Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid
To: Hospital Providers, HMOs and Other Managed Care Programs

Information for Eligible Hospitals Regarding Program Year 2014 of the Wisconsin Medicaid Electronic Health Record Incentive Program

This *ForwardHealth Update* provides information for Eligible Hospitals regarding Program Year 2014 of the Wisconsin Medicaid Electronic Health Record Incentive Program.

Grace Period to Apply for Program Year 2014 of the Wisconsin Medicaid Electronic Health Record Incentive Program

Per federal regulations, Program Year 2014 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program includes the dates from October 1, 2013, through September 30, 2014; however, Eligible Hospitals have an additional grace period at the end of the Program Year to apply for an incentive payment. The last day to apply for a Program Year 2014 incentive payment is January 31, 2015. Eligible Hospitals will be able to begin to apply for Program Year 2014 in spring 2014.

Alerting Eligible Hospitals of Patient Volume Eligibility and Medicaid Inpatient Bed Day Totals

The Wisconsin Medicaid EHR Incentive Program, using the e-mail address *DHSEHRIncentiveProgram@dhs.wisconsin.gov,* will send an e-mail(s) detailing information regarding an Eligible Hospital's patient volume eligibility and, if applicable, Medicaid Inpatient Bed Day total to the contact person provided during the Medicare and Medicaid EHR Incentive Program Registration and Attestation System

process. Eligible Hospitals will not be able to apply for Program Year 2014 until they receive this information.

Patient Volume Eligibility

For Program Year 2014, the Wisconsin Medicaid EHR Incentive Program will analyze a Wisconsin hospital's patient volume during the first quarter of the prior federal fiscal year (FFY). If the Eligible Hospital's FFY quarter eligibility period cannot be established based on the patient volume during the first quarter of the prior FFY, the Wisconsin Medicaid EHR Incentive Program will analyze the Eligible Hospital's patient volume for subsequent quarters to determine if an FFY quarter eligibility period can be established for Program Year 2014. Wisconsin Medicaid will provide the Eligible Hospital's FFY quarter eligibility period for each facility.

ForwardHealth policy allows each Wisconsin hospital to submit all claims within 365 days from the date of service. A Wisconsin hospital's claims are used to analyze patient volume in the eligibility determination process. The Wisconsin Medicaid EHR Incentive Program will be able to begin eligibility determination for all Wisconsin hospitals starting January 1 of each calendar year.

Medicaid Inpatient Bed Day Totals

The payment amount Eligible Hospitals receive is calculated during their first year of participation. To assist Eligible

Department of Health Services

Hospitals with the information needed within the application to determine the payment amount, Wisconsin Medicaid will provide Eligible Hospitals that have not previously participated in the Wisconsin Medicaid EHR Incentive Program with their Medicaid Inpatient Bed Day totals. Eligible Hospitals are required to use the information provided by the Wisconsin Medicaid EHR Incentive Program when completing their application.

Certified Electronic Health Record Technology

Beginning in 2014, all Eligible Hospitals will be required to use Certified Electronic Health Record Technology (CEHRT) that meets the criteria outlined in the Office of the National Coordinator for Health Information Technology's (ONC) 2014 Edition Standards & Certification Criteria Final Rule, regardless of the stage of Meaningful Use they are demonstrating. Eligible Hospitals will be required to have the following:
- The base EHR technology outlined by the ONC.
- The EHR technology for the "core set" objectives and measures to which they are attesting for the applicable stage of Meaningful Use unless an exclusion applies.
- The EHR technology for the "menu set" objectives and measures to which they are attesting for the applicable stage of Meaningful Use.

An Eligible Hospital's CEHRT must be able to support its ability to demonstrate the applicable stage of Meaningful Use.

Stage 1 and Stage 2 Meaningful Use

Meaningful Use for Dual Eligible Hospitals

Dual Eligible Hospitals, which are hospitals participating in both the Medicare EHR Incentive Program and the Wisconsin Medicaid EHR Incentive Program, are required to report Meaningful Use measures to the Centers for Medicare and Medicaid Services (CMS). When applying for a Wisconsin Medicaid EHR Incentive Program payment, Dual Eligible Hospitals are required to attest to eligibility

criteria but are not required to report Meaningful Use measures since they already reported the measures to CMS. The CMS will communicate the following to the Wisconsin Medicaid EHR Incentive Program:
- The Meaningful Use measures the Dual Eligible Hospital reported to CMS.
- Whether or not the Dual Eligible Hospital meets Meaningful Use requirements.

