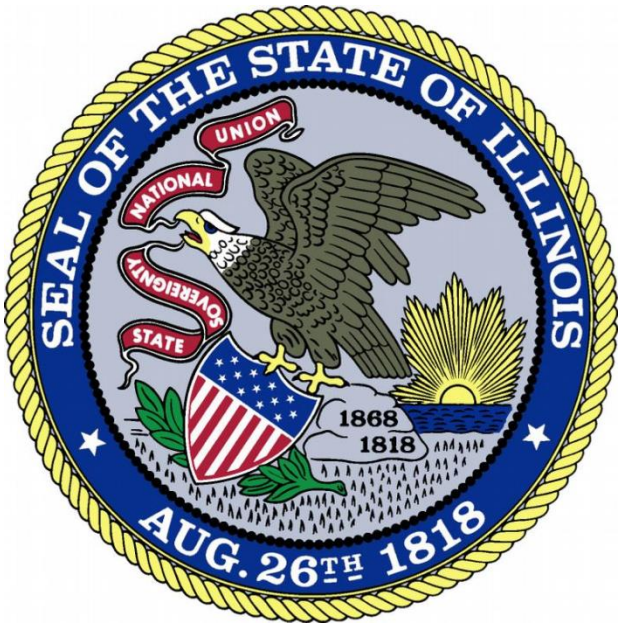
STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES



STATE MEDICAID HEALTH INFORMATION TECHNOLOGY PLAN 2022 UPDATE

MARCH 30, 2022 VERSION 5.0

REVISION HISTORY

Version Number	Date	Reviewer	Comments
Version 1.0	04/07/2011	HFS	Initial CMS Submission
Version 2.0	07/01/2011	HFS	Address CMS Comments
Version 2.1	07/28/2011	HFS	Address CMS Comments
Version 2.2	09/23/2011	CMS	Address CMS Comments
Version 2.3	8/31/2012	HFS	Annual SMHP Update; address MU processes
Version 3.0	11/05/2013	HFS	Annual SMHP Update; address new technology approach
Version 4.0	3/16/2018	HFS	Annual SMHP Update
Version 4.1	7/12/2018	HFS	Responded to CMS comments regarding populations with unique needs (3.8), attestation tail period request (4.10).
Version 5.0	3/30/2022	HFS	Final HITECH SMHP Update

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1 EXECUTIVE SUMMARY

1.0 Background

The State of Illinois, Department of Healthcare and Family Services (HFS) has prepared this State Medicaid Health Information Plan Update (SMHPU) to report on recent activities completed by the Illinois Medicaid Electronic Health Record (EHR) Provider Incentive Payment Program for its Medicaid Eligible Professionals (EPs) and Eligible Hospitals (EHs), and to inform the Centers for Medicare & Medicaid Services (CMS) of the progress made toward achieving the vision for transforming healthcare through adoption and use of EHRs.

Federal CMS implemented through provisions of the American Recovery and Reinvestment Act (ARRA) incentive payments to EPs, EHs, and critical access hospitals (CAHs) participating in Medicare and Medicaid programs that are meaningful users of certified EHR technology. The incentive payments were not intended as a reimbursement but were made to incent EPs and EHs to Adopt, Implement or Upgrade to (A/I/U) certified EHR technology. EPs and EHs participating in the Medicaid EHR Incentive Program qualified in their first year of participation for an incentive payment by demonstrating that they adopted (acquired and installed); implemented (trained staff, deployed tools, exchanged data); or upgraded (expanded functionality or interoperability) a certified EHR solution. Incentive payments were disbursed to providers who demonstrated Meaningful Use (MU) for an additional five years culminating in 2021.

The Office of the National Coordinator (ONC) issued a closely related Final Rule that specified the Secretary's adoption of an initial set of standards, implementation specifications, and certification criteria for EHR systems. Additionally, the ONC issued a separate Rule related to the certification of Health Information Technology (HIT).

Goals for the national ONC program for HIE include:

- Enhance care coordination and patient safety
- Reduce paperwork and improve efficiencies
- Facilitate electronic information sharing across providers, payers, and state lines
- Enable data sharing using state HIE and the Nationwide Health Information Network (NHIN)

Achieving these goals will improve health outcomes, facilitate access, simplify care, and reduce costs of healthcare nationwide.

HFS continues to work closely with federal and state partners to ensure that the Illinois' Provider Incentive Payment (PIP) Program fits into the overall strategic plan for the ILHIE, thereby advancing both the state and national goals for HIE.

The State Medicaid Health Information Technology Plan (SMHP) was submitted for consideration by federal CMS on September 23, 2011. The original SMHP was approved by CMS on November 12, 2011. HFS submitted an annual SMHP Update (SMHPU) on August 31, 2012, to identify the progress made toward EHR PIP Program goals and objectives, changes that occurred during the first year of the program, and to provide an update of planned changes in support of Meaningful Use (MU) Stage 1 attestation. The SMHP Update was approved by CMS on December 5, 2012, followed by another SMHP Update approved November 13, 2013. Three SMHP addendums were subsequently approved, the last one approved by CMS on March 13, 2017. This addendum documented changes made to the Illinois Medicaid EHR Incentive Payment Program and systems due to Stage 2 and Stage 3 legislation. Also included were modifications to the 2017 OPPS rule and the 2017 IPPS rule. The most recent IAPD Update, which requested final year funding for Illinois' ADT system implementation and other activities, was approved on May 7, 2021. The most recent SMHP Update (version 4.1) was approved September 18, 2018.

2 CURRENT HIT LANDSCAPE ASSESSMENT – THE AS IS ENVIRONMENT

2.1 Purpose

This section describes the initiatives, activities, and resources available to the State of Illinois and how the State is leveraging these existing initiatives, activities, and resources already dedicated to HIT. In addition to providing a summary of current initiatives and activities supporting HIT, data was also provided specific to the current rate of EHR adoption across the State. An environmental scan (see Appendix A) provides baseline data and guidance in the development of the HIT Roadmap.

2.2 EHR Adoption

2.2.1 Illinois Medicaid EHR Incentive Payments

Illinois made its first Medicaid EHR Incentive payment in March 2012. See Figure 1 and Figure 2 for a yearly breakdown of payments to Eligible Professionals and Eligible Hospitals below.

Eligible Professionals

YEAR	AIU	*MUYR1*	*MUYR2*	*MUYR3*	*MUYR4*	*MUYR5*	*MUYR6*	MU	TOTAL	Payment Amount
2011	2156	0	0	0	0	0	0	0	2156	$45,411,269.00
2012	1678	34	554	0	0	0	0	588	2266	$40,654,098.41
2013	1429	46	1475	451	0	0	0	1972	3401	$47,462,602.00
2014	1034	178	967	1129	288	0	0	2562	3596	$45,832,016.00
2015	994	183	1084	852	868	196	0	3183	4177	$50,220,858.00
2016	1270	163	813	800	708	737	170	3391	4661	$57,220,858.00
2017	0	0	739	604	639	506	545	3033	3033	$25,746,154.00
2018	0	0	172	624	533	559	452	2340	2340	$19,855,811.00
2019	0	0	103	84	274	194	223	878	878	$7,457,324.00
2020	0	0	75	101	122	237	162	697	697	$5,913,168.00
2021	0	0	17	70	103	120	205	515	515	$4,366,168.00
Figure 1 – IL Medicaid EP Payments							**TOTAL**		**27720**	**350,140,326.41**

Eligible Hospitals

YEAR	AIU	MUYR1	MUYR2	MUYR3	MUYR4	MUYR5	MU	TOTAL	Payment Amount
2011	58	34	0	0	0	0	34	92	$91,409,021.00
2012	35	22	67	0	0	0	89	124	$97,558,896.30
2013	12	10	78	65	0	0	153	165	$89,429,620.88
2014	3	0	23	77	14		114	117	$29,659,809.59
2015	0	0	5	21	16	0	42	42	$5,879,666.50
2016	0	0	2	6	3	1	12	12	$937,143.00
2017	0	0	0	2	0	0	2	2	$50,365.00
2018	0	0	0	0	0	0	0	0	$0.00
2019	0	0	0	0	0	0	0	0	$0.00
2020	0	0	0	0	0	0	0	0	$0.00
2021	0	0	0	0	0	0	0	0	$0.00
Figure 2 – IL Medicaid EH Payments						**TOTAL**		**554**	**$314,924,522.27**

Figures 3 -8 below detail the top ten state by payment for both the Medicare and Medicaid Incentive program from January 2011 through March 6, 2022. This data was derived from a NLR Microstrategy Payment Summary report, and no attempt was made to decipher unique payment issues such as Check Void, Bank Info Received, EFT Failed, etc. For this reason, the statistics below may differ slightly from the Illinois-specific statistics shown in Figure 1 and Figure 2, which are deemed to be very accurate.

Medicare Only – EP Payments

State/Territory	Total Pymts	Total Amount
California	81,752	$750,431,130.04
Florida	65,647	$620,686,930.80
Texas	63,854	$597,618,455.74
New York	59,577	$550,281,963.79
Pennsylvania	58,451	$530,364,806.59
Illinois	52,508	$479,296,182.36
Ohio	49,150	$426,275,772.25
Michigan	40,652	$371,981,438.36
Massachusetts	41,560	$367,141,094.85
North Carolina	39,750	$359,887,239.42
National Totals	**1,092,484**	**$9,938,256,259.92**

FIGURE 3 – Medicare Payments Source: NLR – as of 3/7/2022

Medicare Only – EH Payments

State/Territory	Total Pymts	Total Amount
Texas	1984	$1,197,010,609.36
California	1392	$1,145,989,405.79
Florida	1128	$1,018,018,572.67
Pennsylvania	984	$785,033,739.98
New York	923	$795,432,536.91
Ohio	918	$21,649,025,920.95
Illinois	834	$672,540,006.85
Michigan	738	$559,894,574.16
Georgia	688	$1,982,567,129.67
Missouri	676	$410,069,879.28
National Totals	**23,671**	**$38,355,061,203.85**

FIGURE 4 – Medicare EH Payments Source: NLR – as of 3/7/2022

Medicaid Only – EP Payments

State/Territory	Total Pymts	Total Amount
California	59,721	$813,703,171.70
New York	50,241	$633,358,407.00
Illinois	27,582	$347,252,898.74
Texas	25,906	$336,331,005.00
Ohio	23,876	$303,311,426.00
Massachusetts	21,823	$281,658,401.67
Michigan	21,974	$275,466,573.00
Pennsylvania	21,550	$275,411,310.00
Florida	18,582	$268,349,530.00
Washington	18,961	$247,227,659.97
National Totals	**550,188**	**$7,193,909,430.88**

FIGURE 5 – Medicaid EP Payments Source: NLR – as of 3/7/2022

Medicaid Only – EH Payments

State/Territory	Total Pymts	Total Amount
California	1570	$782,588,145.59
Texas	1503	$531,124,624.57
Ohio	873	$228,641,060.40
Pennsylvania	715	$216,550,214.65
Iowa	624	$73,164,928.67
Florida	583	$323,199,833.17
Illinois	577	$317,918,395.38
New York	549	$411,098,513.85
Oklahoma	534	$128,943,464.41
Wisconsin	509	$132,154,696.75
National Totals	**17,637**	**$6,624,512,724.13**

FIGURE 6 - Medicaid EH Payments Source: NLR – as of 3/7/2022

Medicaid and Medicare Combined – EP Payments

State/Territory	Medcr & Medcd EP Count	Medcr & Medcd EP Amount
California	141,473	$1,564,134,301.74
New York	109,818	$1,183,640,370.79
Texas	89,760	$933,949,460.74
Florida	84,229	$889,036,460.80
Illinois	80,090	$826,549,081.10
Pennsylvania	80,001	$805,776,116.59
Ohio	73,026	$729,587,198.25
Massachusetts	63,383	$648,799,496.52
Michigan	62,626	$647,448,011.36
North Carolina	57,070	$579,298,012.42
National Totals	**1,642,672**	**$17,132,165,690.80**

FIGURE 7 - Combined EP Payments Source: NLR – as of 3/7/2022

Medicaid and Medicare Combined – EH Payments

State/Territory	Medcr & Medcd EH Count	Medcr & Medcd EH Amount
Texas	3,487	$1,728,135,233.93
California	2,962	$1,928,577,551.38
Ohio	1,791	$21,877,666,981.35
Florida	1,711	$1,341,218,405.84
Pennsylvania	1,699	$1,001,583,954.63
New York	1,472	$1,206,531,050.76
Illinois	1,411	$990,458,402.23
Iowa	1,285	$332,788,602.39
Wisconsin	1,167	$482,109,600.89
Georgia	1,159	$2,172,410,457.66
National Totals	**41,308**	**$44,979,573,927.98**

FIGURE 8 - Combined EH Payments Source: NLR – as of 3/7/2022

2.2.2 EHR Systems

The charts below (figures 9-10) depict the utilization of EHR Systems in effect in Illinois. The 2011-2018 EP information was derived from various sources, including IDPH's MURS system and the provider. The 2019-2021 EP information was derived from paid Promoting Interoperability providers 2019-2021. Since providers may change CEHRTs without re-attesting, this information can never be entirely accurate; however, it does show trends over a period of years. The first chart reflects the statistics for the EP Vendor Systems while the second chart reflects use by EH Vendors.

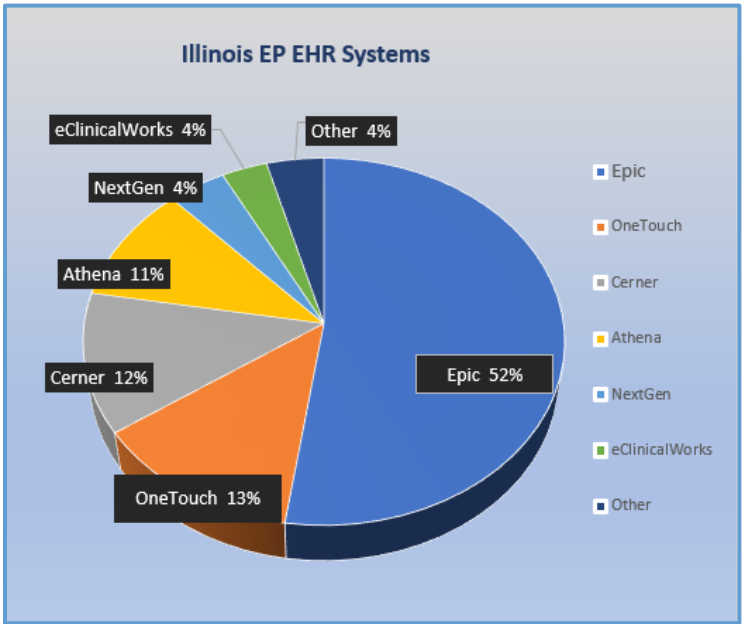

FIGURE 9 EH EHRs **Data as of March 29, 2022*

EHR Vendor (EP)	2011-2018 Count	2011-2018 Pctg	2019-2021 Count	2019-2021 Pctg
EPIC	1787	30%	1337	52%
CERNER	1126	19%	315	12%
ALLSCRIPTS	768	13%	0	0%
GE CENTRICITY	759	13%	0	0%
NEXTGEN	547	9%	109	4%
eclinicalworks	265	4%	86	4%
ATHENA	200	3%	266	11%
OneTouch	-	0%	333	13%
OTHER	527	9%	108	4%
TOTALS	5979		**2554**	

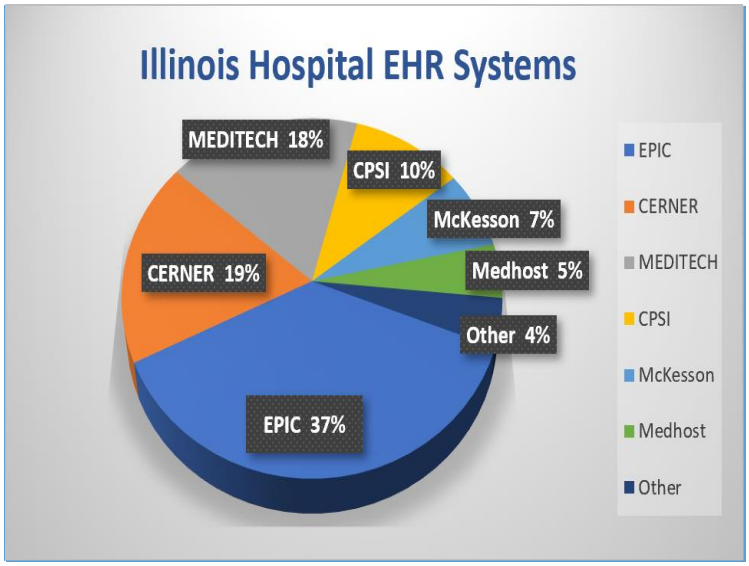

FIGURE 10 Hospital EHRs **Data as of March 21, 2022*

EHR Vendor (EH)	2018 Count	2018 Pctg	2021 Count	2021 Pctg
MEDITECH	48	27%	33	18%
EPIC	35	20%	68	37%
CERNER	26	15%	34	19%
CPSI	21	12%	19	10%
McKESSON	14	8%	13	7%
Medhost	-	-	9	5%
OTHER	32	18%	8	4%
TOTALS	176		**184**	

2.3 Illinois Broadband Initiatives

Widespread broadband Internet capabilities are essential for the success of HIE implementation. The sections below describe a number of initiatives supporting the expansion of Internet access across the State of Illinois, enabling the healthcare community's ability to participate in HIE.

