IL HIE Medicaid Work Group
Meeting Notes
August 20, 2012

Attendees (by phone):

Ben Barnard	
Dave Barnes	Department of Healthcare and Family Services (HFS)
Anne Bobb	Children's Memorial Hospital
Julie Bonello	Access Community Health Network
Pat Borrowdale	Pediatric Health Associates
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Debra Clemons	Department of Healthcare and Family Services
Farrell Davies	Heartland Community Health Clinic
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Julie Glen	Loyola University Medical Center
Peter Ingram	Sinai Health System
Margaret Kirkegaard	Illinois Health Connect
John Lekich	Office of Health Information Technology
Mary McGinnis	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 Schmidt	University of Chicago Medicine
Direndia Shackelford	Advocate Physician Partners
Julio Silva	Rush University Medical Center
JoAnn Spoor	Illinois Hospital Association
Matt Werner	Academic Medical Centers

1. **Review of Minutes**
   The group approved meeting minutes from the August 6th call.

2. **Electronic Health Records (EHR) /Provider Incentive Program (PIP) Status Update**
   - **Payments to date (8/1/12):**
     1,251 Eligible Professionals (EPs) - $26,371,260
     35 Eligible Hospitals (EHs) - $53,936,364
     Total to date: $80,307,624
     8/16/12
     Eligible Professionals - $396,668
     Eligible Hospitals - $1,794,937
     Total: $2,191,605

Renee Perry indicated that the payments to date shown had not changed since the last call. However, payments shown for August 16th are payments that are in the process of being paid.

HFS has been working with various physician groups to help determine their Medicaid patient volume. Renee is planning on re-educating HFS audit processing staff regarding which payment codes to count and which should not be. Renee expects that additional resource staff will soon be in place.

Some things for EP groups to make sure they include when calculating their Medicaid patient volume are:

- Regardless of how many services or what those services were, it should be counted as long as HFS paid all or a portion of the services.
- Mid-level staff being billed under the EPs provider number can cause problems. Paid services should be looked at and not what happened in the setting.
- Providers should be aware if they have a large percentage of managed care patients. HFS doesn't have all of their information. Patient services should be broken down by the number of fee-for-services patients and ????????????????

Providers can submit new denominators to the EHR dedicated email address and note that they have recalculated their Medicaid patient volume. That email address is HFS.EHRIncentive@illinois.gov .

3. **Pre-payment Audit Process**
   - **Attestations in work queue (8/3/12):**
     Eligible Professionals – 1,373
     Eligible Hospitals – 84
   - **Revised Pre-payment Audit standards**
     - *CMS approval update*
     - *Audit processing resources*

4. **Payment Year 2 – Meaningful Use**
   - *Provider communication strategy*
   - *Website programming update*