



State of Wisconsin Medicaid Health Information Technology (HIT) Plan



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1 OVERVIEW

This section of the State Medicaid Health IT Plan (SMHP) provides the Communications and Outreach Plan for the eHealth and Quality Program and the Medicaid Promoting Interoperability (PI) Program (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program), operated as part of the Centers for Medicare & Medicaid Services (CMS) PI Program. The purpose of this plan is to identify communications and outreach strategies to achieve the eHealth and Quality Program goals, which are aligned with the broader Medicaid health IT vision, goals, and strategies, and provide a high-level roadmap for the key communications and outreach activities for the Wisconsin Medicaid PI Program 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 achieving the eHealth and Quality Program objectives outlined in Section 2 (Management Plan). The specific communication and outreach goals that support eHealth Program objectives are:

- Provide clear information to Promoting Interoperability Program participants regarding program operations, expectations, and close-out
- Measure and advance use of health IT by targeted providers ineligible for the Promoting Interoperability Program
- Develop and share resources regarding the implementation of telehealth expansion per 2019 Wisconsin Act 56
- Advance the Division of Medicaid Services' (DMS) direct engagement with members through health IT
- Increase members' use of health IT and ability to create, access, and share health records
- Promote collaboration toward shared goals for interoperability, quality, and health outcomes by statewide health IT stakeholders

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

- Communicate in a timely fashion using appropriate methods.
- Be visible and accessible to internal and external stakeholders.
- Leverage existing partnerships and opportunities.
- Identify and remove barriers to adoption and use of CEHRT and other health IT.
- Be open to health IT that supports member care and practice settings beyond the settings and technologies included in the Medicaid PI Program.
- 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) DMS and its stakeholders, so the right message gets to the right people when the information is needed.

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 is not 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 the quality of their life. Health IT empowers individuals to be a key part of the team that keeps them healthy.

Key messages for 2020 will continue to focus on the most common technologies in the health IT ecosystem—beyond EHRs—used for health IT-enabled delivery of care to facilitate improvement and long-term sustainability in health IT maturity. In addition, state messaging will emphasize the opportunity to improve quality and address health disparities through the use of health IT. DHS has also prioritized the pillars of improving the LTC system and integration of behavioral health (BH) into the health care system; these priorities will also be reflected in 2020 engagement and outreach.

In alignment with the CMS goal to emphasize information exchange with patients, the state will promote strategies for engaging patients in the use of health IT functionality, such as patient portals. Outreach in 2020 will also address final rules released by CMS and on interoperability and patient access to data, including member access to their own health records and maintaining privacy and security of records.

The Wisconsin DHS wholeheartedly supports the increased CMS emphasis on achieving true interoperability in sharing health data between providers, exemplified by the renaming of the Medicare and Medicaid EHR Incentive Programs to "Promoting Interoperability." Specific elements of the Communications and Outreach Plan have been updated to reflect the impacts of several CMS policies on the Medicaid PI Program, including:

- the transition of many Medicaid providers to the CMS Quality Payment Program
- the barring of new provider participation in the Medicaid PI Program
- the increased emphasis on measures requiring the exchange of health information between providers and patients
- the increased emphasis on interoperability to facilitate the sharing of health care data

Ultimately, emerging health IT solutions and interoperability are enabling the most important goals—lower costs, healthier populations, engaged people, and higher quality care. Therefore, this plan continues the DMS communication and outreach approach of promoting broader adoption of health IT, beyond just the Medicaid PI Program, in alignment with state and federal goals for quality improvement and payment and delivery system reform.

The Communication and Outreach Plan includes the following broad strategies:

- Promoting the positive impact of health IT on care, care coordination, and the overall health of vulnerable populations (e.g., children, the elderly, and rural populations) through increased patient safety, member engagement, and organizational efficiency.
- Providing information, educational tools, and technical assistance to providers that lack resources or are experiencing challenges related to health IT.
- Preparing providers and patients to expand their use of telehealth.
- Collaborating with local industry and professional organizations to deepen and promote understanding of how EHR data is utilized to promote care coordination, patient engagement, and access to care.

- Partnering with tribal health clinic directors to provide sustained support in maximizing funding for health care services provided to tribal members and improved health outcomes.
- Promoting engagement of patients in the use of health IT and personal health data, while maintaining privacy and security.

2 PROGRAM YEAR 2020 COMMUNICATIONS AND OUTREACH STRATEGIES

The following table lists the strategies DMS has identified to support achievement of existing goals; guided by the continued use of clear and consistent messaging. Building on the communications and outreach approach outlined previously, communications will continue 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
Accelerate the adoption and meaningful use of CEHRT	<ul style="list-style-type: none"> • 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, CMS's national level repository, and Wisconsin's Medicaid Management Information System. • Develop key messages focusing on how the use of CEHRT supports quality, efficiency, and value leading to improved individual and population health. • Partner with MetaStar to provide technical assistance through the Wisconsin Health IT Extension Program.
Increase Medicaid PI Program retention and completion	<ul style="list-style-type: none"> • Implement a targeted marketing campaign to increase Medicaid PI Program retention and completion. • Collect data to identify best practices and potential barriers to achieving meaningful use. • Encourage providers to complete their participation in the program and maximize their incentives.
Increase transparency and understanding of the Medicaid PI Program's eligibility and program requirements	<ul style="list-style-type: none"> • Collaborate with local professional organizations and use monthly Wisconsin Health IT Extension Program coordination meetings to provide guidance and organize health IT stakeholder communications and outreach activities with partner organizations. • Develop webinars and educational tip sheets to provide clarity on the Medicaid PI Program's requirements and application process.
Provide clear directions specific to providers to meet critical Medicaid PI Program dates and increase attestation accuracy	<ul style="list-style-type: none"> • 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). • Reuse existing CMS and the Office of the National Coordinator for Health Information Technology (ONC) content when possible and develop new materials when existing information is not Wisconsin Medicaid PI Program specific (such as, supporting documentation and public health reporting).
Foster a culture of collaboration among health IT stakeholders to advance a broad range of health IT	<ul style="list-style-type: none"> • Convene the HIT Coordination and Managed Care Health IT Workgroups to share best practices, promote consistency in messaging to providers and consumers, and identify needs for education and/or resources. • Disseminate relevant health IT materials and resources via Workgroup participants.

adoption and implementation	<ul style="list-style-type: none"> • Seek feedback on health IT best practices and challenges from stakeholders with “on the ground” knowledge of adoption/implementation issues. • Identify opportunities to increase collaboration to advance Promoting Interoperability Program goals, eHealth objectives, and participant priorities.
Provide timely, relevant information regarding telehealth expansion	<ul style="list-style-type: none"> • Share resources, best practices, and disseminate policy to providers, patients, and other relevant stakeholders using methods such as website, webinars, and FAQs
Provide tools and information to foster health IT education for providers and consumers of health care	<ul style="list-style-type: none"> • Develop updated website content and multimedia deliverables for providers and consumers of health care. • Disseminate content and educational tools that contribute to the health IT maturity of an organization and the health IT literacy of patients and families. • Leverage existing content by sharing CMS and ONC provider tools.

