

## PVT CALCULATOR INSTRUCTIONS

The PVT Calculator consists of three MS Excel-based tools to make determination of PVT faster and easier:

- A) PVT Calculator** determines the PVT based on One Claim Per Patient Per Day, including all eligible Medicaid paid claims;
- B) Multiple Payors Converter** adapts an encounter-based format to the claims-based format expected by PVT Calculator;
- C) The Group Roster Creator** pre-populates the group roster with the provider information included within the claims data.

When using these tools, keep in mind that you are responsible for feeding the tools with correct data, for properly defining what your data represents, for analyzing the accuracy of how your data was interpreted, and for reviewing whether your PVT is correct. You also need to correct any incomplete data that affects the PVT.

Each tool comes with onscreen instructions to guide you in using the tools. Carefully follow the instructions that pop up while using the tools. When in doubt, press F1=Help for further details.

At the top of PVT Calculator you can select whether you are a beginner or expert user:

- In Beginner mode, you will see pop up instructions a) to get you started, and b) for issues you need to address;
- In Expert mode, you will only see the pop up instructions for the issues you need to address.

Use the Down Arrow on your keyboard to scroll down to read the rest of these instructions.

## LET'S GET STARTED

### PREPARE YOUR CLAIMS SHEET

Start with creating an Excel spreadsheet that contains columns with the following information for all your claims created during the PVT Reporting Period:

#### Required columns:

- o Organization Name
- o Payee NPI
- o Location/Street Address
- o Unique Patient ID 1 (MRN)
- o Unique Patient ID 2 (DOB)
- o Date of Service
- o Payor (Either Primary Payor only, or all payors)
- o Amount Paid (by Payor)
- o Denial Reason (Enrollee approach only)

#### Optional columns:

- (Requires use of the Multiple Payor Converter)
- o Secondary Payor
  - o Secondary Amount Paid
  - o Tertiary Payor
  - o Tertiary Amount Paid

#### Optional columns for Group Proxy Reporting : (allows one claim per patient per day per unique provider)

- o Provider NPI, and/or
- o Provider Name

You can use your EHR system or Practice Management System to create this Excel sheet, but other methods work too. Preferably the data is formatted per the claims template available on the MeHI website in the MU Toolkit for Eligible Professionals. A different format is ok, as long as all required data elements are present. You may also add additional columns, such as the Provider Type to enable the Group Roster Creator to generate a more complete roster for you.

The PVT Calculator requires the claims data to be stored in either:

- any Excel file format (.xls, .xlsx, .xlsm, .xlsb files), or
- CSV format (.csv files).

Other comma delimited file formats may work too, but have not been tested.

### START PVT CALCULATOR IN MS EXCEL 2010 or 2013.

(MS EXCEL 2007 may work too but was not tested)

Open the PVT Calculator file in MS Excel\*. The PVT Calculator form will appear. Then follow the instructions listed below.

\* Upon opening the PVT Calculator for the first time, Excel may prompt you to enable editing and/or the macros. Enable accordingly.

## A) USING THE PVT CALCULATOR

### STEP 1

- a) Use the “1a) Browse Claims File” button, to identify your claims file. The file must include a sheet with the claims information listed in the PREPARE YOUR CLAIMS SHEET section above. Step 1a also imports the names of the spreadsheets included in the claims file, in preparation for step 1b.
- b) Then use the drop-down menu box and the “1b) Import Claims Sheet” button, to identify your claims sheet and import the sheet. The sheet must contain all your claims during the PVT reporting period.
- c) If your claims sheet includes multiple payors (secondary, tertiary, etc.) on the same Excel row in the encounter-based format, use the “1c) Convert Multiple Payors” button to convert the data to the claims-based format. You will need to identify the column letters of each payor level. Follow the instructions of the tool.

### STEP 2

Define the information on your spreadsheet: the number of the header row, the column range, and whether you are using Paid Claims or Enrollees. Identify the required columns either by letter or names.

Then click the “2) Find Payors” button to identify which payers are Medicaid (in and out-of-state) in the new window that pops up. Follow the instructions and then click the “Back to PVT Calculator” button.

For the enrollee method, also click the “2b) Find Denial Reasons” button to define the denial reasons that indicate the patient wasn't eligible for Medicaid. Follow the instructions and then click the “Back to PVT Calculator” button.

