May 16, 2017: This *Update* has been revised since its original publication. Federally Qualified Health Centers and Rural Health Clinics were added to the "To" list of providers.

ForwardHealth
Wisconsin serving you

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

Information for Eligible Professionals Regarding Changes to the Wisconsin Medicaid Electronic Health Record Incentive Program for Program Year 2015

This *ForwardHealth Update* provides information for Eligible Professionals regarding changes to the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program for Program Year 2015.

On October 16, 2015, the Centers for Medicare and Medicaid Services (CMS) published a final rule (80 FR 62788) that specifies changes to the meaningful use reporting structure and criteria for the EHR Incentive Program for Program Years 2015–2017. As a result of these changes, the Wisconsin Medicaid EHR Incentive Program announced it was postponing the acceptance of Meaningful Use applications for Program Year 2015 until further notice.

Program Year 2015 Reporting and Attestation Timeframes

Per federal regulations, Program Year 2015 of the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program includes the dates from January 1, 2015, through December 31, 2015; Eligible Professionals are required to choose an EHR reporting period from within these dates.

In compliance with this final rule, the Wisconsin Medicaid EHR Incentive Program attestation system will be adjusted to accept Modified Stage 2 Meaningful Use applications and to allow Eligible Professionals to attest to Meaningful Use for Program Year 2015. The Wisconsin Medicaid EHR Incentive Program attestation system will be available from May 16, 2016, through July 31, 2016, for Eligible Professionals to attest to Meaningful Use for Program Year 2015. The last day to apply for a Program Year 2015 incentive payment is July 31, 2016.

Electronic Health Record Reporting Periods for Meaningful Use

The following are the EHR reporting periods for Meaningful Use:

- In Program Year 2015, the EHR reporting period for all Eligible Professionals, regardless of previous participation, is any continuous 90-day period between January 1, 2015, and December 31, 2015.
- In Program Year 2016, the EHR reporting period for Eligible Professionals who are attesting to Meaningful Use criteria for the first time (new meaningful users) will be any continuous 90-day period between January 1, 2016, and December 31, 2016. The EHR reporting period for Eligible Professionals who have successfully demonstrated a stage of Meaningful Use in a prior year (returning meaningful users) will be the full calendar year from January 1, 2016, through December 31, 2016.

- In Program Year 2017, the EHR reporting period for new meaningful users, as well as for Eligible Professionals who choose to attest to Stage 3, will be any continuous 90-day period between January 1, 2017, and December 31, 2017. The EHR reporting period for returning meaningful users who are attesting to Modified Stage 2 will be the full calendar year from January 1, 2017, through December 31, 2017.
- In Program Year 2018 and subsequent Program Years, the EHR reporting period for all Eligible Professionals, except new meaningful users, will be the full calendar year from January 1, 2018, through December 31, 2018. New meaningful users will be allowed to select any continuous 90-day period as their EHR reporting period.

Note: Eligible Professionals are not required to attest in consecutive years and may attest to the Adopt, Implement, Upgrade phase and then a 90-day EHR reporting period in a subsequent year of participation.

Modified Stage 2 of Meaningful Use

Overview of Changes to Meaningful Use

The changes in the final rule issued by the Centers for Medicare and Medicaid Services (CMS) aim to reduce the complexity of the program and work toward a single set of sustainable objectives and measures in 2018, known as Stage 3. More specifically, changes include:

- The removal of redundant, duplicative, or topped out measures.
- The modification of patient engagement objectives requiring patient action.
- A consolidated public health reporting objective with measure options.

The final rule establishes a modified set of criteria for attestation in Program Years 2015–2017, known as Modified Stage 2, which consolidates criteria from the previous stages of Meaningful Use (Stages 1 and 2). Starting in 2015, Modified Stage 2 replaces the core and menu structure of Stages 1 and 2 with a single set of objectives and measures. This means that Eligible Professionals participating in Program Years 2015–2017 will attest to all Modified Stage 2 objectives (regardless of their previously scheduled stage).

Eligible Professionals are required to attest to the following stages in the given Program Years:

- Since Modified Stage 2 is largely comprised of previous Stage 2 criteria, in Program Years 2015 and 2016, Eligible Professionals scheduled to attest for Stage 1 may claim alternate exclusions and specifications within individual objectives.
- In Program Year 2017, Eligible Professionals have the option to either attest to Modified Stage 2 without alternate exclusions or specifications or attest to Stage 3.
- In Program Year 2018 and subsequent Program Years, Eligible Professionals are required to attest to Stage 3.

Refer to Attachment 1 of this *ForwardHealth Update* for a table illustrating the progression of Meaningful Use stages.

