measures have been approved by CMS should proceed to Section 4.5.2 Attestation to continue with their application.
Medicaid-Only Eligible Hospitals

The Wisconsin Medicaid EHR Incentive Program has determined all participating Medicaid-Only Eligible Hospitals have received their third and final payment in the program. If the user believes that his or her hospital is eligible for payment as a Medicaid-Only Eligible Hospital, contact the Wisconsin Medicaid EHR Incentive Program at DHSEHRIncentiveProgram@dhs.wisconsin.gov.

4.5.2 Attestation

After clicking Save & Continue for the appropriate attestation phase, the Attestation Phase (Part 3 of 3) page will be displayed.

Figure 36  Attestation Phase (Part 3 of 3) Page
The Attestation Phase (Part 3 of 3) page contains information about the assignment of the incentive payment. Please review it carefully.

1. Click **Yes** to confirm that the user is an acute care hospital with an average length of stay of 25 days or fewer, a critical access hospital, or a children’s hospital.

2. Select a payment address to be used for the incentive payment from the list provided. The user must select an address in order to proceed.

3. Click **Save & Continue**. A completed page will be displayed.

   *Note*: A checkmark will appear in the Attestation tab to acknowledge that the “Attestation” section was successfully completed.

4. Click **Continue**.
4.6 Review Application

After clicking Continue on the Attestation Completed page, the Review page will be displayed.

The Review page allows users to review all the information entered on the application. To print a copy of the application for review, click the Print button located in the blue box at the top of the page.

1. Review the information on the Review page carefully. If the user finds errors, complete the following steps:
   a. Click the associated tab at the top of the page to return to that section.
   b. Correct the inaccurate information.
c. Click the **Review** tab to return to the Review page.

d. Review the information to ensure it was changed correctly.

*Note*: Clicking **Continue** at the bottom of the page will return the user to the last saved page.

2. After determining that all the information is correct, click the **Submit** tab at the top of the page. The Submit page will be displayed.

### 4.7 Submit the Application

![Submit Page](image)

**Figure 39** Submit Page
1. Click **Begin**. The Application Submission (Part 1 of 2) page will be displayed.

![Application Submission (Part 1 of 2) Page](image)

Eligible Hospitals are required to upload proof of Certified EHR Technology and relevant sections of Hospital Cost Reports. For more information on these documentation requirements, please review the Wisconsin EHR Incentive Program Website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm). Eligible Hospitals can also refer to the Eligible Hospital Frequently Asked Questions (FAQs) on the DHS website for specific Medicare Cost Report Worksheet requirements.

Applications submitted without the required documentation will be returned an Incomplete status until the required documentation is uploaded.

**Figure 40** Application Submission (Part 1 of 2) Page

Eligible Hospitals are required to provide relevant sections of the Hospital Cost Reports used to complete their Wisconsin Medicaid EHR Incentive Program application as well as documentation supporting their adoption of CEHRT. Only Microsoft® Word, Microsoft® Excel, and PDF files of two megabytes or less can be uploaded.

For details on documentation requirements, Eligible Hospitals should refer to the DHS website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm). Eligible Hospitals can also refer to the Eligible Hospital Frequently Asked Questions (FAQs) on the DHS website for specific Medicare Cost Report Worksheet requirements.

Applications submitted without the required documentation will be returned an Incomplete status until the required documentation is uploaded.
2. To upload a file, click **Browse**. The Choose file window will be displayed.

![Choose File Window](image)

*Figure 41* Choose File Window

3. Navigate to the appropriate computer or network location and select the file to upload.

4. Click **Open**. The Choose file window will close and the file path will be displayed in the File Location field.
5. Click **Upload File**. An “Uploaded Files” section will display the successfully uploaded file.

![ForwardHealth Wisconsin serving you](image)

**Figure 42** Application Submission (Part 1 of 2) Page with Uploaded Files Section

Upload as many files as necessary to verify the information entered in the Wisconsin Medicaid EHR Incentive Program Application.
6. Click **Save & Continue**. The Application Submission (Part 2 of 2) page will be displayed.

