

**Affected Programs:** BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid

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

## **Information for Eligible Professionals Regarding Program Year 2014 of the Wisconsin Medicaid Electronic Health Record Incentive Program**

This *ForwardHealth Update* provides information for Eligible Professionals 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 January 1, 2014, through December 31, 2014; however, Eligible Professionals 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 March 31, 2015. Eligible Professionals will be able to begin to apply for Program Year 2014 in spring 2014.

### **Patient Volume**

#### ***Program Year 2014 Standard Deduction***

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 patient encounters. Since Eligible Professionals may be unable to distinguish between some eligible members and some non-eligible members when

determining their patient volume, the Wisconsin Medicaid EHR Incentive Program will calculate the standard deduction in order to assist Eligible Professionals in determining their eligible patient encounter. The standard deduction for Program Year 2014 is 8.11 percent.

To calculate eligible patient encounters, Eligible Professionals must multiply the total eligible encounter patient volume by a factor of  $1 - 0.0811$  or  $0.9189$  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 through 0.49 should be rounded down, and 0.50 through 0.99 should be rounded up to the nearest whole number).

Refer to Attachment 1 of this *ForwardHealth Update* for an example of how to calculate individual patient volume. Refer to Attachment 2 for an example of how to calculate group practice patient volume.

#### ***Group Practice Patient Volume Clarification***

In order to use the group practice patient volume calculation, an Eligible Professional is required to have at least one encounter with an eligible member during the patient volume reporting period. This encounter does not need to be funded by Wisconsin Medicaid and does not

need to occur at the current group practice. If the Eligible Professional is new to practicing medicine (e.g., a recent graduate of an appropriate training program), he or she does not need to provide proof of an encounter.

### ***Global Billing Patient Encounter Clarification***

When calculating patient volume, Eligible Professionals can count both individually billed and globally billed events as encounters as long as medical treatment and/or evaluation and management services are provided. Eligible Professionals should clearly document how globally billed encounters were derived in their patient volume calculations. Eligible Professionals are encouraged to upload this documentation as a part of their Wisconsin Medicaid EHR Incentive Program application in order to avoid delays in the review of the application.

### **Certified Electronic Health Record Technology**

Beginning in 2014, all Eligible Professionals will be required to adopt 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 Professionals 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 Professional's CEHRT must be able to support his or her ability to demonstrate the applicable stage of Meaningful Use.

## **Stage 1 and Stage 2 Meaningful Use**

### ***Meaningful Use Stages***

Eligible Professionals 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 Professionals 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 Professionals should refer to Attachment 3 for a table that illustrates the progression of Meaningful Use stages based on when an Eligible Professional began participating in the Wisconsin Medicaid EHR Incentive Program.

### ***Electronic Health Record Reporting Period***

In Program Year 2014, all Eligible Professionals, 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 Professionals 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 Professional'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 Professionals should refer to the Stage 1 EHR Meaningful Use Specification Sheets at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-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\\_EPs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.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 Professionals 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 Professionals 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 Professionals 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 Professional 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 Professionals should refer to the table of contents on the Centers for Medicare and Medicaid Services (CMS) Web site at

[www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful\\_Use.html](http://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 Professionals should refer to the table of contents on the CMS Web site at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://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 criteria that Eligible Professionals are required to meet in order to continue to participate in the Medicare or Medicaid EHR Incentive Programs. All Eligible Professionals 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 Professionals were required to report on to demonstrate Meaningful Use. Eligible Professionals 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 Professionals will need to meet a higher threshold.

In Stage 2, there are a total of 23 Meaningful Use objectives. To qualify for a Wisconsin Medicaid EHR Incentive Program payment, an Eligible Professional is required to meet 20 of the 23 Meaningful Use objectives. Eligible Professionals are required to meet all 17 “core set” objectives and three out of six “menu set” objectives.

