

The Wisconsin Medicaid Promoting Interoperability (PI) Program is now closed. The last day eligible professionals could receive an incentive payment was December 31, 2021. This content will remain in place for historical reference until the end of September 2023.

Wisconsin Medicaid Electronic Health Record Incentive Program

Preparing for Stage 3 of Meaningful Use

In Program Years 2017 and 2018, Eligible Professionals can attest to Stage 3 (with technology certified to the 2015 Edition).¹

What is different about Stage 3? Stage 3 is structured as a set of eight objectives that focuses on the use of electronic health records (EHR) to improve health outcomes. For example, these requirements endorse:

- Improving quality, safety, and efficiency.
- Decision support for national high-priority conditions.
- Patient access to self-management tools.
- Access to comprehensive patient data through patient-centered health information exchange (HIE).
- Improving population health.

Stage 3 differs from prior requirements (e.g., Modified Stage 2) because it consolidated several existing objectives, added new measures, and increased thresholds for percentage-based measures.

How can this tipsheet help me understand Stage 3? This tipsheet was developed to support Eligible Professionals as they transition to Stage 3. The information below outlines the evolution of Meaningful Use objectives from Modified Stage 2 to Stage 3 and explains all the new objective and measure requirements. This tipsheet includes four sections to help you better understand Stage 3 requirements and prepare for attestation:

Section	Description	Page
Quick Reference Guide (Table A)	A quick reference guide for changes in Meaningful Use requirements from Modified Stage 2 to Stage 3	Page 2
New Requirements for Stage 3 (Table B)	Explains the new requirements introduced in Stage 3 and provides important resources to help prepare for Stage 3 attestations	Page 3
Frequently Asked Questions (Table C)	Presents the answers to frequently asked questions concerning Stage 3	Page 7
Modified Stage 2 and Stage 3 Comparison (Appendix)	Details information regarding the objective, measure and exclusion changes from Modified Stage 2 to Stage 3	Page 9

¹ In 2017 and 2018, all Eligible Professionals may also choose to attest to Modified Stage 2 requirements. An Eligible Professional who has technology certified only to the 2014 Edition may not attest to Stage 3. Eligible Professionals who have technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. Stage 3 becomes mandatory from 2019 to 2021.

Table A: Quick Reference Guide

This quick reference guide explains changes in Meaningful Use requirements from Modified Stage 2 and Stage 3:

- In the first column, there are links to navigate to corresponding details in the Appendix.
- In the second column, the grayed-out cells represent Modified Stage 2 objectives that are consolidated into another Stage 3 objective.
- The objective numbers are noted in Table A. Please note that as requirements have evolved, the numbering of the objectives has not remained consistent from one stage to the next.

Modified Stage 2	Changes Made in Stage 3 (Yes/No and Brief Description)
Objective 1: Protect Patient Health Information	Objective 1: Protect Patient Health Information No Changes.
Objective 2: Electronic Prescribing	Objective 2: Electronic Prescribing Yes. Increased measure thresholds to 60 percent.
Objective 3: Clinical Decision Support	Objective 3: Clinical Decision Support No Changes.
Objective 4: Computerized Provider Order Entry (CPOE)	Objective 4: CPOE Yes. Increased measure thresholds to 60 percent. Minor wording changes to objective.
Objective 5: Patient Electronic Access	Objective 5: Patient Electronic Access to Health Information Yes. Changes made to objective, measure requirements, thresholds and exclusions. Objective comprised of Patient Electronic Access, measure 1 and Patient-Specific Education Resources measure.
Objective 6: Patient-Specific Education	<i>Consolidated into Objective 5: Patient Electronic Access to Health Information</i>
Objective 7: Secure Electronic Messaging	<i>Consolidated into Objective 6: Coordination of Care through Patient Engagement*</i>
Objective 8: Health Information Exchange	Objective 7: Health Information Exchange Yes. Changes Made: Objective, Measures and Exclusions