The Wisconsin Medicaid EHR Incentive Program will only approve a Dual Eligible Hospital's application for a Wisconsin Medicaid EHR Incentive Program payment if CMS approves the reported Meaningful Use measures and if the Dual Eligible Hospital meets eligibility requirements.

Meaningful Use for Wisconsin Medicaid-Only Eligible Hospitals

Meaningful Use Stages

Eligible Hospitals who demonstrated Meaningful Use in Program Year 2011 will meet three consecutive years of Meaningful Use under the Stage 1 criteria before advancing to the Stage 2 criteria in Program Year 2014. All other Eligible Hospitals are required to meet two years of Meaningful Use under the Stage 1 criteria before advancing to the Stage 2 criteria in their third year. Eligible Hospitals should refer to Attachment 1 of this *ForwardHealth Update* for a table that illustrates the progression of Meaningful Use stages based on when an Eligible Hospital began participating in the Wisconsin Medicaid EHR Incentive Program.

Electronic Health Record Reporting Period

In Program Year 2014, all Eligible Hospitals, regardless of their stage of Meaningful Use, are only required to demonstrate Meaningful Use for a 90-day EHR reporting period of their choosing. The CMS is permitting this one-time 90-day reporting period in Program Year 2014 only.

Responses for Meaningful Use Measures in the Wisconsin Medicaid Electronic Health Record Incentive Program Application

Eligible Hospitals are required to gather data for required Meaningful Use measures using their CEHRT, and in the Wisconsin Medicaid EHR Incentive Program application, select or enter data for one of the following:

- Yes or no.
- Exclusion. An exclusion is any measure not applicable to an Eligible Hospital's practice.
- Numerator and denominator. For percentage-based measures, the calculation to determine the Meaningful Use numerator and denominator will vary according to the Meaningful Use measure. Eligible Hospitals should refer to the Stage 1 EHR Meaningful Use Specification Sheets at *www.cms.gov/Regulations-and-Guidance/ Legislation/EHRIncentivePrograms/Downloads/ Hosp_CAH_MU-TOC.pdf* or to the Stage 2 EHR Meaningful Use Specification Sheets at *www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/Downloads/Stage2_ MeaningfulUseSpecSheet_TableContents_EligibleHospitals_ CAHs.pdf*, as applicable, before completing a Wisconsin Medicaid EHR Incentive Program application.

Note: Meaningful Use numerators and denominators include the number of relevant patients as defined in the Specification Sheets and not just Medicare and Medicaid patients.

Exclusions for "Menu Set" Objectives

Beginning in Program Year 2014, Eligible Hospitals will not be able to claim an exclusion to a "menu set" objective if they are able to meet the requirements for other "menu set" objectives. Eligible Hospitals may claim an exclusion to a "menu set" objective if they can claim an exclusion for all the remaining "menu set" objectives.

Clarification on the Definition of a Licensed Health Care Professional

Both Stage 1 and Stage 2 Meaningful Use require Eligible Hospitals to report on their use of computerized provider order entry (CPOE). The Meaningful Use objective dictates that only those orders directly entered by a licensed health care professional, as defined by state, local, and professional guidelines, will be counted. For the purposes of the Wisconsin Medicaid EHR Incentive Program, an individual who is able to exercise clinical judgment if a CPOE generates alerts requiring action by the individual is considered a licensed health care professional. Each Eligible Hospital is responsible for evaluating on a case-by-case basis whether or not the individual performing the CPOE meets the Wisconsin Medicaid EHR Incentive Program's definition of a licensed health care professional.

Centers for Medicare and Medicaid Services Meaningful Use Resources

For information about "core set" and "menu set" objectives for Stage 1 Meaningful Use, Eligible Hospitals should refer to the table of contents on the CMS Web site at *www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/Meaningful_Use.html*. For information about "core set" and "menu set" objectives for Stage 2 Meaningful Use, Eligible Hospitals should refer to the table of contents on the CMS Web site at *www.cms.gov/Regulations- and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html*.

