



# State of Wisconsin Medicaid Health Information Technology (HIT) Plan



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# 1 OVERVIEW

This section of the State Medicaid HIT Plan (SMHP) provides the Communications and Outreach Plan for the eHealth Program and the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. The purpose of this plan is to identify communications and outreach strategies to achieve goals and provide a high-level roadmap for the key communications and outreach activities detailed in an operational work plan. The Communications and Outreach Plan uses a goal-driven and iterative approach to capitalize on proven communication activities to support the unique needs of the targeted audiences.

## 1.1 Communications and Outreach Goals

The purpose of the Communications and Outreach Plan is to support the achievement of the following eHealth goals:

- Increase adoption, and accelerate the meaningful use of certified EHR technology (CEHRT).
- Increase EHR Incentive Program retention among Eligible Professionals and program completion among Eligible Hospitals.
- Increase transparency of the Medicaid EHR Incentive Program's eligibility and Meaningful Use requirements, and make relevant support tools available to foster understanding.
- Provide clear directions to providers in order to meet critical EHR Incentive Program dates.
- Provide support tools to foster education, understanding, and attestation accuracy for the meaningful use of CEHRT.
- Expand the awareness of the broader use and impact of health information technology (IT) for both providers and consumers of health care.

The plan uses the following guiding principles to support the achievement of communication and outreach goals:

- Communicate in a timely fashion using appropriate communication methods.
- Be visible and accessible.
- Leverage existing partnerships and opportunities.
- Identify and remove barriers to adoption and use of CEHRT.
- Be open and accessible to health IT that supports care and practice settings beyond EHR technology and those included in the EHR Incentive programs.
- Measure success.

## 1.2 Overview of Communications and Outreach Strategies

This plan outlines the approach, processes, and tools for creating, implementing, and maintaining effective communications and information flows between the Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) and its stakeholders so the right message gets to the right people at the right time.



The term "health IT" is a broad concept that encompasses an array of technologies to store, share, and analyze health information. More and more, health care providers are using health IT to improve patient care. But health IT isn't just for health care providers. Consumers of health care can use health IT to better communicate with their doctors, learn and share information about their health, and take actions that will improve quality of life. Health IT empowers individuals to be a key part of the team that keeps them healthy.

Key messages for 2017 focus on the most common technologies in the health IT ecosystem—beyond EHRs—used for health IT-enabled delivery of care. Specific elements of the Communications and Outreach Plan have been updated to reflect the impacts of several Centers for Medicare & Medicaid Services (CMS) policies on the Medicaid EHR Incentive Program, including the transition of many Medicaid providers to the CMS Quality Payment Program (QPP) and the barring of new Medicaid provider participation in the Medicaid EHR Incentive Program. The objective of these policy changes is clear: to continue advancing health IT to improve the health and well-being of this nation through a resilient health IT infrastructure.

Ultimately, emerging health IT solutions and interoperability are enabling the most important goals—lower costs, healthier populations, engaged people, and higher quality care. To address the needs of Wisconsin providers and consumers of health care, this plan updates the DMS communication and outreach approach to move beyond just messaging about the EHR Incentive Program. More specifically, the plan was adjusted to address the impact of policy changes by introducing additional communications and outreach topics that more broadly address the adoption and use of health IT by providers and consumers of health care.

The Communication and Outreach Plan includes the following broad strategies:

- Promoting the positive impact on preventive care and the overall health of vulnerable populations (such as children, the elderly, and rural populations) through increased patient safety, member empowerment, care coordination, and organizational efficiency
- Providing information, educational tools, and technical assistance to Medicaid providers that lack resources or are experiencing challenges
- Collaborating with local professional organizations, such as MetaStar, the Wisconsin Primary Health Care Association (WPHCA), and the Rural Wisconsin Health Cooperative (RWHC), to increase accountability and promote awareness of the EHR Incentive Program among providers practicing at federally qualified health centers (FQHCs), rural health clinics (RHCs) and critical access hospitals (CAHs)
- Partnering with tribal health clinic directors to provide sustained support in maximizing funding for health care services provided to tribal members and improve health outcomes



# 2 PROGRAM YEAR 2017 COMMUNICATIONS AND OUTREACH STRATEGIES

The following table lists the strategies the Wisconsin Department of Health Services, Division Of Medicaid Services has identified to support achievement of existing goals; guided by the continued use of clear and consistent messaging. Program goals have driven the development of new strategies and pivoted our communications to focus on the public awareness of adoption and use of health IT across the health care continuum. Additionally, strategies maintain a spirit of collaboration and maximize the best practices learned from internal and national health IT resources.

