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1. INTRODUCTION

1.1 Background

The eHealth team, a section of the Division of Medicaid Services (DMS) within the Wisconsin Department of Health Services (DHS), conducted a To-Be Landscape Assessment of the Medicaid health information technology (health IT) landscape to document the Wisconsin Medicaid Agency's future-state vision for health IT. This assessment includes the health IT goals and objectives the Wisconsin Medicaid Agency plans to achieve over the next five years, with health IT being an inclusive term for concurrent health information exchange (HIE) activities. These goals include the future-state vision for the system architecture and governance structures that will need to be in place to achieve the goals and planned initiatives to realize goals. This assessment is a component of the final State Medicaid Health IT Plan (SMHP) required by the Centers for Medicare & Medicaid Services (CMS).

1.2 Approach

To develop the To-Be Health IT Landscape Assessment, the DMS eHealth team reviewed the SMHP Overview Template provided by CMS to gain a detailed understanding of the requirements for the To-Be Health IT Landscape Assessment. Once the team finished this review, they sought to complete the following activities as part of the To-Be Assessment:

- Gathered direct input from DMS SMHP Executive Sponsors, the SMHP Steering Committee, and external partners.
- Reviewed DMS goals to develop an understanding of the Wisconsin Medicaid Agency's stated enterprise vision and strategic goals.
- Discussed the As-Is Assessment with DMS SMHP executive sponsors and the SMHP Steering Committee to determine if a revised vision and/or additional goals specific to health IT were needed.
- Facilitated SMHP Visioning Sessions with members of the SMHP Executive Sponsor Team and Steering Committee to develop a vision for health IT for the next five years and goals specific to the initiatives identified through a review of the As-Is Assessment.

While DMS is a driving force in the adoption and use of health IT, the achievement of many of the goals included in this document require the meaningful collaboration with entities such as the Wisconsin Statewide Health Information Network (WISHIN) as well as Medicaid providers. As such, DMS's development of these goals was influenced by stakeholder feedback gathered during the development of the As-Is Landscape Assessment. This feedback may be referenced in Section 2 of the final SMHP.

1.3 Scope

DMS used the CMS SMHP template as guidance when determining the health IT vision and goals within the scope of this report. The vision and goals contained within this document align to the areas of inquiry found in the As-Is Assessment. In addition, DMS leveraged active participation from the SMHP Executive Sponsors and Steering Committee members to lay the foundation for the vision and goals for

governance and system architecture, and to consider the broader vision, goals for service delivery improvement, and related requirements of the Wisconsin Medicaid Agency.

1.4 Document Organization

The table below outlines the sections of the assessment and a summary of what is covered in each section. These sections align to the CMS Final SMHP template.

Section	Description
Health IT Goals and Objectives	Identifies the high-level health IT goals and objectives that Wisconsin is working toward achieving over the next five years
Opportunity Analysis	Documents the goals that address opportunities for improvement identified in the SMHP Section 2: As-Is Landscape Assessment
Vision for System Architecture	Describes the system architecture necessary to serve the goals described in the first section and provides a summary of how providers should interface with this architecture
Current Project Portfolio and Upcoming Health IT Projects	Describes the specific projects and initiatives either in place or planned to take place within the next five years that relate to health IT adoption and use
Conclusion	Overview of identified stakeholder needs and outline of planned DHS future initiatives and priorities to meet highlighted needs

2. HEALTH INFORMATION TECHNOLOGY GOALS AND OBJECTIVES

The following provides DHS/DMS's Medicaid Health IT vision and goals for Wisconsin for the next five years.

2.1 Division of Medicaid Services Strategic Vision

DMS developed a three-year strategic vision in 2019 to achieve their mission and to deliver on their member health goals, which is to create a seamless service delivery system that is equitable, person-centered, culturally competent, and simple to understand and navigate.

DMS' strategic approach consists of thematic priorities that are used as lenses to identify and elevate priority projects through work streams. The thematic priorities include Quality, Person-Centered Service Delivery, Accountability, and Equity, which serve the following work streams: High Performing Organization, Systems Solutions, Eligibility and Enrollment Solutions, Service Delivery Redesign, Customer First, and Equity. Each work stream has produced projects that are outlined in the Project Portfolio in [Section 4.2](#).

Health IT Vision: A Wisconsin health system in which individuals are at the center of their care and empowered to direct that care; where the right information is available to the right person at the right time, allowing for secure and seamless access to comprehensive, longitudinal health information gathered from all relevant sources, enabling provision of the most appropriate care and supports.

Health IT Goals: Support and facilitate progress toward the following goals through use of appropriate health IT:

- Provide access to appropriate, culturally competent care, services, and supports.
- Provide efficient and cost-effective care.
- Engage members in person-centered care and services.
- Improve health outcomes and reduce health disparities.
- Ensure patient safety in programs and services.

Figure 2.0: DMS Health IT Goals and Objectives

3. OPPORTUNITY ANALYSIS

The findings of the As-Is Landscape Assessment were instrumental in reinforcing DMS's health IT vision and goals to inform activities over the next five years. These goals address the findings and observations found within Section 2: As-Is Landscape Assessment and are intended to facilitate successful health IT outcomes and encourage adoption practices across the Wisconsin Medicaid ecosystem.

3.1 Person-Centered Care

The As-Is Assessment highlighted the disconnect between clinical and social services data integration as it relates to patient health outcomes. This disconnect has several impacts including:

- The member's ability to access and manage health care given the absence of a central data repository that captures their overall health status and experience
- Prohibits providers from possessing complete insight into patients' health outcomes
- Inhibits the Medicaid agency's (or the Medicaid fee-for-service or capitated providers) quality, population health monitoring efforts, and delivery of successful person-centered care

Recommendations from multiple stakeholders call for data integration, ranging from dental, behavioral, physical, housing, food insecurity data, to address social determinants of health (SDoH) and deliver on greater member-centric care. Current activities DMS is pursuing include working with:

- WISHIN, the state's designated entity for HIE, to incorporate various data types to track with its person-centered goals.
- Organizations to collect and share more diverse data types, specifically to include social services information.
- Community-wide health information organizations and encouraging their coordination with WISHIN to ensure data exchange and incorporation to build on its SDoH objectives and improve population health management. Furthermore, feeding SDoH data into existing Medicaid health IT systems, such as Medicaid eligibility, referral, and portal technologies, could increase use practices.

DMS is also exploring growing avenues to further build upon these efforts and continue to engage organizations to incorporate SDoH data for Medicaid members. This opportunity to collect data beyond clinical and administrative information increases a provider's ability to view the entire scope of a patient's health status, thus improving a patient's quality of care, access to care, and access to equitable care.

3.2 Partnerships

Stakeholder feedback provided insight on how to improve upon DMS's coordinative functionalities, both with external partners and through interagency efforts, with the objective of creating a level of health IT standardization and to streamline outcomes. Observations include:

- Strategic partnerships are key:
 - Organizations and care providers benefit from coordinative and collaborative efforts across organizations and various state agencies, particularly when delineated or reinforced through contractual or Medicaid provider agreements.
 - These coordinative efforts across organizations and agencies provide a level of oversight that works to limit duplicative efforts and encourages collaboration across platforms.
- The breadth of existing partnerships between organizations and WISHIN varied. Some organizations noted a desire to expand upon their existing partnership with WISHIN while some agencies, including the Division of Public Health (DPH), reported a strong relationship with WISHIN.

DMS is assessing how it can further expand its partnership with WISHIN to identify and implement more collaborative efforts that have the potential to strengthen DMS service delivery and operations.

Potential avenues include establishing regular channels to proactively coordinate with WISHIN to identify and implement new initiatives that incorporates clinical data into the Medicaid Enterprise. This works to improve overall service delivery, care coordination, and quality monitoring for DMS health care delivery.

3.3 Adoption and Meaningful Use of Electronic Health Records

Key findings from the As-Is Assessment illustrated that there are data and systems components that affect the overall momentum of health IT adoption and use within Wisconsin. The most notable factors include:

- Varying electronic health record (EHR) systems between provider types.
- Technical assistance needs to integrate systems and interfaces.
- Overreliance on non-EHR systems due lack of technical knowledge and user comfort.

