NEW YORK STATE | Department of Health | Office of Health Insurance Programs

NY Medicaid EHR Incentive Program

Eligible Professionals
Pre-Payment Review Scenarios Webinar

August 2016

Medicaid Patient Volume Summary

Medicaid Patient Volume (MPV)

For each payment year, eligible professionals (EPs) must meet one of the following conditions:

30% Medicaid patient volume

20% MPV for pediatricians

- Two-thirds of the incentive payment

Needy patient volume

- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

Needy Patient Volume Requirements

Practice predominantly definition:

- Clinical location for more than 50% of the eligible professional's total patient encounters over a period of six months is an FQHC or RHC

- Period must be in prior calendar year **or** preceding 12 month period from the date of attestation

Medicaid / Needy Encounter

Type of Service	Medicaid Encounter	Needy Encounter
Medicaid Fee-for-Service	✓	✓
Medicaid Managed Care	✓	✓
Family Health Plus	✓	✓
Child Health Plus		✓
Uncompensated Care		✓
Sliding Scale		✓

Medicaid Patient Volume (MPV)

The Medicaid patient volume must be a continuous 90-day period from either:

Previous calendar year

Preceding 12 months from the date of attestation

Medicaid Patient Volume (MPV)

Example:
Payment Year = 2015 and Date of Attestation = 5/1/2015

Previous calendar year:
1/1/2014 – 12/31/2014

Medicaid Patient Volume (MPV)

Example:
Payment Year = 2015 and Date of Attestation = 5/1/2015

Preceding 12 months from the date of attestation: 5/1/2014 – 4/30/2015

Patient Volume Methodology

New York allows providers to select either method:

1. Standard method
2. “Alternate” method: accounts for managed care patient panel as well as encounters with patients not on managed care panel

Medicaid Patient Volume (MPV) Calculation

$$\frac{\text{Total Medicaid Encounters}}{\text{Total Encounters}} = \text{MPV}$$

Alternate Medicaid Patient Volume Calculation

$$\frac{\text{Medicaid Patient Panel + Medicaid Encounters}}{\text{Total Patient Panel + Total Encounters}}$$

Aggregate Patient Volume

Groups can use aggregate method as proxy for individuals.

Requirements and Restrictions

- Applies to **all providers** who render service in the practice
- Aggregate values must represent the entire practice's patient volume and not limit it in any way.

Scenario 1: Individuals over 100% (EP18-L)

Scenario 1: What

- Individual Providers are Over 100%

- Medicaid encounters > Provider's Medicaid encounters

Example:

Medicaid Data	Provider's Attestation
100 Medicaid encounters	**50** Medicaid encounters
70 Total encounters	**70** Total encounters

Scenario 1: Why

- Renders care at multiple locations
- Supervises other providers who bill under his/her NPI
- Has minimal patient interaction

Scenario 1: How

- Renders care at multiple locations – **send location addresses with Zip +4**

Scenario 1: How

- Supervises other providers who bill under his/her NPI – **send a list with other providers and their NPIs**

Scenario 1: How

- Has minimal patient interaction – **send explanation of the types of services you included or excluded in your attestation**

Scenario 2: Organizations under 30% (EP24-L)