Goal	Strategies in Support of Goal
<b>Accelerate the adoption and meaningful use of CEHRT</b>	<ul style="list-style-type: none"> <li>• Identify and conduct direct outreach to the target population (e.g., Eligible Professionals who have not achieved meaningful use) using data from Wisconsin’s state level repository (SLR) and CMS’s national level repository (NLR) for EHR incentive attestations and Wisconsin’s Medicaid Management Information System (MMIS).</li> <li>• Develop key messages focusing on the use of CEHRT to support quality, efficiency, and value leading to improved individual and population health.</li> <li>• Partner with MetaStar (a former Regional Extension Center [REC]) to provide technical assistance through the Wisconsin Health IT Extension Program.</li> </ul>
<b>Increase EHR Incentive Program retention</b>	<ul style="list-style-type: none"> <li>• Implement a targeted marketing campaign to increase EHR Incentive Program retention.</li> <li>• Collect data to identify best practices and potential barriers to achieving meaningful use.</li> </ul>
<b>Increase transparency and understanding of the EHR Incentive Programs eligibility and Meaningful Use requirements</b>	<ul style="list-style-type: none"> <li>• Collaborate with local professional organizations and use the Monthly Health IT Program Coordination Meetings to provide guidance and organize health IT stakeholder communications and outreach activities with partner organizations.</li> <li>• Develop webinars and educational tip sheets to provide clarity on the EHR Incentive Programs’ requirements and application process.</li> </ul>
<b>Provide clear directions specific to providers in order to meet critical EHR Incentive Program dates and increase attestation accuracy</b>	<ul style="list-style-type: none"> <li>• Develop and disseminate targeted and informative messages concerning any program changes finalized by CMS, Wisconsin application submission timelines, and updated program or attestation system guidance (such as, new program policies or updated user guides).</li> <li>• Reuse existing CMS and ONC content when possible, and develop new materials when existing information is not Medicaid EHR Incentive Program specific (such as, supporting documentation and public health reporting).</li> </ul>



Goal	Strategies in Support of Goal
<b>Provide tools and information to foster health IT education for providers and consumers of health care</b>	<ul style="list-style-type: none"> <li>• Develop updated website content and multimedia deliverables for providers and consumers of health care.</li> <li>• Disseminate content and educational tools that contribute to the health IT maturity of an organization, and the health IT literacy of patients and families.</li> <li>• Leverage existing content by sharing CMS and ONC provider tools.</li> </ul>

Figure 5.01: Communication and Outreach Strategies

## 2.1 Program Year 2017 Key Messages

The following key messages will be distributed using the mediums identified in Figure 5.02 and will inform the marketing materials drafted for Program Year 2017. The strategic messaging of the EHR Incentive Program is reviewed and updated monthly through an iterative review process, which allows us to integrate key concepts regarding how the meaningful use of CEHRT supports DMS priority initiatives.

Category	Strategic Messages
<b>Availability of EHR Incentive Payments</b>	<ul style="list-style-type: none"> <li>• Federal funds are available to providers to help offset the cost of adopting, implementing, or upgrading CEHRT.</li> <li>• Wisconsin is a leader in CEHRT adoption, with all provider types receiving incentive payments.</li> <li>• Wisconsin is accepting Modified Stage 2 and Stage 3 applications from Eligible Hospitals and Eligible Professionals.</li> <li>• To maximize the incentive payments available, providers must upgrade to the 2015 edition of certified health IT by the end of 2018 and complete the program by the end of Program Year 2021.</li> </ul>
<b>Avoiding Payment Adjustments</b>	<ul style="list-style-type: none"> <li>• Long-term Medicare payment adjustments can be avoided by participating in the Medicaid EHR Incentive Program and meeting Meaningful Use requirements.</li> <li>• First-time meaningful users can avoid a Medicare payment adjustment in 2018 by meeting Meaningful Use requirements in 2017.</li> </ul>
<b>Public Health and the EHR Incentive Program</b>	Eligible Professionals must register with Public Health Registration for Electronic Data Submission System (PHREDS) in order to initiate the onboarding process for the public health Meaningful Use objectives.
<b>Technical Assistance</b>	Technical assistance is available to qualified Wisconsin providers to help meet Meaningful Use requirements through the Wisconsin Health IT Extension Program administered by DMS.



Category	Strategic Messages
<b>Advanced Clinical Use of EHRs</b>	<ul style="list-style-type: none"> <li>• Begin planning efforts now to support the Stage 3 Meaningful Use objectives that require patient engagement and health information exchange.</li> <li>• The business case for CEHRT is strong as the majority of providers report that EHRs provide useful analytics that support value-based care.</li> <li>• Meaningful use of CEHRT can improve health care outcomes by enabling preventive care reminders and assessments.</li> <li>• Meaningful use of CEHRT facilitates health information exchange, which allows providers to more easily coordinate care and improve the health of Wisconsin residents.</li> <li>• Meaningful use of CEHRT supports information capture, use, and exchange, which can streamline care coordination and ultimately reduce long-term health care costs associated with duplicative testing.</li> </ul>
<b>Use Health IT in Pursuit of Triple Aim</b>	<ul style="list-style-type: none"> <li>• Individuals can use health IT to become empowered consumers of their health information. Many technologies can enable innovative health care delivery and data sharing: <ul style="list-style-type: none"> <li>○ EHRs are used to store patient health information.</li> <li>○ EHRs have the ability to ePrescribe, which means providers can send prescriptions electronically to your preferred pharmacy.</li> <li>○ Documenting electronically in the EHR, according to standards, allows for health information exchange between organizations with different EHR technology. EHRs can share complete or subsets of information, depending on the sharing partner.</li> <li>○ Patient portals, like MyChart, provide patients with access to their EHR data.</li> <li>○ Personal health records can include health information beyond what is found in the EHR, including data from across health care providers (not just one provider) or patient-generated data, to create a holistic view of care.</li> <li>○ Clinical data registries collect outcome data from EHRs so the effectiveness of a patient’s different treatment options can be compared across health systems.</li> </ul> </li> <li>• DMS has invested in immunization registry integration, Medicaid prescription data integration, and Medicaid health maintenance organization (HMO) emergency department notification projects with the Wisconsin Statewide Health Information Network to support patient-centered care and improved health outcomes.</li> <li>• Training tools and webinars focusing on the best practices used to achieve advanced clinical process are available through the Office of the National Coordinator for Health Information Technology (ONC).</li> </ul>