Different health IT systems and interfaces across provider types have resulted in information silos. This is a concerning barrier as providers struggle to navigate through a patient's health data to inform medical decisions. Advancing data integration and implementing a degree of EHR standardization across Wisconsin's care continuum will help ensure higher care quality and improve overall population health management. One route under assessment is integrating HIE access within providers' health IT system to promote information sharing and limit the burden of multiple data entry points. Additional observations include:

- Most EHR adoption in Wisconsin is found in large group practices or integrated health systems, which have greater access to financial and administration resources and a lower required physician investment for acquiring EHR systems.

- Some providers such as long-term care (LTC) and behavioral health, federally qualified health centers, and tribal health centers have relayed the financial challenges in adopting an EHR system. The implementation and monitoring costs are high and often these providers do not have the budgetary bandwidth to sustain an EHR or HIE connectivity.
- Some provider types are not part of the Promoting Interoperability (PI) Program, subsequently their EHRs are often not certified and fall short of the standardization level that account for overall sector efficiency.

Recognizing that implementation cost is of concern, DMS is assessing how to leverage current authorities and funding opportunities to support organizations to adopt or improve upon their EHR systems. DMS is actively exploring avenues to mitigate these obstacles, such as:

- Incentive plans to aide in adoption efforts, mainly through a pay for performance model.
- Adjusting capitation rates based on WISHIN participation, with a driving notion that health plans can encourage their providers to participate in WISHIN.

3.3.1 Promoting Information Exchange

Parallel to the previously mentioned hurdles, data exchange amongst some provider types (for example, LTC and behavioral health providers) occurs manually, often via fax. This glaring gap in health IT use directly impacts the overall delivery of well-coordinated patient care. Additional observations include:

- DMS recognizes that LTC, behavioral health providers, and dentists require additional support to utilize EHRs and participate in WISHIN. It is essential for these providers to participate in WISHIN for there to truly be successful person-centered care. DMS is looking into working with WISHIN to further integrate dental and LTC data.
- The complexities around consent needed to share such data will likely impede progress to integrating behavioral health data within WISHIN in the short term, which is essential to achieving a full view of the patient's health needs.
- Varying coding methods across platforms obstructs the seamless flow of data integration. While this is an issue that is of national concern, DMS is monitoring national efforts to inform standardization discussions.

3.4 Funding

As funding from the Health Information Technology for Clinical and Economic Health Act (HITECH) expires September 2021, organizations are assessing various funding streams that would continue and support growing health IT efforts. Cost remains the primary challenge across the health IT landscape and is connected to nearly every gap identified in the As-Is Assessment. Stakeholders shared that they face rising cost challenges in prioritizing health IT efforts. From upholding and progressing technology infrastructure to training and hiring relevant staff, resource management, and attaining a robust health IT system, the costs are innumerable.

DHS is proactively exploring potential funding opportunities that may serve as a replacement for HITECH funding. The following opportunities are being assessed:

- Utilize public-private funding models and leverage private industry interest in data services.

- Ensure health IT priorities are aligned with management resources, specifically around budget priorities to further sustain health IT initiatives.
- Embed models of health IT priorities within COVID-19 infrastructure enhancements to build scalable systems that can be used in the future.

3.4.1 Health Information Exchange Funding

The following HIE funding opportunities are under consideration:

- **Support HIE infrastructure enhancements through Medicaid Management Information Systems (MMIS) funding.** The opportunity exists for DMS to leverage enhanced MMIS funding for HIE service/infrastructure projects that will improve care delivered to Medicaid members and/or improve Medicaid business processes.
- **Leverage the Center for Disease Control and Prevention's (CDC) public health grants.** DMS can potentially coordinate with the DPH for WISHIN to increase its public health data sharing that is needed for population health management.
- **Leverage available American Rescue Plan Act (ARPA) funding.** The recent ARPA bill provides an opportunity for DMS to increase access to home and community-based services (HCBS) for Medicaid beneficiaries through health IT initiatives. ARPA makes funds available for states to personalize their HCBS enhancements based on the needs of centers and their residents. Additionally, the funds aim to strengthen the HCBS workforce while also supporting reform and innovation amongst HCBS.

3.5 Health Information Exchange Governance

The current state of HIE governance structure and process is described in Section 2.2.3 of the As-Is Assessment. Currently, Wisconsin and WISHIN do not have plans to change the governance structure in place.

One internal shift DMS has made is the placement of the Health IT Coordinator function. Historically, this function operated under one of DMS's bureaus. Beginning in 2021, this function was shifted to one of the Medicaid Assistant Administrators. This positioning is a crucial step as this individual sits on the WISHIN board and has purview over all Medicaid systems. Elevating this function to be performed directly out of the Medicaid Administrator's Office will allow for a broader view of the health IT needs throughout the Medicaid Enterprise and afford the opportunity for increased early intervention with new initiatives requiring a health IT component.

4. VISION FOR THE MEDICAID ENTERPRISE SYSTEM ARCHITECTURE

DMS's Medicaid Information Technology Architecture (MITA) maturity seeks to support systems that include services and channels focused on providing access to information across DHS to further promote interoperability goals within Wisconsin. The plan is a three-tiered model, which includes business, information, and technical architecture, to advance health IT adoption in the next five years by building a robust data repository. This section outlines the system architecture in place to support DMS in their current and future program objectives.

4.1 System Architecture

This section provides a high-level representation of the system architecture expected to be in place to support DMS in the achievement of program objectives and the ongoing administration of the Medicaid program. Key features of the future system architecture include:

1. The introduction of MMIS modules, which are collections of business processes that can be implemented through a collection of IT and services functionality.
2. Aligning systems architecture with the MITA framework.
3. Adopting solutions that support a flexible, service-oriented architecture.
4. Information architecture and enterprise data model that support data sharing and data-driven decision-making.
5. Reduction in the number of point-to-point interfaces and an emphasis on integrated solutions.
6. A “build once, reuse often” strategy, where application data strategies and designs will, when feasible, follow a component-based, service-oriented architecture, resulting in solutions being built once, reused often, and maintained easily over time.

The To-Be Health IT Landscape—System Architecture includes services and channels focused on providing access to information across DHS in a secure and standardized way. The system architecture will simplify data exchange and help unlock data that exists in various silos within state government and among external stakeholders. At its core, the architecture envisions the use of an enterprise service bus to facilitate enterprise integration without needing point-to-point interfaces between systems. In this manner, DMS can support future needs through the incremental addition of components and services in a cost-effective manner. The figure below provides a graphic representation of the envisioned To-Be Medicaid Enterprise Systems (MES) architecture.