Some Meaningful Use objectives are not applicable to every Eligible Professional’s clinical practice; therefore, the Eligible Professional would not have any eligible patients or actions to enter for the measure. In these cases, the Eligible Professional would be excluded from having to meet that Meaningful Use measure. For example, core measure five of 17 is “Record smoking status for patients 13 years old or older.” Any Eligible Professional who does not see patients 13 years or older may select the exclusion to this measure.

## **New Process for Reporting Public Health Objectives**

### ***Registration***

Beginning January 1, 2014, all Eligible Professionals, 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 Professionals are required to register within 60 days of the start of their EHR reporting period. For current registration information, Eligible Professionals should refer to the Public Health Meaningful Use Web site at [www.dhs.wisconsin.gov/ehealth/PHMU/index.htm](http://www.dhs.wisconsin.gov/ehealth/PHMU/index.htm).

At the start of their EHR reporting period, Eligible Professionals 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***

Two public health “menu set” objectives are available for Eligible Professionals to report on for Stage 1 Meaningful Use although they are required to report on only one. These

objectives require Eligible Professionals 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 Professionals.
- Syndromic surveillance. The DPH does not currently have a syndromic surveillance program for ambulatory clinics; however, there are some circumstances under which DPH could accept syndromic surveillance data from Eligible Professionals. For information about these circumstances, Eligible Professionals may e-mail DPH at [ehealth@wisconsin.gov](mailto:ehealth@wisconsin.gov).

To meet the requirements of a public health objective in Stage 1, Eligible Professionals are required to conduct at least one test with the chosen registry. If multiple Eligible Professionals are using the same CEHRT in a shared physical setting, the test only has to be conducted once for the physical setting, not once for each Eligible Professional at the location. The Eligible Professional or location should institute ongoing data submission if the test is successful. If the test is unsuccessful, the Eligible Professional(s) at the location 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 Professionals are required to report on the one public health “core set” objective. Eligible Professionals may, but are not required to, report on any of the three available public health “menu set” objectives in order to meet the “menu set” objective requirements.

The Stage 2 Meaningful Use “core set” public health objective requires Eligible Professionals to indicate ongoing submission of immunization data to DPH. The DPH’s Wisconsin Immunization Program has the capacity to accept immunization data from Eligible Professionals.

The Stage 2 Meaningful Use “menu set” public health objectives require Eligible Professionals to indicate ongoing submission of the following data to DPH:

- Syndromic surveillance. The DPH does not currently have a syndromic surveillance program for ambulatory clinics; however, there are some circumstances under which DPH could accept syndromic surveillance data from Eligible Professionals. For information about these circumstances, Eligible Professionals may e-mail DPH at [ehealth@wisconsin.gov](mailto:ehealth@wisconsin.gov).
- Cancer. The DPH has the capacity to accept cancer data from Eligible Professionals through the Wisconsin Cancer Reporting System. Eligible Professionals are required to check the status of the Wisconsin Cancer Reporting System’s capability to accept data on the Public Health Meaningful Use Web site at the start of their EHR reporting period.
- Specialized registries. Since the DPH has not currently identified specialized registries, Eligible Professionals may attest to an exclusion for specialized registries.

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

Eligible Professionals 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.

If multiple Eligible Professionals are using the same CEHRT in a shared physical setting, ongoing submission only has to be achieved for the physical setting, not for each Eligible Professional at the location.

Eligible Professionals 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 Professionals 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 Professionals 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 Professionals 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.

For Program Year 2014, CMS selected recommended core sets of CQMs, one for adults and one for children, based on the analysis of several factors, including the following:

- Conditions that contribute to the morbidity and mortality of the most Medicare and Medicaid beneficiaries.
- Conditions that represent national public health priorities.
- Conditions that are common to health disparities.

- Conditions that disproportionately drive health care costs and could improve with better quality measurement.
- Measures that would enable CMS, states, and the provider community to measure quality of care in new dimensions, with a stronger focus on parsimonious measurement.
- Measures that include patient and/or caregiver engagement.

