

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** Hospital Providers, HMOs and Other Managed Care Programs

## **Changes for Program Year 2014 of the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Hospitals**

This *ForwardHealth Update* indicates changes for Program Year 2014 of the Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Hospitals.

### **Background**

On September 4, 2014, the Centers for Medicare and Medicaid Services (CMS) published a Final Rule regarding 2014 Certified Electronic Health Record Technology (CEHRT) flexibility (42 CFR Part 495) to the Federal Register. As a result of this rule, changes have been made for Program Year 2014 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Hospitals, effective October 1, 2014.

### **Extension of 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 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 May 31, 2015.

### **Flexibility in Implementing Certified Electronic Health Record Technology**

Effective for Program Year 2014 only, if Eligible Hospitals could not fully implement 2014 Edition CEHRT for their EHR reporting period due to delays in their EHR vendor releasing 2014 Edition CEHRT, they may use any of the following CEHRT, as appropriate:

- The 2011 Edition CEHRT.
- The 2014 Edition CEHRT.
- A combination of 2011 and 2014 Edition CEHRT.

Electronic Health Record vendors must have been delayed in releasing 2014 Edition CEHRT because of insufficient time to develop, certify, and test 2014 Edition CEHRT. Eligible Hospitals can only use the CEHRT flexibility options if they were then unable to train staff, test the updated edition, or establish new workflows.

If Eligible Hospitals did not fully implement 2014 Edition CEHRT for financial reasons (i.e., the costs associated with implementing, upgrading, installing, or testing), then they are not eligible to use the CEHRT flexibility options.

Eligible Hospitals who have fully implemented 2014 Edition CEHRT are required to attest to the original objectives and measures for their applicable stage of Meaningful Use for their EHR reporting period in Program Year 2014. For information regarding the original objectives and measures, Eligible Hospitals should refer to the 2014 Stage 1 EHR

**Department of Health Services**

Meaningful Use Specification Sheets at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EH\\_CAH\\_MU\\_TableOfContents.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EH_CAH_MU_TableOfContents.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](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EligibleHospitals_CAHs.pdf), as applicable.

Eligible Hospitals who have fully implemented 2014 Edition CEHRT but cannot meet one or more of the original objectives and measures are not eligible to use the CEHRT flexibility options and are required to attest to their applicable stage of Meaningful Use using 2014 Edition CEHRT. The only exception would be if they are unable to meet the requirements for the Stage 2 Meaningful Use Summary of Care measure.

The CMS has made an exception for Eligible Hospitals who could not meet the threshold for the 2014 Stage 2 Summary of Care measure, which requires the transmission of an electronic summary of care document, because the recipients of the transitions or referrals were impacted by the delays in 2014 Edition CEHRT availability, resulting in their not being able to receive the electronic summary of care document. As a result, Eligible Hospitals may attest using one of the CEHRT flexibility options. Eligible Hospitals are required to retain documentation clearly demonstrating that they were unable to transmit the electronic summary of care document for more than 10 percent of transitions or referrals.

The information below indicates available attestation options based on an Eligible Hospital's originally scheduled attestation and CEHRT edition. The CEHRT flexibility options are only available to qualified Eligible Hospitals. Eligible Hospitals should refer to Attachment 1 of this *ForwardHealth Update* for a summary of the options available to them for using CEHRT for their applicable attestation in Program Year 2014.

*Note:* The dates below, which indicate when the system is available for Eligible Hospitals to start their application,

apply to Eligible Hospitals participating in only the Wisconsin Medicaid EHR Incentive Program. The CMS will indicate when their system is available for Dual Eligible Hospitals, hospitals participating in both the Medicare EHR Incentive Program and the Wisconsin Medicaid EHR Incentive Program, to start their application. Eligible Hospitals should refer to the CMS Web site for more information.