2.3.1 HIT/HIE Challenges in Rural Areas

2.3.1.1 Broadband Access

According to BROADBANDNOW as of November 22, 2021, Illinois is both the 6th most populated State and the 6th highest-ranking State in terms of internet access. The best broadband coverage in Illinois is concentrated in northeastern counties, with comparatively less coverage in the southeast. Illinois internet users enjoy an average download speed of 171.3 Mbps, which is similar to average speeds in top-ranked States. Affordability data shows that 62.2% (over 7.88 million) of Illinois' population has access to a wired internet plan that costs equal to or less than $60 per month. This is better than the nationwide percentage of consumers with access to the same.

2.3.1.2 HIE Concerns

Many locations do not have access to a HIE or lack awareness of the availability and benefits of HIEs. Connection costs to HIEs can be prohibitive because of the multiple connections required to reach multiple HIEs. Healthcare organizations like long term care and behavioral health have had limited opportunities for connectivity subsidies and that makes affordability among certain health care sectors more challenging.

Without a mandate or legislative requirement, creating a business case for HIE continues to be an issue. Larger health systems have been resistant to share data outside of their networks and affiliations. Additionally, larger EMRs like Epic have the ability to function like an HIE now and that can reduce the need/demand for a broader based or statewide HIE. Providers have also turned to vendor mediated exchanges such as Care Everywhere, Commonwell, Carequality and eHealth Exchange.

2.3.1.3 Current Broadband Coverage

There are 353 internet providers in Illinois, and over 94% of Illinoisans have access to wired broadband with speeds of 25mbps or faster. Still, 334,000 people do not have access to any wired providers. Another 866,000 residents have internet access, yet only have one provider offering service at their home address. Finally, 727,000 of Illinois residents that have internet access do not have a connection capable of even 25 Mbps download speeds. Current gap statistics include:

High-Speed Internet Access

- *93.9% of Illinoisans have access to broadband 100mbps or faster.*
- *88.1% of Illinoisans have access to 1 gigabit broadband.*

Wired Internet Access

- *97.5% of Illinoisans have access to wireline service.*
- *21.4% of Illinoisans have access to fiber-optic service.*
- *92.6% of Illinoisans have access to cable service.*
- *93.1% of Illinoisans have access to DSL service.*

Illinois is rated as the 6th most connected state and averages 195.8 mbps state-wide. More information and statistics can be found at www.broadbandnow.com/Illinois .

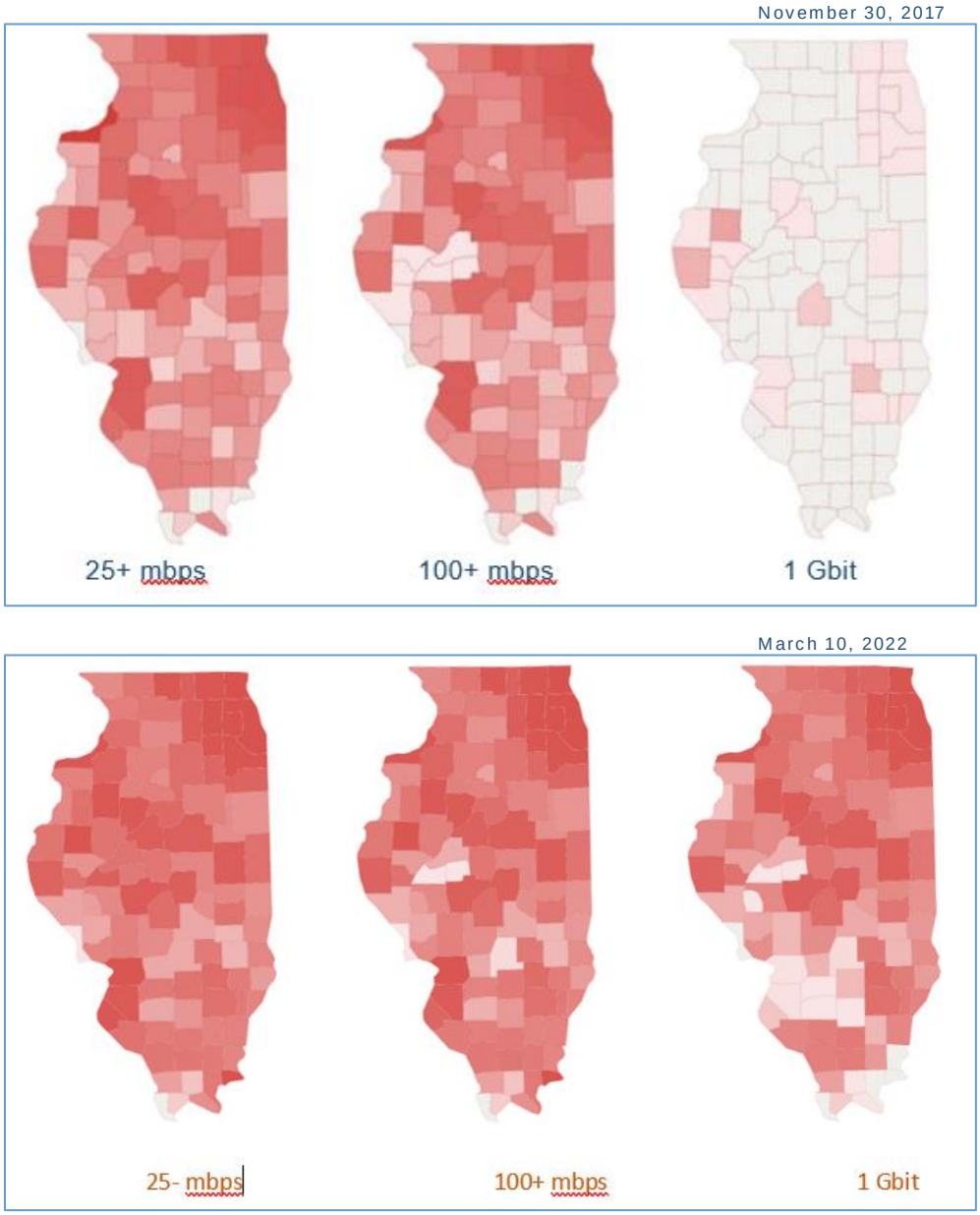

FIGURE 11
Illinois's Broadband: Stats & Figures BROADBANDNOW.

2.3.1.4 Broadband Grants Received

In the past decade, the State of Illinois has received a significant amount of federal grant money to fuel the expansion of broadband infrastructure, accounting for 5% of all federal infrastructure grants.

Additionally, the Illinois Department of Commerce and Economic Opportunity (DCEO) has launched the 'Connect Illinois' initiative with the goal of increasing statewide broadband access. Part of the initiative features a $400 million broadband grant program. DCEO also has allocated $79.5 million in Rebuild Illinois programs, including Fast-Track Public Infrastructure (FTPI), Public Infrastructure, Regional Economic Development, and Shovel Ready Sites.

2.4 HIT/HIE Engaged Stakeholders

An engaged group of stakeholders has assisted HFS in efforts to increase EHR adoption and utilization in Illinois. Public and private entities compose this stakeholder group, each contributing to the task of improving healthcare in Illinois through the use of EHRs.

The Illinois EHR program workgroup met bi-weekly through September 2021 and included representatives from HFS Medical Programs, HFS Inspector General, the Illinois Department of Public Health (DPH), the Illinois Department of Human Services (DHS), Regional Extension Centers and providers representing various hospitals, physician practices, groups and alliances. Representatives from the Illinois Health and Hospital association, the Critical Access Hospital Network, the Alliance of Chicago, the Illinois State Medical Society, Advocate Health Care, and Access Community Health Network were frequently present as well as many others. HFS updated the group on program activities including CMS announcements, deadlines and policy changes. The remainder of the meeting allowed providers to discuss issues and policies related to HFS, EHR or Medicaid and Medicare. The call was open to all providers as a means to further engage stakeholders, allowing an opportunity to voice concerns and make suggestions.

Illinois' alliance with the State of Michigan regarding support and maintenance of the eMIPP application was beneficial to both states. The two states shared information on CMS interpretations of final rules, discussed implementation strategy and shared test scenarios and results. The result is an application that became more accurate with regards to CMS policy, had fewer errors and cost less than it would have if each state were functioning independently. While this partnership was very effective for the Promoting Interoperability Program, large differences in State policy and goals for MMIS led to a split of information on September 12, 2021. Despite the split, Illinois and Michigan representatives of the Promoting Interoperability Program continue to share issues and ideas with each other regarding the program.

The two Regional Extension Centers in Illinois, CHITREC and IL HITREC, were contracted to perform outreach activities for the state. The RECs greatly enhanced the state's ability to communicate with providers and assist in the expansion and growth of meaningful use. The RECs also provided HIE knowledge through their associations with state regional health information organizations (RHIOs).

Staff from the HFS Office of the Inspector General (OIG) participated in most Illinois Medicaid incentive program meetings. HFS has occasional meetings with OIG to discuss auditing requirements of the program and to monitor auditing issues and audit thresholds. All state audits will be completed by October 1, 2023.

HFS Medical Program staff met periodically with DPH staff. Information regarding Public Health objectives and sub-measures were discussed. HFS and Public Health have coordinated policies towards successful provider completion of meaningful measures. As program policies and regulations evolved or changed, the communication between the State Medicaid Agency (SMA) and DPH allowed for adapted interpretations of program requirements.

In an attempt to promote the alignment of the Illinois HIE vendor community to healthcare business needs, the State of Illinois concluded in 2015 that the State-run HIE, the Illinois Health Information Exchange Authority (ILHIEA), had proven to be financially unsustainable and infrequently utilized. The decision was made for ILHIEA to stop offering technical HIE services in the hope that providers would direct their needs to the private Illinois RHIO market. While ILHIEA was repurposed to support and promote private RHIO market growth, provider commitment to existing Illinois HIE options remained limited. As of late 2016, most IL RHIOs appear to have largely either stalled due to limited growth achieved or appear to be in the process of closing. As a result, providers have turned to vendor mediated exchanges such as Commonwell, Care Everywhere, Careequality, eHealth Exchange and Epic Care Everywhere.

Illinois began a transformation of its health and human services in 2016, stating that the transformation “puts a strong new focus on prevention and public health; pay for value and outcomes rather than volume and services; make evidence-based and data-driven decisions and move individuals from institutions to community care, allowing patients to remain more closely connected to their family and community.”

In May 2018, the Illinois Department of Healthcare and Family Services (HFS) received approval of its 1115 Waiver request. This waiver includes pilots designed to better serve Medicaid beneficiaries in need of behavioral health services. Beginning July 1, 2018, HFS, in partnership with the Department of Human Services/Substance Use Prevention and Recovery (DHS/SUPR), implemented four substance use disorder (SUD) specific pilots:

These pilots include Opioid Use Disorder (OUD)/SUD services delivered by providers currently licensed by SUPR, which are not otherwise matchable expenditures under section 1903 of the Social Security Act. Providers of Clinically Managed Residential Withdrawal Management must have the ability to coordinate or provide Medication Assisted Treatment (MAT) for those patients who need this regimen of care.

Implementation of a state-wide Admission, Discharge and Transfer (ADT) alerting notification system began in 2021 to advance our care coordination objectives. The HealthChoice Illinois ADT system has required the engagement of numerous stakeholders as the system connects Illinois Hospitals, Long Term Care facilities,

Managed Care Organizations (MCOs) and other willing ambulatory and community providers. The implementation has required numerous regular meetings with HFS management, our technology vendor, State technology staff from the Department of Innovation and Technology (DoIT) and providers around the state. At this date 182 hospitals, 463 Skilled Nursing Facilities, 6 MCOs, 13 Specialized Mental Health Rehabilitation Facilities (SMHRF), 10 Intermediate Care Facility/Developmental Disabilities (ICFDD) and 22 Supportive Living Facilities have been connected to the HealthChoice Illinois ADT system.

2.5 HIT/HIE Relationships with Outside Entities

In addition to the stakeholder relationships listed above, other entities also exist with which the Illinois Medicaid incentive payment program has a relationship. The Department of Innovation and Technology (DoIT) is an Illinois State Agency created on January 25, 2016.

DoIT's mission is to empower the State of Illinois through high-value, customer-centric technology by delivering best-in-class innovation to client agencies fostering collaboration and empowering employees to provide better services to residents, businesses, and visitors.

DoIT delivers statewide information technology and telecommunication services and innovation to state government agencies, boards and commissions as well as policy and standards development, lifecycle investment planning, enterprise solutions, privacy and security management, and leads the nation in Smart State initiatives. These initiatives have resulted from an National Governor's Association (NGA) effort to help states identify how they can use information and communication technology (ICT) to enhance economic development, sustainability, resilience and quality of life across urban, suburban and rural communities—all while improving the operational efficiency of state government. NGA is partnering with the state of Illinois, a first mover in smart states work, and the Smart Cities Council, an association of leading companies that advise governments across the globe.

DoIT manages the Illinois Century Network, a service that creates and maintains high speed telecommunications networks providing reliable communication links to and among Illinois schools, institutions of higher education, libraries, museums, research institutions, state agencies, units of local government and other local entities providing services to Illinois citizens.

DoIT launched the First Enterprise Financial Platform (through Enterprise Resource Planning or ERP), a single system for finance, human resources, procurement, grants management, asset management and other administrative functions of Illinois agencies. There are currently 13 agencies up and running on the platform that runs ERP, with an additional 25 agencies going live on the system in 2018. HFS continues to build a strong relationship with DoIT as it leads the state in efforts to deliver important technological solutions for healthcare.

2.6 HIE Governance Structure

The Central Illinois Health Information Exchange (CIHIE) which serviced a region running from the eastern center to the northeastern area of the state stopped providing services in February of 2019. The organization explained to their health system members that their investment in CIHIE was becoming "duplicative". CIHIE said it still believes that timely access to patient records minimizes wait time for treatment, reduces costly duplication of services and supports safer care. "However, healthcare looks different today than it did when we began in 2009. There are now viable alternatives to exchanging data that did not exist when CIHIE was formed."

At the time, 26 Illinois hospitals were connected to CIHIE, with another 6 connections in the planning stages. CIHIE also connected 20 primary and specialty care clinics, home health and behavioral clinics in addition to over 65 long term care facilities.

Until mid-2016, HFS had a strong understanding of another RHIO, Metro-Chicago HIE (MCHIE). This RHIO was projected to have approximately 70% of the Illinois provider market share. MCHIE's technical vendor, Sandlot Solutions, abruptly went out of business in 2016, disrupting MCHIE operations. In late 2016, MCHIE ceased operations.

Providers have turned instead to vendor mediated exchanges such as Commonwell, Care Everywhere, Careequality, eHealth Exchange and Epic Care Everywhere.

In January 2018, the Office of the National Coordinator for Health Information Technology released the Trusted Exchange Framework and Common Agreement (TEFCA) draft. TEFCA aims to advance nationwide interoperability through a set of principles designed to facilitate trust among authorized participants and complement emerging national frameworks that support exchange across multiple networks. A key goal is to enable providers, hospitals, and other stakeholders to exchange data across organizational boundaries. Other goals center on improving patient access to their data and encouraging population-level data exchange.

2.7 MMIS in Current HIT/HIE Environment

Illinois is in the process of modernizing its 40+year-old Medicaid Management Information System (MMIS) system. In modernizing the dated MMIS system, Illinois has addressed previous challenges including support for functions such as claims processing from providers and eligibility verification of Medicaid enrollees.

Several agencies are working together to develop an MMIS that standardizes, expedites and simplifies processes for providers serving Medicaid clients:

- Illinois Department of Healthcare & Family Services (HFS)
- Illinois Department on Aging (IDoA)
- Illinois Department of Children & Family Services (DCFS)

- Illinois Department of Human Services (DHS)
  - Division of Substance Abuse Prevention and Recovery (SUPR)
  - Division of Family & Community Services, Bureau of Early Intervention (EI)
  - Division of Developmental Disabilities (DDD)
  - Division of Mental Health (DMH)
  - Division of Rehabilitation Services (DRS)
  - UIC Department of Specialized Care for Children (DSCC)

2.7.1 MMIS

HFS currently manages and operates the MMIS to support claims processing for the Illinois Medicaid Enterprise. The MMIS environment includes the database subsystems (e.g., Provider, Recipient, Reference and Prior Approval); the Hospital, Pharmacy and NIPS claims processing subsystems; the Management and Reporting System (MARS); the Enterprise Data Warehouse; the Pharmacy point of sale system and the web-based applications provided in the Medical Electronic Data Interchange(MEDI) system.

2.7.2 NIPS

The Non-Institutional Practitioner Subsystem adjudicates services provided to clients by Non-Institutional Providers such as physicians, pharmacists, optometrists, podiatrists, medical transportation providers, clinics and suppliers of medical equipment.

2.7.3 Pharmacy

The Illinois Medicaid program covers prescription drugs, as well as some “over the counter” (OTC) products, made by manufacturers that have a signed rebate agreement with the federal Centers for Medicare and Medicaid Services (CMS). Some prescription drugs and OTC products require prior approval from HFS before reimbursement.

The ILLINOIS Rx Portal is a web-based collection of tools for prescribers, pharmacies, and HFS staff. It provides a secure interface for providers to look up participant eligibility, view participant drug history, view drug formulary information, Preferred Drug List (PDL) criteria, and submit and confirm Prior Authorization (PA) requests online. Prescribers are guided through preferred or non-preferred selections, as well as potential step therapy, dose limits, or other PDL criteria to allow them the ability to make informed drug choices. Information is tailored to each type of user: prescriber, pharmacist, hotline staff, or state administrator.

2.7.4 Hospital/Data Entry

The Hospital subsystem adjudicates services provided to clients by hospitals, nursing homes, the Office of Alcohol and Substance Abuse (OASA), and state-operated long-term care facilities.