Requirements for Modified Stage 2 Meaningful Use for Program Years 2015 Through 2017

The requirements for Modified Stage 2 contain 10 objectives for Eligible Professionals, including one consolidated public health reporting objective. Each objective has one or more measures to which Eligible Professionals are required to attest. Since the changes in the final rule occurred after some Eligible Professionals had already started to work toward Meaningful Use in 2015, there are alternate exclusions and specifications within individual objectives for Eligible Professionals in Program Years 2015 and 2016.

Exclusions

In Meaningful Use, there are some exclusions that allow Eligible Professionals to report that specific Meaningful Use measures are not applicable to them. The Wisconsin Medicaid EHR Incentive Program recommends that Eligible Professionals review the exclusions on the CMS 2015 Specification Sheets to see if they appropriately satisfy the exclusion criteria. The CMS 2015 Specification Sheets, as well as additional information on exclusions, can be found at *www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html*.

Note: In the event of an audit, Eligible Professionals will need to support their attestation by providing documentation showing they satisfy the appropriate exclusion criteria.

Alternate Exclusions and Specifications

The alternate exclusions and specifications are intended to help Eligible Professionals who were scheduled to participate in Stage 1 or 2 and may not otherwise be able to meet the criteria in Program Years 2015 and 2016 because one of the following is true:

- Those criteria require the implementation of certified EHR technology beyond the functions that were required for Stage 1.
- The Eligible Professional did not intend to attest to a particular menu measure for Stage 1 or 2, which is now a required measure for Modified Stage 2.

The alternate exclusions and specifications include the following:

- Allowing Eligible Professionals who were previously scheduled to be in a Stage 1 reporting period for Program Year 2015 to use a lower threshold for certain measures. For Program Year 2016, Eligible Professionals previously scheduled to be in Stage 1 may claim an alternate exclusion for the Computerized Provider Order Entry (CPOE) objective measure 2 (laboratory orders) and measure 3 (radiology orders).
- Allowing Eligible Professionals previously scheduled for Stage 1 to exclude Modified Stage 2 measures in Program Year 2015 for which there is no Stage 1 equivalent.
- Allowing Eligible Professionals scheduled for Stage 2 to exclude Modified Stage 2 measures in Program Year 2015 where a previous menu measure is now a requirement.

Eligible Professionals who meet the criteria for alternate exclusions and specifications will be given the option to attest to these for each applicable measure within the application. The attestation system will present the alternate options only if the provider is eligible; the provider's eligibility is based on the stage of Meaningful Use to which the provider was previously scheduled to attest.

Consolidated Public Health Objective

For Modified Stage 2 Meaningful Use in Program Years 2015 through 2017, Eligible Professionals are required to attest to a consolidated public health objective, which has three measure options. The following is an overview of the public health reporting objective for Eligible Professionals with details about how to successfully demonstrate active engagement and obtain supporting documentation for public health reporting.

Public Health Reporting Objective and Measures

The public health reporting objective requires Eligible Professionals to demonstrate active engagement with a public health agency to submit electronic public health data from certified electronic health record technology (CEHRT). The three measure options that make up the public health objective are described in Attachment 2.

Eligible Professionals scheduled to be in Stage 2 in Program Year 2015 and all Eligible Professionals in Program Years 2016 and 2017 are required to attest to any two of the three measures. However, due to alternate specifications in Program Year 2015, an Eligible Professional scheduled to be in Stage 1 is only required to meet one measure.

Demonstrating Active Engagement for Public Health Reporting

For the Modified Stage 2 public health reporting objective, Eligible Professionals are required to be in active engagement with a public health agency to submit electronic public health data from CEHRT. Active engagement means the Eligible Professional is progressing toward sending production data or is sending production data to a public health agency or clinical data registry. Submitting production data shows that an Eligible Professional regularly reports data generated through clinical processes involving patient care from CEHRT to a public health program using appropriate standards and specifications.

An Eligible Professional can meet a public health reporting measure by registering to submit data and demonstrating any of the following Modified Stage 2 active engagement options*:

- Option 1: Completed Registration to Submit Data — The Eligible Professional registered to submit data with the public health agency or, where applicable, with the clinical data registry to which the information is being submitted; registration was completed no later than 60 days after the start of his or her EHR reporting period; and the Eligible Professional is awaiting invitation to begin testing and validation. With this option:
  - Eligible Professionals are able to meet the measure even when the public health agency or clinical data registry has limited resources to initiate the testing and validation process.
  - Eligible Professionals are able to meet the measure by registering their intent to report with a registry if a registry declares readiness at any point in the calendar year after the initial 60 days. (However, if an Eligible Professional had already planned to exclude based on the registry not being ready to allow for registrations of intent within the first 60 days of the reporting period, he or she may still exclude for that calendar year.)
  - Eligible Professionals who have completed registration in previous years do not need to submit a new registration to meet this requirement for each EHR reporting period as long as the registration accurately reflects their intent to submit data. Eligible Professionals whose completed registrations do not accurately reflect their intent to submit data for a public health measure are required to update their registration no later than 60 days after the start of their EHR reporting period.