Table A: Quick Reference Guide

Modified Stage 2	Changes Made in Stage 3 (Yes/No and Brief Description)
<u>Objective 9: Medication Reconciliation</u>	<i>Consolidated into Objective 7: Health Information Exchange, measure 3</i>
<u>Objective 10: Public Health Reporting</u>	<p>Objective 8: Public Health and Clinical Data Registry Reporting</p> <p>Yes. Changes made: to Measures and Exclusions. Minor wording changes to Objective.</p>
N/A	<p>*Objective 6: Coordination of Care through Patient Engagement (New)</p> <p>Comprised of Modified Stage 2, Secure Electronic Messaging measure; Modified Stage 2 Patient Electronic Access, measure 2 (view, download, transmit); and a new Patient Generated Health Data measure.</p>

Table B: New Requirements for Stage 3

To help Eligible Professionals transition to Stage 3, the table below profiles Objectives 5, 6, and 7 (two objectives that significantly changed in Stage 3 and one new objective).² This table can be used as a supplement to the program requirements on the [Centers for Medicare & Medicaid Services \(CMS\) EHR Incentive Programs website](#).

Stage 3 Objective and Measure(s) Overview	Connection to Health Outcomes	Resources for Your Next Steps
<p>Objective 5: Patient Electronic Access to Health Information</p> <p>Measure 1 – Provide Patient Access:</p> <ul style="list-style-type: none"> • Threshold increases from 50 percent to 80 percent. • Information must be made available within 48 hours rather than four days. • “Access” takes many forms, including providing patients access to their health information through an application programming interface (API). • This measure does not require an Eligible Professional to obtain an email address from the patient. <p>Measure 2 – Patient Specific Education:</p> <ul style="list-style-type: none"> • Threshold increases from 10 percent to 35 percent. 	<p>On-demand electronic access to relevant health information through online patient portals and APIs allow patients to make informed decisions regarding their care (or share their most recent clinical information with other health care providers and personal caregivers).</p> <p>Providing electronic access to health information through APIs is now required in the EHR Incentive Program. APIs provide far more flexibility than what may be currently siloed in patient portals.</p> <p>Eligible Professionals must implement API functionality such that any appropriately configured application chosen by a patient would enable the patient to gain access to their individual health information.</p>	<p>An interesting fact about patient portal access is that patients often report not enrolling because they lack information or motivation, or question the portal’s value. Providers should be interested to know that when patients actually use portals, they are 2.6 times more likely to choose to stay a patient of a practice. Clearly, it is in the best interest of both the patient and practice to increase portal access and use.</p> <p>Next Step: Create change at your practice. Best practices from the field show patients are more likely to access their portal when clinicians and staff incorporate touch points in their workflows to demonstrate the value of portal use.</p> <ul style="list-style-type: none"> • Use patient visit or call to promote portal: Statistics point to in-office registration as the most effective opportunity to enroll patients and have them sign in to their records. • Get buy-in from staff and patients: Take the time to get all clinicians and staff to buy in to using every office visit to promote the value of your patient portal by nudging patients to: <ul style="list-style-type: none"> ✓ Make follow-up appointments. ✓ Stay on top of recommended screenings. ✓ Request refills online.

² Objectives 1-4 are not profiled in this section because the changes to their measure language and/or structure were not deemed significant. Details for these objectives can be viewed in the [Stage 3 Specification Sheets](#). Details for Objective 8 can be found on the [Public Health Meaningful Use website](#).

Table B: New Requirements for Stage 3

Stage 3 Objective and Measure(s) Overview	Connection to Health Outcomes	Resources for Your Next Steps
<ul style="list-style-type: none"> Measure 2 calculation only includes instances where the patient is provided electronic access to educational resources. (Paper-based actions are no longer allowed to be counted in measure calculations.) <p>CMS Resources: CMS Specification Sheet CMS Patient Electronic Access Tipsheet</p>		<p>Practices should tailor this approach for getting patients enrolled in, and using, patient portals.</p> <p>Another tip is to talk with your vendor about out the status of your API capability. The availability of this functionality may require workflow changes to ensure you are appropriately meeting requirements.</p> <p>(Source: Office of the National Coordinator for Health Information Technology (ONC), Patient Engagement Playbook, www.healthit.gov/playbook/pe/chapter-1/)</p>