Figure 5.02: Strategic Messaging



# 3 PROGRAM YEAR 2017 COMMUNICATIONS AND OUTREACH CHANNELS

The eHealth Team uses the following mediums to carry out the objectives of the Communications and Outreach Plan:<sup>1</sup>

Communication Objective	Medium	Target Audience
<b>Accelerate the adoption and meaningful use of CEHRT by developing key messages that focus on its benefits.</b>	<ul style="list-style-type: none"> <li>• Emails</li> <li>• Phone calls</li> <li>• Website</li> <li>• Informational brochure</li> <li>• Webinars</li> <li>• Social media</li> <li>• Partner organizations, such as MetaStar</li> </ul>	<ul style="list-style-type: none"> <li>• Eligible Hospitals</li> <li>• Eligible Professionals, including               <ul style="list-style-type: none"> <li>○ Dentists</li> <li>○ Pediatricians</li> <li>○ Psychiatrists</li> <li>○ FQHCs and RHCs</li> <li>○ Tribal health centers</li> </ul> </li> <li>• Wisconsin Medicaid-enrolled providers not eligible to participate in the EHR Incentive Program</li> <li>• Consumers of health care</li> </ul>
<b>Collect and analyze data to extrapolate best practices and potential barriers to the adoption and meaningful use of CEHRT.</b>	Surveys	<ul style="list-style-type: none"> <li>• Eligible Professionals</li> <li>• Wisconsin Medicaid-enrolled providers not eligible to participate in the EHR Incentive Program</li> <li>• HMOs</li> <li>• Pharmacies</li> </ul>
<b>Increase EHR Incentive Program retention by offering technical assistance.</b>	<ul style="list-style-type: none"> <li>• Emails</li> <li>• Provider services help desk</li> <li>• Phone calls</li> <li>• Website</li> <li>• Informational brochure</li> <li>• Onsite support</li> <li>• Partner organizations, such as MetaStar</li> </ul>	Eligible Professionals

<sup>1</sup> Each actionable Communication Objective in the table combines a goal and related strategy from Figure 5.01.





Communication Objective	Medium	Target Audience
Increase transparency and understanding of EHR Incentive Program requirements through collaboration with local professional organizations' health IT partner organizations.	<ul style="list-style-type: none"> <li>Professional organization newsletters</li> <li>Events, presentations, and speaking engagements</li> <li>Webinars</li> </ul>	<ul style="list-style-type: none"> <li>Eligible Hospitals</li> <li>Eligible Professionals</li> </ul>
Develop and maintain a deep understanding of EHR Incentive Program policies to keep providers up to date with critical program information by disseminating accurate and informative messages.	<ul style="list-style-type: none"> <li>Emails</li> <li>Website</li> <li>ForwardHealth Updates</li> <li>ForwardHealth Portal Messaging System</li> <li>Social media</li> <li>Partner organizations, such as MetaStar</li> </ul>	<ul style="list-style-type: none"> <li>Eligible Hospitals</li> <li>Eligible Professionals               <ul style="list-style-type: none"> <li>All provider types</li> <li>FQHCs and RHCs</li> <li>Tribal health centers</li> </ul> </li> </ul>
Foster public education about health IT by sharing or creating support tools.	<ul style="list-style-type: none"> <li>Website</li> <li>Informational brochure</li> <li>Webinars</li> <li>Tipsheets</li> </ul>	<ul style="list-style-type: none"> <li>Wisconsin Medicaid-enrolled providers not eligible to participate in the EHR Incentive Program</li> <li>Consumers of health care</li> </ul>

Figure 5.03: Communications and Outreach Channels

### 3.1 Communication Medium Details

DMS uses multiple channels to educate our public and facilitate retention in the Medicaid EHR Incentive Program. For example, a three-part video series was produced to provide introductory-level content to program participants on the importance of certified health IT to get them engaged in the EHR Incentive Program. The videos have been viewed over 400 times. This section explains how the websites, help desk, centralized email, and targeted outreach are used to support communications and outreach strategies and objectives.

- Websites:** Eligible Professionals and Eligible Hospitals can access timely information about the administration of the Wisconsin Medicaid EHR Incentive Program, important program milestones and dates, and Wisconsin policy updates through the website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm).
  - This website serves as the primary resource for up-to-date information about the EHR Incentive Program.
  - The website also houses provider resources, including in-depth user guides containing information on program enrollment, eligibility requirements, and EHR Incentive Program objectives and requirements. Providers are also offered to join live webinars introducing them to program requirements, which are stored on website for on-demand viewing.
  - The eHealth website content is receiving updates, which includes new multimedia products. This update will provide additional information to providers not participating in the EHR



Incentive Programs as well as consumers of health care so they can gather more general information about the use of health IT at [www.dhs.wisconsin.gov/ehealth/index.htm](http://www.dhs.wisconsin.gov/ehealth/index.htm).

