

# Wisconsin Medicaid Promoting Interoperability Program

## Eligible Professional Application Process Guide

The steps below outline the process for Eligible Professionals to complete the Wisconsin Medicaid Promoting Interoperability (PI) Program application.

**Note:** You are not required to complete Steps 1-3 each year. Read below to determine which step to start on:

- Start on [Step 4](#) if you do **not** need to update any registration information at the Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Registration and Attestation (R&A) system.
- Start at [Step 3](#) if you need to update existing registration information at the R&A.
- Start at [Step 1](#) if you are initiating a connection to work on behalf of an Eligible Professional.

### Step-by-Step Process

Refer to the [Quick Reference Guide](#) on page 9.

	Responsible Party	Process	Information Needed
Registration	Step 1 Application Preparer	Initiate a connection with the Eligible Professional using the <a href="#">CMS Identity and Access (I&amp;A) Management system</a> . <ol style="list-style-type: none"> <li>1. Create account as an “Authorized Official/Delegated Official.”</li> <li>2. Set up your “Organization” as your employer.</li> <li>3. Log in to the I&amp;A system and complete the connection request per the <a href="#">I&amp;A user guide</a> instructions.</li> </ol>	<ul style="list-style-type: none"> <li>• Active email address</li> <li>• Eligible Professional National Provider Identifier (NPI)</li> <li>• Organization NPI</li> </ul>
	Step 2 Eligible Professional	Approve connection request. <ol style="list-style-type: none"> <li>1. Eligible Professional receives an email notification of the request.</li> <li>2. Log in to the <a href="#">I&amp;A system</a> and approve the connection request per the <a href="#">I&amp;A user guide</a> instructions.</li> </ol>	I&A username and password
	Step 3 Application Preparer (Eligible Professional if applicable)	Register Eligible Professional for the Medicaid PI Program using the <a href="#">CMS R&amp;A system</a> . <ol style="list-style-type: none"> <li>1. Log in to the R&amp;A system using National Plan and Provider Enumeration System (NPPES) username and password.</li> <li>2. Complete registration per the <a href="#">R&amp;A user guide</a> instructions.</li> </ol> <p><b>Note:</b> Steps 1-3 should only be completed if the Eligible Professional’s CMS registration information changes. If you do go back to the CMS R&amp;A website to make an update or review the information, you must submit the registration before exiting. Failure to resubmit will result in a delay in processing your application.</p>	<ul style="list-style-type: none"> <li>• Eligible Professional NPI</li> <li>• CMS EHR Certification ID</li> <li>• Payee Tax Identification Number (TIN)</li> <li>• Payee NPI</li> <li>• Eligible Professional provider type</li> <li>• Business address and phone number</li> <li>• Active email address</li> </ul> <p><b>Note:</b> Access the <a href="#">Certified Health IT Product List</a> to acquire CMS EHR Certification ID.</p>

- STOP -			
Processing	<p>After submitting the registration file, wait 48 hours before proceeding to Step 4. The registration information will transfer from the R&amp;A system to the ForwardHealth Portal. During this time, Eligible Professionals should not access or modify their registration with the R&amp;A.</p>		
	Responsible Party	Process	Information Needed
Attestation	Step 4 Application Preparer (Eligible Professional if applicable)	<p>Start the application using the <a href="#">ForwardHealth Portal</a>.</p> <ol style="list-style-type: none"> <li>Log in to the ForwardHealth Portal.</li> <li>Select the Wisconsin Medicaid PI Program quick link.</li> <li>Select the Eligible Professional from the display list.</li> <li>Confirm the information transferred from the R&amp;A system.</li> <li>Start the application per the <a href="#">Wisconsin Medicaid PI Program User Guide (P-00358C)</a> instructions.</li> </ol>	<ul style="list-style-type: none"> <li>ForwardHealth Portal username and password</li> <li>Eligible Professional NPI</li> <li>Payee NPI</li> <li>Payee TIN</li> <li>CMS EHR Certification ID</li> </ul> <p><b>Note:</b> Access the <a href="#">Certified Health IT Product List</a> to acquire CMS EHR Certification ID.</p>
	Step 5 Application Preparer (Eligible Professional if applicable)	<p>Complete the <i>R&amp;A/Contact Info</i> tab of the application per <a href="#">Wisconsin Medicaid PI Program User Guide (P-00358C)</a> instructions.</p>	<p>Application preparer's business phone number, address, and email address.</p>
	Step 6 Application Preparer (Eligible Professional if applicable)	<p>Complete the <i>Eligibility</i> tab of the application per the <a href="#">Wisconsin Medicaid PI Program User Guide (P-00358C)</a> instructions.</p> <p>Eligibility Requirements: <a href="https://www.dhs.wisconsin.gov/ehrincentive/professionals/eligibility.htm">https://www.dhs.wisconsin.gov/ehrincentive/professionals/eligibility.htm</a>.</p>	<ul style="list-style-type: none"> <li>Eligible Professional's hospital-based status</li> <li>Eligible Professional provider type</li> <li>Whether or not Eligible Professional has pending sanctions with Medicare and/or Medicaid</li> </ul>
	Step 7 Application Preparer (Eligible Professional if applicable)	<p>Complete the <i>Patient Volume</i> tab of the application per the <a href="#">Wisconsin Medicaid PI Program User Guide (P-00358C)</a> instructions.</p>	<ul style="list-style-type: none"> <li>Whether or not Eligible Professional practices predominantly at a federally qualified health center (FQHC) or rural health center (RHC)</li> <li>Whether or not Eligible Professional is using individual or group patient volume</li> <li>Start date of 90-day patient volume reporting period</li> <li>Address(es) for any practice location(s) used for patient volume</li> <li>Total number of in-state Medicaid encounters</li> </ul>