![Application Submission (Part 2 of 2) Page](image)

**Figure 43** Application Submission (Part 2 of 2) Page

7. Review the certification statement.

8. Click the box to confirm that the user has reviewed the application information.

9. Enter the preparer’s name and preparer relationship.
10. Click **Sign Electronically**. A sample incentive payment chart will be displayed. The chart, based on federal law, provides an example of the maximum potential payment per year. The columns represent the first year of participation, and the rows represent the three years of potential participation.

![Application Submission](image)

**Figure 44** Example Hospital Incentive Payment Chart

No information is required on this page. This is the final step of the submission process.

*Note*: Once the application is submitted, the user will not have the opportunity to change it.
11. If no other changes need to be made to the incentive application, click **Submit Application**. If the application was successfully submitted, the Application Submitted page will be displayed.

![Application Submitted Page](image-url)

**Figure 45** Application Submitted Page

12. Click **OK**. The Current Status page will be displayed.

![Current Status Page](image-url)

**Figure 46** Current Status Page
5 Check Application Status

A user can check the status of his or her application at any time by logging in to the Portal.

1. Log in to the secure Provider area of the Portal at www.forwardhealth.wi.gov/.

2. Click Wisconsin Medicaid EHR Incentive Program located in the Quick Links box. The Wisconsin Medicaid EHR Incentive Program page will be displayed.

3. Click Next.

4. Select the application from the list on the Select EHR Incentive Application page.

5. Click Next. The Confirm Payee page with the previously chosen payee information will be displayed.

6. If the previously entered payee information is correct, select Yes at the bottom of the page. If the payment information has changed, select No and update the user’s information in the R&A.

7. Click Next. The Complete Registration page will be displayed.
8. Click **Next**. The Wisconsin Medicaid EHR Incentive Program Participation Dashboard page will open in a new browser window.

![Wisconsin Medicaid EHR Incentive Program Participation Dashboard](image)

**Figure 49** Wisconsin Medicaid EHR Incentive Program Participation Dashboard

9. Select an application.

10. Click **Continue**. The Current Status page will open in a new window and will display the status of the application.
5.1 Submitted Status

The user can click the **Review Application** tab to review his or her application; however, the user will not be able to make any changes.
The **Review Application** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved.

**Status**

*Submitted*

**R&A Verification**

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>ACME GENERAL HOSPITAL</th>
<th>Hospital NPI</th>
<th>1111111111</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN</td>
<td>555555</td>
<td>Hospital TIN</td>
<td>1234567890</td>
</tr>
</tbody>
</table>

**Application Submission (Part 1 of 2)**

By checking the following box, you are indicating that you have reviewed all information that has been entered into Wisconsin Medicaid EHR Incentive Program (as displayed on the **Review** panel):

- ✓

**Application Submission (Part 2 of 2)**

*Electronic Signature of Preparer for Facility:*

- **Preparer Name:** Nancy Smith
- **Preparer Relationship:** Clerk

---

**Figure 51** Review Application Page
5.2 Denied Status

![Denied Status Image]

*Figure 52* Current Status Page with Denied Status

The user can click the **Review Application** tab to review his or her application; however, the user will not be able to make any changes.
If the user wishes to view the application results, click the **Submission Outcome** tab.
If the user wishes to appeal a Wisconsin Medicaid EHR Incentive Program decision, refer to Section 6 Appeals Process.

*Note:* Refer to Section 7.2 Application Status for a list of potential application statuses.
6 Appeals Process

Eligible Hospitals may only appeal to the Wisconsin Medicaid EHR Incentive Program for the following reasons:

- To dispute the payment amount.
- To appeal a denied Wisconsin Medicaid EHR Incentive Program Application.

To file an appeal, complete the following steps:

1. Log in to the secure Provider area of the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

![Figure 55 Secure Provider Page](image-url)
2. Click **Wisconsin Medicaid EHR Incentive Program Appeal** located in the Quick Links box on the right of the page. The Wisconsin Medicaid EHR Incentive Program Appeal page will be displayed.