Table B: New Requirements for Stage 3

Stage 3 Objective and Measure(s) Overview	Connection to Health Outcomes	Resources for Your Next Steps
<p>Objective 6: Coordination of Care Through Patient Engagement</p> <p>Eligible Professionals must attest to all measures but must only meet two.</p> <p>Measure 1 – View, Download, Transmit:</p> <ul style="list-style-type: none"> • Threshold increases from 5 percent to 10 percent (in 2018). • To be counted in the numerator, patients may take any combination of these four actions: <ol style="list-style-type: none"> 1. View their information. 2. Download their information. 3. Transmit their information to a third party. 4. Access their information through an API. <p>Measure 2 – Secure Messaging: Threshold increases from 5 percent to 25 percent (in 2018).</p>	<p>Patients and providers can leverage health information technology (IT) and data across the continuum of care to coordinate care and provide less fragmented views of patients’ health histories. Individuals report successfully retrieving their health information online to address information gaps and manage their health. The outcomes of empowering health care consumers with online access to health information are engaged patients and better coordinated care.</p> <p>Traditionally, practices have been limited to using information generated in an office visit—forgoing rich sources of nonclinical data on patients’ health and well-being generated outside of the patient encounter. Health IT is transforming the ability of practices to collect accurate, reliable patient-generated health data without solely relying on self-reported information collected during a face-to-face office visit.</p> <p>Individuals have the power to capture, record, and share health data with friends using social media and can now share this information with their</p>	<p>Online access to health information can be an effective tool for streamlining provider workflow as well as improving patient engagement. ONC suggests practices enable functionality to allow patients to do the following tasks electronically:</p> <ul style="list-style-type: none"> • Handle administrative tasks like booking appointments • Support electronic records requests • Refill prescriptions • Access lab results with contextualized patient education resources • Aggregate health data from multiple sources using APIs <p>Next Step: Remove barriers to patient-provider communication. Secure messaging helps patients and providers work together to call attention to medication adherence and routine health issues, better monitor conditions with educational resources, and improve a transition of care to a specialist.</p> <p>Best practices suggest several reasons for enabling secure messages.</p> <ul style="list-style-type: none"> • Secure messaging can reduce time-consuming phone calls (and the need for some face-to-face visits) by giving patients and providers a quick, convenient way to exchange information. • When practices integrate email into their workflow, providers often find communicating with patients more convenient and less time consuming. • Explain to patients what they can expect to see in the notes, and keep the notes focused on one topic—such as promoting medication adherence or improving patients’ understanding of their health conditions. • Reference educational materials whenever possible.

Table B: New Requirements for Stage 3

Stage 3 Objective and Measure(s) Overview	Connection to Health Outcomes	Resources for Your Next Steps
<p>Measure 3 – Patient-Generated Health Data: (NEW):</p> <ul style="list-style-type: none"> • Patient-generated health data is incorporated into the certified EHR technology (CEHRT) for more than 5 percent of patients. • Measure does not specify the manner in which providers are required to incorporate the data with the EHR. <p>CMS Resources: CMS Specification Sheet</p>	<p>providers too. Practices can take advantage of patient-generated health data to fill information gaps—and improve clinical decision-making, care access and delivery, and health outcomes. Using digital, networked technologies like mobile phones and computers, providers can gather patient-generated health data, including health and treatment histories; biometric data like blood pressure readings; lifestyle choices like diet and exercise habits; and real-time symptoms.</p>	<p>Patient-generated health data can provide you with actionable information.</p> <ul style="list-style-type: none"> • Use a survey to assess the patient experience. • Start a discussion about tracking a patient’s health between visits by illustrating a behavior over time. • Predict hospital readmission risk, and plan an intervention for preventive care and chronic disease management. • Improve patient safety by providing insight into medication adherence and allergies. <p>(Source: ONC, Patient Engagement Playbook, www.healthit.gov/playbook/pe/chapter-2/)</p>
<p>Objective 7: Health Information Exchange</p> <p>Eligible Professionals must attest to all measures but must only meet two.</p> <p>Measure 1 – Send a Summary of Care:</p> <ul style="list-style-type: none"> • Threshold increases from 10 percent to 50 percent. • Promotes a wide range of options for the transmission of an electronic summary of care document. • The initiating provider must send a Consolidated-Clinical 	<p>HIE is an important part of health IT because it realizes the true potential of digitized health data: making it available at the right time to the right people to improve care delivery and health outcomes.</p> <p>Essential to this process is the capability to employ nationally recognized standards as they are established incrementally, further enabling interoperability, security, and confidentiality of the information as well as authorization of those who access the information. Ultimately, the standardization of data, order sets, and care plans help to implement</p>	<p>The term <i>health information exchange</i> can be used in two different but related ways:</p> <ul style="list-style-type: none"> • HIE as a verb: defined by the ONC as, “The appropriate and confidential electronic exchange of clinical information among authorized organizations.” For example, the ONC is developing standards for the health information exchange of patient generated data. • HIE as a noun: defined by the ONC as, “An organization with agreed-upon operational and business rules that provides services to enable the electronic and secure sharing of health related information.” For example, the Wisconsin Statewide Health Information Network (WISHIN) is the state-designated entity for HIE in Wisconsin. WISHIN has several services that can help providers send and receive a summary of care.