	Responsible Party	Process	Information Needed
Attestation			<ul style="list-style-type: none"> <li>• Total number of out-of-state Medicaid encounters</li> <li>• Total number of needy encounters (if applicable)</li> <li>• Total number of encounters</li> <li>• Group practice NPI(s) (if applicable)</li> </ul>
	Step 8 Application Preparer (Eligible Professional if applicable)	<p>Complete the <i>Attestation</i> tab of the application per the <a href="#">Wisconsin Medicaid PI Program User Guide (P-00358C)</a> instructions:</p> <ul style="list-style-type: none"> <li>• General Requirements</li> <li>• Meaningful Use Measures</li> <li>• Clinical Quality Measures (CQMs)</li> </ul> <p><b>Note:</b> Access the <a href="#">Wisconsin Medicaid PI Program Resource page</a> to acquire the Meaningful Use specification sheets.</p>	<ul style="list-style-type: none"> <li>• Start date of EHR reporting period</li> <li>• General requirements dataset</li> <li>• Meaningful Use measure dataset</li> <li>• CQM dataset</li> </ul>
	Step 9 Application Preparer (Eligible Professional if applicable)	<p>Complete the <i>Review</i> tab of the application per the <a href="#">Wisconsin Medicaid PI Program User Guide (P-00358C)</a> instructions.</p> <p>Tips for reviewing patient volume attestations:</p> <ul style="list-style-type: none"> <li>• A patient cannot be counted more than once per day per Eligible Professional.</li> <li>• Was the standard deduction applied to the numerator? Not applicable if using other needy patient volume.</li> </ul> <p>Tips for reviewing meaningful use attestations:</p> <ul style="list-style-type: none"> <li>• General requirements dataset should only represent individual Eligible Professional data.</li> <li>• Some measures share a denominator statement (e.g., unique patients) and should be consistent across applicable measures.</li> </ul>	
	Step 10 Application Preparer (Eligible Professional if applicable)	<p>Complete the <i>Submit</i> tab of the application per the <a href="#">Wisconsin Medicaid PI Program User Guide (P-00358C)</a> instructions:</p> <p>Upload or email required documentation:</p> <ul style="list-style-type: none"> <li>• Identifying the vendor, product name, and product version number of the certified EHR technology (CEHRT).</li> <li>• Supporting patient volume calculation.</li> <li>• Supporting Meaningful Use measure data.</li> </ul>	See pages 4-8 for documentation details and submission method instructions.

## CEHRT Documentation Requirements

(from Step 10)

