Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Dentists, Federally Qualified Health Centers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Information for Eligible Professionals Regarding Program Year 2017 of the Wisconsin Medicaid Electronic Health Record Incentive Program

This *ForwardHealth Update* provides information for Eligible Professionals regarding Program Year 2017 of the Wisconsin Medicaid Electronic Health Record Incentive Program.

Program Year 2017 Reporting and Attestation Timeframe

Per federal regulations, Program Year 2017 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program begins January 1, 2017, and runs through December 31, 2017. Eligible Professionals are required to choose a 90-day EHR reporting period from within these dates.

Grace Period to Apply for Program Year 2017

The Wisconsin Medicaid EHR Incentive Program includes a grace period at the end of the Program Year to apply for an incentive payment. Eligible Professionals will be able to attest to Program Year 2017 through the Wisconsin Medicaid EHR Incentive Program attestation system from July 17, 2017, to March 31, 2018.

The last day to apply to receive a Program Year 2017 incentive payment is March 31, 2018.

Program Year 2017 Standard Deduction for Patient Volume

Eligible Professionals are required to meet patient volume thresholds over the course of a 90-day period. The following information is required to accurately calculate patient volume in Program Year 2017.

The Wisconsin Medicaid EHR Incentive Program only considers services provided to members who are eligible to be reimbursed with funding directly from Medicaid (Title XIX) to be eligible patient encounters. Since Eligible Professionals may be unable to distinguish between eligible members and non-eligible members when determining their patient volume, the Wisconsin Medicaid EHR Incentive Program calculates the standard deduction in order to assist Eligible Professionals in determining their eligible patient encounters. The standard deduction for Program Year 2017 is 4.93 percent.

To calculate eligible patient encounters, Eligible Professionals should multiply the total eligible encounter patient volume by a factor of (1 - 0.0493), which is 0.9507, and then divide that number by the total patient encounter volume. The final number should be rounded to the nearest whole number (i.e., 0.01–0.49 should be rounded down to

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the nearest whole number, and 0.50–0.99 should be rounded up to the nearest whole number).

For examples of how to calculate individual and group patient volume, Eligible Professionals may refer to the Example of Calculating Individual Patient Volume topic (topic #12100) and the Example of Calculating Group Practice Patient Volume topic (topic #12101) of the Patient Volume chapter of the EHR Incentive Program section of the ForwardHealth Online Handbook at *www.forwardhealth.wi.gov/.*

Adopt, Implement, and Upgrade

In Program Year 2017, Eligible Professionals are no longer allowed to initiate participation in the Medicaid EHR Incentive Program and cannot select the Adopt, Implement, or Upgrade phase in their application. Per federal regulations, Program Year 2016 was the final year an Eligible Professional could initiate participation in the Medicaid EHR Incentive Program.

Meaningful Use

EHR Reporting Periods

On November 14, 2016, the Centers for Medicare and Medicaid Services released the Hospital Outpatient Prospective Payment System final rule, which allows a 90-day EHR reporting period in Program Year 2017 for all Eligible Professionals, regardless of prior participation.

For Program Year 2017, Eligible Professionals who are either attesting to Meaningful Use criteria for the first time or have successfully demonstrated any stage of Meaningful Use in a prior year, the EHR reporting period is any continuous 90-day period between January 1, 2017, and December 31, 2017.

Clinical Quality Measure Reporting Periods

The CQM reporting period for Meaningful Use for Program Year 2017 for all Eligible Professionals is any continuous 90-day period between January 1, 2017, and December 31, 2017.

Certified Electronic Health Record Technology

In Program Year 2017, Eligible Professionals are required to use Certified Electronic Health Record Technology (CEHRT) that meets the criteria for the Office of the National Coordinator for Health Information Technology 2015 Edition, the 2014 Edition, or a combination of the two editions. For further information, Eligible Professionals should refer to the Certified Electronic Health Record Technology topic (topic #16897) in the An Overview chapter of the EHR Incentive Program section of the Online Handbook.

Meaningful Use Requirements for Program Year 2017

There are two sets of Meaningful Use requirements available for Eligible Professionals in 2017:
- Modified Stage 2 — To meet Modified Stage 2 requirements, Eligible Professionals may use CEHRT that meets the criteria for the 2015 Edition, the 2014 Edition, or a combination of the two editions.
- Stage 3 — To meet Stage 3 requirements, Eligible Professionals must use technology certified for the 2015 Edition. An Eligible Professional who has technology certified to a combination of the 2015 and 2014 Editions may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. However, an Eligible Professional who has technology certified to the 2014 Edition only may not attest to Stage 3.

