

**IL HIE Medicaid Work Group
Meeting Notes
September 17, 2012**

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Janet Barrett	OSF Health Systems
Julie Bonello	Access Community Health Network
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
Debra Clemons	Department of Healthcare and Family Services
Patrick Gallagher	Illinois State Medical Society
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Margaret Kirkegaard	Illinois Health Connect
Mike Koetting	Department of Healthcare and Family Services
Jessica Murphy	Loyola University
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 Medical Center
Direndia Shackelford	Advocate Health Partners
Julio Silva	Rush University Medical Center
JoAnn Spoor	Illinois Hospital Association
Theresa Walunas	Chicago Health Information Technology Regional Extension Center (CHITREC)
Matt Werner	Academic Medical Centers
Lori Williams	Illinois Hospital Association

1. Review of Minutes

The minutes from the September 6th call were approved with one change which was to add Julie Bonello's name to the attendee list.

2. Electronic Health Records (EHR) /Provider Incentive Program (PIP) Status Update

• **Payments to date (8/30/12):**

1,276 Eligible Professionals (EPs) - \$26,874,178

38 Eligible Hospitals (EHs) - \$56,067,753

Total to date: \$82,941,931

In the payment queue:

EPs – 273

EHs – 7 (letter sent)

Renee Perry reviewed the payments to date saying that the number of EPs paid is now at 1,330 with over \$28 million paid out. Additional EHs have been sent the 10-day dispute letter.

Of the 273 EPs in the payment queue, there are two groups included that total 260. After one last check, HFS will send the records to federal Centers for Medicare and Medicaid (CMS). HFS plans to pay both groups at the beginning of October.

The thirty day period for the seven hospitals listed as being sent the letter is about to expire and they will be paid soon.

3. Pre-payment Audit Process

- **Attestations in work queue (9/13/12):**

 - Eligible Professionals – 1,222*

 - Eligible Hospitals – 58 attested in 2011*

 - 22 attested in 2012*

Renee said that their goal is to pay the 58 EHs in October.

4. Update on Status of Commitment to Make 2011 Payments

- Alternate Pre-Payment Audit Strategies
 - Hospitals – verbal approval but no written approval
 - Professionals – must submit additional information
- Steps Toward Meeting Deadline (Hospitals = October; Professionals = January)
 - Hospitals
 - Status of Incentive Amount Calculations/10-Day Dispute Letters
 - Phone Calls
 - Professionals
 - Update memo to providers (to be sent after alternate methodology applied)
- Timeline for Attesting for Year 2 Payments
 - Dual-Eligible Hospitals – late November or first of December (minimal attestation, no MU)
 - Deadline is December 31, 2012 for 2012 payment year
- Professionals – February 2013 (MU attestation)
 - Deadline is March 31, 2013 for 2012 payment year

Due to a misunderstanding, CMS said they did not give verbal approval for the new proposed audit strategy. However, Renee and other HFS staff discussed with CMS and Renee will submit the new proposal to them on Wednesday. Renee will send this group an email update on the audit strategy.

CMS requested more information on the alternate audit strategy for EPs. CMS is committed to helping HFS meet deadlines and will review the strategy quickly.

Renee indicated that all incentive calculations for eligible hospitals have been completed. HFS is committed to paying EPs by the end of February.

There are 15 eligible hospitals that the alternate strategy will not work for. HFS staff has begun phone calls to the hospitals to work with them on recalculating their Medicaid patient volume.

The proposed EP audit strategy was based on a method used by staff in California. HFS has discussed with them. The memo to providers regarding the alternate audit methodology will only be sent after they have applied the alternate method.

Renee said that dual-eligible hospitals calculations are more difficult. In late November or early December, dual hospitals can attest for year 2 dual eligibility. EHs will not have to submit measures. The deadline for year 2 hospital payments is December 31st.

HFS staff is building the screens for EP attestations and plan to have it available in February.

5. Stage 2 Meaningful Use – www.PAHC.COM

Renee sent this link to the group saying that it has a lot of presentations and good documentation regarding Medicare and Medicaid provider incentive payments.

Meeting adjourned. The next call is scheduled on Monday, October 1st.