

**IL HIE Medicaid Work Group
Meeting Notes
January 9, 2012**

Attendees (by phone):

Anne Bobb	Children’s Memorial Hospital
Pam Bunch	Department of Healthcare and Family Services
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Patricia Cunningham	Pfizer, Inc.
Mary Driscoll	Department of Public Health
Patrick Gallagher	Illinois State Medical Society
Krysta Heaney	Office of Health Information Technology
Peter Ingram	Sinai Health System
Vince Keenan	Illinois Academy of Family Physicians
Dr. Margaret Kirkegaard	Illinois Health Connect
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center (CHITREC)
Susan Melczer	Metropolitan Chicago Healthcare Council
Pat Merryweather	IFMC-IL
Renee Perry	Department of Healthcare and Family Services
Mary Ring	Illinois Critical Access Hospital Network
Theresa Walunas	Chicago Health Information Technology Regional Extension Center

Review of Minutes (11/14-11/28/12)

The meeting minutes from November 14th and November 28th were approved by the work group.

Electronic Health Record/Provider Incentive Program EHR/PIP) Status

Updated Statistics for Registration and Attestation

Renee Perry reported that as of January 8th, HFS had received 1,238 registrations from Eligible Professionals (EPs) and 590 have attested. 113 Eligible Hospitals (EHs) have registered and 42 of them have attested.

Status of System Issues (Attestation Application)

Renee indicated that they have had some problems with the attestation application and thanked everyone for their patience. Only one issue is still open and the rest have been resolved. Renee reminded everyone to send a screenshot and a description of the problem if they submit it to the dedicated web site (hfs.ehrincentive@illinois.gov). Renee said that there is a backlog of attestations but she and her team are catching up. March 31st is the last day for EPs to attest and EHs have until January 31st.

#

Title XIX Percentage for Hospitals

Timeline for Payments

Once a Month

HFS anticipated that providers would have difficulty in determining Medicaid patient volume because, by design, providers cannot distinguish between Title XIX (Medicaid), Title XXI (CHIP) and state funded eligibility and payments. In order to assist providers with determining their Medicaid (Title XIX) patient volume, providers can use a pre-determined Title XIX percentage when calculating their patient volume. While we incorporated this logic for professionals, due to an oversight by HFS, this logic is not in place for hospitals. A list of pre-determined Title XIX percentage for hospitals will be posted on our web site in the very near future and will also add the fields for Title XIX percentage to the attestation application as quickly as possible.

In the meantime, providers may attest using the numerator and denominator derived from their practice management system. Once HFS has determined the Title XIX percentage for each hospital, we will apply that percentage to the numerator submitted by the hospital to determine the revised Medicaid patient volume. We will contact each hospital who has attested to discuss the impact of the Title XIX percentage we applied.

Incentive payments will be sent out once a month.

Additional Documentation (Pre-Payment Audit)

The State Medicaid IT Health Plan (SMHP) is being updated to include the necessary information to achieve stage2, Meaningful Use. HFS has to send the Centers for Medicare and Medicaid Services (CMS) screen shots for their approval. Some screens will be similar to the Medicare screens.

SMHP Update – Focus is Vision for Meaningful Use Measures

There is a CMS EHR overview on the CMS website regarding Meaningful Use. In addition, HFS has to send CMS a vision statement. The SMHP is required to be updated annually.

Meeting adjourned. The next call is scheduled on January 23rd.