Eligible Hospitals are required to attest to the CMS-established Meaningful Use objectives and measures and related clinical quality measures (CQMs) for their applicable stage of Meaningful Use and cannot switch between years. For example, Eligible Hospitals who are attesting to 2013 Stage 1 Meaningful Use objectives and measures cannot attest to 2014 CQMs; they are required to attest to 2013 CQMs.

### ***Attesting to Adopt, Implement, or Upgrade in Program Year 2014***

Eligible Hospitals who were originally scheduled to attest to adopting, implementing, or upgrading CEHRT in Program Year 2014 are required to attest using 2014 Edition CEHRT. Eligible Hospitals who are adopting, implementing, or upgrading CEHRT in Program Year 2014 may start their application immediately.

### ***Attesting to Stage 1 Meaningful Use in Program Year 2014***

#### *The 2011 Edition Certified Electronic Health Record Technology*

Eligible Hospitals who could not fully implement 2014 Edition CEHRT for their EHR reporting period in Program Year 2014 due to delays in 2014 CEHRT availability and who were originally scheduled to attest to 2014 Stage 1 Meaningful Use are able to use 2011 Edition CEHRT to attest to 2013 Stage 1 Meaningful Use objectives and measures and related CQMs. Eligible Hospitals who are attesting to 2013 Stage 1 Meaningful Use objectives and measures and related CQMs in Program Year 2014 with 2011 Edition CEHRT may start their application in spring

2015 after the system has been updated to allow this option for the EHR reporting period in Program Year 2014. When completing their application, Eligible Hospitals are required to attest that they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability.

### *The 2014 Edition Certified Electronic Health Record Technology*

Eligible Hospitals who were originally scheduled to attest to 2014 Stage 1 Meaningful Use are able to use 2014 Edition CEHRT to attest to 2014 Stage 1 Meaningful Use objectives and measures and related CQMs. Eligible Hospitals who are attesting to Stage 1 Meaningful Use in Program Year 2014 can start their application immediately since they are attesting to 2014 Stage 1 objectives and measures and related CQMs as originally scheduled.

### *Combination of the 2011 and 2014 Edition Certified Electronic Health Record Technology*

Eligible Hospitals who could not fully implement 2014 Edition CEHRT for their EHR reporting period in Program Year 2014 due to delays in 2014 CEHRT availability and who were originally scheduled to attest to 2014 Stage 1 Meaningful Use are able to use a combination of 2011 and 2014 Edition CEHRT to attest to one of the following:

- The 2013 Stage 1 Meaningful Use objectives and measures and related CQMs.
- The 2014 Stage 1 Meaningful Use objectives and measures and related CQMs.

Eligible Hospitals who are attesting to 2013 Stage 1 or 2014 Stage 1 Meaningful Use objectives and measures and related CQMs in Program Year 2014 with 2011 and 2014 Edition CEHRT may start their application in spring 2015 after the system has been updated to allow these options for the EHR reporting period in Program Year 2014. When completing their application, Eligible Hospitals are required to attest that they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability.

## ***Attesting to Stage 2 Meaningful Use in Program Year 2014***

### *The 2011 Edition Certified Electronic Health Record Technology*

Eligible Hospitals who could not fully implement 2014 Edition CEHRT for their EHR reporting period in Program Year 2014 due to delays in 2014 CEHRT availability (including delays affecting their ability to meet the threshold for the Stage 2 Summary of Care measure) and who were originally scheduled to attest to 2014 Stage 2 Meaningful Use are able to use 2011 Edition CEHRT to attest to 2013 Stage 1 Meaningful Use objectives and measures and related CQMs. Eligible Hospitals who are attesting to 2013 Stage 1 Meaningful Use objectives and measures and related CQMs with 2011 Edition CEHRT may start their application in spring 2015 after the system has been updated to allow this option for the EHR reporting period in Program Year 2014. When completing their application, Eligible Hospitals are required to attest that they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability.

