

IL HIE Medicaid Work Group Meeting Notes January 7, 2013

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Janet Barrett	OSF Health Systems
Julie Bonello	Access Community Health Network
Pat Borrowdale	Pediatric Health Associates
Kelly Carter	Illinois Primary Health Care Association
Mark Chudzinski	Office of Health Information Technology
Diana Curren	Department of Healthcare and Family Services
Eppie Dietz	Department of Healthcare and Family Services
Mary Driscoll	Illinois Department of Public Health
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Julie Glen	Loyola University
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Vince Keenan	Illinois Academy of Family Physicians
Margaret Kirkegaard	Illinois Health Connect
John Lekich	Office of Health Information Technology
Mary McGinnis	Office of Health Information Technology
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center
Renee Perry	Department of Healthcare and Family Services
Cathy Potter	Southern Illinois University Health Care
Raul Recarey	Office of Health Information Technology / Illinois Health Information Exchange Authority
Mary Ring	Illinois Critical Access Hospital Network
Amanda Schmitz	University of Chicago Medicine
Direndia Shackelford	Advocate Physician Partners
JoAnn Spoor	Illinois Hospital Association
Jeff Todd	Department of Healthcare and Family Services
Theresa Walunas	Chicago Health Information Technology Regional Extension Center
Laura Zaremba	Office of Health Information Technology

1) Introduction of Jeffrey Todd

Renee Perry introduced Jeff Todd to the work group. Jeff is the bureau chief of the new Bureau of Quality Management at HFS. The bureau will assume major aspects of the former Bureaus of Interagency Coordination and Maternal and Child Health Promotion that deal with quality measurement, monitoring and improvement. It will be the focal point for the integration and development of all quality activities within the Division of Medical Programs. In addition, some pieces of the Bureau of Managed Care will be assigned to Jeff (like EQRO), as well as the administrative responsibility for the Electronic Health Record/Meaningful Use Provider Incentive Program (EHR/PIP).

OIS and the Bureau of Comprehensive Health Services will continue to be major partners in the EHR/PIP program. A program manager will be hired to replace Renee Perry.

2) Review of Minutes

The minutes from the December 10th call were approved with one change from Peter Ingram.

Discussion took place regarding Peter's change that was about the Centers for Medicare and Medicaid Services (CMS) Frequently Asked Questions (FAQ) posting discussed on the last call. Renee had misunderstood the FAQ on the CMS website and clarified with the group that while there are no Medicaid penalties for Medicaid providers who fail to demonstrate meaningful use, providers who fail to demonstrate meaningful use under either program will still be subject to Medicare penalties.

Laura Zaremba asked Vince Keenan and Patrick Gallagher if there is a very high degree of awareness about the Medicare penalties among their members. **Patrick** responded that there is and has told members that if they are doing Medicaid in the first year, it is not meaningful use and they could be at risk for a Medicare penalty even though they received Medicaid incentive funds.

Vince Keenan stated he thought there is some awareness. He is planning to do some communications activities in the second quarter to help the Eligible Providers (EPs) understand the penalties.

Roger Holloway said that IL-HITREC has discussed and is developing some in-house messaging about the importance of the timeline. Roger is not sure if there is a great awareness among providers. He suggested that someone from Vince or Patrick's organizations develop a message to EPs so that they understand the penalties. Vince will do this and hopes to have a draft by the next work group call.

3) EHR/PIP Status Update

- Payments to date (1/3/13)
1,963 Eligible Providers - \$41,239,189
120 Eligible Hospitals (EHs) - \$119,958,833
Total - \$161,198,022

Dave Barnes reviewed the number and amounts of payments made as of January 3rd. Since that time, HFS has paid an additional 149 EPs and three more hospitals for a total of over \$169 million. 92 EHs were paid for 2011 and 31 were from 2012.

Peter Ingram requested that this information be split by year and stages on the agenda for the next call.

4) Pre-payment Audit Process

- Attestations in work queue (1/3/13):
EPs – 1,100 (664 from 2011, 436 from 2012)
EHs – 122

Dave Barnes reviewed the number of attestations in the work queue as of January 3rd. As of today, there are 612 EPs from 2011 and 418 EPs in the work queue for 2012. Dave noted that Eric Watson at HFS has contacted almost every eligible provider in the work queue and is quickly making progress on the attestations.

Mary Driscoll asked if the EPs and EHs have attested to Public Health. She will double-check to see if it is a requirement to attest with Public Health. **Laura Zaremba** stated that her office, HFS and DPH staff will hold a meeting to discuss this and will report the meeting results to this group on the next call.

5) Stage 1 EP Attestation Application Update

Andrew Garrett explained that HFS is adopting a system that the state of Kentucky uses and the application will launch on March 1st. Andrew estimated that about 2,200 EPs will attest. Testing of the new application may be done with this work group.

6) Outreach to EPs

Andrew Garrett discussed the meaningful use tool previously distributed to this work group. He expects to have a final document soon. It will be distributed to various provider associations for distribution to EPs. Several work group members offered to assist with this.

The next call is scheduled on Tuesday, January 22nd. Meeting adjourned.