IL HIE Medicaid Work Group
Meeting Notes
September 4, 2012

Attendees (by phone):

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
Pam Bunch	Department of Healthcare and Family Services
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Julie Glen	Loyola University Medical Center
Roger Holloway	Illinois Health Information Technology Regional Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
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
Direndia Shackelford	Advocate Physician Partners
JoAnn Spoor	Illinois Hospital Association
Theresa Walunas	Chicago Health Information Technology Regional Extension Center (CHITREC)
Matt Werner	Academic Medical Centers

1. **Review of Minutes**
   The group approved the meeting minutes from the August 20th call.

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 – 234 (an additional 42 are close)
     EHs – 7 (letter sent)

Renee Perry reviewed the number and amount of incentive payments to date. An additional $2.2 million will be sent out this week. HFS had a connectivity problem with the Centers for Medicare and Medicaid Services (CMS) which has been resolved.

3. **Pre-payment Audit Process**
   - **Attestations in work queue (8/30/12):**
     Eligible Professionals – 1,185
     Eligible Hospitals – 72

Renee reported that several internal meetings at HFS have been held regarding the payments. She also met with federal CMS and they gave verbal approval of the hospital audit strategy. Once written approval has been received, HFS will send hospitals the 30-day dispute letter with the estimated payment amount.

4. **Updates**
   - Additional pre-payment methodologies
     i. Hospitals – verbal approval; shorten "dispute" period to 10 days
     ii. Professionals – looking good but must submit additional documentation
   - Additional staff coming onboard
   - Plans for increased (and targeted) provider outreach and education
   - Timeline for 2011 payments

HFS will shorten the dispute period for hospitals from 30 days to 10 days to expedite payment. The goal is to have all 2011 hospital attestations paid by the end of October. This equates to approximately 80 percent of the EHs in the work queue. **JoAnn Spoor** from the Illinois Hospital Association offered to send a letter to hospitals when the dispute period is changed to 10 days and Renee indicated that this is effective immediately.

Additional details for the payment strategy for EPs will be submitted to CMS. HFS is meeting with them tomorrow to discuss. Renee expects about 35 percent of individual EP attestations will be moved from the work queue if the new strategy is approved. For the remaining 65 percent of EPs, Renee indicated that there were problems with their Medicaid patient volume calculations and that it may be an education issue.

An additional 3 or 4 staff will be coming on board to assist with eligibility determinations and will work with providers to resolve Medicaid patient volume issues.

HFS is developing plans for increased and very targeted provider outreach and education. This will help providers to more accurately calculate their Medicaid patient volume. CMS has requested that HFS increase participation in the program and the additional outreach and education will assist with that.

HFS is committed to making all 2011 EH payments in October and all 2011 EP payments in January.

A large percentage of hospitals are eligible for Medicare and Medicaid provider incentive payments. They will be able to use their Medicare attestation information to attest for Medicaid payment year 2. EHs will have November and December to attest and EPs will have February and March 2013 to attest for payment year 2.

5. **Review Draft Memo to Professionals – Medicaid Patient Volume**

In an attempt to finalize all determinations of eligibility for program year 2011, HFS has determined that additional education is necessary related to determining Medicaid patient volume. A memo to EPs was developed to assist with this.

Several members of the work group suggested revisions. Renee will make some of those revisions and will redistribute the memo to the group.

Meeting adjourned. The next call is scheduled on Monday, September 17th.