Requirement	Documentation Description	Submission Method Instructions
CEHRT	<p>Eligible Professionals must submit documentation indicating the acquisition or use of EHR technology certified to the current required federal standards during the program year in order to demonstrate a business relationship between an Eligible Professional’s place of work and his or her EHR vendor.</p> <p>At least one of the following must be submitted:</p> <ul style="list-style-type: none"> <li>• Contract</li> <li>• Lease</li> <li>• Proof of purchase</li> <li>• Receipt</li> <li>• Signed and dated vendor letter</li> <li>• Screenshot of CEHRT system information</li> </ul> <p>Must identify the following:</p> <ul style="list-style-type: none"> <li>• Vendor</li> <li>• Product</li> <li>• Product version number</li> </ul> <p><b>Note:</b> If the vendor, product, and version number are not identified, the application will be returned to the provider for resubmission with additional documentation identifying these items.</p>	<p>Individual Eligible Professionals are required to upload CEHRT documentation to the Wisconsin Medicaid PI Program application.</p> <p>Organizations attesting on behalf of <b>more than one</b> Eligible Professional may either upload CEHRT documentation to each application or submit the documentation once, via secure email, with a list of all Eligible Professionals to whom the documentation applies.</p> <p>To submit via email:</p> <ol style="list-style-type: none"> <li>1. Identify the organization name to which the documentation is applicable within the body of the email to ensure documentation is applied to the appropriate application.</li> <li>2. Encrypt all confidential information.</li> <li>3. Attach CEHRT documentation to the email.</li> <li>4. Indicate the following as the subject line of the email: “Eligible Professional Application Supporting Documentation.”</li> <li>5. Attach the rest of the required documentation to the email before sending it to the Wisconsin Medicaid PI Program at <a href="mailto:dhspromotinginteroperabilityprogram@dhs.wisconsin.gov">dhspromotinginteroperabilityprogram@dhs.wisconsin.gov</a>.</li> </ol>

# Patient Volume Documentation Requirements

(from Step 10)

Requirement	Documentation Description	Submission Method Instructions
Patient Volume (Individual)	<p>Detail report identifying:</p> <ul style="list-style-type: none"> <li>• Eligible Professional NPI</li> <li>• Date of service</li> <li>• Unique patient identifier                             <ul style="list-style-type: none"> <li>○ Medicaid ID or patient name is required for all Medicaid encounters.</li> <li>○ Alternative patient identifiers may be used for non-Medicaid encounters (e.g., Medical Record Number, Patient Control Number).</li> </ul> </li> <li>• Financial payer</li> <li>• *Out-of-state encounters (e.g., name of the state Medicaid agency) if applicable</li> <li>• Indication that the encounter is considered an “other needy” encounter (i.e., the service was provided at no cost or on a sliding fee scale); only applicable if needy individual patient volume is reported</li> </ul> <p>*Out-of-state Medicaid encounters refers to any encounter with a patient who was enrolled on the date of service in a Medicaid benefit plan administered by any state other than Wisconsin.</p>	<p>Eligible Professionals attesting on their own behalf using individual patient volume are required to upload their supporting documentation to the Wisconsin Medicaid PI Program application.</p> <p>Organizations attesting on behalf of <b>more than one</b> Eligible Professional using individual patient volume may upload their supporting documentation to each application or may submit the patient volume documentation for all Eligible Professionals via one secure email.</p> <p>To submit via email:</p> <ol style="list-style-type: none"> <li>1. Name the individual patient volume detail report: “Patient Volume_&lt;Eligible Professional NPI&gt;” to ensure documentation is applied to the appropriate application.</li> <li>2. Encrypt all confidential information.</li> <li>3. Attach the detail report(s) to the email.</li> <li>4. Indicate the following as the subject line of the email: “Eligible Professional Application Supporting Documentation.”</li> <li>5. Attach the rest of the required documentation to the email before sending it to the Wisconsin Medicaid PI Program at <a href="mailto:dhspromotinginteroperabilityprogram@dhs.wisconsin.gov">dhspromotinginteroperabilityprogram@dhs.wisconsin.gov</a>.</li> </ol>