    For example, if an Eligible Professional previously only registered intent to submit immunization data and has now decided to also attest to the specialized registry measure for cancer reporting, the Eligible Professional will have to update the existing registration.
- Option 2: Testing and Validation — The Eligible Professional is in the process of testing and validation of the electronic submission of data.

  Eligible Professionals are required to respond to requests from the public health agency or, where applicable, the clinical data registry within 30 days; failure to respond to a request within 30 days on two separate occurrences in an EHR reporting period would result in that Eligible Professional not meeting the measure.
- Option 3: Production — The Eligible Professional has completed testing and validation of the electronic submission and is electronically submitting production data to the public health agency or clinical data registry.

* The active engagement options included in Modified Stage 2 replace the ongoing submission requirement in Stage 2; however, they should not be considered mutually exclusive. Eligible Professionals who have already planned for and/or acted toward meeting any of the previous Meaningful Use requirements (Stage 1 or Stage 2 public health reporting objectives) may use those actions to count toward meeting the active engagement options under Modified Stage 2. Multiple exclusions apply.

Public Health Reporting Exclusions

There are multiple exclusions for each of the public health reporting measures. Claiming an exclusion for a measure does not count toward the total number of public health reporting measures an Eligible Professional is required to meet. Instead, to meet the public health objective, an Eligible Professional is required to do one of the following:

- Demonstrate active engagement with a public health agency for at least the minimum number of measures for his or her scheduled stage.
- Demonstrate active engagement with a public health agency for less than the minimum number of measures for his or her scheduled stage, and claim an applicable exclusion for all remaining measures.

Note: Eligible Professionals cannot attest to meeting an active engagement measure and claim an exclusion for the same measure.

Eligible Professionals who do not collect appropriate or relevant data to submit to a public health agency may be able to claim an exclusion or pick another public health reporting measure. If an Eligible Professional meets the exclusion criteria, he or she can claim the exclusion to the measure. If an Eligible Professional is part of a group that submits data to a registry, but the Eligible Professional does not contribute to that data (e.g., does not administer immunizations), the Eligible Professional should not attest to meeting the measure and should claim the exclusion.

Although exclusions are available for the public health reporting measures, the Wisconsin Medicaid EHR Incentive Program does not formally grant exclusions to Eligible Professionals or offer documentation for Eligible Professionals to use when claiming an exclusion. Eligible Professionals are required to self-attest to exclusions in the attestation system based on CMS exclusion criteria. It is the Eligible Professional's responsibility to claim an exclusion and maintain the proper documentation to substantiate the attestation.

Public Health Reporting Alternate Exclusions

In Program Year 2015, all Eligible Professionals demonstrating meaningful use have the option of using alternate exclusions for one or more public health reporting measures if they did not intend to attest to the equivalent menu measure under previous Meaningful Use requirements. A table summarizing the measure and alternate exclusion requirements for Public Health Reporting in Program Year 2015 can be found in Attachment 3.

Readiness of Public Health Programs in Wisconsin

The Wisconsin Department of Health Services (DHS), Division of Public Health (DPH), has declared readiness to accept data electronically for some of its public health programs/registries. The DPH capability to accept data may change; therefore, Eligible Professionals are required to check the current status of each program's and/or registry's capability to accept data at the start of their EHR reporting period on the Public Health Meaningful Use website at *www.dhs.wisconsin.gov/phmu/index.htm*.

Registration for Public Health Programs

All Eligible Professionals participating in Meaningful Use (regardless of scheduled stage) should register with DPH for the public health program and/or registry (e.g., Immunizations) to which they intend to electronically submit data. In January 2014, DPH launched the Public Health Registration for Electronic Data Submission System (PHREDS), a Microsoft® SharePoint® site where Eligible Professionals register their intent to submit data from CEHRT to a public health program/registry. Eligible Professionals who would like to electronically submit data from CEHRT to a public health program are required to register through PHREDS. For instructions on how to gain access to PHREDS, refer to the Public Health Meaningful Use website at *www.dhs.wisconsin.gov/ehealth/phmu/index.htm*.

After a registration form is successfully submitted in PHREDS, Eligible Professionals receive a registration confirmation email and are put into a queue with the public health registries for which they have registered. Eligible Professionals in the queue will await an invitation from registry personnel to begin the onboarding process. Onboarding is the testing and validation process Eligible Professionals and public health programs engage in prior to the achievement of ongoing submission of production data. Each registry has a separate process for onboarding Eligible Professionals, but all use PHREDS to manage registrations and the onboarding queue.

