



Wisconsin Medicaid eHealth Program: Promoting Interoperability Program Assessment Program Years 2011-2018



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1 SUMMARY

Health information technology (health IT) is transforming the health care industry and enabling improvements in coordinated care, patient engagement, quality of care, and health outcomes. In 2011, the Centers for Medicare & Medicaid Services (CMS) established the Medicare and Medicaid Promoting Interoperability (PI) Programs, formerly known as the Electronic Health Record (EHR) Incentive Programs, to support and encourage provider use of health IT by providing incentive payments to eligible providers as they adopted, implemented, or upgraded their EHR technology and meaningfully used it to improve the quality, safety, and efficiency of health care through patient and provider access to structured health information.

The PI Program Assessment is conducted by the Wisconsin Department of Health Services eHealth team to evaluate health IT maturity through participation and progression through these programs. Analysis encompasses: (1) PI Program participation and retention, (2) health IT maturity determined through integration of Meaningful Use objectives and electronic clinical quality measures (eQMs), and (3) the certified EHR vendor landscape.

Examining how health IT is being integrated into the workflows of Wisconsin health care providers uncovers insights into readiness for future Medicaid initiatives. The results of this assessment are used in the development of the State Medicaid Health IT Plan and as a data source for the Health IT Landscape Assessment, which seeks to define strategies the Wisconsin Medicaid Agency can pursue to advance health IT maturity and its mission to improve lives through high-value services that promote health, well-being, and independence.

Contact the eHealth team (dhspromotinginteroperabilityprogram@wisconsin.gov) for additional detail regarding this assessment's methodology and source data.

1.1 Key Findings

The summary below highlights observations and predictions for the future of the PI Programs and health IT maturity advancement in Wisconsin.

Participation in the PI Program will continue to decline.

A large decrease in overall participation was seen in 2018. The largest impact was due to the ending of the Medicare aspect of the incentive payment program in 2016; however, the number of participants in the Medicaid PI Program was also lower than anticipated. The decrease in Medicaid participation can be attributed to providers completing their participation in the program and also likely competing organizational priorities. In 2018, a number of providers using Greenway software were prohibited from attesting due to data reporting inaccuracies in the certified EHR system. Participation in pursuit of incentive payments through the Medicaid PI Program is anticipated to continue at a gradually decreasing rate through Program Year 2021 when the program ends. Through multi-state collaboratives, Wisconsin has learned that in Program Year 2018 other states also observed a decrease in participation in the Medicaid PI Program.

Additional resources are required for future evaluations of health IT maturity in Wisconsin.

While continued participation in the Medicare PI Program is required to avoid payment adjustments through CMS' ongoing Quality Payment Program (QPP) efforts, the performance data is not made available for public

distribution; even if this data were made available, varying program requirements would make a comparison to the Medicaid PI Program difficult. Wisconsin will continue to receive less attestation data each year, because participation in the Medicaid PI Program is anticipated to continually decrease until the program ends. Since attestation data is one of the main sources to inform the Health IT Landscape Assessment, Wisconsin is actively working to identify additional sources of data to gain insights into the current and future health IT maturity advancement in Wisconsin, including opportunities to acquire insights from partner organizations working directly with providers.

Wisconsin Eligible Hospitals maximized their incentive payments.

All Wisconsin Eligible Hospitals participated and achieved Meaningful Use, and over 75% participated for the maximum number of years allowable. Almost all achieved Modified Stage 2, with consistently high performance. The final Wisconsin Eligible Hospital participation occurred in Program Year 2017, and no additional participation for incentive payment is expected from Eligible Hospitals during the remainder of the Medicaid PI Program.

Wisconsin Eligible Professionals continue to progress in the PI Programs.

Over half of estimated Eligible Professionals have participated, with the majority having participated for at least four years. Seventy-five percent have achieved Modified Stage 2, with similarly high performance across most Meaningful Use objectives. The most recent program year demonstrated similar rates of performance as the previous three years.

Certified EHR technology vendors with the top market share have shifted.

Over the life of the program, the certified EHR vendor market share has been dominated by a select few vendors. While there is variation when comparing the top vendors for Eligible Hospitals and Eligible Professionals and within provider and organization types, overall there was very minimal variation in the top vendors from the beginning of the program through 2017 when solely considering Eligible Hospitals or Eligible Professionals.

When Program Year 2018 data was analyzed, a shift in the vendors representing the top market share was observed. In 2018, Sunquest, EMRConnect, and Iatric Systems, Inc. all emerged as top vendors for Eligible Professional attestations, replacing GE, NextGen, and Greenway. Research into these systems indicates that Sunquest and EMRConnect need to be used in conjunction with other systems to meet all program requirements. Iatric Systems, Inc. offers one product that complies with all CMS and Office of the National Coordinator for Health Information Technology (ONC) requirements for a complete certified system and other products that can be coupled with other EHR technology to comply with the full set of requirements. This shift speaks to the industry's shift toward modular-based technology solutions, for which CMS and ONC have advocated in recent years. This shift may also speak to which Medicaid providers are continuing participation in the program. One large health system, whose providers comprise nearly half of all attestations in 2018, uses the Sunquest product coupled with an Epic product, which likely explains the emergence of Sunquest as a top vendor. Additionally, Program Year 2018 saw a reduced number of smaller clinics, tribal health centers, and federally qualified health centers (FQHCs) participate than in prior years, provider organization types that historically have used Greenway and NextGen products. Overall, Wisconsin must consider that the reduced number of attestations is coupled with a reduction in the diversity of organizations attesting, meaning information gleaned from program data may not be truly representative of provider technology, capabilities, and behaviors across the state.

1.2 Promoting Interoperability Program Overview

CMS oversees the administration of the PI Programs, defining program regulations, requirements, and guidance to encourage statewide adoption and impactful use of EHR technology and health information exchange. Within Wisconsin, the eHealth team administers the Medicaid PI Program operations, including regulatory analysis, solution management, the processing of applications, reporting, and outreach efforts.

This section provides an overview of the PI Programs as applicable to Wisconsin providers and as utilized in this assessment. See the *Appendix: PI Program Statistics* for additional program details.

1.2.1 Hospital Eligibility

The PI Programs extended to several hospital classes, including acute care and critical access hospitals, which were dually eligible, meaning they could have received incentive payments from both the Medicare and Medicaid PI Programs, and children's hospitals,¹ which were only eligible for the Medicaid program. There were 125 hospitals in Wisconsin eligible to participate in one or both programs. The maximum number of years hospitals could have participated in the Medicaid PI Program was three years, for the Medicare PI Program, the maximum was four years.

In this document, the Eligible Hospital data presented generally represents both PI Programs, unless otherwise specified.

1.2.2 Professional Eligibility

Medicaid Eligible Professionals² include physicians (primarily doctors of medicine and doctors of osteopathy); nurse practitioners and certified nurse-midwives, including mental health and substance abuse advanced practice nurse prescribers; dentists; and physician assistants who furnish services in an FQHC or rural health clinic led by a physician assistant. The Medicare category is slightly different, adding podiatrists, optometrists, and chiropractors and excluding nurse practitioners, certified nurse-midwives, and physician assistants.

Eligible Professionals are not dually eligible, meaning they must have designated if they were participating in the Medicare or Medicaid PI Program between the years of 2011 and 2016. Starting in Program Year 2017, the Medicare side of the PI Program was replaced with the Medicare Quality Payment Program, and therefore providers no longer participated in the Medicare PI Program after Program Year 2016. Wisconsin estimates approximately 21,604 Eligible Professionals were eligible to participate in either the Medicaid or Medicare PI Programs over the life of the program. As of July 2018, approximately 2,417 Wisconsin Medicaid Eligible Professionals were estimated to be eligible for the Medicaid PI Program for Program Year 2018. The maximum number of years Eligible Professionals can participate in the Medicaid PI Program is six years. For the Medicare PI Program, the maximum was five years.

In this document, while the data presented covers both PI Programs, the dataset focuses on the Eligible Professionals that meet the provider type and specialty requirements of the Wisconsin Medicaid PI Program, unless otherwise specified.

1.2.3 Certified EHR Technology

As part of the PI Programs, CMS and ONC established standards and other criteria for structured data that EHRs must meet to qualify for use, ensuring minimum standards for technological capability, functionality, and security.

During attestation, providers must reference a CMS EHR certification ID, which providers generate out of the ONC's Certified Health IT Product List. The CMS EHR certification ID may represent one or more certified EHR vendor products used to meet program requirements. The CMS EHR certification ID used in the application is validated as part of the prepayment verification process for Wisconsin Medicaid PI Program attestations.

1.2.4 Program Stages

To participate in the PI Programs, eligible providers must adopt, implement, or upgrade (AIU) certified EHR technology and then demonstrate progressively increased Meaningful Use of that certified EHR. Meaningful Use objectives define quantifiable actions, workflow integrations, and measures that demonstrate EHR adoption across data capture and sharing (Stage 1), advanced clinical processes (Stage 2), and improved outcomes (Stage 3). Meaningful Use attestation also includes eCQMs that help measure and track the quality of health care services provided within the health care system.

In the first payment year of the Medicaid PI Program only, a provider can choose to attest to AIU for an incentive payment. In every subsequent payment year of the Medicaid program and all Medicare payment years, a provider must demonstrate Meaningful Use.

1.3 Data Sources

The data used for the PI Program assessment was obtained through the CMS public use files and Wisconsin Medicaid's data warehouse. Data was collected and analyzed for Program Years 2011–2017, which occurred between August 2011 and April 2018. For Program Year 2018, the data was only from the Medicaid PI Program and obtained from Wisconsin Medicaid's data warehouse.

The primary source of data from the PI Programs is associated with participation resulting in incentive payments to eligible providers. In addition to data gathered from Medicaid and Medicare paid incentive applications, this report uses data derived from Meaningful Use attestations to CMS that were not tied to an incentive payment. Utilizing all attestation data available provides the broadest picture of the Wisconsin health IT landscape; therefore, for the purposes of this assessment, attestation data was used as follows:

- Participation statistics and the certified EHR vendor landscape reflect data from paid PI Program applications only.
- Meaningful Use statistics reflect data from paid PI Program applications and from the unpaid Meaningful Use attestations to CMS.

See the *Appendix: PI Program Statistics* for additional detail regarding the attestation data used in this assessment.

2 PI PROGRAM PARTICIPATION

The success of the Medicare and Medicaid PI Programs is dependent on providers participating in and progressing through the stages of Meaningful Use. While Wisconsin Medicaid Eligible Professionals continue to actively participate in and achieve increasing stages of Meaningful Use, all Wisconsin Medicaid Eligible Hospitals successfully participated and subsequently finished their participation with the program. Through July 2018, more than \$892 million in incentive payments³ have been made to over 11,536 Wisconsin Eligible Professionals and all 125 Eligible Hospitals.

2.1 Eligible Hospitals

Since Program Year 2013, all Wisconsin Eligible Hospitals participated in the Medicare and Medicaid PI Programs. Through Program Year 2016, 100% achieved Meaningful Use, and over 75% have maximized participation in the respective programs.

- For the Medicaid program, 120 out of 123 hospitals participated for the maximum of three years.
- For the Medicare program, 97 out of 121 hospitals participated for the maximum of four years.

Over two-thirds of Eligible Hospital participation was consecutive, resulting in a large proportion completing the program as early as possible. The earliest hospitals could complete participation in the Medicare and Medicaid PI Programs were Program Years 2014 and 2013, respectively.

Half of the Medicaid Eligible Hospitals completed their participation in the first three years the program was available. Similar rates of completion occurred for Medicare Eligible Hospitals, however, not until Program Year 2015. As only the Medicaid program offered the ability to attest to adopt, implement, upgrade (AIU) and most hospitals are dually eligible for both programs, 54% of Medicare participation initiated in Program Year 2012. Program Year 2016 was the last year to initiate and after the first payment, consecutive participation was required.

In Program Year 2017, the last remaining hospital, eligible to participate in the Medicaid program did so, receiving its third and final incentive payment. No additional participation for incentive payments is expected in the Medicare program.

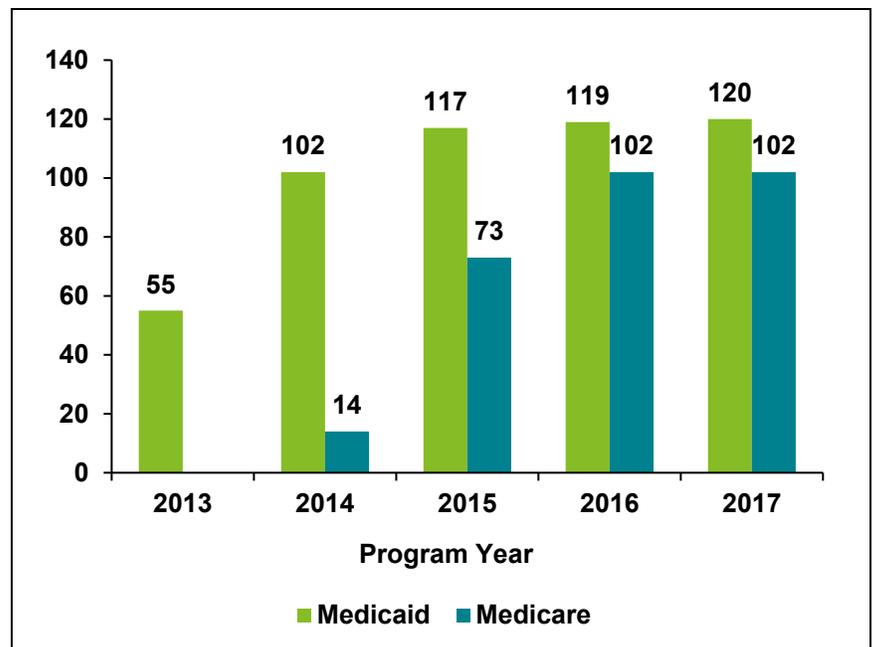


Figure 2.01: Eligible Hospital Completion through Program Year 2017

Figure 2.02 displays the highest stage of Meaningful Use Eligible Hospitals attested to in the Medicare and/or Medicaid PI Program. Note that Eligible Hospital distribution across counties varies; the figure depicts the proportion at each stage. Six Eligible Hospitals completed Medicaid participation at Stage 1, with another three hospitals discontinuing before completing participation. The remaining achieved the highest stage currently available, Modified Stage 2.