Table B: New Requirements for Stage 3

Stage 3 Objective and Measure(s) Overview	Connection to Health Outcomes	Resources for Your Next Steps
<p>Document Architecture (C-CDA) document that the receiving provider would be capable of electronically incorporating as a C-CDA on the receiving end.</p> <p>Measure 2 – Request/Accept Summary of Care: (New)</p> <ul style="list-style-type: none"> • Must incorporate a summary of care record for 40 percent of transitions or referrals and new patients. • A record cannot be considered to be incorporated if it is discarded without the reconciliation of clinical information or if it is stored in a manner that is not accessible for provider use within the EHR. • “Unavailable” records may be excluded from the denominator if: (1) the provider requested an electronic summary of care record to be sent and did not receive an electronic summary of care document or (2) the provider either (a) queried at least one external 	<p>common treatment of patients using evidence-based medicine.</p> <p>Sharing protected health information electronically is of everyone’s concern. It is essential health care providers have online access to patient health information while, at the same time, protecting it from privacy violations and security breaches. Achieving the right balance is the key to privacy and security in the electronic health care environment.</p> <p>We know that patients can be just as concerned about quality of care as they are about the privacy and security of health information. Importantly, the Health Information Portability and Accountability Act (HIPAA) not only protects health information from misuse, but also enables protected health information (PHI) to be accessed, used, or exchanged when and where it is needed for quality patient care.</p>	<p>Next Step: Share health information electronically. HIPAA allows PHI to be accessed, used, or exchanged when and where it is needed for patient care. Practices should be familiar with permitted uses and disclosures of health information. For example, in certain treatment cases, health care professionals are permitted to use and disclose PHI without first obtaining an individual’s authorization. For more information, providers can read HIPAA fact sheets on permitted uses and disclosures</p> <p>Another tip is to talk with your vendor about the status of your EHR’s capability to request and accept a summary of care. The availability of this functionality may require workflow changes to ensure you are appropriately meeting requirements.</p>

Table B: New Requirements for Stage 3

Stage 3 Objective and Measure(s) Overview	Connection to Health Outcomes	Resources for Your Next Steps
<p>source via HIE functionality and did not locate a summary of care for the patient or does not have access to HIE functionality to support such a query or (b) confirmed that HIE functionality supporting query for summary of care documents was not operational in the provider's geographical region and not available within the provider's network as of the start of the EHR reporting period.</p> <p>Measure 3 – Clinical Information Reconciliation:</p> <ul style="list-style-type: none"> • Threshold increases from 50 percent to 80 percent for new patients. • Builds on existing medication reconciliation measure; adds review of patient allergies and diagnoses. <p>CMS Resources: CMS Specification Sheet CMS HIE Tipsheet</p>		

Table C: Frequently Asked Questions

1. What edition of CEHRT must an Eligible Professional use to demonstrate Stage 3?

To meet Stage 3 requirements, all Eligible Professionals must use technology certified to the 2015 Edition. An Eligible Professional who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. However, an Eligible Professional who has technology certified to the 2014 Edition only may not attest to Stage 3.