A hospital must be enrolled for the specific category of service (COS) for which charges are to be made.

The categories of service for which a hospital may enroll are:

COS Service Definition

- 020 Inpatient Hospital Services (General)
- 021 Inpatient Hospital Services (Psychiatric)
- 022 Inpatient Hospital Services (Physical Rehabilitation)
- 024 Ambulatory (Outpatient) Hospital Services (General)
- 025 Ambulatory (Outpatient) End Stage Renal Disease Services
- 027 Ambulatory Services (Psychiatric Clinic Type A)
- 028 Ambulatory Services (Psychiatric Clinic Type B)

The standard fee-for-service categories of service assigned are:

- 001 Physician Services
- 011 Physical Therapy Services
- 012 Occupational Therapy Services
- 013 Speech Therapy/Pathology Services
- 014 Audiology Services
- 017 Anesthesia Services
- 030 Healthy Kids Services

2.7.5 MARS (Medicaid Analysis and Reporting System)

The MMIS MARS unit is responsible for the maintenance of the repository of long-term history of paid and rejected Medicaid claims and produces hundreds of ongoing reports of expenditures, service provision, program effectiveness, and processing statistics.

2.7.6 RPR (Recipient, Provider and Reference)

The Recipient/Provider Reference (RPR) unit maintains subsystems that support the claims processing and reporting systems. Information on client and provider eligibility data as well as medical treatment (procedure codes) and illness (diagnosis codes) information is available.

The RPR unit is also responsible for many critical system interfaces to other agency systems and to outside entities and maintains the eligibility programs that are used by Recipient Eligibility Verification (REV) System, the Automated Voice Response System (AVRS) and the Medical Electronic Data interchange (MEDI) system.

2.7.7 Financial Recovery and Admin Systems

The Third-Party Liability (TPL) and Technical Recovery units are responsible for the systems used to recover funds paid by the agency for health claims and medical and financial assistance. The Admin Systems area is responsible for the support of various programs used for Healthcare Purchasing, tape generation for daily mainframe job streams, and support of the Systems Warehouse & Asset System (WAMS) for equipment and commodities for HFS.

2.8 MMIS To-Be

The current MMIS was fully implemented in 1982 and was primarily built to support a fee-for-service Medicaid program. Throughout the years, HFS made many enhancements and modifications to the MMIS; however, it is an older legacy system that is becoming increasingly more difficult to maintain and modify. Additionally, the federal Centers for Medicare and Medicaid Services (CMS) has since developed the Medicaid Information Technology Architecture (MITA), a national framework to support improved systems development and health care management.

Rather than develop a new system, Illinois obtained a fully operational, federally-certified MMIS partnership with the State of Michigan. This cloud-based approach aimed to decrease up-front development costs and was expected to reduce the time required for implementation.

2.8.1 IMPACT Phase 1: eMIPP

The first phase of IMPACT included the launch of the Electronic Health Records Medicaid Incentive Payment Program (eMIPP), which provided incentive payments to eligible professionals and hospitals to adopt, implement, upgrade or demonstrate meaningful use of certified electronic health records (EHR) technology. Illinois began issuing incentive payments in 2012; the eMIPP system entered production on November 18, 2013. Incentive payments continued through 2021. eMIPP was moved to Cloud technology in October 2016 as part of the joint MMIS effort with the State of Michigan. On September 12, 2021, eMIPP was relocated again to an Amazon Cloud environment (AWS) as the joint effort with Michigan ended. The eMIPP system continues to be operational and is currently necessary to complete program auditing requirements.

2.8.2 IMPACT Phase 2: Provider Enrollment

In July 2015, providers seeking to serve Medicaid clients were required to enroll and revalidate through the new IMPACT web portal. Paper enrollment applications or updates were replaced by the on-line system and email has become the primary method for provider communication.

Existing Medicaid providers enrolled in the current legacy MMIS were required to revalidate their information in IMPACT. Subsequently, providers who deliver services through Medicaid waiver programs, including providers previously not required to enroll in MMIS, were required to enroll in IMPACT beginning in 2016.

On September 12, 2021, the Provider Enrollment component of IMPACT was relocated to an Amazon Cloud environment (AWS) as the joint effort with Michigan ended.

2.8.3 Later Phases of IMPACT: PBMS and Full Implementation

In 2017, IMPACT launched the new Illinois Rx Portal Pharmacy Benefits Management System (PBMS). The ILLINOIS Rx Portal is part of the Illinois MMIS system upgrade and gives prescribers and pharmacies quick and secure web-access for processing and managing pharmacy benefits including:

- Viewing participant eligibility
- Submitting prior authorizations (PAs)
- Checking the status of submitted PA requests
- Viewing preferred drug list (PDL) criteria
- Viewing drug formulary information

The new system gave users alternatives to phone and fax for submitting PAs and following up on PA status.

Prescribers and pharmacies must be enrolled and approved in IMPACT to access the ILLINOIS Rx Portal. Once they are an approved provider, they receive an e-mail with the instructions for accessing the Portal.

On March 30, 2021, HFS signed a 4-year contract with CNSI to replace core elements of its legacy MMIS with a more modern MMIS. The contract requirements include:

- The "Core: must be capable of retaining eligibility information of individuals covered by the several healthcare plans of the Department and adjudicating claims for services provided under those health care plans.
- The "Core" must support Managed Care programs for members, cost avoidance, and other demands for payment, payment reconciliation, and mandatory reporting.
- IMPACT Core must be designed and implemented in a manner that ensures it will successfully complete Health and Human Services (HHS)/Centers for Medicare and Medicaid Services (CMS) certification.

The contract also continues ongoing support for IMPACT Provider Enrollment and the IMPACT eMIPP application (auditing support\system support for the Promoting Interoperability program).

2.9 HIT/MITA Coordination

HFS contracted Cognosante to perform a MITA State Self-Assessment (MITA SS-A) for the Medicaid Information Technology Architecture (3.0). The May 2017 SS-A describes the utilization of shared technology and business processes to advance Illinois' healthcare transformation. The transformation aims to achieve its mission of providing quality healthcare coverage at sustainable costs for the people, families, and communities of Illinois.

Illinois is in the process of modernizing its 40+ year-old MMIS, and other systems that comprise its Medicaid Enterprise. In 2013, HFS entered an Intergovernmental Agreement (IGA) with the state of Michigan's Department of Health and Human Services (MDHSS) to begin a feasibility study to determine the viability and practicality of a shared Medicaid Enterprise between the two states. The resulting IMPACT project was a multi-phase

initiative to deliver to HFS a state-of-the art federally certified MMIS through a cloud-enabled service as well as Medicaid Enterprise modules for:

- Provider Enrollment (PE)
- Reference and Prior Approval
- Management and Reporting (MARS)

Although the agreement with Michigan ends June 30, 2022, the IMPACT functionality listed above will continue on an Amazon Cloud environment.

The guiding principles established for this assessment were aligned with those documented in the Illinois HFS 2015 annual report, completed in March of 2016:

- Beneficiaries should receive the right care, at the right time, at the right cost
- Care should be holistic – integrating the physical and mental health needs of beneficiaries
- Care should be evidence-based to deliver the best quality at the lowest cost
- Pay for what works to improve and maintain health and stop paying for what doesn't work
- Transform health care to a system focused on prevention and keeping beneficiaries healthy
- Prevent chronic disease whenever possible, coordinate care to improve quality of life and reduce chronic care costs
- Enable seniors and people with disabilities to live in their homes or community-based settings, instead of a higher-cost setting like a nursing home

HFS has a multi-pronged strategy with numerous initiatives to address healthcare challenges across the State's Medicaid Enterprise. The overarching strategies are:

- Facilitate integration and decrease system fragmentation
- Automate repeated manual tasks and processes, where feasible
- Reduce processing time of requests for services
- Improve care planning and delivery

2.9.1 Summary of Key Findings

The report found that HFS was operating at an "As Is" MITA Maturity Level of 1 across the MITA business areas. Most the capability scores operated at a Level 1 and a few areas at a Level 2, with most reliant on fragmented systems and manual processes. While technology improvement projects, such as Health-e-Illinois Plus (HEAplus), provided significant capability improvements in some business areas, HFS was found to have manual data entry and fragmented processes across programs and business areas. HFS will focus future development on automation and implementing standard data and processes; however, many of the MITA Level 3 capabilities still lack national standard definitions. For this reason, HFS seeks to standardize and automate to the fullest extent of MITA Level 2 and will explore MITA Level 3 standards as they are developed and adopted by CMS.

2.9.2 Common Themes Emerging From the SS-A

Subject matter experts across the different business areas identified several areas where current operations would benefit from improvements such as standard data storage, exchanges of data, and the way business processes are shared and completed across the enterprise.

There are several underlying themes found to provide both a foundation for decision-making and a challenge to the Illinois Medicaid Enterprise's ability to meet and exceed the targeted MMLs identified by the SMEs.

2.9.3 Conclusions

Several key HFS projects achieved the objectives from its 2009 MITA SS-A. However, some key capabilities must still be met to fully move business, technical, and information capabilities to higher MMLs. Limited resources, funding, staff shortages and managing the many new state and federal initiatives have been key constraints in successful completion of projects. However, HFS is intent to fully utilize federal funding opportunities to complete the projects and project planning initiatives on its To Be Roadmap.

On a scale of MML 1 to 5, the Illinois Medicaid Enterprise, in large part, was assessed at Level 1 with a goal to be at Level 2, and in some cases Level 3, within a 5-year timeframe. Of the six projects included in the "To Be" Roadmap, the IMPACT project is currently in process. As HFS completes the improvements identified in the roadmap, the net effect is that the "To Be" items identified in HFS' MITA Maturity Capability Matrix will become the new "As Is". Ongoing assessment cycles should ensure the appropriate business process and technical capability documentation remains current and establishes the new "To Be" Maturity Levels. This will form the foundation for subsequent projects, streamline planning and support the new methodology chosen for the Medicaid Enterprise.

2.10 SMA Activities Influencing the EHR Incentive Program

2.10.1 Health Transformation Collaboratives

On March 8, 2021, HFS announced the Healthcare Transformation Collaboratives program. As outlined in Public Act 101-650 and SB 1510, the program is designed to improve healthcare outcomes, reduce healthcare disparities, and realign resources in distressed communities throughout Illinois. In particular, the program seeks to increase access to community-based services, preventive care, obstetric care, chronic disease management, and specialty care in these communities.

The legislation states "During State fiscal years 2021 through 2027, the hospital and health care transformation program shall be supported by an annual transformation funding pool of up to $150 million pending federal matching funds, to be allocated during the specified fiscal years for the purpose of facilitating hospital and health care

transformation". This investment will fill healthcare gaps and focus on underlying health conditions in areas high on the federal Centers for Disease Control and Prevention's social vulnerability index scale, communities that have been disproportionately affected by the COVID-19 pandemic and areas served by critical access and safety net hospitals, including rural parts of the state.

On July 1, 2021, Governor JB Pritzker announced $94.3 million to be awarded in the state's inaugural round of Healthcare Transformation Collaboratives funding. HFS would administer the awards to eight innovative partnerships across the state, "with the goal of reorienting healthcare in Illinois to reduce healthcare inequities, improve health outcomes, address social determinants of health, and remedy persistent difficulty for underserved communities to access quality healthcare."

At the time of the announcement, two additional collaboratives were listed as being advanced for further consideration and potential funding. One of these, the Medicaid Innovation Collaborative, was later approved, bringing the total of funded collaboratives to nine. The nine awardees that comprised the first round of funding are:

Chicago North Side Collaborative: A proposal to mitigate barriers to specialty care and increase health equity among the communities it serves.
Participating Entities:
Swedish Hospital
Erie Family Health Centers
Heartland Health Centers
Hamdard Healthcare
Asian Human Services Family Health Center
Howard Brown Health
Medical Express Ambulance Service, Inc. d/b/a MedEX Ambulance Service

Collaborative Bridges: A plan to improve behavioral health and other health outcomes and reduce healthcare costs by creating an unprecedented continuity of care between hospital and community.
Participating Entities:
Community Counseling Centers of Chicago
Habilitative Services, Inc.
Humboldt Park Health
Hartgrove Hospital (UHS)
The Loretto Hospital

East St. Louis Health Transformation Partnership: A proposal to affect large scale realignment of the health delivery system and improve the life circumstances of those living in the East St. Louis Metro Area.
Participating Entities:
Touchette Regional Hospital
SIHF Healthcare
SIU School of Medicine
Hoyleton Youth and Family Services
Centene
Memorial Medical Group
ConferMed Weitzman Institute
Washington University

Comprehensive Behavioral Health Center
Zade, Inc

Integrated Hub: A collaborative to enhance quality of care for adult Medicaid beneficiaries with behavioral health, substance use disorder, and physical health needs.

Participating Entities:
Egyptian Health Department
Eldorado Rural Health Clinic
Gallatin County Wellness Center
Harrisburg Medical Center
Ferrell Hospital
Southern Illinois Healthcare
Fairfield Memorial Hospital
SIU Multicultural Center

Medicaid Innovation Collaborative: Addressing systemic obstacles and technology gaps that individuals and technology gaps that individuals and families face in accessing quality health care.

Participating Entities:
OSF Healthcare
Aunt Martha's Health Center
Chestnut Family Health Center
Heartland Health Service
Eagle View Community Health System
Mile Square Health Center

Supportive Reentry Network Collaborative: A model approach to care coordination and social determinants of health for men and women released from incarceration returning to Cook County.

Participating Entities:
Safer Foundation
Heartland Alliance Health
Cook County Health
Healthcare Alternative Systems, Inc. (HAS)
KAM Alliance
Transforming Reentry Services/MWPM
Get To Work Illinois
Smart Policy Works
Legal Council for Health Justice

South Side Healthy Community Organization: A collaborative driven by community input and dedicated to fundamentally advancing healthcare access and better health outcomes for Chicago's South Side residents.

Participating Entities:
St. Bernard Hospital
Advocate Aurora Healthcare
Beloved Community Family Wellness Center
Chicago Family Health Center
Christian Community Health Center
Friend Family Health
Jackson Park Hospital and Medical Center
Near North Health
Roseland Hospital
St. Bernard Hospital
Sinai Chicago
South Shore Hospital Corporation

TCA Health
The University of Chicago Health System

55th & Pulaski Health Collaborative: A collaboration with an 'all-in' approach to improve access to a wide range of healthcare services and improve the health and wellness of individuals and the entire community.

Participating Entities:
UI Health Physician Group (UIPG)
Mile Square Health Center
Alivio Medical Center Primary
University of Illinois College of Applied Sciences Depts of Physical Therapy, Occupational Therapy and Nutrition

West Side Health Equity Collaborative: A plan to increase convenient access to culturally responsive healthcare, supporting the unique and changing socio-economic needs of individuals and families.

Participating Entities:
Access Community Health Network
Ann & Robert H. Lurie Children's Hospital of Chicago
Bobby E. Wright Comprehensive Behavioral Health Center, Inc
Cook County Health
Habilitative Systems, Inc
Humboldt Park Health
The Loretto Hospital
Medical Home Network
Rush University Medical Center
Sinai Chicago
West Side United

On October 6, 2021, HFS announced that applications for the second round of Healthcare Transformation Collaboratives funding were being accepted. The deadline for the fiscal year 2022 round of Healthcare Transformation Collaboratives funded ended November 19, 2021, and public comment period ended December 20, 2021.

2.10.2 Behavioral Health Transformation

Illinois began a transformation of its health and human services in 2016, stating that the transformation "puts a strong new focus on prevention and public health; pay for value and outcomes rather than volume and services; make evidence-based and data-driven decisions and move individuals from institutions to community care, allowing patients to remain more closely connected to their family and community."

In May 2018, the Illinois Department of Healthcare and Family Services (HFS) received approval of its 1115 Waiver request. This waiver includes pilots designed to better serve Medicaid beneficiaries in need of behavioral health services. The 1115 SUD waiver approval period is from July 1, 2018, through June 30, 2023.

Beginning July 1, 2018, HFS, in partnership with the Department of Human Services/Substance Use Prevention and Recovery (DHS/SUPR), implemented four substance use disorder (SUD) specific pilots:

- Residential/Inpatient SUD Treatment in an IMD.

- Case Management to individuals with an SUD that qualify for diversion into treatment from the criminal justice system.
- Peer Recovery Support Services.
- Clinically Managed Residential Withdrawal Management for individuals with SUD.

These pilots include Opioid Use Disorder (OUD)/SUD services delivered by providers currently licensed by SUPR, which are not otherwise matchable expenditures under section 1903 of the Social Security Act. Providers of Clinically Managed Residential Withdrawal Management must have the ability to coordinate or provide Medication Assisted Treatment (MAT) for those patients who need this regimen of care.

In the first three years of the 1115 SUD demonstration (July 1, 2018, through June 30, 2021) there were an estimated:

- 8000 individuals who received treatment through the SUD residential IMD Pilot.
- 2300 individuals who were enrolled in SUD case management services.
- 107 individuals enrolled in Peer Recovery Support Pilot.
- 61 individuals enrolled in the Clinical Withdrawal Management Pilot.

2.10.3 Illinois Health and Human Services Innovation (HHSi2)

The Illinois Health and Human Services Innovation Incubator (HHSi2) is a program office within the Illinois Governor's Office of Management & Budget. HHSi2 partners with HFS, DHS, the Department on Aging, Department of Children & Family Services, Department of Veterans' Affairs and IDPH, and is supported by DoIT. HHSi2 seeks to drive innovation and improve the delivery of health and human services programs throughout the state.

