

**IL HIE Medicaid Work Group
Meeting Notes
August 22, 2011**

Attendees (by phone):

Janet Barrett	OSF Healthcare
Julie Bonello	Access Community Health Network
Pat Borrowdale	Pediatric Health Associates
Marie Brown	American College of Physicians
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Frank Kopel	Department of Healthcare and Family Services
Ivan Handler	Office of Health Information Technology (OHIT)
Krysta Heaney	Office of Health Information Technology
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Vince Keenan	Illinois Academy of Family Physicians
Mike Koetting	Department of Healthcare and Family Services
Stan Krok	Children's Memorial Hospital
Helena Lefkow	Metropolitan Chicago Healthcare Council
Mary McGinnis	Office of Health Information Technology
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center (CHITREC)
Renee Perry	Department of Healthcare and Family Services
Paige Pfenninger	Alexian Brothers Health System
Mary Ring	Illinois Critical Access Hospital Network
Gwen Smith	Department of Healthcare and Family Services
JoAnn Spoor	Illinois Hospital Association
Theresa Walunas	Chicago Health Information Technology Regional Extension Center
Matt Werner	Consultant
Lori Williams	Illinois Hospital Association
Laura Zaremba	Office of Health Information Technology

Review of Minutes (6/27, 7/11 and 8/8)

The meeting minutes were approved by the work group.

Update on State Medicaid Health IT Plan (SMHP), Implementation Advance Planning Document (IAPD) and Registration Process

Renee Perry reported that she has received unofficial notice that the SMHP will be approved. The IAPD was resubmitted on August 18th and Renee thinks it will also be approved.

HFS staff have been testing the Centers for Medicare and Medicaid Services (CMS) transactions. The first round of testing was completed and validation testing has begun. Approval of the SMHP and the IAPD and testing for CMS has to be concluded by Friday, August 26th. If it is not, then the registration process will start one month later.

CMS will add Illinois to the drop down menu on Sunday, September 4th in the evening. When HFS receives a registration, initial edits will be run such as ensuring the provider is enrolled with HFS, ensuring the provider payee combination is valid on the database and checking that the provider has no sanctions. An email will be sent to providers to let them know if their registration passed or if HFS needs more information.

When the attestation application is ready, HFS will send a provider notice. An email will also be sent to those who have registered letting them know that the attestation application is available. The department will do a reasonableness check and perform a pre-payment audit of each attestation application. HFS has 45 days to make a payment after a final determination has been made.

Renee said that sixteen states have made payments to 4,200 providers totaling \$316 million and 21 states have launched their programs. Peter commented that the federal funds for this program do not go into the State of Illinois general revenue fund and suggested that HFS may want to inform providers of this.

The Path to Payment document distributed for this meeting was discussed. **Peter Ingram** suggested that HFS include wording that describes what HFS is doing in the background so that providers understand some of the things that HFS has to do. He said it would also be helpful if HFS can let providers know to keep their documentation on file in case of a post-payment audit. Julie Bonello suggested adding dates and payment information to the document. Julie's organization has created a spreadsheet that includes detailed information about the steps to take for the program and said that she can share it with this group.

Peter asked Renee if she can share the draft provider notice with the group. Renee will find out and send to Connie Christen to distribute.

Pat Borrowdale suggested providing more information about break down of Medicaid volume by counties. She is not sure what to do if a provider is in two or more counties. Renee has a meeting scheduled to discuss this and will let the group know. Renee's recommendation about this is for the provider to pick the county that is most advantageous for the provider. Roger Holloway commented that the Office of the National Coordinator (ONC) told the Regional Extension Centers to use the percentage for the county where the provider predominately practices.

Peter asked about the different payment schedules for hospitals that participate in a managed care or coordinated care plan and how HFS will validate their participation. **Frank Kopel** said that the HFS Bureau of Managed Care tracks that information. **Peter** suggested that HFS share that information with the hospitals before November and **Frank** said that HFS can arrange that.

Peter indicated that when hospitals register, there are two identifies to establish on the CMS registration site. A security officer has to be established first and then a person that will do the registration and attestation needs to be designated. Peter encouraged hospitals to work on that now. He was not sure if providers had to do the same thing.

Renee will send an email to the group after the registration process has begun to give an update.

The group decided that future meetings will be held by phone only unless there's a need to meet in person. Connie Christen will be rescheduling the September 6th meeting. Meeting adjourned.