### *The 2014 Edition Certified Electronic Health Record Technology*

Eligible Hospitals who were originally scheduled to attest to 2014 Stage 2 Meaningful Use are able to use 2014 Edition CEHRT to attest to one of the following:

- The 2014 Stage 1 Meaningful Use objectives and measures and related CQMs. Only Eligible Hospitals who could not fully implement 2014 Edition CEHRT for their EHR reporting period in Program Year 2014 due to delays in 2014 CEHRT availability (including delays affecting their ability to meet the threshold for the Stage 2 Summary of Care measure) may use this option. Eligible Hospitals who are attesting to 2014 Stage 1 Meaningful Use objectives and measures and related CQMs with 2014 Edition CEHRT may start their application in spring 2015 after the system has been updated to allow these options for the EHR reporting period in Program Year 2014. When completing their application, Eligible Hospitals are

required to attest that they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability.

- The 2014 Stage 2 Meaningful Use objectives and measures and related CQMs. Eligible Hospitals who are attesting to 2014 Stage 2 Meaningful Use in Program Year 2014 can start their application immediately since they are attesting to 2014 Stage 2 objectives and measures and related CQMs as originally scheduled.

### *Combination of the 2011 and 2014 Edition Certified Electronic Health Record Technology*

Eligible Hospitals who could not fully implement 2014 Edition CEHRT for their EHR reporting period in Program Year 2014 due to delays in 2014 CEHRT availability (including delays affecting their ability to meet the threshold for the Stage 2 Summary of Care measure) and who were originally scheduled to attest to 2014 Stage 2 Meaningful Use are able to use a combination of 2011 and 2014 Edition CEHRT to attest to one of the following:

- The 2013 Stage 1 Meaningful Use objectives and measures and related CQMs.
- The 2014 Stage 1 Meaningful Use objectives and measures and related CQMs.
- The 2014 Stage 2 Meaningful Use objectives and measures and related CQMs.

Eligible Hospitals who are attesting to 2013 Stage 1, 2014 Stage 1, or 2014 Stage 2 Meaningful Use objectives and measures and related CQMs in Program Year 2014 with 2011 and 2014 Edition CEHRT may start their application in spring 2015 after the system has been updated to allow these options for the EHR reporting period in Program Year 2014. When completing their application, Eligible Hospitals are required to attest that they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability.

## **Meaningful Use**

The CMS determines the timeline for Eligible Hospitals to attest to specific stages of Meaningful Use. The table in Attachment 2 outlines what stage of Meaningful Use must

be reported based upon the first year an Eligible Hospital began participating in the Wisconsin Medicaid EHR Incentive Program.

## ***Extension of Stage 2 Meaningful Use***

Eligible Hospitals that began attesting to Meaningful Use in Program Year 2011 or Program Year 2012 may now attest to Stage 2 Meaningful Use in Program Year 2016.

## ***Information Regarding Stage 3 Meaningful Use***

Stage 3 Meaningful Use will now begin in Program Year 2017, which starts on October 1, 2017, for Eligible Hospitals that began attesting to Meaningful Use in Program Year 2011 or Program Year 2012. Stage 3 requirements will be determined through future rule making.

## **Clarification of Public Health Objectives**

Starting in Program Year 2014, the Wisconsin Department of Health Services, Division of Public Health (DPH), is requiring all Eligible Hospitals, regardless of their stage of Meaningful Use, to register with the DPH to initiate the onboarding process, including testing, for any of the public health objectives. 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](http://www.dhs.wisconsin.gov/ehealth/PHMU/index.htm).

## ***The 2013 or 2014 Stage 1 Meaningful Use***

Eligible Hospitals can only meet the Stage 1 Meaningful Use requirements for a public health objective by registering with the DPH and conducting at least one test with the chosen registry.