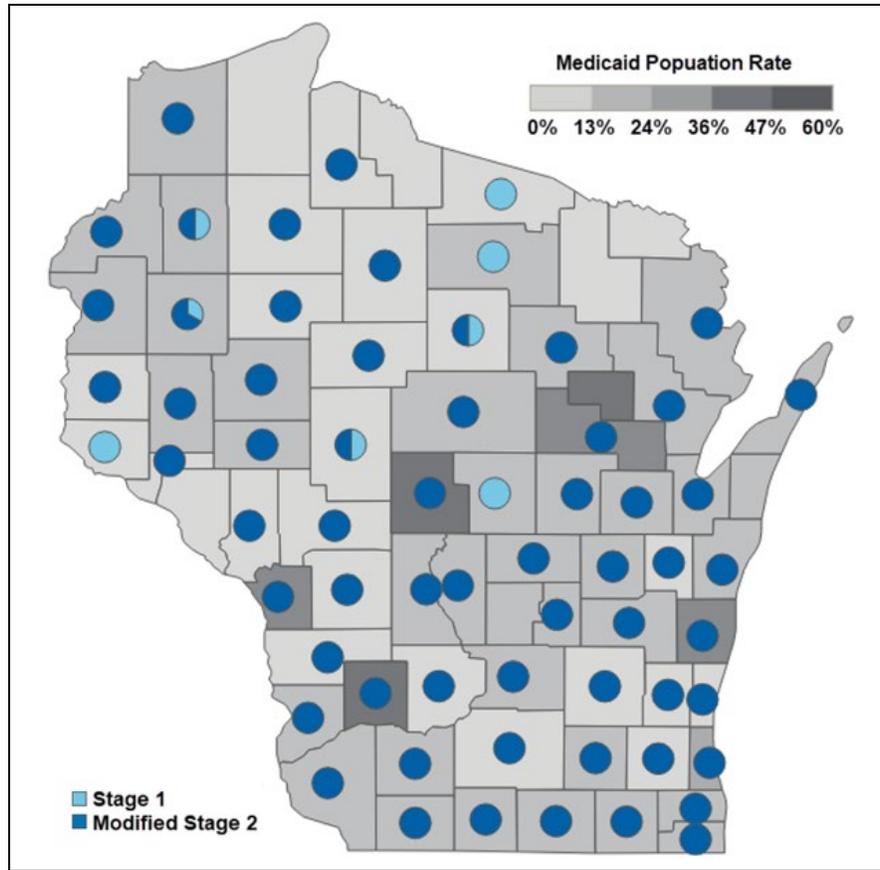


Figure 2.02: Eligible Hospital Meaningful Use Advancement through Program Year 2017

While not included in the participation statistics, Eligible Hospitals are expected to continue attesting to the Medicare Promoting Interoperability Program through Program Year 2021 to avoid reimbursement adjustments. However, this data is not made available for public distribution and thus was not included in this analysis.

2.2 Eligible Professionals

Eligible Professionals encompass a much broader population than Eligible Hospitals; over the life of the program, Wisconsin estimates approximately 21,604 Wisconsin Medicaid providers to be eligible for the PI Programs. Wisconsin Medicaid providers continue to progress through the Medicaid PI Program. Nationally, Wisconsin has achieved the second highest percentage of Eligible Professionals attesting to Meaningful Use after attesting to AIU during their first year (60%), compared with the national average of 55%).⁴

When accounting for both programs, Wisconsin has seen approximately 53% of providers estimated to be eligible in either program (11,536 of 21,604) participate in at least one year.

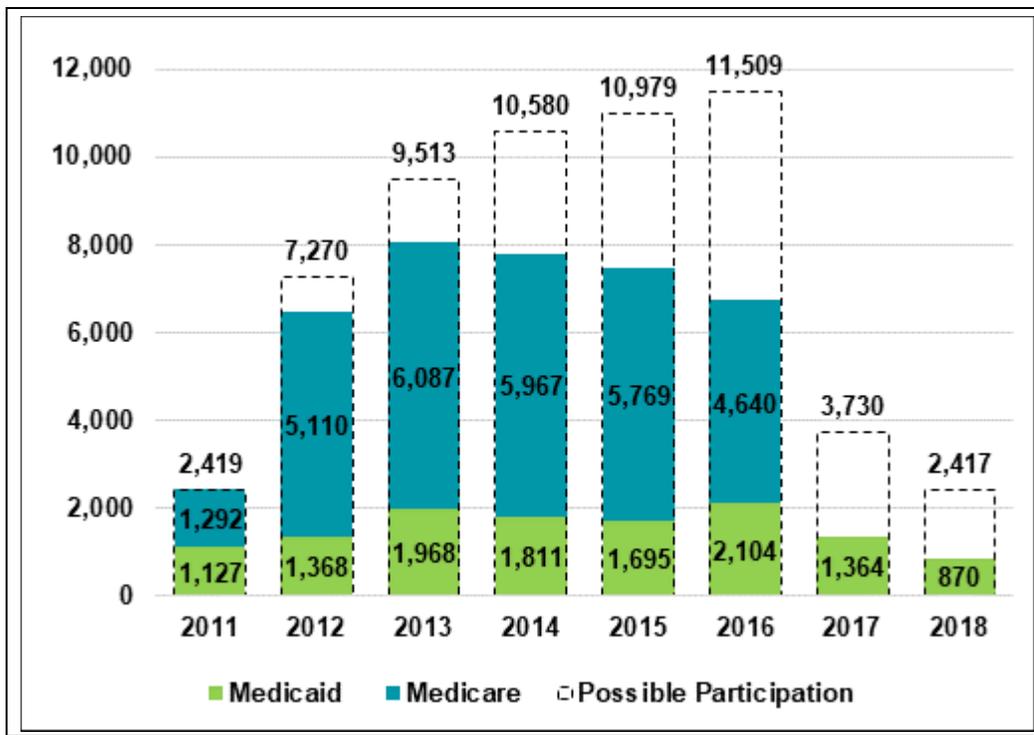


Figure 2.03: Eligible Professional Participation through Program Year 2018

Figure 2.03 shows participation in each program year relative to the total number of providers who had previously initiated participation. The cumulative number of participants increased until declining in Program Year 2017, which was both expected and reflective of national trends for a variety of reasons discussed below.

First, the Medicare PI Program concluded after Program Year 2016, which reduced the overall PI Program population by almost 70%. Additionally, Medicaid PI Program participants are now limited to those who initiated their participation prior to Program Year 2017. Finally, although the Medicaid PI Program continues through Program Year 2021, the trend of decreased Eligible Professional participation will continue, due to Eligible Professional participation being limited to six years.

While incentives payments through the Medicare PI Program have ended, health care professionals providing services to Medicare patients are now required to participate in the Quality Payment Program (QPP). The Merit-based Incentive Payment System (MIPS), which is the more common track of the QPP, includes reporting requirements for interoperability; however, the reporting requirements do not exactly mirror the Medicaid PI Program requirements. Additionally, although providers are reporting PI measures to CMS, QPP program data is not made available for public distribution and therefore cannot be used to assess the state's health IT maturity.

In reviewing PI Program statistics, both the retention rates (percentage of program participants who have participated in more than one program year) and the advancement through the stages of Meaningful Use provide insight into whether providers are maturing their health IT capabilities and finding value in continuing their participation in the PI Program.

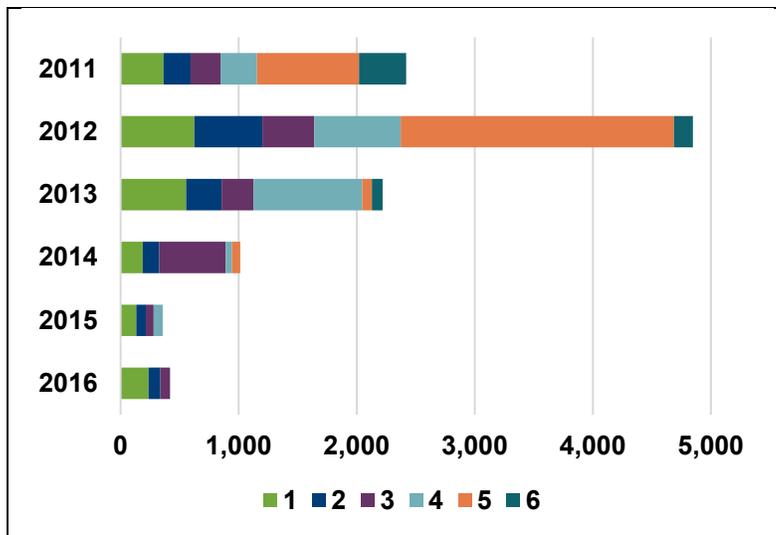


Figure 2.04: Eligible Professional Payments by Initial Year of Participation

For the 870 Eligible Professionals attesting in Program Year 2018, Figure 2.05 shows the number and percentage of Eligible Professionals receiving each payment year. Slightly over half of participants received their fifth or sixth (final) payment year. A majority of payment year 6 payments (346, 65%) were issued in Program Year 2017, with the others (285, 33%) in Program Year 2018.

Most Wisconsin Eligible Professionals are maximizing their advancement through the program as well, with nearly 90% of participants having achieved some stage of Meaningful Use. Over 75% of participating Eligible Professionals attested to Modified Stage 2 through Program Year 2018. While the highest stage of Meaningful Use was actually Stage 3 in Program Year 2018, only a single Eligible Professional attested to that stage as it was not required.

Figure 2.06, below, displays the geographic distribution of the highest stage of provider attestations. Counties have been shaded to reflect the Medicaid population rate, calculated as the percentage of the county’s population enrolled in Medicaid.⁵ Since only one provider attested to Stage 3, representing less than 1% of overall provider participation, it is not included in the figure below. The provider who attested to Stage 3 in Program Year 2018 was in Green County.

Figure 2.04 displays the payment year (cumulative number of years of participation) for Wisconsin Eligible Professionals, broken out by the year they initiated participation. For example, of the approximately 5,000 providers who initiated participation in Program Year 2012, 5% received their sixth and final payment in 2017, meaning they participated in each year of the program from 2012 to 2017.

Eligible Professionals may choose to skip participation for several reasons, including other resource-heavy priorities like programmatic or technology projects.

Payment Year	Program Year 2018 Attestations
2	90 (10.34%)
3	141 (16.21%)
4	172 (19.77%)
5	182 (20.92%)
6	285 (32.76%)
Total	870 (100.00%)

Figure 2.05: Program Year 2018 Eligible Professional Payment Year Breakdown

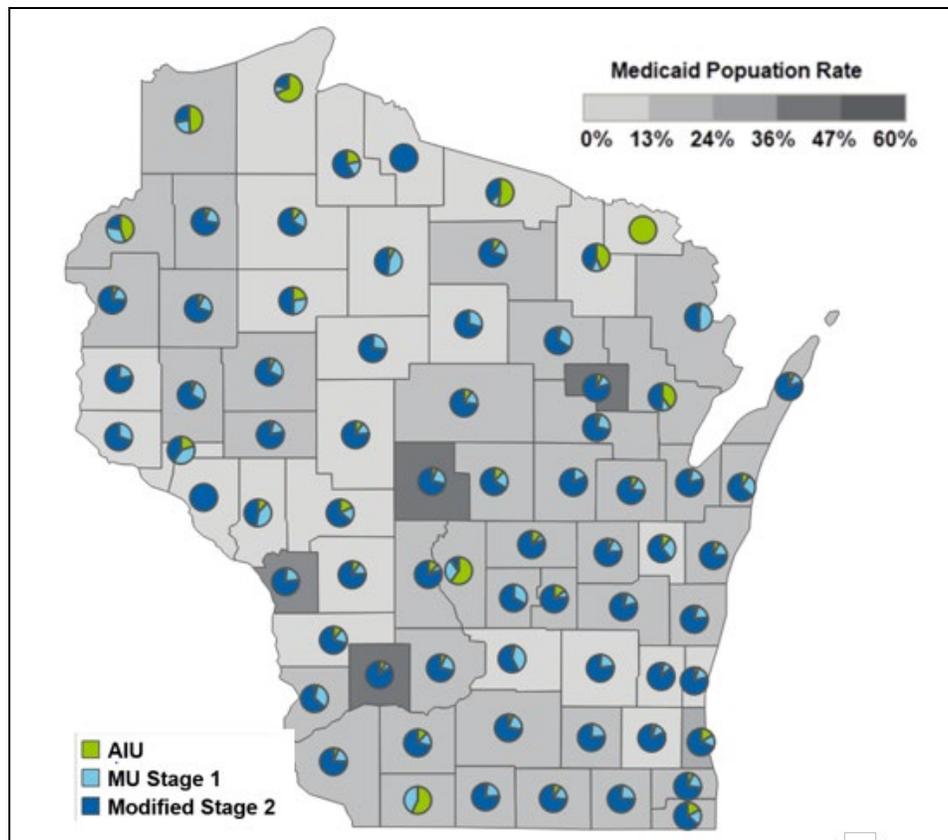


Figure 2.06: Eligible Professional Meaningful Use Advancement through Program Year 2018

Looking forward, overall Medicaid PI Program participation is expected to continue to decrease due to Eligible Professionals continuing to complete their participation in the Medicaid PI program.

2.2.1 Eligible Professional Provider Type Participation Rates

Eighty-four percent of Eligible Professionals fall under the physician provider type (primarily doctors of medicine and doctors of osteopathy). Therefore, the overall Eligible Professional Program Year participation and retention rates primarily reflect those of physicians. In looking across the remaining provider types within the Eligible Professional population, however, there is a range of PI Program involvement. The distribution of participation by provider type remains consistent with Program Year 2018 although the cumulative number of participants in the Medicaid program has increased slightly for physicians and nurse practitioners.

Provider Type	Medicare PI Program	Medicaid PI Program	Total Participants	% of Total Participants	Participation Rate
Physician	7,578	2,326	9,904	86%	64%
Nurse Practitioner	Not Applicable	1,151	1,151	10%	27%
Physician Assistant	Not Applicable	30	30	<1%	Not Applicable ^a
Dentist	8	443	451	4%	24%
Total	7,586	3,950	11,536		

Figure 2.07: Cumulative Eligible Professionals in the Medicare and Medicaid PI Program through Program Year 2018
 EHR participation rate is calculated as the number of participating Eligible Professionals over the number estimated to be eligible. Nurse practitioner includes nurse service and certified nurse midwives, including mental health practitioners.

Similar to participation, Eligible Professional retention also shows a significant amount of variation when broken out by provider type, as shown in Figure 2.08.

As of Program Year 2018, physicians have the lowest proportion of providers with only one year of participation. Nurse practitioners and physician assistants have similar rates of providers participating for only one or two years, but only 25% of nurse practitioners reach five or six years of participation, compared with 33% of physician assistants. While over three quarters of dentists only participated in the initial payment year, those who continued to participate have an average of three participation years, which is close to the average of four years for physicians.

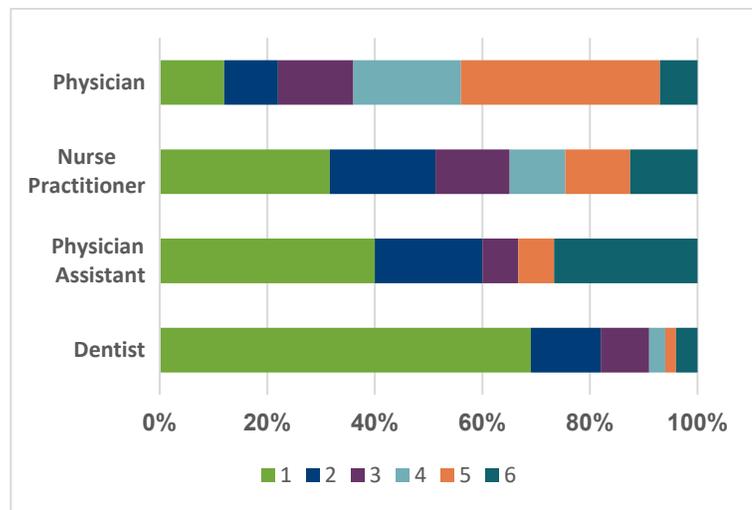


Figure 2.08: Eligible Professional Provider Type Retention

Progress to achieve Meaningful Use differs among provider types as well. Physicians have made the most progress, with 78% of participants attesting to Modified Stage 2 as of their most recent attestation, followed by nurse practitioners (58%), physician assistants (47%), and dentists (24%).