In order to meet active engagement option one, all Eligible Professionals who collect the appropriate data should register their intent to submit data to the relevant public health registry no later than 60 days after the start of their EHR reporting period. Based on the registry's onboarding policies, Eligible Professionals may not be invited to further participate in the onboarding process before their EHR reporting period ends; however, they will have successfully demonstrated the public health reporting objective criteria

for Active Engagement Option 1 — Completed Registration to Submit Data (and would not have to claim an exclusion).

Meaningful Use Acknowledgements for Public Health Programs

Meaningful Use Acknowledgements are the mechanism DPH uses to acknowledge that Eligible Professionals have registered, completed a test, or reached ongoing submission of production data from CEHRT. The Wisconsin Medicaid EHR Incentive Program strongly encourages Eligible Professionals to retain these documents (i.e., registration confirmation email and Acknowledgements file) because they are the only forms of documentation produced by DPH for this purpose.

The Wisconsin Medicaid EHR Incentive Program also recommends that all Eligible Professionals save a copy of the Acknowledgements file (in Microsoft® Excel® format) dated after the end of their EHR reporting period, even if they are still in the onboarding queue or have achieved ongoing submission of production data. In the event of an audit, Eligible Professionals will use the Acknowledgments file to substantiate their Meaningful Use attestation. The auditor will want to see an Acknowledgments file dated after the end of the EHR reporting period being audited, to confirm the organization's or site's active engagement status with the public health registry at that time. To facilitate the audit process, all Eligible Professionals are encouraged to save a printed or PDF copy of the PHREDS page explaining the contents of the Acknowledgements file.

Specialized Registries

The CMS Stage 3 and Modifications to Meaningful Use in 2015–2017 Final Rule allows for a wide range of reporting options now and in the future, explicitly stating that Eligible Professionals may choose to report to clinical data registries to satisfy the measure. This means the category of specialized registries used to satisfy the specialized registry measure is not limited to those sponsored by state or local public health agencies, and Eligible Professionals may work with specialized registries outside of DPH to satisfy the Specialized Registry Reporting measure. The registries outside of DPH might include applicable registries sponsored by the Centers for Disease Control and Prevention, national medical specialty organizations, patient safety organizations, and/or quality improvement organizations. This flexibility in use of specialized registries allows Eligible Professionals to continue in the direction they may have already planned for reporting to specialized registries.

The DPH does not provide registration, administrative onboarding, compliance, or audit support to Eligible Professionals trying to meet the Specialized Registry Reporting measure if the Eligible Professional has chosen to use a registry outside those offered by DPH. Eligible Professionals are strongly encouraged to consider the availability of supporting documentation before attesting to the use of a specialized registry outside those offered by DPH. In order to be considered a specialized registry by the Wisconsin Medicaid EHR Incentive Program, the agency/registry must:

- Publicly declare readiness to receive electronic data submissions.
- Publicly declare the ability to support the registration/onboarding and production processes.
- Provide proper documentation to providers to support active engagement.

Documentation maintained by an Eligible Professional to support electronic data submission to the specialized registry may also be used, in addition to any documentation provided by the agency/registry.

Beginning in Program Year 2015, Eligible Professionals will be prompted to attest to the name of the specialized registry during the application process. The Wisconsin Medicaid EHR Incentive Program also encourages Eligible Professionals to upload documentation supporting their attestation. If an Eligible Professional is intending to attest to a specialized registry sponsored by DPH, appropriate documentation would be the Acknowledgements file provided on the PHREDS SharePoint® site.

Reminders Regarding the Wisconsin Medicaid EHR Incentive Program

Meaningful Use Stage 3

For information about the objectives and measures for Stage 3, Eligible Professionals should refer to the Federal Register at *www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications.*

The CMS website will be updated to include new information and resources reflecting the latest requirements for participation in subsequent Program Years.

Clinical Quality Measures

There are no changes to clinical quality measure (CQM) selection or reporting scheme from the previous CQM requirements. Eligible Professionals are required to report on CQMs selected by CMS using CEHRT in order to successfully participate in the Wisconsin Medicaid EHR Incentive Program. 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. For additional information on clinical quality measures, Eligible Professionals should refer to the CMS website at *www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html.*

Certified Electronic Health Record Technology

In Program Year 2015, all Eligible Professionals are required to use technology certified to the 2014 Edition. This is not a change from previous requirements. For additional information on 2014 Edition CEHRT requirements, Eligible Professionals may refer to the Certified Electronic Health Record Technology topic (topic #16897) in the An Overview chapter of the EHR Incentive Program section of the ForwardHealth Online Handbook at *www.forwardhealth.wi.gov/*.

