Minutes
Iowa State Association of Counties
ICTS Advisory Committee Meeting on Thursday June 23, 2016
ISAC Offices, 5500 Westown Parkway, Suite 190, West Des Moines, Iowa 50266
Phone 515.244.7181

Members Present: Carl Mattes, Melvyn Houser, Jill Eaton (Partial), Brandi Kanselaar, Deborah Seymour-Guard, Sarah Berndt, Justin Schieffer, Marjorie Pitts, Brandi Kanselaar, Suzanne Watson, Michelle Greene (for Joel Rohne)

Staff Present: Bill Peterson, Jeanine Scott, Brad Holtan, Andrea Jansen, Kristi Harshbarger, Beth Manley, Laz Schreck, Gina Wernimont (Partial)

Carl called the meeting to order at 10:00 am.

Review and Approve Agenda

Moved by Deborah, seconded by Justin to approve the agenda as written. Motion passed unanimously.

Review and Approve Minutes from Previous Meeting

Moved by Sarah, seconded by Brandi to approve the January 19, 2016 Advisory Committee meeting minutes as written. Motion passed unanimously.

Advisory Member Terms – (Jeanine)

Jeanine brought up that three Advisory Members' terms were up on July 1, 2016. There are only 9 voting members allowed on the committee, with the 10th member being the Executive Director of ISAC as a non-voting ex officio member. All current members were OK with being reappointed to the Committee and an initial motion was made. However, it was then discussed that new verbiage was recently added to the bylaws to add regional CEO representation to the committee. Overall, the Committee decided to refer this decision back to the Community Services affiliate to make recommendations on reappointments. 10:09am Moved by Melvyn, seconded by Marjorie to strike out the previous motion to renew all three members and refer to the Community Services affiliate for nominations. Motion passed unanimously.

Operations Reports – Brandi

a) Chair Reappointment

Due to the pending Advisory member appointments, the group decided to hold off on appointing the Operations Chair because the chair needs to be on the Advisory Committee.

b) Committee Makeup

Jeanine brought up that the Operations Sub-committee would benefit from a larger number of members and representatives. The Advisory Committee appoints the Operations members and Chair. Suzanne suggested consulting the CEOs on what they think of expanding Operations since the CEOs rely on their Operations Members to communicate decisions made in meetings. Jeanine pointed out that having CEOs attend Operations Meetings would be extremely helpful. Issues have arisen due to under representation of counties and regions. Kristi recommended appointing the current members and if changes should be made they can be at the next Advisory Meeting.

10:28am Moved by Sarah, seconded by Melvyn to reappoint the current Operations members. Motion passed unanimously.

c) Standard Transactions/Health Plan (Beth/Jeanine)

Jeanine and Beth presented the background of the Standard Transaction HIPAA requirement. HIPAA mandates that all covered entities use standard transactions (an 837 file) when conducting an electronic transaction. The regions and counties are both covered entities. Beth stated that at this time, investigations on this rule are based off of complaints so the risk to being audited and fined is minimal. However, there is a proposed regulation that would require health plans to certify that they are compliant with the standard transaction requirement if the rule is finalized. The risk of not complying will be higher if the counties and regions are considered health plans because they will have to certify they are compliant with the standard transaction rule. Beth defined that there are two parts to the situation: 1) all covered entities are required to comply with the standard transaction rule and the counties and regions are covered entities and 2) the counties and regions will have to certify they are compliant with the standard transaction rule if they are considered health plans. All covered entities are required to comply with the standard transaction rule but only health plans have to certify they are compliant with the rule.

11:00am Moved by Sarah, seconded by Deborah to prepare and send a document draft to CEOs explaining the issue. The document would contain a second draft letter that the CEOs could send to providers letting them know that the counties and regions will be moving towards only accepting 837 files in the future. Once the CEOs approve the drafts will be brought back to this committee for action. Motion passed unanimously.

Next Steps: Beth will draft documents for regions and providers to present to CEOs and Regions about the situation and receive feedback on what should be sent to Providers.

e) CSN Release Start Date/Duration of Care (Jeanine)

Jeanine explained the situation with the CSN Release and why the "Start Date" should be removed.

11:05am Moved by Brandi, seconded by Justin to remove the Start and End Dates for Duration of Care on the CSN Release.

f) DG Code in the GL (Brandi)

Brandi presented the background of Level 2 Data and not being able to view that information in CSN without a Release. One of the data elements this affects is the DG code which will not be seen without a release when paying claims; however the GL will be shown of which the DG is a part. The group decided that this was OK due to the low number of clients that will not have a release and the idea of coding emergency services as 40's the majority of the time due to the nature of those services.

Next Steps: A notification will be sent out via newsletters and trainings that the best practice is to use 40 if DG is unknown when paying a claim.

g) HIPAA Training (Beth/Jeanine)

Based on the recent HIPAA audit we were informed that ICTS is responsible to provide HIPAA Training for all users in CSN, this is on top of the region and county HIPAA Trainings. A HIPAA Webinar in CSN 3.0 was the best option to be compliant. Beth will create a webinar and users will be required to view the webinar within a specified time frame. If the training is not completed within 30 days then a notification will be sent to the county or region Security/Privacy Officer and Supervisor. After 45 days of not completing the training the user will only see their home page and not be able to navigate through the system as well as a notification will be sent to the user's Security/Privacy Officer, Supervisor and CEO.