Figure 5.01: Communication and Outreach Strategies

2.1 Program Year 2020 Key Messages

The following key messages will be distributed using the mediums identified in Figure 5.03 and will inform the marketing materials drafted for Program Year 2020. The strategic messaging of the Wisconsin Medicaid PI Program is reviewed and updated through an iterative review process, which allows the eHealth and Quality Team to integrate key concepts regarding how the meaningful use of CEHRT supports DMS priority initiatives.

Category	Strategic Messages
Maximizing the Medicaid PI Program Incentive Payments Available	<ul style="list-style-type: none"> • Federal funds are available to providers who continue participation in the Medicaid PI Program. Wisconsin is accepting Stage 3 applications from Eligible Professionals.¹ • To maximize the incentive payments available, providers must use 2015 Edition CEHRT; this functionality must be in place by the first day of the EHR reporting period, and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. • Encourage attestation through all available payment years to maximize their incentive dollars.
Technical Assistance	Technical assistance is available to qualified Wisconsin providers to help meet program requirements through the Wisconsin Health IT Extension Program administered by DMS.

¹ No additional participation for incentive payments is expected from Wisconsin Eligible Hospitals.

Category	Strategic Messages
PI Program Requirements and Deadlines for Program Years 2020 and 2021	<ul style="list-style-type: none"> • The PI Program is ending after Program Year 2021 and final payments must be issued before January 1, 2022. • The timelines for Program Years 2020 and 2021 are accelerated to facilitate final issuance of all incentives by the federal deadline. • The deadline to complete the Security Risk Analysis (SRA) in 2021 has changed. Providers may complete their SRA after their attestation date as long as it is completed by December 31, 2021. Providers who have a completed SRA at the time of attestation must submit their documentation with their application. Providers who do not have their SRA completed by the date of attestation must submit their SRA documentation by January 31, 2022.
Advanced Clinical Use of EHRs	<ul style="list-style-type: none"> • Support the Stage 3 Meaningful Use objectives that require patient engagement and health information exchange. • The business case for CEHRT is strong as the majority of providers report that EHRs provide useful analytics that support value-based care. • Meaningful use of CEHRT is a requirement for participation in Advanced Alternative Payment Models, and exchanging information through use of CEHRT is a primary component of the PI performance category under the Merit-based Incentive Payment System. • Meaningful use of CEHRT can facilitate patient engagement through improved exchange of health information between providers and patients. • Meaningful use of CEHRT can improve health care outcomes by enabling preventive care reminders and assessments. • Meaningful use of CEHRT facilitates health information exchange, which allows providers to more easily coordinate care and improve the health of Wisconsin residents. • 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. • Meaningful use of CEHRT supports quality, efficiency, and value leading to improved individual and population health.

Category	Strategic Messages
Use Health IT in Pursuit of Triple Aim	<ul style="list-style-type: none"> • 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"> ○ EHRs are used to store patient health information. ○ EHRs have the ability to ePrescribe, which means providers can send prescriptions electronically to your preferred pharmacy. ○ Documenting electronically in the EHR, according to standards, allows for health information exchange between organizations with different EHR technologies. EHRs can share complete or subsets of information, depending on the sharing partner. ○ Patient portals provide patients with access to their EHR data. ○ 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. ○ Clinical data registries collect outcome data from EHRs to allow for population health analysis. • DMS has invested in immunization registry integration, Medicaid prescription data integration, and Medicaid HMO emergency department notification projects with the Wisconsin Statewide Health Information Network to support patient-centered care and improved health outcomes. • Training tools and webinars focusing on the best practices used to achieve advanced clinical processes are available through the ONC.

Figure 5.02: Strategic Messaging

3 PROGRAM YEAR 2020 COMMUNICATIONS AND OUTREACH CHANNELS

The eHealth and Quality Team uses the following mediums to carry out the objectives of the Communications and Outreach Plan:²

Category	Medium	Target Audience
Accelerate the adoption and meaningful use of CEHRT by developing key messages that focus on its benefits.	<ul style="list-style-type: none"> • Emails • Phone calls • Website • Webinars • Social media • Podcasts • Partner organizations, such as MetaStar 	<ul style="list-style-type: none"> • Eligible Hospitals • Eligible Professionals, including <ul style="list-style-type: none"> ○ Dentists ○ Pediatricians ○ Psychiatrists ○ Federally qualified health centers ○ Rural health clinics ○ Tribal health centers • Health care providers • Consumers of health care

²Each actionable Communication Objective in the table combines a goal and related strategy from Figure 5.01.

Category	Medium	Target Audience
Collect and analyze data to extrapolate best practices and potential barriers to the adoption and meaningful use of CEHRT.	<ul style="list-style-type: none"> • Surveys • Key stakeholder interviews 	<ul style="list-style-type: none"> • Eligible Professionals, including <ul style="list-style-type: none"> ○ Dentists ○ Pediatricians ○ Psychiatrists ○ Federally qualified health centers ○ Rural health clinics ○ Tribal health centers • Wisconsin Medicaid-enrolled providers not eligible to participate in the Medicaid PI Program and their respective organizations including <ul style="list-style-type: none"> ○ LTC facilities (including Skilled Nursing, Assisted Living, and Adult Day Care centers) ○ BH facilities ○ County Health and Human Service agencies • HMOs • MCOs • Pharmacies
Increase Medicaid PI Program retention and completion by offering technical assistance.	<ul style="list-style-type: none"> • Emails • Provider services help desk • Phone calls • Website • Partner organizations, such as MetaStar 	<ul style="list-style-type: none"> • Eligible Professionals, including <ul style="list-style-type: none"> ○ Dentists ○ Pediatricians ○ Psychiatrists ○ Federally qualified health centers ○ Rural health clinics ○ Tribal health centers
Increase transparency and understanding of Medicaid PI Program requirements through collaboration with local professional organizations' health IT partner organizations.	<ul style="list-style-type: none"> • Professional organization newsletters • Events, presentations, and speaking engagements • Webinars 	<ul style="list-style-type: none"> • Eligible Professionals, including <ul style="list-style-type: none"> ○ Dentists ○ Pediatricians ○ Psychiatrists ○ Federally qualified health centers ○ Rural health clinics ○ Tribal health centers

Category	Medium	Target Audience
Develop and maintain a deep understanding of Medicaid PI Program policies to keep providers up to date with critical program information by disseminating accurate and informative messages.	<ul style="list-style-type: none"> • Emails • Website • ForwardHealth Updates • ForwardHealth Portal Messaging System • Social media • Partner organizations, such as MetaStar • Working groups 	<ul style="list-style-type: none"> • Eligible Hospitals • Eligible Professionals, including <ul style="list-style-type: none"> ○ Dentists ○ Pediatricians ○ Psychiatrists ○ Federally qualified health centers ○ Rural health clinics ○ Tribal health centers • All provider types •
Foster a culture of collaboration among health IT stakeholders to advance a broad range of health IT adoption and implementation	<ul style="list-style-type: none"> • Emails • Regularly scheduled meetings (in person and remote) 	<ul style="list-style-type: none"> • HMOs • MCOs • Health IT stakeholders including the Wisconsin Health Information Organization, the Wisconsin Statewide Health Information Network, the Wisconsin Collaborative for Healthcare Quality, MetaStar, the Wisconsin Primary Health Care Association, and the Rural Wisconsin Health Cooperative
Foster public education about health IT by sharing or creating support tools, resources, and/or educational materials.	<ul style="list-style-type: none"> • Website • Informational brochures • Webinars • Tip sheets • DHS press release • Public educational display case located at DHS • Bureau staff meeting 	<ul style="list-style-type: none"> • Health care providers • Consumers of health care • DHS staff

Figure 5.03: Communications and Outreach Channels

3.1 Communication Medium Details

DMS uses multiple channels to facilitate retention in the Medicaid PI Program, share resources with the public, and foster a culture of collaboration among health IT stakeholders. For example, a three-part video series was produced to provide introductory-level content to participants on the importance of CEHRT. The videos have been viewed over 900 times. The following section explains how the websites, help desk, centralized email, and targeted outreach are used to support communications and outreach strategies and objectives.