2.2.2 FQHCs and Tribal Health Centers

In Wisconsin, there are 25 organizations classified as FQHCs, including tribal health centers, providing health care services to low-income populations in underserved areas with low access to care. These organizations have locations in 57% (41 of 72) of Wisconsin counties, serving approximately 921,440 Medicaid members.

^aDue to the restriction on physician assistant eligibility, only those participating in the Medicaid PI Program are considered eligible for the program.

Eligible Professionals at these organizations have higher participation rates (99% and 89%, respectively) compared to the average of participating providers (58%) but, at the same time, have demonstrated lower rates of retention and advancement to Meaningful Use.^{6, 7}

Figure 2.10 shows the distribution of the years of participation for providers at these organizations, as well as for overall program participants. While there is some variation across FQHCs and tribal health centers, these organizations have a markedly lower proportion of providers with participation over three years. The percentage of FQHC and tribal health center providers completing five or six years of participation is also much lower than providers overall.

FQHCs and tribal health centers also have a higher percentage of providers who participated for an initial AIU payment and have not yet returned to the program for a Meaningful Use attestation. On average, 48% of FQHC participating Professionals and 36% of Wisconsin tribal health center participating Professionals have achieved Modified Stage 2, compared to 72% overall.

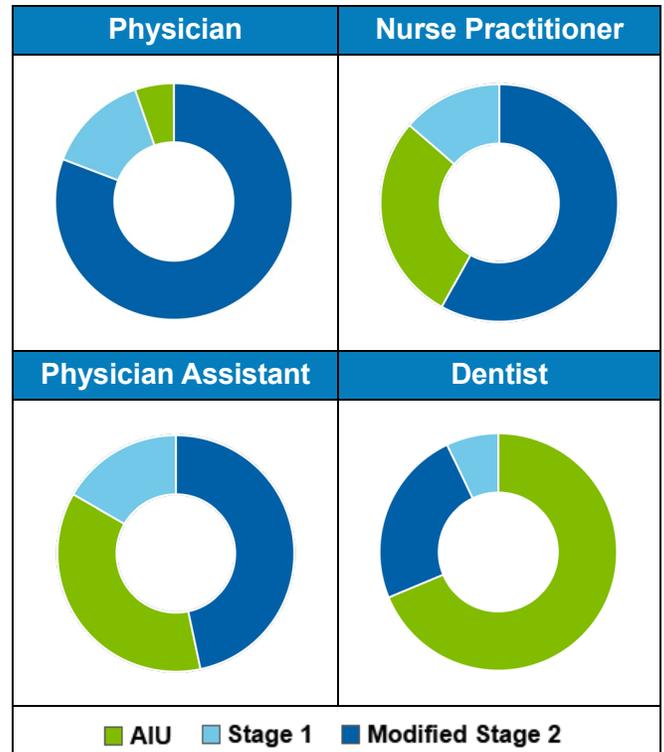


Figure 2.09: Eligible Professional Provider Type Advancement through Program Year 2018

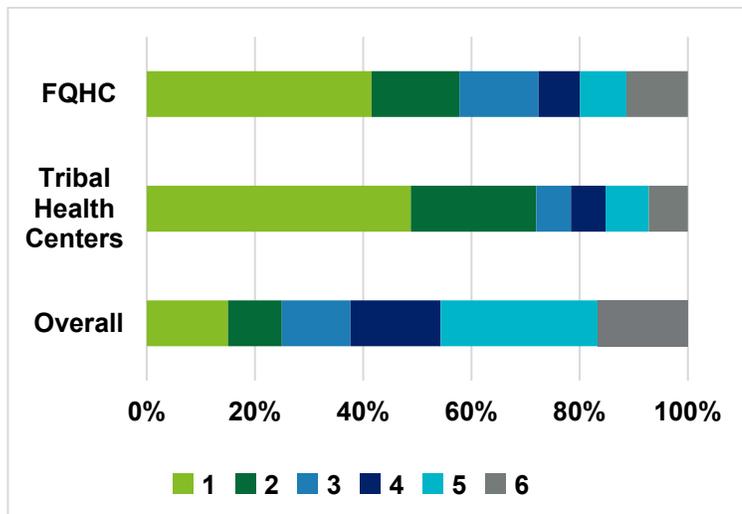


Figure 2.10: Eligible Professional Payment Year by Organization

Figure 2.11, on the next page, reflects certified EHR adoption and Meaningful Use advancement in FQHCs and tribal health centers through Program Year 2018 relative to providers estimated to be eligible but not participating. The counties have been shaded to reflect the Medicaid population rate, calculated as the percentage of the county’s population enrolled in Medicaid.⁸ Note that for many counties there are either no Eligible Professionals at these organization types or no applicable organizations, represented by dark gray pie charts.

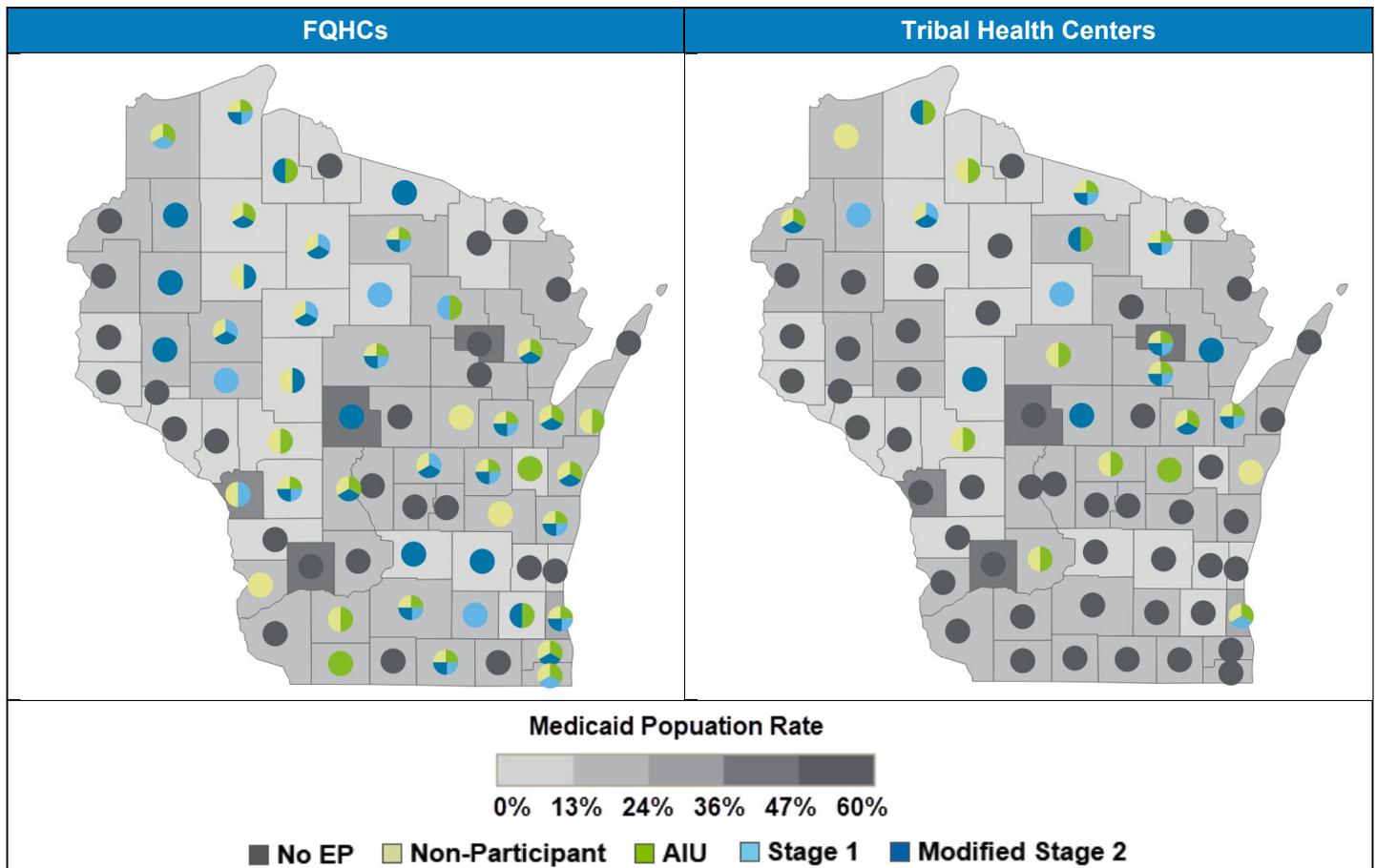


Figure 2.11: Eligible Professionals Organizational Meaningful Use Advancement through Program Year 2018

There are two factors to consider in reviewing the retention and advancement of these providers:

Provider Type Distribution: As noted previously, Meaningful Use advancement rates vary substantially by provider type. FQHCs and tribal health center providers are more evenly distributed across physician, nurse practitioner, and dentist provider types than the overall population; they have an equal percentage of physicians and dentists (38% and 38%), followed by nurse practitioners comprising 24%.^b

Across this dimension, most advancement rates are similar to the overall program. One marked difference is that physicians at FQHC and tribal health centers have not progressed to Meaningful Use at nearly the same rates as non-FQHC or tribal health center physicians. Nearly 95% of all non-FQHC or tribal health center physicians have achieved some stage of Meaningful Use comparatively only 75% of physicians at FQHCs and 69% of physicians at tribal health centers have achieved Meaningful Use.

^bPhysician assistants were excluded due to their low representation overall. There is one physician assistant participating with an FQHC, representing 0.2%. For the overall program, physician assistants make up 0.3% of the population.

Certified EHR Vendor Capabilities: Beginning December 16, 2015, providers using Indian Health Services' Resources and Patient Management System for their 2014 Edition certified EHR have been unable to complete the onboarding of their data to the system's Network Master Patient Index and Network Health Information Exchange. These providers were therefore unable to attest to Meaningful Use for PI Program payments potentially in Program Year 2015 and continuing through Program Year 2016.

Indian Health Services worked with CMS to document a Medicare hardship exception process, which likely minimized the impact to the providers;⁹ however, the lowered advancement within the PI Program for tribal health centers is assumed to be directly impacted by these technical issues. Seven of the 12 tribal health centers initiated participation in the PI Program using their product, though some tribal health centers have since switched to other vendors. In Program Year 2018, 17 Eligible Professionals from tribal health centers attested, two of which used a product from Indian Health Services.

In Program Year 2018, numerous providers were unable to successfully attest due to their use of Greenway Health EHR products. Issues were identified in the data reporting functionality, and Greenway Health advised their clients to await a fix before attesting. Of the providers that did receive the fix, many were still unable to attest as the newly reported data showed measures were not met. The issue with Greenway Health products disproportionately impacted providers at FQHCs, as Greenway Health is the second most often used EHR vendor at FQHCs.

Stage	FQHC	Tribal	Overall
Physicians			
AIU	25%	31%	5%
Stage 1	14%	26%	16%
Modified Stage 2	60%	43%	79%
Nurse Practitioners			
AIU	31%	33%	28%
Stage 1	14%	11%	14%
Modified Stage 2	55%	56%	58%
Dentists			
AIU	62%	75%	73%
Stage 1	6%	9%	8%
Modified Stage 2	32%	16%	20%

Figure 2.12: Eligible Professional Highest Level of Attestation by Organization and Provider Type through Program Year 2018

3 HEALTH IT MATURITY

The Medicaid and Medicare PI Programs facilitate and encourage providers' ability to deliver high-quality care and move toward value-based purchasing through the "meaningful use" of EHR technology. Meaningful Use is reported against two criteria: Meaningful Use objectives and electronic clinical quality measures (eCQMs).

Analyzing how providers are reporting on Meaningful Use can speak to the impact health IT is having on care coordination and delivery. Attestation data can also provide an indication of readiness for the final stage of the PI Program, improved outcomes (Stage 3), which is required starting in Program Year 2019.

Generally, health IT maturity against advanced clinical processes (Stage 2) remained similar in Program Year 2018 attestations as compared to the prior two program years. For most measures, average performance rates continue to be high, and average exclusion rates continue to be low.

Although the latest performance rates demonstrate a readiness for improved outcomes for those Meaningful Use objective measures continuing in the program with increased thresholds, providers were not expected to transition to the final stage until Program Year 2019, when it becomes required. Attestations from Program Year 2018 validated this assumption, with only a single provider attesting to Stage 3 in Program Year 2018. Stage 3 incorporates new technical capabilities, such as the addition of application programming interfaces (APIs), for use with patient engagement and access to health information, and use of 2015 Edition certified EHR technology. To afford additional time for providers to implement the technical requirements, CMS final rule 82 FR 19796 extended the availability of Modified Stage 2 through Program Year 2018 and provided flexibility in certified EHR edition, allowing providers to use a hybrid of 2014 and 2015 Edition modules to achieve Stage 3 requirements through Program Year 2018.

3.1 Meaningful Use Objectives

As the Meaningful Use stages have progressed, specific objectives and measures have been revised, making direct comparison across all stages and program years difficult. Starting in Program Year 2015, Modified Stage 2 replaced the core and menu structure of Stages 1 and 2 with a single set of objectives and measures, allowing for a more consistent comparison.¹⁰ As such, the data contained in this analysis includes attestations from Program Years 2015, 2016, 2017, and 2018.

The following analysis does not include Stage 3 attestation information as only one provider attested to Stage 3, representing less than 1% of overall provider participation. In reviewing Meaningful Use attestations, both the exclusion rate (percentage of providers that "skipped" the measure set) and performance rates (extent to which providers met or exceeded the measure set threshold) can speak to the maturity of EHR adoption, the integration of new processes into provider workflows, and data exchange capabilities.

Program Year 2018 of the PI Program consists of 10 objectives corresponding to 16 measure sets, as some objectives contain more than one measure. Ten of the measure sets require submission of a numerator and a denominator, resulting in a performance rate (percentage of patients for whom the measure was performed). For Eligible Professionals, the average performance rate exceeded 90% in ten measure sets in Program Year 2018. Exclusions are available to Eligible Professionals on 14 of the 16 measure sets. Average exclusion rates were less than 40% in Program Year 2018 for all but one measure set.

