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
Medical Assistance Health Information Technology Initiative (HIT)

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

<table>
<thead>
<tr>
<th>MA Provider</th>
<th>Eligibility Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians (includes MDs and DOs)</td>
<td>30% patient volume from MA individuals</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>30% patient volume from MA individuals</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>30% patient volume from MA individuals</td>
</tr>
<tr>
<td>Dentist</td>
<td>30% patient volume from MA individuals</td>
</tr>
<tr>
<td>Eligible Provider Types in FQHCs and RHCs</td>
<td>30% patient volume from needy individuals</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>Minimum of 20% patient volume from MA individuals</td>
</tr>
</tbody>
</table>
## Other Patient Volume Requirements

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Caveats</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP – Applying as an Individual</td>
<td>Includes encounters from multiple locations (if applicable). MAPIR will provide listing per MA claims or provider enrollment data.</td>
<td>30%</td>
</tr>
<tr>
<td>EP – Applying with Group methodology</td>
<td>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.</td>
<td>30%</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>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.</td>
<td>20%</td>
</tr>
<tr>
<td>FQHC/RHC</td>
<td>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.</td>
<td>30%</td>
</tr>
</tbody>
</table>
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
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:

<table>
<thead>
<tr>
<th></th>
<th>Site 1</th>
<th>Site 2</th>
<th>Total encounters across sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA encounters</td>
<td>200</td>
<td>50</td>
<td>250</td>
</tr>
<tr>
<td>Total encounters</td>
<td>350</td>
<td>250</td>
<td>600</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Site 1</th>
<th>Site 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MA</td>
<td>Total</td>
</tr>
<tr>
<td>EP 1</td>
<td>100</td>
<td>400</td>
</tr>
<tr>
<td>EP 2</td>
<td>120</td>
<td>260</td>
</tr>
<tr>
<td>RN 1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>RN 2</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td></td>
<td>420</td>
<td>1,260</td>
</tr>
</tbody>
</table>

- 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
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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.

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).
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.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Location Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>9876543220001</td>
<td>Dr. Lassie Family Practice</td>
<td>2 Provider Lane Providerville, PA 11111</td>
</tr>
<tr>
<td>9876543220004</td>
<td>Help, Timmy Assoc.</td>
<td>3 Provider Lane Providerville, PA 11111</td>
</tr>
</tbody>
</table>

(*): Medicaid Patient Volumes (Must Select at Least One)
(*) Utilizing Certified EHR Technology? (Must Select at Least One)
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.
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.

<table>
<thead>
<tr>
<th>*Utilizing Certified EHR Technology? (Must Select at Least One)</th>
<th>Provider ID</th>
<th>Location Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ○ No</td>
<td>8123456780001</td>
<td>Dr. Provider</td>
<td>2 Provider Family Lane Providerville, PA 11111</td>
</tr>
<tr>
<td>○ Yes ○ No</td>
<td>8123456780002</td>
<td>Dr. Provider Jr.</td>
<td>12 Provider Family Street Providerville, PA 11111</td>
</tr>
</tbody>
</table>

Add Location
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.

<table>
<thead>
<tr>
<th>Medicaid Only Encounter Volumes (In State Numerator)</th>
<th>Medicaid Encounter Volumes (Total Numerator)</th>
<th>Total Encounter Volume (Denominator)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Screen capture of a webpage with medical information and data entry fields related to patient volumes for group practice providers.](image-url)
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
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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