2.10.3.1 ISIP – Illinois Shared Interoperability Platform

The Illinois Shared Interoperability Platform (ISIP) is the cornerstone of HHSi2's mission. Approved by the Centers for Medicare and Medicaid Services (CMS) and United States Department of Agriculture's Food and Nutrition Service (FNS), ISIP is funded via a 90/10 federal match.

The goal of ISIP is to provide coordinated and collaborative service delivery by establishing an interoperable environment for stakeholders of Health & Human Services (HHS) programs, which will integrate data from disparate sources and provide a comprehensive 360-degree view of the full complement of services a specific person and their respective family or household receives across all Illinois HHS agencies.

ISIP will enable State agencies to securely access more accurate and reliable data across the HHS enterprise to support better decision making and improve the delivery of critical services to those in need.

2.10.3.2 ISIP – Program Activities

- ISIP installation has been completed in all environments. There are now seven data source systems that have been profiled and added to ISIP:
    - Statewide Automated Child Welfare Information System (SACWIS) Data Warehouse
    - Electronic Community Care Program Information System (eCCPIS)
    - Early Intervention (EI)
    - Child Care Management System (CCMS)
    - Integrated Eligibility System (IES -SNAP and TANF data only)
    - CyberVet
    - Offender 360

  Requirements are being collected to prepare for inclusion of Women Infants and Children (WIC) data in ISIP.
- A pilot was conducted with the Department of Children & Family Services' (DCFS) State Central Register and Child Protection teams to cleanse addresses and de-duplicate records, which will improve mailability of correspondence, reduce rework, improve the accuracy of person records, and enhance the agency's ability to effectively serve children and families.
- Collaborative use cases began with DHS and Department on Aging to increase senior adult awareness of and enrollment in Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP).
- Collaboration is continuing with Departments of Veterans' Affairs, Corrections and Aging on a use case to prevent duplication of services to senior adults.
- HHSi2 was asked to partner with the Illinois Commission to End Hunger, the Illinois Commission on the Elimination of Poverty and DHS to leverage the benefits of ISIP in support of Code for America's initiative to "transform the social safety net by utilizing human-centered technology" particularly improved SNAP service delivery and digital pathways to WIC.
- Installation and preliminary testing of Informatica Enterprise Data Catalog (EDC) and Axon Data Governance solutions in development and production environments has been completed. EDC and Axon are AI-powered tools that use machine learning to scan and catalog data assets across the enterprise to help agencies better understand their data assets and locate data more effectively.
- Development has been completed concerning the ISIP Target Operating Model, Organizational Change Management Playbook and the Risk Management Plan.
- Informatic MDM, Data Quality, Customer 360, PowerCenter and Address Doctor tools were installed.
- The ISIP System Security plan was developed. The plan complies with Minimum Acceptable Risk Standards for Exchanges (MARS-E) to safeguard data from unauthorized access.
- Data profiling was conducted, and data connections established to ISIP for IES (DHS data only), eCCPIS (Aging) and SACWIS (DCFS) data warehouse.
- Design and configurations of the MDM Hub, Data Quality and Customer 360 interface established the golden record.

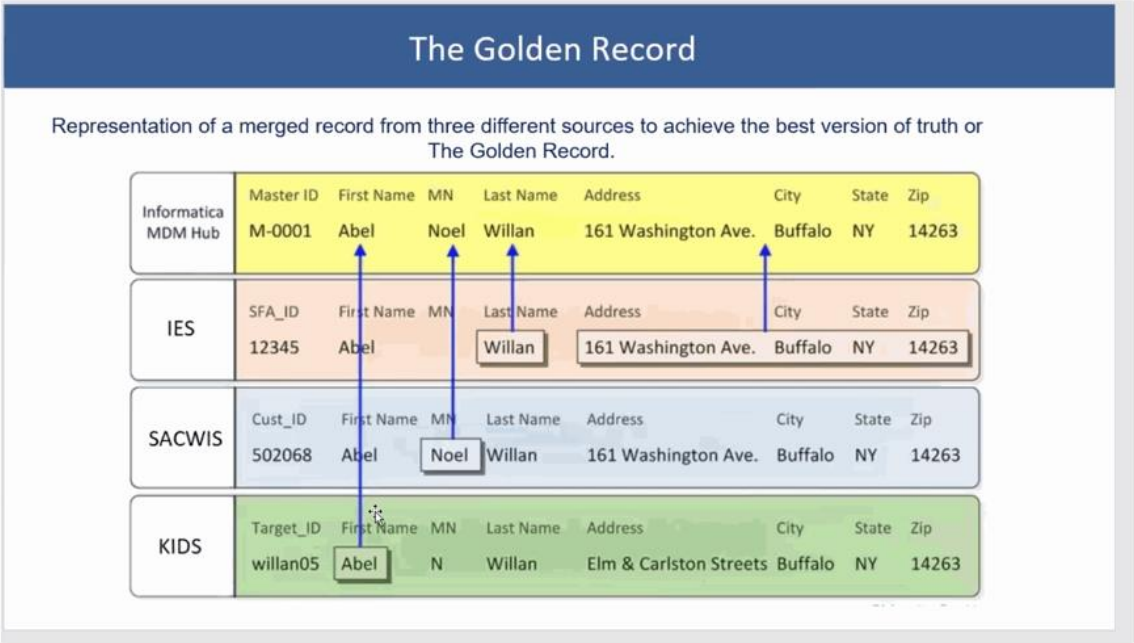

Figure 12 – Golden Record

2.10.3.3 ISIP – Use Cases and Related Projects

HHSi2's goal is to improv data quality and interoperability to help agencies improve the critical services they deliver to those in need. To advance this goal and demonstrate the business value of ISIP, HHSi2 is collaborating with the Governor's Office and other state agencies to develop use cases including but not limited to the following:

- **Department of Corrections**
  Reduce recidivism by identifying the services ex-offenders need before being released from a correctional facility (e.g., Medicaid, SNAP) to ensure they receive appropriate support (including behavioral treatment) for successful re-entry.

- **Department of Children and Family Services**
  Provide investigative and hotline staff with more timely information improve the safety and well-being of children, as well as more comprehensive information to help ensure investigator safety.

- **Department on Aging**
  Protect high-risk senior adults by providing the Department with more accurate and complete information to ensure they receive the right services, including correctional system involvement and veterans' data to prevent duplication of benefits.

- **Governor's Office of Early Childhood Development & Illinois Longitudinal Data System**

Support cross-agency initiatives to match early childhood data across education and health and human services agencies to better understand the needs of "low income" and "at risk" children and how to more effectively allocate resources to assist them.

- **Department of Juvenile Justice**
  To support youth who are released from juvenile detention facilities by ensuring the availability of essential benefits to reduce behavioral and physical health risks that could lead to recidivism.

2.10.4 Integrated Care for Kids (InCK)

The Integrated Care for Kids (InCK) Model is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs. Some programs also include Children's Health Insurance Program (CHIP) beneficiaries and pregnant woman over age 21 who are covered by Medicaid. The model empowers states and local providers to better address these needs, as well as the impact of opioid addiction through care integration across all types of healthcare providers.

Almost $126 million in InCK Model funding was awarded to the states and organizations below for the 7-year Model launched in early 2020. The awards included two awards to Illinois organizations – Egyptian Public & Mental Health Department and Lurie Children's.

2.10.4.1 Egyptian Public & Mental Health Department

Maximum Award Amount Over 7 Years: $15,666,736

Model Goals: Egyptian Health Department, an integrated local public health department and behavioral health agency, leads Village InCK. Village InCK Health Department will use an integrated services team called "i-Hub" as a central access point for care coordination. Village InCK is also designed to reduce costs for emergency department visits, 80 percent of the Medicaid population. In order to achieve this goal, Egyptian inpatient psychiatric care, and residential inpatient psychiatric care and residential substance use disorder (SUD) services.

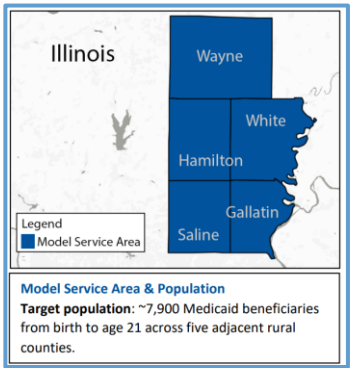

Figure 13 - Egyptian

Egyptian Health Department seeks to reduce expenditures through education, mobile crisis response services, and increased engagement in SUD prevention, treatment, and recovery services, respectively. Village InCK will serve children and adolescents in

five contiguous rural counties that have higher rates of poverty than state and national averages.

Highlights: Egyptian Health Department estimates that approximately 500-700 of its 7,900 Village InCK attributed children will have higher levels of need and will require services commensurate with their higher levels of need. Key services for the subset of individuals requiring higher levels of need include mobile crisis response, wellness coaches (for those with medically complex or chronic health conditions), medical telehealth specialty services, integrated case management with mobile crisis response, peer support, respite, in-home community support team services follow up, and a family support program.

2.10.4.2 Ann & Robert H. Lurie Children's Hospital of Chicago

Maximum Award Amount Over 7 Years: $16,000,000

Model Goals: All Hands Health Network (AHHN) is led by Lurie Children's, a major pediatric hospital with extensive community partnerships throughout Chicago. Lurie Children's aims to expand access to quality primary care, specialty care, and behavioral health services while building care coordination and service integration capacity. AHHN is designed to adapt and synthesize existing resources where possible, improve care coordination for those served by Medicaid managed care organizations (MCOs), and build on existing Medicaid initiatives, namely the new Integrated Health Home state plan amendment.

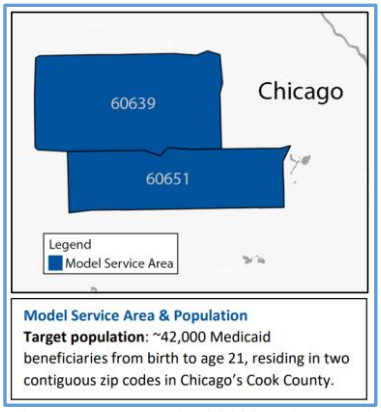

Figure 14 - Lurie Children's Hospital

Highlights: Service Integration Coordinators (SICs) will work directly with families and children to facilitate assessment screenings, identify children's needs, and connect them to the appropriate services. Lurie Children's will assign SICs to providers based on geography. SICs are expected to spend the majority of their time in schools and health centers. AHHN will support integrated coordination between SICs and MCOs as well as the expansion of Lurie Children's collaborative model of care infusing behavioral health support across community partners. AHHN will also support training and referral assistance for primary care providers, expand the trauma-informed Parenting Support program, and extend telehealth capabilities.

2.10.5 Electronic Visit Verification (EVV)

Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

The current requirement mandated a compliance date of January 1, 2020, for all personal care services, and January 1, 2023, for all home health services. However, HFS requested and received a one-year federal extension of the January 1, 2020, implementation date. The Department currently estimates implementations for all personal care services in 2022.

The federal requirements describe certain data points that must be collected electronically, but each state creates their own EVV system. Illinois will determine how we will gather, and report data used within EVV.

The purpose of implementing EVV is to support Illinois' goal to improve Medicaid program integrity, safeguard against fraud and abuse, improve program oversight, and comply with new federal requirements.

Services impacted under EVV include:

- **Personal Care Services (PCS):** Individuals receiving personal support in the home through Illinois' Home and Community Based Services waivers, including:
  - Persons with Disabilities waiver
  - Persons with Traumatic Brain Injury waiver
  - Persons with HIV/AIDS waiver
  - Persons who are Elderly Waiver
  - Adults with Developmental Disabilities Waiver
  - Children and Young Adults with Developmental Disabilities Support Waiver
  - Children and Young Adults with Developmental Disabilities Residential Waiver
- **Home Health Care Services (HHCS):** Individuals receiving home health services through the Medicaid State Plan

Providers subject to the first round of EVV include: personal assistants, personal support workers and homemakers.

Data points EVV must capture:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends

Illinois is in the final stages of procuring a vendor who will implement, train and provide technical support for an EVV system for the Illinois Medical Assistance Programs. The main goal is to improve Medicaid program integrity by achieving the following objectives:

- Reduce overpayments and claim errors.
- Safeguard against waste, fraud, abuse, inefficiency, and duplication.
- Improve oversight of provider performance, beneficiary access, care coordination and transitions, and program expenditures and utilization.
- Develop a system that will accommodate and overcome limited internet access in rural areas.
- Ensure compliance with approved service plans and prior authorizations.
- Monitor the receipt, timeliness, and completeness of authorized Medicaid home-based services.

2.10.6 Integrated Eligibility System (IES)

The Integrated Eligibility System (IES) determines Eligibility for the Illinois Department of Healthcare and Family Services Medical Programs and the Illinois Department of Human Services SNAP, income, and other public assistance programs. IES consists of two main applications: the Application for Benefits Eligibility Portal (ABE Portal) and the Worker Portal. The ABE Portal is a public facing online application for benefits and a client case management system. The Worker Portal is a caseworker Intake and Service Coordination System that uses a Corticon Rules Engine to determine eligibility. The current system provider is Deloitte Consulting LLP ("Deloitte") and the provider contract is held and managed by the Illinois Department of Healthcare and Family Services (HFS). The Deloitte contract is expected to end in October 2022.

Application for Benefits Eligibility (ABE) Screener

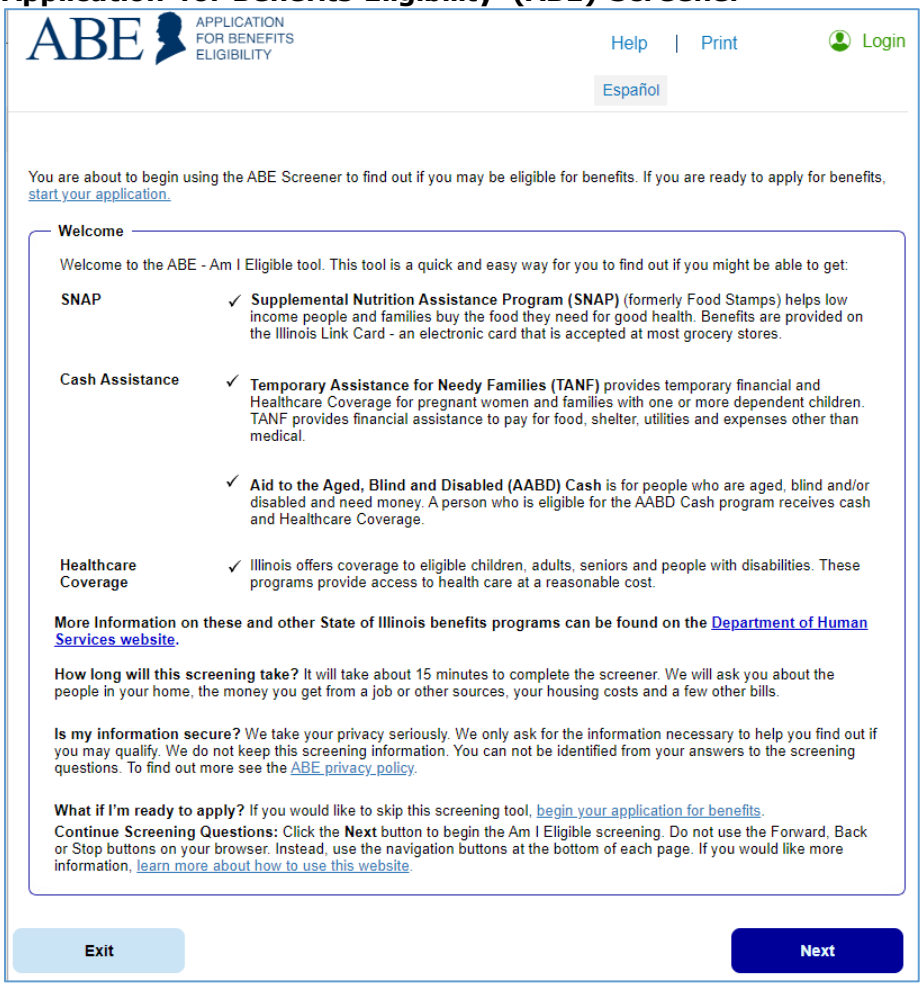

Figure 15 – ABE screener

HFS administers the State's medical programs including Medicaid, Comprehensive Health Insurance Program (CHIP), and State health benefit programs while the Illinois Department of Human Services (DHS) administers TANF and SNAP programs. The Illinois Department of Innovation and Technology (DoIT) is responsible for all aspects of

the State's technology for Executive Branch agencies. DoIT currently houses and maintains the infrastructure environment for IES.

Teams of employees from DoIT, HFS, DHS, and the system provider are involved in activities to improve the infrastructure, application, and related databases with focus on two primary goals: 1) SNAP application and redetermination timeliness objective of 90%, and 2) timely processing of medical applications and renewals. This requires both infrastructure upgrades as well as correction of application defects and new enhancements.

An IES Steering Committee (Committee) exists to provide strategic-level direction and set priorities for IES program activities. Members of the Committee include the Secretary of DoIT, Secretary of DHS and Director of HFS and senior executives from each of those agencies.

In October of 2013 Phase I of the IES was implemented. This implementation consisted of the ABE online application for benefits and the functional areas of the Worker Portal needed for Intake disposition of those online applications. These dispositions, client demographics, and client case information were integrated into the remaining legacy system. The legacy system remained the system of record, and at the time all issuance, redeterminations, case coordination, and interfaces resided within the legacy system. In October of 2017 Phase II of the IES System was implemented and IES became the system of record for Medical, SNAP and income assistance programs. This implementation consisted of several additional modules for ABE, including the Provider Portal and the Manage My Case portal. All Medical, SNAP, and Cash dispositions, issuances, redeterminations, case coordination, overpayment and supplemental SNAP modules, realtime verification interfaces, Batch interfaces, online and batch forms were implemented in the worker portal. Additionally, several modules were added to the Worker Portal such as Appeals and the TANF Work Verification system.

