

**IL HIE Medicaid Work Group
Meeting Notes
November 13, 2012**

Attendees (by phone):

Amanda Attaway	Illinois State Medical Society
Dave Barnes	Department of Healthcare and Family Services (HFS)
Julie Bonello	Access Community Health Network
Kelly Carter	Illinois Primary Health Care Association
Diana Curren	Department of Healthcare and Family Services
Andrew Garrett	Department of Healthcare and Family Services
Julie Glen	Loyola University
Peter Ingram	Sinai Health System
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
Dirrendia Shackelford	Advocate Physician Partners
JoAnn Spoor	Illinois Hospital Association
Theresa Walunas	Chicago Health Information Technology Regional Extension Center

1) HITPO Announcement

Renee Perry announced that she has taken a different job at HFS, effective December 1st.

2) EHR/PIP Status Update

- **Payments to date (11/8/12):**

1,574 EPs - \$33,199,595

92 EHs - \$114,409,664

Total to date: \$147,609,259

Renee reviewed the payments to date and noted that HFS has made much progress.

On the national level, 47 states have disbursed payments of over \$3.8 billion for over 69,000 providers.

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3) Pre-payment Audit Process

- **Attestations in work queue (11/8/12):**

EPs – 1,296 (859 from 2011, 437 from 2012)

EHs – 12 (all from 2012)

Renee reviewed the number of attestations in the work queue. All 2011 EH payments have been sent out.

4) Explanation of Pre-Payment Audit Process for EPs

- **Overview of automated audit process**
- **Complications**

Renee noted that there has been some confusion about the automated audit process. When HFS receives the provider's attestation, a query is run using the providers National Provider Identifier (NPI) number to get the number of claims for the 90-day period being attested to. If the number of claims is close to what was attested to, then HFS knows that the provider used the correct method. HFS contacts providers when the number of claims is not right.

When EPs work for multiple practices with multiple payees, it can cause complications. HFS contacts each provider which is very time consuming. Renee said that HFS will continue to educate providers about this process. The information being requested will be redesigned. It will be requested that providers break out their fee-for-service encounters.

Three additional staff for the pre-payment audit process started on December 1st.

5) Year 2 Attestations

- Children's Hospitals
- Dual-Eligible Hospitals
- EP

Renee explained that if dual-eligible hospitals attested to Adopt, Implement, Upgrade (AIU) for Year 1 with Medicaid, the next step is to attest with Medicare for meaningful use. Medicare sends HFS a file with the providers meaningful use attestation measures so that providers don't have to attest again for the measures with Medicaid.

For Year 2 payments, EHs must attest with Medicare by the end of November 2012. Medicare sends HFS a file with the C-5 transaction that contains the meaningful use measures. EHs have until the end of December 2012 to attest with HFS.

Meeting adjourned. The next call is scheduled on November 26th.

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