2. Does an Eligible Professional's attestation history or payment year affect if he or she may attest to Stage 3 criteria?

No. The capability to attest to Stage 3 criteria is driven solely by the use of 2015 Edition CEHRT.

3. Does an Eligible Professional choose to attest to Stage 3 in their Wisconsin Medicaid EHR Incentive Program application?

Yes. Eligible Professionals are prompted to select Modified Stage 2 or Stage 3 requirements after entering their CMS Certification ID into the application, if applicable. The application system only allows Eligible Professionals who enter a CMS Certification ID corresponding to the 2015 Edition, or a mix of 2015 and 2014 Editions, to choose the Stage 3 requirements.

4. What are the Meaningful Use requirements for Stage 3?

The requirements for Stage 3 contain eight objectives for Eligible Professionals, including one consolidated public health reporting objective. For more information on the Eligible Professional Stage 3 requirements for Program Year 2017, review the CMS resource, [Eligible Professional 2017 Meaningful Use Specification Sheets](#).

At this time, CMS resources for Program Year 2018 have not yet been published to the [CMS website](#). Check back for updates. Please note the requirements for 2018 are the same as 2017.

5. Are alternate exclusions available for Stage 3?

No. There are no alternate exclusions or specifications available for Stage 3 applications.

Table C: Frequently Asked Questions

6. Which Stage 3 Objectives have measure flexibility?

In Stage 3, all Eligible Professionals are required to attest to a single set of objectives and their associated measures; however, there is measure flexibility within three objectives. This flexibility requires Eligible Professionals to attest to all measures within the objective, but they only have to meet two out of the total available measures.³ This allows Eligible Professionals to focus their efforts on the measures most relevant to their patient population or practice. The three objectives with measure flexibility are listed below:

- Objective 6, Coordination of Care through Patient Engagement—Eligible Professionals must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- Objective 7, Health Information Exchange—Eligible Professionals must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- Objective 8, Public Health and Clinical Data Reporting—Eligible Professionals must meet two measures, exclude all measures, or meet less than two measures and exclude all remaining available measures.

7. When can Eligible Professionals complete their necessary actions to meet the security risk analysis measure?

Eligible Professionals must conduct or review a security risk analysis of CEHRT, including addressing encryption/security of data; implement updates as necessary at least once each calendar year; and attest to conducting the analysis or review.

It is acceptable for the security risk analysis to be conducted outside the EHR reporting period; however, the analysis must be unique for each EHR reporting period, the scope must include the full EHR reporting period, and it must be conducted within the calendar year of the EHR reporting period (January 1 to December 31). For more information, review the CMS resource, [Protect Patient Health Information Specification Sheet](#).

³ For Objective 8, Public Health and Clinical Data Reporting, Eligible Professionals are not required to attest to all of the public health measures if they are able to demonstrate active engagement with at least the minimum number of required measures.