Scenario 2: What

- Organization is Under 30%

- Medicaid encounters < Provider's Medicaid encounters

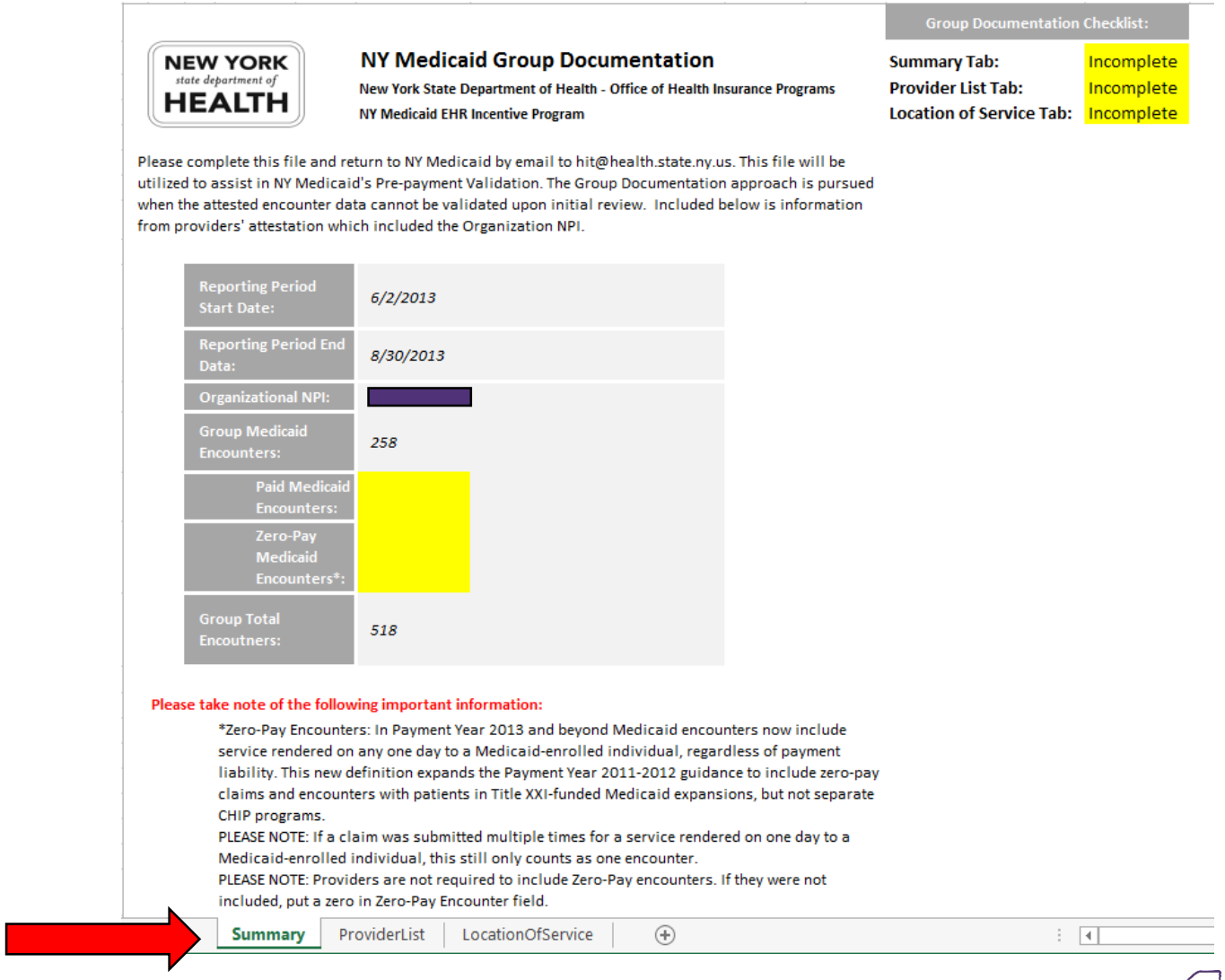
Example:

Medicaid Data	Provider's Attestation
5 Medicaid encounters	**30** Medicaid encounters
40 Total encounters	**40** Total encounters

Scenario 2: Why

- Managed Care data transfers drop off the Organization NPI
  - Encounters attributable to servicing provider NPI
- Billed under the Individual's NPI

Scenario 2: How



NEW YORK state department of HEALTH

NY Medicaid Group Documentation

New York State Department of Health - Office of Health Insurance Programs

NY Medicaid EHR Incentive Program

Group Documentation Checklist:	
Summary Tab:	Incomplete
Provider List Tab:	Incomplete
Location of Service Tab:	Incomplete

Please complete this file and return to NY Medicaid by email to hit@health.state.ny.us. This file will be utilized to assist in NY Medicaid's Pre-payment Validation. The Group Documentation approach is pursued when the attested encounter data cannot be validated upon initial review. Included below is information from providers' attestation which included the Organization NPI.

Reporting Period Start Date:	6/2/2013
Reporting Period End Data:	8/30/2013
Organizational NPI:	[redacted]
Group Medicaid Encounters:	258
Paid Medicaid Encounters:	
Zero-Pay Medicaid Encounters*:	
Group Total Encoutners:	518

Please take note of the following important information:

