

**IL HIE Medicaid Work Group
Meeting Notes
July 9, 2012**

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Anne Bobb	Children's Memorial Hospital
Pat Borrowdale	Pediatric Health Associates
Kelly Carter	Illinois Primary Health Care Association
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Julie Glen	Loyola University
Krysta Heaney	Office of Health Information Technology
Roger Holloway	Illinois Health Information Technology Regional Extension Center
Peter Ingram	Sinai Health System
Vince Keenan	Illinois Academy of Family Physicians
Margaret Kirkegaard	Illinois Health Connect
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
Direndia Shackelford	Advocate Physician Partners
1. Julio Silva	Rush University Medical Center

1. Electronic Health Records/Provider Incentive Program Status Update

• **Payments to date (7/9/12):**

*1,221 Eligible Professionals (EPs) - \$25,733,760
26 Eligible Hospitals (EHs) - \$44,929,475
Total to date: \$70,663,235*

Renee Perry reviewed the number and amount of payments made to date. Additional eligible hospital payments are due to go out in the next round of payments.

2. Pre-payment Audit Process

• **Attestations in work queue (7/9/12):**

*Eligible Professionals – 1,360
Eligible Hospitals – 75*

Renee indicated that she held internal meetings regarding the pre-payment audit process. Additional methodologies were developed. Renee will submit the new methodologies to the Centers for Medicare and Medicaid Services (CMS) for approval as soon as possible.

Patrick Gallagher asked what communication the EPs in the work queue have received. Renee said that an email was sent to those EPs in mid-May informing them that their attestation was successfully submitted and that HFS was having problems performing the pre-payment audit. Renee noted that providers will soon be able to check on the status of their attestation through MEDI.

Renee said HFS recently received clarification from CMS that sub-lines in hospital cost reports can be used for patient volume calculation. CMS had previously said that they could not use those sub-lines. HFS is recalculating every hospital payment based on the new guidance received and also clarified guidance in the final rule. HFS has slightly changed the way calculation is performed and will work with hospitals on any payment adjustments.

3. Payment Year 2 – Meaningful Use

Approval from CMS for the Meaningful Use screens has not been received. As soon as resources are available, HFS will move forward with coding and will make any changes that CMS requests when they send their approval.

Renee noted that December 31, 2012 is the last day that hospitals can attest for the 2012 payment year. Professionals have until March 1, 2013 to attest for the 2012 payment year.

Meeting adjourned. The next call is scheduled on Monday, July 23rd.