# Ohio | Medicaid Provider Incentive Program

## Group Proxy Patient Volume

The patient volume screens in the MPIP system were recently updated!  You may find the following information helpful while attesting to patient volume.  Eligible professionals practicing within a group practice or clinic have the option to use group proxy patient volume.  Using the group proxy patient volume may help some eligible professionals, who may not meet the patient volume requirements on their own, meet patient volume requirements.

A worksheet is also available on the MPIP Resource Page to assist groups in calculating their total patient volume.

### General Patient Volume Requirements

- The group must meet one of the following patient volume thresholds:
  - Minimum Medicaid patient volume of 30%.
  - Minimum Medicaid patient volume of 20%, with all members of the group attesting as a Pediatrician.
  - Minimum Needy Individual Patient Volume of 30%, with all members of the group attesting to practicing predominantly through an FQHC or RHC.
- All eligible professionals using the 20% Medicaid Proxy Patient Volume must meet the definition of pediatrician and select that they are attesting as a Pediatrician in the MPIP System.
  - **Pediatrician**: for the purposes of MPIP eligibility determination, a **Pediatrician** is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children.  A Pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in Pediatrics through either the American Board of Pediatrics (ABP), the American Osteopathic Board of Pediatrics (AOBP), the American Board of Surgery, the American Board of Radiology or the American Board of Urology or a current, in good standing, pediatric subspecialty certificate recognized by the American Board of Medical Specialties.
- All eligible professionals using the Needy Proxy Patient Volume must practice predominantly through an FQHC/RHC.
  - **Practices Predominantly:** if more than 50% of an eligible professional's total patient encounters over a period of 6 months in the most recent CY or within the 12-month period preceding attestation occur through a FQHC/RHC, they are considered to practice predominantly at an FQHC/RHC and the eligible professional has the option to use needy individual patient volume.
- The clinical location(s) used to calculate group proxy patient volume must have Certified EHR Technology (CEHRT) during the payment year for which the eligible professional attests to adopt/implement/upgrade to or meaningful use.

### General Group Requirements

- All eligible professionals in the group should use the same patient volume methodology for the payment year (in other words, clinics could not have some of the eligible professionals in the groups using their individual patient volume for patients seen at the clinic, while others use the clinic-level data).
- The group proxy must include patient encounters from **all** providers in the group, regardless of the provider's eligibility for MPIP.  The group's patient volume cannot be limited in any way.
- There must be an auditable data source to verify the patient volume determination.
- All eligible professionals in the group using the group's patient volume proxy must have a valid and current Ohio Medicaid provider agreement.

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- The group's patient volume must be appropriate for the eligible professional. For example, if an eligible professional only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation for the eligible professional.
- Eligible professionals must be employed by the group practice or clinic at the time of attestation in order to use the group practice or clinic's patient volume proxy.
- Eligible professionals practicing in-and-outside of the group's practice may not include outside patient encounters in the group proxy.

## Written Consent

Each group must provide written consent from all eligible professionals whose patient volume will be used in the group proxy. This may also include eligible professionals who no longer work at the group, but worked at the group during the 90-day patient volume reporting period.

The eligible professionals should specify whether they are consenting to one of the following:
- Attesting as a member of the group and permitting the group to use their encounters for the patient volume calculation; or
- Not attesting as a member of the group, but permitting the group to use their encounters for the patient volume calculation.

If any eligible professional, whose patient volume is being used in the group proxy, does not permit the group practice to use their encounters to calculate patient volume, then the group patient volume proxy cannot be used and eligible professionals in the group should use their individual patient volume.

The written consent should, at a minimum, include the following information:
- Group practice name and Medicaid ID number
- Name and Medicaid ID of each eligible professional in the group
- Whether or not the eligible professional is attesting as part of the group and permitting the group practice to use his or her encounters in the group practice volume proxy calculation.

## Patient Volume Calculations

Eligible professionals may use Medicaid or Needy (if they practice predominantly through an FQHC/RHC) Patient Volume.

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## Group Proxy Patient Volume

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### Group Proxy Patient Volume Calculation:
### Medicaid Patient Volume

**Reporting Period:** Any continuous 90-day period (beginning the first day of the month) in the previous calendar year or in the 12-months prior to the group's attestation.

**Numerator:** The sum of all Medicaid encounters from all Medicaid providers (even those who are not eligible for MPIP).

**Denominator:** The sum of all encounters from all providers (even those who are not eligible for MPIP).

**The following are considered Medicaid Encounters:**
- Services rendered to an individual on any one day where Medicaid paid for part or all of the service
- Services rendered to an individual on any one day where Medicaid paid all or part of the individual's premiums, co-payments, and cost-sharing
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

### Group Proxy Patient Volume Calculation:
### Needy Patient Volume

**Reporting Period:** Any continuous 90-day period (beginning the first day of the month) in the previous calendar year or in the 12-months prior to the group's attestation.