In Program Years 2016 and 2017, Eligible Professionals can choose to use technology certified to the 2014 Edition, the 2015 Edition, or a combination of the two editions.

In Program Year 2018 and subsequent Program Years, all Eligible Professionals are required to use technology certified to the 2015 Edition. For additional information regarding the 2015 Edition health information technology certification criteria, Eligible Professionals may refer to the Federal Register at *www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base*.

Documentation Submission Requirements

Eligible Professionals are reminded that for Program Year 2015, regardless of their year of participation in the Wisconsin Medicaid EHR Incentive Program, they are required to submit documentation to support patient volume and the acquisition of 2014 Edition CEHRT; this documentation must be submitted with their Wisconsin Medicaid EHR Incentive Program application. For additional information on CEHRT documentation requirements, Eligible Professionals may refer to the Certified Electronic Health Record Technology topic (topic # 16897). For additional information on patient volume documentation requirements, Eligible Professionals may refer to the Eligible Member Patient Volume topic (topic #12098) in the Patient Volume chapter of the EHR Incentive Program section of the Online Handbook.

Although Eligible Professionals are not required to upload CEHRT-generated Meaningful Use reports to support attestation, they are highly encouraged to do so in order to expedite the processing of applications.

Meaningful Use Audits and Appeals

As a reminder, Eligible Professionals who receive incentive payments from the Wisconsin Medicaid EHR Incentive Program may be subject to an audit at any time. Eligible Professionals are required to retain all relevant supporting documentation used when completing a Wisconsin Medicaid EHR Incentive Program application for six years post-attestation and submit it to DHS upon request.

For examples of supporting documentation that an Eligible Professional would be expected to provide if audited,

Eligible Professionals may refer to Attachment 4. For additional information on the appeals process, Eligible Professionals may refer to the Appeals Process topic (topic #12137) in the Appeals chapter of the EHR Incentive Program section of the Online Handbook.

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 website at *www.forwardhealth.wi.gov/*.

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ATTACHMENT 1
Stages of Meaningful Use

The table below outlines how Eligible Professionals will attest to the Electronic Health Records (EHR) Incentive Programs in Program Year 2015 and subsequent Program Years. The table indicates what stage of Meaningful Use must be reported based on the first year an Eligible Professional began participation in the Wisconsin Medicaid EHR Incentive Program. For the purposes of this table, it is assumed that an Eligible Professional's first year of participation is the Adopt, Implement, Upgrade (AIU) phase and participation occurs in consecutive years. Eligible Professionals are not required to participate in consecutive Program Years.

In Program Years 2015 and 2016, Eligible Professionals are required to attest to Modified Stage 2, a single set of objectives and measures with alternate exclusions and specifications for Eligible Professionals previously scheduled to be in Stage 1. In Program Year 2017, Eligible Professionals may attest to either the same single set of objectives and measures used in 2015 and 2016 (without alternate exclusions and specifications) or to Stage 3.

As a reminder, 2016 is the last year that an Eligible Professional can initiate participation.

First Year of Participation (AIU)	Stage of Meaningful Use			
	2015	2016	2017	2018+
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2013	Modified Stage 2*	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3
2014	Modified Stage 2*	Modified Stage 2*	Modified Stage 2 or Stage 3	Stage 3
2015	AIU	Modified Stage 2*	Modified Stage 2 or Stage 3	Stage 3
2016	N/A	AIU	Modified Stage 2 or Stage 3	Stage 3

* In 2015 and 2016, Modified Stage 2 includes alternate exclusions and specifications for certain objectives and measures for Eligible Professionals. These include exclusions for Eligible Professionals who were scheduled to demonstrate Stage 1 of Meaningful Use. Eligible Professionals who successfully attested to any stage of Meaningful Use in two prior years of participation are scheduled to demonstrate Stage 2 and may not use alternate exclusions and specifications in 2015 and 2016, with the exception of the public health reporting alternate exclusions available in 2015 and 2016.

Note: Alternate exclusion reporting continues in 2016 for Computerized Provider Order Entry and public health only.

ATTACHMENT 2
Public Health Reporting Objective and Measures

The following table contains the three measure options that make up the public health objective for Eligible Professionals. This objective is the demonstration of active engagement with a public health agency to submit electronic public health data from certified electronic health record technology (CEHRT) in accordance with applicable law and practice, except where prohibited.