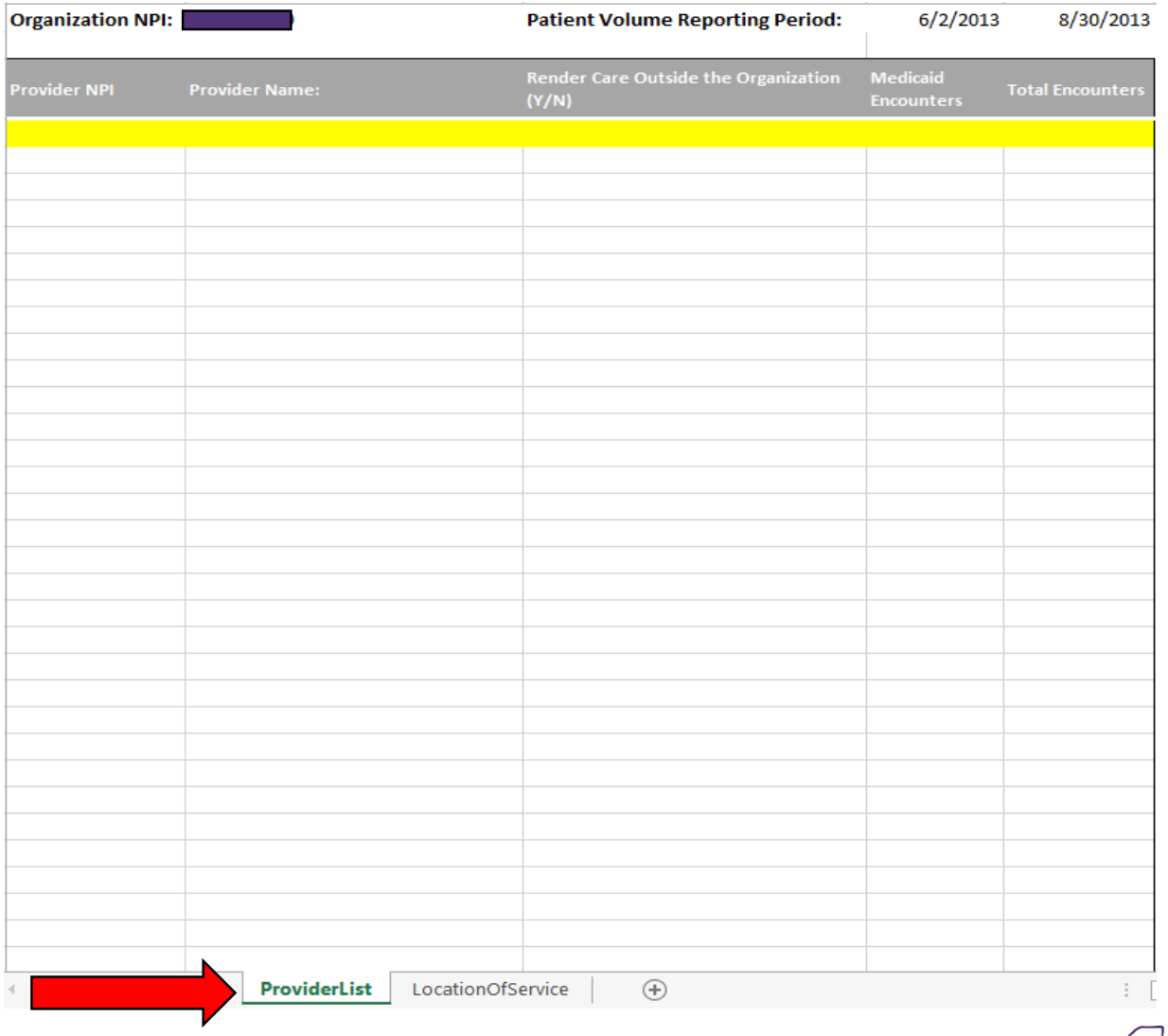
*Zero-Pay Encounters: In Payment Year 2013 and beyond Medicaid encounters now include service rendered on any one day to a Medicaid-enrolled individual, regardless of payment liability. This new definition expands the Payment Year 2011-2012 guidance to include zero-pay claims and encounters with patients in Title XXI-funded Medicaid expansions, but not separate CHIP programs.

PLEASE NOTE: If a claim was submitted multiple times for a service rendered on one day to a Medicaid-enrolled individual, this still only counts as one encounter.

PLEASE NOTE: Providers are not required to include Zero-Pay encounters. If they were not included, put a zero in Zero-Pay Encounter field.