Eligible Professionals are encouraged to report on the recommended core set of CQMs that apply to their scope of practice and patient population. For additional information about the recommended core sets of CQMs, Eligible Professionals should refer to the CMS Web site at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Recommended\\_Core\\_Set.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Recommended_Core_Set.html).

Additionally, 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 64 approved CQMs, Eligible Professionals are required to report on nine. The selected CQMs must cover at least three of the six domains.

Eligible Professionals will report CQMs through attestation at an aggregate level. For Program Year 2014, Wisconsin Medicaid recommends Eligible Professionals report on the priority CQMs identified in Attachment 5. For Program Year 2015, Wisconsin Medicaid is analyzing the electronic submission of CQMs using defined standards under the Quality Reporting Data Architecture Level 1.

For additional information on reporting clinical quality measures, Eligible Professionals should refer to the CMS Web site at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html).

## Audits

Eligible Professionals who receive payment 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 the Wisconsin DHS upon request.

Eligible Professionals should refer to the following for examples of supporting documentation they would be expected to provide, based on their stage of attestation, if selected for an audit of an application submitted for the Wisconsin Medicaid EHR Incentive Program:

- The Adopting, Implementing, or Upgrading Certified EHR Technology chapter of the EHR Incentive Program section of the ForwardHealth Online Handbook if they are selected for an Adopt, Implement, or Upgrade audit.
- The Eligible Professional Stage 1 Meaningful Use Supporting Documentation topic (topic #13417) in the Meaningful Use of Certified EHR Technology chapter of the EHR Incentive Program section of the Online Handbook if they are selected for a Stage 1 Meaningful Use audit.
- Attachment 4 if they are selected for a Stage 2 Meaningful Use audit.

## Reminder About Medicare or Medicaid Electronic Health Record Incentive Program Participation

Eligible Professionals are reminded that they may register to participate in either the Medicare or Medicaid EHR Incentive Program, but not both. Eligible Professionals may change their EHR Incentive Program election once, switching between Medicare and Medicaid; however, they

are required to make the change in election on or before December 31, 2014.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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This *ForwardHealth Update* was issued on 10/07/2013 and information contained in this *Update* was incorporated into the Online Handbook on 05/02/2014.

# ATTACHMENT 1

## Example of Calculating Individual Patient Volume for Program Year 2014

Eligible Professionals must have at least 30 percent (except pediatricians, who must have at least 20 percent) of their patient volume attributed to eligible members. For example, if an Eligible Professional calculates his or her total eligible member patient encounter volume of 33 out of a total patient encounter volume of 75, the eligible member patient volume is 44 percent.

Eligible Professionals may be unable to distinguish between some eligible members and some non-eligible members when determining their patient volume. In order to assist Eligible Professionals in determining their eligible member patient encounters, the Wisconsin Medicaid Electronic Health Record Incentive Program will calculate a standard deduction. The standard deduction for 2014 is 8.11 percent.

To determine the eligible member patient encounters, Eligible Professionals must multiply their total eligible member encounter patient encounter volume by a factor of 1 - 0.0811, or 0.9189, and then divide that number by their total patient encounter volume.

### Standard Deduction Calculation

$$\left[ \frac{\text{Total eligible member patient encounters during any 90-day continuous period} * 0.9189}{\text{Total patient encounters, regardless of payer over that same 90-day continuous period}} \right] * 100$$

-Or-

$$\left[ \frac{33 * 0.9189}{75} \right] * 100 = 40.43 \text{ percent}$$

The final eligible member patient encounter volume is 30.32 encounters out of 75 total, or 40.43 percent, rounded to the nearest whole number, 40 percent.



# ATTACHMENT 2

## Calculating Group Practice Patient Volume for Program Year 2014

Eligible Professionals must have at least 30 percent of their patient volume encounters attributed to eligible members. When electing to use group practice patient volume, the entire practice’s patient volume must be included. This includes the services rendered by all practitioners within the group practice, regardless of provider type or eligibility status for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. Groups are defined by how their businesses are enumerated under their National Provider Identifier.