Measure Number and Name	Measure Specification	Maximum Times Measure Can Count	Exclusion Criteria
Measure 1 — Immunization Registry Reporting	The Eligible Professional is in active engagement with a public health agency to submit immunization data.	1	At least one of the following is true: · The Eligible Professional does not administer any immunizations during the Electronic Health Record (EHR) reporting period. · The Eligible Professional operates in a jurisdiction for which no immunization registry is capable of accepting the specific Meaningful Use standards at the start of the EHR reporting period. · The Eligible Professional operates in a jurisdiction where no immunization registry has declared readiness at the start of the EHR reporting period.
Measure 2 — Syndromic Surveillance Reporting	The Eligible Professional is in active engagement with a public health agency to submit syndromic surveillance data.	1	At least one of the following is true: · The Eligible Professional is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction. · The Eligible Professional operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data per specific Meaningful Use standards at the start of the EHR reporting period. · The Eligible Professional operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data at the beginning of the EHR reporting period.

Measure Number and Name	Measure Specification	Maximum Times Measure Can Count	Exclusion Criteria
Measure 3 — Specialized Registry Reporting*	The Eligible Professional is in active engagement with a public health agency to submit data to a specialized registry.	2	At least one of the following is true: · The Eligible Professional does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by, a specialized registry in their jurisdiction during the EHR reporting period. · The Eligible Professional operates in a jurisdiction for which no specialized registry is capable of accepting electronic transactions in the specific Meaningful Use standards at the start of the EHR reporting period. · The Eligible Professional operates in a jurisdiction where no specialized registry for which the Eligible Professional is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period.

* In determining whether an Eligible Professional meets the first exclusion, the registries in question are those sponsored by the public health agencies with jurisdiction over the area where the Eligible Professional practices and by national medical societies covering the Eligible Professional's scope of practice. Therefore, an Eligible Professional is required to complete a minimum of two actions in order to determine available registries or claim an exclusion:

1. Determine if the jurisdiction (state, territory, etc.) endorses or sponsors a registry
2. Determine if a National Specialty Society or other specialty society with which the provider is affiliated endorses or sponsors a registry

To determine the specialized registries sponsored by Wisconsin, refer to the Public Health Meaningful Use website at *www.dhs.wisconsin.gov/ehealth/phmu/index.htm*.

ATTACHMENT 3
Requirements for Public Health Objective

The following table contains the requirements for meeting the public health objective for Modified Stage 2 in Program Year 2015. For the specifications to meet each measure or qualify for each exclusion, refer to Attachment 2 of this *ForwardHealth Update.*

Requirements for Public Health Objective	Eligible Professionals Scheduled for Stage 1 in 2015	Eligible Professionals Scheduled for Stage 2 in 2015
Minimum Number of Measures	1	2
Measures Eligible for an Alternate Exclusion	Measure 1, Measure 2, or Measure 3	Measure 2 or Measure 3
Maximum Number of Alternate Exclusions	2	2

ATTACHMENT 4
Eligible Professional Modified Stage 2 Meaningful Use Supporting Documentation

The following table 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 Modified Stage 2 Meaningful Use.

Eligible Professionals should note that measures listed below with an asterisk (*) have an alternate exclusion available for select Eligible Professionals. Alternate exclusions are based on an Eligible Professional's scheduled Stage of Meaningful Use and are available for Program Year 2015 (and in Program Year 2016 for some limited cases). According to the Electronic Health Record Incentive Program — Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule (80 FR 62788), the Centers for Medicare and Medicaid Services (CMS) will not require documentation to claim an alternate exclusion for a measure to which an Eligible Professional did not plan to attest.

Example #	Requirement	Measure	Examples of Supporting Documentation
1	Must report and meet the required threshold/answers for all General Requirements and measures for all objectives	General requirements 01-02 Measures for Objectives 03-09	· Meaningful Use reports/dashboard produced by certified electronic health record technology (CEHRT) · Documentation on how the attestations were created, specifically how the numerators/denominators were calculated, including rationale taken into account for inclusion/exclusion of data · Electronic medical record for a Medicaid member verifying required measures have been captured electronically in the CEHRT
2	General Requirement 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.	· List of total encounters with detail including date, patient identifier, payer, and rendering provider · List of encounters with CEHRT with detail on location and CEHRT used

Example #	Requirement	Measure	Examples of Supporting Documentation
3	General Requirement 02: Unique Patients in CEHRT	Must have 80 percent or more of their unique patient data in the CEHRT during the EHR reporting period.	List of all unique patients with indication of whether they are in CEHRT (If practicing at multiple locations, indicate which patients were seen in what location.)
4	Objective 1: Protect Patient Health Information	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of electronic protected health information (ePHI) created or maintained by 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 the Eligible Professional's risk management process.	· Detail on security risk analysis including, but not limited to: 1. Approach for assessment 2. Results of the assessment 3. Indication of who performed the assessment · Detail on security update performed as a result of the security risk analysis including, but not limited to: 1. Update made 2. Date made
5	Objective 2: Clinical Decision Support (CDS) — Measure 1	Implement five 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.	· Description of what CDS interventions have been implemented with explanation of how the CDS interventions are aligned with four or more CQMs (documentation should be uploaded pre-payment) · Audit log showing the enabling of the CDS functionality with the time/date stamp · Screenshots from CEHRT demonstrating implementation of the CDS rules