Summary | ProviderList | LocationOfService

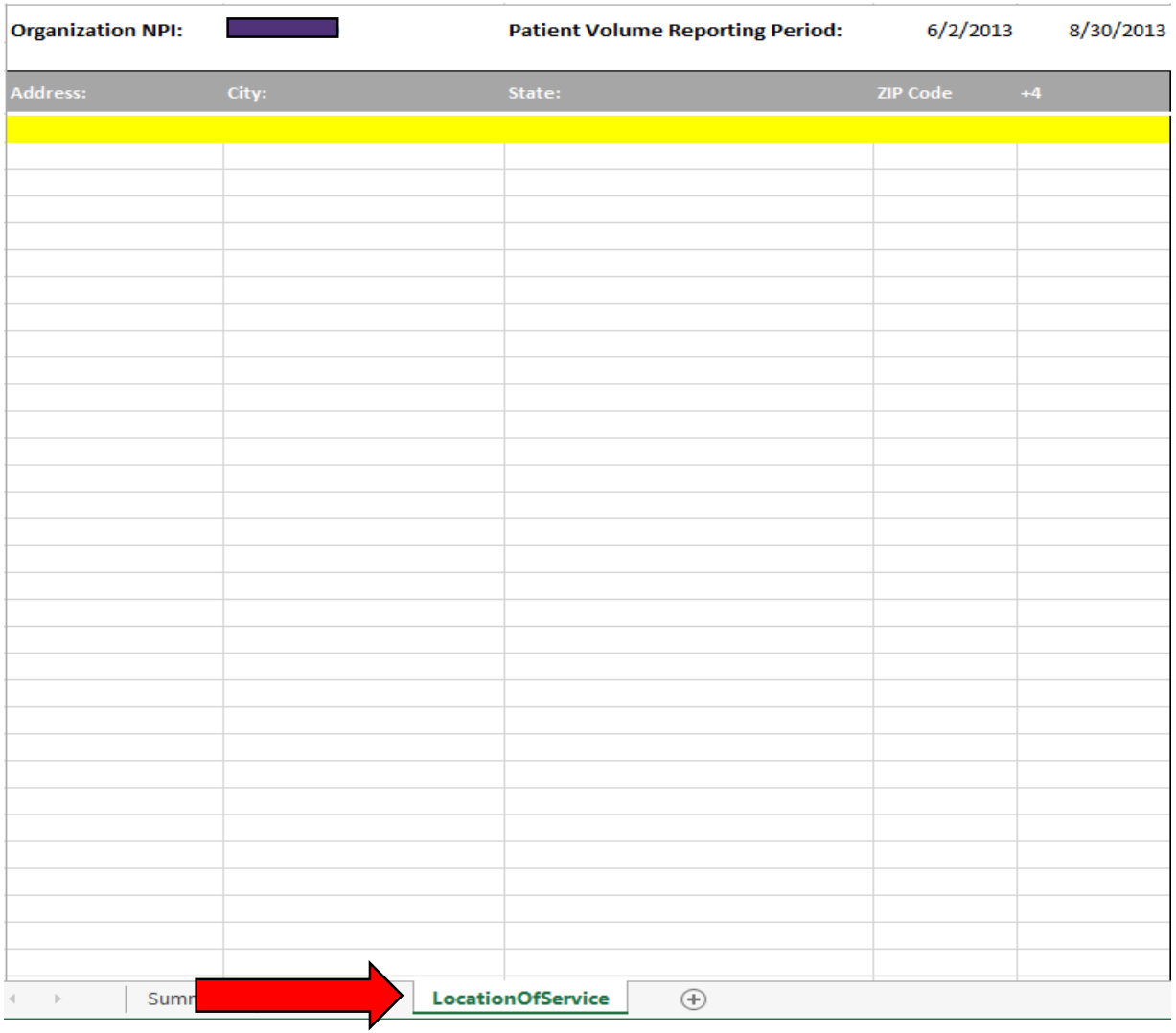
Scenario 2: How



Organization NPI: [redacted]		Patient Volume Reporting Period:	6/2/2013	8/30/2013
Provider NPI	Provider Name:	Render Care Outside the Organization (Y/N)	Medicaid Encounters	Total Encounters

ProviderList | LocationOfService

Scenario 2: How



Scenario 3: Individuals under 30% (MED Packet)

Scenario 3: What

- Also known as the Medicaid Encounter Documentation (MED) Packet
- Individual Providers are Under 30%
- Medicaid encounters < Provider's Medicaid encounters

Example:

Medicaid Data	Provider's Attestation
25 Medicaid encounters	**30** Medicaid encounters
100 Total encounters	**100** Total encounters

Scenario 3: What

- Pre-payment validation is performed on all attestations
- If provider does not pass MPV validation:
  - Send outreach
  - Run analysis based on response
- If unable to reach acceptable validation
  - Send MED Packet

Scenario 3: How

- MED Information Email
- Attachment:
  - MED Excel Template
- Instructions include
  - What needs to be emailed to hit@health.ny.gov
  - Retraction and Re-attestation (if necessary)

MED Excel Template

	A	B	C	D	E	F	G	H
1	**Provider Name:**			**NPI:**		**Contact Email:**		
2	Medicaid Patient Volume Templat			**Reporting Period:**	04/01/2014 - 06/29/2014	VERY IMPORTANT: Spreadsheet must have 230 Medicaid Encounters and end on row: 233. Please verify prior to sending!		
3	Medicaid encounter date (mm/dd/yyyy)	NPI that billed service	Payment received (Yes/No)	Medicaid claim type (FFS, MC, FHP)	Patient Medicaid Number	Patient First Name	Patient Last Name	Patient Birth Date (mm/dd/yyyy)
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Top 5 Mistakes to Avoid

5) Number of Encounters MUST Equal

Provider Name: [redacted]			NPI: [redacted]		Contact Email: [redacted]		
Medicaid Patient Volume Template			Reporting Period:	1/1/2013 - 3/31/2013	VERY IMPORTANT: Spreadsheet must have 30 encounters and end on row 33. Please verify before sending!		
Medicaid encounter date (mm/dd/yyyy)	NPI that billed service	Payment received (Yes/No)	Medicaid claim type (FFS, MC, FHP)	Patient Medicaid Number	Patient First Name	Patient Last Name	Patient Birth Date (mm/dd/yyyy)
1/7/2013	1234567890	Yes	MC	AB12345C	Jane	Smith	6/1/1990
1/10/2013	1234567890	Yes	MC	AB12345C	Jane	Smith	6/1/1990
2/1/2013	1234567890	Yes	MC	ZY54321X	Adam	Smith	1/1/1950
2/1/2013	1234567890	Yes	MC	ZY54321X	Adam	Smith	1/1/1950

4) Encounter Dates MUST be in 90-Day Period

Provider Name:			NPI:		Contact Email:		
Medicaid Patient Volume Templ			Reporting Period:	9/1/2013 - 11/29/2013	VERY IMPORTANT: Spreadsheet must have 30 encounters and end on row 33. Please verify before sending!		
Medicaid encounter date (mm/dd/yyyy)	NPI that billed service	Payment received (Yes/No)	Medicaid claim type (FFS, MC, FHP)	Patient Medicaid Number	Patient First Name	Patient Last Name	Patient Birth Date (mm/dd/yyyy)
9/13/2013	1234567890	Yes	MC	AB12345Z	Jane	Smith	6/15/1932
9/13/2013	1234567890	Yes	MC	AD12345Y	John	Smith	3/12/1957
11/30/2013	1234567890	Yes	MC	BB12345P	Adam	Smith	11/1/1938
11/30/2013	1234567890	Yes	MC	BD12345C	Eve	Smith	7/24/1942