**Note:** The PVT Calculator inserts extra columns into your sheet to find the duplicates, classify certain information, and select the Medicaid payors. To ensure that this doesn't affect your column definitions, the PVT Calculator replaces column letter definitions with the header text of the corresponding columns. This ensures that subsequent runs of the PVT Calculator can find the same columns. However, if you see that the header text the PVT Calculator found doesn't correspond to your actual headers, you probably didn't identify the correct header row. (For instance, if you see a date appear in the Date of Service field of the PVT Calculator form instead of the actual header name, then the header row you defined wasn't the header row but one of the claim rows)

### STEP 3

Enter the appropriate CHIP factor and click the “3) Calculate PVT” button. (You can, but don't need to, enter the % character)

Click this link to select the CHIP Factor: <http://mehi.masstech.org/education/health-it-toolkits/mu-toolkit/medicaid-EP/pvt>

### STEP 4

Review the findings of the PVT Calculator, which will be posted at the bottom of your claims sheet. In particular, evaluate any data that has been highlighted in yellow (which the PVT Calculator found might be missing, erroneous, or suspect data). Correct or update the yellow data if required to make your PVT correct. Also evaluate the claims highlighted in pink, which are the duplicates the PVT Calculator found. Verify the selections.

When you conclude that the PVT is correct, click the “4) Clean Up” button to remove any duplicates and ineligible claims. This must be done before submitting this file as your PVT Supporting Documentation with your MAPIR application (upon request).

### STEP 5

Click “5) Copy to .xls for MAPIR” button to copy the PVT data into a .xls file. You can upload the .xls file into MAPIR as your PVT Supporting Documentation.

Notice: You will get a file mismatch/corrupt warning when you open the .xls file in Excel, because the file has the PVT Calculator macros, which Excel doesn't expect in an .xls file. The “Copy to .xls for MAPIR” action does not corrupt the .xls file, so you can open the file.

## **B) USING THE MULTIPLE PAYOR CONVERTER**

Only use the Multiple Payor Converter if your claims sheet is in the encounter-based format, i.e. where the payors are listed in multiple columns. Run this tool only once in Step 1c) of the PVT Calculator process.

Rerun the tool only after you reimport the claims sheet. The tool will keep duplicating your claims if you run it again without reimporting the claims sheet.

### **STEP B1**

Use column letters to define the columns of each payor. Define at least two payors, otherwise there is nothing to convert. Include the Denial Reason column only if you are using the Enrollee method. Column header text is not accepted.

You can switch to your claims sheet to lookup the column letters. The Converter screen will stay on top, but you can move it to the side for this purpose.

### **STEP B2**

Click the "Convert Multiple Payors" button to start the conversion. If you have many payors in the secondary, tertiary, and quaternary columns, this may take a while. The Converter will show status updates at the bottom of the PVT Calculator screen. You can continue working with your computer while the conversion is in progress, but don't use Excel as that may cause the conversion to stop, or the screen to go blank.

## **C) USING THE GROUP ROSTER CREATOR**

Either a) use the Creator to generate your roster from the claims data, or b) create your own sheet with this information. In either case, submit your roster as part of the PVT Supporting Documentation with your MAPIR application (upon request).

### **STEP C1**

The column headers of the roster contain input fields. Use these fields to define the header row and the letters of the columns in your claims data that contain the relevant provider information. You cannot use header text in these definitions.

### **STEP C2**

Click the "Find Providers" button to start the process. The Creator will generate the roster based on what it finds in the claims. The cells that show the data found will be colored light green.

### **STEP C3**

Add the remaining information in the white cells that have no information yet. Also manually add the providers in the group who have no claims data. You can add these providers below the providers found in the claims sheet.

## **SUBMITTING YOUR PVT SUPPORTING DOCUMENTATION WITH YOUR MAPIR APPLICATION**

After the Clean Up and addition of the Group Roster (if required), create the .xls file, and submit the .xls file with your MAPIR application. Make sure that the reported numerator and denominator in MAPIR match the results of the PVT Calculator.

### **Notice Of Responsibility**

The PVT Calculator program is designed to enable EPs or their Designees to calculate their PVT. However, without exception, Medicaid EHR Incentive Program compliance remains the sole responsibility of the EP. The requirements are defined by CMS and MassHealth and cannot be overruled by the PVT Calculator. No claims of PVT accuracy can be made based on the results of using the PVT Calculator. The EP and Designee remain solely responsible for the accuracy of the PVT, and must verify the details and results of the PVT calculation. The EP and Designee need to make sure all data entered into PVT Calculator is correct and complete. While PVT Calculator will highlight missing or zero claims data, the EP and Designee are responsible for correcting highlighted or other data as applicable. After changing any data, the EP or Designee must rerun the PVT Calculator.

### **Copyright Notice**

The PVT Calculator program is the copyright of the Massachusetts EOHHS (Executive Office of Health and Human Services) and MeHI (Massachusetts eHealth Institute at MassTech). The program was created by MeHI, on behalf of the Massachusetts EOHHS. PVT Calculator can be downloaded for free from the MeHI website for the purpose of participation in the Medicaid EHR Incentive Program. The program cannot be redistributed for any other purpose and cannot be altered in any way without written consent of MeHI and the Massachusetts EOHHS.