Requirement	Documentation Description	Submission Method Instructions
<b>Patient Volume (Group)</b>	<p>Summary report identifying:</p> <ul style="list-style-type: none"> <li>• Eligible Professional name</li> <li>• Eligible Professional NPI</li> <li>• Medicaid encounters (numerator) and total encounters volume (denominator) for each Eligible Professional included in the patient volume calculation</li> </ul> <p>Detail report identifying:</p> <ul style="list-style-type: none"> <li>• Eligible Professional NPI</li> <li>• Date of service</li> <li>• Unique patient identifier <ul style="list-style-type: none"> <li>○ Medicaid ID or patient name is required for all Medicaid encounters.</li> <li>○ Alternative patient identifiers may be used for non-Medicaid encounters (e.g., Medical Record Number, Patient Control Number).</li> </ul> </li> <li>• Financial payer</li> <li>• *Out-of-state encounters (e.g., name of the state Medicaid agency) if applicable</li> <li>• Indication that the encounter is considered an “other needy” encounter (i.e., the service was provided at no cost or on a sliding fee scale); only applicable if needy individual patient volume is reported</li> </ul> <p>*Out-of-state Medicaid encounters refers to any encounter with a patient who was enrolled on the date of service in a Medicaid benefit plan administered by any state other than Wisconsin.</p>	<p>Eligible Professionals using group proxy patient volume may either upload their supporting documentation to each application or submit the documentation once, via secure email, with a list of all Eligible Professionals for whom the documentation applies.</p> <p>To submit via email:</p> <ol style="list-style-type: none"> <li>1. Identify the organization name to which the documentation is applicable within the body of the email to ensure documentation is applied to the appropriate application.</li> <li>2. Encrypt all confidential information</li> <li>3. Attach the summary report and detail report(s) to the email.</li> <li>4. Indicate the following as the subject line of the email: “Eligible Professional Application Supporting Documentation.”</li> <li>5. Attach the rest of the required documentation to the email before sending it to the Wisconsin Medicaid PI Program at <a href="mailto:dhspromotinginteroperabilityprogram@dhs.wisconsin.gov">dhspromotinginteroperabilityprogram@dhs.wisconsin.gov</a>.</li> </ol>

# Meaningful Use Measure Documentation Requirements

(from Step 10)

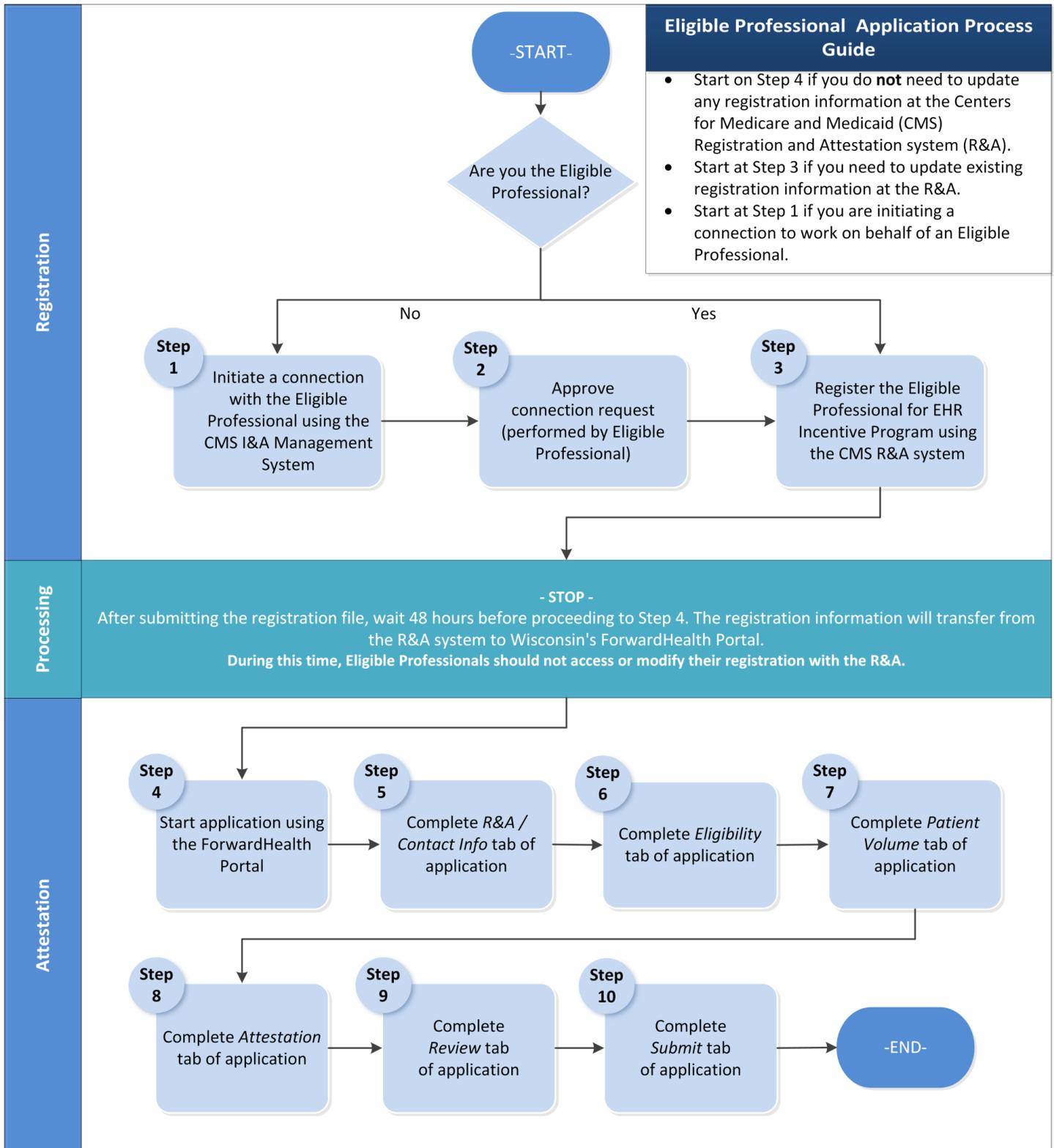
Requirement	Documentation Description	Submission Method Instructions
<b>Security Risk Analysis (SRA)</b>	<p>*For Objective 1, Protect Patient Health Information, supply detail on SRA, including:</p> <ol style="list-style-type: none"> <li>1. Approach for the assessment.</li> <li>2. Results of the assessment.</li> <li>3. Indication of who performed the assessment.</li> </ol> <p>Supply detail on security update performed as a result of the SRA, including, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Update made.</li> <li>2. Date made.</li> </ol> <p>*In Program Year 2021, if the SRA is not completed by the date of attestation, Eligible Professionals do not need to submit the SRA documentation with their attestation. Upon completion of the SRA, Eligible Professionals are required to submit the documentation to the Wisconsin Medicaid PI Program via email, no later than January 31, 2022.</p>	<p>Eligible Professionals may upload their supporting documentation to each application or may submit SRA documentation via one secure email.</p> <p>To submit via email:</p> <ol style="list-style-type: none"> <li>1. Identify the organization name to which the SRA documentation is applicable.</li> <li>2. Encrypt all confidential information.</li> <li>3. Attach SRA documentation to the email.</li> <li>4. Indicate the following as the subject line of the email: "Eligible Professional Application Supporting Documentation."</li> <li>5. Attach the rest of the required documentation to the email before sending it to the Wisconsin Medicaid PI Program at <a href="mailto:dhspromotinginteroperabilityprogram@dhs.wisconsin.gov">dhspromotinginteroperabilityprogram@dhs.wisconsin.gov</a>.</li> </ol>