The Telehealth Project Communications Approach includes a strategy to engage both internal and external stakeholders for telehealth expansion. The Communication Approach highlights stakeholders such as the Office of the Governor, Department of Public Instruction, Department of Corrections, members, providers,

advocacy groups, tribal entities, payers, professional organizations, and hospitals and healthcare facilities. Channels will include webinars/listening sessions, status reports, and a DHS website.

- **Websites:** The public, Eligible Professionals, and Eligible Hospitals can access timely information about the administration of the Medicaid PI Program, important program milestones and dates, and Wisconsin policy updates through the publicly available website at www.dhs.wisconsin.gov/ehrincentive/index.htm. In 2020, eHealth also plans to launch a sub-site specific to telehealth expansion. eHealth will also be developing a website regarding the implementation of 2019 Wisconsin Act 56 (telehealth expansion). This site will be accessible to the public.
 - The eHealth and Quality website serves as the primary resource for up-to-date information about the Medicaid PI Program.
 - The website also houses provider resources, including in-depth user guides containing information on program enrollment, eligibility requirements, and Medicaid PI Program objectives and requirements. Providers are also provided the opportunity to view webinars introducing them to program requirements, which are stored on the website for on-demand viewing.
 - The eHealth and Quality website includes multimedia products that provide additional information directed to providers not participating in the PI 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. Content includes:
 - Information about additional forms of health IT beyond EHRs, including patient portals, public health and clinical data registries, telehealth, and electronic prescribing.
 - Strategies for patients to utilize health IT.
 - Available summary data regarding the landscape of health IT adoption and implementation in Wisconsin among non-eligible providers.
 - Video content including an introduction to the use of health IT and patient testimonials.
 - The telehealth expansion website will include publicly-facing information to support understanding of the implementation of 2019 Wisconsin Act 56. Content may include:
 - Overview of current coverage and benefit expansion.
 - Definitions, best practices, and other resources.
 - Frequently Asked Questions (FAQs) for providers, patients, health plans, and other stakeholders.
 - Contact information for the Telehealth Project Management Office.
 - Progress and implementation timeline.
 - Technical assistance materials, such as recorded webinars and tip sheets.
- **Help desk:** Provider assistance is offered through one-on-one support from the Provider Services help desk and the eHealth and Quality Team. The Medicaid PI Program leverages the fiscal agent's established call center and help desk, Provider Services, which assists providers with questions on enrollment, claims, and eligibility determinations.
 - Provider Services tracks contacts through the Contact Tracking Management System and routes providers to the appropriate resources to resolve any issues or concerns they might have with the Medicaid PI Program.
 - The Provider Services EHR specialist is a dedicated resource who offers providers detailed information on the Medicaid PI Program. The EHR specialist is trained to answer questions on eligibility requirements, procedures to register for the Medicaid PI Program, procedures to apply for an incentive payment, and procedures to submit an appeal to a determination made by the Wisconsin Medicaid PI Program.

- For technology issues, the EHR specialist immediately communicates with the fiscal agent's architecture and infrastructure teams for resolution. All issues are logged and tracked until resolved.
- **Regular meetings:** The eHealth and Quality Team convenes two regular stakeholder groups to engage in Health IT conversations, share information, discuss the State's health IT priorities and initiatives, and identify challenges and best practices related to use of health IT. Both workgroups serve as forums to disseminate information, request feedback on key initiatives, and solicit perspectives regarding health IT innovations and policy issues. The workgroups also provide an opportunity to discuss new proposed or final health IT-related rules from CMS or the ONC and understand potential impacts.
 - The eHealth and Quality Team engages with all HMOs and MCOs through a monthly Managed Care Health IT workgroup, which convenes via digital meeting space. This workgroup provides a forum for collaboration between health plans 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.
 - The eHealth and Quality Team engages with health IT partners at a quarterly, in-person HIT Coordination Workgroup meeting. Participants in 2020 include WISHIN, WHIO, WCHQ, RQHC, WPHCA, and MetaStar. This workgroup provides a forum to proactively identify opportunities for partnership, discuss statewide health IT challenges and opportunities, and for the State to advance a "boots on the ground" understanding of health IT issues facing providers.
- **Press Release, Internal DHS Communications, and Public Education:** The eHealth and Quality Team brings attention to health IT through communications related to National Health IT Week. The press release is distributed by DHS Communications to various media channels, posted on the DHS website, and emailed to stakeholders. Internal communications include an educational activity on health IT at a DHS staff meeting, and the public also learns about health IT-related issues, assets, and resources through a public educational display featured in the DHS lobby.
- **Centralized email:** For issues related to policy, DMS established a centralized email address where providers and the EHR specialist can submit questions and escalate issues. Several members of the eHealth and Quality 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 and Quality Team as necessary. eHealth has also established a centralized email specific to the Telehealth Project Management Office.
 - **Targeted outreach:** The eHealth and Quality Team responds to incoming questions about the Medicaid PI Program and takes a proactive approach to addressing provider challenges to participation. The eHealth and Quality Team is currently working on a strategy to identify and engage providers who have completed their fourth or fifth payment year, to encourage these providers to complete their participation in the next two years. This is part of Wisconsin's broader Operations Plan for Program Years 2020 and 2021, to ensure the timely payment of all incentive applications in the final year of the program.

4 WISCONSIN HEALTH IT EXTENSION PROGRAM

To support the goal of increasing adoption and accelerating meaningful use of CEHRT, DMS continued the assistance offered by the ONC REC program through a Wisconsin Health IT Extension Grant Program.³ 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 providers who have already benefited from the ONC grant-funded REC program to ensure no duplicative services are provisioned. Overall, program funding is used to provide technical assistance to Wisconsin Medicaid PI Program participants 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 Wisconsin Medicaid PI Program.

This section of the Communication and Outreach Plan provides details regarding the current scope of services (including recent updates approved by CMS), Program Year 2018 participation and outcomes, and the planned approach for Program Years 2019 and 2020.

4.1 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.⁴ There are also targeted technical assistance and consultation services available for the public health objective to support providers as they onboard to electronically report data to the DHS Division of Public Health. This includes assistance in registering with the Division of Public Health; 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 to help resolve any onboarding issues providers encounter with their EHR vendor or the respective state registry program.

In February 2020, CMS approved a revised scope of services for MetaStar's technical assistance for Program Years 2020 and 2021. The revision expanded the scope of services to Medicaid enrolled BH providers, regardless of their eligibility for Medicaid PI Program participation. This change responds to CMS's new focus on interoperability with BH providers in Medicaid programs. Health IT is extensively used to improve the quality and efficiency of health care delivery, patient safety, care coordination, and patient-centered care. Through their existing relationships with Medicaid providers and their expertise in providing technical services, MetaStar will:

- Provide EHR selection, adoption, and effective implementation assistance; and

³In 2009, the ONC established Regional Extension Centers (RECs) throughout the United States to assist primary care providers in the adoption and meaningful use of 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.