Note: Beginning in 2017, Eligible Professionals are required to attest to cooperation with the following policies:
- Demonstration of supporting information exchange and prevention of information blocking.
- Demonstration of good faith with a request relating to Office of the National Coordinator for Health Information Technology direct review of CEHRT.

Modified Stage 2 Requirements

The requirements for Modified Stage 2 contain 10 objectives with one or more measures to which Eligible Professionals

are required to attest. Eligible Professionals will attest to all 10 objectives by either meeting the measure or satisfying an exclusion, if applicable. Eligible Professionals may choose to satisfy an exclusion, rather than meet the measure, when the measure is not applicable to them and they meet the exclusion criteria. For additional details, Eligible Professionals should refer to the Modified Stage 2 Meaningful Use Specification Sheets at *www.cms.gov/ Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ Downloads/TableofContents_EP_Medicaid_ModifiedStage2.pdf* prior to completing a Wisconsin Medicaid EHR Incentive Program application.

Note: In 2017, there are no longer alternate exclusions available, which were allowed in prior years.

Modified Stage 2 Public Health Reporting Objective

The public health reporting objective requires Eligible Professionals to demonstrate active engagement with a public health agency to submit electronic public health data from CEHRT. The public health reporting objective contains three measure options. In Program Year 2017, all Eligible Professionals must do one of the following:

- Meet two of three measures.
- Meet less than two measures and satisfy the exclusion criteria for all other measures.
- Satisfy the exclusion criteria for all three measures.

Note: If an Eligible Professional is in active engagement with two specialized registries, they may choose to report on the specialized registry reporting measure twice to meet the required number of measures for the public health reporting objective.

Stage 3 Requirements

The requirements for Stage 3 contain eight objectives with one or more measures to which Eligible Professionals are required to attest. Eligible Professionals will attest to all eight objectives by either meeting the measure or satisfying an exclusion, if applicable. Eligible Professionals may choose to satisfy an exclusion, rather than meet the measure, when the measure is not applicable to them and they meet the exclusion criteria.

Stage 3 includes flexibility within certain objectives to allow Eligible Professionals to choose the measures most relevant to their patient population or practice. The Stage 3 objectives with flexible measure options include:

- Coordination of Care through Patient Engagement — Eligible Professionals must attest to all three measures and must either meet the thresholds or satisfy an exclusion for at least two measures to meet the objective.
- Health Information Exchange — Eligible Professionals must attest to all three measures and must either meet the thresholds or satisfy an exclusion for at least two measures to meet the objective.
- Public Health Reporting — Eligible Professionals must either meet or satisfy an exclusion for two measures. More information is detailed in the section below.

For additional details, Eligible Professionals should refer to the Stage 3 Meaningful Use Specification Sheets at *www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid _Stage3.pdf* prior to completing a Wisconsin Medicaid EHR Incentive Program application.

Stage 3 Public Health Reporting Objective

The public health reporting objective requires Eligible Professionals to demonstrate active engagement with a public health agency to submit electronic public health data from CEHRT. The public health reporting objective contains four measure options. In Program Year 2017, all Eligible Professionals must do one of the following:

- Meet two of four measure options
- Meet fewer than two measures and satisfy the exclusion criteria for all other measure options
- Satisfy the exclusion criteria for all four measure options

Note: If an Eligible Professional is in active engagement with two public health or clinical data registries, he or she may choose to report on these measures twice to meet the required number of measures for the public health reporting objective.

New Documentation Submission Requirements

Beginning in Program Year 2017, all Eligible Professionals are required to submit documentation to support Meaningful Use measure data. Meaningful Use documentation submission has been optional in prior Program Years, but is now required.

Beginning in Program Year 2017, Eligible Professionals are required to submit Meaningful Use measure reports to support attestation. Required documentation includes:

· Security risk analysis (SRA) documentation. The SRA must be completed prior to December 31, 2017. For groups, practices may provide one SRA for all of their Eligible Professionals.
· Meaningful Use report(s) supporting all Meaningful Use percentage-based measures (with numerators and denominators) and/or any other source material used by the Eligible Professional to enter the Meaningful Use measure numerators and denominators.

Note: At this time, Eligible Professionals are not required to submit documentation supporting their CQMs.

Refer to Attachment 1 of this *ForwardHealth Update* for additional information on the new documentation requirements.