The State has recently issued a Request for Proposal which seeks professional services to establish a Program Management Office (PMO) that assists the State's executive leadership in managing and overseeing its efforts to meet pandemic-related programmatic changes and increasing system demands to the Illinois Integrated Eligibility System (IES).

The DoIT RFP attempts to secure a PMO as an emergency procurement under the Gubernatorial Disaster Proclamation due to the spread of the Coronavirus Disease (COVID 19). Due to COVID 19, there have been multiple pandemic-related programmatic changes and increasing system demands upon IES. The State requires a vendor that can quickly establish a program management team, develop and execute a plan to effectively and efficiently complete priority requirements, and maintain IES operational demands including technical refresh of IES. The State will evaluate the proposals received and select one vendor to provide a PMO for a period not to exceed two years, which includes a transition to a longer-term PMO established through a separate competitive solicitation.

2.10.7 Illinois Medicaid Program Advanced Cloud Technology (IMPACT)

The IMPACT initiative is a multi-agency effort that modernizes the Department's 40+ year-old MMIS which was built to support a fee-for-service Medicaid program. The MMIS supports claims processing for the HFS medical assistance programs.

HFS currently manages and operates the MMIS to support claims processing for the Illinois Medicaid Enterprise. The MMIS environment includes the database subsystems (e.g., Provider, Recipient, Reference and Prior Approval); the Hospital, Pharmacy and NIPS claims processing subsystems; the Management and Reporting System (MARS); the Enterprise Data Warehouse; the Pharmacy point of sale system and the web-based applications provided in the Medical Electronic Data Interchange(MEDI) system.

The current MMIS was fully implemented in 1982 and was primarily built to support a fee-for-service Medicaid program. Rather than developing a new system, Illinois is developing a cloud based MMIS called IMPACT.

IMPACT Phase 1 - eMIPP

The first phase of IMPACT included the launch of the Electronic Health Records Medicaid Incentive Payment Program (eMIPP), which provides incentive payments to eligible professionals, eligible hospitals and critical access hospitals to adopt, implement, upgrade or demonstrate meaningful use of certified electronic health records (EHR) technology.

The eMIPP program accepted attestations and paid incentive payments through 2021. The program continues through September 30, 2023, primarily to complete auditing requirements.

IMPACT Phase 2 – Provider Enrollment

Beginning in July 2015, providers seeking to serve Medicaid clients have enrolled and revalidated through the new IMPACT web portal. Paper enrollment applications or updates are no longer being accepted, and email has become the primary method for provider communication.

Existing Medicaid providers enrolled in the current legacy MMIS were required to revalidate their information in the new IMPACT system during a 6-month revalidation period between August 2015 and January 2016. Subsequently, providers who deliver services through Medicaid waiver programs —including providers who have previously not been required to enroll in MMIS— were required to enroll in IMPACT beginning in 2016.

IMPACT future: PBMS and Full Implementation

In 2017, IMPACT launched a new Pharmacy Benefits Management System (PBMS). More information about the PBMS can be found at ILLINOIS Rx Portal.

On March 30, 2021, HFS signed a 4-year contract with CNSI to replace core elements of its legacy MMIS with a more modern MMIS. The contract requirements include:

- The "Core: must be capable of retaining eligibility information of individuals covered by the several healthcare plans of the Department and adjudicating claims for services provided under those health care plans.
- The "Core" must support Managed Care programs for members, cost avoidance, and other demands for payment, payment reconciliation, and mandatory reporting.
- IMPACT Core must be designed and implemented in a manner that ensures it will successfully complete Health and Human Services (HHS)/Centers for Medicare and Medicaid Services (CMS) certification.

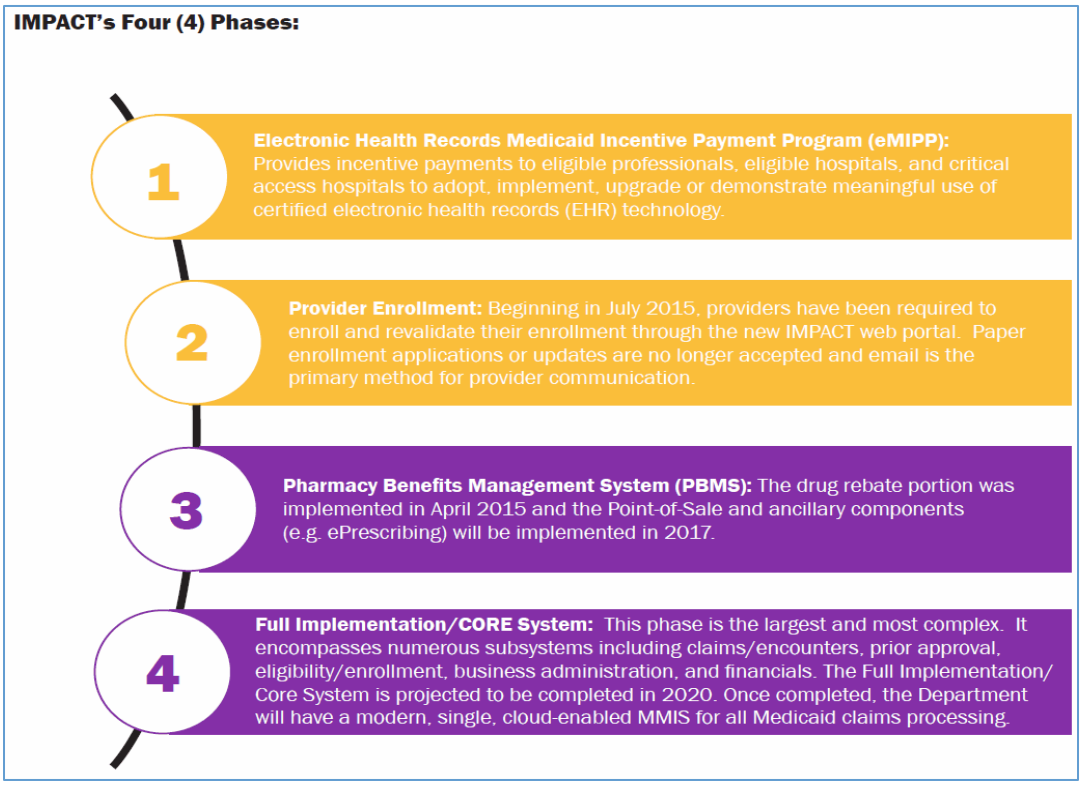

FIGURE 16 – Impact Phases

2.10.8 HealthChoice Illinois ADT

2.10.8.1 HealthChoice Illinois ADT design and development

In May of 2019, Illinois engaged a consulting firm (Health Management Associates) to help restart the ADT (Admit-Discharge-Transfer) services project and update the project plans to implement a state-wide ADT system that would support and align with the Medicaid program's priorities for care coordination. Implementation of the ADT system began in April 2021, with onboarding beginning in late spring of 2021.

HFS selected Collective Medical Technologies (CMT), A PointClickCare Company, through competitive bid, to implement the Illinois ADT platform. CMT has the largest care post-acute network coverage with 70% market share across 22,000+ skilled nursing and long-term care facilities, and 3,000+ hospitals across the country.

HFS and CMT's statewide technology platform will facilitate the real-time transmission of HL7 formatted messages from hospitals, skilled nursing facilities and other institutions and notify community providers of patient admissions, discharges and transfers to improve care coordination and quality.

The functionality of this technology platform supports Illinois' 2021-24 Comprehensive Medical Programs Quality Strategy and aligns with the CMS Interoperability and Patient Access Final Rule requirements that hospitals send electronic notifications of admissions, discharges and transfers to a patient's care team.

2.10.8.2 HealthChoice Illinois ADT implementation

All hospitals and EHR-capable skilled nursing facilities that are enrolled in the IMPACT system to serve Medicaid participants are required to transmit electronic notifications of admissions, discharges, and transfers for Medicaid participants in an HL7 format to the HFS technology platform. MCOs, hospitals, and other providers may subscribe to the ADT notification service to receive real-time data for their Medicaid members/patients.

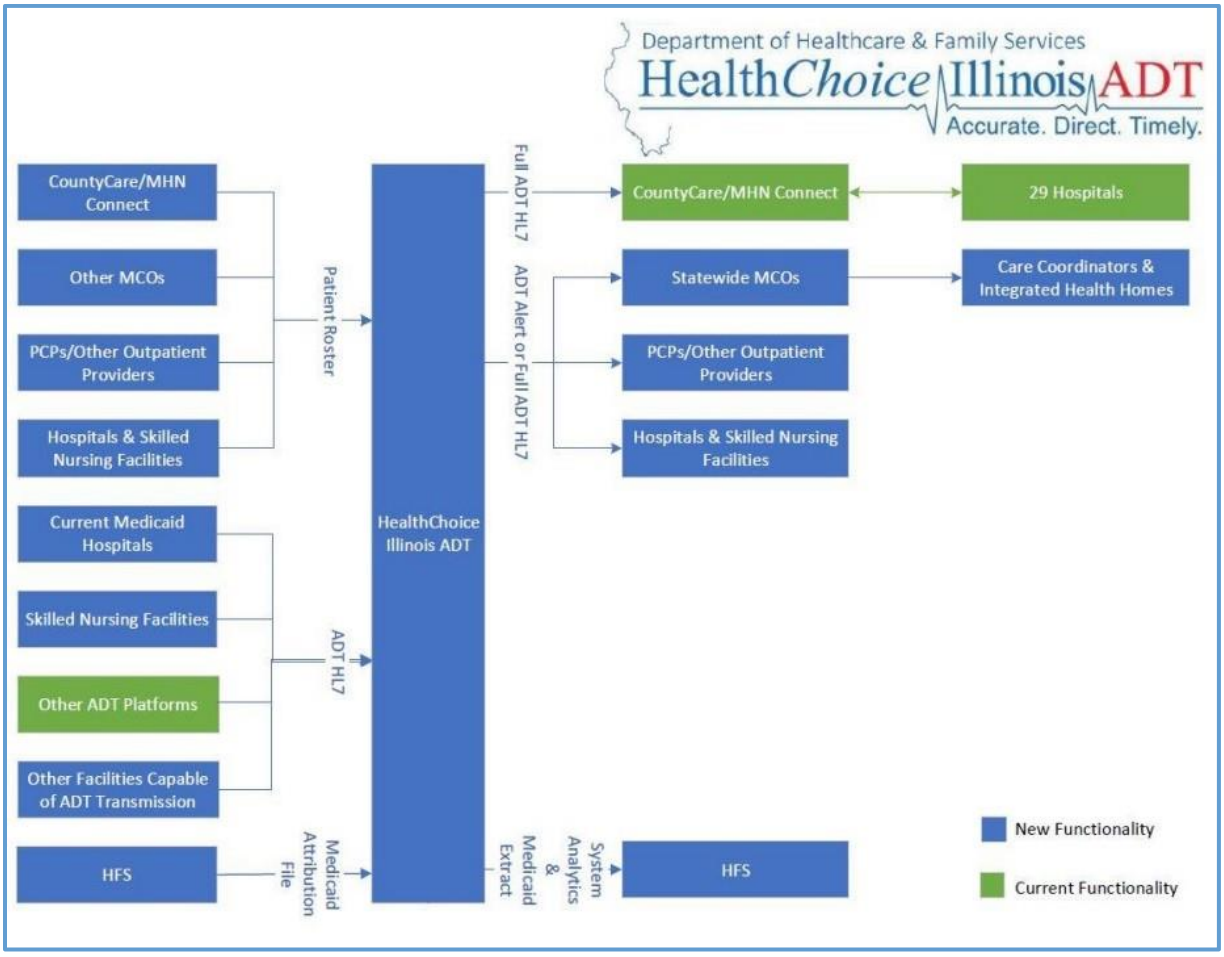

Figure 17 – HealthChoiceIllinois ADT

Since the HealthChoice Illinois ADT system became operational in the spring of 2021, 182 hospitals, 463 Skilled Nursing Facilities, 6 MCOs, 13 Specialized Mental Health Rehabilitation Facilities (SMHRF), 10 Intermediate Care Facility/Developmental Disabilities (ICFDD) and 22 Supportive Living Facilities have been onboarded and are contributing HL7 ADT notification data.

2.10.8.3 Comprehensive Medical Programs Quality Strategy

In addition, Illinois' Comprehensive Medical Programs Quality Strategy includes goals for improving care coordination, using evidence-based interventions to reduce health disparities, deploying technology, and increasing data integration. The ADT system directly supports those critical quality goals and leverages best practices for sharing timely information to enable effective care coordination.

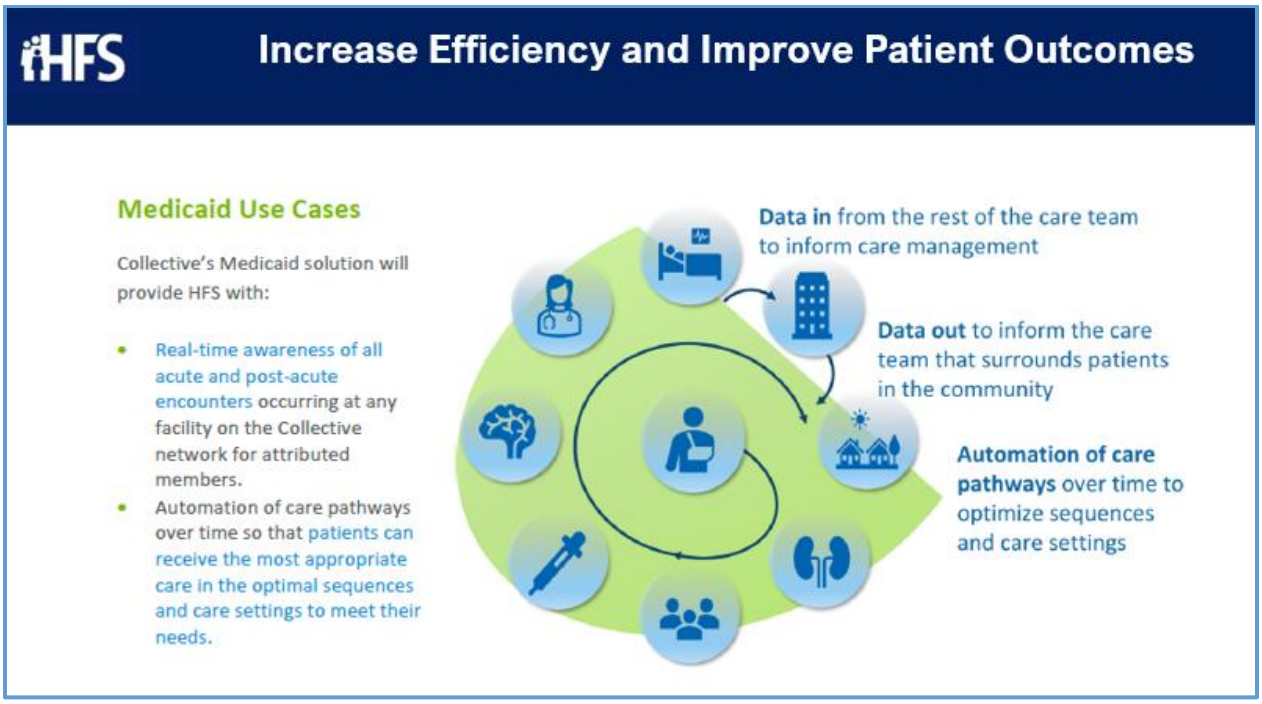

Figure 18 – Improve Patient Outcomes

2.10.8.4 HealthChoice Illinois ADT future

When the majority of onboarding providers is complete, HFS will be able to start analyzing the HL7/ADT data. HFS foresees numerous possibilities to assist/improve Agency program. Some of these possibilities include:

- **Third Party Liability – Provider encounter insurance information.**

- **Williams & Colbert** - Assist legislation regarding member eligibility for community-based services by tracking discharge dispositions information and discovering when patients leave without the recommendation of the attending physician.
- **Claims Information** – Match encounter events with claims information in EDW.
- **Diagnosis Data Trends** – Assess diagnosis data trends (drug-related morbidity for opioid and heroin use; gastro-intestinal illness, specific admissions related to COVID-19 or other diseases); see regional trends showing health disparities and health equity.
- **Incentive Programs** – HFS could create incentive programs for providers who meets certain data metrics. HL7 notifications could be used to verify the providers are meeting the required thresholds.
- **The Gravity Project** - The Gravity Project seeks to identify data elements and associated value sets to represent SDOH information documented in electronic health records (EHRs) across four clinical activities: screening, diagnosis, goal setting, and intervention activities.
- **Crisis Line Hotline** - All HFS-contracted Managed Care Organizations (MCOs) and Managed Care Community Networks (MCCNs) with contracts serving children utilize the CARES line for the purposes of centralized intake and localized dispatch for children in mental health crisis.
- **Sepsis Project –** In current CMT Sepsis project implementations, for every facility using CMT's event notification and care collaboration platform – which includes emergency departments, ambulatory practices, skilled nursing facilities, behavioral health clinics and approximately 1,000 hospitals – at no charge, CMT is rolling out notification functionality that identifies patients with a history of sepsis so that care teams may more quickly intervene to address these patients' unique needs.
- **Opioid and Substance Use Disorder Support & Prescription Drug Monitoring –** Connect patient utilization and prescription histories across care settings to flag patients at risk for substance use disorder and collaborate with providers and other resources on the path to recovery.
- **Value-based Care Optimization** - Improve transitions of care and reduce readmissions by identifying at-risk patients and collaborating in real-time with hospitals, skilled nursing facilities, home health and other post-acute providers to support and track these patients' post-discharge.
- **Behavioral Health Integration –** Achieve better patient outcomes for those struggling with mental or behavioral health concerns with groundbreaking consent functionality for real-time communication between providers across the healthcare spectrum.
- **Workplace Violence Prevention** - Take control of workplace safety by receiving immediate notifications whenever a patient with a history of or risk for violence—including physical assault, verbal threats, theft, sexual assault, and self-harm—presents.