![Wisconsin Medicaid EHR Incentive Program Appeal Page](image)

**Figure 56** Wisconsin Medicaid EHR Incentive Program Appeal Page

3. Click the review the acceptable reasons link. A PDF explaining appeal reasons and what additional documentation may be required will open in a new window.
6 Appeals Process

4. Review the information in the PDF.

5. Close the PDF window.

6. Click **Begin**. The Eligible Provider Identifying Information page will be displayed.
7. In the National Provider Identifier field, enter the NPI indicated on the Eligible Hospital’s application.

8. Click anywhere on the gray area of the panel.

   If only one record is found, the page will reload. Proceed to step 9.

   If multiple records are found, the National Provider Identifier search box will be displayed.

   ![National Provider Identifier Search Box](image)

   Figure 59 National Provider Identifier Search Box

   Select the Eligible Hospital that submitted the Wisconsin Medicaid EHR Incentive Program Application from the “Search Results” section. The National Provider Identifier search box will close, and the NPI of the selected Eligible Hospital will be displayed in the National Provider Identifier field.

9. From the Payment Year drop-down menu, select the payment year for which the appeal is being submitted.

10. Enter a contact name.

11. Enter a contact telephone number.

12. Enter a contact email address.

13. From the Preferred Method of Contact drop-down menu, select whether the user prefers to be contacted by telephone or email.

14. Click Next.

   If the Wisconsin Medicaid EHR Incentive Program cannot match the NPI supplied with a current application, an error message will be displayed, and the Eligible Hospital cannot continue with the appeal process. The Eligible Hospital should then contact Provider Services.

   ![Error Message](image)

   Figure 60 Example Error Message
If the Wisconsin Medicaid EHR Incentive Program matches the NPI supplied with a current application, the Appeal Reason page will be displayed.

![Figure 61: Appeal Reason Page](image)

15. Select the reason for the appeal from the Reason for appeal drop-down menu.

16. Click to the side of the Reason for Appeal field. Appeal reason options will be displayed at the bottom of the page.

If the user selected **Application Denial** as the reason for appeal, in the “Please select one or more of the following denial reason(s) being appealed” section, select the reason for the appeal or provide a statement in the free-form comment box.

![Figure 62: Appeal Reason Page with Application Denial Selected](image)
If the user selected **Payment Amount** as the reason for appeal, in the “Please select one of the following reasons for the payment amount appeal” section, select the reason for the appeal or provide a statement in the free-form comment box.

![Figure 63 Appeal Reason Page with Payment Amount Selected](image)

17. Click **Next**. The Upload Files page will be displayed.

![Figure 64 Upload Files Page](image)

Eligible Hospitals can upload any relevant supporting documentation in support of their appeal. This documentation may include files up to 5 MBs each. Eligible Hospitals must upload all relevant supporting documentation before submission, as they will not be able to return to the appeal application to upload any documentation after submitting the appeal.
For information about additional supporting documentation that may be required to upload based on the type of appeal, refer to Section 7.3 Appeal Reasons and Needed Documentation.

18. Click **Browse**. The Choose file window will be displayed.

![Figure 65 Choose File Window](image)

19. Navigate to the appropriate computer or network location and select the file to download.

20. Click **Open**. The Choose file window will close and the file path will be displayed in the File Path field.
21. **Click Upload.** The uploaded file will be displayed in the “List of Files Uploaded” section at the bottom of the page, and a validation message will be displayed at the top of the page.

![Image](image.png)

*Figure 66  Upload Files Page with File Uploaded Successfully Message*

Upload as many files as necessary to verify the appeal.

22. **Click Next.** The Confirmation page will be displayed.

![Image](image.png)

*Figure 67  Confirmation Page*

23. Save the tracking number for the user’s records.
24. Click **Print** if the user wishes to print the appeal document or save it for his or her records. A PDF copy of the appeal document will open in a new window.

