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# 1 INTRODUCTION

The Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) is pleased to submit an updated State of Wisconsin Medicaid Health Information Technology (HIT) Plan. The State Medicaid HIT Plan (SMHP) provides a shared vision for HIT across DHS and describes the Wisconsin’s plan to administer and oversee the Medicaid Electronic Health Record (EHR) Incentive Program.

The organization of the SMHP and a summary of changes from Program Year 2016 (Version 6.0) to Program Year 2017 (Version 7.0) are provided below. Changes made to the document include updates on progress of HIT-related projects but primarily focus on changes in policy and operations of the Medicaid EHR Incentive Program for Program Year 2017.

# 2 HOW THE STATE MEDICAID HIT PLAN IS ORGANIZED

The following table summarizes the organization of the State Medicaid HIT Plan and provides a description of what is included in each section.

SMHP Section	Title	Description
Section 1	Introduction	<ul style="list-style-type: none"> <li>Provides an outline of the SMHP, including descriptions of each section</li> <li>Addresses how DHS has changed the SMHP from Version 6.0 to Version 7.0</li> <li>Details deferred questions from the Centers for Medicare &amp; Medicaid Services (CMS)</li> </ul>
Section 2	Management Plan	<ul style="list-style-type: none"> <li>Defines the Wisconsin DHS HIT vision and objectives</li> <li>Defines critical success factors for DMS to implement HIT-related initiatives</li> <li>Describes the organizational structure in place for HIT initiatives, acknowledging both internal and external stakeholders</li> <li>Describes the external considerations and efforts to be accounted for in planning HIT related initiatives</li> <li>Provides an overview of current HIT adoption rates in the state</li> </ul>
Section 3	Medicaid EHR Incentive Program Administration and Oversight	<ul style="list-style-type: none"> <li>Defines the business processes used to administer and oversee the Medicaid EHR Incentive Program</li> <li>Identifies the systems and staff used to successfully execute the tasks within each business process</li> </ul>



SMHP Section	Title	Description
Section 4	Technology Plan	<ul style="list-style-type: none"><li>• Provides a point-in-time view of DMS technology assets</li><li>• Defines the future system architecture expected to be in place to support DMS in moving toward its HIT vision</li><li>• Provides a roadmap to guide DMS from the As-Is to the To-Be HIT Landscape</li></ul>
Section 5	Communications and Outreach Plan	Provides the plan for communications, training, and outreach for the Medicaid EHR Incentive Program
Appendix A	Patient Volume Methodology	Provides a detailed explanation of Eligible Professional and Eligible Hospital patient volume requirements for the Medicaid EHR Incentive Program and the methodology used to calculate patient volume in Wisconsin
Appendix B	Hospital Payment Calculation Methodology	Provides an explanation of the Wisconsin Medicaid EHR Incentive Program’s incentive payment calculation for hospitals

Figure 1.01: Wisconsin State Medicaid HIT Plan Organizational Structure



## 3 SUMMARY OF CHANGES TO THE STATE MEDICAID HIT PLAN FROM VERSION 6.0 TO VERSION 7.0

To assist CMS and participating agencies in the review of Wisconsin's SMHP, the following figure outlines key changes DMS made from Version 6.0 to Version 7.0.

SMHP Section	Title	Changes Made from Version 6.0 to Version 7.0
Section 1	Introduction	<ul style="list-style-type: none"> <li>Updated to include summary of changes to the SMHP for Version 7.0</li> <li>Updated Deferred Questions section to remove those that have been addressed and provide an update on progress toward addressing each requirement</li> </ul>
Section 2	Management Plan	<ul style="list-style-type: none"> <li>Updated the organizational overview to reflect the recent reorganization efforts for DHS, including the establishment of DMS</li> <li>Updated the information on HIT adoption rates, Program Year 2016 provider participation goals, and the broadband landscape in Wisconsin</li> </ul>
Section 3	Medicaid EHR Incentive Program Administration and Oversight	<ul style="list-style-type: none"> <li>Updated all programmatic dates to reflect Program Year 2017</li> <li>Updated to include the following new Meaningful Use requirements introduced in Program Year 2017: <ul style="list-style-type: none"> <li>Stage 3 Meaningful Use</li> <li>90-day EHR reporting period</li> <li>Clinical quality measure (CQM) reporting periods</li> <li>Compliance with the Office of the National Coordinator for Health Information Technology (ONC) direct review of certified EHR technology (CEHRT)</li> <li>Demonstration of supporting information exchange and the prevention of information blocking</li> </ul> </li> <li>Updated the requirements for CEHRT to incorporate the 2015 Edition of CEHRT</li> <li>Updated the application documentation requirements to include Meaningful Use documentation</li> </ul>
Section 4	Technology Plan	<ul style="list-style-type: none"> <li>Updated the internal and external technology asset descriptions to provide an accurate point-in-time view of the DMS technology assets</li> <li>Updated the roadmap of technology and HIT strategy and planning projects to guide DMS from the As-Is to the To-Be HIT Architecture</li> </ul>