- **Help desk:** Provider assistance is offered through one-on-one support from the Provider Services help desk and the eHealth Team. The Medicaid EHR Incentive Program leverages the fiscal agent's established call center and help desk, Provider Services, which assists Medicaid providers and hospitals with questions on enrollment, claims, and eligibility determinations.
  - Provider Services tracks contacts through the Contact Tracking Management System (CTMS) and routes Eligible Professionals and Eligible Hospitals to the appropriate resources to resolve any issues or concerns they might have with the Medicaid EHR Incentive Program.
  - The Provider Services EHR specialist is a dedicated resource who offers providers and hospitals detailed information on the Medicaid EHR Incentive Program. The EHR specialist is trained to answer questions on eligibility requirements, procedures to register for the Medicaid EHR Incentive Program, procedures to apply for an incentive payment, and procedures to submit an appeal to a determination made by the Medicaid EHR Incentive Program.
  - For technology issues, the EHR specialist immediately communicates with the fiscal agent's architecture and infrastructure teams for resolution. All issues are logged in CTMS and tracked until resolved.
- **Centralized email:** For issues related to policy, DMS established a centralized email address where Eligible Professionals, Eligible Hospitals, and the EHR specialist can submit questions and escalate issues. All members of the eHealth Team have access to this functional email account and review and assign issues for resolution. The EHR specialist escalates issues, which include questions regarding patient volume, place of service, CEHRT, and policy clarifications, to the eHealth Team as necessary.
- **Targeted outreach:** The eHealth Team not only responds to incoming questions about the Wisconsin Medicaid EHR Incentive Program, but also takes a proactive approach to addressing provider challenges to participation. Program Year 2017 is the first year Eligible Professionals cannot begin participation in the Medicaid EHR Incentive Program.<sup>2</sup> In response to this policy, DMS has deployed targeted strategies to identify and engage two main populations:
  - Program participants who have only attested to AIU
  - Program participants who skipped a year of participation (or more) and did not return

To aid Wisconsin Medicaid EHR Incentive Program retention, DMS will gather data from the SLR, NLR and MMIS to conduct targeted outreach efforts. Outreach for this initiative will be conducted through the end of 2018.

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<sup>2</sup> Program Year 2016 was the last year Eligible Professionals could begin participation in the Medicaid EHR Incentive Program. In response to this policy, DMS deployed strategies to identify and engage the providers who had not yet enrolled in the EHR Incentive Program. These strategies employed CMS Medicaid EHR Team (MeT) resources and techniques for understanding the target population, developing an engagement strategy, and drafting communications. The attestation window for Program Year 2016 closed at the end of March, and submitted applications are still being processed at this time. The full impact of this outreach will be assessed in a future version of this document.



# 4 PROGRAM YEAR 2017 COMMUNICATIONS AND OUTREACH ROADMAP

The eHealth Team uses an operational communications and outreach work plan that details specific communication and outreach activities. The Communications and Outreach Plan will be monitored bimonthly, and the overall plan will be assessed at the end of the Program Year to determine the effectiveness of communication tools. Information gathered from provider outreach and attestation statistics will be used to reassess current communications and to devise any necessary change needed to ensure goals are met. Figure 5.04 represents the roadmap for the Communications and Outreach Plan.

