

MEETING MINUTES

HIT GRANT MEETINGS

DATE: JANUARY 22, 2014
TIME: 09:00-10:00
LOCATION: CONFERENCE CALL
PHONE: 1-877-455-0244 (PASSCODE: 2072786573#)
CHAIRS: DAWN R. GALLAGHER AND LORIE SMITH
ATTENDEES: JIM ROGERS, KIM MOHAN, MARGARET GRADIE, HOLLY MILLER, JAMES MURPHY DEAN, RALPH JOHNSON, SUSAN CORBETT, NICOLE O'BRIEN, DIANE BERNIER, HEATHER PELLETIER, ANN TUCKER, CHRIS MUFFETT, CLAUDETTE HUMPHREY, CHARLENE O'CLAIR, HEATHER PELLETIER, JUDITH A. FEINSTEIN, JULIE PORTER, KIM GONZALES, LORI DWYER, LINDA WATSON, EVELYN PRESTON, JANE DUBOIS, MISSY BOUTOT, AND TERRENCE MCCARTHY

MEETING OBJECTIVES AND AGENDA:

1. ATTENDANCE
2. MINUTES' REVIEW / ACTION ITEMS
3. HCF PROJECT-TERMINOLOGY
4. STATUS UPDATE, SURVEY, OUTREACH, CONSORTIUM MEMBERSHIP FORMS, USAC F460
5. UPDATED PROCESS – HCPs' FILING OF F460
6. RESOURCE
7. NEXT MEETING DATE

RISKS / MITIGATION STRATEGIES

Overall Meeting Objectives: Focus on grant adventures. To advance the HIT Grant proposals, engage rural Healthcare Provider (HCP) sites and to initiate, plan, manage and close grant initiated projects.

The purpose is to establish a Grant/Project Consortium in Maine with active members that share rural connectivity opportunities, challenges, interests, knowledge, status, updates, and next steps by raising awareness, issues/risks and developing mitigation strategies to move initiatives forward to improve healthcare outcomes.

Meetings are to be held on a regular, bi-weekly basis via conference call. Face-to-face meeting forums will be held adhoc.

TOPICS OF DISCUSSION

Lorie opened the meeting at 9:05 and welcomed everyone and shared that Dawn is travelling and may not be to join this meeting. Lorie shared that this meeting's focus is a Status Update type of meeting on the HCF Project. A discussion followed

on the previous request for accurate Outlook Meeting attendance through Outlook Track. We are very excited that we are up to 105 possible invitees joining these meetings and want to ensure we are capturing everyone in attendance.

1. Attendance / Meeting Minutes' assistance was explained: due to anticipated high attendance volumes and new attendees i.e. interested HCPs during the HCF Program focused meetings; attendance, will be tracked according to Outlook Meeting Tracker. An accepted Outlook Meeting request will indicate meeting attendance. Declined or None Response will indicate non-attendance. To ensure accurate documentation of attendees' presence in these meetings' minutes; accurate Outlook Meeting response is requested and required. Thank you for your assistance.

2. January 8, 2014 minutes – were reviewed and an update on action items was provided by Lorie. The following (a-c) are responses' from USAC.

- a. **Dental Question:** If the clinics are community based non-profit organizations and are 501c (3) qualified and they operate dental clinics they are most likely eligible (each situation must be reviewed for eligibility as unique situations do arise).
- b. **RHC and Community Health Center:** The key differences between a rural health clinic and a community health center are that a CHC must be nonprofit or public and CHC's must care for all ages and specialties. Some RHC's specialize (i.e. dental, gynecology, surgical etc.), but CHC's must provide 24 hour services for all ages and medical needs.
- c. **Community Mental Health Center:** Residential Services are not eligible services. The CMHC must provide outpatient services in order to be eligible for HCF.
- d. **Eligible and ineligible sites may both apply:** When filing USAC Form 460 the applicant must select how they are applying and registering from one of the selection bullets listed below. If they are non-profit and public, but in an ineligible category (i.e. Residential Services, SNF, LTC, etc.) they most likely will be able to receive *bulk buying benefits* as a 'registered ineligible site,' if they are in a consortium that is predominately (>50%) made up of rural, eligible HCPs.
 - Determine eligibility of an HCP site
 - Register an ineligible site
 - Register an off-site data center
 - Register an off-site administrative office
- e. **Ambassadors:** Lorie welcomed Chris Muffett from MEPCA and Judith Feinstein from the ME CDC Oral Health Program to the group and thanked all Ambassadors for getting the 'word out' with the HCF Summary. The meeting invite was up to 105 this week.
- f. **Consortium Organization Chart Update:** The organization chart may be found in the Communication Plan document, but it requires an update due to new and a change in, Ambassadors. It will be updated on the www.maine.gov/hit website in the future, but has not been updated on the website yet.

a. HCF Program:

Terminology: USAC has coached us not to use the term 'grant' in our discussions, but that this initiative is truly a funding reimbursement opportunity. Many of the process are like a grant, but USAC does not consider this a grant.

a. HCF Project Status Update:

- i. Project Plan – phases I – IV are drafted and submitted. Final will be submitted in early Feb.
- ii. Timeline – Major Key Milestone Completion Dates are on target.
- iii. Draft RFP – is in process and will be provided to Consortium Members at some time in the future.
- iv. Risks/Issues – Change in process for **filing HCP F460** and discussed in detail later with reason for change.

b. Survey, Awareness and Outreach Efforts.