The following is an example of calculating group practice volume for the purpose of establishing eligibility for the Wisconsin Medicaid EHR Incentive Program.

<b>Eligible Based on Provider Type</b>	<b>Provider Type</b>	<b>Total Encounters (Eligible Members/Total)</b>	<b>Percentage of Eligible Member Encounters</b>
Yes	Physician	80/200	40 percent
Yes	Nurse Practitioner	50/100	50 percent
Yes	Physician	0/100	0 percent
No	Registered Nurse	150/200	75 percent
No	Pharmacist	80/100	80 percent
Yes	Physician	30/300	10 percent
Yes	Dentist	5/100	5 percent
Yes	Dentist	60/200	30 percent

In this scenario, there are 1,300 encounters in the selected 90-day period. Of the 1,300 encounters, 455 are attributable to eligible members, or 35 percent. The next step is to apply the standard deduction ( $1 - 0.0811 = 0.9189$ ) to the number of eligible members.

**$455 * 0.9189 = 418.100$**

That number is divided by the total number of encounters in the selected 90-day period, or 1,300.

**$418.100 / 1300 = 0.322$  or 32.2 percent**

Therefore, the group practice patient volume is 32.2 percent, which is rounded to the nearest whole number of 32 percent and is eligible for the Wisconsin Medicaid EHR Incentive Program.

Eligible Professionals should note that even though one dentist’s eligible member encounter percentage is only 5 percent and one physician’s eligible member encounter percentage is 10 percent, when included in the group practice patient volume, both are

eligible for the program when registering with the group practice patient volume. The physician whose eligible member encounter percentage is zero is *not* eligible for the program because he or she did not render services to at least one eligible member during the 90-day period; however, if the physician is new to practicing medicine (e.g., a recent graduate of an appropriate training program), he or she would be eligible for the program because he or she does not need to provide proof of an encounter.

# ATTACHMENT 3

## Stages of Meaningful Use of Certified Electronic Health Record Technology

The table below demonstrates what stage of Meaningful Use must be reported based upon the first year an Eligible Professional began participation in the Wisconsin Medicaid Electronic Health Record Incentive Program. Eligible Professionals 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 4

## Eligible Professional Stage 2 Meaningful Use Supporting Documentation

The table below contains examples of supporting documentation an Eligible Professional would be expected to provide if selected for an audit of an application submitted for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program under Stage 2 Meaningful Use.