SMHP Section	Title	Changes Made from Version 6.0 to Version 7.0
Section 5	Communications and Outreach Plan	<ul style="list-style-type: none"><li>• Updated plan to reflect strategic and evidence-based messages developed for 2017, including expanded awareness and education of health information technology (IT) for both providers and consumers of health care</li><li>• Updated description of Wisconsin Health IT Extension Program recruitment and assistance activities to reflect lessons learned and current operations</li></ul>
Appendix A	Patient Volume Methodology	No significant changes
Appendix B	Hospital Payment Calculation Methodology	No significant changes
Appendix C	HIT Objective Alignment	Removed from document, as no longer pertinent

Figure 1.02: Summary of Changes Made From Version 6.0 to Version 7.0 of the SMHP



## 4 DEFERRED QUESTIONS

Similar to CMS, DMS recognizes not every element of the SMHP is of equal weight and priority level to implement the Medicaid EHR Incentive Program. Due to the continued planning efforts, there are certain requirements DMS has not addressed, and DMS is deferring the following elements to a future version of the SMHP.

SMHP Template Section and #	Deferred Element	Notes/Targeted Completion Date
Section C – 10 and 11	<p>How will the state Medicaid agency (SMA) collect providers' meaningful use data, including the reporting of CQMs? Does DHS envision different approaches for the short term and a different approach for the longer term?</p> <p>How will this data collection and analysis process align with the collection of other CQMs data, such as the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)?</p>	<p>Targeted Completion Date: To Be Determined (TBD)</p> <p>DMS is working to update their overarching quality strategy to meet the new requirements of the Medicaid Managed Care Final Rule. As a part of this work, DMS is assessing the options for collection of CQMs. In the interim, DMS continues to participate in the CMS state reporting of CQMs and conditions of participation (CoPs) to take advantage of lessons learned from other states.</p>
Meaningful Use Stage 2 Regulations 2014 State Medicaid Changes Checklist	<p>CQM Changes for Eligible Professionals for Stage 1 and Stage 2:</p> <p>Group Reporting CQMs—States have the option to allow group reporting CQMs, subject to CMS approval. Must address Eligible Professionals who switch practices during the EHR reporting period; Eligible Professionals reporting under a group must still attest for Meaningful Use objectives individually.</p>	<p>Targeted Completion Date: August 2018</p> <p>Wisconsin plans to discuss group reporting functionality for CQMs in coordination with the Medical Assistance Provider Incentive Repository (MAPIR) collaborative in 2018 as a part of its development discussion on batch reporting for Meaningful Use and CQM data. DMS will solicit CMS approval prior to the implementation of group reporting functionality.</p>



SMHP Template Section and #	Deferred Element	Notes/Targeted Completion Date
Meaningful Use Stage 2 Regulations 2014 State Medicaid Changes Checklist	Batch reporting—DHS has the option to allow batch reporting of Meaningful Use data with approval from CMS.	Targeted Completion Date: August 2018  Batch reporting of Meaningful Use data is an enhancement that is part of the current MAPIR development roadmap and this functionality is scheduled for design, development, and implementation in 2018. DMS will solicit CMS approval prior to the implementation of batch reporting functionality.

Figure 1.03: Summary of Deferred Questions for the Wisconsin SMHP Version 7.0