3) Do not change the format

Insurance	Patient	Claim Date	Service Date	Claim ID	CPT Code	CPT Code Description	Payment Paid	Patient Payment	Insurance Payment	Contractual	Insurance Withheld
Affinity Health Plan FHP	[redacted]	Mar 26, 2013	Mar 26, 2013	[redacted]	[redacted]	IMMUNIZATION ADMIN	$8.41	$0.00	$8.41	$21.59	$0.00
		Mar 26, 2013	Mar 26, 2013	[redacted]	[redacted]	ADACEL -TDAP VACCINE-child	$33.35	$0.00	$33.35	$51.65	$0.00
		Mar 26, 2013	Mar 26, 2013	[redacted]	[redacted]	VISIT ESTABLISHED PATIENT - MODERATE SEVERITY	$37.88	$0.00	$37.88	$47.12	$0.00
	[redacted]						$79.64	$0.00	$79.64	$120.36	$0.00
	[redacted]	Mar 22, 2013	Mar 22, 2013	[redacted]	[redacted]	VENIPUNCTURE ROUTINE	$5.00	$0.00	$5.00	$0.00	$0.00
		Mar 22, 2013	Mar 22, 2013	[redacted]	[redacted]	EKG WITH INTRETATION	$26.15	$0.00	$26.15	$18.85	$0.00
		Mar 22, 2013	Mar 22, 2013	[redacted]	[redacted]	PREVENTIVE VISIT- 18- 39 YRS OLD	$81.57	$0.00	$81.57	$23.43	$0.00
	[redacted]						$112.72	$0.00	$112.72	$42.28	$0.00
	[redacted]	Mar 18, 2013	Mar 18, 2013	[redacted]	[redacted]	VENIPUNCTURE ROUTINE	$5.00	$0.00	$5.00	$0.00	$0.00
		Mar 18, 2013	Mar 18, 2013	[redacted]	[redacted]	URINE PREGNANCY TEST (QUALITATIVE)	$0.00	$0.00	$0.00	$0.00	$0.00
		Mar 18, 2013	Mar 18, 2013	[redacted]	[redacted]	PREVENTIVE VISIT- 18- 39 YRS OLD	$81.57	$0.00	$81.57	$75.19	$0.00
		Mar 18, 2013	Mar 18, 2013	[redacted]	[redacted]	FLU VACCINE ADMINISTRAION	$0.00	$0.00	$0.00	$0.00	$0.00
		Mar 18, 2013	Mar 18, 2013	[redacted]	[redacted]	FLU-FLULAVAL-VACC, 3 YRS &>	$9.83	$0.00	$9.83	$20.17	$0.00
	[redacted]						$96.40	$0.00	$96.40	$95.36	$0.00

2) Patient Medicaid Number and/or Full Name and DOB

Provider Name: [redacted]			NPI: [redacted]		Contact Email: [redacted]		
Medicaid Patient Volume Templ			Reporting Period:	9/1/2013 - 11/29/2013	VERY IMPORTANT: Spreadsheet must have 30 encounters and end on row 33. Please verify before sending!		
Medicaid encounter date (mm/dd/yyyy)	NPI that billed service	Payment received (Yes/No)	Medicaid claim type (FFS, MC, FHP)	Patient Medicaid Number	Patient First Name	Patient Last Name	Patient Birth Date (mm/dd/yyyy)
9/13/2013	1234567890	Yes	MC	AB12345Z	Jane	Smith	6/15/1932
9/13/2013	1234567890	Yes	MC	AD12345Y			
11/28/2013	1234567890	Yes	MC		Adam	Smith	11/1/1938
11/29/2013	1234567890	Yes	MC		Eve	Smith	