Example #	Requirement	Measure	Examples of Supporting Documentation
1	Must report and meet the required threshold/answers for all General Requirements and Core Measures	Stage 2 EPGMU 01-02 Stage 2 EPCMU 01-17	<ul style="list-style-type: none"> <li>• Meaningful Use Reports/Dashboard produced by Certified Electronic Health Record Technology (CEHRT).</li> <li>• Documentation on how the attestations were created, specifically how the numerators/denominators were calculated, including rationale taken into account for inclusion/exclusion of data.</li> </ul>
2	Stage 2 EPGMU 01: Percent of CEHRT Use	Must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with CEHRT.	<ul style="list-style-type: none"> <li>• List of total encounters with detail including date, patient identifier, payer, and rendering provider.</li> <li>• List of encounters with CEHRT, with detail on location and CEHRT used.</li> </ul>
3	Stage 2 EPGMU 02: Unique Patients in CEHRT	Must have 80 percent or more of their unique patient data in the CEHRT during the EHR reporting period.	<ul style="list-style-type: none"> <li>• List of all unique patients with indication of whether or not they are in CEHRT; if practicing at multiple locations, indicate which patients were seen in what location.</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
4	Stage 2 EPCMU 01a: Computerized physician order entry (CPOE) — Measure 1 — Medication Orders	Must have more than 60 percent of medication orders created by the Eligible Professional during the EHR reporting period recorded using CPOE.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• List of individuals who entered CPOE with their credentials.</li> <li>• Policies and procedures on CPOE.</li> </ul>
5	Stage 2 EPCMU 01b: CPOE — Measure 2 — Laboratory Orders	Must have more than 30 percent of laboratory orders created by the Eligible Professional during the EHR reporting period recorded using CPOE.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• List of individuals who entered CPOE with their credentials.</li> <li>• Policies and procedures on CPOE.</li> </ul>
6	Stage 2 EPCMU 01c: CPOE — Measure 3 — Radiology Orders	Must have more than 30 percent of radiology orders created by the Eligible Professional during the EHR reporting period recorded using CPOE.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• List of individuals who entered CPOE with their credentials.</li> <li>• Policies and procedures on CPOE.</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
7	Stage 2 EPCMU 02: E-Prescribing (eRx)	More than 50 percent of all permissible prescriptions written by the Eligible Professional are queried for a drug formulary and transmitted electronically using CEHRT.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Rationale for exclusion/inclusion of prescriptions.</li> <li>• Documentation on exclusion 1 qualification — proof they wrote fewer than 100 permissible prescriptions.</li> <li>• Documentation on exclusion 2 qualification — on lack of pharmacies that accept electronic prescriptions within 10 miles of the Eligible Professional's practice location at the start of their EHR reporting period.</li> </ul>
8	Stage 2 EPCMU 03: Record demographics	Must have demographics recorded as structured data for more than 80 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.	Random sampling of patient records.
9	Stage 2 EPCMU 04: Record Vital Signs	<p>More than 80 percent of all unique patients seen by the Eligible Professional during the EHR reporting period must have changes to the below vital signs recorded as structured data:</p> <ul style="list-style-type: none"> <li>• Height/Length (no age limit).</li> <li>• Weight (no age limit).</li> <li>• Blood pressure (ages 3 and over).</li> <li>• Calculate and display body mass index (BMI) (no age limit).</li> <li>• Plot and display growth charts for children 0-20 years old, including BMI.</li> </ul>	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Rationale for exclusion 2.</li> <li>• Rationale for exclusion 3.</li> <li>• Rationale for exclusion 4.</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
10	Stage 2 EPCMU 05: Record Smoking Status	Must have smoking status recorded as structured data for more than 80 percent of all unique patients 13 years old or older seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> </ul>
11	Stage 2 EPCMU 06a: Clinical Decision Support Rule	Must implement five clinical decision support (CDS) interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an Eligible Professional's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.	<ul style="list-style-type: none"> <li>• Description of what CDS interventions have been implemented with explanation of how the CDS interventions are aligned to four or more CQMs (documentation should be uploaded pre-payment).</li> <li>• Electronic health record audit log showing the enabling of this functionality with time/date stamp.</li> </ul>
12	Stage 2 EPCMU 06b: Clinical Decision Support Rule	Has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	<ul style="list-style-type: none"> <li>• Electronic health record audit log showing the enabling of this functionality with time/date stamp.</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
13	Stage 2 EPCMU 07a: Patient Electronic Access	Must provide more than 50 percent of all patients seen by the Eligible Professional during the EHR reporting period with timely online access (available to the patient within four business days after the information is available to the Eligible Professional) to their health information.	<ul style="list-style-type: none"> <li>• Eligible Professional Policy and Procedure documentation.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Documentation on how access was granted to patients within the set timeline.</li> <li>• Electronic health record audit logs of patient access processing.</li> <li>• Random sampling of patient records.</li> <li>• Rationale on how the Eligible Professional neither orders nor creates information listed for inclusion in the measure.</li> <li>• Proof that 50 percent or more of the Eligible Professional's patient encounters take place in a county that does not have 50 percent or more of its housing units with 3 Mbps broadband availability.</li> </ul>