Submission Requirements

Eligible Professionals who attest on their own behalf are required to upload supporting documentation to their Wisconsin Medicaid EHR Incentive Program application. If a provider representative is attesting on behalf of multiple Eligible Professionals, the representative may choose to either upload the documentation directly to the Wisconsin Medicaid EHR Incentive Program applications or securely email supporting documentation to the Wisconsin Medicaid EHR Incentive Program prior to submitting their application.

Uploading Documentation

Eligible Professionals who are uploading supporting documentation are required to upload it through the Application Submission (Part 1 of 2) page in the Submit section of the Wisconsin Medicaid EHR Incentive Program application. For specific instructions on uploading required supporting documentation, Eligible Professionals should refer to the Wisconsin Medicaid Electronic Health Record Incentive Program User Guide for Eligible Professionals on the Portal User Guides page of the ForwardHealth Portal at *www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/ userguides.htm.spage.*

Emailing Documentation

If submitting supporting documentation via email, Eligible Professionals are required to do the following:

· Securely attach all required supporting documentation to the email.
· Indicate the following as the subject line of the email: "Eligible Professional Application Supporting Documentation."
· Send the email to the Wisconsin Medicaid EHR Incentive Program at *DHSEHRIncentiveProgram@dhs.wisconsin.gov.*
· Identify the organization name to which the SRA documentation is applicable if submitting SRA documentation for more than one Eligible Professional.
· Submit all the reports in a single email if submitting Meaningful Use reports for more than one Eligible Professional. Each Meaningful Use report file should be named, "MU Dashboard_<Eligible Professional National Provider Identifier (NPI)>," to ensure the documentation is applied to the appropriate application. If multiple reports are contained in a single file, the Eligible Professional's name and/or NPI must be clearly identified on the report to ensure it is applied to the appropriate application.

Eligible Professionals are encouraged to send all documentation in a single email and encrypt all confidential information.

Changes to Existing Documentation Requirements

Eligible Professionals must continue to submit documentation to support patient volume and the acquisition

of EHR technology certified to the current federal standards. All documentation must be either uploaded to the Wisconsin Medicaid EHR Incentive Program application or emailed to the Wisconsin Medicaid EHR Incentive Program; however, the email submission policy is being amended in the following ways for Program Year 2017:

- Any practice attesting on behalf of more than one Eligible Professional may submit the CEHRT documentation via email. Formerly, the option to submit CEHRT documentation via email was limited to practices attesting on behalf of 30 or more Eligible Professionals.

- Any practice attesting on behalf of more than one Eligible Professional may submit the patient volume documentation for all of the Eligible Professionals via one secure email. To ensure documentation is applied to the appropriate application, the individual patient volume detail report should be named, "Patient Volume_<Eligible Professional NPI>." Formerly, Eligible Professionals attesting to individual patient volume were required to upload their patient volume documentation directly to their Wisconsin Medicaid EHR Incentive application.

- Practices submitting documentation for more than one Eligible Professional should identify the organization name to which the documentation is applicable within the body of the email. Formerly, practices submitting supporting documentation via secure email were required to attach a completed version of the Wisconsin Department of Health Services (DHS) Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program Required CEHRT Documentation – Program Year 2015, F-01564 (06/15), and Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program Group Practice Patient Volume – Program Year 2015, F-01565 (06/15), forms in order to identify the Eligible Professionals to whom the documentation applied. Starting in Program Year 2017, these forms are no longer required.

Refer to Attachment 2 for a summary of changes to existing documentation requirements.

For additional information on patient volume documentation requirements, Eligible Professionals may refer to the Patient Volume Requirements and Calculations topic (topic #18077) in the Patient Volume chapter of the EHR Incentive Program section of the Online Handbook. For additional information on CEHRT documentation requirements, Eligible Professionals may refer to the Certified Electronic Health Record Technology topic (topic # 16897).

Clarification of Patient Volume Documentation Requirements

The Wisconsin Medicaid EHR Incentive Program is clarifying the requirements for the patient volume detail report. Per the existing policy, Eligible Professionals are required to submit a unique patient identifier for each encounter. Wisconsin clarifies that the identifier must be either a **Medicaid ID** or **patient name** if the encounter is counted as a Medicaid encounter. Alternative patient identifiers may be used for all non-Medicaid encounters (e.g., Medical Record Number, Patient Control Number).

Audits and Appeals

As a reminder, Eligible Professionals who receive incentive payments from the Wisconsin Medicaid EHR Incentive Program may be subject to an audit at any time. Eligible Professionals are required to retain all relevant supporting documentation used when completing a Wisconsin Medicaid EHR Incentive Program application for six years post-attestation and submit it to DHS upon request. The Meaningful Use of Certified EHR Technology chapter of the EHR Incentive Program section of the Online Handbook contains examples of relevant supporting documentation an Eligible Professional may retain for audit purposes.

