



Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program

Introduction Video for Eligible Professionals

September 9, 2016

Elliot Hamer, Communication and Outreach Lead
Janelle Safian, Pre-Payment Verification Specialist
Division of Health Care Access and Accountability
(Deloitte)



Learning Objectives

After watching this video series you will be able to:

1. Retain background information about the program.
2. Understand eligibility rules and participation timeline.
3. Define Meaningful Use requirements.
4. Use the tools needed to get program information and updates.
5. Know your next steps: registration and attestation.



Program Introduction for Eligible Professionals

Electronic Health Record (EHR) Incentive Program Background Information



EHR Incentive Program Background

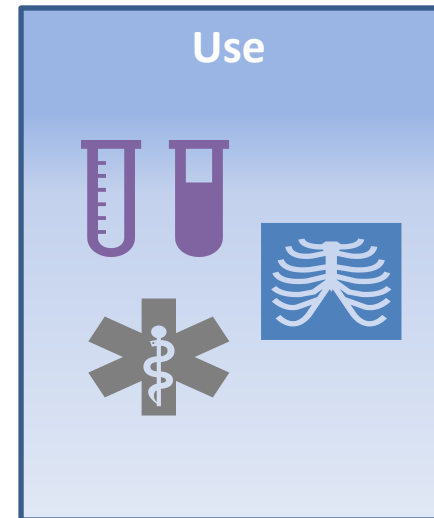
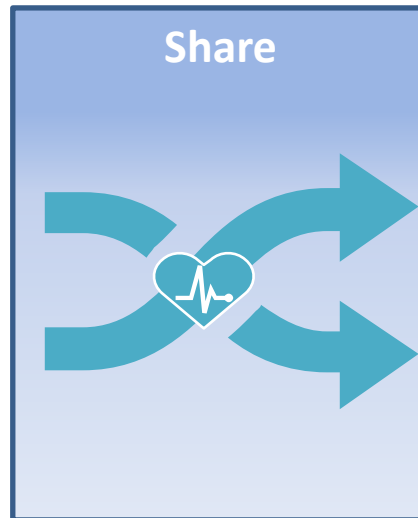
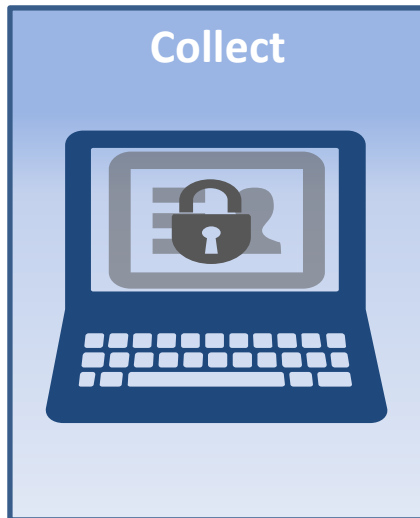
This incentive program is a piece of the broader health information technology infrastructure needed to:

- Improve quality, safety, and efficiency, and reduce health disparities.
- Engage patients and families.
- Improve care coordination.
- Improve population and public health.
- Ensure adequate privacy and security protection for personal health information.



EHR Incentive Program Background

Electronic health records (EHRs) are secure, digital versions of patient records that make information available whenever and wherever it is needed.



Source: Office of National Coordinator for Health IT website, <https://www.healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs>



EHR Incentive Program Background

- The Centers of Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must use in order to qualify for this incentive program.
- To qualify for incentive payment, you must use an EHR that is certified specifically for the EHR Incentive Programs—**certified EHR technology, or CEHRT**.

To learn which EHRs are certified for the program, visit: <https://chpl.healthit.gov>.



EHR Incentive Program Background

- The Wisconsin Medicaid EHR Incentive Program provides incentive payments for certain Medicaid providers, called **Eligible Professionals**.
- Eligible Professionals are encouraged to **adopt and meaningfully use** CEHRT in ways that can positively affect member care.

Year 1

In the first year of participation, you can **adopt, implement, or upgrade (AIU) to CEHRT**.