Each objective contains the following information:

- The definition of the objective.
- How to measure the objective.
- Any applicable exclusions.

Additional information, such as the following, may also be included:

- Term definitions.
- Attestation requirements.
- Any additional information related to the objective.
- Frequently asked questions.
- Certification and standards criteria.

Stage 2 Meaningful Use

Overview

On September 4, 2012, CMS published a final rule that specifies the Stage 2 Meaningful Use criteria that Eligible Hospitals are required to meet in order to continue to participate in the Medicare and/or Medicaid EHR Incentive Programs. All Eligible Hospitals are required to complete Stage 1 Meaningful Use before attesting to Stage 2 Meaningful Use.

"Core Set" and "Menu Set" Objectives

Stage 1 Meaningful Use established a "core set" and "menu set" of objectives that Eligible Hospitals were required to report on to demonstrate Meaningful Use. Eligible Hospitals will need to report "core set" and "menu set" objectives for Stage 2 also; however, the objectives may differ from the objectives in Stage 1. Since many of the Stage 1 objectives were either combined or eliminated, most of the Stage 1 objectives are now "core set" objectives under Stage 2. For many of these Stage 2 objectives, Eligible Hospitals will need to meet a higher threshold.

In Stage 2, there are a total of 22 Meaningful Use objectives. To qualify for a Wisconsin Medicaid EHR Incentive Program payment, an Eligible Hospital is required to meet 19 of the 22 Meaningful Use objectives. Eligible Hospitals are required to meet all 16 "core set" objectives and three out of six "menu set" objectives.

Some Meaningful Use objectives are not applicable to every Eligible Hospital's clinical practice; therefore, the Eligible Hospital would not have any eligible patients or actions to enter for the measure. In these cases, the Eligible Hospital would be excluded from having to meet that Meaningful Use measure. For example, core measure six of 16 is "Provide patients the ability to view online, download, and transmit information about a hospital admission." Any Eligible Hospital or critical access hospital that is located in a county in which 50 percent or more of its housing units do not have 3Mbps broadband availability according to the latest information available from the Federal

Communications Committee on the first day of the EHR reporting period may select the exclusion to this measure.

New Process for Reporting Public Health Objectives

Registration

Beginning October 1, 2013, all Eligible Hospitals, regardless of their stage of Meaningful Use, will be required to register with the Wisconsin Department of Health Services (DHS), Division of Public Health (DPH), to initiate an onboarding process for any of the public health objectives. Eligible Hospitals are required to register within 60 days of the start of their EHR reporting period. For current registration information, Eligible Hospitals should refer to the Public Health Meaningful Use Web site at *www.dhs.wisconsin.gov/ehealth/PHMU/index.htm*.

At the start of their EHR reporting period, Eligible Hospitals are required to check the current status of each DPH program's capability to accept data on the Public Health Meaningful Use Web site because the program's capability may change.

Stage 1 Meaningful Use

Three public health "menu set" objectives are available for Eligible Hospitals to report on for Stage 1 Meaningful Use, although they are required to report on only one. These objectives require Eligible Hospitals to test electronic transmission of the following data to DPH:

- Immunizations. The DPH's Wisconsin Immunization Program has the capacity to accept immunization data from Eligible Hospitals.
- Syndromic surveillance. The DPH has the capacity to accept syndromic surveillance data from Eligible Hospitals. Eligible Hospitals may submit data to BioSense 2.0 either directly with support from DPH or through a health information exchange. Eligible Hospitals should refer to the Public Health Meaningful Use Web site for additional information about submitting syndromic surveillance data to BioSense 2.0.

- Reportable lab results. The DPH has the capacity to accept reportable lab results data from Eligible Hospitals through the Wisconsin State Laboratory of Hygiene (WSLH).

To meet the requirements of a public health objective in Stage 1, Eligible Hospitals are required to conduct at least one test with the chosen registry. The Eligible Hospital should institute ongoing data submission if the test is successful. If the test is unsuccessful, the Eligible Hospital will still satisfy the requirements of this objective for Meaningful Use.

Stage 2 Meaningful Use

The public health objectives for Stage 2 Meaningful Use build on Stage 1's specifications for public health reporting. For Stage 2 Meaningful Use, Eligible Hospitals are required to report on the three public health "core set" objectives in order to meet the "core set" objective requirements.

