IL HIE Medicaid Work Group
Meeting Notes
September 1, 2011

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services
Janet Barrett	OSF Healthcare
Anne Bobb	Children's Memorial Hospital
Kelly Carter	Illinois Primary Health Care Association
Christi Chavez	Access Community Health Network
Connie Christen	Department of Healthcare and Family Services
Patricia Cunningham	Pfizer, Inc.
Mary Driscoll	Department of Public Health
Torin Edmond	
Andrew Garrett	Department of Healthcare and Family Services
Krysta Heaney	Office of Health Information Technology
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Frank Kopel	Department of Healthcare and Family Services
Stan Krok	Children's Memorial Hospital
Helena Lefkow	Metropolitan Chicago Healthcare Council
John Lekich	Department of Healthcare and Family Services
Mary McGinnis	Office of Health Information Technology
Elizabeth McKnight	Chicago Health Information Technology Regional Extension Center (CHITREC)
Susan Melczer	Metropolitan Chicago Healthcare Council
Renee Perry	Department of Healthcare and Family Services
Francisca Scott	
JoAnn Spoor	Illinois Hospital Association
Cory Verblen	Office of Health Information Technology
Matt Werner	Consultant
Harrison White	Gateway Foundation
Laura Zaremba	Office of Health Information Technology

Update on the Launch of the Electronic Health Record/Provider Incentive Program (EHR/PIP)
Renee Perry announced that HFS will launch the registration site for the EHR/PIP on September 4 at 10:00 pm. Illinois will now show on the federal site drop-down menu.

The Implementation Advance Planning Document (IAPD) request for funding was approved by the Centers for Medicare and Medicaid Services (CMS). The State Medicaid Health IT Plan (SMHP) has been conditionally approved by CMS who has requested more information on HFS's audit strategy.

Renee indicated that the HFS EHR web site is being updated and will include a link to the CMS widget called Are you eligible for the Medicare & Medicaid EHR Incentive Programs? The Frequently Asked

Questions (FAQ) page will include information on what documentation providers must keep and how long they must keep it.

Peter Ingram asked Renee to review what the registration process involves. **Renee** said that providers should first go to the CMS EHR web site to determine if they are eligible for the program. The provider should then go to the federal registration web site. (Medicaid EHR Incentive Program Registration and Attestation System.) Illinois will be included on the drop-down menu. After a provider registers, CMS will check to make sure providers have only applied in one state.

After providers register, HFS will receive a file from CMS. An email will be sent to the provider saying that their registration was received. A high-level eligibility check will occur. HFS will verify that the provider is enrolled with HFS and verify that the payee provider combination provided to CMS matches with the approved payee provider combination on the HFS database. Edits will be run daily and HFS will perform a sanctions check. An email will be sent to the provider saying that they passed the initial edits, if more information is needed or if a provider doesn't qualify. Email addresses that are submitted with the registration will be used and not what CMS or HFS has on file to ensure that addresses are current. HFS is required to make initial payments within 5 months of the September 5 launch date and that will be February 1. The target date for the attestation screen to be available is mid-November.

Peter asked Renee to clarify what information will need to be submitted by providers and hospitals as part of the attestation process. **Renee** said that HFS will first send the provider the information that was sent to HFS from CMS to verify that it is correct. Providers will be asked for their EHR certification number from the ONC web site. On the attestation screen, the provider has to attest that they have adopted, implemented or upgraded their certified system. Patient volume calculation information will be requested. HFS will do a series of reasonableness checks. Renee noted that if a provider is a pediatrician and they have more than the required 30% Medicaid patient volume, then they will qualify as a physician for the full payment instead of a pediatrician. It's anticipated that after an attestation is submitted and the reasonableness checks are done and payment is approved, it will take two to three weeks to send payment to the provider.

Peter suggested that HFS add to the EHR web site that providers and hospitals may want to white list the source of the emails they're sending so it doesn't get caught in someone's spam filter. **Elizabeth McKnight** suggested that the third party registration designee information be included in the FAQ's. **Renee** said that she would and noted that HFS requires providers to assign rights to attest on their behalf. That person should get their own digital certificate through MEDI. The provider then assigns rights to that user.

Laura Zaremba thanked the work group and congratulated the HFS team on the launch of the program. Laura asked the group for suggestions in getting the word out to providers. Please send those suggestions to Laura at Laura.Zaremba@illinois.gov .

The next conference call is scheduled on Monday, September 19th at 3:00 pm. Meeting adjourned.