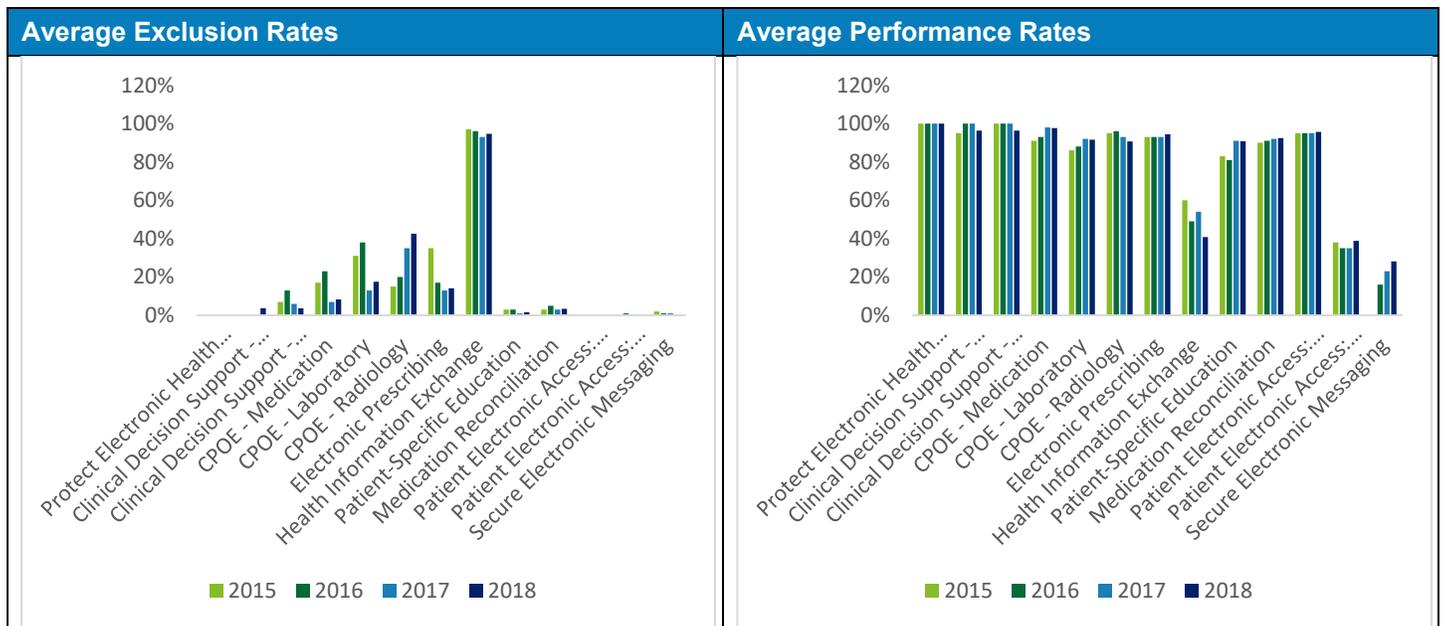


Figure 3.01: Eligible Professional Average Exclusion and Performance Rates in Program Years 2015, 2016, 2017 and 2018
 The charts display average exclusion or performance rate for each objective or measure set from the designated program year. Public health measures are excluded from the above analysis and further explored in a subsequent section. See [Appendix: PI Program Statistics](#) for full attestation data.

In general, exclusion rates are higher for measures with available exclusions based on volume, for example, if the incidence occurs less than 100 times during the EHR reporting period. Given the continuation of a 90-day reporting period, volume exclusions most likely speak to a low number of incidences as opposed to providers not having the capability or not meeting performance thresholds. Those measures with lower performance rates can be categorized as data exchange between health care entities and patients via EHR technology.

The following sections highlight selected measures with higher (above 40%) average exclusion rate and/or lower (below 80%) average performance rate in Program Years 2015 through 2018; for full attestation data sets see the Appendix: PI Program Statistics.

3.1.1 Health Information Exchange

The Health Information Exchange objective entails providing a summary of care record for transitions and referrals. As in prior years, this measure was excluded by almost all Eligible Professionals. Performance rates remained among the lowest seen, but well exceed the 10% Modified Stage 2 threshold.

Objective	Average Exclusion Rates				Average Performance Rates			
	2015	2016	2017	2018	2015	2016	2017	2018
Health Information Exchange	97%	96%	93%	95%	60%	49%	54%	41%

Figure 3.02: Meaningful Use Attestations Statistics for Health Information Exchange

The exclusion is available for 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. This measure is anticipated to continue to have high average exclusion rates, because the EHR reporting period will remain 90 days in length through the end of the program in 2021.

3.1.2 Patient Electronic Access: View, Download, Transmit

The Patient Electronic Access objective evaluates the capability for and patient use of electronically viewing, downloading, and sending or transmitting medical records to a third party. The measure set tied to patient use continues to be one of the lowest-performing measures across recent program years, despite over 90% of providers making the capability available.

Objective	Measure Set	Average Exclusion Rates				Average Performance Rates			
		2015	2016	2017	2018	2015	2016	2017	2018
Patient Electronic Access: View, Download, Transmit	Provide Capability	0%	0%	0%	0%	95%	95%	95%	96%
	Patient Use	0%	1%	0%	0%	38%	35%	35%	39%

Figure 3.03: Meaningful Use Attestations Statistics for Patient Electronic Access

While performance rates remain low, they greatly exceed the 5% threshold required for Modified Stage 2 attestations. Taken together, the disparity in performance rates for these measure sets suggest that although the capability exists, providers continue to encounter difficulties in demonstrating to patients the value of accessing and using electronic health data.

3.1.3 Secure Messaging

The Secure Electronic Messaging objective speaks to the percentage of unique patients Eligible Professionals communicated relevant health information to through secure messages. Program Year 2016 was the first year where this objective required a numerator and denominator; in previous Program Years, the objective format was yes/no. Average performance across attestations continue to be well above the 5% threshold.

Objective	Average Exclusion Rates				Average Performance Rates			
	2015	2016	2017	2018	2015	2016	2017	2018
Secure Messaging	2%	1%	1%	0%	N/A	16%	23%	28%

Figure 3.04: Meaningful Use Attestations Statistics for Secure Messaging

Like the Patient Electronic Access objective patient use measure, Secure Messaging requires patient engagement, such as the patient having email, consenting to receive text messages, or having access to a patient portal. As providers continue to attest, performance rates will provide additional context as to how providers are using their health information technology to interact with patients.

3.1.4 Public Health Reporting

The Public Health objective serves as an indicator for provider movement toward transmitting public health data. Like the previous Program Year, Eligible Professionals showed high engagement with the public health reporting objective, which includes measures for immunization, syndromic surveillance, and specialized

registries. There were no differences in the requirements between providers scheduled to be in Modified Stage 2 for Program Years 2015 through 2018; Eligible Professionals were required to meet two measures.^c

Figure 3.05 details the four most recent Program Year attestations to the Public Health objective. Program Year 2018 saw a continued decline in the amount of providers attesting to the immunization registry measure. Of note, the percent of providers attesting to the specialized registry measure increased by 29 points between Program Year 2016 and 2018.

In Wisconsin, public health registry data is collected through the following means:

- Immunization data is submitted to the Wisconsin Immunization Registry.
- Syndromic surveillance data is submitted to BioSense 2.0.¹¹
- Electronic case reporting data is submitted to the Wisconsin Electronic Disease Surveillance System.
- Cancer data is submitted to the Wisconsin Cancer Reporting System.

Compared to the other registries, the specialized category has the broadest range of qualifying registries by design to prevent the exclusion of certain registries. CMS has put forth few restrictions on what can be considered a specialized registry, requiring only a declaration of readiness, the ability to receive data generated from certified EHR technology, and use of the data received to improve population health outcomes.¹²

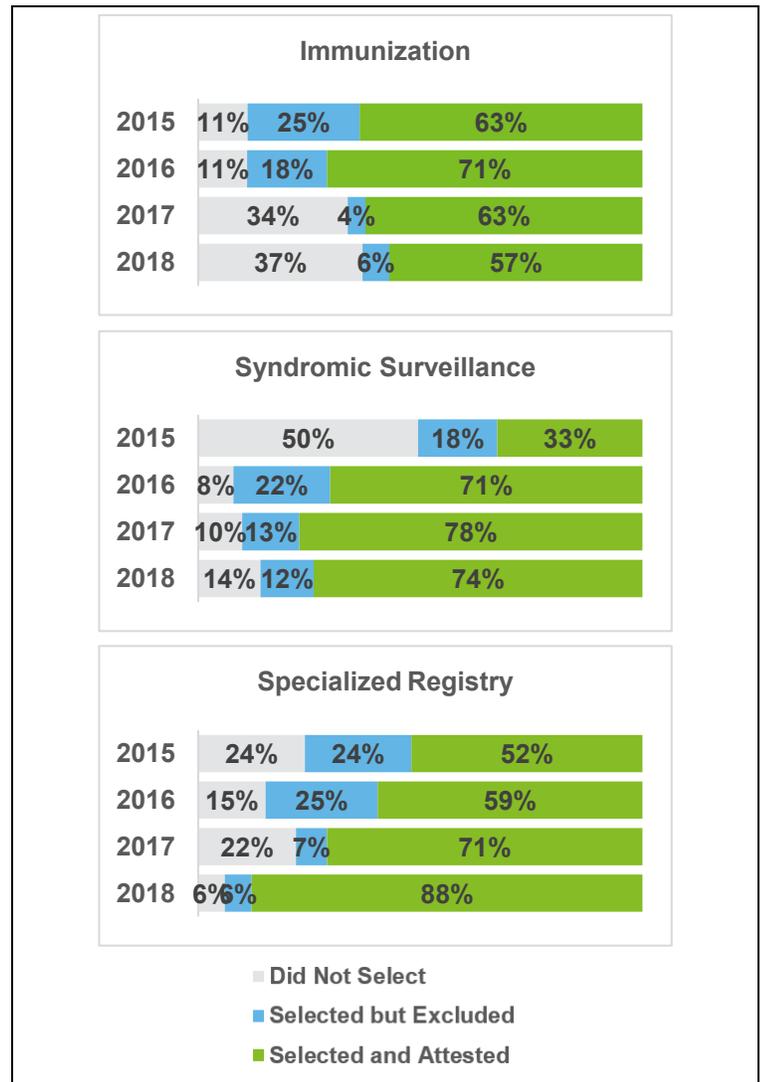


Figure 3.05: Eligible Professional Public Health Reporting

Eligible Professionals who attested to the specialized registry measure in the Medicaid program were required to enter a name for their registry into a free text field, representing 7%, 12%, 51%, and 94% of Program Year 2015, 2016, 2017, and 2018 attestations, respectively. Across these Program Years, 16 unique registries were attested to. Prior to Program Year 2018, three registries encompassed 89% of responses: Epic’s Aggregate Data Program, Vizient’s Clinical Data Base/Resource Manager, and Physician Compass.^d These three registries are collecting clinical data like blood pressure, medications, lab results, and tobacco usage. In Program Year

^cExclusions continued to be available related to whether the providers operate in a jurisdiction whose public health agency can receive the data electronically, as well as exclusions tied to not administering, diagnosing, or treating any disease or condition associated with collecting relevant data.

^dPhysician Compass is a health care reporting company founded by the Wisconsin Collaborative for Healthcare Quality and the Wisconsin Hospital Association.

2018 these three registries were no longer the most often reported. In Program Year 2018, the attestations to these three registries only represents about 4% of registries reported. Two other registries, Acure and the CDC’s National Health Care Survey emerged in 2018 as the top two most often reported registries, representing 81% of all registries reported in 2018. The Wisconsin Department of Health Services Division of Public Health (DPH) maintains the Wisconsin Cancer Reporting System, which is also a specialized registry; across the three most recent Program Years, this registry was selected in less than 1% of attestations.

In Stage 3, the specialized registry measure is split into two measures: one for public health registries and one for clinical data registries. Based on analysis of attestations from Program Years 2015 through 2018, most registries attested to as specialized registries would be considered clinical data registries for the purposes of the PI Program Stage 3 requirements, suggesting continued attestation to these registries going forward.

3.2 Electronic Clinical Quality Measures

Eligible Professionals are provided a great deal of flexibility when selecting electronic clinical quality measures (eCQMs) through their PI Program attestation. As the PI Program has progressed, the number of eCQMs required to be attested to has changed, and the list of available measures has been revised each year, making direct comparison across Program Years difficult. In previous Program Years, CMS required eCQM selections fall across at least three of the six National Quality Strategy domains.¹³ This requirement was removed after Program Year 2016.

There is some additional guidance regarding attestations; CMS has identified two core sets of eCQMs—one for adults and one for children—focusing on high-priority health conditions and best practices for care delivery. The Wisconsin Medicaid Agency also provides a recommendation that Eligible Professionals report on 25 high priority eCQMs aligning with current Medicaid initiatives and potential future areas of interest.¹⁴ Beginning in Program Year 2019, Eligible Professionals will be required to report on at least one outcome or high-priority eCQM. If there is no relevant outcome or high-priority measure, the Eligible Professional can report on any relevant six eCQMs.

There continues to be a wide range of attestation rates among the individual eCQMs; however, very little differences were seen in concentration of eCQM attestation patterns between Program Years 2016 through 2018.

In Program Year 2018, 63% of all eCQMs were attested to by less than 10% of providers. Additionally, 17% of eCQMs were not selected at all for attestation in Program Year 2018. These findings are consistent with trends observed in prior years. The top five most selected eCQMs in Program Year 2018 were all on the list of Wisconsin designated high priority measures. Four of the five eCQMs were considered high priority by CMS. Figure 3.06 details eCQM attestation rates for the most commonly selected eCQMs broken out by provider type to allow for the variation in the types of care and services performed by different providers.

Electronic Clinical Quality Measure	CMS	WI	Phys	Nurse	Dent	PA	All
CMS147: Preventive Care and Screening: Influenza Immunization		X	84%	80%	32%	0%	81%
CMS2: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	X	X	73%	74%	21%	100%	71%
CMS68: Documentation of Current Medications in the Medical Record	X	X	46%	53%	84%	100%	50%

CMS154: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	X	X	55%	36%	0%	0%	47%
CMS146: Appropriate Testing for Children with Pharyngitis	X	X	51%	33%	0%	0%	44%
CMS74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists		X	41%	28%	74%	0%	39%
CMS127: Pneumonia Vaccination Status for Older Adults			27%	48%	50%	0%	34%
CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented		X	31%	41%	8%	0%	33%
CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up		X	21%	24%	37%	100%	23%
CMS165: Controlling High Blood Pressure*	X	X	16%	23%	37%	100%	19%
CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		X	12%	17%	29%	100%	14%
CMS156: Use of High-Risk Medications in the Elderly	X		2%	9%	66%	0%	7%
CMS75: Children who have dental decay or cavities*	X	X	4%	2%	74%	0%	6%
CMS50: Closing the referral loop: receipt of specialist report	X		4%	2%	37%	100%	5%

Figure 3.06: Highest Attested Electronic Clinical Quality Measure Attestation Rates for Eligible Professionals in Program Year 2018

Abbreviated provider types include physician, nurse practitioner, physician assistant, and dentist. *Indicates high-priority eQMs which are also outcome measures. X's indicate high-priority measures designated by CMS or WI DHS. Attestation rate from 1–5 is represented by darkest (dark green) to lightest (light green) shading.

In reviewing the top selected eQMs, there is relatively high correlation across provider types. While this might be expected to some extent due to the overlap in services provided by physicians and nurse practitioners (and to a lesser extent, physician assistants), one would not expect a correlation with dentists. Wider variation within the physician provider type would also be expected, resulting from the range of specialties and associated health care services.

When compared to the prior year, data from Program Year 2018 showed a small amount of variation. One new eQm was represented in the overall top five (CMS146: Appropriate Testing for Children with Pharyngitis). Subsequently, one prior top eQMs was not selected as part of the overall top five (CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention).