For information on the appeals process, Eligible Professionals should refer to the Appeals Process topic (topic #12137) in the Appeals chapter of the EHR Incentive Program section of the Online Handbook.

ATTACHMENT 1
New Documentation Submission Requirements

Beginning in Program Year 2017, all Eligible Professionals are required to submit documentation to support Objective 1, Protect Patient Health Information and all Meaningful Use percentage-based measures entered in the Attestation section of the application. Applicable percentage-based measures include:

Modified Stage 2	Stage 3
· Objective 3: Computerized Provider Order Entry, Measures 1–3 · Objective 4: Electronic Prescribing, Measure 1 · Objective 5: Health Information Exchange, Measure 1 · Objective 6: Patient-Specific Education, Measure 1 · Objective 7: Medication Reconciliation, Measure 1 · Objective 8: Patient Electronic Access, Measures 1 and 2 · Objective 9: Secure Electronic Messaging, Measure 1	· Objective 2: Electronic Prescribing, Measure 1 · Objective 4: Computerized Provider Order Entry, Measures 1–3 · Objective 5: Patient Electronic Access to Health Information, Measures 1 and 2 · Objective 6: Coordination of Care through Patient Engagement, Measures 1–3 · Objective 7: Health Information Exchange, Measures 1–3

Eligible Professionals should use security risk analysis documentation and Meaningful Use reports to demonstrate that requirements were met for Meaningful Use measures during the 90-day electronic health record (EHR) reporting period selected. For percentage-based measures, Eligible Professionals' EHR will electronically record the numerator and denominator and generate a report that includes the numerator, denominator, and percentage. If their Meaningful Use reports do not support the exact data entered in the Attestation section of the application, Eligible Professionals may also submit any other source material used to enter the Meaningful Use measure numerators and denominators.

Note: At this time, Eligible Professionals are not required to submit documentation supporting their Clinical Quality Measures.

The following table further describes the acceptable types of documentation.

Documentation Type	Documentation Description	Submission Method	Required?
Security Risk Analysis Documentation	For Objective 1, Protect Patient Health Information, supply detail on security risk analysis including: · Approach for assessment · Results of the assessment · Indication of who performed the assessment Detail on security update performed as a result of the security risk analysis including, but not limited to: · Update made · Date made *Note:* No exclusion is available for this objective.	Upload or email	Yes
Meaningful Use Reports	This type of documentation can be used for: · Percentage-based measures · Any claimed exclusions where the report displays a "0" for the denominator or the report displays 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.) * If Eligible Professionals' Meaningful Use reports do not support the exact data entered in the Attestation section of the application, they may also submit any other source materials used to enter the Meaningful Use measure numerators and denominators.	Upload or email	Yes

ATTACHMENT 2
Changes to Existing Documentation Requirements

The Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program required documentation submission policy is being amended in the following ways.

Item	Former Policy	Updated Policy
Certified Electronic Health Record Technology (CEHRT) Email Submission Requirements for Practices with more than one Eligible Professional	Formerly, the option to submit CEHRT documentation via email was limited to practices attesting on behalf of 30 or more Eligible Professionals.	Any practice attesting on behalf of more than one Eligible Professional may submit the CEHRT documentation via email.
Individual Patient Volume Email Submission Requirements	Formerly, Eligible Professionals attesting to individual patient volume were required to upload their patient volume documentation directly to their Wisconsin Medicaid EHR Incentive application.	Any practice attesting on behalf of more than one Eligible Professional may submit the patient volume documentation for all of the Eligible Professionals via one secure email. To ensure documentation is applied to the appropriate application, the individual patient volume detail report should be named, "Patient Volume_<Eligible Professional National Provider Identifier>."
Group Patient Volume Email Submission Requirements	Formerly, practices submitting supporting documentation via secure email were required to attach a completed version of the Department of Health Services Wisconsin Medicaid Electronic Health Record Incentive Program Required CEHRT Documentation – Program Year 2015, F-01564 (06/15), and Wisconsin Medicaid Electronic Health Record Incentive Program Group Practice Patient Volume – Program Year 2015, F-01565 (06/15), forms in order to identify the Eligible Professionals to whom the documentation applied.	Starting in Program Year 2017, these forms are no longer required. Practices submitting documentation for more than one Eligible Professional should identify the organization name to which the documentation is applicable within the body of the email.