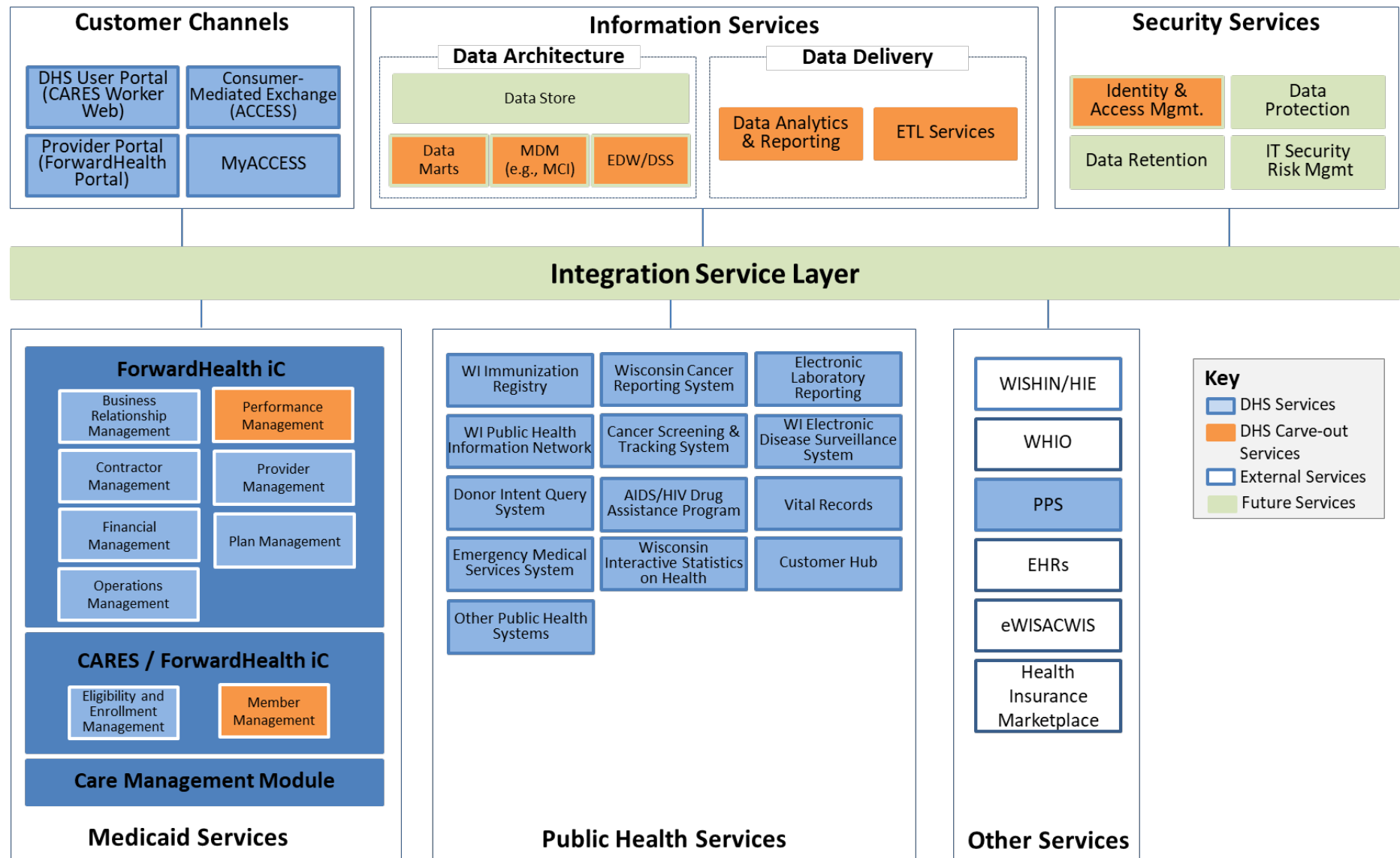


Figure 4.0: Wisconsin Medicaid Agency To-Be System Architecture

4.2 Project Portfolio

Multiple projects have been initiated to advance DMS toward the To-Be Health IT Landscape, to support the Medicaid health IT vision and goals, and address the challenges identified as part of the As-Is Assessment. DHS recognizes that projects beyond what is included in this version of the SMHP are needed to fully achieve the future state. DMS will continue to work jointly with internal and external stakeholders to help ensure the right systems and services are in place to support the efficient administration and operations of Wisconsin Medicaid and to facilitate progress toward the program's goals as well as to support Medicaid providers in achieving Meaningful Use.

4.2.1 Health Information Technology Projects

The following table provides a summary of the current and future health IT-related projects identified by DMS, including the necessary technology investments that will need to be made.

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
MES Project	<p>The Wisconsin MES Project comprises an enterprise-wide modernization of the current MMIS in alignment with MITA standards. DHS is approaching this project by releasing procurements for a takeover of the legacy core MMIS and operations, enhancements to the legacy MMIS, and strategic modules carved out of the legacy MMIS over the five-year modernization and enhancement period.</p> <p>Individual requests for proposals will include the Core MMIS Takeover and Enhancements; Independent Verification and Validation; Systems Integration; Enterprise Project Management Office; and individual modules.</p> <p>The modules for this procurement will include:</p> <ul style="list-style-type: none"> • Care Management • Member Services • Technical Advisory Services • System Integrator <p>The following modules have been procured and are currently in development for production implementation:</p> <ul style="list-style-type: none"> • Enterprise Data Warehouse • Data Analytics and Reporting • Program Integrity 	MMIS, Data Warehouse, Master Data Management (MDM)/Decision Support System (DSS), Analytics	<p>Desired Outcome</p> <p>Procure and implement MES solutions that allow DHS to manage information as a strategic, enterprise-wide resource, using best practices in data management, application design, security, and integration.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The DHS approach and goals for the MES Project is to closely align to many of the guiding principles that support Wisconsin's health IT vision, including the development of flexible systems, improved operational efficiencies, and timely access to data that is integrated across systems.</p>

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
Medicaid PI Program Administration and Closeout	In calendar year 2021, DMS implemented the Medical Assistance Provider Incentive Repository (MAPIR) Release 6.4 that included enhancements to support efficient application processing for Program Years 2020 and 2021 and language changes to reflect the Program Year 2021 Meaningful Use measures. The MAPIR system will continue to be active through the sunset of audits for the PI Program in September 2023. The MAPIR solution has and will continue to comply with the Seven Standards and Conditions as set forth by 42 C.F.R. Part 433 throughout each iteration of its development.	ForwardHealth interChange 2, ForwardHealth Portal, MAPIR, MDM/DSS	<p>Desired Outcomes</p> <p>Ongoing program management with stable operations that facilitate the prompt, accurate payment of incentives encourage the meaningful use of certified electronic health record technology (CEHRT)</p> <p>Relationship to the Health Information Technology Strategy</p> <p>Support adoption and meaningful use of CEHRT and encourages HIE to meet Meaningful Use requirements.</p>
Reportable Conditions Knowledge Management System (RCKMS)	<p>RCKMS is envisioned to be an authoritative, real-time portal to enhance disease surveillance by providing comprehensive information to public health reporters about the “who, what, when, where, and how” of reporting.</p> <p>Wisconsin plans to leverage RCKMS to parse ADT data to identify Wisconsin communicable disease within an Eligible Hospital or critical access hospital. RCKMS will maintain the reporting requirements for reportable conditions and send a reportability response requesting additional data and/or providing confirmation of receipt. This approach will provide DPH with more accurate, complete, and timely data while assisting the provider to meet their statutory reporting obligation.</p>	ADT	<p>Desired Outcomes</p> <p>Improve timeliness of reporting, identify unreported cases, improve staff efficiency by reducing staff time spent in follow-up, and improve data accuracy.</p> <p>Relationship to Health Information Technology Strategy</p> <p>The opportunity to manage reporting criteria and automated determination of case reporting helps support the long-term success of the Wisconsin Electronic Disease Surveillance System (WEDSS) as a tool to monitor and respond to public health emergencies such as the COVID-19 pandemic.</p>

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
State Facility EHR System	<p>DHS is implementing an EHR system to collectively capture critical patient care data across all seven DHS institutions, increase efficiencies among staff, standardize common processes, and create an electronic medical record for each patient. This will allow DHS to improve the quality of patient care, share patient data efficiently and securely with internal and external providers, and offer better opportunities for measuring patient care outcomes. Winnebago Mental Health Institute was the first facility to go-live with the new system in November 2018. Mendota Mental Health Institute went live in March 2019, followed by Central Wisconsin Center in June 2019, Northern Wisconsin Center in July 2020, Southern Wisconsin Center in November 2020, Wisconsin Resource Center in April 2021, and SandRidge Secure Treatment Center in September 2021.</p> <p>This project includes licensed Cerner Corporation software, sublicensed software/equipment, subscriptions, application services (hardware), and shared computing services and implementation services as specified in the contract. It also has included implementation advisory and support services from third-party partners Public Consulting Group (PCG) and Medsys.</p>	EHR	<p>Desired Outcomes</p> <p>Implement an enterprise EHR system at seven DHS institutions to standardize care delivery and capture patient records in a standardized, electronic format.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>By establishing EHRs in all seven facilities, operations will be more efficient and patient records can more easily be shared with the community for transitions of care. This work includes implementation of Consolidated Clinical Document Architecture (C-CDA) and ADT interfaces with WISHIN.</p>

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
<p>Syndromic Surveillance Onboarding and Data Management</p>	<p>Syndromic surveillance is one of the public health reporting options for eligible providers to qualify for PI Program payments and participation in the CMS Quality Payment Programs (QPP). Due to resource limitations, in April 2016 DPH ceased onboarding ambulatory syndromic surveillance data from any category of Eligible Professional not already in production and sending syndromic surveillance data to the BioSense Platform either directly or via WISHIN.</p> <p>Wisconsin resumed onboarding new providers and providing data management support in November 2018, including activities related to quality assurance and quality control of data, analyzing and improving data monitoring reports, and facilitating smooth operation of changes to Wisconsin's electronic ambulatory visit data collection in accordance with public health reporting requirements submitted to the CDC's National Syndromic Surveillance Program.</p> <p>Wisconsin is currently working to host syndromic data within Wisconsin instead of solely at the CDC. With a local database, DPH can collect personally identifiable information (PII) such as patient name, address, and medical record number. With these elements, the syndromic dataset can be linked to other datasets such as ambulance run data, hospital discharge data, and prescription drug monitoring to better track the opioid epidemic and other high priority population health issues.</p>	<p>Rhapsody</p>	<p>Desired Outcomes</p> <ul style="list-style-type: none"> • Increase the number of providers electronically reporting syndromic surveillance data and identify opportunities to use the data. • Improve the data quality of existing feeds and ultimately the larger dataset housed in ESSENCE. <p>Relationship to Health Information Technology Strategy</p> <p>Provides a method for Medicaid providers to meet public health reporting requirements in the PI Program and the CMS QPP and helps improve administrative efficiency for Medicaid-contracted providers. It also provides an upgraded health surveillance data source that can provide almost real-time situational awareness about various health conditions.</p>

