

**IL HIE Medicaid Work Group
Meeting Notes
October 1, 2012**

Attendees (by phone):

Amanda Attaway	Illinois State Medical Society
Dave Barnes	Department of Healthcare and Family Services (HFS)
Pat Borrowdale	Pediatric Health Associates
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	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
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 (CHITREC)
Susan Melczer	Metropolitan Chicago Healthcare Council
Renee Perry	Department of Healthcare and Family Services
Cathy Potter	Southern Illinois University Health Care
Mary Ring	Illinois Critical Access Hospital Network
Amanda Schmitz	University of Chicago Medicine
Lauren Schweigert	Department of Healthcare and Family Services
Direndia Shackelford	Advocate Physician Partners
Theresa Walunas	Chicago Health Information Technology Regional Extension Center
Matt Werner	Consultant

1. Electronic Health Records (EHR) /Provider Incentive Program (PIP) Status Update

- **Payments to date (9/27/12):**

1,334 EPs - \$28,106,678

39 EHs - \$56,780,652

Total to date: \$84,887,330

In the payment queue:

EP – 212 (\$4,505,000)

EH – 10

Passed pre-payment audit:

EH – 37 (letters have been sent)

Renee Perry reviewed the payments to date saying that there were connectivity issues with the Center for Medicare and Medicaid Services (CMS). Most of those have been resolved.

HFS is committed to paying the 2011 payments to EHs in October. Renee met with staff to discuss making weekly payments.

2. Pre-payment Audit Process

- **Attestations in work queue (9/28/12):**

Eligible Professionals – 1,224

Eligible Hospitals – 33

Renee reported that 43 EHs passed the pre-payment audit and the 10-day dispute letter has been sent to them. There are six EHs that HFS is working one-on-one with to reconcile their Medicaid patient volume amounts.

Roger Holloway asked how quickly the EPs in the audit process will be moved to the payment queue and asked what to tell providers. **Renee** indicated that CMS has not yet approved the new EP audit methodology and have requested additional documentation. CMS is committed to paying EPs 2011 payments by February. The new methodology will apply to 300 of the EPs in the work queue. The remaining EPs in the queue will receive a memo targeted for provider re-education. If providers still have problems, HFS will work with them individually.

3. Progress on Pre-Payment Audit Strategy for EPs

Renee will send the group an email when the audit methodology has been approved by CMS. The new method will move many providers out of the work queue.

Four additional staff will begin at HFS around November 1st and they will assist with the audit process. Those staff will be in a different unit than Renee's.

4. Stage 2 Meaningful Use

HFS is reviewing the final rule. Some things are optional in the new rule so discussions will take place on which to include. Once it's decided on the new options, HFS will file a State Medicaid Health Information Technology Plan amendment.

Requirements were submitted to the developers for the dual eligible hospital screens. HFS plans to have the screens available in November. The EH 2012 deadline is December 31st. The EP screens have been approved. The EP deadline for 2012 is March 31st.

Meeting adjourned. The next call is scheduled on Monday, October 15th.