



Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

Health Information Technology (HIT) Initiative

Electronic Health Record (EHR) Incentive Program

Calculating Patient Volume

February 15, 2011

Agenda

- Pennsylvania Medical Assistance (MA) EHR Incentive Program
- Patient Volume Requirements
- How to Calculate Patient Volume
- Entering Patient Volume in Medical Assistance Provider Incentive Repository (MAPIR)
- Troubleshooting
- Key Dates
- Resources

What is the EHR Incentive Program?

- The Medicaid EHR incentive payment program, created by the American Reinvestment and Recovery Act and administered by CMS, provides enhanced match to states to develop and administer provider incentive programs
- States receive 90/10 percent match for program administration expenses and 100 percent match for the provider incentive payments
- Over \$40 billion in incentive payments and program costs over 10 years for both Medicare and Medicaid
- The Medicaid EHR incentive program encourages provider adoption, implementation, and meaningful use of EHRs

Applying to the EHR Incentive Program

This webinar focuses on patient volume calculations for the EHR Incentive Program for Eligible Professionals (EPs)

Register

- Providers register with CMS's National Level Repository (NLR)
- NLR information transmitted to Pennsylvania

Apply/Attest / Submit

- Applications and attestations completed in MAPIR.

Review

- Applications reviewed in MAPIR,
- Some application information and attestations will be reviewed prior to issuing payment
- Some providers may be contacted to provide additional information

Payment

- Emails sent to providers notifying them of approval
- Payments made to providers whose applications meet review criteria

Patient Volume Requirements

A provider's Medical Assistance (MA) patient volume percentage must meet prescribed thresholds to qualify for the incentive program.

MA Provider	Eligibility Requirement
Physicians (includes MDs and DOs)	30% patient volume from MA individuals
Nurse Practitioner	30% patient volume from MA individuals
Certified Nurse Midwife	30% patient volume from MA individuals
Dentist	30% patient volume from MA individuals
Eligible Provider Types in FQHCs and RHCs	30% patient volume from needy individuals
Pediatricians	Minimum of 20% patient volume from MA individuals

Other Patient Volume Requirements

Provider Type	Caveats	Threshold
EP – Applying as an Individual	Includes encounters from multiple locations (if applicable). MAPIR will provide listing per MA claims or provider enrollment data.	30%
EP – Applying with Group methodology	Numerator: Includes Medical Assistance totals for an entire group of providers. Denominator: Includes total patient encounters for an entire group of providers. Will require use of the group NPI for verification. The group volume calculation must be used by all individual EPs in the group.	30%
Pediatrician	Physicians must either be board certified in pediatrics or have one year of training with children. CRNPs and other EPs in a pediatric office must meet the 30% threshold. The 20% threshold applies only to Pediatricians.	20%
FQHC/RHC	Professionals that practice predominantly in an FQHC or RHC (more than 50 percent of their time over a 6-month period) can also include “needy” individuals in the numerator totals. “Needy” is defined as those who receive services paid by Medicaid, CHIP or some other auditable reduced payment scale.	30%

Other Patient Volume Requirements (cont.)

- Patient volume includes encounters in and out of the Commonwealth of Pennsylvania
- MA patient volume percentage calculations (numerator over denominator) are for 90 consecutive days from the previous calendar year
- You can include Medicaid managed care (HealthChoices) encounters and dual eligible (Medicare and Medicaid) encounters as part of MA patient volume percentage calculations

How to Calculate Patient Volume

Individual Patient Volume

- Medical Assistance Patient Encounter Volume / Total Patient Encounter Volume = % Medical Assistance Patient Volume

Group Patient Volume - allows EPs to attest to patient volume as a group

- Volume thresholds and calculations are the same but individual EPs can use MA patient volume and total patient volume across a group practice