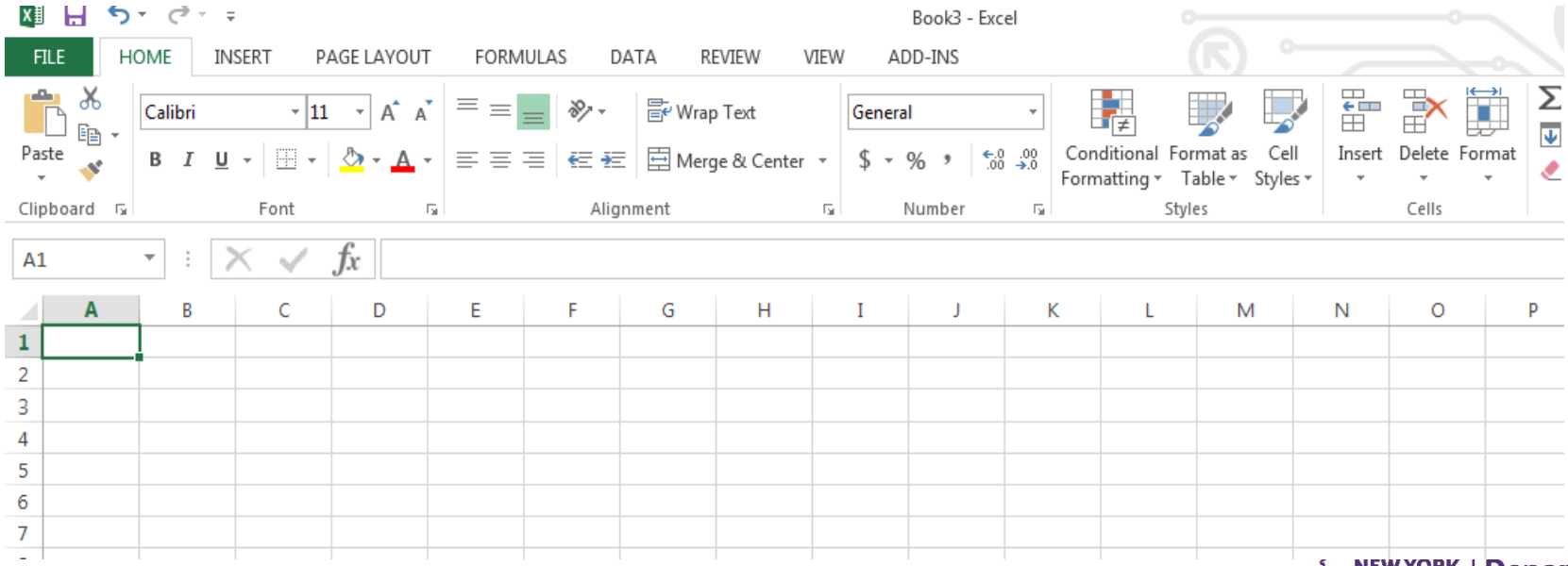
1) Duplicates

Provider Name: [redacted]			NPI: [redacted]		Contact Email: [redacted]		
Medicaid Patient Volume Templ			Reporting Period:	9/1/2013 - 11/29/2013	VERY IMPORTANT: Spreadsheet must have 30 encounters and end on row 33. Please verify before sending!		
Medicaid encounter date (mm/dd/yyyy)	NPI that billed service	Payment received (Yes/No)	Medicaid claim type (FFS, MC, FHP)	Patient Medicaid Number	Patient First Name	Patient Last Name	Patient Birth Date (mm/dd/yyyy)
9/13/2013	1234567890	Yes	MC	AZ12345C	Jane	Smith	6/15/1932
9/13/2013	1234567890	Yes	MC	AZ12345C	Jane	Smith	6/15/1932
11/30/2013	1234567890	Yes	MC	AB12345C	Adam	Smith	11/1/1938
11/30/2013	1234567890	Yes	MC	AB12345C	Adam	Smith	11/1/1938