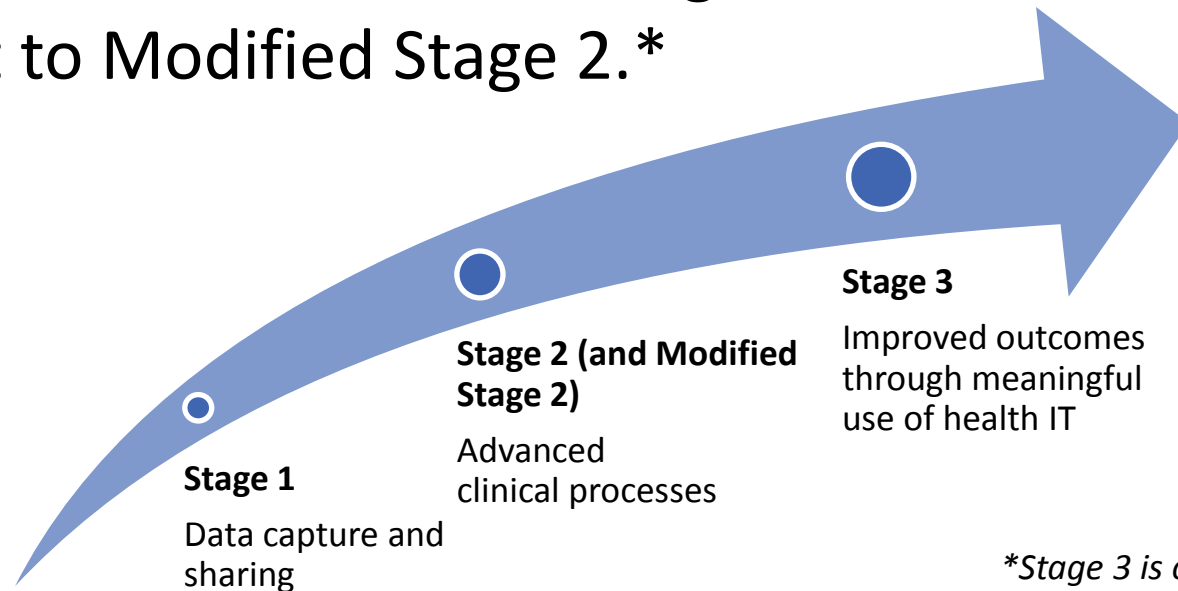
Year 2+

In subsequent years, you must show the EHR is used in **a meaningful way** by meeting thresholds for a number of objectives.



EHR Incentive Program Background

- There are three sets of requirements or “stages” of Meaningful Use that ramp up requirements to positively affect the care of patients.
- From 2015 to 2017, most Eligible Professionals will attest to Modified Stage 2.*



**Stage 3 is optional in 2017.*



EHR Incentive Program Background

- The Wisconsin Medicaid EHR Incentive Program provides up to six incentive payments, totaling up to **\$63,750**, to Eligible Professionals who adopt and become meaningful users of certified EHR technology.
- You can participate in non-consecutive years.
- The last year to initiate participation is 2016.

For details on payment amounts, visit <https://www.dhs.wisconsin.gov/ehrincentive/professionals/payments.htm>



EHR Incentive Program Background

Up Next:

*What exactly is an
Eligible
Professional?*

*How do I know if I
am eligible for a
payment?*

*How do I
demonstrate
Meaningful Use?*

*What are the
requirements?*



Program Introduction for Eligible Professionals

Eligibility Rules and Participation Timeline



Eligibility Rules

- To qualify for the Wisconsin Medicaid EHR Incentive Program and receive a payment, you must meet several eligibility requirements.
- Providers eligible to participate in the program are called Eligible Professionals.
- Requirements are based on an Eligible Professional's provider type, patient mix, and service location.



Eligibility Rules

Requirement 1: Meet the conditions of a Medicaid Eligible Professional.

- You must be Medicaid-enrolled and licensed to practice in Wisconsin.
- You must have no sanctions on file.
- You must be one of the following five types of Medicaid providers: physician, dentist, certified nurse-midwife, nurse practitioner, or a physician assistant.*

Requirement 2: Meet the eligible member patient volume threshold.

- You must serve Medicaid members as a significant portion of patient mix—**30 percent** in most cases.
- Additional requirements affect pediatricians and Eligible Professionals practicing at a federally qualified health center (FQHC) or rural health clinic (RHC).