4 CERTIFIED EHR VENDOR LANDSCAPE

Currently, the most widely used measure of health IT maturity is the EHR adoption rate, or the percentage of a defined provider group actively using an EHR. According to ONC, Wisconsin surpasses the national averages for both physicians and hospitals in adopting EHR technology.¹⁵

- Physicians have adopted an EHR at a rate of 98% (compared to the national average of 86%), with 91% adopting a certified EHR (compared to the national average of 80%).
- Non-federal acute care hospitals have adopted a certified EHR at a rate of 97% (compared to the national average of 96%).

This section provides analysis of certified EHR adoption rates for Wisconsin's Eligible Hospitals and Eligible Professionals relative to their participation in the Medicare and Medicaid PI Programs. This population represents a targeted subset of the overall Wisconsin health professional landscape, as described in the PI Program Overview, and as such, reflects different EHR adoption rates than the broader provider population to which ONC data speaks.

To date, specifications for three progressive editions of certified EHR technology have been defined for use with the PI Programs. Figure 4.01 outlines the editions available for each stage as well as the percentage of attestations that have used each edition. This assessment focuses on certified EHR vendors used in the most recent or final attestations, as this subset provides the best view into current EHR adoption and, by extension, health IT capabilities.

Edition	Meaningful Use Stage	PY2011	PY2012	PY2013	PY2014	PY2015	PY2016	PY2017	PY2018
2011	Stage 1	100%	100%	87%	4%				
2014	Stage 2, Modified Stage 2			10%	96%	100%	90%	42%	9%
2015	Modified Stage 2, Stage 3						10%	58%	91%

Figure 4.01: Certified EHR Technology Editions Used in Eligible Hospital/Professional PI Program Attestations

In Program Year 2013, 3% of Eligible Professional attestations made use of certified EHR technology containing a hybrid of 2011 and 2014 Edition modules. In Program Year 2018, 16% of Eligible Professional attestations made use of certified EHR technology containing a hybrid of 2014 and 2015 Edition modules.

During attestation, providers must reference a CMS EHR certification ID, which they generate from the ONC's Certified Health IT Product List. The CMS EHR certification ID may represent one or more certified EHR vendor products used to meet program requirements. A large number of certified EHR vendors have been used to attest to the PI Programs, but the overwhelming majority of attestations have been with a few select vendors. While there is some overlap between the Eligible Hospital and Eligible Professional vendors, such as use of Epic Systems and Cerner Corporation products, not all top vendors are represented in both landscapes.

4.1 Eligible Hospital Certified EHR Vendor Landscape

Wisconsin Eligible Hospitals attesting to the PI Programs have used 28 different certified EHR vendors throughout Program Years 2011–2017. The Eligible Hospital market share is relatively diverse across a number of vendors, although almost three-fourths of vendors have less than 5% market share. Eligible Hospitals attesting to the PI Programs have used the top five vendors in 81% of most recent attestations.

In Figure 4.02, market share reflects the vendor used for the most recent EHR attestation. When reviewing the vendor distribution, note the market share of most of the top vendors is conflated, as approximately 30% of certified EHRs used by hospitals include multiple vendor software packages.

Within the top five vendors, that percentage increases to 58%, with only Epic Systems and Cerner Corporation being primarily used as single-vendor certified EHRs. When examining the remaining top vendors, most are used exclusively as multivendor certified EHRs, with significant overlap across the top five vendors:

- Ten of the attestations using Orion Health, Truven Health Analytics, LOGICARE® Corporation, and Ministry Health Care technology were used together.
- Seven of the eight Marshfield Clinic attestations made use of the above combination of vendors, and the remaining hospital's certified EHRs includes Cerner Corporation.
- Three attestations used a combination of Orion Health and Truven Health Analytics with the addition of MEDHOST and MEDITECH.

As mentioned previously, an additional aspect of the vendor landscape to consider is the certified EHR edition, which is influenced by the initial participation year and continued hospital eligibility. Most hospitals completed their participation in the Medicaid or Medicare PI Program prior to Program Year 2015, meaning they were not required to upgrade to a 2014 Edition as part of program participation. Despite this, 91% of final attestations made use of a 2014 Edition. The vendor market share for 2014 Edition certified EHR technology mimics the program overall, with Epic Systems and Cerner Corporation leading as primarily single vendor certified EHRs, followed by multivendor combinations across the remaining top vendors.

There were only seven hospitals with a final attestation using 2011 Edition certified EHR technology. For these hospitals, the most prevalent vendor was a combination of Orion Health, Truven Health Analytics, LOGICARE® Corporation, and Ministry Health Care. This combination comprised three of the attestations, with one hospital also including MEDHOST and two including EHR Doctors, Inc., a vendor that fell off in later editions. Additionally, all six attestations using the 2015 edition utilized Epic Systems as a single vendor and occurred in Program Year 2016.

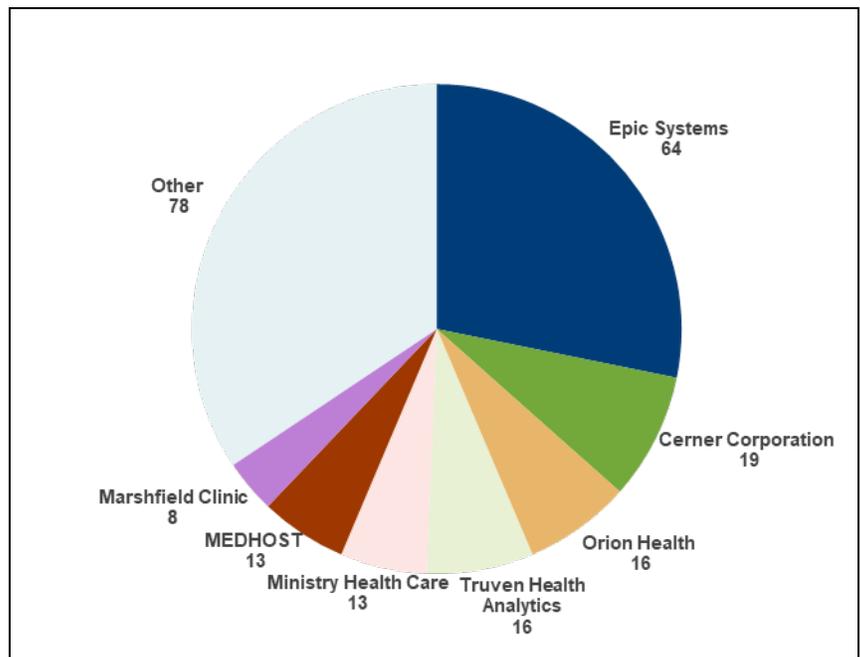


Figure 4.02: Vendor Market Share for Eligible Hospitals by Most Recent PI Program Attestation

4.2 Eligible Professional Certified EHR Vendor Landscape

Eligible Professionals attesting to the PI Programs have used 184 different certified EHR vendors throughout Program Years 2011–2018, with an average per program year of 63 vendors. Notably, starting in Program Year 2017 and continuing in 2018, the number of unique vendors represented by the attestations dropped by approximately 50%. This is likely a byproduct of the large reduction in overall attestations in these Program Years compared to the prior years. In

Program Years 2017 and 2018, far fewer Eligible Professionals from small or independent practices attested. The majority of attestations were from large organizations, health systems, or integrated delivery networks resulting in less diversity of vendors. Despite the high number of vendors, the market share is dominated by a handful; providers have attested with the top five vendors in 87% of their most recent attestations. The market share is also primarily made up of certified EHRs containing a single vendor. When considering attestations over the life of the program (Program Years 2011 through 2018) only 5% of attestations use certified EHR technology with a combination of different vendor products. However, when reviewing the

attestations year by year, a drastic uptick in the use of a solution comprising products from multiple vendors is observed starting in Program Year 2016. In Program Year 2015, only 2% of attestations used a solution with multiple vendor products, compared with 14% of attestations in Program Year 2016. This percentage continued to increase in both Program Years 2017 and 2018; in 2018, 43% of participating Eligible Professionals used a solution with multiple vendor products. This speaks to the industry trend of using a modular approach to a technical solution and also speaks to the consolidation of the Eligible Professionals attesting. The organization contributing the largest number of Eligible Professionals each year began using a solution including products from multiple vendors in Program Year 2018.

Given the duration of the PI Program to date, consideration to a provider's initial participation year and the certified EHR edition should be given when examining the vendor landscape. The majority of Eligible Professionals (83%) initiated participation between Program Years 2011 and 2013, with 98% using 2011 Edition certified EHR technology. To continue participation in later Program Years, these organizations would have had to upgrade to 2014 Edition (required beginning in Program Year 2015) and/or 2015 Edition (required in at least a hybrid combination for Stage 3 attestation).

To date, over 69% of most recent attestations reflected the minimum 2014 Edition, with 91% of Program Year 2018 attestations using 2015 Edition certified EHR technology. Sixty-six percent of most recent attestations using 2015 Edition certified EHR technology utilized Epic Systems Corporation.

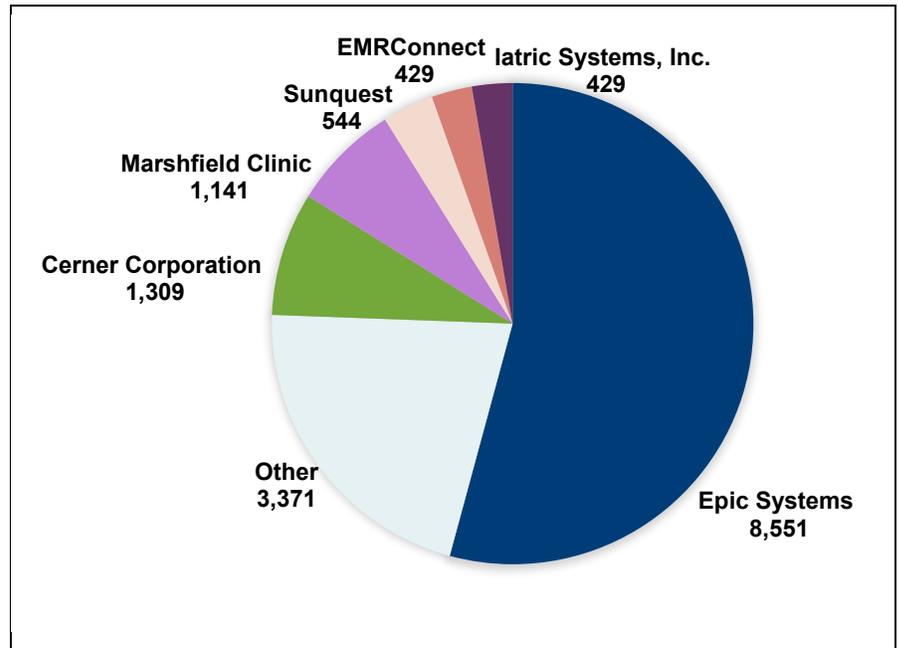


Figure 4.03: Vendor Market Share for Eligible Professionals by Most Recent PI Program Attestation

Vendor	2011	2012	2013	2014	2015	2016	2017	2018	Most Recent Attestation
Epic Systems Corporation	1,704	4,064	5,212	5,163	5,032	4,578	1,113	740	6,922
Cerner Corporation	80	613	748	756	750	737	29	17	1153
Marshfield Clinic	221	772	717	773	700	639	19	1	1,054
GE Healthcare	63	132	197	151	167	170	17	19	290
Greenway Health LLC	102	141	179	138	129	113	32	3	288
NextGen Healthcare	94	152	244	150	133	119	33	12	232
Sunquest Information	0	0	0	14	18	108	322	315	460
McKesson	0	1	1	0	3	255	28	27	257
% Using These Vendors	94%	90%	90%	91%	90%	78%	92%	91%	80%

Figure 4.04: Count of Eligible Professional Top Vendors by Program Year and Most Recent Attestation

Figure 4.04 depicts the top vendors and the number of participating Eligible Professionals using a combination of the vendor's certified EHR product(s) in each program year and most recent attestation. Due to the way EHR systems are certified, a single attestation may be attributed to more than one vendor, meaning if a provider attested using an Epic system and a Sunquest system in the same Program Year, they would be counted for both vendors in the table above.

The six most prevalent vendors were consistent from Program Years 2011 through 2016, but in 2017 and continuing in 2018, there is a substantial uptick in the use of Sunquest systems. Sunquest becomes the second most used system starting in 2017. This shift is likely due to the use of a Sunquest product, coupled with an Epic product, by one of the largest health systems participating in the PI Program. Epic Systems has been the dominant vendor in every Program Year, accounting for between 58 and 80 percent of total attestations for each year. Although there was a large drop in attestations in Program Year 2017 and 2018, the proportion of top vendors remains in line with previous Program Years and as compared to the most recent attestation.

As of June 2020, the Certified Health IT Product List does not contain 2015 edition products available from Marshfield Clinic, unlike the other top vendors.¹⁶

4.2.1 Certified EHR Vendor Analysis by Provider Types

An examination of the certified EHR vendor landscape by provider type reveals additional variation in the vendor market share, although there are a handful of vendors consistently comprising between half and three-quarters of the overall market share.

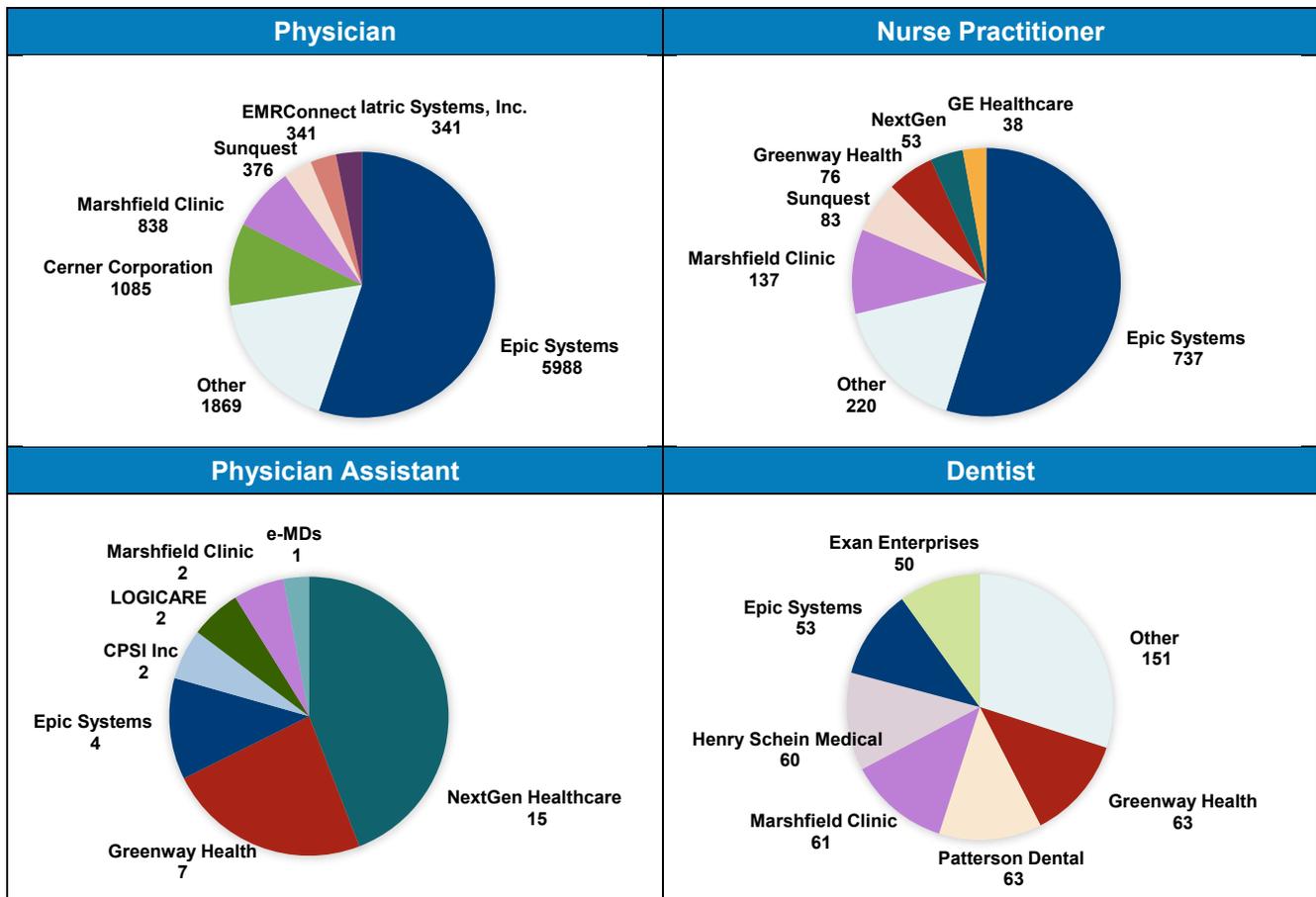


Figure 4.05: Vendor Market Share for Eligible Professional Provider Type by Most Recent PI Program Attestation
 Physician assistant chart contains all vendors utilized in the PI Programs.