⁴The Wisconsin 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.

- Identify providers serving members with limited access to BH services and provide education related to seeking alternative, technology-based delivery models and assist providers to implement and effectively use these models.

At the direction of the Department, MetaStar will also convene and facilitate a work group/forum for county-based BH providers to share/discuss best practices and challenges related to the adoption and effective implementation of EHRs and the exchange of sensitive electronic health information (e.g., SUD-related data) with relevant providers. MetaStar will also use the insights from this group to develop a findings report which will be submitted to DHS upon completion. Further, MetaStar will ensure that Wisconsin Medicaid-enrolled providers are aware of national and state regulations and standards regarding security and privacy.

For the reasons listed in the section above, Medicaid requested an adjustment to the Health IT Extension Program scope of services to:

- Provide education, outreach, technical assistance, practice facilitation and coaching to Medicaid-enrolled BH providers; and

Provide additional technical services to all qualified Medicaid members in the areas of consent management. Technical assistance services provided to Eligible Professionals by the Wisconsin Health IT Extension Program are grouped into nine categories as follows:

Technical Assistance Category	Examples of Services
General Education and Consultation	<ul style="list-style-type: none"> • Education about the Medicaid PI Program delivered either directly to the practice, via webinar, or monthly newsletter • Education about health information exchange options and connection with appropriate resources • Education and instruction on registration and attestation • Facilitation of best-practice sharing and networking across practices (e.g., monthly newsletter, webinars, affinity groups, learning sessions)
Preparation and Planning	<ul style="list-style-type: none"> • Creation of project plan and timeline with practice • Determination of goal date for meaningful use attestation • Workflow process mapping and redesign guidance • Preparation of supporting documentation for meaningful use attestation and audit
CEHRT Assistance	<ul style="list-style-type: none"> • Consultation on EHR organizational readiness • Facilitation of CEHRT vendor and product selection, implementation, and vendor management • Assistance in troubleshooting and communicating with vendors to resolve CEHRT issues or barriers to Meaningful Use attestation

Technical Assistance Category	Examples of Services
Privacy and Security	<ul style="list-style-type: none"> • Education about how and why to conduct a security risk assessment and the process • Sample HIPAA security policies and procedures template • Facilitation of security risk assessment using online tool • Provide education related to 42 CFR Part 2 (federal regulation governing the exchange of substance use disorder records), including provider education regarding strategies to obtain member consent to share SUD information with other providers, payers, or DHS while maintaining compliance with this regulation
Attestation Assistance for Meaningful Use	<ul style="list-style-type: none"> • Guidance and resources about registration and attestation • Assistance in preparing recommended documentation for a Meaningful Use audit
Public Health Testing and Onboarding Assistance	<ul style="list-style-type: none"> • Education about the Promoting Interoperability Public Health Reporting measures, process for public health reporting, onboarding, and testing • Guidance on data transport requirements and options for sending data to public health • Assistance in registering with Wisconsin's Public Health Registration for Electronic Data Submission System (PHREDS) • Assistance in onboarding providers to Public Health Registry Systems • Facilitating resolution of onboarding issues providers encounter with their EHR vendor or the respective state registry program
Quality Improvement	<ul style="list-style-type: none"> • Guidance on clinical quality measure selection • Process improvement facilitation to improve quality measure performance • Assistance with streamlining of quality reporting
Care Coordination	<ul style="list-style-type: none"> • Assistance with interoperability strategies to connect and engage with other healthcare providers and community partners, enabling successful transitions of care and referrals for patients • Advice on patient access and engagement strategies targeted at facilitating enrollment to achieve greater patient portal adoption, meeting patient needs for online information and interactions • Guidance about care management strategies and programs • Assistance with Prescription Drug Monitoring Program (PDMP) integration into the EHR

Technical Assistance Category	Examples of Services
Technical Assistance: BH	<ul style="list-style-type: none"> • Provide EHR selection, adoption, and effective implementation assistance as follows: <ul style="list-style-type: none"> ○ Assist Medicaid-enrolled providers who do not have an EHR to select and adopt one, with an emphasis on certified systems ○ Assist Medicaid-enrolled providers who adopt an EHR, to use quality metric data derived from the EHR to drive internal quality improvement activities ○ Assist Medicaid-enrolled providers who adopt an EHR to use it to enhance patient engagement • Identify providers serving members with limited access to BH services, and assist as follows: <ul style="list-style-type: none"> ○ Provide education related to selecting alternative, technology-based service delivery models, including but not limited to mediums such as telehealth ○ Assist identified BH providers to implement and effectively use alternative, technology-based methods of care delivery • At the direction of the Department, convene and facilitate a work group/forum for county-based, BH providers to: <ul style="list-style-type: none"> ○ Share/discuss best practices and challenges related to the adoption and effective implementation of EHRs and the exchange of sensitive electronic health information (e.g., SUD related data) with relevant providers ○ Develop mitigation strategies for the challenges discussed

Figure 5.04: Technical Assistance Categories

4.2 Program Year 2018 Performance Evaluation

4.2.1 Recruitment

In 2018, outreach and recruitment was focused on smaller organizations with Eligible Professionals who had dropped out of the Medicaid PI Program after initiating participation prior to performance year 2016.

In mid-June 2018, DMS provided MetaStar with a list of 47 organizational targets including 20 dental clinics and 13 FQHCs. Seven Organizations were found to be part of large health organizations and were eliminated from the target recruitment list. Providers in large health systems were deemed “self-sufficient” due to the organization’s experience in the Medicaid PI Program.

4.2.1.1 Recruiting Targets for Technical Assistance

MetaStar took a two-prong approach to recruitment: outreach and direct, personalized recruitment. Outreach was provided to all targets through Constant Contact emails. Direct recruitment was conducted to high priority targets.

Since none of the dental clinics had Eligible Professionals who had progressed higher than AIU, it was determined that outreach to those clinics was important. This was to ensure the dental clinics interested in pursuing additional incentive payments would be aware of MetaStar’s services. The direct recruitment of dental clinics was not a priority. A dental promotional piece was sent via Constant Contact in August 2018 to 17 dental clinics with a 43.8 percent open rate.

MetaStar worked in collaboration with WPHCA on the direct recruitment of FQHCs. WPHCA took the lead on recruitment with all FQHCs receiving assistance through them referring them to MetaStar when additional assistance was appropriate. MetaStar took the lead on direct recruitment of two FQHCs not part of WPHCA's primary funding, Lake Superior Community Health Center and Progressive Community Health Centers.

MetaStar developed a one-page 2018 recruitment piece titled "Missing out on Medicaid EHR Meaningful Use Incentives?" which focused on customized technical assistance services MetaStar would provide through the grant-funded Wisconsin Health IT Extension Program, including Meaningful Use education, security risk assessment, audit preparation, and public health objective assistance. The piece also highlighted the fact that Eligible Professionals could earn \$8,500 in incentive payments for a maximum of six years of participation through 2021.