- **ED Optimization –** Increase efficiency and improve patient outcomes by minimizing unnecessary ED utilization, streamlining care, and increasing cost savings with access to patient histories and care guidelines integrated directly into existing workflows.

Additional HL7 data HFS may incorporate in the future includes:

- **Continuity of Care Document (CCD)** – The CCD is an HL7 XML standard adopted for the exchange of electronic clinical records.
- **Labs & Imaging** – HL7 Observation Result (ORU) messages contain information about a patient's clinical observations and is used in response to an order generated in a clinical system (HL7 Order Entry (ORM) message). ORU messages are most commonly used for EKG student, lab results, imaging studies and medical interpretations.
- **Rx RDE** – An HL7 Pharmacy/Treatment Encoded Order (RDE) message is used to send orders to a pharmacy or medication dispensing system.
- **Scheduling** - HL7 Scheduling Information Unsolicited (SIU) messages are used to exchange patient appointment schedule information between clinical and administrative systems.
- **Other –** Many other HL7 notification possibilities exist, including those messages assisting with "physician notes" and billing data.

2.11 State Laws or Regulations

2.11.1 Healthcare Transformation Collaboratives

On March 8, 2021, HFS announced the Healthcare Transformation Collaboratives program. As outlined in Public Act 101-650 and SB 1510 , the program is designed to improve healthcare outcomes, reduce healthcare disparities, and realign resources in distressed communities throughout Illinois. In particular, the program seeks to increase access to community-based services, preventive care, obstetric care, chronic disease management, and specialty care in these communities.

With support from federal matching funds, Illinois will invest $150 million into collaboratives that fill healthcare gaps and focus on underlying health conditions in areas high on the federal Centers for Disease Control and Prevention's social vulnerability index scale, communities that have been disproportionately affected by the COVID-19 pandemic and areas served by critical access and safety net hospitals, including rural parts of the state.

2.12 Interstate HIT/HIE Activities

The HealthChoice Illinois ADT system allows ADT notifications to be shared with other States where appropriate. The HealthChoice Illinois ADT system will immediately

incorporate Medicaid patients' ADT notifications for patients presenting at out-of-state locations in the CMT network. This connectivity allows for real-time care coordination to occur across state lines. Future HL7 notifications may involve more advanced file types, such as those related to labs, prescriptions and imaging.

The Illinois Prescription Monitoring Program (PMP) also allows for interstate connectivity, as reviews of patient precriptions includes data from other states due to connections between PMP systems.

The PMP is working with the surrounding states to establish the process for compliance with section 1944(f)(2) of the Social Security Act. Missouri currently does not have a state-wide PMP; however, IL PMP is integrating with providers in the St. Louis County area and providing as much data to the users as possible. Kentucky and Illinois have been piloting the RxCheck system which breaks down the data barriers of interstate data sharing. Wisconsin is requiring certain fields within the query from Illinois. Illinois providers are being educated as to these required fields necessary to send in the request, for example, DEA number of the requesting provider must accompany the query request.

ILLINOIS CONNECTIVY TO CONTIGUOUS STATES

Contiguous State	Exchange PMP data with IL?	RxCheck?	PMPInterconnect?	Other Method or Contract information	Comments
Indiana	Y		Y		
Iowa	Y	In Prog	Y		
Kentucky	Y	Y	Y		
Michigan	Y		Y		
Missouri	Y		St. Louis county only	St. Louis county is connected	Missouri PMP not yet operational
Wisconsin	Y	In Prog	Y		Some restrictions on RxCheck queries. WI connected to RxCheck. IL not sharing data with them (via RxCheck) yet.

Figure 19

2.13 Public Health Interoperability Status

To complete the Promoting Interoperability Program Public Health objective during attestation, providers had several options. The options below were available via the DPH. The Illinois Prescription Monitoring Program (PMP) is hosted by DHS as an agent of DPH. The Stage 3 options continue to be available to the Medicare Promoting Interoperability Program (for Eligible Hospitals).

Immunization Reporting

- I-CARE currently accepts immunization data from providers in HL7 2.3.1 and 2.5.1
- Testing and ongoing submission of data from EPs, EHs and CAHs for Meaningful Use is underway
- Immunization Reporting: I-CARE will accept Stage 3 MU standards on/after January 1, 2017 (Bi-directional exchange QBP/RSP and capacity to receive NDC Codes using HL7 2.5.1 r1.5 plus Addendum)

Electronic Laboratory Reporting (ELR)

- I-NEDSS currently accepts ELR data from hospital laboratories in HL7 2.5.1
- Testing and ongoing submission of data from EHs and CAHs for Meaningful Use is underway

Syndromic Surveillance Reporting (updated 6/30/17)

- IDPH currently accepts syndromic surveillance data from Eligible Hospitals
- Stage 2 included Emergency department data only in HL7 2.5.1
- Stage 3 includes Emergency department, inpatient and urgent care type visits
- Illinois will accept syndromic surveillance data from EPs in an urgent care setting only
- IDPH Syndromic Surveillance Data Element List

Electronic Case Reporting (eCR) (updated 6/30/17). For Stage 3 reporting only, beginning 1/1/2018

- IDPH will accept HL7 standard, electronic Initial Case Reports (eICR) from Eligible Hospitals and Eligible Providers (prioritized format: http://www.hl7.org/implement/standards/product_brief.cfm?product_id=408)/ HL7 membership login may be required.
- IDPH will accept certified electronic case reports that follow the 2015 edition test methods. (https://www.healthit.gov/policy-researchers-implementers/2015-edition-te...)
- To register intent, a provider MUST HAVE certified eCR capabilities at the time of their registration.
- To register intent to submit eCR data to IDPH, please click here: https://redcap.dph.illinois.gov/surveys/?s=KR7KEHCLT9

Specialized Registry Reporting – Stage 2 only

- Illinois Prescription Monitoring Program

Cancer Reporting

- The Illinois State Cancer Registry currently accepts cancer case information from providers using the HL7 CDA, Release 2
- Testing and ongoing submission of data from EPs for Meaningful Use is underway
- Stage 2 – as specialized registry.
- Stage 3 - as public health registry

3 HFS TO BE LANDSCAPE

3.1 HIT Goals and Objectives

3.1.1 HIE and Public Health Goals

At the end of the 2016 program year, new providers could no longer enroll in the EHR Incentive Program. After the 2021 program year, providers could no longer attest for the Medicaid Promoting Interoperability Program. Illinois' 2021 Environmental scan reported several interesting facts, detailed below:

3.1.1.1 Environmental Scan Highlights

- Over 75% of respondents indicated that the Medicaid PI program encouraged or supported their adoption of CEHRT. And nearly 72% of respondents said the incentive payments were worth the effort for the adoption, implementation, or upgrade of EHR technology.

  The top four ways adoption of a CHERT has improved practices is:
  - Decrease in medication errors 64%
  - Improved patient throughput 60%
  - Improved efficiency in reporting 60%
  - Improved referral process 57%

- Those participating in the Medicaid PI program are more likely to share information electronically, 74% of all 2021 respondents compared to 83% of those in the Medicaid PI program.

- In 2011, 61% of Illinois providers had an EHR in place, compared to 100% of practices surveyed in 2021.

- An increasing number of providers indicate having a process in place to receive ADT notifications, 55% in 2016 compared to 70% in 2021. 89% of respondents indicate these notifications come directly from the hospital with 90% of those notifications coming via Fax.

- Organizations participating in a HIE increased from 32% (2016) to 51% (2021). Of those participating in a HIE, 36% used Care Everywhere and 36% were using an EHR option.

- The three biggest challenges for hospitals to getting external data is:
  - Conflicting information from different doctors
  - Different state rules/regulations
  - Too much data from other doctors

- Half of respondents currently receive ADT notifications. Of those that do not currently receive ADT notifications, 15% are unable to receive them and 85% say hospitals do not send electronic notification despite 77% of hospitals reporting they have a process to send them.

The 2021 Environmental scan is provided in Appendix A below. There are many more similar assessments included in the environmental scan.

3.1.1.2 HealthChoice Illinois ADT

Beginning in 2021, Illinois implemented the HealthChoice Illinois ADT program. An RFP was awarded to Collective Medical Technologies (CMT) on November 24, 2020. The contract between HFS and CMT was signed February 25, 2021. The vendor was charged with securing a software as a service (SaaS) state-wide Admission, Discharge and Transfer (ADT) Notification System ("System"). All Illinois hospitals and EHR system-capable Long-Term Care (LTC) facilities connect and contribute Medicaid ADT notifications to this centralized system, named the HealthChoice Illinois ADT system. Real-time Medicaid ADT notifications are delivered to System subscribers at appropriate hospitals, LTCs, and Illinois Medicaid Managed Care Organizations ("MCOs"). Among other quality improvements and cost savings strategies, the ability to send and receive ADT notifications will assist the community of care givers to improve care transitions, leading to a reduction in unnecessary hospital and Emergency Department/Emergency Room admissions and readmissions.

Following the ADT notification implementation, HFS will focus on developing capabilities such as sharing notifications across state borders, ensuring advanced file types may be shared, and ensuring data sharing for Illinois citizens with or without Medicaid insurance occurs.

3.1.1.3 Attestations and Payments

Payment statistics for Illinois providers participating in the Medicare and Medicaid EHR Incentive programs are shown in the tables below. Yearly attestation totals for the Illinois Medicaid EHR Incentive Program increased on average of approximately 20% for the years 2012-2015. For 2016, a significant increase was realized in the number of EP AIU attestations (last program year to attest for year 1) and a slight increase experienced in the number of EP MU attestations. After 2016, since new providers could no longer begin their attestations, the numbers started to drop for EPs. Eligible Hospitals had completed their attestations by 2017.

Eligible Professionals

YEAR	AIU	*MUYR1*	*MUYR2*	*MUYR3*	*MUYR4*	*MUYR5*	*MUYR6*	MU	TOTAL	Payment Amount
2011	2156	0	0	0	0	0	0	0	2156	$45,411,269.00
2012	1678	34	554	0	0	0	0	588	2266	$40,654,098.41
2013	1429	46	1475	451	0	0	0	1972	3401	$47,462,602.00
2014	1034	178	967	1129	288	0	0	2562	3596	$45,832,016.00
2015	994	183	1084	852	868	196	0	3183	4177	$50,220,858.00
2016	1270	163	813	800	708	737	170	3391	4661	$57,220,858.00
2017	0	0	739	604	639	506	545	3033	3033	$25,746,154.00
2018	0	0	172	624	533	559	452	2340	2340	$19,855,811.00
2019	0	0	103	84	274	194	223	878	878	$7,457,324.00
2020	0	0	75	101	122	237	162	697	697	$5,913,168.00
2021	0	0	17	70	103	120	205	515	515	$4,366,168.00
Figure 20							**TOTAL**		**27720**	**350,140,326.41**

Eligible Hospitals

YEAR	AIU	MUYR1	MUYR2	MUYR3	MUYR4	MUYR5	MU	TOTAL	Payment Amount
2011	58	34	0	0	0	0	34	92	$91,409,021.00
2012	35	22	67	0	0	0	89	124	$97,558,896.30
2013	12	10	78	65	0	0	153	165	$89,429,620.88
2014	3	0	23	77	14		114	117	$29,659,809.59
2015	0	0	5	21	16	0	42	42	$5,879,666.50
2016	0	0	2	6	3	1	12	12	$937,143.00
2017	0	0	0	2	0	0	2	2	$50,365.00
2018	0	0	0	0	0	0	0	0	$0.00
2019	0	0	0	0	0	0	0	0	$0.00
2020	0	0	0	0	0	0	0	0	$0.00
2021	0	0	0	0	0	0	0	0	$0.00
Figure 21						**TOTAL**		**554**	**$314,924,522.27**

3.2 SMA IT System Architecture

In 2013, it was announced that Illinois would join Michigan in employing a shared MMIS platform. The first phase of the project, Electronic Medicaid Incentive Payment Program (eMIPP) went live for Illinois in November 2013. In July of 2015, the Provider Enrollment (PE) phase of the project was implemented.

HFS currently manages and operates the Illinois legacy MMIS. The Illinois legacy MMIS meets all certification requirements as set forth by CMS in the State Medicaid Manual, Part 11 – Medicaid Management Information System. The MMIS was fully implemented in 1982 and was primarily built to support a fee-for-service Medicaid Program. Through the years, HFS has made many enhancements and modifications to the current MMIS. However, it is an older legacy system that has become increasingly difficult to maintain and modify. HFS, therefore, embarked on a structured planning project to identify needed functionality and explore the best alternatives to acquire and operate a new MMIS.

In March 2012, Illinois was approached by the State of Michigan to discuss the "state sharing" option for the new MMIS. It was determined Illinois and Michigan would benefit financially in the Operations and Maintenance Phase (post implementation) such that costs normally borne by the State (25%) would be shared with Michigan, and both states would share in enhancement efforts and costs. In addition, subsequent design, development and implementation (DDI) efforts to maintain compliance with future federal regulations would also be shared between both states. Michigan would extend its MMIS to accommodate Illinois' claim volumes.

The State of Michigan undertook the replacement of its MMIS in 2005. The system was put into production use in 2009 and was certified by CMS in 2011 with no defects. The system is MITA and HIPAA compliant and meets the Seven Conditions and Standards set forth by CMS. Michigan has started the ICD-10 compliance project and expects to complete that effort according to the federally mandated deadlines. The system is scalable and can be extended to accommodate Illinois' Medicaid claim volumes and business practices without diminishing the State of Michigan's Medicaid program objectives.

The State of Michigan conceived taking its current MMIS through a refinement process to transform into a service that can be offered to other states. This private cloud MMIS service will be known as Medicaid Management Information System as a Service or MaaS.

Per the definitions provided by the National Institute of Standards and Technology (NIST) in Special Publication 500-292 entitled "NIST Cloud Computing Reference Architecture," the envisioned MaaS implementation will be a multi-tenant (community), private cloud. The services of the MaaS could be provided to multiple states from a cloud service infrastructure that is dedicated solely to delivering the MaaS.

States would use the service in a largely as-is manner, and instead of following a traditional DDI process, a Configuration Conversion and Deployment (CCD) process will

be conducted. This model represents considerable savings in terms of time and cost over the DDI approach of a traditional MMIS installment.

The Illinois HFS entered into an Intergovernmental Agreement (IGA) with the State of Michigan Department of Health and Human Services (MDHHS) on December 12, 2012 to determine the feasibility of the viability and practicality of a shared MMIS Enterprise between the two states. Prior to the IGA, Illinois and Michigan signed a Memorandum of Understanding on August 20, 2012, entering into formal planning discussions about MaaS under an IGA.

HFS submitted requests for enhanced FFP through Planning Advanced Planning Document Updates (PAPDUs) and As Needed Planning Advanced Planning Document Updates (AN-PAPDUs). The Illinois Core MMIS PAPD included three projects:

- Electronic Data Warehouse Implementation
- MMIS Core Planning Activities
- Provider Enrollment (PE) Implementation

On July 1, 2020, MDHHS and HFS agreed to amend the IGA to pursue closeout/shutdown of the shared MMIS project. As of September 2021, MDHHS and Illinois completed the majority of the project closeout activities and transferred the Illinois Provider Enrollment and eMIPP modules and data from the Michigan infrastructure to Illinois' new MMIS infrastructure, an Amazon Web Services Cloud-based architecture. Remaining closeout activities, which include the conversion of the Single Sign-On product MiLogin to ILLogin via Okta, are expected to complete by June 30, 2022.

Illinois signed a four-year contract with CNSI on March 25, 2021, to complete the implementation of remaining IMPACT components (Core) and to continue support for the existing components (PE and eMIPP). CMS approved the contract, which includes support for core claims processing, encounter data processing, managed care coordination and CNSI's Fast Healthcare Interoperability Resources (FHIR) based interoperability solution.

3.2.1 Provider Enrollment System Project

The IMPACT project is a three-phase initiative to deliver to HFS the MDCH state-of-the-art federally certified MMIS through a cloud-enabled service. The first phase, Electronic Health Record (EHR) - electronic Medicaid Incentive Payment Program (eMIPP), was completed in November 2013. The second phase, completed in July 2015, was the implementation of the Provider Enrollment System. The third phase is the full implementation of a cloud enabled MMIS, referred to as the Cloud Enablement Phase scheduled for full completion in 2020.

The Provider Enrollment System was initially implemented as a stand-alone system and is integrated with existing HFS legacy MMIS. The implementation was the first step toward the full cloud enabled MMIS for the State of Illinois.