Requirement 3: Do not be hospital-based.

- You must have less than 90 percent of Medicaid covered services occurring in an inpatient (place of service [POS] 21) or emergency department (POS 23) setting.
- Hospitals receive separate incentive payments.

**For additional details, visit <https://www.dhs.wisconsin.gov/ehrincentive/professionals/eligibility.htm>.*



Participation Timeline

Year 1 Payment

In your first year you can choose to attest to the adoption, implementation, or upgrade of certified EHR technology.

Year 2 – 6 Payment

In subsequent years you must attest to Meaningful Use objectives (and clinical quality measures [CQMs]).

- In 2016 and 2017, Eligible Professionals attest to a single set of Meaningful Use objectives known as **Modified Stage 2**.*
- Starting in 2018, Eligible Professionals attest to the final set Meaningful Use requirements: Stage 3.

**Stage 3 is optional in 2017. For more information on Stage 3, visit*

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>.



Participation Timeline

In 2016–2017, most Eligible Professionals will attest to a single set of objectives: **Modified Stage 2**.

2016

- All Eligible Professionals attest to the Modified Stage 2 Meaningful Use criteria.

2017

- Eligible Professionals attest to either the Modified Stage 2 Meaningful Use or the Stage 3 Meaningful Use criteria.

2018

- Eligible Professionals attest to the Stage 3 Meaningful Use criteria.



EHR Reporting Timeline

Participants must demonstrate Meaningful Use for a set length of time, or **EHR reporting period**.

- First-time meaningful users may use any continuous 90-day period within the calendar year.
- All returning meaningful users must use a reporting period of the full calendar year.

2016

- First-time meaningful users *and* those attesting to Stage 3 may use any continuous 90-day period within the calendar year.
- All returning meaningful users must use a reporting period of the full calendar year.

2017

- First-time meaningful users may use any continuous 90-day period within the calendar year.
- All other meaningful users must use a reporting period of the full calendar year.

2018



Program Introduction for Eligible Professionals

Meaningful Use Requirements Basics



Meaningful Use Requirements Basics

- All providers must meet Meaningful Use **objectives** to demonstrate they are using CEHRT in ways that can positively affect the care of patients.
- Every objective has an associated **measure**, which must be met or excluded.

Objectives

What everyone is required to do to show they are meaningfully using their EHR.

Measures

The minimum requirement that must be fulfilled to meet each objective.



Meaningful Use Requirements Basics

There are two different types of responses to demonstrate you meet a Meaningful Use measure:

Numerators and Denominators

Objectives measured by a minimum percentage that must be met during the EHR reporting period.

Yes or No

Objectives specifying actions that must be taken or a functionality of the EHR that must be enabled for the duration of the EHR reporting period.



Attestation Basics

- There are **exclusions** for many of the objectives that exempt you from having to meet those specific objectives.
- If you satisfy the qualifications for an exclusion, then you will not have to report on that objective's associated measure(s) and can still receive a full EHR incentive payment.



Modified Stage 2 Changes



1 >

Synchronization

- All Eligible Professionals attest to a single set of objectives and measures
- All Eligible Professionals move to a calendar year reporting period
- Align with Stage 3 rule to achieve overall goals of EHR incentive programs



2 >

Reduced Reporting Burden Through Removal of Objectives

Removed objectives that are:

- Redundant to other more advanced measures
- Duplicative of other measures
- Topped out and reached high performance by reporting providers



3 >

Focus on Advanced Use Objectives

Limited the number of objectives to focus on:

- Use of technology to advance clinical practices
- Use of outcome-based measures



Modified Stage 2 Objectives

- 1 Protect Patient Health Information
- 2 Clinical Decision Support
- 3 Computerized Provider Order Entry (CPOE)
- 4 Electronic Prescribing (eRX)
- 5 Health Information Exchange
- 6 Patient-Specific Education
- 7 Medication Reconciliation
- 8 Patient Electronic Access
- 9 Secure Electronic Messaging
- 10 Public Health Registry Reporting



