

**IL HIE Medicaid Work Group
Meeting Notes
March 5, 2012**

Attendees (by phone):

Janet Barrett	OSF Healthcare
Anne Bobb	Children's Memorial Hospital
Pam Bunch	Department of Healthcare and Family Services (HFS)
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Julie Doetsch	Department of Healthcare and Family Services
Mary Driscoll	Department of Public Health
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Krysta Heaney	Office of Health Information Technology (OHIT)
Karen Hinz	Southern Illinois University
Peter Ingram	Mt. Sinai
Vince Keenan	Illinois Academy of Family Physicians
Margaret Kirkegaard	Illinois Health Connect
Mike Koetting	Department of Healthcare and Family Services
John Lekich	Department of Healthcare and Family Services
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center (CHITREC)
Susan Melczer	Metropolitan Chicago Healthcare Council
Pat Merryweather	IFMC - Illinois and Iowa Medicare QIO Programs
Renee Perry	Department of Healthcare and Family Services
Dorinda Shackelford	
Julio Silvas	Rush University Medical Center
Gwen Smith	Department of Healthcare and Family Services
Mary Ring	Illinois Critical Access Hospital Network
Theresa Walunas	Chicago Health Information Technology Regional Extension Center
Matt Werner	Consultant

Centers for Medicare and Medicaid Services (CMS) Notice of Proposed Rulemaking (NPRM) for Stage 2 Meaningful Use (MU) Issued Thursday 2/23 (http://www.ofr.gov/OFRUpload/OFRData/2012-04443_PI.pdf)

Renee Perry said that CMS posted the Stage 2 Meaningful Use notice of the proposed rule which outlines MU requirements. There is a 60-day comment period for the draft rule.

Office of the National Coordinator (ONC) NPRM for Stage 2 MU Issued Friday 2/24 (http://www.ofr.gov/OFRUpload/OFRData/2012-04430_PI.pdf)

The proposed new and revised certification criteria will establish the technical capabilities and specify the related standards and implementation specifications that certified Electronic Health Record (EHR) technology would need to include to support the achievement of meaningful use by eligible professionals

(EPs), eligible hospitals (EHs), and critical access hospitals under the Medicare and Medicaid EHR Incentive programs beginning with the EHR reporting periods in calendar year 2014.

Status Update

Renee reported that HFS is still receiving attestations and that EPs have until March 27th to apply for calendar year 2011. There are 1,168 EP attestations and 95 EHs in the queue for pre-payment audit review. 465 eligible professionals and seven eligible hospitals have been approved for payment. There are 1,060 EPs who have registered but not attested.

Payment Timeline

HFS is required to review every attestation following CMS guidance. In addition, HFS compares Medicaid patient volume in its data warehouse with what the EP or EH submitted. For attestations that have large variations in the Medicaid patient volume, HFS will contact the provider to find out more information. In many cases, the HFS data warehouse count shows a higher Medicaid patient volume than what many of the EPs and EHs have submitted.

Attestation pre-payment audit reviews are being processed in the order that they are received. An enhancement is being added to the MEDI system for EPs and EHs to check on payment status.

The next call is scheduled on Monday, March 19th. Meeting adjourned.