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
WEDSS Electronic Initial Case Reporting	The WEDSS program plans to assist Medicaid providers with their onboarding efforts through the existing WEDSS EHR Gateway, an interface developed to accept electronic consolidated care document-formatted messages from the providers' EHR.	EHR Gateway, Sunquest Information Systems (WEDSS vendor)	<p>Desired Outcomes</p> <p>Improve the timeliness of reporting suspected or diagnosed communicable diseases in Medicaid-eligible patients through automation; improve data accuracy in the system; provide a method for Medicaid providers to meet public health reporting requirements in the PI Program and the QPP; and help improve administrative efficiency for Medicaid-contracted providers.</p> <p>Relationship to Health Information Technology Strategy</p> <p>Enable providers to meet the public health reporting requirements within the PI Program and QPP. Allow for efficient electronic reporting of suspected or diagnosed communicable diseases, which will enhance Wisconsin's public health surveillance and response efforts.</p>

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
Newborn Screening Data System (WE-TRAC)	<p>This is a project to establish a more comprehensive system to hold Wisconsin newborn health screening data. Every infant born in Wisconsin is required to be offered screening for 47 disorders, including point-of-care screening for hearing loss and Critical Congenital Heart Disease.</p> <p>Currently, screening data is stored in several distinct databases, data collection systems, and survey systems. The DHS, DPH intends to build a linkage between the point-of-care screens to satisfy the DPH programs' ongoing need for collection, analysis, interpretation, and dissemination of data regarding health-related events for use in public health. This is intended to help ensure that the Newborn Screening Program succeeds in screening, diagnosing, and treating all Wisconsin newborns for certain conditions. Enhanced HITECH Act funding was used to identify requirements for a system to collect and consolidate this data in a central location.</p> <p>The DPH effort to modernize Newborn Screening and Tracking (NBS) data systems revolves around upgrading capabilities to improve the access and management of newborn data to Medicaid providers. Currently, 42 percent of the births in Wisconsin are funded by Wisconsin Medicaid, and newborn screening results are stored across various systems. Comprehensive newborn screening point-of-care data will be available to Medicaid providers on a web-based platform. This effort will forge key partnerships in pursuit of gathering and integrating data on Wisconsin's newborns across EHRs, case management programs, and other public health databases and registries.</p>		<p>Desired Outcomes</p> <p>Provide a state-based newborn screening data system to satisfy the DPH programs' ongoing need for collection, analysis, interpretation, and dissemination of screening and follow up data.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The enhancements made will improve access to newborn screening data for Medicaid providers, allowing them additional information for clinical information reconciliation activities including the coordination of appropriate care. Improvements in the data infrastructure of the system will also help the NBS program reduce barriers to accessing appropriate care via improved case management and improve the management of the program by improving data quality, linkages, and reporting capabilities.</p>

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
HMO Selection and Enrollment Tool	DMS seeks to implement a digital, cloud-based HMO selection and enrollment solution to achieve several objectives including earlier enrollment into BadgerCare Plus and Medicaid SSI HMOs, improving the member eligibility and enrollment experience, improving the ACCESS self-service experience to increase use of self-service capabilities, and bringing more transparency to HMO services and present in a format that allows for comparison to assist members with HMO selection.		<p>Desired Outcomes</p> <p>Improve the enrollment experience for Medicaid members.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The improvement of the enrollment system has the potential to improve access to care and improves a member's ability to choose their health care plan.</p>
ACCESS Modernization	ACCESS Modernization Release 2 is the second phase for modernizing the ACCESS Self-Service Portal on the Salesforce platform. This phase will focus on modernizing the Apply for Benefits (AFB) module.		<p>Desired Outcomes</p> <p>Modernize the process for Medicaid members to apply for their benefits.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The ACCESS Modernization project works to improve a member's ability to apply for benefits online, which has the potential to improve their overall access to care.</p>

Project	Description	Technology Investments	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
MyACCESS Enhancements	This project works to update the MyACCESS mobile app in parallel with the modernization of the ACCESS web app. The ability to access member features via a mobile app expands the eligibility and enrollment of Wisconsin Medicaid, ensuring more seamless delivery of services and benefits.		<p>Desired Outcomes</p> <p>Improve the MyACCESS mobile app.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The MyACCESS Enhancements project works to improve the Medicaid enrollment process, which has the potential to improve a member's ability to access and enroll in Wisconsin Medicaid to ensure their care and coverage.</p>
Interoperability and Patient Access Application Programming Interface (API) Implementation	To meet CMS federal rule requirements, states are required to provide real-time access to patient data via fast healthcare interoperability resources and application programming interface (FHIR APIs) that can be accessed via third-party applications.		<p>Desired Outcomes</p> <p>Allow for patient health data to be accessed across platforms.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The Interoperability and Patient Access API Implementation project aims to enhance data infrastructure for improved interoperability across systems to strengthen patient engagement and coordination of care between care providers.</p>

Figure 4.1: Wisconsin Medicaid Agency Health IT-Related Projects

4.2.2 Health Information Technology Strategy and Planning Projects/Policy Initiatives

The following table provides a summary of the current health IT strategy and planning projects and policy initiatives in progress by DMS.

Project	Description	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
Health IT Landscape Assessment	<p>On an ongoing basis, DMS performs comprehensive environmental scans of the state's health IT landscape focusing on analyzing the factors that affect Wisconsin providers' ability to meet meaningful use. By examining the extent to which these capabilities are actively being used and integrated into health care organizations' daily workflows, including the sharing of data across organizations, DMS evaluates health IT maturity and readiness for transformed health care delivery and payment reform.</p> <p>On an annual basis, the assessment includes updated statistics and analysis for PI Program participation, EHR adoption, EHR vendor market penetration, Medicaid members served by providers who have implemented EHRs, and broadband accessibility in Wisconsin's rural areas. On a biannual basis, the Health IT Landscape Assessment incorporates additional data sources to more fully understand the Wisconsin Health IT environment.</p> <p>During calendar year 2021, DMS conducted an updated Health IT Landscape Assessment as part of the final CMS-required SMHP. This assessment included surveys to LTC and behavioral health facilities/organizations and managed care organizations (MCOs), interviews with health IT stakeholders and partners, MMIS data analysis, and state and federal legislative and regulatory analysis. The findings of the assessment are in the SMHP Section 2: As-Is Assessment.</p>	<p>Desired Outcomes</p> <p>Gain a better understanding of the health IT landscape in order to identify barriers to adoption and readiness for payment and services delivery reform efforts.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>Through a better understanding of the landscape, DHS will be better equipped to address the needs of the state to encourage adoption of health IT and move toward payment and service delivery alternatives.</p>

Project	Description	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
<p>Medicaid Managed Care Final Rule Analysis and Implementation</p>	<p>Wisconsin Medicaid managed care and managed long-term services and supports administration, oversight, and management will be updated through the implementation of the 2016 Medicaid Managed Care Final Rule.</p> <p>The eHealth team assisted with analysis and implementation of the rule sections related to data and information sharing between DHS, managed care plans, and providers to determine impacts on policies, procedures, and technology.</p> <p>On March 9, 2020, CMS and ONC respectively released final rules on Interoperability and Patient Access to Data. The CMS rule requires the Medicaid managed care plans to implement the Patient Access and Provider Directory API. DMS must contractually require the managed care plans to comply with the Patient Access and Provider Directory API requirements. Wisconsin DMS will make contractual changes to the managed care contracts to comply with this requirement.</p>	<p>Desired Outcomes</p> <p>Leverage health IT into any delivery system reforms and management changes as part of compliance with the 2016 Medicaid Managed Care Rule, and any subsequent rules or protocols.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The new rule changes the data reporting infrastructure needs of DMS and will influence health IT strategy development.</p> <p>Outstanding</p> <p>CMS is expected to release additional rules and guidance for states, including guidance on an annual Medicaid Managed Care report, protocols for external quality review validation of managed care network adequacy, and information on a managed care Quality Rating System. DMS will address any health IT impacts as part of CMS rule release.</p>