Modified Stage 2 Objectives

- 1. Protect Patient Health Information:** Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
- 2. Clinical Decision Support (CDS):** Use clinical decision support to improve performance on high-priority health conditions.
- 3. Computerized Provider Order Entry (CPOE):** Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
- 4. Electronic Prescribing:** Generate and transmit permissible prescriptions electronically (eRx).
- 5. Health Information Exchange:** The Eligible Professional who transitions her or his patient to another setting of care or provider of care or refers her or his patient to another provider of care provides a summary care record for each transition of care or referral.
- 6. Patient-Specific Education:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
- 7. Medication Reconciliation:** The Eligible Professional who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
- 8. Patient Electronic Access:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the Eligible Professional .
- 9. Secure Electronic Messaging:** Use secure electronic messaging to communicate with patients on relevant health information.
- 10. Public Health Reporting:** The Eligible Professional is in active engagement with a public health agency to submit electronic public health data from CEHRT, except where prohibited and in accordance with applicable law and practice.

To preview objective details, visit

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>.



Objective Highlights

- The **health information exchange** objective helps the coordination of patient care by sending a summary of care document containing key clinical data.
- The **patient engagement** objectives (such as patient electronic access and secure messaging) have a phased approach for their measure's threshold.
- All **public health reporting** is consolidated in one objective with measure options.



Alternate Exclusions

- In 2016, you may choose to use alternate exclusions, but are *not required* to use alternate exclusions.
- The Wisconsin Medicaid attestation system will automatically identify those Eligible Professionals who are eligible for alternate exclusions.
- You may independently select the option available for each measure for which an alternate exclusion may apply.



Clinical Quality Measures

- Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services within our health care system.
- Eligible Professionals report CQMs in their Wisconsin application.
- CQM reporting periods align with your EHR reporting period for meaningful use criteria (for example, first-time meaningful users use any continuous 90-day period for CQM reporting).



Clinical Quality Measures

Eligible Professionals are required to report on nine CQMs covering at least three of the six domains.

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process and Effectiveness

To preview CQM details, visit

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>.



EHR Incentive Program Background

Up Next:

*How do I get started
on the path to
payment?*

*How do I find the
tools and resources
I need to complete
an incentive
application?*

