

Stage 3 Application Documentation Check List

Here is a list of information to have on hand in order to complete the performance year (PY) 2021 Stage 3 application in the ForwardHealth Portal including documents required for submission. Having this information readily available, will expedite the application process and minimize errors. All records must be saved for a minimum of six years in case of audit.

Certified Electronic Health Record (EHR) Technology Information	File Name(s)
<input type="checkbox"/> At least one of the following documents must be submitted to support the use of 2015 Edition Certified Electronic Health Record Technology (CEHRT): contract, lease, proof of purchase, receipt, and/or signed vendor letter with date.	
<input type="checkbox"/> Documentation must include ALL the following elements: organization name, vendor, product, product version number, Indication that CEHRT was adopted, implemented, upgraded or in use during the program year (2021) Documentation must reflect all components that make up the 2015 CEHRT. You may need to submit multiple documents to satisfy all above elements.	
<input type="checkbox"/> CEHRT Identification (ID) generated from the Certified Health IT Product list will be needed for entry into the application. Certification ID cannot be used as documentation to support the use of 2015 Edition CEHRT.	
Individual or Group Patient Volume Documentation <i>(preferably in a spreadsheet): Numerator and denominator entered into the application must match documentation submitted.</i>	File Name(s)
<input type="checkbox"/> National Provider Identifier (NPI) and name of Eligible Professional (EP) – For group patient volume, group name, group NPI(s), and providers NPIs must be provided.	
<input type="checkbox"/> Date of service for each encounter.	
<input type="checkbox"/> Unique patient identifier (the unique patient identifier must be either a Medicaid ID or patient name if the encounter is counted as a Medicaid encounter).	
<input type="checkbox"/> Financial payer or an indication the encounter is considered a Medicaid encounter. Note: Abbreviations are not allowed. (e.g. MA should be spelled out Medicaid)	
<input type="checkbox"/> Out-of-State Medicaid encounters, if applicable, indicating state	



<input type="checkbox"/>	PY2021 standard deduction of 4.47 percent must be applied during attestation, unless a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC), using formula: Patient Volume = [numerator x (1-0.0447)/denominator] x 100	
<input type="checkbox"/>	Indication the encounter is considered an “other needy” encounter – applicable if needy individual patient volume is reported, e.g. an FQHC or RHC.	
<input type="checkbox"/>	Note for Reporting Group Practice Patient Volume: EPs attesting to group practice patient volume will be required to submit (1) the summary report of the provider information included in the group practice patient volume calculation and (2) the detail report used to enter their patient volume substantiating the information provided in the summary. Organizations using the group patient volume calculation for more than one EP application will submit the same detail and summary report for each application. This means the summary and detail reports will not vary from one application to another for the same group NPI.	
Stage 3 Documentation		File Name(s)
<input type="checkbox"/>	EPs must complete their Security Risk Assessment (SRA) by December 31, 2021, and must submit their SRA documentation by January 31, 2022. However, if the SRA has been completed by the date of attestation, documentation is required to be submitted with the application.	
<input type="checkbox"/>	CEHRT-generated Stage 3 Reports for each EP showing dashboard numerator and denominator including those for which an exclusion will be reported. (If multiple EHRs are used, each EHR dashboard must be submitted.)	
Electronic Clinical Quality Measure (eCQM) Reports		File Name(s)
<input type="checkbox"/>	The eCQM reporting period for all Eligible Professionals is any continuous 90-day period between January 1, 2021, and attestation date, or August 1, 2021. Six eCQMs must be reported, including at least one outcome or high priority eCQM as identified in Wisconsin’s list of high priority and outcome eCQMs . If no outcome or high priority eCQMs are relevant to an EP’s practice, any six eCQMs can be reported.	Note: eCQM reports are not required to be submitted, but should be kept for audit purposes.

More detailed information including submission requirements is available on the [Wisconsin Department of Health Services \(DHS\) website](#).