Project	Description	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
Public Health Data Management Strategy	<p>As a part of the accreditation process, DPH developed a data management strategy. Since DPH initiated data management, they have created a data repository that details all the data currently maintained by DPH. DPH created the Data Governance Board and the Data Management Advisory Team. The board standardized the processes around how data can be accessed and used by various entities. The Data Management Advisory Team has been created to implement and expand data management throughout the division. The advisory team is made up of representatives from all offices and bureaus and will result in a comprehensive approach to data management for the organization with a clear process for the appropriate sharing of that information. The data management strategy also involves developing data management policies, creating an analytic model, establishing projects to improve DPH's data quality, and establishing projects to fill DPH's identified unmet data needs.</p>	<p>Desired Outcomes</p> <p>Make better informed decisions resulting from the right data being available to the right people at the right time and from consistent, clearly defined policies and processes around the management of data</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The Public Health measures are based upon how providers interact with the public health agency and how they supply data. The Public Health Data Management Strategy is the basis of future work that will be assessing the necessary infrastructure to collect, store, and share the data used by public health.</p>
Quality Strategy	<p>The Medicaid Managed Care Quality Strategy, submitted to CMS in June 2018, articulates the important role health IT data and infrastructure play in enabling and supporting strategies to achieve DMS goals and objectives. The next iteration of the Managed Care Quality Strategy was submitted to CMS in summer 2021.</p> <p>DMS is interested in leveraging the enterprise-wide health IT infrastructure to collect, exchange, and analyze data that will allow them to monitor MCO and program performance. Collection of data necessary to calculate performance measures will allow DMS to better monitor plan performance over time and benchmark to national performance where possible. This data and health IT infrastructure will allow DMS to make data-informed policies and programs to improve quality and compliance as well as to target quality improvement interventions to address disparities or gaps in performance.</p>	<p>Desired Outcomes</p> <p>Achieve managed care quality goals and objectives with an enterprise-wide health IT implementation plan.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The Managed Care Quality Strategy will dictate the data reporting infrastructure needs of DMS and will influence the health IT strategy.</p>

Project	Description	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
Supplemental Security Income (SSI) Care Management Initiative	<p>For several years, DMS has implemented gradual improvements to the SSI HMO program by focusing on care management. The Care Management Initiative, originally referred to as the Super Utilizers project, focuses on improving the overall quality of life for high-needs, high-cost Medicaid SSI HMO populations; establishing a new model of care delivery that incorporates high-touch, high-intensity interventions and care coordination; and developing a reimbursement structure that will ultimately lead to lower costs over time. The updates to the SSI contract went into effect on January 1, 2017. As part of these care management improvements for members in SSI HMOs, DMS and participating SSI HMOs are leveraging health IT to enable information sharing and data gathering, including use of the WISHIN HMO Care Coordination Notifications to share information. The HMO contract encourages use of the Office of the National Coordinator's Interoperability Standards Advisory best available standards to share information electronically across the continuum of care.</p> <p>The eHealth team engaged with all HMOs through an HMO health IT workgroup, to provide a forum for collaboration between HMOs and DHS to enable information sharing in support of quality, innovation, cost-effectiveness, and value leading to the improved health for Medicaid Managed Care members.</p> <p>The HIE Care Plan Integration project, now a requirement for all Medicaid SSI HMOs, supports this initiative by developing the technical infrastructure needed for WISHIN to accept payer care plan data and make it available for viewing and downloading through WISHIN Pulse, the community health record. This new functionality supports this initiative by providing a streamlined process for care team members (primary care physicians, nurses, specialists, etc.) to view and download payer care plan information, which is expected to result in more efficient and robust care coordination services delivered to Medicaid members.</p>	<p>Desired Outcomes</p> <p>Be better able to address the needs of a high-cost population of Medicaid members using care coordination tools.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The SSI Care Plan HIE integration project will leverage the statewide HIE to better share care plan information for high-needs SSI members for improved care management.</p>

Project	Description	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
DHS Telehealth Expansion	<p>Current Medicaid telehealth policy is being evaluated to expand coverage options and better leverage new and expanding health IT capabilities to facilitate the use of innovative methods for delivering care statewide, reducing barriers to access, and improving health outcomes. DMS is in the process of significant Medicaid telehealth policy expansion and systems updates following the enactment of 2019 Wisconsin Act 56. In response to the COVID-19 pandemic, DMS released temporary and permanent expanded telehealth coverage policy. Since then, DMS continues to engage stakeholders in the development of expanded permanent telehealth policy to replace temporary coverage after the rollback of the flexibilities allowable under the federal public health emergency (PHE).</p>	<p>Desired Outcomes</p> <p>Establish a plan to expand access to care through the use of telehealth services.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>Telehealth and related services are a key component of the health IT strategy that allows for the use of health IT to better engage patients in their own care and provide statewide access to care.</p>
Wisconsin Housing Support Coordination Project	<p>Launched in 2021, the Wisconsin Housing Support Coordination (WIHSCo) Project will focus on:</p> <ul style="list-style-type: none"> • A Children's Health Insurance Program Health Services Initiative. • A 1915(i) HCBS State Plan Amendment. • Integrating data from the Homeless Management Information System (HMIS) into DMS's existing data warehouse to support the first two initiatives and other projects within DMS. 	<p>Desired Outcomes</p> <p>Provide housing support to Medicaid members with need to ensure whole-person care that addresses drivers of health.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>Collecting, integrating, and sharing data on Medicaid members' housing needs, where appropriate, will allow DMS, payers, and providers to have access to a more comprehensive picture of an individual's health; to serve members better by facilitating delivery of person-centered, appropriate, and cost-effective care; and to coordinate health care with other necessary services.</p>

Project	Description	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
Hub and Spoke (H&S) Integrated Recovery Services	The H&S Integrated Recovery Support Service is a new treatment model for Wisconsin Medicaid members with a substance use disorder (SUD) and complex care needs. The Hub and spoke functions work in tandem to integrate physical health and behavioral health services for members while also helping to address their Drivers of Health and Social Risk Factors.	<p>Desired Outcomes</p> <p>Integrate physical health and behavioral health data to ensure whole-person care for members.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The H&S project works to promote whole person care by consolidating both physical and behavioral health data for providers to access through improved health IT capabilities to identify and address social risk factors.</p>
Bureau of Children's Services (BCS) Racial Health Equity Initiative	BCS will collect and analyze data on race and ethnicity to identify the presence, magnitude, and significance and explore policies, practices, and initiatives to work to reduce health inequity and health disparities in their administered programs.	<p>Desired Outcomes</p> <p>Increase the types, quantity, and quality of data collected.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The increase in data collection increases the available tools for providers and community programs to analyze the data. This process works to improve the quality of care for members.</p>
HMO Align Dual-Eligible Special Needs Plans (D-SNPs) With Medicaid	The purpose of the D-SNP Alignment project is to maximize Medicare use for dual eligible members. This project is one of the three managed care strategic initiatives identified in 2020.	<p>Desired Outcomes</p> <p>Connect D-SNP providers across DMS and Medicare.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The HMO Align D-SNPs with Medicaid project focuses on strengthening access to care for dual eligible members.</p>

Project	Description	Project Desired Outcomes and Relationship to the Health Information Technology Strategy
HMO Health Equity	The purpose of the HMO Health Equity project is to reduce health disparities and increase cultural and linguistic competency in the State of Wisconsin Medicaid Managed Care system. This project is one of the three managed care strategic initiatives identified in 2020.	<p>Desired Outcomes</p> <p>To reduce health disparities and increase cultural and linguistic competency among Medicaid members.</p> <p>Relationship to the Health Information Technology Strategy</p> <p>The HMO Equity project works to include and analyze additional data that allows for an increase in focus on studying health disparities, which has the potential to increase the quality-of-care members receive.</p>

Figure 4.2: Wisconsin Medicaid Agency Strategy and Planning Projects

4.2.3 Completed Projects

The following information provides an update on the SMHP 10.0 projects that have been completed over the past year.