3.2.2 Enterprise Data Warehouse (EDW) Project

Illinois will implement the Enterprise Data Warehouse (EDW) Project in parallel with the MMIS implementation activities. The EDW Project, although included in the PAPDU and approved by CMS as a pre-MMIS implementation activity, is considered a separate sub-project that includes:

- Analysis and implementation of the EDW Reports and Queries
- Design and data analysis of the Michigan MMIS / Illinois EDW environment
- Governance and security planning for the Illinois EDW
- Metadata analysis of the Michigan EDW
- Extending the Informatica and Teradata Illinois EDW platform with test environments that can support the new MMIS implementation
- Establishing the telecommunications connectivity from the Michigan Data Center to the Illinois Data Center for EDW transmissions and test data transmissions
- Implementation of the EDW Data Analytics Platform
- Fraud and abuse detection analytics

The Department of Health & Human Services, Office of Inspector General (OIG) has developed a series of fraud and abuse detection analytics based on fee-for-service / provider-based criteria. As the provider enrollment data will change substantially upon migration to the Michigan MMIS and as Integrated Care models are introduced into the EDW, these analytics will need to be reviewed and modified based on changes to the EDW to accommodate the new MMIS data structures.

An initial set of federal reports were migrated to the EDW environment in January 2012 as part of IL-Mar Phase 1. More of the federal non-financial reports will be migrated to the EDW environment as part of IL-Mar Phase 2. This will continue the standardization of all federal reporting onto the IL-MAR/Informatica based platform within the Illinois EDW environment.

3.2.3 Background and Purpose

The State of Illinois has embarked on a project to replace its existing MMIS. The current legacy MMIS system is maintained and operated by the State. It was fully implemented in 1982 and was built to support a fee-for-service Medicaid program. It currently serves approximately 3.15 million customers and over 62,000 providers, and it processes 88.8 million claims per year, for a total in excess of $13.18 billion.

3.2.4 Cloud Approach

Cloud-based technology allows multiple consumers to share a hardware and software operating model while maintaining segregation of data and business rules. A single cloud computing infrastructure can serve many clients more efficiently. Multiple subscribers can leverage a single computing infrastructure more efficiently by requiring fewer servers, less duplicative system administration staff and consolidated networking

services. Each subscriber merely pays for a share of the overall services instead of requiring a completely duplicative computing environment.

IMPACT has already successfully implemented eMIPP and Provider Enrollment on the Michigan infrastructure. The final phase is the full implementation of a cloud enabled MMIS Core.

Cloud implementation of an existing successful MMIS will provide a system capable of meeting the requirements of state customers with varying needs. This will result in a system that can be customized or configured more easily for future states wishing to use this shared model. A more open and configurable system allows for faster and more simplified onboarding of future states. If additional states subscribe to the cloud model, shared savings through leveraging existing systems and resources will allow for reduced implementation and operating costs to states as well as CMS. Changes in policy can be programmed into a single system and potentially applied to several subscribing state workflow models with a single vendor development effort.

Example Cloud-Enabled Model

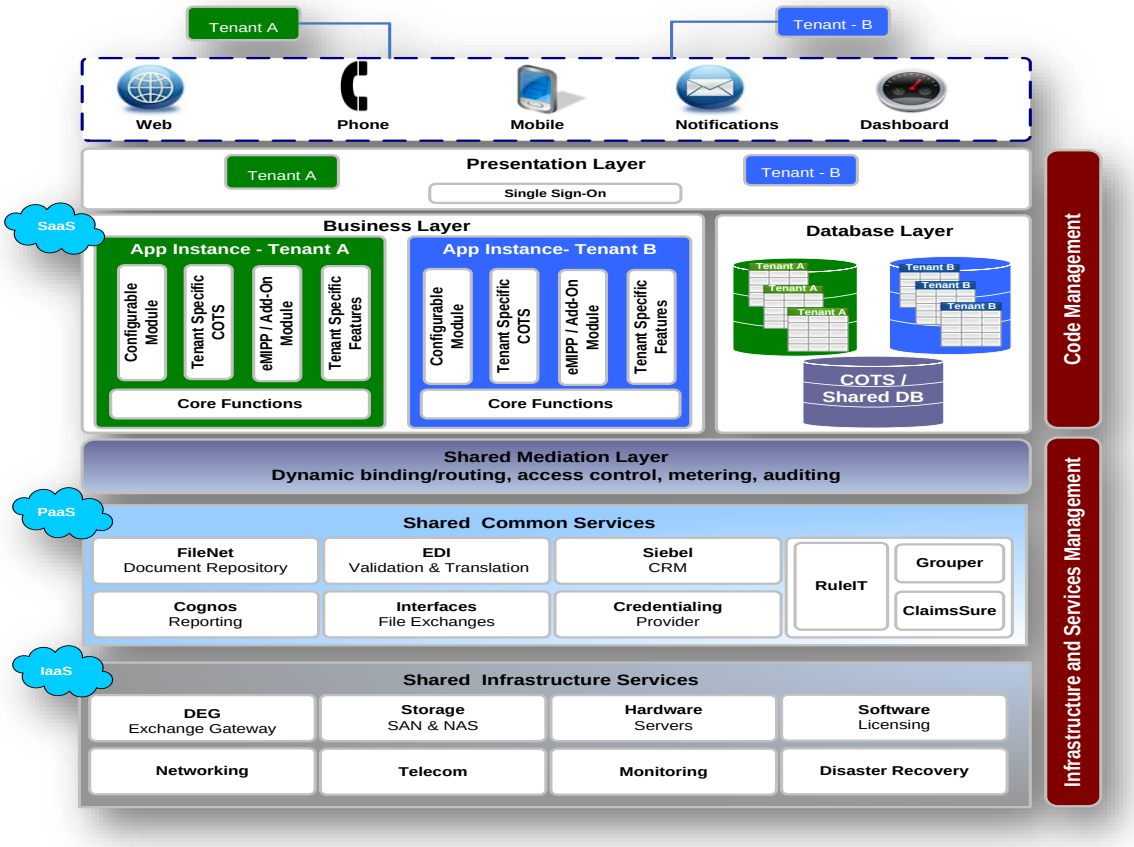

FIGURE 22 – Cloud Model

3.3 Governance Structures

HIEs have not fared well in Illinois. The Central Illinois Health Information Exchange (CIHIE) which serviced a region running from the eastern center to the northeastern area of the state stopped providing services in February of 2019. The organization explained to their health system members that their investment in CIHIE was becoming "duplicative". At the time, 26 Illinois hospitals were connected to CIHIE, with another 6 connections in the planning stages. CIHIE also connected 20 primary and specialty care clinics, home health and behavioral clinics in addition to over 65 long term care facilities.

Until mid-2016, HFS had a strong understanding of another RHIO, Metro-Chicago HIE (MCHIE). This RHIO was projected to have approximately 70% of the Illinois provider market share. MCHIE's technical vendor, Sandlot Solutions, abruptly went out of business in 2016, disrupting MCHIE operations. In late 2016, MCHIE ceased operations.

Providers have turned instead to vendor mediated exchanges such as Commonwell, Care Everywhere, Careequality, eHealth Exchange and Epic Care Everywhere.

In January 2018, the Office of the National Coordinator for Health Information Technology released the Trusted Exchange Framework and Common Agreement (TEFCA) draft. TEFCA aims to advance nationwide interoperability through a set of principles designed to facilitate trust among authorized participants and complement emerging national frameworks that support exchange across multiple networks. A key goal is to enable providers, hospitals, and other stakeholders to exchange data across organizational boundaries. Other goals center on improving patient access to their data and encouraging population-level data exchange.

The HealthChoice Illinois ADT implementation has gone very well as 182 hospitals, 463 Skilled Nursing Facilities, 6 MCOs, 13 Specialized Mental Health Rehabilitation Facilities (SMHRF), 10 Intermediate Care Facility/Developmental Disabilities (ICFDD) and 22 Supportive Living Facilities have been connected to the HealthChoice Illinois ADT system. This program has reestablished provider confidence in the State to understand the types of systems that are needed to connect healthcare entities. The State, with the help of HITECH funding, encouraged participation by reimbursing providers for their startup connectivity costs. A similar (MES funded) program in the future could help bring in another large quantity of providers. The MES funding will also target returning ADT notifications to contributing providers. HFS, in conjunction with sister agencies DPH and DHS, hopes to expand the HL7 notifications available by the system to include lab results and Rx notifications.

4 ADMINISTRATION AND OVERSIGHT

4.1 Promoting Interoperability Program Status

Attestations for the Illinois Medicaid Promoting Interoperability Program were taken from 2011 through 2021. In this timeframe 27,720 payments were made for 9,339 unique eligible professionals totaling over $350.1 million. Between 2011 and 2017, 554 payments were made to 174 unique eligible hospitals totaling over $314.9 million. All 2021 attestations have been paid.

Besides incentive payments, HITECH funding provided for:

Public Health Registries – Staffing and equipment for the Illinois Department of Public Health and the Illinois Department of Human Services to increase providers on-boarded to the following public health registries:

- **I-CARE** (Illinois Immunizations Registry)
- **I-NEDSS** (Illinois Disease Surveillance System\Electronic Lab Reporting (ELR))
- **ISSS** (Illinois Syndromic Surveillance System)
- **ISCR** (Illinois State Cancer Registry)
- **PMP** (Prescription Drug Monitoring Program)

Prescription Drug Monitoring Program – In addition to funding for DHS staffing and equipment, HITECH and the SUPPORT ACT provided additional funding for on-boarding, allowing 600+ systems to be connected at reduced cost to the provider. The PI program assisted with payment of the Prescription system vendor which implemented a plan to connect with the various EHR vendors used by the providers.

HealthChoice Illinois ADT – HITECH funding assisted with vendor costs and reimbursements to providers for some connection costs. These funds greatly increased the number of providers onboarded since July 1, 2021.

At this time, no funding replacements for HITECH have been made for these projects. HFS anticipates requesting MES funding or additional SUPPORT ACT funding for these projects in the future. Any requests will include outcome measures as outlined in revised CMS processes.

4.2 Audit Status

Illinois has completed over 1650 audits covering the 2011-2019 program years (as of February 10, 2021). Illinois needs to complete audits for program years 2017-2021. A schedule has been outlined by HFS Office of the Inspector General (OIG) to complete the audits in FFY2023. Completion of these audits is the main reason for Illinois' continued HITECH funding request for FFY2022-FFY2023.

An updated audit plan, which included updates subsequent to Stage 3 legislation – including end-of-program considerations was approved by CMS in a letter received on May 20, 2021. The approval was retroactive to March 24, 2021.

4.3 Remaining Illinois Medicaid Promoting Interoperability Activities

Anticipated activities for the Illinois Medicaid Promoting Interoperability Program for FFY2022-FFY2023 include the following:

- Complete any necessary IAPD or SMHP requests to CMS
- Complete 2021 Meaningful Use Annual Report by May 30, 2022.
- Complete program audits for program years 2017-2021.
- Maintain eMIPP system, including making enhancements as necessary, for auditing use through September 30, 2023.

5 EHR INCENTIVE PROGRAM AUDIT STRATEGY

The revised Audit Plan was submitted to federal CMS for approval on March 24, 2021. This audit plan brings the program up to date through Stage 3 legislation and includes end of program considerations. This standalone document was approved by CMS on May 20, 2021 – retroactive to the March 24, 2021, date.

6 HIT ROADMAP

6.1 Pathway to post-HITECH operations

HFS recently completed the 2021-2024 Comprehensive Medical Program Quality Strategy, which lays out the purpose, objectives, mission and goals of Medical Programs. The Quality Strategy is discussed below (section 6.1.1) to give a perspective on HFS' future vision.

During operation of the Illinois Medicaid Promoting Interoperability Program, Illinois kept the HITECH and MES funding streams separate. The SUPPORT ACT was introduced to HITECH staff and was used with regard to the Prescription Drug Monitoring Program run by DHS. The SUPPORT ACT funding was presented as an MES request, as directed by CMS. All other aspects of the program requested only HITECH funding. As discussed in section 4.1, programs that received HITECH funding included:

- Public Health Registries
- Prescription Drug Monitoring Program
- HealthChoice Illinois ADT

HFS has no current plans to request MES to follow HITECH funding in early FFY2022. However, there may be opportunities to request MES funding with regard to each of these programs. Discussions with these Agencies have only occurred as possibilities for additional funding and have not been solidified. Some examples of these opportunities are also discussed below.

6.1.1 Comprehensive Medical Programs Quality Strategy

HFS has defined a Quality Framework within the 2021-2024 Comprehensive Medical Programs Quality Strategy:

6.1.1.1 Purpose

The Illinois Department of Healthcare and Family Services (HFS) developed a transformative person-centered, integrated, equitable Comprehensive Medical Programs Quality Strategy (Quality Strategy) designed to improve outcomes in the delivery of healthcare at a community level. The Quality Strategy provides a framework to accomplish HFS' mission.

6.1.1.2 Objectives

Our transformation puts a strong new focus on equity, prevention, and public health; pays for value and outcomes rather than volume and services; proactively uses analytics and data to drive decisions and address health disparities; and works to move individuals from institutions to the

community in an effort to keep individuals in the least restrictive environment and to keep them more closely connected with families and communities.

Figure 23 Equity

6.1.1.3 Mission

HFS is committed to improving lives by addressing social and structural determinants of health, by empowering customers to maximize their health and well-being, and by maintaining the highest standards of program integrity on behalf of Illinoisans. HFS is committed to making equity the foundation of quality improvement.

6.1.1.4 Goals

Better Care

1. Improve population health.
2. Improve access to care.
3. Increase effective coordination of care.

Healthy People/Healthy Communities

4. Improve participation in preventive care and screenings.
5. Promote integration of behavioral and physical healthcare.
6. Create consumer-centric healthcare delivery system.
7. Identify and prioritize reducing health disparities.
8. Implement evidence-based interventions to reduce disparities.
9. Invest in the development and use of health equity performance measures.
10. Incentivize the reeducation of health disparities and achievement of health equity.

Affordable Care

11. Transition to value- and outcome-based payment.

12. Deploy technology initiatives and provide incentives to increase adoption of electronic health records (EHRs) and streamline and enhance performance reporting, eligibility and enrollment procedures, pharmacy management, and data integration

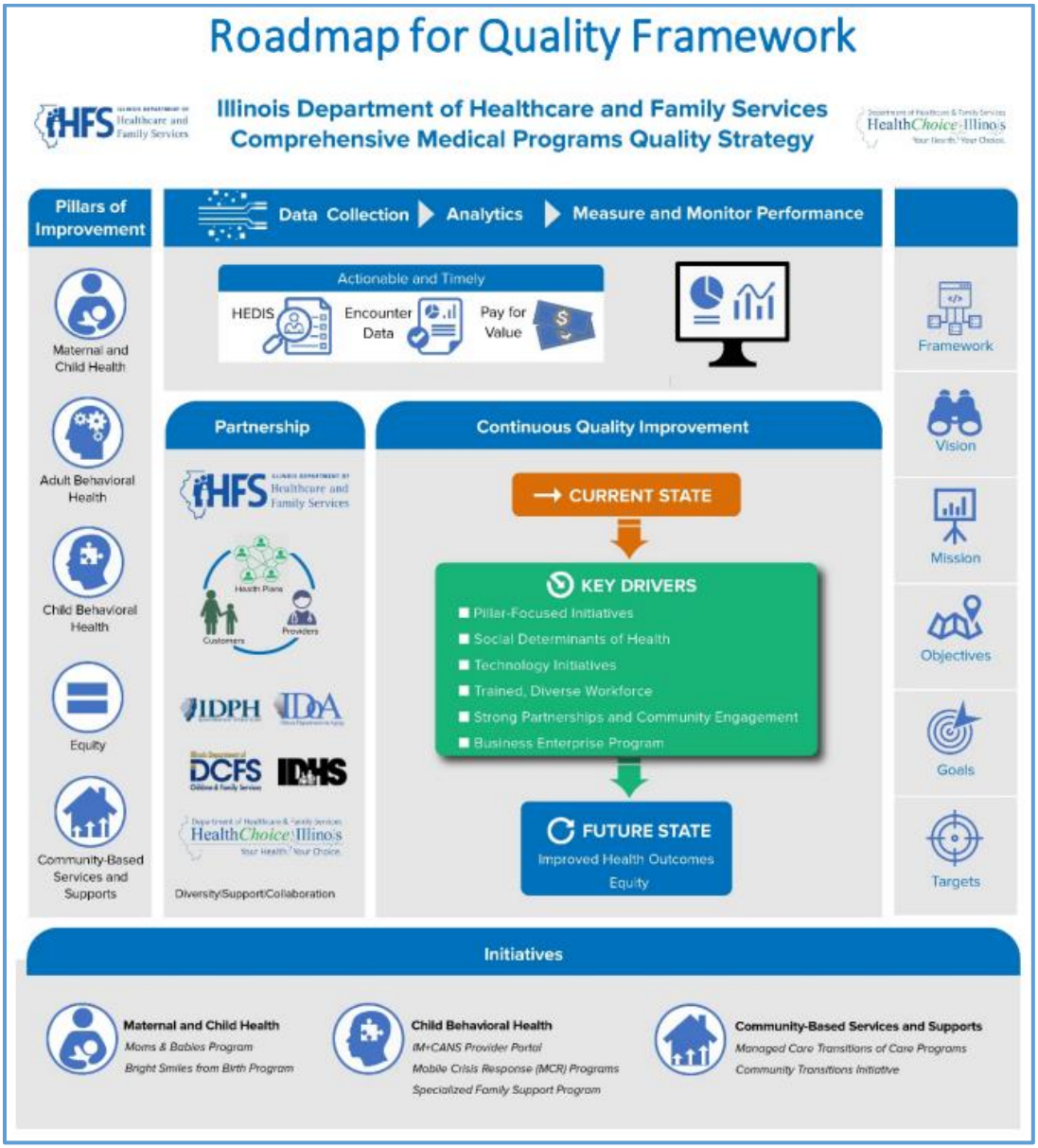

Figure 24 – Roadmap for Quality Framework

6.1.1.5 Vision for Improvement – Program Goals

The vision for improvement and program goals are inclusive of the populations served by Medicaid, including women and infant health, consumers with behavioral health needs, consumers with chronic conditions, and healthy children and adults with a central focus on health

equity. The HFS Quality Strategy framework prioritizes equity across all program goals as the ultimate aim for improvement efforts by analyzing data to strategically pinpoint improvement needs.