Password Protection Walkthrough

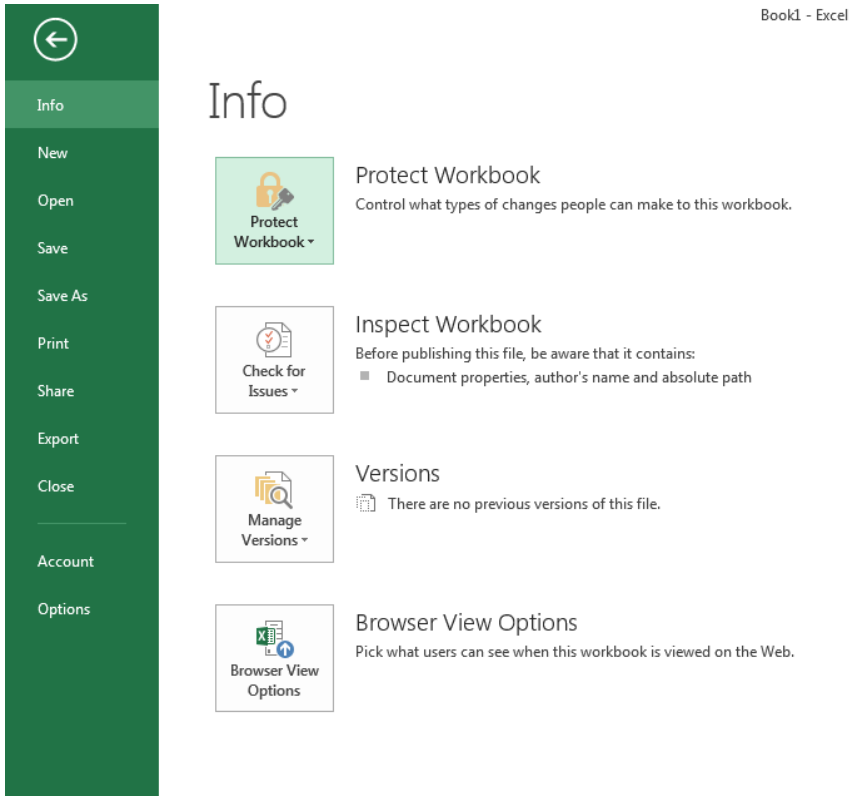
Password Protection Walkthrough

- Start by clicking “file” in the top left corner



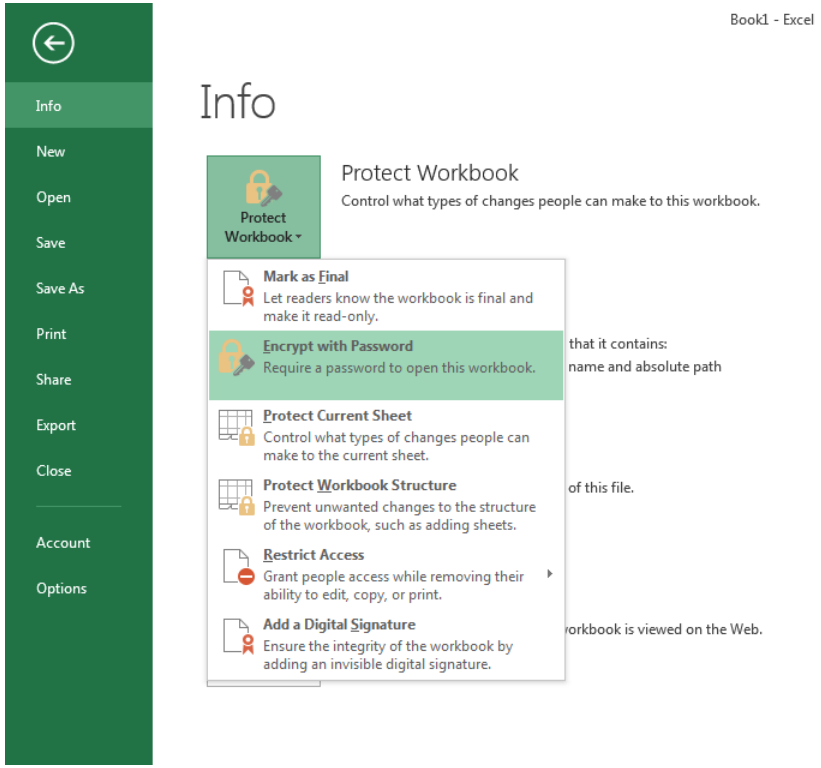
Password Protection Walkthrough

- Click “info” on the left side bar



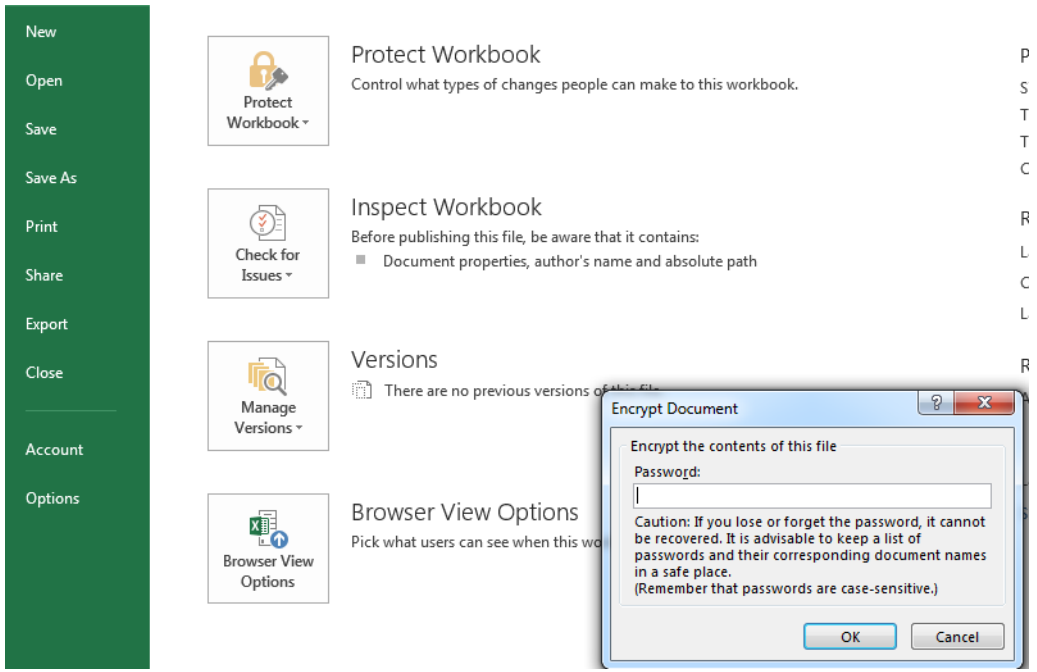
Password Protection Walkthrough

- Click “Protect Workbook”
- Click “Encrypt with Password”