Project	Description	Project Status
Electronic Prior Authorization (ePA)	<p>DMS is evaluating the opportunity to introduce ePA to speed the delivery of appropriate care to members. The eHealth team conducted an assessment in 2018 to evaluate the current landscape of ePA for pharmacy and medical services in state Medicaid agencies and the market more broadly and determined despite progress in this direction, an off-the-shelf solution to implementing ePA does not currently exist.</p> <p>DMS will continue to monitor the progress of ePA at the national level in order to evaluate options and determine the appropriate solution for Wisconsin. The eHealth team will also continue supporting work happening related to the MES to ensure it is taking advantage of the best available standards and processes to lay the groundwork for an eventual adoption of an ePA solution.</p>	This project is complete.
HIE Planning	DHS plans to continually assess potential uses of HIE to enhance the administration of Wisconsin Medicaid and support DMS in achieving program goals and objectives.	While DMS continues to monitor opportunities to enhance HIE activities across the Medicaid Enterprise and with Medicaid providers, this is no longer considered a discrete project. This monitoring occurs on an ongoing basis.
HIE (WISHIN Projects)	Development of a standardized format for health care payers to submit member care plan data to WISHIN and for WISHIN to share care plan information with providers through WISHIN Pulse. This project broadens providers' access to care plan data for use with Meaningful Use requirements including clinical information reconciliation, identification of patient-specific education resources, and summary of care records. This project included onboarding all SSI managed care plans to WISHIN for this service.	The project was completed in September 2021. Care plan data is actively being submitted by all SSI managed care plans.

Project	Description	Project Status
Cancer Registry/Medicaid Claims Data Linkage project	<p>The Wisconsin Cancer Reporting System (WCRS) was established in 1976 to collect cancer incidence data on Wisconsin residents as mandated by Wis. Stat. § 255.04, Cancer Reporting, which specifies that all cancer cases must be reported to the state cancer registry in the manner prescribed by DHS.</p> <p>Cancer registries manage high quality data describing cancer cases and outcomes. Claims data include high quality data about cancer treatments. WCRS will link cancer registry data to Medicaid claims to produce valuable data for research and to evaluate the quality of WCRS treatment data.</p> <p>The linked data can support comparative effectiveness and patterns of care research on the Medicaid population. Comparative effectiveness studies can evaluate the relevance of guidelines (based on randomized clinical trials) for patient populations having very different inclusion/exclusion criteria and providers. Patterns of care studies would permit identification of health and social support needs relevant to the Medicaid population. The results of such studies inform cancer treatment guidelines, health care resource allocation policies, and Medicaid program policy development.</p>	<p>The Cancer Registry/Medicaid claims Data Linkage Project is canceled at this time. When the DPH was scheduled to launch this project, resources were diverted to respond to the COVID-19 Public Health Emergency, and therefore, the project was put on hold. As of the writing of this document in the fall of 2021, this project has been canceled due to continued lack of resources.</p>

Project	Description	Project Status
Health IT Extension Center Grant Program	<p>The Wisconsin Health IT Extension Program expands on the federal Regional Extension Center program by providing targeted outreach, education, and technical assistance to Wisconsin Medicaid-enrolled providers who lack guidance and robust health IT capabilities due to geographic or financial disparities. Wisconsin providers benefit from an enriched dialogue with staff members possessing an advanced knowledge of the PI Program.</p> <p>The technical assistance services provided through the Wisconsin Health IT Extension Program include outreach and general education about the PI Program, implementation of EHR systems, and preparation and planning for EHR implementation or meaningful use attestation. The specific technical assistance services offered through the Wisconsin Health IT Extension Program include assistance with EHR product selection, vendor management, workflow design, navigating telehealth initiatives, privacy and security assessments, HIE options, public health reporting, clinical quality measure selection, and patient engagement strategies.</p> <p>The Health IT Extension Program has been instrumental in expanding the health IT maturity of Medicaid providers in Wisconsin, building the foundation for a shift to value-based purchasing, and enhancing care coordination. Starting in the second quarter of calendar year 2020, MetaStar began providing technical assistance services to Medicaid-enrolled behavioral health providers. These services will focus on assisting with adoption and effective implementation of EHRs, providing guidance on strategies to use technology to deliver services to members who struggle with access to care, assisting county-based providers with HIE best practices, and providing guidance on privacy and security (specifically helping organizations understand and complete security risk analyses and learn how to appropriately share SUD-related information). These services will initially target county-based providers as this population has a lack of resources and provides a large amount of behavioral health services to Medicaid members in Wisconsin, but services are also provided to non-county-based entities.</p>	This project has been completed due to the end of HITECH funding and expiration of the State's grant agreement with MetaStar.

Project	Description	Project Status
LTC Incident Management System As-Is Assessment	<p>Currently, DMS uses multiple systems to administer its LTC programs; these systems do not interact with one another. Current systems rely heavily on manual data entry and do not connect with other potential sources of information such as health care records. The system does not provide a user interface to other partners that may have information on a reportable condition (such as a provider).</p> <p>In calendar year 2020, the eHealth team conducted a comprehensive As-Is Assessment of the LTC Incident Management Systems in place across all LTC programs. This assessment identified opportunities for improvement and alignment both in process and technology. DMS is currently reviewing the options for technology available to meet Wisconsin's needs.</p>	This project was shifted from a full planning project to an As-Is Assessment. The As-Is Assessment is complete.
Strategic Data Integration Roadmap	Developing an overarching roadmap to guide strategic data integration across DPH, Wisconsin Medicaid, and the provider community will ensure all projects undertaken are in line with the goals and objectives laid out for Wisconsin. It will also outline the processes to manage discrete projects, evaluate outcomes, and determine next steps. DPH will collaborate closely with Wisconsin Medicaid to determine appropriate projects for planning and implementation and will identify opportunities in which currently held assets can be leveraged.	This project is complete.
SUD Health IT Plan	The SUD Health IT Plan, a required component of Wisconsin's approved 1115 Waiver for Childless Adults, was submitted and approved by CMS. The SUD Health IT Plan describes the current and future State of Wisconsin's enhanced Prescription Drug Monitoring Program.	This project is complete.
Total Cost of Care	<p>This project creates a single reporting environment that captures all relevant financial transactions, including details from claims and members. The system will provide both reporting and the ability to complete ad hoc analysis, supporting both policy development and health care outcome analysis. These capabilities build on previous project work as performed through the Subdivide Expenditures Project, which refined DHS's representation of total Medicaid costs, both expenditures and revenues, across primary population groups and categories of service.</p> <p>The project is building an architecture with a set of processes and interfaces in DSS to analyze costs from both the financial costs perspective and from a member and their related eligibility and programs perspective. The universe was implemented in January 2019 with an anticipated project close date of July 2019.</p>	This project was implemented in 2019, and all the project-related activities are closed.

Project	Description	Project Status
Support for Behavioral Health Provider Technology	DMS is evaluating options to support the adoption, use, and maturity of health IT among behavioral health providers. DHS is exploring options to partner with MetaStar to offer training to behavioral health providers in the future on consent management, EHR adoption and participation in the state-designated HIE entity through its Health IT Extension Program.	Information related to this project is captured in the Health IT Extension Grant Program and LTC and behavioral health landscape assessment projects.
SDoH	<p>The eHealth team completed a Social Determinants of Health Landscape Assessment to identify opportunities for DMS to improve health outcomes and reduce disparities by integrating and using SDoH data in Medicaid programs and processes. DMS knows that social needs (such as housing instability or food insecurity) have a significant impact on an individual's health and that information on Medicaid members' social needs is being collected by various programs, services, and organizations. However, that information is seldom available to those who are managing an individual's care as well as those providing care and services. Health IT strategies could facilitate appropriate sharing of this information to provide more appropriate and coordinated care and services to Medicaid members.</p> <p>The assessment involved research on best practices for the collection and use of SDoH data, an inventory of current sources of data on Medicaid members' SDoH, and the development of use cases for how DMS could integrate and use specific types of SDoH data to improve services and outcomes in priority areas. DMS will continue to monitor the SDoH strategies implemented across other states and map DMS priorities with the strategies in the 2020–2025 Federal Health IT Strategy.</p>	This project is complete and provided a foundation upon which DMS was able to launch the WIHSCo Project.