This one-page recruitment piece, as well as an introductory email from a Meaningful Use Project Specialist, was sent to all nine MetaStar recruitment targets. Recruitment opportunities were tracked as multiple attempts were made to engage these organizations through a combination of email, phone calls, and in-person visits over the course of the following 90 days.

An additional 14 recruitment opportunities were also pursued in 2018 resulting from webinar attendees or registrants, DHS direct referrals and practices who reached out to MetaStar directly either via phone or website.

4.2.1.2 Recruitment Achievements

A total of 18 recruitment opportunities were pursued in 2018. Of these recruitment opportunities, five new organizations (27.8 percent) joined the Medicaid HIT Extension program, including three targets from the list provided by DMS. The most common reason for closing a recruitment opportunity was "unresponsive to outreach" (72.2 percent). Other reasons were not being eligible for incentives or declining assistance.

4.2.2 Participation

In total, MetaStar provided technical assistance to 218 providers across 46 organizations for Program Year 2018. The following table displays participating providers and organizations categorized by practice size.

Practice Type ⁵	Number of Providers	Number of Organizations
Large Clinics	41	1
Midsize Practices	52	4
Smaller Clinics	112	28
Independent	10	11
Total	215	44

Figure 5.05: Practice Type Distribution Among Participants. Note: The metrics in this table were initially submitted before the 2018 performance evaluation was complete. The metrics have been updated to reflect the final performance evaluation.

Of the small and mid-size clinics, MetaStar is working with seven tribal health centers and two local health departments (decrease from seven in 2017), and five Federally Qualified Health Centers, which DMS designated as high priority targets. The following table categorizes participating clinicians by provider type as defined in the Medicaid PI Program.

Provider Type	Number of Providers
Physician	83
Nurse	57
Dentist	75
Physician Assistant	0
Total	215

Figure 5.06: Provider Type Distribution Among Participants. Note: The metrics in this table were initially submitted before the 2018 performance evaluation was complete. The metrics have been updated to reflect the final performance evaluation.

In Program Year 2018, the Wisconsin Health IT Extension Program experienced a decrease in participation from prior years, in terms of both participating organizations and participating providers. Overall, 96 providers associated with 25 organizations that participated in the Health IT Extension Program in PY 2017 were not participating in PY 2018 partly due to organizations no longer pursuing MU or not responding to Health IT Extension Program specialists.

4.2.3 Outcomes

Wisconsin analyzed the Program Year 2018 performance data to understand the impact made by the Wisconsin Health IT Extension Program on provider performance with respect to the Medicaid PI Program measures and their overall health IT maturity.

⁵Large clinics are defined as those with more than 31 providers. Midsize practices have between 11 and 31 providers, with an average of 16. Smaller clinics have between 2 and 10 providers, with an average of between 4 and 5 providers. Independent clinicians are defined as providers who practice individually.

Historically, Wisconsin has observed that providers receiving technical assistance from MetaStar demonstrated higher movement in the Medicaid PI Program along the meaningful use continuum than those that did not receive technical assistance.

Performance metrics were established across defined goals associated to the organization's last attestation stage in the Medicaid PI Program through PY 2017 and their target future state for PY 2018.

- Goal #1: Progress AIU providers to MU Stage 2
- Goal #2: Progress MU Stage 1 and pre-2016 Stage 2 providers to Modified Stage 2
- Goal #3: Progress Modified Stage 2 providers to Stage 3
- Goal #4: Improve Modified Stage 2 organization maturity
- Goal #5: Improve MU organization maturity

MetaStar met four of the six⁶ performance goals identified to increase provider movement in the Medicaid PI Program along the MU continuum. Providers could demonstrate increases in health IT maturity by attesting to a higher program stage or attesting to the same stage (i.e. 2016 and 2017 Stage 2) but improving their integration of CEHRT into provider workflows and measure performance. The table below provides the details of each goal, corresponding target, and the actual performance.

Performance Goal	Provider Type	Target	Actual	Met
(1) Progress AIU Providers to MU Stage 2 at a greater rate than the average PI Program participant	Physician	7% (4/57)	9% (2/7)	✓
	Nurse Practitioner	9% (8/87)	13% (1/8)	✓
	Dentist	9% (17/183)	20% (10/50)	✓
(2) Progress pre-2016 MU Providers to MU Stage 2 at a greater rate than the average PI Program participant	Physician	3% (2/60)	0% (0/0)	N/A
	Nurse Practitioner	0% (0/39)	100% (1/1)	✓
	Dentist	3% (1/29)	0% (0/0)	N/A
(3) Percentage of providers progressing from MU Stage 2 to MU Stage 3				
(4) Improve MU Stage 2 organization maturity through meeting or exceeding target MU scores	N/A	75%	58% (15/26)	✗
(5) Improve MU organization maturity through improving baseline MU scores	N/A	75%	36% (4/11)	✗

⁶ Two of the original performance goals were not applicable due to lack of EPs with the provider-type.

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Figure 5.07: Health IT Extension Program Year 2018 Performance Goal Summary.

Figure 5.08 depicts the improvement in health IT maturity during PY 2018. Unlike the last program year, health IT maturity, as assessed through the MU measures, declined during PY 2018. Figure 5.08 also displays, on average, how close the baseline scores were to the maximum MU scores. One important observation is the high percent of max represented by the baseline scores. In the prior program year, these were significantly lower⁷, allowing more room for progress.

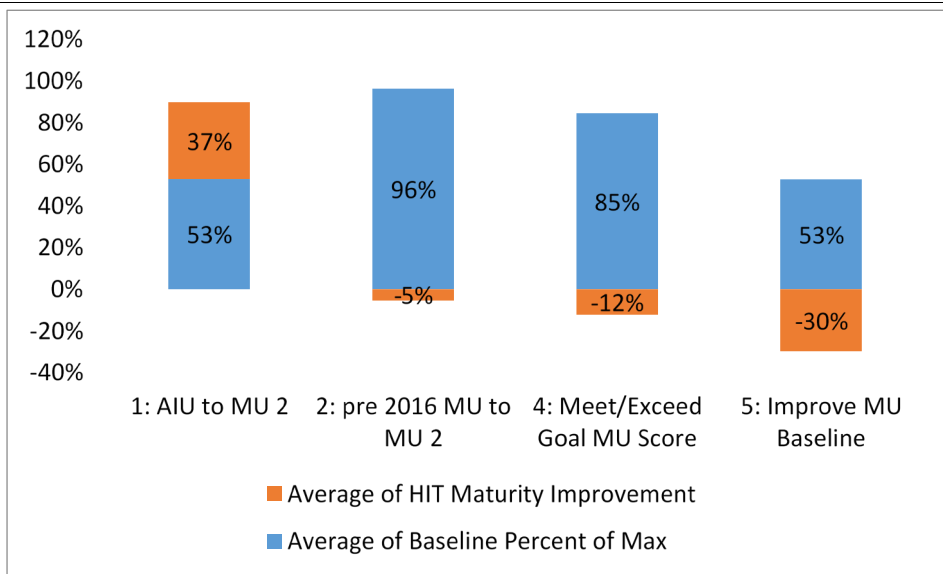


Figure 5.08: Health IT Maturity Improvement in Program Year 2018

Overall, health IT maturity increased for at least some organizations within each goal category, with the exception of Goal #2. The Goal #2 category is composed of a single organization with just one Eligible Professional that did not increase in health IT maturity.