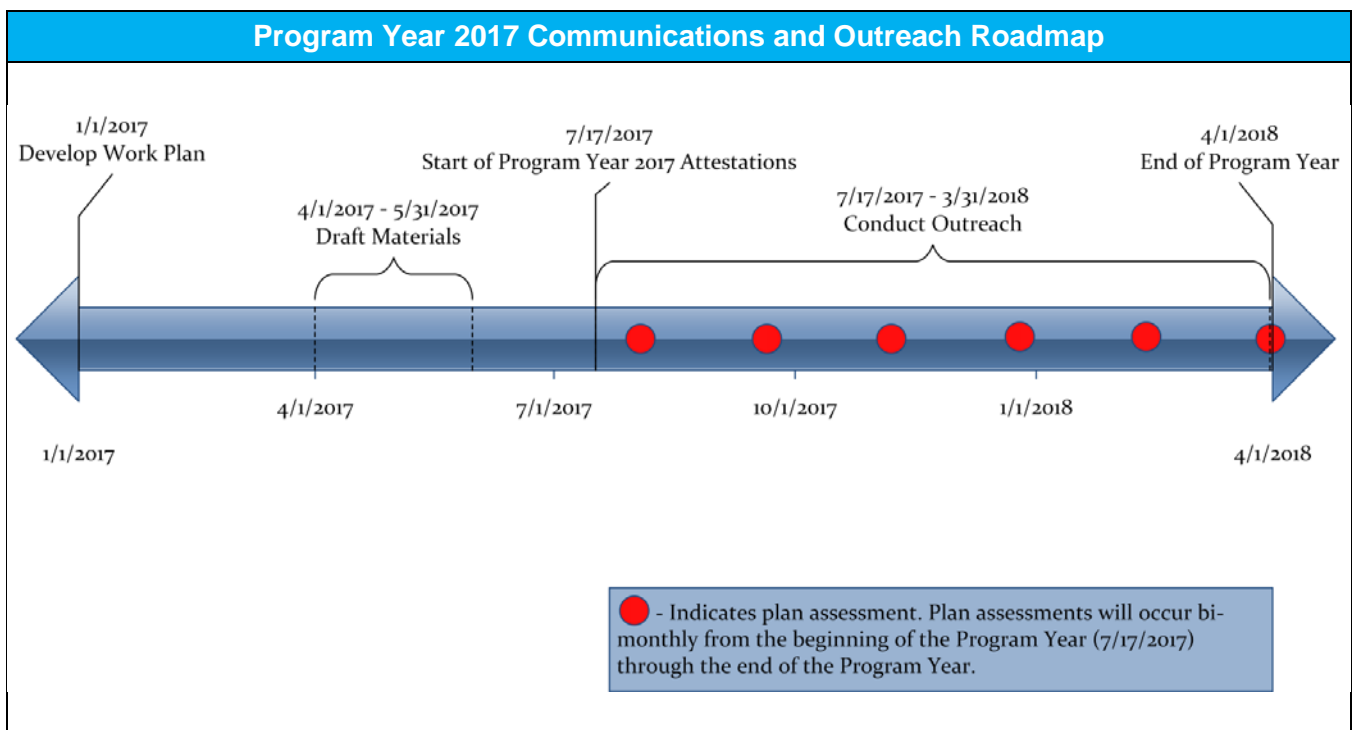


Figure 5.04: Communications and Outreach Roadmap



# 5 WISCONSIN HEALTH IT EXTENSION PROGRAM

To support the goal of increasing adoption and accelerating meaningful use of certified health IT, DMS continued the assistance offered by the ONC REC program through a Wisconsin health IT extension grant program.<sup>3</sup> The Wisconsin Health IT Extension Program, supported by MetaStar, expands on the federal REC program by providing targeted outreach, education, and technical assistance to Wisconsin Medicaid-enrolled providers. Technical assistance services are limited for any providers who have already benefited from the ONC grant-funded REC services to ensure no duplicative services are provisioned. Overall, program funding is used to provide technical assistance to participants of the EHR Incentive programs who lack guidance and robust health IT capabilities due to geographic or financial disparities. These providers benefit from an enriched dialogue with staff members possessing an advanced knowledge of the EHR Incentive programs.

## 5.1 Scope of Services

Technical assistance services provided through the Wisconsin Health IT Extension Program include outreach and recruitment, general education, implementation of EHR systems, privacy and security, and preparation and planning for attestation.<sup>4</sup> There are also targeted technical assistance and consultation services available for the public health Meaningful Use objectives to support providers as they onboard to electronically report data to the Division of Public Health (DPH). This includes assistance in registering with DPH; helping the provider understand data transport requirements and options for sending data to public health; completing testing with various entities to report syndromic surveillance, immunizations, reportable labs, and cancer data; and acting as a convener or facilitator and subject matter expert (SME) to help resolve any onboarding issues providers encounter with their EHR vendor or the respective state registry program.

Technical assistance services provided to Eligible Professionals by the Wisconsin Health IT Extension Program are grouped into seven categories as follow:

Technical Assistance Category	Examples of Services
<b>General Education and Consultation</b>	Education about the Medicare and Medicaid EHR Incentive programs delivered either directly to the practice, via webinar, or monthly newsletter

<sup>3</sup> In 2009, the Office of the National Coordinator for Health Information Technology (ONC) established Regional Extension Centers (RECs) throughout the United States to assist primary care providers in the adoption and meaningful use of health information technology (health IT). The REC program has furnished assistance—defined as education, outreach, and technical assistance—to help providers select, successfully implement, and meaningfully use CEHRT to improve the quality and value of health care.

<sup>4</sup> The Health IT Extension Program does not provide funds for interfaces either directly or through the health information exchange, software, or hardware required for providers to submit data to public health.



Technical Assistance Category	Examples of Services
<b>Practice Needs Assessment, Project Plans, Workflow Mapping, and Redesign</b>	<ul style="list-style-type: none"> <li>• Creation of project plan and timeline with practice</li> <li>• Workflow process mapping and redesign guidance</li> <li>• Assessment of individual providers' eligibility for EHR Incentive programs and review of Meaningful Use dashboard reports</li> </ul>
<b>Consultation on EHR Organizational Readiness, CEHRT Product Selection, Implementation, and Vendor Management</b>	<ul style="list-style-type: none"> <li>• Facilitation of vendor selection process</li> <li>• Assistance in troubleshooting and communicating with vendors to resolve CEHRT issues or barriers to Meaningful Use attestation</li> </ul>
<b>Privacy and Security</b>	<ul style="list-style-type: none"> <li>• Education about how and why to conduct a security risk assessment and the process</li> <li>• Facilitation of security risk assessment using online tool</li> </ul>
<b>Attestation Assistance for Meaningful Use</b>	<ul style="list-style-type: none"> <li>• Guidance and resources about registration and attestation</li> <li>• Assistance in preparing recommended documentation for a Meaningful Use audit</li> </ul>
<b>Public Health Testing and Onboarding Assistance</b>	<ul style="list-style-type: none"> <li>• Education about the Meaningful Use Public Health Reporting measures and process for onboarding and testing</li> <li>• Guidance and resources about Wisconsin's registration for public health reporting</li> </ul>
<b>Health Information Exchange Education and Consultation</b>	<ul style="list-style-type: none"> <li>• Education about health information exchange options and connection with appropriate resources</li> <li>• Assistance with onboarding process and communications with health information exchange vendor</li> </ul>

Figure 5.10: Technical Assistance Categories

## 5.2 Program Year 2016 Outcomes (Progress to Date)

This section uses data through February 1, 2017, to provide an assessment of the activities to date of the Wisconsin Health IT Extension Program. In each subsection of this assessment, the program achievements are summarized, with an analysis of how those achievements advance the goals of the grant.