The breakdown by provider type for most recent attestation contains at least three of the overall top five certified EHR vendors, with the order varying by provider type.

- Physicians and nurse practitioners have the most similar makeup both to each other and in their overall top five vendors. Historically, the primary difference between the two was the second most prevalent vendor being Cerner Corporation for physicians and Marshfield Clinic for nurse practitioners. While the statement regarding the second most prevalent vendor is still accurate, a shift in the remaining vendors is observed after 2018 attestations were considered. Both NextGen and GE Healthcare have dropped out of the physician list but remain on the nurse practitioner list.
- The majority of physician assistants use either NextGen Healthcare or Greenway Health, which are both in the top five for nurse practitioners but used by a much smaller proportion.
- Dentists are the most evenly distributed across different vendors. This group shares vendors with the overall top distribution but also uses specialty vendors such as Henry Schein/Dentrix and Patterson Dental Supply.

When compared to the market share of the previous Program Year, the most notable changes are the emergence of Sunquest as a top vendor for physicians and nurse practitioners and the emergence of EMRConnect and Iatric Systems, Inc. as top vendors for physicians, replacing NextGen and Greenway Health.

4.2.2 FQHCs and Tribal Health Centers Certified EHR Vendor

The vendor landscape for tribal health centers and FQHCs shows a wider distribution and additional vendors within their top five market share, such as Indian Health Service. As mentioned previously, dentists participating in the Medicaid PI Program are more represented within tribal health centers and FQHCs, which likely contributes to the presence of Henry Schein/Dentrix among the top vendors for both.

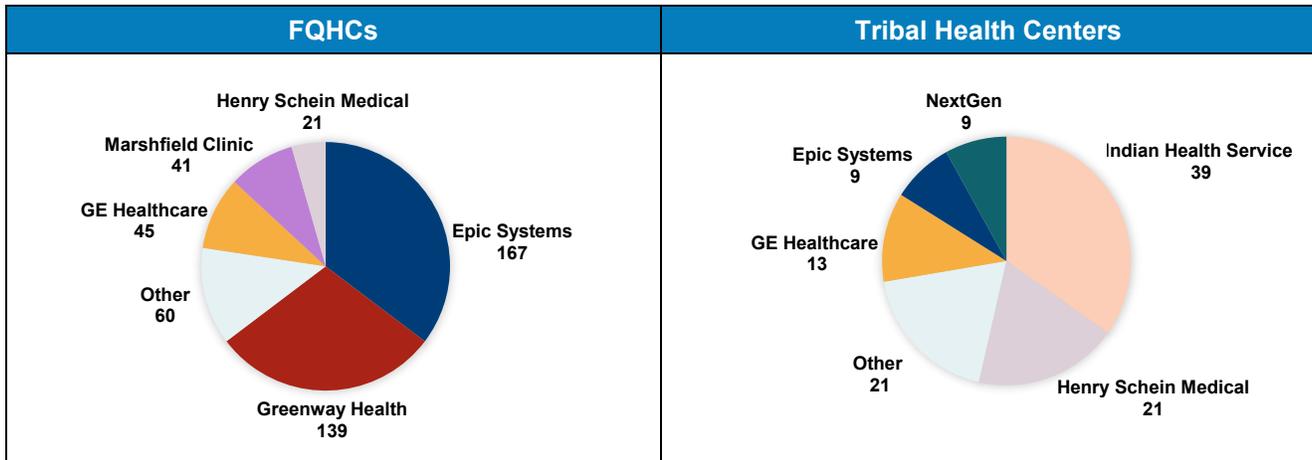


Figure 4.06: Vendor Market Share for Eligible Professionals at FQHCs and Tribal Health Centers by Most Recent PI Program Attestation

As compared to the market share through the previous Program Year, the only significant change when including Program Year 2018 is in the FQHC’s market share. While the top five vendors have remained the same, Greenway Health and Epic Systems have switched in order. No notable changes were observed for tribal health centers when comparing the top five vendors in Program Years 2017 and 2018.

4.2.3 Geographic Distribution of Certified EHR Vendor Landscape

To better understand availability for interoperability and information exchange, the following graphics display the geographic concentration of the top five vendors used in the latest PI Program attestations relative to the region and county Medicaid population.¹⁷ Examination at the regional level provides an increased granularity from the state level while accounting, to some extent, for health care systems and patients crossing county borders.

Eligible Hospital Certified EHR Vendors by Region

An examination of Eligible Hospital vendors at the regional level shows that except for the Southeastern region, no region is dominated by any one vendor. Epic Systems and Cerner Corporation represent large portions of the market share for each region, except in the Northern region. This observation is most consistent with the market share breakdown for physicians.

As noted previously, most of the top vendors are used exclusively within multivendor certified EHRs, with significant overlap across the top five vendors: Truven Health Analytics and Orion Health have the most overlap, followed by LOGICARE® Corporation and Ministry Health Care, all denoted in green shades. Hospitals using these vendors are primarily located in the Northern region, with smaller market share in the Northeastern and Western regions.

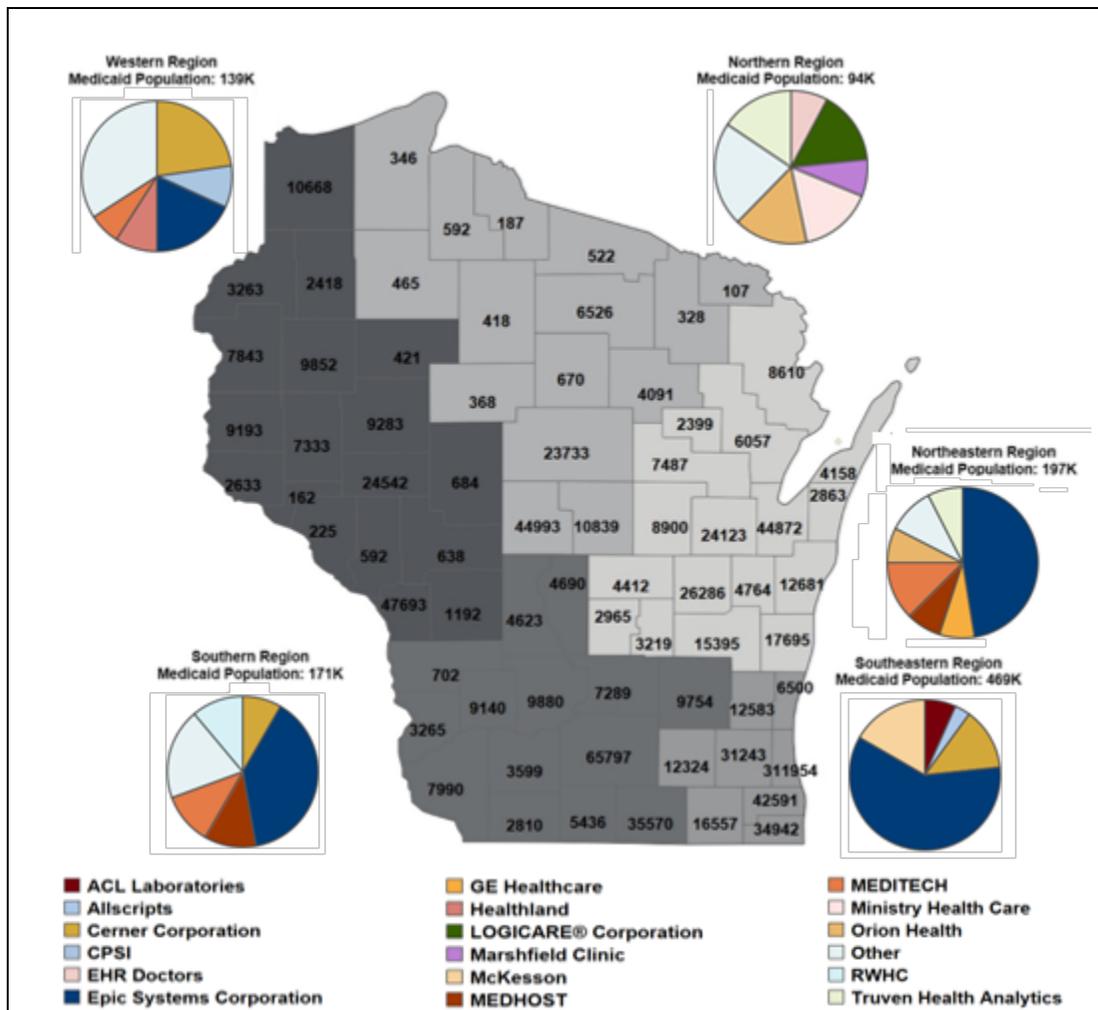


Figure 4.07: Eligible Hospital Most Recent Attestation Vendor Concentration by Region
 Regions denoted in varying shades of gray. Medicaid members served reflects average of all months in calendar year 2017. This was not updated after 2017 as all hospitals completed their participation with the Medicaid PI Program by the end of Program Year 2017.

Eligible Professional Certified EHR Vendors by Region

An examination of Eligible Professional vendors at the regional level shows only the Western region does not have a single vendor dominating the EHR market, although this region is almost exclusively made up of the top three vendors: Cerner Corporation, Epic Systems, and Marshfield Clinics.

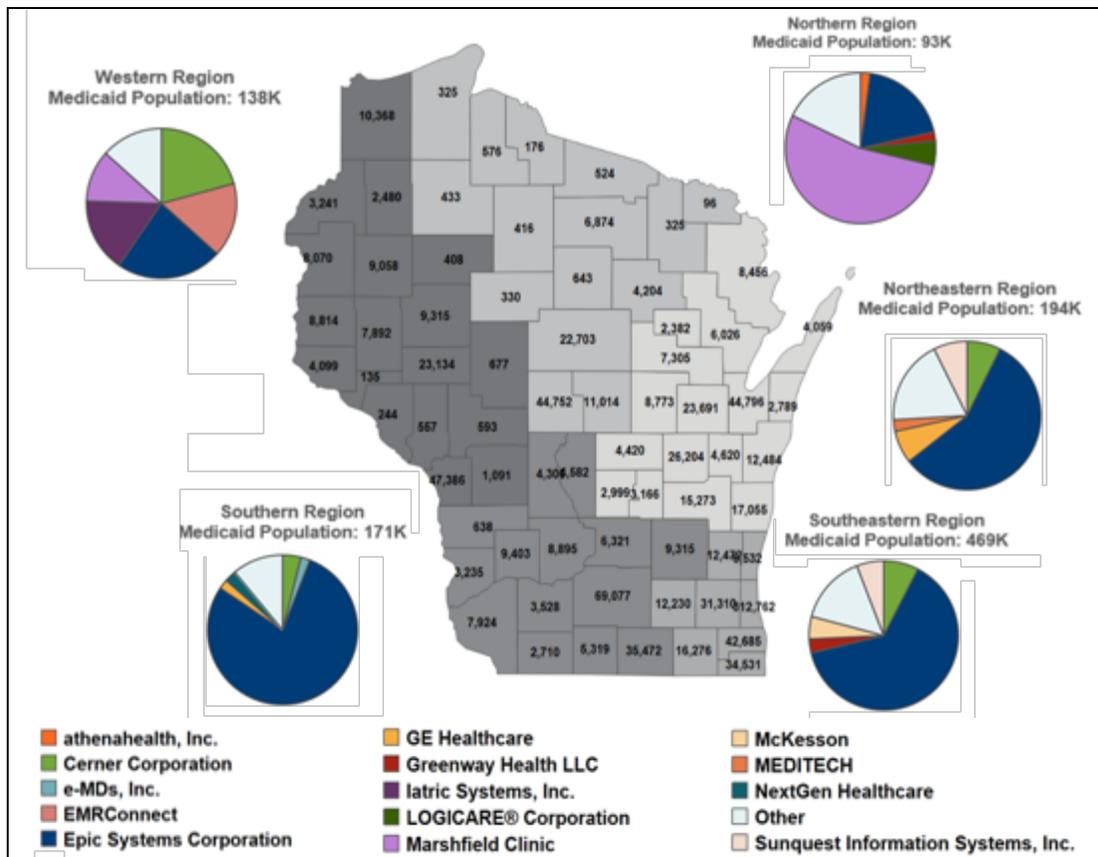


Figure 4.08: Eligible Professional Most Recent Attestation Vendor Concentration by Region
 Regions denoted in varying shades of gray. Medicaid members served reflects average of all months in calendar year 2018.

Regional Comparison

As mentioned previously, several top vendors within the Eligible Hospital and Eligible Professional landscapes do not overlap. When examining the certified EHR technology landscape geographically, there are three regions where vendor differences across Eligible Hospitals and Eligible Professionals are most noticeable, shown in Figure 4.09.

- All three regions have a combination of Orion, Truven, LOGICARE® Corporation, and Ministry Health Care certified EHRs utilized by Eligible Hospitals; however, these vendors are not represented in the Eligible Professional vendor market share.
- Similarly, all regions show top market share with MEDITECH and MEDHOST; however, these vendors are also not represented as large portions of the Eligible Professional vendor market share.
- On the Eligible Professional side, Marshfield maintains just over half of the market share in the Northern region and, to a smaller extent, in the Western region but is not represented in a majority of hospitals (other than its own hospitals).