Goal #4 was established to measure the health IT maturity of organizations who were on track to attest to MU in PY 2018. MetaStar calculated a baseline score for each organization based on the organization’s MU performance in the prior year. MetaStar then established a goal for the organization, based on the anticipated performance for each measure in PY 2018. After collecting finalized MU dashboard reports from participants, MetaStar calculated the organization’s overall MU score for PY 2018 based on measure performance.

Various factors, outside of MetaStar’s control, impacted the final MU scores for organizations, which in turn resulted in the data showing health IT maturity in decline compared to last year. Overall, baseline scores did not improve for 18 of the 26 organizations. Of these 18 organizations, three were categorized as unresponsive and two had vendor issues prohibiting them from running their MU dashboard reports; these issues prevented MetaStar from having the information available to calculate a final MU score. This, in turn reduced the overall health IT maturity results, as shown in Figure 5.08 above. Additionally, a total of 10 organizations were

⁷ In PY 2017, the average baseline score for organizations whose performance was tracked under Goal #4, was 36% whereas in PY 2018 the average baseline score was 53%. Similarly, the average baseline score for organizations whose performance was tracked under Goal #5, was 11% whereas in PY 2018 the average baseline score was 38%.

categorized as having low engagement⁸ with their Health IT Specialist, which could indicate a lack of commitment to improving their MU performance overall. Finally, as mentioned above, the performance goal was unchanged from PY 2017 to PY 2018 although the average baseline score in PY 2018 was far higher than in PY 2017 meaning organizations had less opportunity for health IT maturity growth in PY 2018. When only considering organizations that provided their PY 2018 MU dashboard reports, the final MU score improved, on average, by two points.

In Program Year 2018, 25% (11/44) of organizations that had planned to attest to the Medicaid PI Program postponed their attestation with the intent to continue participation in a later program year. For the purposes of performance metrics, these organizations were associated to Goal #5, with a focus on increasing their health IT maturity as determined by their quantitatively assessed MU scores. As noted above, just 36% (4/11) of these organizations did increase their health IT maturity.

As part of program tracking, MetaStar identified postponed organizations' primary barrier to program attestation. About 36% of the postponed organizations deferred due to program issues, such as not meeting one or more MU objectives or not meeting Medicaid patient volume requirements. Another, 36% of postponed organizations deferred due to vendor issues and the remaining 28% deferred due to administrative issues.

For the organizations that postponed due to program reasons the most common reason was not meeting Objective 8: Patient Electronic Access and Objective 9: Secure Electronic Messaging. Organizations particularly struggled with Objective 8 Measure 2, getting 5% of patients to view, download, or transmit their health information. This finding is consistent with prior program years.

Seven of the 11 organizations did not produce MU dashboard reports, which prohibited MetaStar from calculating a final score. Three of these seven organizations were impacted by vendor issues, preventing them from producing a MU dashboard report. The remaining providers were either unresponsive or did not meet program requirements. When solely evaluating those organizations that provided their PY 2018 MU dashboard reports, the final MU score improved, on average, by 19 points.

Each participating practice is sent a satisfaction survey twice per year to evaluate their satisfaction with the services provided through the Health IT Extension Program as well as gather suggestions for additional educational needs. Satisfaction is measured by the average score in response to the statement, "I would recommend MetaStar to a colleague," on a 1-5 scale, where 5 indicates "Strongly Agree." The survey results continue to indicate high satisfaction with the technical assistance provided by MetaStar. The average score from PY 2018 surveys was 4.9. For additional information on these results see Appendix C.

4.3 Program Year 2019 Approach

In Program Year 2019, the technical assistance services offered through the Wisconsin Health IT Extension Program focused on providers nearing completion of the PI Program, with their last payment being for Payment Year 4 or 5. Wisconsin Health IT Extension Program participants continued to receive customized technical assistance relative to their ability to successfully demonstrate the advanced measures in Stage 3

⁸ MetaStar defines low engagement as those organizations which (1) typically require numerous follow-up attempts (2) frequently do not follow through on agreed upon activities (3) frequently miss meetings and (4) has an administration not committed to the PI Program.

including effective patient electronic engagement strategies and exchange information electronically as well as their ability to report on outcome and high priority eQMs.

Wisconsin Health IT Extension Program participants reported on Stage 3 Objectives and Measures for the first time in 2019. Many had recently (in late calendar year 2019) upgraded to 2015 edition CEHRT and were just learning the new capabilities within their EHR. EHR vendors have struggled to provide accurate Stage 3 dashboard reports until late calendar year 2019. Much work was done to educate clinical staff on new technologies which are included in Stage 3 including patient generated health data, application programming interfaces and expanded care coordination requirements. In Program Year 2019, technical assistance continued to be offered based on an organization's customized plan for services. However, the focus was on Stage 3 measures providers have not fully implemented. Additionally, technical assistance associated to clinical quality measure reporting and validation was provided. As in the prior year, technical assistance continued to seek out new Wisconsin Health IT Extension Program participants to help providers return to the Medicaid PI Program after skipping program years, with a focus on organizations with one or more providers who last attested to Payment Year 4 or 5.

For PY 2019, DMS and MetaStar agreed to evaluate performance based on the Participant Satisfaction Survey results and the following metrics:

- Percent of providers progressing from AIU to Stage 3
- Percent of providers progressing from pre-2016 MU to Stage 3
- Percent of providers progressing from Modified Stage 2 to Stage 3⁹

The first year where all providers are required to attest to Stage 3 was 2019; additionally, none of the Health IT Extension Program participants attested to Stage 3 when it was optional in 2017 and 2018. Since this is the first year requiring Stage 3 measures, MetaStar was unable to calculate a baseline MU score, as these are based on performance in a prior year. Additionally, the lessons learned from the 2018 performance evaluation indicate MU scores are not a true representation of health IT maturity efforts by MetaStar to assist providers. For PY 2019 health IT maturity will only be measured by progress through distinct MU stages (e.g., AIU to Stage 3, Modified Stage 2 to Stage 3).¹⁰ As in past years, the goal will be for Health IT Extension Program participants to progress through the phases at a greater rate than the average Medicaid PI Program participant with the same provider type.

4.4 Program Year 2019 Performance Evaluation

4.4.1 Recruitment

In 2019, outreach and recruitment focused on smaller organizations with Eligible Professionals who only had one or two payment years remaining. In February 2019, DMS provided MetaStar with a list of 47 organizational targets including 20 dental clinics and 13 Federally Qualified Health Centers (FQHCs).

⁹ DHS and MetaStar initially discussed an additional performance metric: Percent of providers who did Stage 3 in a prior year and continued with Stage 3. This metric is not applicable for MetaStar, as only a single Eligible Professional attested to Stage 3 last year. The provider who attested to Stage 3 in 2018 is not part of an organization participating in the Health IT Extension Program.

¹⁰ In version 1.0 of this document, it was indicated that MetaStar and DMS would develop a methodology for assessing health IT maturity not solely based on Meaningful Use dashboard reports. MetaStar has developed a health IT maturity assessment tool with input and approval from DMS. This tool was not finalized for use in PY 2019 but will be used for PY 2020 and 2021.