Example #	Requirement	Measure	Examples of Supporting Documentation
14	Stage 2 EPCMU 07b: Patient Electronic Access	More than five percent of all unique patients seen by the Eligible Professional during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.	<ul style="list-style-type: none"> <li>• Eligible Professional Policy and Procedure documentation.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Electronic health record audit log of patient access to their health information.</li> <li>• Random sampling of patient records.</li> <li>• Rationale on how the Eligible Professional neither orders nor creates information listed for inclusion in the measure.</li> <li>• Proof that 50 percent or more of the Eligible Professional's patient encounters take place in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability.</li> </ul>
15	Stage 2 EPCMU 08: Clinical Summaries	Must have provided clinical summaries to patients or patient-authorized representatives within one business day for more than 50 percent of all office visits.	<ul style="list-style-type: none"> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Sample of Clinical Summary.</li> </ul>
16	Stage 2 EPCMU 09: Protect Electronic Health Information	Must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1)(ii)a, including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of its risk management process for Eligible Professionals.	<ul style="list-style-type: none"> <li>• Detail on security risk analysis, including, but not limited to, the approach for the assessment, results of the assessment, and indication of who performed the assessment.</li> <li>• Detail on security update performed as a result of the security risk analysis, including, but not limited to, the update made and the date made.</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
17	Stage 2 EPCMU 10: Clinical Lab Test Results	Must have incorporated more than 55 percent of all clinical lab test results ordered by the Eligible Professional during the EHR reporting period whose results are either in a positive/negative or numerical format as structured data in CEHRT.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Electronic health record audit trail of clinical lab tests.</li> </ul>
18	Stage 2 EPCMU 11: Patient Lists	Must generate at least one report listing patients of the Eligible Professional with a specific condition.	<ul style="list-style-type: none"> <li>• Rationale/reason for the list being generated with detail on the specific condition addressed.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Electronic health record audit trail of patient list creation.</li> <li>• Patient list example with time/date stamp.</li> </ul>
19	Stage 2 EPCMU 12: Preventive Care	Must have sent an appropriate reminder to more than 10 percent of all unique patients who have had two or more office visits with the Eligible Professional within the 24 months before the beginning of the EHR reporting period.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> </ul>
20	Stage 2 EPCMU 13: Patient-Specific Education Resources	Must have provided patient-specific education resources to more than 10 percent of all unique patients with office visits seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> <li>• Documentation to show use of patient education based on information stored in the system (e.g., screen shots or EHR-generated reports).</li> <li>• Sample of patient record indicating resources provided and the rationale for the education resource — the connection to their clinically relevant information.</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
21	Stage 2 EPCMU 14: Medication Reconciliation	Must perform medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> </ul>
22	Stage 2 EPCMU 15a: Summary of Care	Must provide a summary of care record for more than 50 percent of transitions of care and referrals of patients to another setting of care or provider of care during the EHR reporting period.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Sample of a summary of care record.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> </ul>
23	Stage 2 EPCMU 15b: Summary of Care	The Eligible Professional who transitions or refers his or her patient to another setting of care or provider of care must provide a summary of care record for more than 10 percent of such transitions and referrals either electronically to a recipient using CEHRT or via an exchange to a recipient that is facilitated by an organization that is a Nationwide Health Information Network (NwHIN) exchange participant or that is facilitated in a manner that is consistent with the governance mechanism the Office of the National Coordinator for Health Information Technology (ONC) establishes for the NwHIN.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Supporting documentation that an exchange was facilitated by an organization that is an NwHIN participant or in a manner consistent with the governance mechanism ONC establishes for an NwHIN.</li> <li>• Log of exchange that took place during the EHR reporting period.</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
24	Stage 2 EPCMU 15c: Summary of Care	<p>Eligible Professionals must satisfy one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Conduct one or more successful electronic exchanges of a summary of care document, part of which is counted in Stage 2 EPCMU 15b (for Eligible Professionals the measure at §495.6[i][14][ii][B] with a recipient who has EHR technology that was developed/designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314[b][2]).</li> <li>• Conduct one or more successful tests with the Centers for Medicare and Medicaid Services (CMS)-designated test EHR during the EHR reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of a successful electronic exchange of a summary of care document, part of which is counted in Stage 2 EPCMU 15b (for Eligible Professionals the measure at §495.6[i][14][ii][B] with a recipient who has EHR technology that was developed/designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314[b][2]). (Documentation should include the date, time, recipient of the exchange, CEHRT used by the Eligible Professional, CEHRT used by the recipient, and information on any other entity involved in the exchange.)</li> <li>• Documentation of a successful test with the CMS-designated test EHR during the EHR reporting period. (Documentation should include the date, time, CEHRT used by the Eligible Professional, and information on any other entity involved in the exchange.)</li> </ul>
25	Stage 2 EPCMU 16: Immunization Registries Data Submission	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.	<ul style="list-style-type: none"> <li>• Documentation of the Eligible Professional's registration, onboarding, and ongoing submission with the Division of Public Health (DPH).</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
26	Stage 2 EPCMU 17: Use Secure Electronic Messaging	For more than five percent of unique patients (or their authorized representatives) seen by the Eligible Professional during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Documentation that a secure message was sent (e.g., EHR audit logs, random sampling of records to show the secure message functionality in use).</li> </ul>
27	Must report and meet the required threshold/answers for three of the six “Menu Set” Measures.	Stage 2 EPMMU 01 — EPMMU 06	<ul style="list-style-type: none"> <li>• Meaningful Use Reports/Dashboard produced by CEHRT.</li> <li>• Documentation on how the attestations were created, specifically how the numerator/denominators were calculated, including rationale taken into account for inclusion/exclusion of data.</li> </ul>
28	Stage 2 EPMMU 01: Syndromic Surveillance Data Submission	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.	<ul style="list-style-type: none"> <li>• Documentation of the Eligible Professional’s registration, onboarding, and ongoing submission with the DPH.</li> <li>• Documentation on the mechanism the Eligible Professional has chosen to report syndromic surveillance data.</li> </ul>
29	Stage 2 EPMMU 02: Electronic Notes	For more than 30 percent of unique patients with at least one office visit during the EHR reporting period, at least one electronic progress note must be created, edited, and signed by the Eligible Professional. (The text of the electronic note must be text-searchable and may contain drawings and other content.)	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/inclusion of patient records.</li> <li>• Documentation of progress notes being created, edited, and signed by the Eligible Professional (e.g., EHR audit log, sample of patient record with progress notes).</li> </ul>