Figure 4.3: Completed Technology Projects and Health IT Strategy and Planning Projects/Policy Initiatives

4.2.4 Project Benchmarks and Relationship to Medicaid Health Information Technology Objectives

Wisconsin Medicaid's health IT objectives are concrete efforts to support the overarching Medicaid health IT vision and goal. Each of the projects described in Figures 4.1, 4.2, and 4.3 above contribute meaningfully toward at least one of the Medicaid health IT objectives discussed in Section 2, and many projects contribute to multiple objectives. Likewise, each objective necessitates a multifaceted strategy, incorporating multiple projects working together toward the same aim. The following table indicates which objectives are supported by each current project and provides annual benchmarks and timelines over the next three years for each current project.

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
HIE Care Plan Integration 2021 Benchmarks: <ul style="list-style-type: none"> • Complete training and outreach, project implementation and rollout, and onboarding of all SSI HMOs. • Monitor use to assess project success. • Determine the need for expanded capabilities building upon the foundation implemented. Note: This project is complete			X	X	X	X	

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
MES Project <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Evaluate TAS proposals, issue Intent to Award, complete vendor negotiations, and establish contract. Initiate development for Systems Integrator. Finalize Care Management requirements. 2022 Benchmarks: <ul style="list-style-type: none"> Utilize TAS Resource and other state resources to establish MITA governance group. Respond and modify processes to CMS establishment of Outcomes-Based Modular Certification. 2023 Benchmarks: <ul style="list-style-type: none"> Complete Care Management solution development and deploy to Production for program use. Implement division wide use of strategic planning and utilization of the Enterprise Project Management Office hierarchy. 					X	X	

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
Medicaid PI Program Implementation <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Implement MAPIR 6.4 Complete processing of Program Years 2020 and 2021 applications and begin PI Program Report on Program Year 2020 attestations. Complete final iteration of the PI Program Report, including information from Program Years 2020 and 2021. Complete Program Year 2019 post-payment audits; begin Program Year 2020 post-payment audits. (23 Program Year 2020 audits are planned, 13 have been completed so far; 15 Program Year 2020 audits are planned, one has been initiated but no 2020 audits are complete to-date.) 2022 Benchmarks—Complete Program Year 2020 post-payment audits and begin Program Year 2021 post-payment audits. (The number of 2021 audits have not yet been determined.) 2023 Benchmarks—Complete all outstanding PI Program audits. 		X	X	X	X		

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
RCKMS <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Continue to author conditions. Review and update existing conditions. Continue to onboard electronic case reporting (eCR) feeds for COVID-19 disease. 2022 Benchmarks: <ul style="list-style-type: none"> Continue to author conditions. Review and update existing conditions. Continue to onboard eCR feeds for COVID-19 disease. 2023 Benchmarks: <ul style="list-style-type: none"> Continue to author conditions. Review and update existing conditions. Incorporate any state notifiable-only conditions into RCKMS. Continue to onboard new and update existing eCR feeds for all conditions. 					X		

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
State Facility EHR System <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Implement new EHR system for Sand Ridge Secure Treatment Center. Connect Direct Messaging with the Department of Corrections. 2022 Benchmarks—In compliance with CMS regulations and to prevent information blocking, improve the network for more efficient sharing of C-CDA and Direct messaging. 2023 Benchmarks—Improve Laboratory exchange. 		X	X	X	X		X

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
Syndromic Surveillance Onboarding and Data Management <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Complete requirements documentation. Operationalize the infrastructure of local servers, landing tables, and Rhapsody routes. Pilot provider submitting PII. 2022 and 2023 Benchmarks: <ul style="list-style-type: none"> Publish new requirements documentation. Begin onboarding data providers to submit PII to DPH. Develop data linkage paradigm between PII data sets. Completion of data provider onboarding to submit PII to DPH. Fully integrate syndromic data with other PII data sets. 		X			X		
WEDSS Electronic Initial Case Reporting <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Continue onboarding eligible submitters for COVID-19 only. Establish monitoring plan for data quality of existing eCR transmissions. 		X			X		

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
<ul style="list-style-type: none"> ○ Maintain existing connections. ○ Plan a project to roll eCR for other conditions. • 2022 Benchmarks: <ul style="list-style-type: none"> ○ Continue onboarding eligible submitters for COVID-19 disease. ○ Implement eCR transmissions data quality monitoring plan. ○ Maintain and update existing connections. ○ (Depending on planning efforts) Enable eCR for all conditions by December 31, 2022. • 2023 Benchmarks: <ul style="list-style-type: none"> ○ Incorporate any state notifiable-only conditions into RCKMS. ○ Continue to onboard new and update existing eCR feeds for all conditions. ○ Continue to evaluate data quality of existing transmissions. 							
WE-TRAC <ul style="list-style-type: none"> • 2021 Benchmarks: <ul style="list-style-type: none"> ○ Develop sprints, iterative user acceptance testing. 					X		

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
<ul style="list-style-type: none"> Communicate training opportunities and estimated rollout to end users. Pilot site rollout and complete final updates before system launch. Train end users. Launch system. Solicit satisfaction feedback on updates. System optimization. 2022 Benchmarks: <ul style="list-style-type: none"> Currently Planned Activities—Additional case management improvements and updates Contingent upon securing additional funding: <ul style="list-style-type: none"> Exploration of integration with Health Level Seven (HL7) and other electronic health messaging Preliminary scope and requirement development for integration with Wisconsin Birth Defects Registry 							

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
<ul style="list-style-type: none"> 2023 Benchmarks: <ul style="list-style-type: none"> Currently Planned Activities: <ul style="list-style-type: none"> Significant reporting enhancements: <ul style="list-style-type: none"> Develop the ability to track and report on non-Part C Early Intervention and Parent-to-Parent supports for hearing screening program. Expand ability to track and report on hearing screening cases that are lost to follow-up. Expand equity measures tracking and reporting for hearing and heart screening. Development of electronic assessments for hearing case management Contingent upon securing additional funding: <ul style="list-style-type: none"> Pursuit of integration with HL7 and other electronic health messaging Development of targeted integration effort with Wisconsin Birth Defects Registry 							

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
Health IT Landscape Assessment 2021 Benchmarks: <ul style="list-style-type: none"> Update full Health IT Landscape Assessment to include findings from LTC and behavioral health landscape assessment and interviews. Conduct analysis of HIE use by other State Medicaid Agencies, identify opportunities to partner with WISHIN to leverage existing data for DMS process and service delivery improvement and/or to enhance the infrastructure to allow for priority data type integration/services. Use Health IT Landscape Assessment to inform strategic planning for health IT activities and to support Medicaid priorities as documented in this SMHP. Note: This project is complete.		X	X	X	X		X

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
Medicaid Managed Care Final Rule Analysis and Implementation <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Implement the contract changes regarding patient access to health data in the 2021 contract amendment. Develop contract updates regarding provider network APIs. 2022 Benchmarks—Monitor implementation of provider network API requirements by managed care plans. <p>Note: Any other future benchmarks related to the outstanding rules from CMS will be determined based on guidance from CMS. All current requirements with relevance to the SMHP have either been implemented or have identified milestone to be implemented in the near future.</p>	X			X	X	X	

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
Public Health Data Management Strategy 2021 Benchmarks: <ul style="list-style-type: none"> • Improve access to data by creating a public use dataset for death data. • Create a dataset of social determinants of health indicators for staff to link to their program data sources. • Improve documentation of DPH data sources starting with birth and death data. • Develop data collection guidelines for race/ethnicity and sex/gender. 					X		

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
Quality Strategy 2021 Benchmarks: <ul style="list-style-type: none"> Identify specific health IT data and infrastructure needs to support quality goals. Begin implementing any health IT projects identified to facilitate quality goals. Implementation of 2021 managed care plan contract requirements so all BadgerCare Plus and Medicaid SSI managed care plans participate in WISHIN by July. Share Wisconsin Immunization Registry data with HMOs and MCOs regarding enrolled member vaccination status for COVID-19 response. Begin project to ensure compliance with 2024 CMS Adult and Child Core Set Reporting requirements. 	X	X	X	X	X	X	