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
<p style="text-align: center;">Protect Electronic Health Information</p>	<p>Objective</p>	<p>Protect electronic protected health information (ePHI) created or maintained by CEHRT through the implementation of appropriate technical capabilities.</p>	<p>Protect ePHI created or maintained by CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.</p>
	<p>Measure</p>	<p>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 ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR §§ 164.312(a)(2)(iv) and 164.306(d)(3); implement security updates as necessary; and correct identified security deficiencies as part of the Eligible Professional risk management process.</p>	<p>Conduct or review a security risk analysis in accordance with the requirements under 45 CFR § 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR §§ 164.312(a)(2)(iv) and 164.306(d)(3); implement security updates as necessary; and correct identified security deficiencies as part of the provider's risk management process.</p>
	<p>Exclusion(s)</p>	<p>No exclusion</p>	<p>No exclusion</p>
<p style="text-align: center;">Clinical Decision Support</p>	<p>Objective</p>	<p>Use clinical decision support (CDS) to improve performance on high-priority health conditions.</p>	<p>Implement CDS interventions focused on improving performance on high-priority health conditions.</p>
	<p>Measure</p>	<p>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.</p> <p>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.</p>	<p>Measure 1: Implement five CDS interventions related to four or more 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.</p> <p>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.</p>
	<p>Exclusion(s)</p>	<p>Measure 2: Any Eligible Professional who writes fewer than 100 medication orders during the EHR reporting period</p>	<p>Measure 2: Any Eligible Professional who writes fewer than 100 medication orders during the EHR reporting period</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
CPOE	Objective	Use CPOE for medication, laboratory, and radiology orders directly entered by any licensed health care professional who can enter orders into the medical record per state, local, and professional guidelines.	Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed health care professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant , who can enter orders into the medical record per state, local, and professional guidelines.
	Measure	<p>Measure 1: More than 60 percent of medication orders created by the Eligible Professional during the EHR reporting period are recorded using CPOE.</p> <p>Measure 2: More than 30 percent of laboratory orders created by the Eligible Professional during the EHR reporting period are recorded using CPOE.</p> <p>Measure 3: More than 30 percent of radiology orders created by the Eligible Professional during the EHR reporting period are recorded using CPOE.</p>	<p>Measure 1: More than 60 percent of medication orders created by the Eligible Professional during the EHR reporting period are recorded using CPOE.</p> <p>Measure 2: More than 60 percent of laboratory orders created by the Eligible Professional during the EHR reporting period are recorded using CPOE.</p> <p>Measure 3: More than 60 percent of diagnostic imaging orders created by the Eligible Professional during the EHR reporting period are recorded using CPOE.</p>
	Exclusion(s)	<p>Measure 1: Any Eligible Professional who writes fewer than 100 medication orders during the EHR reporting period</p> <p>Measure 2: Any Eligible Professional who writes fewer than 100 laboratory orders during the EHR reporting period</p> <p>Measure 3: Any Eligible Professional who writes fewer than 100 radiology orders during the EHR reporting period</p>	<p>Measure 1: Any Eligible Professional who writes fewer than 100 medication orders during the EHR reporting period</p> <p>Measure 2: Any Eligible Professional who writes fewer than 100 laboratory orders during the EHR reporting period</p> <p>Measure 3: Any Eligible Professional who writes fewer than 100 diagnostic imaging orders during the EHR reporting period</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
Electronic Prescribing	<p>Objective Generate and transmit permissible prescriptions electronically (eRx).</p> <p>Measure More than 50 percent of all permissible prescriptions written by the Eligible Professional are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Exclusion(s) Any Eligible Professional who: (1) writes fewer than 100 permissible prescriptions during the EHR reporting period or (2) does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the Eligible Professional's practice location at the start of his or her EHR reporting period</p>	<p>Eligible Professionals must generate and transmit permissible prescriptions electronically (eRx).</p> <p>More than 60 percent of all permissible prescriptions written by the Eligible Professional are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Any Eligible Professional who: (1) writes fewer than 100 permissible prescriptions during the EHR reporting period or (2) does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the Eligible Professional's practice location at the start of his or her EHR reporting period</p>	<p>Eligible Professionals must generate and transmit permissible prescriptions electronically (eRx).</p> <p>More than 60 percent of all permissible prescriptions written by the Eligible Professional are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Any Eligible Professional who: (1) writes fewer than 100 permissible prescriptions during the EHR reporting period or (2) does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the Eligible Professional's practice location at the start of his or her EHR reporting period</p>
Health Information Exchange	<p>Objective The Eligible Professional who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary of care record for each transition of care or referral.</p>	<p>The Eligible Professional provides a summary of care record when transitioning or referring a patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into the patient's EHR using the functions of CEHRT.</p>	<p>The Eligible Professional provides a summary of care record when transitioning or referring a patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into the patient's EHR using the functions of CEHRT.</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