As the framework demonstrates, HFS is committed to making equity the foundation of everything it does. HFS defines equity as providing every employee, individual, community, or population what is needed to succeed, so everyone can reach their full potential by examining differences in outcomes for various populations and working to mitigate negative impacts. In the pursuit of equity, HFS will identify appropriate equity tools to assess the effectiveness of its programs. A key component of equity is incorporating enterprises that are culturally competent with the capability of mitigating challenges across the continuum of healthcare, including the social and structural determinants of health. The State of Illinois' Business Enterprise Program is an integral part of addressing equity, and the goals of the program will be incorporated in how quality is measured.

Figure 25 – Vision for Improvement Goals

6.1.2 HealthChoice Illinois ADT

HFS implemented its "Provider Reimbursement Plan" for potential ADT contributors with some success in 2021. Because the reimbursement deadline coincided with the end of HITECH funding on September 30, 2021, some providers did not make the deadline. If HFS were to enact a similar program using MES funding, we could expand on our growing list of ADT contributors. The HealthChoice Illinois ADT project could also be assisted with MES funding directed towards

- Inception of data to contributor EHR systems
- Vendor payments
- Tableau reporting development/analytics/expansion
- EDW storage, analytics and other considerations
- Portal access expansion
- Other Agency program integration to ADT (PMP, ELR)
- Quality Strategy staffing, data analytics, metrics development
- Staffing to assist with any of the above

HFS would pair such requests with outcome measure expectations as directed by CMS.

6.1.3 Prescription Drug Monitoring Program

HFS could assist DHS' Prescription Drug Monitoring Program with MES or SUPPORT ACT funding. Funding possibilities could include:

- Integration with ADT (follow-ups for ED visits involving prescriptions, etc.)
- Continued connectivity of State EHR systems to PMP
- PMP Vendor payments assisting with integration of ADT or PMP connectivity.
- Staffing to assist with any of the above

6.1.4 Public Health

HFS could assist DPH with MES or SUPPORT ACT funding. Funding possibilities could include:

- Integration with ADT
  - ORU HL7 messages (Observation Result)
  - ORM HL7 messages (Order Entry)
  - Rx RDE HL7 messages (Pharmacy/Treatment Encoded Order)
  - SIU HL7 messages (Scheduling Information Unsolicited)
  - Continuity of Care Documents
  - Duplication of information on hospitals

APPENDIX A: 2021 ILLINOIS ENVIRONMENTAL SCAN

Illinois Environmental scans may be found at this link or by clicking the 2021 Environmental Scan below.

Double-click to open Acrobat Document object

APPENDIX B: LIST OF ACRONYMS

The following acronyms are used throughout this document:

Acronym	Definition
AIU	Adopt, Implement or Upgrade
ABCD III	Assuring Better Child Health and Development III
ABP	American Board of Pediatrics
ACA	Patient Protection and Affordable Care Act
ACO	Accountable Care Organization
ADHD	Attention Deficit Hyperactivity Disorder
ADT	Admit Discharge Transfer
AHS	Automated Health Systems
AHRQ	Agency for Healthcare Research and Quality
ALJ	Administrative Law Judge
AOA	American Optometric Association
AOBP	American Osteopathic Board of Pediatrics
AR	Accounts Receivable
ARRA	American Recovery and Reinvestment Act
AVRS	Automated Voice Response System
BCHS	Bureau of Comprehensive Health Services
BCP	Bureau of Claims Processing
BFO	Bureau of Fiscal Operations
BHIP	Behavioral Health Integration Project
BIP	Broadband Initiatives Program
BMC	Bureau of Managed Care
BMCHP	Bureau of Maternal and Child Health Promotion
BMI	Body Mass Index
BMI	Bureau of Medicaid Integrity
BPRA	Bureau of Program and Reimbursement Analysis
BRDA	Bureau of Rate Development and Analysis
BRFSS	Behavioral Risk Factor Surveillance System
BTOP	Broadband Technology Opportunities Program
CAH	Critical Access Hospital
CAI	Community Anchor Institutions
CBHA	Community Behavioral Healthcare Association
CCN	(Federal) CMS Certification Number
CDC	Centers for Disease Control and Prevention
CDPH	Chicago Department of Public Health
CFR	Code of Federal Regulation
CH&P	Community Health and Prevention Services
CHESS	Chicago Health Event Surveillance System
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CHITREC	Chicago Health Information Technology Regional Extension Center
CHPL	Certified HIT Product List

Acronym	Definition
CLIA	Clinical Laboratory Improvement Amendments
CMT	Collective Medical Technologies
CMS	Centers for Medicare & Medicaid Services
(Federal) CMS	Centers for Medicare & Medicaid Services
(Illinois) CMS	Illinois Department of Central Management Services
CQM	Clinical Quality Measure
DATA	Dekalb Advancement of Technology Authority
DCEO	Illinois Department of Commerce and Economic Opportunity
DCFS	Illinois Department of Children and Family Services
DHS	Illinois Department of Human Services
DMP	Division of Medical Programs
DPH	Illinois Department of Public Health
DPSQ	Division of Patient Safety and Quality
DRA	Deficit Reduction Act
ECC	Electronic Claims Capture
ECP	Electronic Claims Processing
ED	Emergency Department
EDW	Enterprise Data Warehouse
EFT	Electronic Funds Transfer
EH	Eligible Hospital
EHR	Electronic Health Record
EMR	Electronic Medical Record
EP	Eligible Professional
EVE	Eligibility Verification and Enrollment
EVV	Electronic Visit Verification
FFP	Federal Financial Participation
FFS	Fee-for-Service
FONSI	Finding of No Significant Impact
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
HCCN	Health Center Controlled Network
HEDIS	Healthcare Effectiveness Data and Information Set
HFS	Illinois Department of Healthcare and Family Services
HHCS	Home healthcare services
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HISPC	Health Information Security and Privacy Collaboration
HIT	Health Information Technology
HITEC	Health Information Technology Extension Center
HITECH	Health Information Technology Economic and Clinical Health Act
HITPO	Health Information Technology Project Office
HL7	Health Level Seven
HMA	Health Management Associates
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration

Acronym	Definition
IAPD	Implementation Advance Planning Document
IAPDU	Implementation Advance Planning Document Update
IARF	Illinois Association of Rehabilitation Facilities
IBPO-EC	Illinois Broadband Opportunity Partnership for East Central Illinois
ICAHN	Illinois Critical Access Hospital Network
I-CARE	Illinois Comprehensive Automated Immunization Registry Exchange
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedural Coding System
ID	Identification
IDOT	Illinois Department of Transportation
IDPH	Illinois Department of Public Health
IDVA	Illinois Department of Veterans Affairs
IHA	Illinois Hospital Association
IHE	Integrating the Healthcare Enterprise
ILCS	Illinois Compiled Statutes
ILHIE	Illinois Health Information Exchange
IL-HITREC	Illinois Health Information Technology Regional Extension Center
I-NEDSS	Illinois National Electronic Disease Surveillance System
I/P	Inpatient
IRHN	Illinois Rural HealthNet
IRS	Internal Revenue Service
ISMS	Illinois State Medical Society
IT	Information Technology
LAN	Local Area Network
LIS	Low-Income Subsidy
LOINC	Logical Observation Identifiers Names and Codes
LTACH	Long-term Acute Care Hospital
LTC	Long-Term Care
MAC	Medicaid Advisory Committee
MAR	Management and Administrative Reporting
MARS	Management and Administrative Reporting Subsystem
MCO	Managed Care Organization
MDS	Minimum Data Set
MDW	Medical Data Warehouse
MEDI	Medical Electronic Data Interchange
MFCU	Medicaid Fraud Control Unit
MIPPA	Medicare Improvements for Patients and Providers Act
MITA	Medicaid Information Technology Architecture
MMCE	Medicaid Managed Care Entity
MMIS	Medicaid Management Information System
MPD	Master Provider Directory
MPI	Master Patient Index
MSIS	Medicaid Statistical Information System
MSP	Medicare Savings Programs
MTA	Medical Trading Area

Acronym	Definition
MTG	Medicaid Transformation Grant
MU	Meaningful Use
NCQA	National Committee for Quality Assurance
NCPDP	National Council for Prescription Drug Programs
NHIN	Nationwide Health Information Network
NICU	Neonatal Intensive Care Unit
NIU	Northern Illinois University
NPI	National Provider Identifier
NPPES	National Provider and Plan Enumeration System
NTIA	National Telecommunications and Information Administration
OGC	Office of General Counsel
GOHIT	Illinois Governor's Office of Health Information Technology
OIA	Office of the Internal Auditor
OIG	Office of the Inspector General
OIS	Office of Information Systems
OME	Otitis Media with Effusion
ONC	Office of the National Coordinator for Health Information Technology
O/P	Outpatient
OSF	Order of Saint Francis
PA	Physician Assistant
PAAS	Programmatic Administrative Accounting System
PBM	Pharmacy Benefit Manager
PCCM	Primary Care Case Management
PCI	Partnership for a Connected Illinois
PCP	Primary Care Provider
PCS	Procedure Coding System; also Personal Care Services
PDMP	Prescription Drug Monitoring Program
PHSA	Public Health Services Act
PICU	Pediatric Intensive Care Unit
PIP	Provider Incentive Payment
POS	Place of Service
PPCP	Priority Primary Care Provider
PPU	Provider Participation Unit
PQRS	Physician Quality Reporting System
PRS	Policy Review System
R&A	Registration and Attestation System
REC	Regional Extension Center
REV	Recipient Eligibility Verification
RHC	Rural Health Clinic
RHIO	Regional Health Information Organization
RLS	Record Locator Service
ROI	Return on Investment
RPR	Recipient/Provider Reference subsystem
RUGS	Resource Utilization Groups
RUS	Rural Utility Service

Acronym	Definition
SAMHSA	Service Administration of Mental Health and Substance Abuse
SAMS	Statewide Accounting Management System
SBDD	State Broadband Data and Development
SEIU	Service Employees International Union
SHARP	Strategic HIT Advanced Research Project
SHIECAP	State Health Information Exchange Cooperative Agreement Program
SHIP	State Health Improvement Plan
SMA	State Medicaid Agency
SMD	State Medicaid Director
SMHPU	State Medicaid Health Information Technology Plan Update
SNOMED	Systematized Nomenclature of Medicine-Clinical Terms
SS-A	State Self-Assessment
SSN	Social Security Number
TIN	Taxpayer Identification Number
TPL	Third-Party Liability
SUR	Surveillance and Utilization Review
UC	Urbana-Champaign
UC2B	UC Big Broadband
UDS	Uniform Data System
US DHHS	United States Department of Health and Human Services
USDA	United States Department of Agriculture
XML	Extensible Markup Language

APPENDIX C: EHR INCENTIVE PROGRAM TASKS

The following table contains the task list for the continued evolution of the EHR Incentive Program. Remaining tasks are shown in red.

Task list

Activity	Start Date	End Date	Status
PROJECT PLANNING TASKS COMPLETED			
Implemented HITPO	10/2010	01/2011	Complete
Contracted with a vendor, Cognosante (f/k/a Fox Systems), to assist in SMHP and IAPD development	4/23/2010	5/03/2010	Complete
Developed State's Incentive Payment Vision Statement	2/04/2011	3/23/2011	Complete
Conducted EHR Assessment – Medicaid Providers (Environmental Scan)	8/01/2010	11/30/2010	Complete
Conducted EHR Assessment – Non-Medicaid Providers (Environmental Scan)	11/01/2010	11/30/2010	Complete
Developed EHR Business Gap Analysis	10/28/2010	12/23/2010	Complete
Developed SMHP to administer incentive payments for EHR meaningful use	12/1/2010	4/7/2011	Complete
Completed the MITA SS-A Update relating to PIP program implementation	7/20/2010	10/01/2010	Complete
Submitted Draft SMHP to federal CMS	4/7/2011	4/7/2011	Complete
Received comments from federal CMS; revised SMHP addressing comments; resubmitted to federal CMS	6/8/2011	7/1/2011	Complete
Provider Incentive Program (PIP) Implementation			
Submit IAPD for federal CMS approval	7/21/2011	7/21/2011	Complete
Develop Policy and Procedures required to support the PIP program	9/17/2010	10/19/2010	Complete
Define requirements for the system solutions	6/1/2011	7/1/2011	Complete
IAPD/SMHP			
Submit revised SMHP to federal CMS for approval, and annually thereafter	1/20/2012	Ongoing	Ongoing
Provide updated IAPD as necessary throughout the implementation and administration of the PIP program	1/20/2012	Ongoing	Ongoing
EHR Incentive Program Implementation			
Complete system specifications	8/31/2011	12/31/2011	Complete
Launch Illinois EHR Incentive Pgm website			Complete
Establish new policies for the program	9/17/2010	10/19/2010	Complete
Establish program procedures	9/17/2010	10/19/2010	Complete

Activity	Start Date	End Date	Status
Finalize Illinois Rules revisions required for the PIP program	9/17/2010	1/31/2011	Complete
Execute outreach and communication plan to support PIP program awareness in provider community and within HFS	10/20/2010	11/30/2021	Compete
Implement System Updates	7/01/2011	9/30/2011	Complete
Test State/Federal R&A System Interface			Complete
Program Launch	09/2011	09/2011	Complete
Begin Accepting Attestations	Aug 2012 (EH) Dec 2012 (EP)	Aug-2012 (EH) Dec 2012 (EP)	Complete
Begin Issuing EHR Incentive Payments	March 2012	March 2012	Complete
Continued EHR Incentive Payments (Adopt/Implement/Upgrade [A/I/U])	March 2012	12/31/2021	Complete
Audit Process Begins (first audits conducted)	August 2012	August 2012	Complete
Audits updated for Stage 2	4/1/2016	10/11/2016	Complete
Coordinate PIP Program for Phase 2 – Stage 1 Meaningful Use / Year 2 and Year 3 Payments			
Conduct Stakeholder discussions on shared HIE projects	1/20/2012	8/31/2012	Complete
CMS review and approval of MU Screens	4/5/12	2/20/2013	Complete
Define Stage 1 MU requirements	10/1/2012	12/31/2012	Complete
Complete system upgrades to collect, store, and report on MU measures.	11/1/2012	2/28/2013	Complete
Conduct MU User Acceptance Testing	11/01/2012	2/28/2013	Complete
Accept Provider Stage 1 MU Attestations	Dec 2012 (EH) Mar 2013 (EP)	Dec 2012 (EH) Apr 2013 (EP)	Complete
Phase 1 of eMIPP implementation	7/8/2013	11/18/2013	Complete
Phase 2 of eMIPP implementation	11/26/2013	03/28/2014	Complete
Flex rule implementation in eMIPP	10/5/2014	10/31/2014	Complete
Implement Modifications to Stage 1 and Stage 2 (2015-2017)\Stage 3 Final rule in eMIPP for 2015-2016 program years	10/1/2015	10/31/2015	Complete
Implement requirements of 2017 IPPS final rule in eMIPP	8/15/2016	12/15/2016	Complete
Implement Modifications to Stage 1 and Stage 2 (2015-2017)\Stage 3 Final rule in eMIPP for 2017 program year	6/3/2016	3/29/2017	Complete
Implement requirements of 2017 OPPS final rule in eMIPP	11/1/2016	12/15/2016	Complete
Tasks To Be Undertaken			
Implement requirements of 2018 IPPS final rule in eMIPP	9/4/2017	1/1/2018	Complete

Activity	Start Date	End Date	Status
Implement modifications to 2018 QRDAIII Implementation Guide	9/4/2017	1/1/2018	Complete
State determination of MU and tracking of MU	1/20/2012	12/31/2021	Complete
Develop State's Vision for MU and Clinical Data	1/20/2012	12/31/2021	Complete
Quarterly system updates to eMIPP			Complete
ADT Tasks			
Vendor shall provide to HFS a written implementation plan	3 weeks after contract execution	4/30/2021	Complete
Vendor shall provide to HFS a written training plan	6 weeks after contract execution	3/15/2021	Complete
Vendor shall provide written security risk assessment	1 month after contract execution	5/25/2021	Complete
Vendor shall provide first quarterly status report	3 months after contract execution	Hospitals: 5/10/2021 LTC: 8/2/2021	Complete
Vendor shall ensure that all MCOs are connected and actively receiving ADT notification from the system	12 months after contract execution	10/27/2021	Complete
Vendor shall ensure Web portal is implemented	5 months after contract execution	2/25/2021	Complete
Vendor shall ensure that all Vendor developed system reports to be used by HFS, MCOs and ambulatory/community providers are implemented	7 months after contract execution	3/1/2022	Complete
Post Attestation Closeout Tasks			
Ongoing Post-Payment Audits	August 2012	August 30, 2023	Ongoing
Complete 2022-2023 IAPD	5/7/2022	5/7/2022	Submitted to CMS 3/24/2022
Complete 2022 SMHP	1/1/2022	3/31/2022	Scheduled for submittal by 3/31/2022
Complete 2021 MU Annual Report	4/1/2022	5/30/2022	On schedule
Complete 2023 IAPD	5/7/2023		Not initiated