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
SSI Care Management Initiative 2021 Benchmarks: <ul style="list-style-type: none"> Complete training and outreach, project implementation, and rollout for HIE Care Plan Integration. Continue monitoring SSI HMO compliance with care management requirements. Monitor exchange of care plans and provide technical assistance as needed. 			X	X			
DHS Telehealth Expansion • 2021 Benchmarks: <ul style="list-style-type: none"> Issue temporary telehealth policy allowable under the federal PHE and permanent policy in response to the COVID-19 pandemic. Continue implementation of telehealth-related initiatives. Release additional permanent expanded telehealth coverage policy guidance. Perform ongoing evaluations of telehealth service coverage. 	X						X

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
<ul style="list-style-type: none"> 2022 Benchmarks: <ul style="list-style-type: none"> Roll back the temporary coverage and begin reimbursement for permanent policy. Finalize Emergency Administrative Rule. Perform ongoing evaluations of telehealth service coverage. 2023 Benchmarks: <ul style="list-style-type: none"> Finalize Administrative Rule. Perform ongoing evaluations of telehealth service coverage. 							
SDoH/Wisconsin Housing Support Coordination Project <ul style="list-style-type: none"> 2021 Benchmarks: <ul style="list-style-type: none"> Submit Health Services Initiative focusing on Housing Support Services. Begin 1915(i) work to create a Supportive Housing benefit in Wisconsin Medicaid. Integrate HMIS data into Medicaid data warehouse. Submit proposals to support Community Health Workers in Wisconsin Medicaid and contracts. 			X	X	X		

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
<ul style="list-style-type: none"> ○ Amend HMO contract to include SDoH screening requirements and data tracking processes. ● 2022–2023 Benchmarks: <ul style="list-style-type: none"> ○ Implement strategies to identify and address SDoH. ○ Investigate the use of a statewide Community Information Exchange (CIE) internally and with external partners. ○ Create a Community Health Worker benefit. ○ Create a streamlined process for HMOs to submit SDoH screening data. ○ Define SDoH quality metrics. ○ Create HMIS data reports. ○ Implement Supportive Housing benefit. ○ Implement HSI Housing Support Services program. 							
The following projects began Between 2020–2021 and Will Extend Into 2022 and Beyond.							

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
H&S Integrated Recovery Services <p>The H&S Integrated Recovery Support Service is a new treatment model for Wisconsin Medicaid members with an SUD and complex care needs. H&S functions work in tandem to integrate physical health and behavioral health services for members while also helping to address their Drivers of Health and Social Risk Factors.</p> <p>The H&S project works to promote whole person care by consolidating both physical and behavioral health data for providers to access through improved health IT capabilities in an effort to identify and address social risk factors.</p>			X	X	X	X	X
BCS Racial Health Equity Initiative <p>BCS will collect and analyze data on race and ethnicity to identify the presence, magnitude, and significance and explore policies and practices and initiatives to work to reduce health inequity and health disparities in their administered programs.</p> <p>The BCS Racial Health Equity Initiative works to increase the types, quantity, and quality of data collected and increases the available tools for providers and community programs to analyze the data. This process works to improve the quality of care for members.</p>	X		X	X	X	X	X

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
HMO Selection and Enrollment Tool DMS seeks to implement a digital, cloud-based HMO selection and enrollment solution to achieve several objectives including earlier enrollment into BadgerCare Plus and Medicaid SSI HMOs, improving the member eligibility and enrollment experience, improving the ACCESS self-service experience to increase use of self-service capabilities, and bringing more transparency to HMO services and present in a format that allows for comparison to assist members with HMO selection. The HMO Selection and Enrollment Tool project works to improve the enrollment experience that has the potential to improve access to care and improves a member's ability to choose their health care plan.	X		X	X	X		X
ACCESS Modernization ACCESS Modernization Release 2 is the second phase for modernizing the ACCESS Self-Service Portal on the Salesforce platform. This phase will focus on modernizing the AFB module. The ACCESS Modernization project works to improve a member's ability to apply for benefits online, which has the potential to improve their overall access to care.	X		X	X	X		X

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
myACCESS Enhancements <p>This project is to update the MyACCESS mobile app concurrent with the modernization of the ACCESS web app. The ability to access member features via a mobile app expands the eligibility and enrollment of Wisconsin Medicaid, ensuring more seamless delivery of services and benefits.</p> <p>The MyACCESS Enhancements project works to improve the Medicaid enrollment process, which has the potential to improve a member's ability to access and enroll in Wisconsin Medicaid to ensure their care and coverage.</p>	X		X	X	X		X
HMO Align D-SNPs With Medicaid <p>The purpose of the D-SNP Alignment project is to maximize Medicare use for dual eligible members. This project is one of the three Managed Care strategic initiatives identified in 2020.</p> <p>The HMO Align D-SNPs with Medicaid project focuses on strengthening access to care for dual eligible members.</p>	X		X	X	X		

Annual Benchmarks	Medicaid Health Information Technology Objectives						
	Member Engagement	Adoption and Meaningful Use of CEHRT	Longitudinal Member Health Record Through Health Information Exchange of Health Information	Care Coordination Through Use of Electronic Health Information	Improve Technology Infrastructure to Effectively Manage Department of Health Services Programs	Quality and Safety Monitoring in Division of Medicaid Services Programs	Use Technology to Reduce Barriers to Care
HMO Equity <p>The purpose of the HMO Health Equity project is to reduce health disparities and increase cultural and linguistic competency in the Wisconsin Medicaid Managed Care system. This project is one of the three Managed Care strategic initiatives identified in 2020.</p> <p>The HMO Equity project works to include and analyze additional data, which allows for an increase in focus on studying health disparities that has the potential to increase the quality-of-care members receive.</p>	X				X	X	X
Interoperability and Patient Access API Implementation <p>To meet CMS federal rule requirements, states are required to provide real-time access to patient data via FHIR APIs that can be accessed via third-party applications.</p> <p>The Interoperability and Patient Access API Implementation project aims to enhance data infrastructure for improved interoperability across systems to strengthen patient engagement and coordination of care between care providers.</p>			X	X	X	X	X

Figure 4.4: Project Benchmarks and Relationship to Medicaid Health IT Objectives

5. CONCLUSION

Stakeholder feedback highlighted where the challenges around health IT adoption lie within Wisconsin. Mapping these hurdles was informative as DHS and DMS structures their strategic approach to move the health IT initiative forward. The five primary thematic areas of focus include: person centered care, partnerships, funding, adoption and meaningful use, and governance. The challenges identified by stakeholders have informed the weight of future DHS programs, specifically around incorporating SDoH data. Providers and Wisconsinites alike recognize the impact of SDoH data on a patient's overall health and around population health management. Data integration is a significant contributing factor in attaining a successful SDoH outcome. DMS is actively working with WISHIN and community information exchanges to facilitate the integration of various data types to improve patient care.

Strategic partnerships are key; vested partners expressed a desire to remain engaged with DMS and DHS more broadly, specifically around health IT initiatives and other strategic efforts relating to priority setting. By leveraging their role on the WISHIN board, DHS seeks to amplify its engagement across provider types and support representation of a diverse body set to improve data sharing within WISHIN. DHS representation in WISHIN advisory roles creates an integrated stakeholder engagement process, allowing for increased transparency.

Integrating different health IT systems and interfaces helps to mitigate information gaps. DHS is monitoring federal efforts around data integration to inform their EHR standardization efforts. Furthermore, they are exploring federal frameworks to assess which model could be utilized within Wisconsin, especially for providers outside the PI Program who are not using CEHRT. Building and supporting a strong HIE is imperative to achieve the health IT priorities set forth by DHS. Noting that providers and care partners relayed the need for improvement to current HIE data services, DHS remains committed to build health IT and HIE capacity within Wisconsin. DMS has outlined its priorities for the next five years as follows¹:

1. Incentivize plans and providers through pay for performance payments to participate in WISHIN.
2. Explore how DMS can support further efforts to add dental and LTC data to WISHIN/HIEs.
3. Support coordination between CIE with WISHIN to achieve better whole person care.
4. Require WISHIN participation for [D-SNPs](#).²

The following SMHP section covers the state's health IT roadmap. The roadmap outlines goals and proposed initiatives to move the state's health IT strategy forward.

¹ Items listed are under consideration by DMS for further exploration/implementation and are not official policies as of the writing of this document.

² D-SNPs include individuals who are entitled to both Medicare and medical assistance from a state plan under Wisconsin Medicaid. Depending on eligibility, the State generally covers some of the members Medicare costs.