4.4.1.1 Development of Recruitment Targets

MetaStar took a two-prong approach to recruitment: outreach and direct, personalized recruitment. While both methods were used, direct recruitment was the focus. Outreach was provided to all targets through emails; a total of three emails were sent to all recruitment targets between May and July. The emails covered the following topics:

- Stage 3 requirements
- Improving health care quality and patient outcomes through health IT
- HIPAA Security Risk Analysis

MetaStar's recruitment efforts focused primarily on the 2019 target list from DMS. Overall, MetaStar identified 38 recruitment opportunities, which resulted in six¹¹ organizations joining the Health IT Extension Program (10% close rate). Five of the six new organizations were from the DMS provided target list.

4.4.1.2 Recruitment Achievements

The following practices joined the Medicaid HIT Extension program between April and December 2019.

- Abifka Healthcare Family Pediatrics
- Marshfield Medical Center Neillsville
- Meade Medical Clinic
- Mile Bluff Medical Center
- Northlakes Community Health Center
- Vernon Memorial Healthcare

4.4.2 Participation

In Program Year 2019, MetaStar provided technical assistance to 172 providers across 36 separate organizations. Organizations included eight tribal health centers, two county health departments, and three Federally Qualified Health Centers, representing the most vulnerable Medicaid populations. Figures 3.01 and 3.02 categorize the providers and organizations across practice type and provider type.

¹¹ One organization was a previous client, having ended their participation in 2017 and signing a new agreement in 2019. Another organization joined but then did not engage with MetaStar and therefore their account was closed as of November 2019.

Practice Type ¹²	Number of Organizations	Number of Providers
Large Clinics	1	41
Midsized Practices	2	26
Smaller Clinics	22	94
Independent	11	11
Total	36	172

Figure 3.01: Practice Type Distribution among Participants

Provider Type	Number of Providers
Physician	72
Nurse	44
Dentist	55
Physician Assistant	1
Total	172

Figure 3.02: Provider Type Distribution among Participants

In Program Year 2019, the Wisconsin Health IT Extension Program experienced a decrease in participation from prior years, in terms of both participating organizations and participating providers. Overall, 49 providers associated with 12 organizations that participated in the Health IT Extension Program in Program Year 2018 were not participating in Program Year 2019 due to organizations no longer pursuing MU or not responding to Health IT Extension Program specialists. Four of the 49 providers were associated with organizations that continued participation in the Health IT Extension Program; a total of nine organizations no longer participate in the Health IT Extension Program.

4.4.3 Outcomes

Performance metrics were established across defined goals associated to the organization's last attestation stage in the PI Program through Program Year 2018 and their target future state for Program Year 2019.

- Goal #1: Progress AIU providers to Stage 3
- Goal #2: Progress MU Stage 1 and pre-2016 Stage 2 providers to Stage 3
- Goal #3: Progress Modified Stage 2 providers to Stage 3

¹²Large clinics are defined as those with more than 31 providers. Midsized practices have between 11 and 31 providers, with an average of 16. Smaller clinics have between 2 and 10 providers, with an average of between 4 and 5 providers. Independent clinicians are defined as providers who practice individually.

4.4.3.1 Performance Against Established Goals

MetaStar met three of the four¹³ performance goals identified to increase provider movement in the Medicaid PI Program along the MU continuum. One goal was not met because the Health IT Extension Program participants returned at the same rate as non-PI Program participants, rather than exceeding the return rate.

The table below provides the details of each goal, corresponding target, and the actual performance. The target was established by determining the performance rate for providers who are not enrolled in the Health IT Extension Program but are comparable to Program participants in terms of practice size and type (tribal health centers, FQHCs/RHCs, independent providers, etc.). Providers who have not participated since prior to Program Year 2014 were excluded from both rate calculations when determining the number of providers assumed eligible for any of the below categories. When no providers attested within a given category below, not applicable (N/A) is used. For details of how many providers were assumed eligible in each category, see [Appendix B: Performance Statistics](#).

Performance Goal	Provider Type	Target	Actual	Met
(1) Progress AIU Providers to MU Stage 3 at a greater rate than the average PI Program participant	Physician	N/A	N/A	N/A
	Nurse Practitioner	N/A	N/A	N/A
	Dentist	<2%	33%	✓
(2) Progress pre-2016 MU Providers to MU Stage 3 at a greater rate than the average PI Program participant	Physician	N/A	N/A	N/A
	Nurse Practitioner	N/A	N/A	N/A
	Dentist	N/A	N/A	N/A
(3) Progress MU Modified Stage 2 providers to MU Stage 3 at a greater rate than the average PI Program participant	Physician	6%	6%	✗
	Nurse Practitioner	10%	12%	✓
	Dentist	8%	64%	✓
	Physician Assistant	N/A	N/A	N/A

Figure 3.04: Health IT Extension Program Year 2019 Performance Goal Summary

4.4.3.2 Participant Satisfaction Survey

Each participating practice is sent a satisfaction survey twice per year to evaluate their satisfaction with the services provided through the Health IT Extension Program as well as gather suggestions for additional educational needs. Satisfaction is measured by the average score in response to the statement, “I would recommend MetaStar to a colleague,” on a 1-10 scale, where 10 indicates “Extremely likely.” The average score from Program Year 2019 surveys was 9.9; indicating a very high level of satisfaction with the Health IT Extension Program services. For additional information on these results see Appendix C.

¹³ Several of the original performance goals were not applicable due to lack of participating EPs conforming to the provider type/performance metric categories marked as N/A above.

4.4.4 Key Insights

Health IT Extension Program participation is greatly reduced from prior years and continues to trend downward. This fact is likely the result of several factors, including:

- Health care organizations deciding not to pursue the PI Program due to lack of staff resources and competing priorities.
- Health care organizations unable to progress through the program due to lack of availability of 2015 Edition CEHRT (e.g., if the CEHRT vendor chooses not to release a 2015 Edition product).
- Despite having obtained 2015 Edition CEHRT, some EHR vendors did not offer Stage 3 workflow guides or reporting until late in 2019 giving EPs little or no time to adapt. In some instances, validation of Stage 3 dashboard reports showed errors resulting in EPs not meeting all measures.
- Many health care organizations with EPs who completed the PI Program have achieved a level of maturity no longer requiring technical assistance services.

The reduced emphasis on the Medicaid PI Program speaks to the need to diversify the providers receiving technical assistance to help those providers who are still at the early phases of health IT adoption and integration. In early 2020, CMS approved of services being available to Medicaid-enrolled BH providers, even if they are not eligible for the PI Program. The Health IT Extension Program began providing technical assistance to BH providers in 2020 with an emphasis on county-based organizations or those that are contracted with counties to provide BH services. Although Medicaid PI Program participants will still have services available to them, this shift is aligned with the overall trends in provider need. BH providers are an essential component of the health care continuum for Medicaid members, so it is imperative they also adopt and integrate health IT into their practices for improved care coordination and overall delivery of health care services.

4.5 Program Year 2020 Approach

Looking forward to Program Year 2020, the technical assistance services offered through the Wisconsin Health IT Extension Program will focus on working with Wisconsin Medicaid-enrolled providers participating, or eligible to participate, in the Medicaid Promoting Interoperability Program, as well as Medicaid-enrolled BH providers.

Promoting Interoperability technical assistance will focus on assisting organizations with Medicaid providers to complete the six years of participation in the Medicaid Promoting Interoperability Program as quickly as possible, reducing the number of applications in the final, abbreviated Program Year 2021. Those who have previously participated in the Medicaid Promoting Interoperability Program will be targeted to work toward successful Stage 3 attestation and to increase their overall health IT maturity.