Example #	Requirement	Measure	Examples of Supporting Documentation
30	Stage 2 EPMMU 03: Imaging Results	More than 10 percent of all tests whose result is one or more images ordered by the Eligible Professional during the EHR reporting period are accessible through CEHRT.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/ inclusion of patient records.</li> <li>• Sample of patient record with imaging results accessible through CEHRT.</li> <li>• Documentation that the Eligible Professional orders fewer than 100 tests (list of tests ordered in the EHR reporting period with their results) whose result is an image during the EHR reporting period.</li> <li>• Supporting documentation that the Eligible Professional has no access to electronic imaging results at the start of the EHR reporting period.</li> </ul>
31	Stage 2 EPMMU 04: Family Health History	More than 20 percent of all unique patients seen by the Eligible Professional during the EHR reporting period have a structured data entry for one or more first-degree relatives.	<ul style="list-style-type: none"> <li>• Random sampling of patient records.</li> <li>• Rationale for exclusion/ inclusion of patient records.</li> </ul>
32	Stage 2 EPMMU 05: Report Cancer Cases	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.	<ul style="list-style-type: none"> <li>• Documentation of the Eligible Professional's registration, onboarding, and ongoing submission with the DPH.</li> </ul>
33	Stage 2 EPMMU 06: Report Specific Cases	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.	<ul style="list-style-type: none"> <li>• Documentation of the Eligible Professional's registration, onboarding, and ongoing submission with the DPH.</li> <li>• Documentation on how the specialized registry relates to the Eligible Professional's scope of practice.</li> </ul>

# ATTACHMENT 5

## Priority Clinical Quality Measures Wisconsin Medicaid Recommends Eligible Professionals 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 Professionals 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 Professionals 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 Professionals should refer to the Centers for Medicare and Medicaid Services (CMS) Web site at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html).