Example #	Requirement	Measure	Examples of Supporting Documentation
6	Objective 2: CDS — Measure 2	The Eligible Professional has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.	· Audit log showing the enabling of the drug-drug and drug-allergy interaction checks with a time/date stamp · Screenshots from the CEHRT demonstrating the drug/drug and drug/allergy interaction checks · Documentation on exclusion qualification — proof the Eligible Professional wrote fewer than 100 medication orders during the EHR reporting period
7	Objective 3: Computerized provider order entry (CPOE) — Measure 1 — Medication Orders	More than 60 percent of medication orders created by the Eligible Professional during the EHR reporting period are recorded using computerized provider order entry	· Random sampling of patient records · Rationale for exclusion/ inclusion of patient records · List of individuals who entered CPOE with their credentials · Policies and procedures on CPOE · Documentation on exclusion qualification — proof they wrote fewer than 100 medication orders
8	Objective 3: CPOE — Alternate Measure 1 — Medication Orders	For providers scheduled for Stage 1 in 2015: · For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list seen by the Eligible Professional during the EHR reporting period have at least one medication order entered using CPOE · More than 30 percent of medication orders created by the Eligible Professional during the EHR reporting period are recorded using CPOE	· Random sampling of patient records · Rationale for exclusion/ inclusion of patient records · List of individuals who entered CPOE with their credentials · Policies and procedures on CPOE · Documentation on exclusion qualification — proof they wrote fewer than 100 medication orders

Example #	Requirement	Measure	Examples of Supporting Documentation
9	Objective 3: CPOE — Measure 2 — Laboratory Orders	More than 30 percent of laboratory orders created by the Eligible Professional during the EHR reporting period are recorded using computerized provider order entry.*	· Random sampling of patient records · Rationale for exclusion/ inclusion of patient records · List of individuals who entered CPOE with their credentials · Policies and procedures on CPOE · Documentation on exclusion qualification — proof they wrote fewer than 100 laboratory orders
10	Objective 3: CPOE — Measure 3 — Radiology Orders	More than 30 percent of radiology orders created by the Eligible Professional during the EHR reporting period are recorded using computerized provider order entry.*	· Random sampling of patient records · Rationale for exclusion/ inclusion of patient records · List of individuals who entered CPOE with their credentials · Policies and procedures on CPOE · Documentation on exclusion qualification — proof they wrote fewer than 100 radiology orders

Example #	Requirement	Measure	Examples of Supporting Documentation
11	Objective 4: Electronic 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.	· Random sampling of patient records · Rationale for exclusion/ inclusion of patient records · Rationale for exclusion/ inclusion of prescriptions · Certified electronic health record technology screenshots verifying formularies utilized · Documentation on exclusion 1 qualification — proof they wrote fewer than 100 permissible prescriptions · 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.
12	Objective 4: eRx — Alternate Measure	For providers scheduled for Stage 1 in 2015, more than 40 percent of all permissible prescriptions written by the Eligible Professional are transmitted electronically using CEHRT.	· Random sampling of patient records · Rationale for exclusion/ inclusion of patient records · Rationale for exclusion/ inclusion of prescriptions · Documentation on exclusion 1 qualification — proof they wrote fewer than 100 permissible prescriptions · 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

Example #	Requirement	Measure	Examples of Supporting Documentation
13	Objective 5: Health Information Exchange	The Eligible Professional that transitions or refers their patient to another setting of care or provider of care must: 1. Use CEHRT to create a summary of care record 2. Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals*	· Random sampling of patient records · Sample of a summary of care record · Rationale for exclusion/ inclusion of patient records · Supporting documentation that the exchange mechanism complies with the privacy and security protocols for ePHI under the Health Insurance Portability and Accountability Act of 1996 · Log of exchange that took place during the EHR reporting period · Documentation on exclusion qualification — proof the Eligible Professional transfers or refers a patient to another setting of care or provider less than 100 times during the EHR reporting period
14	Objective 6: Patient Specific Education	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the Eligible Professional during the EHR reporting period.*	· Documentation to show use of patient education based on information in the system (e.g., screenshots or EHR generated reports) · Sample of patient record indicating resources provided and rationale for the education resource — the connection to their clinically relevant information · Documentation on exclusion qualification — proof the Eligible Professional had no office visits during the EHR reporting period