The Stage 2 Meaningful Use public health objectives require Eligible Hospitals to indicate ongoing submission of the following data to DPH:
- Immunizations. The DPH's Wisconsin Immunization Program has the capacity to accept immunization data from Eligible Hospitals.
- Syndromic surveillance. The DPH has the capacity to accept syndromic surveillance data from Eligible Hospitals. Eligible Hospitals may submit data to BioSense 2.0 either directly with support from DPH or through a health information exchange. Eligible Hospitals should refer to the Public Health Meaningful Use Web site for additional information about submitting syndromic surveillance data to BioSense 2.0.
- Reportable lab results. The DPH has the capacity to accept reportable lab results data from Eligible Hospitals through the WSLH.

Ongoing submission is the ability of an Eligible Hospital to regularly report data from its CEHRT to a DPH public health program using the Program Year 2014 standards and specifications for the entire EHR reporting period.

Eligible Hospitals can meet the ongoing submission requirement by registering with the DPH within 60 days of the start of their EHR reporting period and meeting one of the following:
- Achieve ongoing submission in Stage 1 Meaningful Use prior to the beginning of Stage 2 and satisfy the Stage 2 Meaningful Use technical standards and specifications for ongoing submission.
- Achieve ongoing submission during Stage 2 Meaningful Use.
- Be in the process of achieving ongoing submission.
- Be in a queue awaiting an invitation from DPH to begin the onboarding process.

Eligible Hospitals will not meet the ongoing submission requirement if they fail to do the following:
- Register with DPH within 60 days of the start of their EHR reporting period.
- Respond within 30 calendar days to requests by DPH for action on two separate occasions.

Communications

The DPH will send all communications, including acknowledgements of successful registration and successful ongoing submission, via e-mail to Eligible Hospitals or their representatives. Each DPH program has its own e-mail address, which is listed on the Public Health Meaningful Use Web site.

Clinical Quality Measures

Beginning in Program Year 2014, clinical quality measures (CQMs) will be reported separately from Meaningful Use measures. Eligible Hospitals are required to report CQMs using Program Year 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 Meaningful Use. Although CQMs will be reported separately from Meaningful Use measures, all Eligible Hospitals are still required to report CQMs in order to demonstrate Meaningful Use. The reporting period for CQMs is the same as the Meaningful Use EHR reporting period for that Program Year.

The CMS selected all CQMs to align with the Department of Health and Human Services' National Quality Strategy priorities for health care quality improvement. These priorities have been placed into the following six domains:

- Patient and family engagement.
- Patient safety.
- Care coordination.
- Population and public health.
- Efficient use of health care resources.
- Clinical processes/effectiveness.

Of the 29 approved CQMs, Eligible Hospitals are required to report on 16. The selected CQMs must cover at least three of the six domains.

Eligible Hospitals will report CQMs through attestation at an aggregate level. For Program Year 2014, Wisconsin Medicaid recommends Eligible Hospitals report on the priority CQMs identified in Attachment 2.

For additional information on reporting CQMs, Eligible Hospitals should refer to the CMS Web site at *www.cms.gov/Regulations-and-Guidance/Legislation/ EHRIncentivePrograms/ClinicalQualityMeasures.html*.

Audits and Appeals

Centers for Medicare and Medicaid Services

As a reminder, Eligible Hospitals, including Eligible Hospitals applying for a Medicaid-only EHR incentive payment, may be subject to the CMS audits and appeals process for Meaningful Use attestations.

Wisconsin Department of Health Services

Eligible Hospitals that receive payment from the Wisconsin Medicaid EHR Incentive Program may be subject to an audit at any time. Eligible Hospitals 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 the Wisconsin DHS upon request.

ATTACHMENT 1
Stages of Meaningful Use of Certified Electronic Health Record Technology

The table below demonstrates what stage of Meaningful Use must be reported based on the first year an Eligible Hospital began participation in the Wisconsin Medicaid Electronic Health Record Incentive Program. Eligible Hospitals should note that they do not need to participate in consecutive Program Years.