<p style="text-align: center;">Health Information Exchange (cont.)</p>	<p>Measure</p>	<p>The Eligible Professional that transitions or refers a patient to another setting of care or provider of care must: (1) use CEHRT to create a summary of care record and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.</p>	<p>Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:</p> <p>Measure 1: For more than 50 percent of transitions of care and referrals, the Eligible Professional that transitions or refers a patient to another setting of care or provider of care: (1) creates a summary of care record using CEHRT and (2) electronically exchanges the summary of care record.</p> <p>Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the Eligible Professional incorporates into the patient's EHR an electronic summary of care document.</p> <p>Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the Eligible Professional performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) medication—review of the patient's medication, including the name, dosage, frequency, and route of each medication; (2) medication allergy—review of the patient's known medication allergies; and (3) current problem list—review of the patient's current and active diagnoses.</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
<p style="text-align: center;">Health Information Exchange (cont.)</p>	<p>Exclusion(s)</p>	<p>Any Eligible Professional who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period</p>	<p>Measure 1: Any Eligible Professional who: transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period or (2) conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4 Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the EHR reporting period</p> <p>Measure 2: Any Eligible Professional: (1) for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient is fewer than 100 during the EHR reporting period or (2) who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4 Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period</p> <p>Measure 3: Any Eligible Professional for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient is fewer than 100 during the EHR reporting period</p>
	<p>Objective</p>	<p>Use clinically relevant information from CEHRT to identify patient-specific education, and provide those resources to the patient.</p>	<p><u>Incorporated into Measure 2 of the Patient Electronic Access Objective</u></p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
Patient-Specific Education	<p>Measure Patient-specific education identified by CEHRT is 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.</p> <p>Exclusion(s) Any Eligible Professional who has no office visits during the EHR reporting period.</p>		
Medication Reconciliation	<p>Objective 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.</p> <p>Measure 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.</p> <p>Exclusion(s) Any Eligible Professional who was not the recipient of any transitions of care during the reporting period.</p>		<p><u>Incorporated into Measure 3 of the Health Information Exchange Objective</u></p>
Patient Electronic Access	<p>Objective Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the Eligible Professional.</p> <p>Measure 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.</p>		<p>The Eligible Professional provides patients (or patient-authorized representatives) with timely electronic access to their health information and patient-specific education.</p> <p>Measure 1: For more than 80 percent of all unique patients seen by the Eligible Professional: (1) the patient (or the patient-authorized representative) is provided timely (available within 48 hours) access to view online, download, and transmit his or her health information; and (2) the provider ensures the patient's health information is available for the patient (or patient-authorized representative) to</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
	<p>Exclusion(s)</p>	<p>Measure 2: More than 5 percent of unique patients seen by the Eligible Professional (or his or her authorized representatives) during the EHR reporting period view, download, or transmit to a third party their health information during the EHR reporting period.</p> <p>Any Eligible Professional who: (1) neither orders nor creates any of the information listed for inclusion as part of the measures or (2) conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4 Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period</p>	<p>access using any application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.</p> <p>Measure 2: The Eligible Professional must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the Eligible Professional during the EHR reporting period.</p> <p>Any Eligible Professional who (1) has no office visits during the EHR reporting period or (2) conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4 Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period</p>
<p>Secure Electronic Messaging</p>	<p>Objective</p> <p>Measure</p> <p>Exclusion(s)</p>	<p>Use secure electronic messaging to communicate with patients on relevant health information.</p> <p>For more than 5 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 the patient-authorized representative) or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.</p> <p>Any Eligible Professional who: (1) has no office visits during the EHR reporting period or (2) conducts 50</p>	<p><u>Incorporated into Coordination of Care through Patient Engagement Objective</u></p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
		<p>percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4 Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period</p>	
<p>Public Health and Clinical Data Registry Reporting</p>	<p>Objective</p>	<p>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. Eligible Professionals are required to choose from measures 1 through 3 and would be required to successfully attest to any combination of two measures. Providers may attest to measure 3 more than once, and an exclusion to a measure does not count toward the total in the manner proposed.</p>	<p>The Eligible Professional is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice. Eligible Professionals are required to choose from measures 1 through 5 and would be required to successfully attest to any combination of two measures. Providers may attest to measure 4 and measure 5 more than once, and an exclusion to a measure does not count toward the total in the manner proposed.</p>
