

**IL HIE Medicaid Work Group  
Meeting Notes  
June 25, 2012**

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Pat Borrowdale	Pediatric Health Associates
Pam Bunch	Department of Healthcare and Family Services
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Megan Deboer	Advocate Health Care
Andrew Garrett	Department of Healthcare and Family Services
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Margaret Kirkegaard	Illinois Health Connect
Vince Keenan	Illinois Academy of Family Physicians
Mary McGinnis	Office of Health Information Exchange
Renee Perry	Department of Healthcare and Family Services
Cathy Potter	Southern Illinois University Health Care
Mary Ring	Illinois Critical Access Hospital Network
JoAnn Spoor	Illinois Hospital Association
Theresa Walunas	Chicago Health Information Technology Regional Extension Center
Matt Werner	Academic Medical Centers
Lori Williams	Illinois Hospital Association

**1. Approval of Minutes**

The meeting minutes from the May 14<sup>th</sup> and May 29<sup>th</sup> calls were approved.

**2. EHR/PIP Status Update**

- **Payments to date (6/22 /12):**  
*1,179 Eligible Professionals (EPs) - \$24,841,260*  
*26 Eligible Hospitals (EHs) - \$44,929,475*  
*Total to date: \$69,770,735*

**Renee Perry** reviewed the number and amounts of payments made to date. Payment to an additional 12 hospitals will be sent soon.

As discussed on the last call, the hospital payments are calculated using cost reports. Therefore, each hospital's numerator is different. A letter was sent to each hospital with the calculated amount and the cost report date used. If the hospital is not in agreement, HFS will work with them.

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### **3. Pre-payment Audit Process**

- Attestations in work queue (6/22/12):  
EPs – 1,291  
EHs– 75

**JoAnn Spoor** asked if hospitals will hear soon regarding their attestations. Renee said that additional, proposed audit methodologies were developed. Once the methodology is approved at HFS, it will be submitted to the Centers for Medicare and Medicaid Services (CMS) for approval. Once this new method is approved, attestation processing should go quicker.

Renee said that the group forms have been sent out that requests a list of all providers in a group and their National Provider Identification (NPI) number so that HFS can validate their data.

### **4. Payment Year 2 - Meaningful Use**

CMS has not yet approved the screens that HFS submitted.

If a dual hospital is approved for Medicare Meaningful Use, the initial screens will be for hospitals that Medicare attestations were approved.

Every single measure for Meaningful Use will be included on the EP screen. HFS hopes to have the Meaningful Use screens completed by the end of 2012. If stage 2 rules change, those changes will be incorporated into HFS screens. Additional staff is coming on board to assist with the screens.

### **5. System Issues – Inappropriately rejecting pediatrician attestations**

Renee reported that the HFS system is inappropriately rejecting Pediatrician applications if their Medicaid patient volume is not 30%. An edit to correct this is being developed. An email was sent to Pediatricians notifying them that they don't need to do anything if they received a rejection of their attestation.

The next call is scheduled on Monday, July 9<sup>th</sup>. Meeting adjourned.