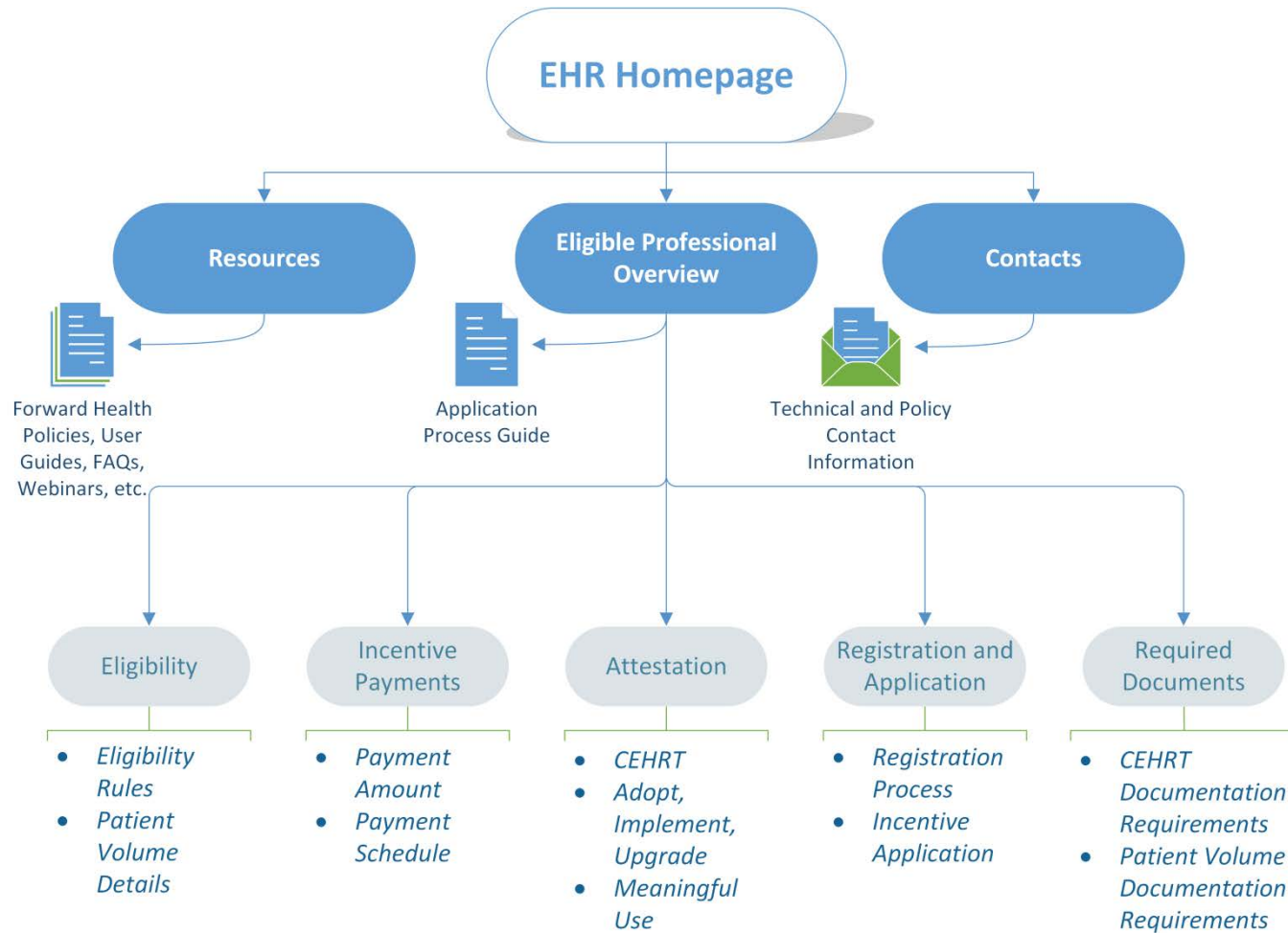


Program Introduction for Eligible Professionals

Navigating the Wisconsin Medicaid EHR Incentive Program

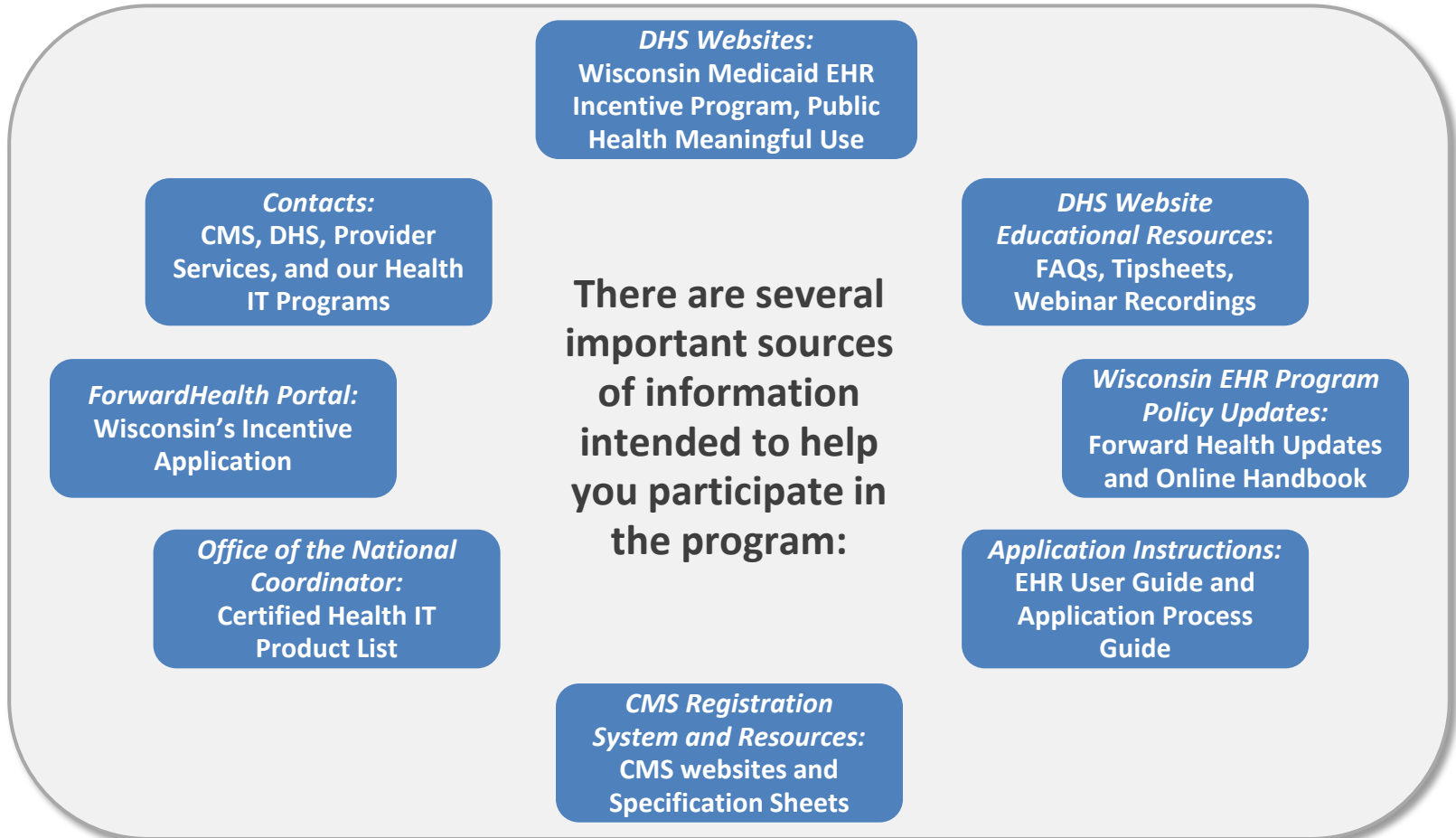


Wisconsin Medicaid EHR Incentive Program Site Map





Navigating the Wisconsin Medicaid EHR Incentive Program





Program Introduction for Eligible Professionals

Next Steps



How Do I Get Started?

Eligible Professionals are encouraged to start the path to payment today!
Follow the steps below to enroll in the Wisconsin Medicaid EHR Incentive Program.

Step 1: Verify your eligibility for the Wisconsin Medicaid EHR Incentive Program. Review the Wisconsin Medicaid EHR Incentive Program website [Eligibility](#) page or check the [CMS Eligibility Widget](#) for details.

Step 2: Register for the Medicaid EHR Incentive Program. Review Wisconsin's [Eligible Professional Application Process Guide](#) for detailed steps.

Step 3: Get qualified. Receive incentive payments under the Medicaid EHR Incentive Program by completing at least one of the following by the end of 2016:

- Adopt certified EHR technology (CEHRT)
- Implement the CEHRT you already purchased
- Upgrade your current EHR technology to the newest certified version
- Demonstrate meaningful use of CEHRT