For BH providers, services will include support regarding EHR adoption, use, and sharing of information related to SUD, among other assistance. Technical assistance will also assist BH providers servicing members who face access to care constraints by supporting the implementation of alternative means of healthcare delivery, such as telehealth.

The proposed goals for 2020 Wisconsin Health IT Extension Program outreach and technical assistance use a performance framework that enables technical assistance prioritization by quantifying an organization's health IT maturity through the use of a health IT maturity assessment. Technical assistance will be customized

to lead to meaningful improvements in health IT maturity that promote interoperable exchange of information, guidance on using EHR-generated data to affect meaningful quality improvement, effective patient electronic engagement strategies, and guidance in public health reporting options.

Performance metrics have been identified for those receiving promoting interoperability technical assistance as well as BH organizations.

Performance Metric	Goal
Promoting Interoperability Technical Assistance	
1. Net Promoter Score	Average quarterly score of 72 percent or above
2. Percentage of providers progressing from Modified Stage 2 to Stage 3 for PY2020	Progress Modified Stage 2 EPs to Stage 3 at a greater rate than the average PI Program participant
3. Percentage of providers who previously attested to Stage 3 who successfully attest to Stage 3 for PY2020	Maintain Stage 3 EPs to continue in Stage 3 at a greater rate than the average PI Program participant
4. Improvement in the overall average Health IT Maturity score over the baseline overall average score	Improve the average Overall Health IT Maturity score by 5.5%
BH IT Initiative	
1. Net Promoter Score	Average quarterly score of 72 percent or above
2. Improvement in the overall average Health IT Maturity score over the baseline overall average score	Improve the average Overall Health IT Maturity score by 12%
3. Improvement in Health IT Maturity from Level 1 baseline to Level 2 or above	At least 50% of organizations with a Level 1 baseline move to Level 2 or higher by the end of year re-assessment

Figure 5.09: Program Year 2020 Performance Metrics.

4.5.1 Performance Metric Concepts

Concepts established for PY 2020 goals and performance metrics are aligned with DHS eHealth goals and a focus on customer satisfaction.

Promoting Interoperability Technical Assistance Goal #1: Participant Satisfaction-Net Promoter Score

Each participating practice is sent a satisfaction survey twice per year to evaluate their satisfaction with the services provided through the Health IT Extension Program as well as gather suggestions for additional educational needs. [Net Promoter Score](#) will be measured in PY 2020 to determine participant satisfaction and loyalty. Net Promoter Score is a widely used customer loyalty metric which is used for benchmarking purposes across a wide range of industries. The Net Promoter score uses a 0 to 10 point scale for the statement “I would recommend MetaStar to a colleague” (0 = “Not at all likely” and 10 = “Extremely likely”) A quarterly goal of 72 percent or above has been established which aligns with MetaStar’s corporate goal. Net Promoter Scores are calculated every six months. Participating organizations are assigned to cohorts based on the date of sign up. Each cohort is surveyed every six months after sign up.

Promoting Interoperability Technical Assistance Goal #2: Progress Modified Stage 2 Providers to Stage 3

Progression rates are calculated as the percentage of Eligible Professionals within each Provider type that progressed from Modified Stage 2 to Stage 3 based on the following criteria:

- Metric #2 Denominator: Using PI program attestation data through PY 2019, EPs who last attested to Modified Stage 2 in PY 2015 – 2018 and had not maximized their incentive payment
- Metric #2 Numerator: Of those Eligible Professionals in the initial population, the subset that attested to Stage 3 in PY 2020 are identified

For the MetaStar population, participating providers are those who show as having active service agreements (i.e., no termination date) in the December 2020 MetaStar Participation Report. Any providers with termination dates on or before 12/30/2020 will not be included for goal #2 or goal #3.

Promoting Interoperability Technical Assistance Goal #3: Maintenance of Stage 3 Providers to second year of Stage 3 Attestation

Maintenance rates are calculated as the percentage of Eligible Professionals within each Provider type that attested to Stage 3 in both PY 2019 and PY 2020.

- Metric #3 Denominator: Using PI program attestation data through PY 2019, EPs who successfully attested to Stage 3 in PY 2019 and had not maximized their incentive payment.
- Metric #3 Numerator: Of those Eligible Professionals in the initial population, the subset that attested to Stage 3 in PY 2020 are identified.

Promoting Interoperability Technical Assistance Goal #4: Improvement in Health IT Maturity

MetaStar will improve the average Overall Health IT Maturity score by 5.5 percent by April 30, 2021 based on the following:

- Baseline initial health IT Maturity score analysis for the Promoting Interoperability subgroup reveals existing moderate to high levels of health IT maturity. For organizations who completed the assessment, the overall average score was 144 points (out of a total of 264 possible points).
- Areas with largest opportunities for improvement include the following:
 - Information Exchange: Average score for this category was 20 of 66 possible points
 - Patient Engagement: Average score for this category was 44 of 87 possible points

HIT Maturity Re-assessment category and overall final scores will be completed by April 30, 2021. MetaStar will analyze data to determine the relative improvement rate from baseline. Both overall and relative improvement rates will be calculated and provided to DHS by May 15, 2021. Notation of baseline and reassessment of the Health IT Maturity assessment completion will be provided to DHS via the April 2020 TA Services report, as well as April 2021 TA Services report. Participants joining the program after April 30, 2020 will not be included in these metrics.

BH IT Initiative Goal #1: Participant Satisfaction-Net Promoter Score

Each participating practice is sent a satisfaction survey twice per year to evaluate their satisfaction with the services provided through the Health IT Extension Program as well as gather suggestions for additional educational needs. [Net Promoter Score](#) will be measured in PY 2020 to determine participant satisfaction and loyalty. Net Promoter Score is a widely used customer loyalty metric which is used for benchmarking purposes across a wide range of industries. The Net Promoter score uses a 0 to 10 point scale for the statement “I would recommend MetaStar to a colleague” (0 = “Not at all likely” and 10 = “Extremely likely”) A quarterly goal of 72 percent or above has been established which aligns with MetaStar’s corporate goal. Net Promoter Scores are calculated every six months. MetaStar will send participants satisfaction surveys in August 2020, and February 2021. Results will then be sent to DHS in September 2020 and in March 2021.

BH IT Initiative Goal #2: Improvement in Health IT Maturity

The HIT Maturity Re-assessments scores will be provided to DHS by April 30, 2021. MetaStar will analyze data to determine relative improvement rate from baseline. Relative improvement rate will be calculated and provided to DHS by May 15, 2021. Notation of baseline and reassessment of the Health IT Maturity assessment completion will be provided to DHS via the May 2020 TA Services report, as well as April 2021 TA Services report. Participants joining the program after May 31, 2020 will not be included in these metrics.

BH IT Initiative Goal #3: Improvement in Level 1 Health IT Maturity

The Medicaid HIT Extension Program is committed to assisting those organizations who are most in need of improved health IT maturity. Therefore, this goal is focused on those with the lowest health IT maturity scores, Level 1. The goal is for at least 50% of organizations with a Level 1 baseline score move to Level 2 or higher by the end of year re-assessment. Participants joining the program after May 31, 2020 will not be included in these metrics.