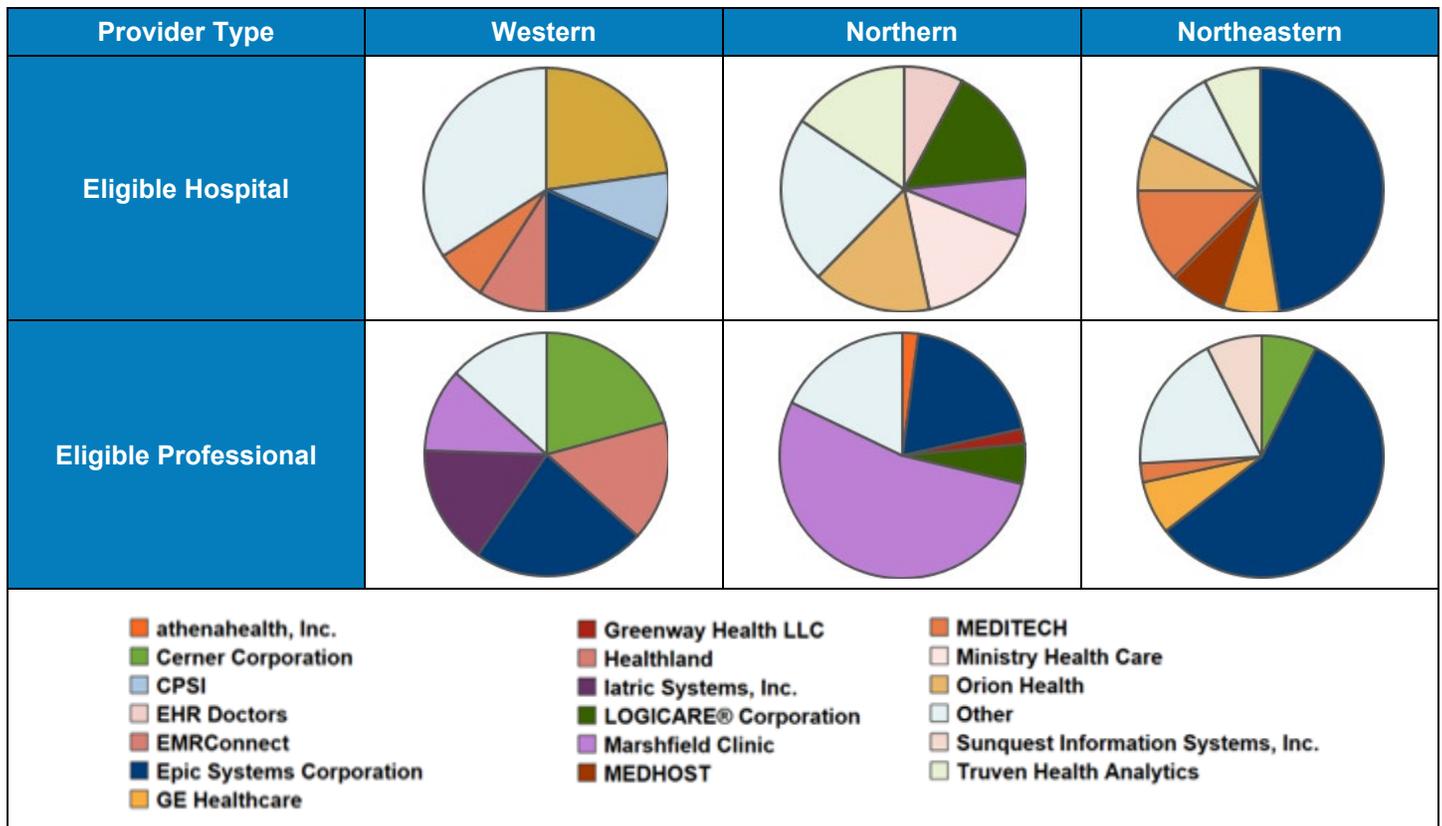


Figure 4.09: Eligible Hospital and Eligible Professional Vendor Concentration by Region Comparison

5 APPENDIX: PI PROGRAM REQUIREMENTS

This section provides expanded excerpts of the PI Program Overview as applicable to Wisconsin providers and as utilized in this assessment.

For additional information regarding CMS requirements, please reference CMS PI Programs website at www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RequirementsforPreviousYears.html.

5.1 Hospital Eligibility

The PI Programs extend to three hospital classes: acute care and critical access hospitals are dually eligible, meaning they can receive incentive payments from both the Medicare and Medicaid PI Programs, and children’s hospitals, which are only eligible for the Medicaid program. Additional eligibility criteria include enrollment in Medicare and/or Medicaid, Medicaid patient volume, and average length of stay. Medicare incentive payments for Eligible Hospitals continued through 2016, and Medicaid payments continue through 2021. Children’s hospitals are only able to receive incentive payments from the Medicaid PI Program.¹⁸ At present, there are a total of 125 hospitals in Wisconsin that were eligible to participate in one or both programs.

Specifically, to qualify for the Medicaid PI Program, hospitals must meet the following eligibility requirements:

- The hospital is Wisconsin Medicaid enrolled and has no current or pending sanctions.
- The hospital has an average length of stay of 25 days or less (except children’s hospitals).
- The hospital must have at least 10% Medicaid patient volume (except children’s hospitals).
- The hospital must be one of the following hospital classes with a CMS Certification Number within the range in Figure 5.01:

Hospital Class	CMS Certification Number Range ¹⁹	Programs Eligible
Acute Care Hospital	Last 4 digits are in the range of 0001–0879	Medicare and Medicaid
Critical Access Hospital	Last 4 digits are in the range of 1300–1399	Medicare and Medicaid
Children’s Hospital	Last 4 digits are in the range of 3300–3399	Medicaid only

Figure 5.01: Eligible Hospital Classes for the Medicare and Medicaid PI Programs

5.2 Professional Eligibility

In this document, while the data presented covers both Medicare and Medicaid PI Programs, the dataset focuses on the Eligible Professionals meeting the provider type and specialty requirements of the Wisconsin Medicaid PI Program and does not include Eligible Professionals who are solely eligible for the Medicare PI Program, e.g. chiropractors, podiatrists, and optometrists. Depending on the provider type, they may also be eligible for the Wisconsin Medicaid PI Program.

Eligible Professionals can receive incentive payments from either the Medicare or Medicaid PI Program. Medicare incentive payments for Eligible Professionals continued through 2016, and Medicaid payments continue through 2021. However, Eligible Professionals may not receive PI payments from both the Medicare

and Medicaid programs for the same Program Year. In the event an Eligible Professional qualifies for PI payments from both the Medicare and Medicaid programs, the Eligible Professional must elect to receive payments from only one program. Specifically, to qualify for the Medicaid PI Program, Eligible Professionals must meet the following eligibility requirements:

- The Eligible Professional is a licensed Wisconsin Medicaid enrolled provider and has no current or pending sanctions.
- The Eligible Professional must not be hospital-based (less than 90% of services occurring in an inpatient or emergency department setting).
- The Eligible Professional must be one of the following provider types and provider specialties:

Provider Type	Provider Specialty
Dentist	Endodontics, general practice, oral surgery, orthodontics, pediatric dentist, periodontics, oral pathology, prosthodontics
Mental health and substance abuse	Advanced practice nurse prescriber
Nurse practitioner and nurse service	Certified pediatric nurse practitioner, certified family nurse practitioner, other nurse practitioner, nurse practitioner/nurse midwife
Physician	Allergy and immunology, anesthesiology, cardiovascular disease, dermatology, emergency medicine, family practice, gastroenterology, general practice, general surgery, geriatrics, internal medicine, nephrology, neurological surgery, neurology, nuclear medicine, obstetrics and gynecology, oncology and hematology, ophthalmology, orthopedic surgery, otolaryngology, pathology, physical medicine and rehabilitation, plastic surgery, proctology, psychiatry, pulmonary disease, radiology, thoracic and cardiovascular surgery, urology, pediatrician, preventive medicine
Physician assistant	Physician assistant when practicing in an FQHC or rural health clinic led by a physician assistant

Figure 5.02: Eligible Professional Provider Types and Specialties for the Medicaid PI Program

- The Eligible Professional must meet patient volume requirements with at least 30% Medicaid patient volume calculated at the individual provider or group or clinic level. Pediatricians must have at least 20% Medicaid patient volume.

5.3 Program Stages

The stages of certified EHR adoption are defined as follows:

- **Adoption:** Providers must demonstrate acquisition, installation, or contractual proof of an acquisition or future acquisition of certified EHR technology.
- **Implementation:** Providers must meet the criteria for adoption of certified EHR technology and demonstrate actual implementation, installation, or use of certified EHR technology.
- **Upgrade:** Eligible Hospital and Eligible Professionals must meet the criteria for adoption and implementation of certified EHR technology and demonstrate the expansion of functionality, such as the addition of electronic prescribing functionality or CPOE.
- **Stage 1 Meaningful Use:** Providers must demonstrate the use of certified EHR technology by attesting to Core and Menu Meaningful Use objectives and measures, including eQMs. This stage focuses on electronic data capture and sharing. Stage 1 Meaningful Use was available for attestation in Program Years 2011–2014, using a 2011 or 2014 Edition certified EHR technology.

- **Stage 2 Meaningful Use:** Providers must demonstrate the use of certified EHR technology by expanding upon Stage 1 criteria with a focus on advanced clinical processes and the use of health IT for continuous quality improvement at the point of care. Stage 2 Meaningful Use was available in Program Year 2014, using a 2014 Edition certified EHR technology.
- **Modified Stage 2 Meaningful Use:** Beginning in Program Year 2015, Modified Stage 2 measures replaced the core and menu structure of Stages 1 and 2 with a single set of objectives and measures. Modified Stage 2 Meaningful Use is available through Program Year 2018 and uses 2014 or 2015 Edition certified EHR technology.
- **Stage 3 Meaningful Use:** Providers must demonstrate increased use of certified EHR technology by expanding upon Stage 2 criteria with a focus on improving outcomes. In addition, Eligible Professionals must use a 2015 Edition certified EHR. Stage 3 Meaningful Use was first available for attestation in Program Year 2017 using at least a hybrid of 2014 and 2015 Editions. Stage 3 Meaningful Use will be required beginning in Program Year 2019 using a full 2015 Edition certified EHR.

6 APPENDIX: PI PROGRAM STATISTICS

This section provides expanded attestation statistics for PI Program data as used in this assessment. Data set variation primarily reflects availability of data, as identified within each area of analysis.

6.1 Program Participation and Certified EHR Vendor Landscape

Figure 6.01 outlines the population of Eligible Hospitals participating in the Medicare and Medicaid PI Programs included in this assessment for both program participation and when analyzing the certified EHR vendor landscape. Note that all hospitals estimated to be eligible for participation in either program participated in at least one program.

Hospital Type	Stage 1	Modified Stage 2	Total by Hospital Type
Acute Care Hospitals	3	62	65
Critical Access Hospitals	6	52	58
Children's Hospitals	0	2	2
Total	9	116	125

Figure 6.01: Eligible Hospital PI Program Population Through Program Year 2017

Figure 6.02 outlines the population of Eligible Professionals participating in the PI Programs included in this assessment for program participation. Nonparticipants reflect those Wisconsin Medicaid providers estimated to be eligible for the Medicaid PI Program as outlined in the Professional Eligibility section who have not participated. The certified EHR vendor landscape assessment includes the population outlined in Figure 6.02 excluding the nonparticipants.

Provider Type	AIU	Stage 1	Modified Stage 2	Stage 3	Non-Participants	Total
Physician	528	1,406	7,969	1	5,571	15,475
Nurse Practitioner	326	157	668	0	3,037	4,188
Physician Assistant	11	5	14	0	0	30
Dentist	310	32	109	0	1,459	1,910
Total	1,175	1,600	8,760	1	10,068	21,603

Figure 6.02: Eligible Professional PI Program Population Through Program Year 2018

Note that due to the restriction on physician assistant eligibility, only those participating in the Medicaid PI Program are considered eligible for the program.

Figure 6.03 outlines the population of Eligible Professionals associated to FQHC and tribal health center organizations as part of this assessment for program participation. These providers represent a subset of the overall Eligible Professional population. The certified EHR vendor landscape assessment includes the population outlined in Figure 6.03 excluding the nonparticipants.

Provider Type	AIU	Stage 1	Modified Stage 2	Nonparticipants	Total
FQHC					
Physician	39	22	93	18	172
Nurse Practitioner	33	15	59	10	117
Physician Assistant	0	1	0	0	1
Dentist	104	10	54	48	216
FQHC Total	176	48	206	76	506
Tribal Health Center					
Physician	17	14	23	3	57
Nurse Practitioner	9	3	15	5	32
Physician Assistant	0	0	0	0	0
Dentist	32	4	7	23	66
Tribal Health Center Total	58	21	45	31	155
Total	234	69	251	107	661

Figure 6.03: FQHC and Tribal Health Center Eligible Professional PI Program Population Through Program Year 2018

6.2 Eligible Hospital Meaningful Use Attestations

Eligible Hospital Meaningful Use attestation data included in this assessment extends to the following:

- For Program Year 2015, data includes 97 Medicare and 17 Medicaid attestations for incentive payments. Data also includes 15 Medicare Meaningful Use attestations made to avoid future Medicare reimbursement adjustments (Total: 112 distinct hospitals).
- For Program Year 2016, data includes 36 Medicare and three Medicaid attestations for incentive payments. Data also includes 75 Medicare Meaningful Use attestations made to avoid future Medicare reimbursement adjustments (Total: 111 distinct hospitals).
- For Program Year 2017, data includes 1 Medicaid attestation for incentive payments. Data does not include Medicare incentive payments or Meaningful Use attestations made to avoid future Medicare reimbursement adjustments (Total: 1 distinct hospital).

Figure 6.04 summarizes Eligible Hospital average exclusion and performance rates for Modified Stage 2 measures requiring numerator and denominator data across both Medicare and Medicaid attestations in Program Year 2015 and 2016.

Objective and Measure Set		Average Exclusion Rate			Average Performance Rate		
		2015	2016	Diff	2015	2016	Diff
Protect Electronic Health Information		0%	0%	0%	100%	100%	0%
Clinical Decision Support	Clinical Decision Support Interventions	N/A	N/A	N/A	100%	100%	0%
	Drug-Drug and Drug-Allergy	N/A	N/A	N/A	100%	100%	0%
CPOE	Medication	N/A	N/A	N/A	91%	93%	2%
	Laboratory	N/A	N/A	N/A	87%	91%	4%
	Radiology	N/A	N/A	N/A	89%	91%	2%
Electronic Prescribing		35%	21%	-14%	66%	56%	-10%
Health Information Exchange		N/A	N/A	N/A	55%	47%	-7%
Patient-Specific Education		N/A	N/A	N/A	88%	89%	1%
Medication Reconciliation		N/A	N/A	N/A	93%	93%	1%
Patient Electronic Access: View, Download, Transmit	Provide Capability	N/A	N/A	N/A	92%	92%	-1%
	Patient Use	0%	0%	0%	21%	23%	2%

Figure 6.04: Eligible Hospital Modified Stage 2 Average Exclusion and Performance Rates

Note that the Diff (difference) columns reflect calculations done prior to rounding. Only one Eligible Hospital attested in Program Year 2017; therefore, average exclusion rates and average performance rates were unable to be calculated.

6.3 Eligible Professional Meaningful Use Attestations

Eligible Professional Meaningful Use attestation data included in this assessment extends to the following:

- For Program Year 2015, data includes 5,769 Medicare and 1,411 Medicaid attestations for incentive payments (Total: 7,180).
- For Program Year 2016, data includes 4,640 Medicare and 1,770 Medicaid attestations for incentive payments. Data also includes 2,629 Medicare Meaningful Use attestations made to avoid future Medicare reimbursement adjustments. (Total: 9,039).
- For Program Year 2017, data includes 1,365 Medicaid attestations for incentive payments (Total: 1,365).
- For Program Year 2018, data includes 869 Medicaid attestations for incentive payments and does not include the single Stage 3 attestation (Total: 869).