Calculations are for 90 consecutive days from the previous calendar year

Defining Patient Encounters

- For purposes of calculating EP patient volume percentage, a Medicaid encounter means services rendered to an individual on any one day where Medicaid **paid for part or all of the service; or paid all or part of the individual's premiums, copayments, and cost-sharing.**
- For purposes of EPs in FQHC / RHC calculating needy individual patient volume, a needy patient encounter means services where
 - Medicaid or CHIP paid for all or part of the service; or individual's premiums, copayments, or cost-sharing;
 - The services were furnished at no cost; or
 - The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay

Individual Example

- EP practices in two locations with the following encounters over 90 consecutive days in the previous calendar year:

	Site 1	Site 2	Total encounters across sites
MA encounters	200	50	250
Total encounters	350	250	600
		MA Patient Volume Percentage	42 %

42 percent MA patient volume EP would meet patient volume threshold

Group Example

- Group practice with two sites with two EPs and two non-EPs (Registered Nurses - RN) with the following encounters over 90 consecutive days from the previous calendar year

	Site 1		Site 2	
	MA	Total	MA	Total
EP 1	100	400	50	200
EP 2	120	260	150	350
RN 1	--	--	300	700
RN 2	200	600	--	--
	420	1,260	500	1,250

- 920 MA encounters / 2510 total patient encounters over two sites with two EPs and two RNs= 37 %MA patient volume
2 EPs would meet MA volume threshold

Medical Assistance Provider Incentive Repository (MAPIR)

- MAPIR is an application that is being added to PROMISE. This application will be accessed via the current internet provider portal

The screenshot shows the Pennsylvania Department of Public Welfare's PROMISE Internet portal. At the top, there is a navigation bar with the state logo and the text 'pennsylvania DEPARTMENT OF PUBLIC WELFARE' and 'PROMISE™ Internet'. Below this is a 'Home' link. The main content area is divided into several sections: 'Provider Login' with a 'User ID' input field and a 'Log In' button; 'Broadcast Messages' with a notice about HCSIS service plans and a maintenance notice; 'Quick Links' with links for help manuals and learning courses; and a large banner at the bottom that reads 'Welcome to PROMISE™' with a photo of children.

MAPIR: the state-level information system for the EHR incentive program that will both track and act as a repository for information related to payment, applications, attestations, oversight functions, and to interface with CMS' National Level Repository (NLR)

Provider Application Eligibility Determination - Individual



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Wednesday 1/6/2011 4:14:53 PM EST

Name Dr. Medicaid A. Provider **Applicant NPI** 1234567890
Personal TIN/SSN 987654321 **Payee TIN** 123456789

Get Started | NLR & Contact Info | Eligibility | **Patient Volumes** | Attestation | Review | Submit

Patient Volume – Individual (Part 3 of 3)

The Pennsylvania Department of Public Welfare has the following information on the locations in which you practice.

Please select the **check box** for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes and/or the use of certified EHR technology for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

<input type="checkbox"/> *Medicaid Patient Volumes <i>(Must Select at Least One)</i>	<input type="checkbox"/> *Utilizing Certified EHR Technology? <i>(Must Select at Least One)</i>	<input type="checkbox"/> Provider ID	Location Name	Address
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	9876543220001	Dr. Lassie Family Practice	2 Provider Lane Providerville, PA 11111
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	9876543220004	Help, Timmy Assoc.	3 Provider Lane Providerville, PA 11111

Add Location

Previous

Reset

Save & Continue

Provider Application Eligibility Determination - Individual



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Get Started NLR & Contact Info Eligibility **Patient Volumes** Attestation Review Submit

Patient Volume – Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. ***You must enter volumes in all fields below. If volumes do not apply, enter zero.***

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
 Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

?	?	?	?	?	?
Provider ID	Location Name	Address	Medicaid Only Encounter Volume <i>(In State Numerator)</i>	Medicaid Encounter Volume <i>(Total Numerator)</i>	Total Encounter Volume <i>(Denominator)</i>
9876543220001	Dr. Lassie Family Practice	2 Provider Lane Providerville, PA 11111	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
9876543220004	Help, Timmy Assoc.	3 Provider Lane Providerville, PA 11111	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>

Provider Application Eligibility Determination - Group



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Personal TIN/SSN 987654321 **Payee TIN** 123456789

Get Started | NLR & Contact Info | Eligibility | **Patient Volumes** | Attestation | Review | Submit

Patient Volume – Group (Part 3 of 3)

The Pennsylvania Department of Public Welfare has the following information on the locations in which you practice.

