Patient Volume Pitfalls
Massachusetts Medicaid EHR Incentive Program

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Today's presenters:
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MeHI | MASSACHUSETTS eHEALTH INSTITUTE | at the MassTech Collaborative

- Patient Volume Pitfalls

1. Defining an Encounter

   - Duplicates

2. Tips on extracting data

   - Group vs. Individual
   - Paid vs. Enrollee

3. Use of patient volume templates

Patient Volume Threshold – percentage that determines if a provider is eligible to participate in the Medicaid EHR Incentive Program

Encounter - one service, per patient, per day, per provider…

Paid - where Medicaid or 1115 waiver **paid** for part or all of a service (no zero paid claims) – see Medicaid 1115 Waiver Population Grid

Enrollee – where patient was **enrolled** with Medicaid or 1115 waiver population on the date of service (all paid and zero paid claims can be included; remove only claims denied due to the patient's ineligibility)

Reporting period – any consecutive 90-day period chosen to demonstrate provider's eligibility to receive Medicaid incentives

Eligible Professionals (EPs) may select a 90-day period from either:

- Calendar year preceding payment year

  - Previous calendar year (Jan 2016 – Dec 2016)

- 12 months preceding attestation date

  - 12 months prior to date of submission (moving target)

  - For example: If submitting an application on 2/19/2018, reporting period can be any 90-day period from 2/19/2017 – 2/19/2018

- When choosing a reporting period, ensure the following:

  - EP was actively working during the 90 days

  - Current selected reporting period is different from the previous program year

  - CHIP factor was applied to instate numerator

Scenario:

On 9/12/16 Marjorie fell ill and went to Kennedy CHC. Dr. Ace observed Marjorie's symptoms, hydrated the patient and sent her home. Later that evening, Marjorie felt worse and returned to the CHC. Dr. Ace decided to run additional tests on the patient.

DOS	Pt.Name	DOB	Provider ID	Total Paid	Insurance
9/12/2016	M. Veale	7/4/1970	Dr. Ace	$35.00	Medicaid
9/12/2016	M. Veale	7/4/1970	Dr. Ace	$70.00	Commercial

When extracting patient volume detail, would the visit for Marjorie count as 1 or 2 encounters?

This service would count as one encounter. Remember the definition of an encounter: one service, per patient, per day.

Scenario:

On 9/12/16 Marjorie fell ill and went to Kennedy CHC. Dr. Ace observed Marjorie's symptoms, hydrated the patient and sent her home. Later that evening, Marjorie felt worse and returned to the CHC. Dr. Bravo decided to run additional tests on the patient.

DOS	Pt.Name	DOB	Provider ID	Total Paid	Insurance
9/12/2016	M. Veale	7/4/1970	Dr. Ace	$35.00	Medicaid
9/12/2016	M. Veale	7/4/1970	Dr Bravo	$126.00	Commercial
9/12/2016	M. Veale	7/4/1970	Dr. Ace	$70.00	Commercial

When extracting patient volume detail, would the visit for Marjorie count as 1 or 2 encounters?

In this case, the service would count as two encounters because the patient saw two different providers.

- 2 visits would count in the denominator
- 1 Medicaid visit would count in the numerator
- 1 duplicate service would need to be removed

Scenario:

Dr. Veale renders services at 4 CHCs: Kennedy, Roslindale, Codman, and Mattapan.

Is Dr. Veale required to extract patient volume data from all 4 locations?

No. If the EP satisfies the 30% patient volume from one location, Dr. Veale has the option of reporting volume from one location only.

Scenario:

Kennedy CHC has 4 EPs who are participating in the Medicaid Program. Kennedy has decided to attest using Group Methodology. The 4 attesting EPs work across **5 locations**.

Dr. Ace, Dr. Bravo, and Dr. Clean all render services at the following Kennedy CHC locations: Codman, Kennedy, Roslindale, and Mattapan. Dr. Dodge is the only EP who renders services at Roslindale and Westborough.

How does the organization gather data to properly report that the 4 EPs satisfied the 30% required patient volume threshold?

A.   Extract data from all 5 locations where the EPs rendered services

B.   Extract data from the 4 locations where Dr. Ace, Dr. Bravo, and Dr. Clean render services.

C.   Extract data solely from the Roslindale location.

Answer: C – Since **all** of the EPs rendered services at the Roslindale location, data can be pulled solely from Roslindale to demonstrate the 30% threshold.

Scenario:

Kennedy CHC has 4 EPs who are participating in the Medicaid Program. Kennedy has decided to attest using Group Methodology. The 4 attesting EPs work across **5 locations**.

Dr. Ace, Dr. Bravo, and Dr. Clean render services at the following Kennedy CHC locations: Codman, Kennedy, Roslindale, and Mattapan. Dr. Dodge is the only EP who renders services solely in Westborough.

How does the Organization gather data to properly report the 4 EPs satisfied the 30% required threshold?

A. Extract data from all 5 locations where the EPs rendered services

B. Extract data from Roslindale and Westborough

C. Extract data from solely the Roslindale location

Answer: B – To demonstrate the 30% threshold data can be extracted from both Roslindale and Westborough locations.

✓ Confirm all locations do not have inpatient services

✓ Locations all share the same TIN and/or NPI

- **Avoid** sending PVT detail with PHI:

  - Patient's Full Name
  - CPT Codes
  - Diagnosis
  - Employee ID
  - Certification ID

- Use the templates provided on the MeHI website:

  - Includes all essential data elements
  - Decreases the chances of missing pertinent data
  - Increases the probability of submitting accurate data the first time

- Provide a Key which identifies each payer

- Use the Medicaid 1115 Waiver Population Grid to ensure all payers are captured

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