*Note:* Eligible Hospitals who are attesting to 2013 or 2014 Stage 1 Meaningful Use for the EHR reporting period in Program Year 2014 using a CEHRT flexibility option and who have conducted a test with a chosen registry for an EHR reporting period in a previous Program Year are not required to conduct another test for that public health

objective for the EHR reporting period in Program Year 2014.

If the initial test for Stage 1 Meaningful Use is successful, the Eligible Hospital should institute ongoing data submission. If the initial test for Stage 1 Meaningful Use is unsuccessful, the Eligible Hospital will still satisfy the requirements of this objective for Meaningful Use.

Eligible Hospitals cannot attest to completing a public health objective if the initial test is not completed before or during their EHR reporting period. Instead, if they registered with the DPH to complete a test but are not contacted by the DPH to initiate testing, they are required to select the exclusion for the objective that indicates that the public health registry or agency does not have the capacity to electronically receive the information.

### ***Stage 2 Meaningful Use***

To meet the Stage 2 Meaningful Use ongoing submission requirement, Eligible Hospitals are required to register with the DPH either before their EHR reporting period starts or within 60 days of their EHR reporting period starting.

Additionally, to meet the Stage 2 Meaningful Use ongoing submission requirement, Eligible Hospitals are required to do 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 Stage 2 Meaningful Use ongoing submission requirement if they fail to do the following:

- Register with the DPH either before their EHR reporting period starts or within 60 days of their EHR reporting period starting.

- Respond within 30 calendar days to requests by DPH for action on two separate occasions.

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 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/).

P-1250

# ATTACHMENT 1

## Options for Using Certified Electronic Health Record Technology

The table below summarizes the options available to Eligible Hospitals for using Certified Electronic Health Record Technology (CEHRT) for their applicable attestation in Program Year 2014.

<b>Originally Scheduled Attestation Option for Program Year 2014</b>	<b>Meaningful Use Measures and Objectives to Which Eligible Hospitals Can Attest</b>	<b>Certified Electronic Health Record Technology Edition That Can Be Used</b>	<b>Date Wisconsin Medicaid Electronic Health Record Incentive Program Application Can Be Started</b>
Adopt, Implement, Upgrade	N/A	2014	Immediately
Stage 1 Meaningful Use	2013 Stage 1	2011*	Spring 2015
		Combination of 2011 and 2014*	Spring 2015
	2014 Stage 1	2014	Immediately
		Combination of 2011 and 2014*	Spring 2015
Stage 2 Meaningful Use	2013 Stage 1	2011*	Spring 2015
		Combination of 2011 and 2014*	Spring 2015
	2014 Stage 1	2014*	Spring 2015
		Combination of 2011 and 2014*	
	2014 Stage 2	2014	Immediately
		Combination of 2011 and 2014*	Spring 2015

\* This option may only be used by Eligible Hospitals who were unable to fully implement 2014 Edition CEHRT for their Electronic Health Record reporting period in Program Year 2014 as a result of delays in 2014 Edition CEHRT availability.

# ATTACHMENT 2

## 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 Hospital began participating in the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. Eligible Hospitals do not need to participate in consecutive Program Years.

First Year of Participation	Stage of Meaningful Use by Program Year										
	2011	2012	2013	2014*	2015	2016	2017	2018	2019	2020	2021
<b>2011</b>	1	1	1	1 or 2	2	2**	3	3	TBD	TBD	TBD
<b>2012</b>		1	1	1 or 2	2	2**	3	3	TBD	TBD	TBD
<b>2013</b>			1	1	2	2	3	3	TBD	TBD	TBD
<b>2014</b>				1	1	2	2	3	3	TBD	TBD
<b>2015</b>					1	1	2	2	3	3	TBD
<b>2016</b>						1	1	2	2	3	3
<b>2017</b>							1	1	2	2	3

- \* In Program Year 2014 only, 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.
- \*\* Eligible Hospitals that began attesting to Meaningful Use in Program Year 2011 or Program Year 2012 may continue to attest to Stage 2 of Meaningful Use in Program Year 2016.