Figure 6.05 summarizes Eligible Professional average exclusion and performance rates for Modified Stage 2 measures requiring numerator and denominator data across both Medicare and Medicaid Eligible Professional attestations, for applicable years. Public health reporting statistics are explicitly outlined in Section 3.1.6.

Objective and Measure Set		Average Exclusion Rate				Average Performance Rate			
		2015	2016	2017	2018	2015	2016	2017	2018
Protect Electronic Health Information		0%	0%	0%	0%	100%	100%	100%	100%
Clinical Decision Support	Clinical Decision Support Interventions	0%	0%	0%	4%	95%	100%	100%	96%
	Drug-Drug and Drug-Allergy	7%	13%	6%	4%	100%	100%	100%	96%
CPOE	Medication	17%	23%	7%	8%	91%	93%	98%	98%
	Laboratory	31%	38%	13%	17%	86%	88%	92%	92%
	Radiology	15%	20%	35%	43%	95%	96%	93%	91%
Electronic Prescribing		35%	17%	13%	14%	93%	93%	93%	94%
Health Information Exchange		97%	96%	93%	95%	60%	49%	54%	41%
Patient-Specific Education		3%	3%	1%	2%	83%	81%	91%	91%
Medication Reconciliation		3%	5%	3%	3%	90%	91%	92%	92%
Patient Electronic Access: View, Download, Transmit	Provide Capability	0%	0%	0%	0%	95%	95%	95%	96%
	Patient Use	0%	1%	0%	0%	38%	35%	35%	39%
Secure Electronic Messaging		2%	1%	1%	0%	NA	16%	23%	28%

Figure 6.05: Eligible Professional Modified Stage 2 Average Exclusion and Performance Rates

6.3.1 Public Health Reporting: Specialized Registry

The Wisconsin Medicaid PI Program data includes a free text field for identifying the Public Health objective's specialized registry measure; however, data made publicly available from the Medicare PI Program does not include this level of information. Therefore, the specialized registry additional data included in this report represents a subset of Meaningful Use attestations. The data analyzed in this assessment includes the following Eligible Professionals that selected and attested to the specialized registry measure in the Medicaid PI Program:

- For Program Year 2015, data includes 71 records of 1,411 total.
- For Program Year 2016, data includes 631 records of 1,770 total.
- For Program Year 2017, data includes 708 records of 1,365 total.

- For Program Year 2018, data includes 762 records of 869 total.

Figure 6.06 contains the number of Medicaid Eligible Professionals who identified a specialized registry as part of their attestation in Program Years 2015, 2016, 2017, and 2018. Data was standardized by expanding abbreviations and correcting spelling as entered via a free text field. Eighteen entries were removed as invalid as they referenced Wisconsin's registration system or other entities that are not qualified registries.

Registry Name	Organization Name	Program Year 2015	Program Year 2016	Program Year 2017	Program Year 2018
ACC Pinnacle Registry	American College of Cardiology Foundation	0	3	3	0
GIQuIC	American College of Gastroenterology	1	0	1	0
ACP Genesis Registry	American College of Physicians	1	11	12	18
Azara Data Reporting and Visualization System	Azara Healthcare, LLC	0	2	2	3
National Anesthesia Clinical Outcomes Registry (NACOR)	Anesthesia Quality Institute	0	0	0	6
National Health Care Survey	Centers for Disease Control and Prevention	0	18	18	414
Cerner Healthe Registries	Cerner Corporation	0	4	4	0
DARTNet Institute Registry	DARTNet Institute	0	1	1	9
Epic's Aggregate Data Program	Epic Systems Corporation	36	278	314	14
Acuere	Oregon Community Health Information Network (OCHIN)	9	15	21	188
CeCity	Premier, Inc	0	8	8	56
Vizient Clinical Data Base/Resource Manager	Vizient, Inc.	0	215	215	13
Repository Based Submission Tool	Physician Compass	16	87	101	6
Wisconsin Collaborative for Health Care Quality	Wisconsin Collaborative for Health Care Quality	0	0	0	15
WEDSS - Wisconsin Electronic Disease Surveillance System	Wisconsin Department of Health Services Division of Public Health	0	0	0	1
Wisconsin Cancer Reporting System	Wisconsin Department of Health Services Division of Public Health	8	0	8	1
Total		71	642	708	744

Figure 6.06: Medicaid Eligible Professional Modified Stage 2 Specialized Registry Selections

Note that Eligible Professionals can attest to more than one specialized registry; Program Year 2016 total includes 11 Eligible Professionals that attested to two, resulting in 642 total attestations for 631 Eligible Professionals. Program Year 2017 total includes 11 Eligible Professionals that attested to two, resulting in 708 total attestations for 697 Eligible Professionals. Program Year 2018 total includes 40 Eligible Professionals that attested to two, resulting in 802 total attestations for 762 Eligible Professionals.

6.4 Electronic Clinical Quality Measure Attestations

Program Year 2015 was selected as the initial year for eCQM assessment as certified EHR capability increased with the 2014 Edition, improving the quality and accuracy of eCQM data and requiring the capability to electronically report. During its availability, the majority of Eligible Hospitals and Eligible Professionals attested to the Medicare PI Program; however, this data is not made available for public distribution and thus was not included in this analysis.

eCQM attestation data included in this assessment extends to Meaningful Use attestations to the Medicaid PI Program only and includes the following Eligible Professional populations:

- For Program Year 2015, data includes 1,411 Medicaid records of 7,180 total (Medicare and Medicaid).
- For Program Year 2016, data includes 1,770 Medicaid records of 9,039 total (Medicare and Medicaid).
- For Program Year 2017, data includes 1,365 Medicaid records of 1,365 total (Medicaid).
- For Program Year 2018, data includes 869 Medicaid records of Modified Stage 2 attestations.

Electronic Clinical Quality Measure	CMS	WI	Program Year 2015 Attestation Rates	Program Year 2016 Attestation Rates	Program Year 2017 Attestation Rates	Program Year 2018 Attestation Rates
CMS147: Preventive Care and Screening: Influenza Immunization		X	71%	79%	80%	81%
CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		X	73%	75%	51%	14%
CMS2: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	X	X	35%	44%	50%	71%
CMS68: Documentation of Current Medications in the Medical Record	X	X	64%	69%	45%	50%
CMS154: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	X	X	32%	37%	41%	47%
CMS127: Pneumonia Vaccination Status for Older Adults			46%	45%	40%	34%
CMS146: Appropriate Testing for Children with Pharyngitis	X	X	30%	30%	36%	44%
CMS155: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	X	X	23%	19%	34%	39%
CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up		X	54%	54%	31%	23%
CMS165: Controlling High Blood Pressure*	X	X	58%	43%	28%	19%
CMS124: Cervical Cancer Screening		X	24%	32%	27%	10%
CMS139: Falls: Screening for Future Fall Risk	X		25%	36%	26%	24%
CMS74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists		X	8%	13%	25%	39%
CMS130: Colorectal Cancer Screening			44%	47%	21%	11%

Electronic Clinical Quality Measure	CMS	WI	Program Year 2015 Attestation Rates	Program Year 2016 Attestation Rates	Program Year 2017 Attestation Rates	Program Year 2018 Attestation Rates
CMS125: Breast Cancer Screening	X	X	31%	40%	19%	10%
CMS122: Diabetes: Hemoglobin A1c Poor Control*	X	X	31%	32%	18%	10%
CMS75: Children who have dental decay or cavities*	X	X	17%	22%	15%	6%
CMS156: Use of High-Risk Medications in the Elderly	X		22%	22%	15%	7%
CMS117: Childhood Immunization Status		X	30%	37%	14%	10%
CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented		X	6%	6%	10%	33%
CMS166: Use of Imaging Studies for Low Back Pain			13%	9%	6%	1%
CMS153: Chlamydia Screening for Women	X	X	20%	16%	5%	3%
CMS50: Closing the referral loop: receipt of specialist report	X		7%	6%	5%	5%
CMS134: Diabetes: Urine Protein Screening			43%	39%	5%	7%
CMS164: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic			27%	9%	3%	7%
CMS90: Functional status assessment for complex chronic conditions	X		3%	2%	3%	<1%
CMS136: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	X	X	2%	1%	3%	1%
CMS123: Diabetes: Foot Exam			5%	6%	1%	3%
CMS131: Diabetes: Eye Exam			4%	1%	1%	1%
CMS65: Hypertension: Improvement in blood pressure			1%	1%	1%	<1%
CMS161: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment		X	<1%	<1%	1%	2%
CMS128: Anti-depressant Medication Management	X	X	<1%	<1%	1%	1%
CMS135: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)			2%	2%	1%	1%
CMS160: Depression Utilization of the PHQ-9 Tool		X	2%	1%	1%	1%
CMS82: Maternal depression screening		X	<1%	<1%	<1%	0%
CMS159: Depression Remission at Twelve Months*	X	X	0%	0%	<1%	1%
CMS177: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	X	X	0%	<1%	<1%	1%

Electronic Clinical Quality Measure	CMS	WI	Program Year 2015 Attestation Rates	Program Year 2016 Attestation Rates	Program Year 2017 Attestation Rates	Program Year 2018 Attestation Rates
CMS169: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use			0%	0%	<1%	1%
CMS132: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures*	X		1%	<1%	<1%	<1%
CMS137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	X	X	<1%	<1%	<1%	<1%
CMS163: Diabetes: Low Density Lipoprotein (LDL) Management			25%	10%	0%	0%
CMS148: Hemoglobin A1c Test for Pediatric Patients			13%	14%	0%	0%
CMS61: Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed			7%	8%	0%	0%
CMS126: Use of Appropriate Medications for Asthma			7%	5%	0%	0%
CMS182: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control			2%	2%	0%	0%
CMS144: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)			1%	1%	0%	<1%
CMS158: Pregnant women that had HBsAg testing			1%	0%	0%	1%
CMS149: Dementia: Cognitive Assessment			<1%	1%	0%	<1%
CMS62: HIV/AIDS: Medical Visit			<1%	<1%	0%	
CMS133: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery*	X		0%	<1%	0%	0%
CMS66: Functional status assessment for knee replacement:	X		0%	<1%	0%	0%
CMS142: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	X		<1%	0%	0%	0%
CMS129: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	X		0%	0%	0%	0%
CMS157: Oncology: Medical and Radiation - Pain Intensity Quantified	X		0%	0%	0%	0%
CMS56: Functional status assessment for hip replacement	X		0%	0%	0%	0%
CMS179: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range			0%	0%	0%	0%
CMS52: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis			0%	0%	0%	0%
CMS77: HIV/AIDS: RNA control for Patients with HIV			0%	0%	0%	0%

Electronic Clinical Quality Measure	CMS	WI	Program Year 2015 Attestation Rates	Program Year 2016 Attestation Rates	Program Year 2017 Attestation Rates	Program Year 2018 Attestation Rates
CMS64: Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)			0%	0%	0%	0%
CMS140: Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer			0%	0%	0%	0%
CMS143: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation			0%	0%	0%	<1%
CMS145: Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)			0%	0%	0%	<1%
CMS167: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy			0%	0%	0%	0%
CMS141: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients			0%	0%	0%	0%

Figure 6.07: Medicaid Eligible Professional eCQM Attestations Rates

*Indicates measures that are also outcome measures.

7 ENDNOTES

- ¹“Eligible Hospital Information,” accessed March 2019, https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/eligible_hospital_information.html.
- ²“Eligible Professional Information,” accessed March 2019, <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/MedicaidStateInfo.html>.
- ³CMS: Data and Program Reports. Accessed July 2020. <https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/dataandreports.html>
- ⁴Centers for Medicare & Medicaid Services. Performance Progress CoP: Medicaid EHR Incentive Program. April 9, 2019.
- ⁵“Wisconsin Medicaid Members by County/Tribe for Each Month and Year,” accessed January 2020, <https://www.forwardhealth.wi.gov/WIPortal/StaticContent/Member/caseloads/481-caseload.htm> Wisconsin Medicaid Members per county averaged for all months in calendar year 2018.
- ⁶Ibid.
- ⁷“Federally Qualified Health Centers (Community Health Centers,” accessed June 2020, <https://www.dhs.wisconsin.gov/forwardhealth/fqhc.pdf>.
- ⁸“Wisconsin Medicaid Members by County/Tribe for Each Month and Year,” accessed January 2020, <https://www.forwardhealth.wi.gov/WIPortal/StaticContent/Member/caseloads/481-caseload.htm> Wisconsin Medicaid Members per county averaged for all months in calendar year 2018.
- ⁹Letter from the Indian Health Services Chief Information Officer, Mark Rives, to HIS Area Directors, HIS Area Chief Medical Officers, and RPMS Users, dated December 16, 2015.
- ¹⁰CMS final rule (80 FR 62788) specified changes to the Meaningful Use reporting structure and criteria for the (then-named) EHR Incentive Program for program years 2015-2017, including a modified set of criteria for attestation known as “Modified Stage 2,” which consolidates criteria from the previous stages of Stage 1 and Stage 2.
- ¹¹Effective April 27, 2016, DPH is not collecting ambulatory syndromic surveillance data from any category of Eligible Professional unless an Eligible Professional is already in production and sending syndromic surveillance data to BioSense 2.0 directly or via the Wisconsin Statewide Health Information Network (WISHIN) to BioSense 2.0. Source: “Syndromic Surveillance,” accessed June 2020, <https://www.dhs.wisconsin.gov/phmu/syndromic.htm>.
- ¹²“CMS: FAQs – What can count as a specialized registry?” accessed June 2020, <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html>.
- ¹³“2014 Clinical Quality Measures,” accessed January 2018, https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html.
- ¹⁴Wisconsin Department of Health Services. *Wisconsin High-Priority Electronic Clinical Quality Measures*. Accessed June 2020. <https://www.dhs.wisconsin.gov/publications/p02315.pdf>.
- ¹⁵Sources include (1) “Office-based Physician Health IT Adoption Health IT Dashboard,” accessed June 2020, <http://dashboard.healthit.gov/apps/physician-health-it-adoption.php> and (2) “Non-federal Acute Care Hospital Health IT Adoption and Use Health IT Dashboard,” accessed June 2020, <http://dashboard.healthit.gov/apps/hospital-health-it-adoption.php>.
- ¹⁶Certified Health IT Product List, accessed June 2020, <https://chpl.healthit.gov/#/search>.
- ¹⁷“Wisconsin Medicaid Members by County/Tribe for Each Month and Year,” accessed January 2020, <https://www.forwardhealth.wi.gov/WIPortal/StaticContent/Member/caseloads/481-caseload.htm> Wisconsin Medicaid Members per county averaged for all months in calendar year 2018.
- ¹⁸“Eligible Hospital Information,” accessed May 2019, https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/eligible_hospital_information.html.
- ¹⁹Department of Health and Human Services, *CMS Manual System Pub 100-07 State Operations Provider Certification* (Transmittal 29, October 12, 2007), <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R29SOMA.pdf>.