Requirement	Documentation Description	Submission Method Instructions
<b>Meaningful Use Reports</b>	<p>Eligible Professionals must submit documentation to support Meaningful Use measure data.</p> <p>This type of documentation can be used for:</p> <ul style="list-style-type: none"> <li>• Percentage-based measures.</li> <li>• Any claimed exclusions where the report displays a “0” for the denominator or a denominator that is less than a threshold specified in the measure exclusion criteria (for example, if the requirement states that an exclusion may be used by an Eligible Professional with “less than 100 orders” and the report supports that the Eligible Professional had less than 100 orders).</li> </ul> <p>*If an Eligible Professional’s Meaningful Use report does not support the exact data entered in the Attestation section of the application, he or she must also submit any other source material used to enter the Meaningful Use measure numerators and denominators.</p>	<p>Eligible Professionals may upload their supporting documentation to each application or may submit Meaningful Use reports via one secure email.</p> <p>To submit via email:</p> <ol style="list-style-type: none"> <li>1. Name the Meaningful Use reports: “MU Dashboard_&lt;Eligible Professional NPI&gt;” to ensure documentation is applied to the appropriate application. If a single file contains multiple reports, the Eligible Professional’s name and/or NPI must be clearly identified on the report.</li> <li>2. Encrypt all confidential information.</li> <li>3. Attach the Meaningful Use report(s) to the email.</li> <li>4. Indicate the following as the subject line of the email: “Eligible Professional Application Supporting Documentation.”</li> <li>5. Attach the rest of the required documentation to the email before sending it to the Wisconsin Medicaid PI Program at <a href="mailto:dhspromotinginteroperabilityprogram@dhs.wisconsin.gov">dhspromotinginteroperabilityprogram@dhs.wisconsin.gov</a></li> </ol>

### For more information:

- Email: [dhspromotinginteroperabilityprogram@dhs.wisconsin.gov](mailto:dhspromotinginteroperabilityprogram@dhs.wisconsin.gov).
- Call Provider Services at 800-947-9627.
- Visit:
  - [www.dhs.wisconsin.gov/ehrincentive](http://www.dhs.wisconsin.gov/ehrincentive).
  - [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html).

# Step-by-Step Quick Reference Guide



The information provided in this publication is published in accordance with 42 C.F.R. §§ 495.24, 495.40, 495.332.