Please select at least one location where you are utilizing certified EHR technology. If you wish to report the use of certified EHR technology for a location or site that is not listed, click **Add Location**.

You must select at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
 Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Utilizing Certified EHR Technology? <i>(Must Select at Least One)</i>	Provider ID	Location Name	Address
<input type="radio"/> Yes <input type="radio"/> No	8123456780001	Dr. Provider	2 Provider Family Lane Providerville, PA 11111
<input type="radio"/> Yes <input type="radio"/> No	8123456780002	Dr. Provider Jr.	12 Provider Family Street Providerville, PA 11111

Add Location

Previous **Reset** **Save & Continue**

Provider Application Eligibility Determination - Group



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Name Dr. Medicaid A. Provider **Applicant NPI** 1234567890
Personal TIN/SSN 987654321 **Payee TIN** 123456789

Get Started NLR & Contact Info Eligibility **Patient Volumes** Attestation Review Submit

Patient Volume – Group (Part 3 of 3)

Please indicate in the box(es) provided, the Group Practice Provider ID(s) you will use to report patient volume requirements. ***You must enter at least one Group Practice Provider ID.***

Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volumes.

For reporting Group patient volumes:

- 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- 2) there is an auditable data source to support the clinic's patient volume determination; and
- 3) so long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EPs may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice. Please enter **patient volumes** where indicated. ***You must enter volumes in all fields below. If volumes do not apply, enter zero.***

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
 Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

? Medicaid Only Encounter Volumes (In State Numerator)	? Medicaid Encounter Volumes (Total Numerator)	? Total Encounter Volume (Denominator)
* <input type="text"/>	* <input type="text"/>	* <input type="text"/>

[Previous](#) [Reset](#) [Save & Continue](#)

Troubleshooting

- What if I don't meet the MA patient volume requirement?
 - Select a different 90-day period
 - Consider using group volume methodology
 - Assign additional MA patients
- How do I make sure I only count MA?
 - Only FQHCs/RHCs can include needy individual populations other than MA
 - Need to remove commercial and CHIP encounters
 - General Assistance does not count towards MA or needy patient volume

Key Dates

Additional Webinars:

- January 26, 2011 – Program Overview available on DPW website: [First Webinar](#)
- March 22, 2011 – Attestations, Monitoring and Documentation

Program Milestones:

- May/June 2011 – Providers can enroll in Pennsylvania Medical Assistance EHR incentive program through MAPIR
- Payments will be made once applications are reviewed and approved

Resources Available to Providers

- State Medicaid HIT [website](#)
- Join listserv to get updates and additional information:
<http://listserv.dpw.state.pa.us/ma-health-it-initiative.html>
- Email questions to the program:
RA-mahealthit@state.pa.us
- PROMISE™ : <https://promise.dpw.state.pa.us/>
Demo of Internet Portal:
http://promise.dpw.state.pa.us/demonew/PortalDesign_Demo.htm

Terminology

- ARRA – American Recovery and Reinvestment Act
- CMS – Centers for Medicare and Medicaid Services
- ONC – Office for the National Coordinator for HIT
- HIT – Health Information Technology
- EHR – Electronic Health Record
- HIE – Health Information Exchange
- SMHP – State Medicaid HIT Plan
- MAPIR – Medical Assistance Provider Incentive Repository