Step 4: Gather required data and attest for incentive payments by the end of Program Year 2016. Review Wisconsin's [Eligible Professional Application Process Guide](#) for an overview, and access your Wisconsin ForwardHealth Portal account to get started.



Attestation Preview: 2016

- Additional information is forthcoming in a ForwardHealth Update early this fall. Check the website for updates.
- The EHR reporting period for 2016 is:
 - A full calendar year for returning meaningful users.
 - Any continuous 90-day period for new meaningful users.
- All Eligible Professionals must use CEHRT certified to either the 2014 or 2015 edition, or a combination of the two.



Attestation Preview: 2017

- Wisconsin will issue a future ForwardHealth Update.
- The EHR reporting period for 2017 is:
 - A full calendar year for returning meaningful users attesting to Modified Stage 2.
 - Any continuous 90-day period for new meaningful users attesting to Modified Stage 2 and those attesting to Stage 3.
- All Eligible Professionals must use CEHRT certified to either the 2014 or 2015 edition, or a combination of the two.



Next Steps

Questions?

- Wisconsin EHR Incentive Program Mailbox:
dhsehrincentiveprogram@dhs.wisconsin.gov
- Wisconsin Provider Services Help Desk:
(800) 947-9627
- CMS Help Desk:
(888) 734-6433