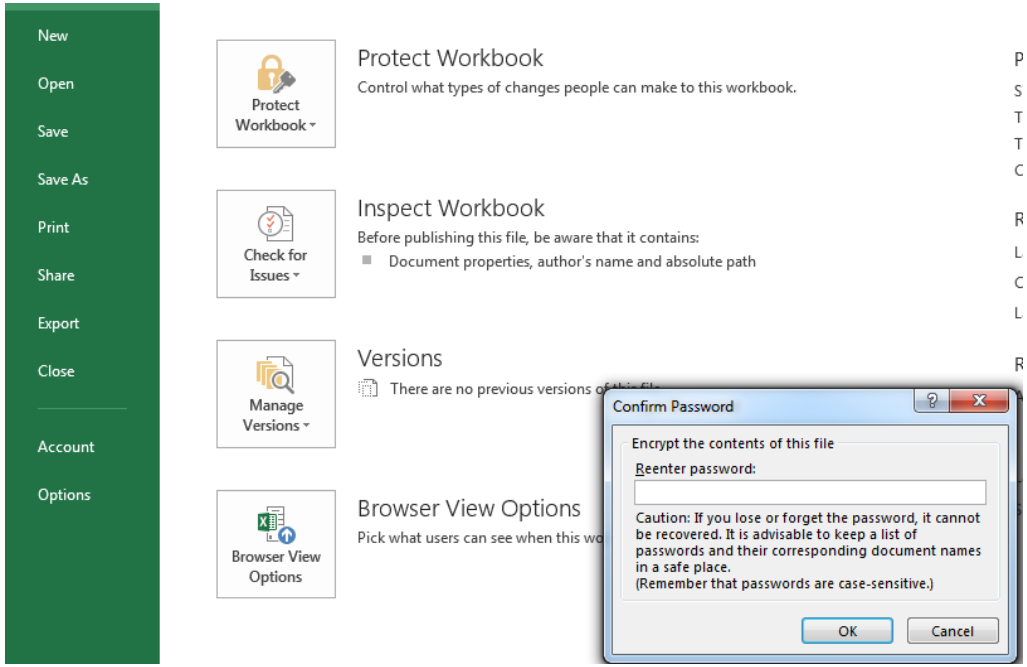
Password Protection Walkthrough

- You will then be prompted to create a password for the file, enter it into the box and click “ok”



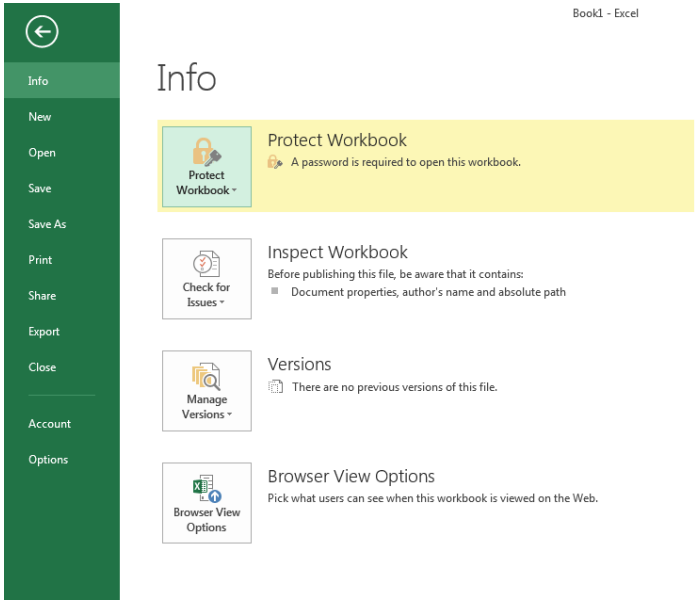
Password Protection Walkthrough

- Re-enter the password that you previously entered.



Password Protection Walkthrough

- Your workbook is now password protected.
- Be sure to email the password for your file in a separate email once you've sent your Supporting Documentation file.



Conclusion

Program Reminders

- 2016 is the last year that an eligible professional can begin participation.
- Providers must attest to the Medicaid patient volume to maintain eligibility.
- 2014 edition of certified EHR technology is the minimum requirement.
- EHR activity (adopt, implement, upgrade or meaningful use) must be within the payment year.

Prior to Attesting

- Verify your CMS registration information (including phone and email)
- If it needs to be changed, please update your record in the CMS Registration and Attestation System.

Support Services

Numerator Data Requests

EPs may request a summary of their Medicaid claims. This report may only be used as guidance and does not suffice as supporting documentation.

Pre-validation

Individual and group EPs who have already determined their Medicaid patient volume may submit their data prior to attesting.

Contact hit@health.ny.gov to request these services.

Deadlines

- Attestation deadline is 90 days after the given payment year, i.e. March 31.
- 2016 attestation deadline is March 31, 2017.
- Providers must attest online and submit signed hard copies.
- Providers can submit an Attestation Deadline Extension Request up to 30 days after the attestation deadline.

Resources

State Resources

- **New York State Medicaid HIT Plan (NY-SMHP)**
  http://health.ny.gov/regulations/arra/docs/medicaid_health_information_technology_plan.pdf

Other Resources

- **CMS Website for the Medicare and Medicaid EHR Incentive Programs**
  http://www.cms.gov/ehrincentiveprograms/
- **ONC Home Page** http://www.healthit.gov/

CMS Help Desk

phone: 888-734-6433
Program Registration, Meaningful Use, Medicare Program

NY Medicaid EHR Incentive Program Support Teams

phone: 1-877-646-5410

Option 2: Program Policies, Patient Volume, Meaningful Use, and Attestation Reviews
email: hit@health.ny.gov

Option 3: Public Health Reporting Guidance, Registration, and Status
email: MUPublicHealthHELP@health.ny.gov