Example #	Requirement	Measure	Examples of Supporting Documentation
15	Objective 7: Medication Reconciliation	The Eligible Professional performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the Eligible Professional.*	· Random sampling of patient records · Rationale for inclusion/ exclusion of patient records · Documentation on exclusion qualification — proof the Eligible Professional was not the recipient of any transitions of care during the EHR reporting period
16	Objective 8: Patient Electronic Access — Measure 1	More than 50 percent of all unique patients seen by the Eligible Professional during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the Eligible Professional's discretion to withhold certain information.	· Eligible Professional Policy and Procedure documentation · Rationale for exclusion/ inclusion of patient records · Documentation on how access was granted to patients within a set timeline · Electronic Health Record audit logs of patient access processing · Screenshots verifying existence of Patient Portal or ePHR solution · Random sampling of patient records · Documentation on exclusion 1 qualification — Rationale on how the Eligible Professional neither orders nor creates information listed for inclusion in the measure

Example #	Requirement	Measure	Examples of Supporting Documentation
17	Objective 8: Patient Electronic Access — Measure 2	For an EHR reporting period in 2015 and 2016, at least one patient seen by the Eligible Professional during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits his or her health information to a third party during the EHR reporting period.* For an EHR reporting period in 2017, more than five percent of unique patients seen by the Eligible Professional during the EHR reporting period (or his/her authorized representative) view, download, or transmit to a third party their health information during the EHR reporting period.	· Eligible Professional Policy and Procedure documentation · Rationale for exclusion/ inclusion of patient records · Documentation on how access was granted to patients within a set timeline · Electronic Health Record audit logs of patient access processing · Random sampling of patient records · Documentation on exclusion 1 qualification — Rationale on how the Eligible Professional neither orders nor creates information listed for inclusion in the measure · Documentation on exclusion 2 qualification — 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

Example #	Requirement	Measure	Examples of Supporting Documentation
18	Objective 9: Secure Electronic Messaging	For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the Eligible Professional was fully enabled during the EHR reporting period.* For an EHR reporting period in 2016, for at least one patient seen by the Eligible Professional during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or representative), or in response to a secure message sent by the patient (or representative) during the EHR reporting period. For an EHR reporting period in 2017, for more than five percent of unique patients seen by the Eligible Professional during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or representative), or in response to a secure message sent by the patient (or representative) during the EHR reporting period.	· Random sampling of patient records · Rationale for exclusion/ inclusion of patient records · 2015: Documentation that the functionality was fully enabled during the EHR reporting period · 2016: Documentation that at least one patient was sent a secure messaging using the electronic messaging function of CEHRT, during the EHR reporting period · Documentation on exclusion 1 qualification — proof the Eligible Professional had no office visits during the EHR reporting period · Documentation on exclusion 2 qualification — proof the Eligible Professional conducts at least 50 percent of his/her patient encounters in a county that does not have at least 50 percent of its housing units with 4 Mbps broadband availability according to the latest information available from the Federal Communications Commission on the first day of the EHR reporting period

Example #	Requirement	Measure	Examples of Supporting Documentation
19	Objective 10: Public Health Reporting — Measure 1 — Immunization Registry Reporting	The Eligible Professional is in active engagement with a public health agency to submit immunization data.*	· Documentation of the Eligible Professional's registration, onboarding, and/or ongoing submission with the Division of Public Health (DPH) · Documentation on exclusion 1 qualification — proof the Eligible Professional does not administer any immunizations to any of the populations for which data is collected by the DPH during the EHR reporting period
20	Objective 10: Public Health Reporting — Measure 2 — Syndromic Surveillance Reporting	The Eligible Professional is in active engagement with a public health agency to submit syndromic surveillance data.*	· Documentation of the Eligible Professional's registration, onboarding, and/or ongoing submission with the DPH · Documentation on the mechanism the Eligible Professional has chosen to report syndromic surveillance data · Documentation on exclusion 1 qualification — proof the Eligible Professional is not in a category of providers from which ambulatory syndromic surveillance data is collected by the DPH

Example #	Requirement	Measure	Examples of Supporting Documentation
21	Objective 10 — Public Health Reporting — Measure 3 — Specialized Registry Reporting	The Eligible Professional is in active engagement to submit data to a specialized registry.*	· Documentation of the Eligible Professional's registration, onboarding, and/or ongoing submission with the DPH or other specialized registry · Documentation on exclusion 1 qualification — proof that the Eligible Professional does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period (e.g., cancer registry) (Two actions must be documented to claim this exclusion: 1. determine if the jurisdiction [state, territory, etc.] endorses or sponsors a registry, and 2. determine if a National Specialty Society or other specialty society with which the provider is affiliated endorses or sponsors a registry.) · Documentation on exclusion 3 qualification — proof the Eligible Professional operates in a jurisdiction where no specialized registry for which the Eligible Professional is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period