**Numerator:** The sum of needy encounters from all Medicaid providers (even those who are not eligible for MPIP).

**Denominator:** The sum of all encounters from all Medicaid providers (even those who are not eligible for MPIP).

**The following are considered Needy Encounters:**
- Services rendered to an individual on any one day where Medicaid or CHIP paid all or part of the individual's premiums, co-payments, or cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.
- Services rendered to an individual on any one day where the services were furnished at no cost.
- Services rendered to an individual on any one day where the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

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# Group Proxy Patient Volume

All providers using the group proxy patient volume will follow the same initial process for enrolling in MPIP. The first eligible professional in the group to enter MPIP will need select the practice location and set up the group proxy patient volume for the entire group. When the remaining eligible professionals of the group practice enroll in MPIP, they will not have to enter any patient volume information, but will have an opportunity to view the patient volume information that was entered by the first eligible professional of the group to enroll in MPIP.

## 1. Begin your MPIP attestation.

After entering MPIP, eligible professionals should verify their national provider information and complete their state provider information. Select **Yes** or **No** to the following questions:

- Are you a hospital based provider?
- Are you attesting as a Pediatrician?



## 2. Select your Patient Volume Attestation Method.

Eligible professionals will have to select their patient volume attestation method. Select one of the following options:

- **Individual:** You are attesting using your individual patient encounters.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.



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# Group Proxy Patient Volume

## 3. Select your Patient Volume Calculation Method.

After selecting the patient volume attestation method, a question will appear asking the eligible professional to select their patient volume calculation method. Select one of the following options:

- Medicaid Patient Volume
- Needy Patient Volume.
    - o If using Needy Patient Volume, eligible professionals will receive a pop-up asking them to confirm that each provider using the Needy Patient Group Proxy practices predominantly through an FQHC/RHC.



## 4. Select Practice Locations

Click **Select Practice Locations** to select the practice location used to calculate patient volume.



## 5. Identify Group Practice Location

MPIP will automatically pull a list of group/clinic practice locations within the State MMIS that the eligible professional is associated with. The first eligible professional using the group proxy to enter the MPIP system will be responsible for setting up the patient volume for the entire group. If the group has already been created, the EHR Group ID column will contain a value.

> Note: Group/clinic practice locations that have been used in individual attestation are not available for selection. In addition, once a group/clinic has been established, that location may not be used by other providers attesting as individuals.

**Select** your group location and do one of the following:

- **Create a new group** - if you are the first eligible professional to come into the MPIP system for the group, you should select this option; or
- **Join an existing group** - all groups for which the eligible professional's NPI is associated with in Ohio's MITS system will populate. Select the group you are associated with.

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## 6a. Create a New Group

The first eligible professional to enter the system will see the following screen and complete the following:

- Select the patient volume reporting period
- Indicate if Out-of-State encounters are being included
- Indicate if the group is a pediatric group
- Indicate if certified EHR technology (CEHRT) is in use during the payment year
  - Select **Yes** if in use during the payment year, leave blank if **No**
- Input the number of **Medicaid Encounters** or **Needy Encounters**
- Input the number of Total Encounters.

Select the **Upload Group Documentation** button to upload documentation to support the group's patient volume calculation and select the **"Save & Continue"** button to continue. The eligible professional will have an opportunity to review the groups patient volume information entered.

When the remaining eligible professionals of the group practice enroll in MPIP, they will not have to enter any patient volume information, but will have an opportunity to view the patient volume information that was entered by the first eligible professional of the group to enroll in MPIP.

# Group Proxy Patient Volume

If any EP within the group practice/clinic does not provide written consent to use their encounters, the group practice/clinic may not enroll using the group proxy PV calculation.

If you have met these requirements and your group practice has agreed that you should enter the information on behalf of the group practice/clinic, enter the PV and reporting period below to establish your group practice/clinic.

### Patient Volume Reporting Period:

Select the group's patient volume reporting period. Patient Volume will be calculated based on any continuous three-month reporting period, beginning on the first day of the month, in the calendar year preceding the group/clinic's payment year or in the 12 months before the group/clinic's attestation.

( ● ) **Previous Calendar Year**   ( ○ ) **Most recent 12 month period**

\* **Please select a Start Date:** [ Select ▼ ]
**Reporting Period Start Date:** [ ]
**Reporting Period End Date:**

### Out-Of-State Encounters

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

**Were out-of-state encounters included in your patient volume calculation?**

( ○ ) Yes  ( ● ) No   [ Select States/Territories ]