### 5.2.1 Development of Recruitment Targets

DMS and the Health IT Extension Program collaborated on the process of identifying and mutually agreeing upon the providers targeted for outreach and recruitment. For 2016, a mix of DMS priorities and an up-to-date assessment of Wisconsin's socioeconomic, geographic, and health IT landscape (noted in Section 2: Management Plan) informed the targets for recruitment.

To identify the need for assistance services, DMS recommended a prioritized outreach approach for the Health IT Extension Program, which allowed MetaStar to focus outreach efforts on groups that align with DMS priorities. To inform the goals of outreach recommendations for new and returning participants, the eHealth Team reviewed the 2015–2017 Wisconsin Budget in Brief, DMS mission and



vision, and Wisconsin ForwardHealth policies, programs, and initiatives. The eHealth Team also analyzed data on expected participation rates in the EHR Incentive Program and leveraged Wisconsin’s MMIS data to identify areas where additional technical assistance to providers is needed to encourage adoption of CEHRT. Examples of groups targeted for outreach include, but are not limited to:

- Wisconsin Medicaid-enrolled providers that completed the CMS Registration & Attestation system registration but have not participated in the Wisconsin Medicaid EHR Incentive Program.
- Wisconsin Medicaid-enrolled providers serving members in the southeast region.
- Wisconsin Medicaid-enrolled providers likely to serve Wisconsin’s tribal membership.

The targeted outreach and recruitment recommendations developed for the Health IT Extension Program focused on both new and returning participants to an EHR incentive program. This plan emphasizes supports technical assistance for providers who have not yet initiated participation in the program and providers who have initiated participation in the program, but have not yet met the Meaningful Use requirements. As a part of this approach, large integrated delivery networks and FQHCs were not prioritized, as the large networks are assumed to have resources of their own and the FQHCs are being served by the Wisconsin Primary Health Care Association through other federal grant funds.

### 5.2.2 Recruiting Targets for Technical Assistance

To assist MetaStar’s recruitment and outreach efforts, DMS provided target lists that included demographic, contact, and MMIS claims information (to help estimate EHR Incentive Program eligibility). This section provides detail on the recruitment and services the Wisconsin Health IT Extension Program has made available to Wisconsin Medicaid-enrolled providers as of February 1, 2017.

This Wisconsin Health IT Extension Program projected an overall recruitment of 1,200 Eligible Professional targets for technical assistance. The general planning of outreach, providers’ EHR Incentive Program eligibility assessment, and the review of marketing materials were monitored by DMS. The recruitment targets eligible to participate in the Medicare or Medicaid EHR Incentive Program fell into three discrete categories:

1. Medicaid providers who have not yet registered or applied for Meaningful Use or Adopt, Implement, Upgrade (AIU) of CEHRT
2. Providers who are participating in the EHR Incentive Program and have not yet achieved Meaningful Use
3. Providers who have previously achieved Meaningful Use

In 2016, Medicaid providers who had not yet begun participation in the Medicaid EHR Incentive Program were a focal point of recruitment due to program initiation deadlines. DMS closely coordinated the recruitment of Medicaid providers with MetaStar using a continuous feedback loop whereby MetaStar regularly reported the recruitment status of outreach targets to DMS and DMS monitored new attestations.



Ongoing recruitment practices include:

- Monthly newsletters.
- Initial outreach to Medicaid priority provider types to initiate participation in EHR Incentive Program.
- Multi-wave mail/email campaigns for targets identified as having high Medicaid encounters.
- Targeting priority organizations in need of additional assistance to meaningfully use their EHR.
- A one-pager focused on provider recruitment into the EHR Incentive Program.
- Review of old, closed or lost opportunities.

### 5.2.3 Recruitment Achievements

MetaStar submits monthly status reports, including information on its recruitment efforts. As of February 1, 2017, MetaStar had contacted 361 organizations, covering an estimated 5,005 providers. Of those contacted:

- 39 opportunities are still open—102 providers.
- 184 opportunities closed as “lost”—3,497 providers.
- 138 opportunities closed as “won”—1,405 providers.

Figure 5.05 shows the accumulation of “won” opportunities over the past 18 months, where a “win” was operationalized as an organization agreeing to sign up for technical assistance services. The majority of new participants signed up in the third and fourth quarters of the 2015 calendar year.

