Group Proxy

For the purpose of calculating patient volume threshold, a group is defined as: two or more Eligible Professionals who practice at the same site or within a physician foundation with a unique NPI or Tax ID. Group proxy patient volume calculations must include all providers whose encounters contributed to the group’s patient volume during the reporting period, including providers who are not eligible to participate in the Medicaid EHR Incentive Payment Program.

Organizations can select from the following Group Proxy Methods:

- Physician Foundations that have separate NPIs or Tax IDs
- Hospital-owned Outpatient Clinics (typically used by hospital organizations)
- Stand-Alone Outpatient Facilities (no inpatient services provided) that house multiple clinics that are owned and operated by the same health care organization
- Medical Group Practice or Health Center (single location)
- Multiple Ambulatory Clinics (multiple locations) owned and operated by the same health care organization.

Provider organizations should determine which option is the most advantageous for maximizing the number of Eligible Professionals who can participate in the Medicaid EHR Incentive Payment Program.

Process to Obtain Approval for Selected Group Proxy Method

Before submitting attestations, all health enterprise organizations (hospitals, health centers, etc) electing to use the group proxy method are required to submit the following for prior approval:

1. Group Proxy Method chosen
2. A group roster listing all providers, including those not eligible for the Medicaid EHR Incentive Payment Program
3. Supporting documentation for paid claims or enrollee data (e.g. numerator and denominator) for the selected 90-day patient volume threshold reporting period

Additional supporting documentation may be requested.

Group Proxy Checklist

- Ensure that the group’s patient volume is appropriate to use for all Eligible Professionals. Confirm the following:
  - The provider was part of the practice at any time in the prior calendar year and served at least one Medicaid patient, OR
  - The provider is new to the practice and is currently seeing Medicaid patients
- Make certain an auditable data source exists to demonstrate how the patient volume was determined.
- Confirm all Eligible Professionals within the group are reporting the same patient volume (in any given payment year, all Eligible Professionals must use the same method to determine patient volume).
- Confirm the group is using the entire practice or clinic’s patient volume, including providers not eligible to participate in the Medicaid EHR Incentive Payment Program (this includes ancillary providers); the practice cannot limit patient volume in any way.
- Ensure Eligible Professionals who are employed by multiple non-affiliated organizations only include those encounters associated with the group (non-affiliated encounters should not be included in the patient volume threshold calculation).
- Reminder: All organizations must have an approved resident proposal on file with MeHI in order to register and attest for their residents. Organizations are required to identify the resident’s practice location, ambulatory clinic or foundation, and supervising MD.

1 To qualify for the Medicaid EHR Incentive Payment Program, hospital-employed Eligible Professionals must practice less than 90% of their time in an Inpatient (POS 21) or Emergency Room (POS 23) setting.

2 “Medicaid patient” is defined as a patient enrolled with Medicaid on the date of service or for whom Medicaid paid at least part of the service.

Please note that all information contained in this bulletin is subject to change without notice.

Additional Resources

Additional resources can be found by visiting the Massachusetts Medicaid EHR Incentive Payment Program website: www.mehi.masstech.org

For any questions about the program or submitting your application, please contact the Massachusetts Medicaid EHR Incentive Payment Program by phone at 1-855-MASSEHR (1-855-627-7347) or by email at massehr@masstech.org.