**You can use "FILE - Print" in the Excel menu to print these Instructions**

## PVT CALCULATOR ADDITIONAL INSTRUCTIONS TO CALCULATE PVT FOR FQHC and RHC

FQHC/RHC EPs can include claims for Needy Individuals in their Medicaid Volume in the PVT Numerator. The PVT Calculator can account for Needy Individual claims, but this requires some prework. You must first identify the Needy Individual claims. To do so, follow the procedure listed below. The prework is listed in blue:

- 1) Create a claims file with all claims made during the 90-day PVT Reporting Period.
- 2) Open the claims file, and for each Needy Individual claim that was zero-paid (= Amount Paid is \$0):
  - When using the Paid Claims Method: Change the Paid Amount to \$1.
  - When using the Enrollee Method: Change the Denial Reason to "NEEDY".
- 3) Start the PVT Calculator:
  - Import the updated claims file.
  - Select the Paid Claims or Enrollee methodology to calculate the PVT.  
(Select the methodology based on what is best for calculating the highest PVT from the Medicaid Patient claims.)
  - Enter the claims row and column definitions.
  - Create the Payors table and identify the Medicaid Payors,
    - and include the Medicaid Payors ("Uncompensated Care", "Health Safety Net") of Needy Individual claims.
  - For the Enrollee Method:
    - Create the Denial Reasons Table, and identify the ineligible Denial Reasons.  
(Leave "NEEDY" blank, so PVT Calculator will treat it as an eligible reason)
    - Run the PVT Calculation.

This process enables the PVT Calculator to properly account for the Needy Individual claims in the PVT.

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## PVT CALCULATOR ADDITIONAL INSTRUCTIONS TO CALCULATE PRACTITIONER PANEL PVT

Practitioner Panel EPs can include Panel Patients in their PVT calculation. The PVT Calculator can account for Panel Patients, but this requires some prework. You must first define the Panel Patients who have been seen by their Panel Provider within the 24-month period preceding the 90-day reporting period. Follow the procedure listed below. The prework is listed in blue:

1) Create a "**FFS Claims File**" for the Non-Panel Patients seen during the 90-day PVT Reporting Period (FFS = Fee-For-Service).

2) Create a "**List of the Panel Patients**" who are on the EP's panel for the chosen PVT Reporting Period:

- Include two Unique Patient IDs, and the Panel Provider's NPI or Name.

3) Create a "**Practitioner Panel Patient File**", with exactly the same data layout as the FFS Claims File.

Make sure to include the following columns with information for each Panel Patient:

- Two unique Patient IDs, of the Panel Patients last seen within the 24 months prior to the PVT Reporting Period.
- Provider NPI or Name, listing the patient's Panel Provider.
- Date of Service, listing the date the patient was last seen.
- Payor, listing the Payor that paid for the patient.
- Amount Paid, listing \$1 as the amount paid for the patient.

4) Add the **FFS Claims File** data to the bottom of the **Practitioner Panel Patient File** data, as follows:

- First open the FFS Claims File in MS Excel.
- Highlight and select all FFS claims:  
(Left click on the row number of the first FFS claim, drag the mouse down to the last FFS claim, release the left mouse button).
- Copy the FFS claims rows (Use the Home-Copy button, or Press Ctrl and C).
- Now open the Practitioner Panel Patient File.
- Scroll down to the last Panel Patient.
- Highlight and select the empty row below the last patient (Left click on the row number with the mouse)
- Paste the copied FFS claims directly below the Patients (Use the Home-Paste button, or Press Ctrl and V).  
Don't leave any rows blank, and make sure the data columns of the FFS claims and Practitioner Patients indeed line up:  
Patient IDs, Provider NPI/Name, Date of Service, Payor, Amount Paid should all be in the identical columns.
- Use File - Save As menu to save the data in a new **Combined File** which will be the input file for the PVT Calculator.

5) Start the PVT Calculator:

- Import the **Combined File**.
- Select the Paid Claims or Enrollee methodology to calculate the PVT\*;  
(Select the methodology based on what is best for calculating the highest PVT from the FFS claims for the Non-Panel patients)
- Enter the claims row and column definitions.
- Create the Payors table and identify the Medicaid Payors.
- For the Enrollee Method:
  - Create the Denial Reasons Table and identify any ineligible Denial Reasons for the zero-paid FFS claims.
- Run the PVT Calculation.

This process enables the PVT Calculator to properly account for the Panel Patients in the PVT.

Note: The "Claims Data Range" reported by the PVT Calculator will include all or part of the 24 months prior to the PVT Reporting Period, due to the inclusion of the last service dates of the Panel Patients.

6) When done, upload your PVT Supporting Documentation into MAPIR, and include:

- The .xls file created by PVT Calculator (which must include the combined data)
- The **List of Panel Patients**

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