First Year of Participation	Program Year				
	2011	**2012**	**2013**	**2014**	**2015**
2011	Adoption, implementation, or upgrade (AIU) or Stage 1 Meaningful Use (MU)	Stage 1	Stage 1	Stage 2	To be determined (TBD)
2012		AIU or Stage 1 MU	Stage 1	Stage 2	TBD
2013			AIU or Stage 1 MU	Stage 1	TBD
2014				AIU or Stage 1 MU	Stage 1

ATTACHMENT 2
Priority Clinical Quality Measures Wisconsin Medicaid Recommends Eligible Hospitals Report for Program Year 2014

The table below contains priority clinical quality measures (CQMs) that Wisconsin Medicaid has identified for Program Year 2014. Wisconsin Medicaid highly recommends that Eligible Hospitals report measures marked with an "A" in the Wisconsin Medicaid Recommendations column because those measures closely align with Medicaid's initiatives and priorities. Additionally, Wisconsin Medicaid recommends that Eligible Hospitals report measures marked with a "B" in the Wisconsin Medicaid Recommendations column because those measures have been identified as potential future areas of interest for Wisconsin Medicaid. For additional information about reporting CQMs, Eligible Hospitals should refer to the Centers for Medicare and Medicaid Services (CMS) Web site at *www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html*.

eMeasure ID	National Quality Forum #	Measure Title	CMS Domain	Wisconsin Medicaid Recommendations
55	0495	Emergency Department (ED)-1 Emergency Department Throughput — Median time from ED arrival to ED departure for admitted ED patients	Patient and Family Engagement	B
111	0497	ED-2 Emergency Department Throughput — admitted patients — Admit decision time to ED departure time for admitted patients	Patient and Family Engagement	B
104	0435	Stroke-2 Ischemic stroke — Discharged on anti-thrombotic therapy	Clinical Process/Effectiveness	B
71	0436	Stroke-3 Ischemic stroke — Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness	B
91	0437	Stroke-4 Ischemic stroke — Thrombolytic Therapy	Clinical Process/Effectiveness	B
72	0438	Stroke-5 Ischemic stroke — Antithrombotic therapy by end of hospital day two	Clinical Process/Effectiveness	B
105	0439	Stroke-6 Ischemic stroke — Discharged on Statin Medication	Clinical Process/Effectiveness	B
107	0440	Stroke-8 Ischemic or hemorrhagic stroke — Stroke education	Patient and Family Engagement	B

eMeasure ID	National Quality Forum #	Measure Title	CMS Domain	Wisconsin Medicaid Recommendations
102	0441	Stroke-10 Ischemic or hemorrhagic stroke — Assessed for Rehabilitation	Care Coordination	B
108	0371	Venous Thromboembolism (VTE)-1 VTE prophylaxis	Patient Safety	B
190	0372	VTE-2 Intensive Care Unit (ICU) VTE prophylaxis	Patient Safety	B
73	0373	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	Clinical Process/Effectiveness	B
109	0374	VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	Clinical Process/Effectiveness	B
110	0375	VTE-5 VTE discharge instructions	Patient and Family Engagement	B
114	0376	VTE-6 Incidence of potentially preventable VTE	Patient Safety	B
100	0142	AMI-2 — Aspirin Prescribed at Discharge for AMI	Clinical Process/Effectiveness	B
113	0469	PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	Clinical Process/Effectiveness	A
60	0164	AMI-7a Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Clinical Process/Effectiveness	B
53	0163	AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness	B
30	0639	AMI-10 Statin Prescribed at Discharge	Clinical Process/Effectiveness	B
188	0147	PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Efficient Use of Healthcare Resources	A
171	0527	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Patient Safety	A
172	0528	SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	Patient Safety	A
178	0453	SCIP-INF-9 Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day	Patient Safety	A

eMeasure ID	National Quality Forum #	Measure Title	CMS Domain	Wisconsin Medicaid Recommendations
		of surgery being day zero		
32	0496	ED-3 Median time from ED arrival to ED departure for discharged ED patients	Care Coordination	B
26	0338	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient and Family Engagement	A
9	0480	Exclusive Breast Milk Feeding	Patient and Family Engagement	B
185	0716	Healthy Term Newborn	Patient Safety	A
31	1354	EHDI-1a Hearing screening before hospital discharge	Clinical Process/Effectiveness	B