Through the HIPAA audit, risks were categorized as High, Medium, and Low. All of the High and Medium risk items have been completed, the Low risks are currently being worked on. Once all the risk items are completed then Beth will return to the McGladery SOC Audit results.

Financials (Brad)

Brad presented the most updated financials for ICTS. Once CP (Commercial Paper) matured on June 20, 2016. There are four CPs left to mature and the last one is set to mature in February of 2017. Dues go out in July, there is approximately one million dollars in reserves. Brad has also begun splitting out into a separate line item the time ICTS staff works for others. The software/hardware amount is over budget per approval from this committee and the ICTS board to replace hardware and software. There is approximately $5,500 left in staff training, and expenses are down due to reduction of committees and subcommittees.

11:22am Moved by Marjorie, seconded by Jill to accept the financials as written.

Eide Bailly Contract (Gina)

Gina presented the background of Eide Bailly reports and the contract for FY17. 40 reports were committed to for but only 20 reports have been completed by Eide Bailly. After surveying the regional CEOs it was proposed that the number of finalized reports be reduced to 25 for FY17. Gina presented revisions and updates within the contract. The FY17 cost per report will be $1,460, Consultation raised to $110, and Travel raised to $55 per hour,

11:27am Marjorie moved, Sarah seconded to authorize the signing of the contract.

QSDA Resourcing (Jeanine)

Jeanine discussed her meeting with the Iowa Association of Community Services Providers (IACP) in relation to Outcomes. The Outcomes Portal was created last year and the association is asking for analytics to be run. This will require technical and analytical resources from ICTS. Bill Peterson inquired as to how much it would cost for the needed resource. It was discussed that the Provider Portal and inclusion of Providers in CSN 3.0 is an important component to becoming a centralized data system.

Next Steps: Jeanine will create a proposal to present to the Providers Association after review of the Advisory Committee at the next meeting. The Proposal will have points that need to be clarified by the Providers such as; what is the funding amount and for how long will they support the resource, contract vs full time hire, and others that she deems necessary for the Advisory Committee to make a decision.

Polk County Health Services Update (Brandi/Jeanine)

Brandi and Jeanine discussed the process with Polk County Health Services and the Gap Analysis being conducted. Brandi has been the main contact with Polk and she stated that no significant Gaps have been identified between the systems. The only item is Provider Integration, which we are working on improving. A huge positive for CSN versus the Polk MIS system is the automated functionality within Claims and Case Management sections, Polk County does not integrate their billing where CSN does. Polk County Health Services is tentatively planning to begin using CSN in FY18.

ICTS Event (Andrea)

Andrea talked about the ICTS event and the action plan to hold the conference next year. After bringing the ICTS conference idea to the ISAC staff, they thought the goals and objects aligned very much so with

the Smart Connections conference. After some brainstorming sessions, the plan is to merge with Smart Connections and have a two-day training instead of one. A proposal will be presented to the ICTS Board. Andrea encouraged marketing Smart Connections to the Regions and Counties, software trainings (Microsoft, Adobe, etc.) will be included so the target audience is more than CSN. The venue is finalized and the dates are the last Wednesday and Thursday of April 2017 (26th and 27th). Rates have not been decided upon at this point but they will be very reasonable to encourage attendance.

3.0 Demo and Timeline (Laz)

Laz presented the current CSN 3.0 Timelines for development, training manuals, testing plans, internal testing, and external testing. A demo was given showing the differences and improvements between current CSN and CSN 3.0 such as functionality, logic, and security.

FY18 Priority Setting Process (Jeanine)

Jeanine discussed the number of projects individuals are wanting to get done and people are getting a bit impatient at being put off. She suggested a priority setting process this committee would administer would be very beneficial. It was encouraged to have Jeanine bring a list of current projects to the next Advisory Meeting to be discussed.

Next Steps: Jeanine will create a process flow for the next Advisory Committee Meeting; such as to have forms be submitted for projects, have a representative of the affiliate attend Advisory Meetings to present projects and answer questions, gather a list of what is wanted to be accomplished by ISAC and Advisory in terms of projects being completed, or another idea of a process flow.

Wrap up and Action Steps (Jeanine)

- Committee Makeup: Take to CEOs about Operations Members and attendance.
- Standard Transaction: Create a draft document to give CEOs and Regions about situation and per feedback, draft a document to send to Providers.
- CSN Release: Remove Start and End Dates for Duration of Care on CSN Release.
- DG Code in GL: Send Notifications to use 40 COA if unknown when entering a Claim and no CSN Release.
- QSDA Resourcing: Create proposal for internal review by the Advisory Committee, to get a better idea of what the Provider Association will fund for a resource and for how long.
- FY 18 Priority Setting Process: Create a process flow for internal review by the Advisory Committee.

Suzanne Moved, Melvyn seconded to adjourn the Meeting at 1:31pm.