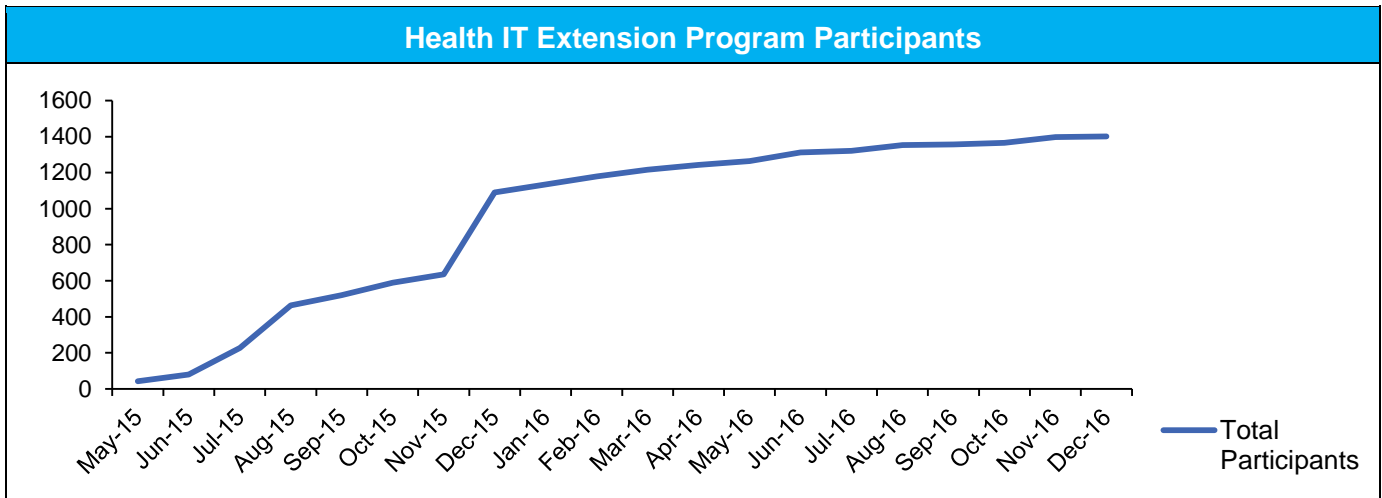


Figure 5.05: Recruitment Opportunities “Won” by Provider

Who signed up for assistance?

- Of the organizations contacted, 86 percent were targets identified in DMS target lists.
- Among those organizations at the provider level, 15 percent (211/1,405) of participants were shared in DMS target lists.

**Opportunities for Program Year 2017:** Continued work in 2017 includes reprioritizing organizations for outreach based on Program Year 2016 final participation data.



### 5.2.4 Recruitment Demographic Characteristics

The 136 organizations, representing 1,405 providers, that have signed up for technical assistance tend to have several characteristics.

Practice Type <sup>5</sup>	Number of Providers	Number of Organizations
Large Clinics	709	3
Midsize Practices	312	19
Smaller Clinics	346	76
Independent	38	38

Figure 5.06: Practice Type Distribution among Participants

Of the small and midsize clinics, eight tribal health centers and five local health departments, which DMS designated as high-priority targets, were recruited.

Provider Type	Number of Providers
Physician	1,092
Pediatrician	51
Nurse Practitioner and Nurse Service	122
Dentist	120
Physician Assistant	1
Medicare Program Only <sup>6</sup>	70

Figure 5.07: Provider Type Distribution Among Participants

### 5.2.5 Outcome of Technical Assistance

Satisfaction surveys results indicate high levels of satisfaction with the technical assistance provided by MetaStar. For the statement “I would recommend [these services] to a colleague,” the average score was 4.89 (on a 1–5 scale, with 5 being “Strongly Agree”). Additionally, the following statistics were developed by comparing Health IT Extension Program internal reports with CMS and Wisconsin EHR Incentive Program attestation data:

Over 90 percent of provider participants (1,228/1,346) have at least one successful EHR Incentive Program attestation.<sup>7</sup> The remaining participants are expected to attest by the Program Year 2016 Wisconsin Medicaid EHR Incentive Program attestation deadline of March 31, 2017.

<sup>5</sup> Midsize practices have between 10 and 31 providers, with an average of 17. Smaller clinics have between 2 and 10 providers, with an average of 4.

<sup>6</sup> Provider types not eligible for Wisconsin Medicaid EHR Incentive Program, including optometrists, podiatrists, and chiropractors