![Figure 68 A PDF Copy of Appeal Document](image)

25. Close the PDF window.

26. Click **Exit** to return to the secure Provider page of the Portal.
7 Additional Information

7.1 Acronyms and Terms
CCN — CMS Certification Number
CHPL — Certified Health IT Product List
CMS — Centers for Medicare and Medicaid Services
CPOE — Computerized physician order entry
R&A — Medicare and Medicaid EHR Incentive Program Registration and Attestation System
EHR — Electronic Health Record
FFY — Federal Fiscal Year
NPI — National Provider Identifier
ONC — Office of the National Coordinator for Health Information Technology
TIN — Tax Identification Number

7.2 Application Status
Below is a list of all the potential Application Statuses that applicants may see as they progress through the registration and application process.

<table>
<thead>
<tr>
<th>Application Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Approved</td>
<td>An appeal has been approved.</td>
</tr>
<tr>
<td>Appeal Denied</td>
<td>An appeal has been denied.</td>
</tr>
<tr>
<td>Appeal Initiated</td>
<td>An appeal has been received.</td>
</tr>
<tr>
<td>Cancelled</td>
<td>The R&amp;A has notified Wisconsin Medicaid EHR Incentive Program that this application has been cancelled. The applicant must return to the R&amp;A to re-initiate their registration.</td>
</tr>
<tr>
<td>Completed</td>
<td>The Wisconsin Medicaid EHR Incentive Program Application has completed the full submission process and a payment has been made.</td>
</tr>
<tr>
<td>Denied</td>
<td>The Wisconsin Medicaid EHR Incentive Program has made a determination that the applicant does not qualify for an incentive payment based on one or more of the application’s eligibility rules.</td>
</tr>
<tr>
<td>Incomplete</td>
<td>The Wisconsin Medicaid EHR Incentive Program Application has been started, but the application has not been submitted.</td>
</tr>
</tbody>
</table>
### Application Status

<table>
<thead>
<tr>
<th>Application Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Started</td>
<td>Registration information has been received from the R&amp;A; however, the application has not been started at the Wisconsin Medicaid EHR Incentive Program.</td>
</tr>
<tr>
<td>Payment Approved</td>
<td>The Wisconsin Medicaid EHR Incentive Program Application has been reviewed and determined payable.</td>
</tr>
<tr>
<td>Submitted</td>
<td>The application has been completed and submitted. The application may no longer be edited after submission.</td>
</tr>
</tbody>
</table>

### 7.3 Appeal Reasons and Needed Documentation

Refer to the tables below for the following information:

- A list of valid application denial appeal reasons
- Additional supporting documentation that may be required to be uploaded based on the type of appeal
- Appealing the payment amount

#### 7.3.1 Denied Application Appeals

<table>
<thead>
<tr>
<th>Reason for Appeal</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient volume required by the CMS have not been met, see federal rule 42 CFR § 495.304.</td>
<td>For Eligible Hospitals, provide the out-of-state patient volume for the reported 90-day period on the Wisconsin Medicaid EHR Incentive Program application.</td>
</tr>
<tr>
<td>The Eligible Hospital has indicated it is not an acute care hospital with an average length of stay of 25 days or less or a children’s hospital.</td>
<td>Acute care and children’s hospitals are required to have an average length of stay for patients of 25 days or less to qualify for the Wisconsin Medicaid EHR Incentive Program. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement indicating the reason why the Eligible Hospital meets the requirements for the program.</td>
</tr>
<tr>
<td>The Eligible Hospital did not confirm to only participate in the Wisconsin Medicaid EHR Incentive Program.</td>
<td>Eligible Hospitals must agree to participate in only one state’s Medicaid EHR Incentive Program. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program Application, provide a clarifying statement that the Eligible Hospital confirms to only participate in the Wisconsin Medicaid EHR Incentive Program.</td>
</tr>
</tbody>
</table>
### 7.3.2 Payment Amount Appeal

<table>
<thead>
<tr>
<th>Reason for Appeal</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Hospital payment amount</td>
<td>Upload the Eligible Hospital’s Medicare and Medicaid Cost Reports for the last four years.</td>
</tr>
</tbody>
</table>