- i. **Survey Update:** James provided a survey update on the original purpose of the survey and that it also will benefit measurements identified for the HCF Program. Survey efforts continue and James.Murphy-Dean@maine.gov is the primary contact for HCP sites that have not completed this relatively short survey as yet. **Kim Mohan** offered having a message in the NETRC monthly newsletter about the survey.

1. ¹**Action item:** Lorie to follow up with Dawn and get back to Kim.
- ii. **HCF Summary:** Lorie explained that this has been the main talking points document and has her contact information listed at the bottom of the form.
- iii. **Ambassadors Feedback:** Feedback was asked for from the Ambassadors (or others) i.e. did they think that the HCF Summary was an efficient tool to get the word out to HCPs, what other suggestions might they have, etc.? No additional suggestions at this time for communication tools but please follow up with Lorie/Dawn if they have suggestion one-on-one or ideas in the future.
- c. **Consortium Membership Forms-** three forms, that are required prior to the HICKRC filing HCPs' Form 460 on behalf of a HCP. The following three forms have gone through two, USAC forms reviews process.
 - i. **Letter of Agency-**gives consortium the ability to file all forms on behalf of the HCPs.- **dated 22 Jan 2014**
 - ii. **Third Party Authorization-**gives Lorie Smith the ability to work on behalf of the HCPs under the Consortium umbrella. – **dated 22 Jan 2014**
 - iii. **Legal and Financial Written Agreement-**ensures HCPs realize they are legally and responsible for the 35% (for eligible HCPs) undiscounted rate to telecommunication carriers prior to USAC paying 65% rate and that ineligible HCPs will pay fair share rate. ²**Action Item:** Lorie to distribute the new Legal and Financial Agreement to each HCP that provides the LOA and TPA, once it is signed by Dawn and upload to website.
- d. **USAC Eligibility and Registration Form 460**
 - i. ¹**Clarifying Point:** Lorie shared with the group that USAC has a specifically, defined form filing process for Consortia. Review of the filing process with USAC yesterday has brought about a change with the HCP F460 filing process only. The HICKRC Consortium must file F460 on behalf of each HCP site to follow the USAC forms submission process under a consortium umbrella due to the USAC employees that review F460 when a HCP files independently are different USAC employees that review the F460 when a Consortium files on behalf of the HCPs.
 - ii. **Change in F460 filing process:** Originally, the HICKRC direction was to have each HCP site file F460 independently online, but as a Consortium we won't be able to file as originally thought and keep to our project timeline. ³**Action item:** Lorie will provide an Excel Spreadsheet that has the required information for F460 fields to each HCP site that provides the LOA and TPA and from that information will file F460 for each HCP.

Communication Plan

¹**Clarifying Points** of interest will be added in the HCF Communication Plan when bi-weekly communication at the HIT Grant Meetings, Issue Management and Risk Management, current risks, issues and appropriate corrective measures that are necessary for the Communication Team and Consortium Members.

Closing Comments

LOA and TPA have to be re-submitted. All previous entities except one, have re-submitted the LOA and TPA. The Excel Spread that has the required information for F460 fields will be sent to each HCP site that provides the LOA and TPA. Financial and Legal document will be sent out for signing and submission as soon as it is re-signed.

Meeting Adjourned at 9:37 a.m.

NEXT ACTION STEPS - BY WHOM

1. ¹**Action item:** Lorie to follow up with Dawn and get back to Kim on NETRC offer of posting survey in monthly newsletter.

2. ² **Action Item:** Lorie to distribute the new, Legal and Financial Agreement to each HCP that provides the LOA and TPA, once it is signed by Dawn and replace the one on the website.
3. ³ **Action item:** Lorie will provide an Excel Spread that has the required information for F460 fields to each HCP site that provides Consortium Membership Forms. Note: This change in process and clarifying point will be documented and captured in the Communication Plan.

RISK MANAGEMENT

- Risk Factors: process change that consortium files F460 on behalf of HCPs.
- Mitigation Strategies: an Excel Spreadsheet that has the required information for F460 fields will be provided to each HCP site that provides Consortium Membership Forms. Lorie Smith to file the F460 on behalf of each HCP site location.