<p>Public Health and Clinical Data Registry Reporting (cont.)</p>	<p>Measure</p>	<p>Measure 1: Immunization Registry Reporting: The Eligible Professional is in active engagement with a public health agency to submit immunization data. Measure 2: Syndromic Surveillance Reporting: The Eligible Professional is in active engagement with a public health agency to submit syndromic surveillance data. Measure 3: Specialized Registry Reporting: The Eligible Professional is in active engagement to submit data to a specialized registry.</p>	<p>Measure 1: Immunization Registry Reporting: The Eligible Professional is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). Measure 2: Syndromic Surveillance Reporting: The Eligible Professional is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting. Measure 3: Electronic Case Reporting: The Eligible Professional is in active engagement with a public</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
			<p>health agency to submit case reporting of reportable conditions.</p> <p>Measure 4: Public Health Registry Reporting: The Eligible Professional is in active engagement with a public health agency to submit data to public health registries.</p> <p>Measure 5: Clinical Data Registry Reporting: The Eligible Professional is in active engagement to submit data to a clinical data registry.</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
<p>Public Health and Clinical Data Registry Reporting (cont.)</p>	<p>Exclusion(s)</p>	<p>Measure 1: Any Eligible Professional who: (1) does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or IIS during the EHR reporting period; (2) operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data from the Eligible Professional at the start of the EHR reporting period</p> <p>Measure 2: Any Eligible Professional who: (1) is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from Eligible Professionals in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from Eligible Professionals at the start of the EHR reporting period</p>	<p>Measure 1: Any Eligible Professional who: (1) does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the EHR reporting period; (2) operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the EHR reporting period</p> <p>Measure 2: Any Eligible Professional who: (1) is not in a category of providers from which ambulatory syndromic surveillance data is collected by his or her jurisdiction's syndromic surveillance system; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from Eligible Professionals in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from Eligible Professionals as of six months prior to the start of the EHR reporting period</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
<p>Public Health and Clinical Data Registry Reporting (cont.)</p>		<p>Measure 3: Any Eligible Professional who: (1) does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in his or her jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) 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</p>	<p>Measure 3: Any Eligible Professional who: (1) does not treat or diagnose any reportable diseases for which data is collected by his or her jurisdiction's reportable disease system during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of six months prior to the start of the EHR reporting period</p> <p>Measure 4: Any Eligible Professional who: (1) does not diagnose or directly treat any disease or condition associated with a public health registry in his or her jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health registry for which the Eligible Professional is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period</p> <p>Measure 5: Any Eligible Professional who: (1) does not diagnose or directly treat any disease or condition associated with a clinical data registry in his or her jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
			<p>clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no clinical data registry for which the Eligible Professional is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period</p>
<p>Coordination of Care through Patient Engagement</p>	<p>Objective N/A</p> <p>Measure N/A</p>		<p>Use CEHRT to engage with patients or their authorized representatives about the patient's care.</p> <p>Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.</p> <p>Measure 1: During the EHR reporting period, more than 10 percent of all unique patients (or their authorized representatives) seen by the Eligible Professional actively engage with the EHR made accessible by the provider and either: (1) view, download, or transmit to a third party their health information; (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or (3) a combination of (1) and (2). (In 2017 and 2018 Only: The resulting percentage must be more than 5 percent.)</p>

Appendix: Modified Stage 2 and Stage 3 Comparison

Short Title	Requirement	Modified Stage 2	Stage 3
<p>Coordination of Care through Patient Engagement (cont.)</p>	<p>Exclusion(s) N/A</p>		<p>Measure 2: For more than 25 percent of all 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 the patient-authorized representative) or in response to a secure message sent by the patient or the patient-authorized representative. (In 2017 and 2018 Only: The resulting percentage must be more than 5 percent.)</p> <p>Measure 3: Patient-generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.</p> <p>Any Eligible Professional who: (1) has no office visits during the EHR reporting period or (2) who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4 Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period</p>

For More Information

- Email: dhsehrincentiveprogram@dhs.wisconsin.gov.
- Call Provider Services at 1-800-947-9627.
- Visit: www.dhs.wisconsin.gov/ehrincentive/index.htm or www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html.



Division of Medicaid Services
P-02026 (01/2022)