eMeasure ID	National Quality Forum #	Measure Title	CMS Domain	Wisconsin Medicaid Recommendations	CMS Recommendations
CMS146v1	0002	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources	B	Pediatric Recommended Core Measure
CMS137v1	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/ Effectiveness	A	
CMS165v1	0018	Controlling High Blood Pressure	Clinical Process/ Effectiveness	A	Adult Recommended Core Measure
CMS156v1	0022	Use of High-Risk Medications in the Elderly	Patient Safety	B	Adult Recommended Core Measure
CMS155v1	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health	A	Pediatric Recommended Core Measure

<b>eMeasure ID</b>	<b>National Quality Forum #</b>	<b>Measure Title</b>	<b>CMS Domain</b>	<b>Wisconsin Medicaid Recommendations</b>	<b>CMS Recommendations</b>
CMS138v1	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health	A	Adult Recommended Core Measure
CMS125v1	0031	Breast Cancer Screening	Clinical Process/ Effectiveness	A	
CMS124v1	0032	Cervical Cancer Screening	Clinical Process/ Effectiveness	A	
CMS153v1	0033	Chlamydia Screening for Women	Population/Public Health	A	Pediatric Recommended Core Measure
CMS126v1	0036	Use of Appropriate Medications for Asthma	Clinical Process/ Effectiveness	A	Pediatric Recommended Core Measure
CMS117v1	0038	Childhood Immunization Status	Population/Public Health	A	Pediatric Recommended Core Measure
CMS166v2	0052	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources	B	Adult Recommended Core Measure
CMS122v1	0059	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/ Effectiveness	A	
CMS163v1	0064	Diabetes: Low Density Lipoprotein (LDL) Management	Clinical Process/ Effectiveness	A	
CMS164v1	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/ Effectiveness	A	
CMS154v1	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources	A	Pediatric Recommended Core Measure



<b>eMeasure ID</b>	<b>National Quality Forum #</b>	<b>Measure Title</b>	<b>CMS Domain</b>	<b>Wisconsin Medicaid Recommendations</b>	<b>CMS Recommendations</b>
CMS161v1	0104	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/ Effectiveness	B	
CMS128v1	0105	Anti-depressant Medication Management	Clinical Process/ Effectiveness	A	
CMS136v2	0108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness	A	Pediatric Recommended Core Measure
CMS62v1	0403	HIV/AIDS: Medical Visit	Clinical Process/ Effectiveness	A	
CMS52v1	0405	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Clinical Process/ Effectiveness	A	
CMS77v1	TBD (proposed as 0407)	HIV/AIDS: RNA Control for Patients with HIV	Clinical Process/ Effectiveness	A	
CMS2v2	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health	A	Adult Recommended Core Measure  Pediatric Recommended Core Measure
CMS68v2	0419	Documentation of Current Medications in the Medical Record	Patient Safety	A	Adult Recommended Core Measure

<b>eMeasure ID</b>	<b>National Quality Forum #</b>	<b>Measure Title</b>	<b>CMS Domain</b>	<b>Wisconsin Medicaid Recommendations</b>	<b>CMS Recommendations</b>
CMS69v1	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health	B	Adult Recommended Core Measure
CMS159v1	0710	Depression Remission at Twelve Months	Clinical Process/ Effectiveness	A	
CMS160v1	0712	Depression Utilization of the PHQ-9 Tool	Clinical Process/ Effectiveness	A	
CMS75v1	TBD	Children Who Have Dental Decay or Cavities	Clinical Process/ Effectiveness	A	Pediatric Recommended Core Measure
CMS65v2	TBD	Hypertension: Improvement in Blood Pressure	Clinical Process/ Effectiveness	A	
CMS50v1	TBD	Closing the Referral Loop: Receipt of Specialist Report	Care Coordination	A	Adult Recommended Core Measure
CMS90v2	TBD	Functional status Assessment for Complex Chronic Conditions	Patient and Family Engagement	B	Adult Recommended Core Measure