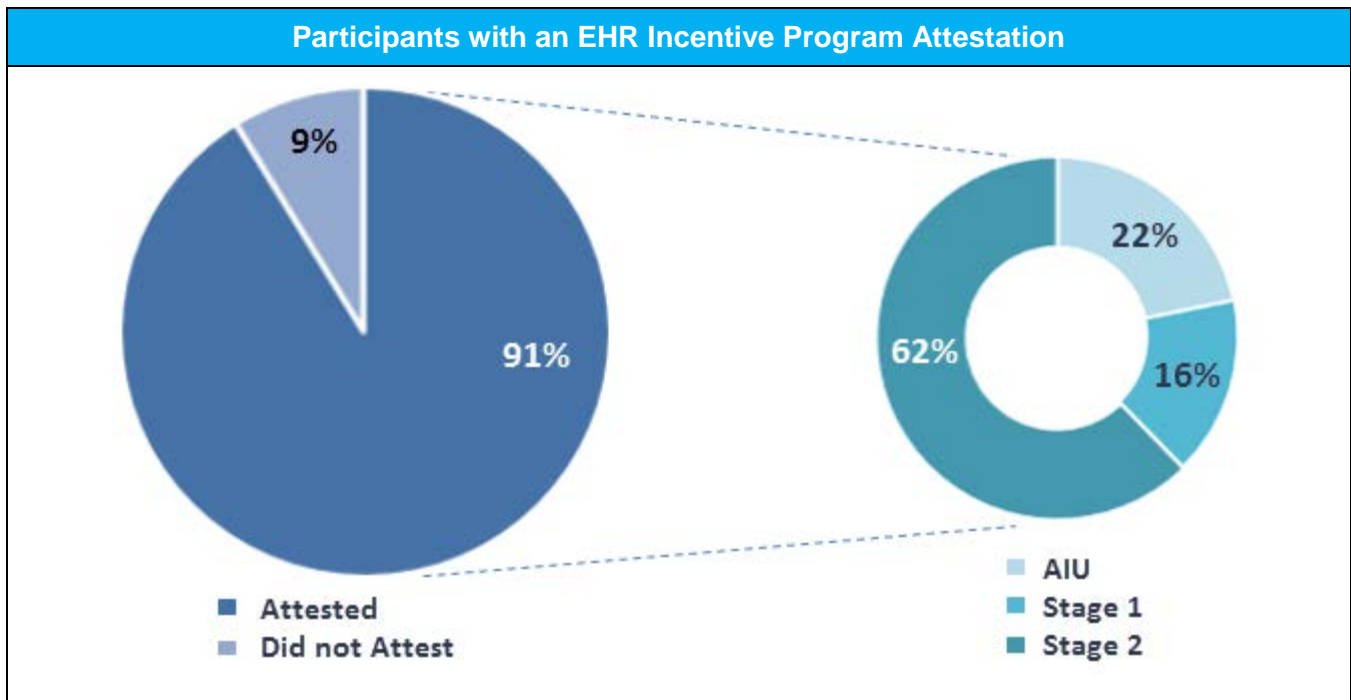


Figure 5.08: Percentage of Health IT Extension Program Participants with at Least One Attestation

Almost all of the Health IT Extension Program participants are successfully attesting in the EHR Incentive Program. However, attestation histories vary and can be analyzed to identify technical assistance needs and project their future progress. This progress over time, or lack thereof, is defined as an attestation track.<sup>8</sup>

#	Description	Providers	Opportunity Analysis
1	<b>Signed up for technical assistance with no prior attestation</b>	134	These participants have not yet successfully attested to an EHR incentive program. Most of these providers have taken the initiative to register in an EHR incentive program and anticipate their attestation by the Program Year 2016 deadline.
2	<b>AIU attestation but no meaningful use attestation</b>	293	These participants have AIU as their highest level of attestation and will be the highest priority targets for continued technical assistance in Program Year 2017.

<sup>7</sup> Of the total 1,405 participants, only 1,346 had their attestation status verified as of January 31, 2017. Several organizations have elected not to continue with technical assistance, and one large organization has 30 border-state providers for which we do not have attestation data.

<sup>8</sup> The attestation tracks are for providers with their most recent attestation in the Medicaid EHR Incentive Program. There are no Medicare EHR Incentive Program attestations in Program Year 2017.



#	Description	Providers	Opportunity Analysis
3	<b>Continue Meaningful Use</b>	205 (Stage 1) 773 (Modified Stage 2)	These participants have achieved some level of Meaningful Use, with Modified Stage 2 achievement including alternate exclusions designed for Stage 1 scheduled Eligible Professionals. These providers will be priority targets for continued technical assistance in Program Year 2017.

Figure 5.09: Attestation Tracks

**Opportunities for Program Year 2017:** Continued work in 2017 includes shifting priorities from recruitment to the EHR Incentive Program to helping participants attain and deepen their health IT maturity through higher stages of Meaningful Use.

### 5.3 Program Year 2017 Scope of Services

Looking forward to Program Year 2017, the technical assistance services offered through the Wisconsin Health IT Extension Program will continue to include those identified previously, as well as quality improvement and care coordination, which have been proposed to facilitate improvement and long-term sustainability in HIT maturity.<sup>9</sup>

To date, all Health IT Extension Program participants have successfully received some level of technical assistance for Program Year 2016; however, organizations vary in their ability to successfully demonstrate and/or meet the more advanced measures of Meaningful Use. In Program Year 2017, technical assistance will continue to be offered based on an organization’s customized plan for services with respect to their health IT maturity.

The Health IT Extension Program will continue to capitalize on the planning used in the development of target lists and outreach described in sections 5.1.1 and 5.1.2. However, Program Year 2017 will focus on helping existing and new technical assistance participants return to the EHR Incentive Program after skipping program years and increasing the health IT maturity for those continuing to participate.

To better define a provider’s progress in the Health IT Extension Program, the proposed goals for 2017 recruitment, outreach, and technical assistance provide a unique performance framework that enables technical assistance prioritization by quantifying an organization’s health IT maturity. This plan reflects the desire to support continued technical assistance participation year over year when it is warranted and define performance metrics that reflect providers’ progress on their Meaningful Use journey by placing their EHR Incentive Program attestation and measure-level performance in context with the technical assistance they received along the way.

<sup>9</sup> The changes have been reflected in the Scope of Services listed in the updated Statement of Work between DHS and MetaStar.



Proposed 2017 Technical Assistance Goals:

1. At the provider level, continue to progress through distinct stages of Meaningful Use (e.g., AIU to Modified Stage 2 MU, 2016 Modified Stage 2 MU to Stage 3) and increase performance rates within Meaningful Use measures.
2. Focus on organizations that have the most potential to progress their Meaningful Use attestations.
3. Decrease focus and/or phase out services to participating organizations that have become self-sufficient in that they are able to maintain participation in the EHR Incentive Program without a high level of personalized technical assistance.

Through the first two quarters of calendar year 2017, eHealth and MetaStar are collaborating to develop an updated scope of services and related performance metrics, as well as creating a baseline status by categorizing organizations and providers into progress tracks, identifying Meaningful Use performance baseline scores through Program Year 2016, and projecting their likelihood to attest in Program Year 2017.

Next steps to be completed by the end of the third quarter of calendar year 2017 include formalizing the 2017 metrics (following an analysis of Program Year 2016 attestation data) and identifying Meaningful Use performance target scores for Program Year 2017. Both of these will be used in conjunction with organization and provider baseline data to track performance over Program Year 2017 while technical assistance services are delivered.