

**IL HIE Medicaid Work Group
Meeting Notes
December 10, 2012**

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Janet Barrett	OSF Health Systems
Anne Bobb	Ann & Robert H. Lurie Children's Hospital of Chicago
Julie Bonello	Access Community Health Network
Pat Borrowdale	Pediatric Health Associates
Alena Galitskaya	Advocate Physician Partners
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Julie Glen	Loyola University
Peter Ingram	Sinai Health System
Imran Khan	Advocate Physician Partners
Margaret Kirkegaard	Illinois Health Connect
John Lekich	Office of Health Information Technology
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center
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
JoAnn Spoor	Illinois Hospital Association

1) Review of Minutes

The work group approved the meeting minutes from the November 13th call. The minutes for the November 26th call were approved with one change from Renee Perry.

2) EHR/PIP Status Update

- Payments to date
1,721 Eligible Providers (EPs) - \$36,217,099
117 Eligible Hospitals (EHs) - \$118,956,500
Total - \$155,173,599

Renee Perry reviewed the number of payments to date and said that HFS is getting closer to paying the second year payment for hospitals.

3) **Pre-payment Audit Process**

- Attestations in work queue (12/6/12):
EPs – 1,281 (784 from 2011, 497 from 2012)
EHs – 21

Renee reviewed the number of attestations in the work queue and said that the Centers for Medicare and Medicaid Services (CMS) staff has said that they have thoughts on how Illinois can improve its Provider Incentive Program. CMS indicated that Illinois needs more staff for the program. CMS will link up Illinois with other states having similar issues.

Patrick Gallagher inquired about what the plan is for HFS to contact the 784 providers in the work queue from 2011. Renee indicated that HFS will contact the providers that attested individually and those that attested as part of a group. Almost all of them have been contacted.

For providers that attested as part of a Federally Qualified Health Center, HFS is working with Kelly Carter from the Illinois Primary Health Care Association to resolve issues.

4) **Dual-Eligible Hospitals – Must attest with HFS by 12/31/12; deadline will not be extended**

Renee reminded the group that dual-eligible hospitals are required to attest by December 31, 2012. The deadline will not be extended.

5) **Medicare Penalties for Status of Year 2 Attestation Applications**

- See the following CMS presentation for clarification of Medicare penalties:
<http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/Stage-2-National-9-13-12.pdf>
EP Clarification on pages 51-52 – must attest to Meaningful Use (MU) no later than 10/1/14
EH Clarification on pages 53-55 – must attest to MU no later than 7/1/14
- Explanation of the following Frequently Asked Questions (FAQ) posting from CMS' website:
Are Medicaid eligible professionals and eligible hospitals subject to payment adjustments or penalties if they do not adopt electronic health record technology or fail to demonstrate meaningful use?

There are no payment adjustments or penalties for Medicaid providers who fail to demonstrate meaningful use. Date Updated: 7/30/2010 New ID #2709 Old ID #9958

Renee noted that she provided the link to the information on the CMS website so that everyone is aware of the Medicare penalties.

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.

6) **EP Meaningful Use Tool**

Renee reported that CMS approved the HFS meaningful use tool screens in March. Included in those screens was language from the CMS tips. Several states have since moved forward on the language and found that some are impossible to do. CMS has since revised that language. Several work group members provided suggestions for revising the tool.

7) **Next Meeting on 12/24/12**

The call scheduled on December 24th was canceled. The next call is scheduled on January 7, 2013.

Meeting adjourned.