**Selected States/Territories:**

### Patient Volume Attestation

**EHR Group Name:** [ ]

**Pediatric Group?** Select "Yes" only if your group consists of all pediatricians. ( ○ ) Yes ( ● ) No

The following are considered Medicaid Encounters:
- Services rendered on any one day to an individual where Medicaid paid for part or all of their service, premiums, copayments, and/or cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

| Name | Address | TIN | NPI | Medicaid ID | CEHRT In Current Yr? | Medicaid or Needy Encounters | Total Encounters | Patient Volume Percentage |
|------|---------|-----|-----|-------------|----------------------|------------------------------|------------------|---------------------------|
| | | | | | ☐ Yes | | | |
| | | | | | | | | |
| **Totals:** | | | | | | | | 0% |

[ Previous ]          [ **Upload Group Documentation** ]          [ **Save & Continue** ]

## 6b. Join an Existing Group

After selecting their group practice location, all group members will have an opportunity to review the groups patient volume information entered.

| Home | Enrollment | Documents | Appeals | Status | Manage Account |

**Zany Zillis (NPI-1000000081)**

#### Group Confirmation

Please review the data below and click Continue if you agree with all of the information.

Corrections can only be made by the EP that enrolled the group practice/clinic. If you do not agree with this information you can:

- Click Cancel to return to the Registration page, then select No for reporting as a group and continue enrollment as an individual. **In this instance, CMS Final Rule precludes you from using your encounters included in the group practice/clinic toward your individual Patient Volume or for any other group practice/clinic.**
- Click Previous to return to the Group Selection page and select a different group Medicaid ID, if you think you selected the wrong group Medicaid ID.
- Exit the system without confirming group enrollment and contact your group practice/clinic members to gain agreement on the correct Patient Volume and reporting period. If you discover the Patient Volume and reporting period are incorrect, you must contact a program specialist to make any changes to the group practice/clinic information.

**Reporting Period Start Date:**      01/01/2012
**Reporting Period End Date:**        03/31/2012
**Out Of State Encounters:**          None
**EHR Group ID:**                     52
**EHR Group Name:**
**Pediatric Group?**

| Name | Address | TIN | NPI | Medicaid ID | CEHRT In Current Yr? | Medicaid or Needy Encounters | Total Encounters | Patient Volume Percentage |
|------|---------|-----|-----|-------------|----------------------|------------------------------|------------------|---------------------------|
| | | | | | Yes | 500 | 500 | 100% |
| | | | | | | | | |
| **Totals:** | | | | | | 500 | 500 | 100% |

[ Previous ]                                    [ Save & Continue ]

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## 7. Complete Payment Assignment and Point of Contact

Return to Step 1 and **Select Medicaid ID** to identify the Payee Medicaid ID and enter a preferred Point of Contact **Email Address** and **Phone Number**. Press **Save & Continue** to advance to Step 2.

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**Patient Volume Attestation Method**

Select your patient volume attestation method.
- **Individual:** You are attesting using your individual patient encounters.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

○ Individual Attestation    ● Group/Clinic Attestation

*Select your patient volume calculation method. Note: If you are a Physician's Assistant, you must choose the Needy Patient Volume calculation method.

● Medicaid Patient Volume    ○ Needy Patient Volume

**Medicaid Group Name:**

[ Select Practice Location(s) ]

**Payment Assignment**

Select your payee Medicaid ID by clicking the button below.
**Payee Name:**
* **Payee Medicaid ID**          [ Select Medicaid ID ]
**Payee Address:**

**Payee TIN:**
**Payee NPI:**

**Point of Contact**

In order to expedite your incentive attestation process, please verify that the email and phone number below are that of the preferred Point of Contact. If not, please correct accordingly.
*Email Address:
*Phone Number:                    Extension: [        ]

[ Previous ]                                          [ Save & Continue ]

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## 8. Review Patient Volume Attestation

All group members will review the patient volume attestation information and select **Save & Continue** to proceed to Step 3.

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**Step 2 - Medicaid Patient Volume Determination**
(*) Red asterisk indicates a required field.

**Patient Volume Reporting Period:**

Please provide the Medicaid Patient Volume information in the fields below. As an Eligible Professional, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Select your Patient Volume Reporting Period. Patient volume will be calculated based on any continuous three-month reporting period, beginning on the first day of the month, in the calendar year (CY) preceding the eligible professional's payment year, or in the 12 months before the eligible professional's attestation.

○ Previous Calendar Year    ● Most recent 12 month period

* Please select a Start Date: [ 01/01/2013 ▼ ]
Reporting Period Start Date: [ 01/01/2013 ]
Reporting Period End Date: [ 03/31/2013 ]

**Out-Of-State Encounters:**

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.
Were out-of-state encounters included in your patient volume calculation?
○ Yes  ● No        [ Select States/Territories ]
Selected States/Territories:

**Patient Volume Attestation**

The following are considered Medicaid Encounters:
- Services rendered on any one day to an individual where Medicaid paid for part or all of their service, premiums, copayments, and/or cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

| Name | Address | Phone # | CEHRT In Current Yr? | Medicaid or Needy Encounters | Total Encounters | Patient Volume Percentage | Action |
|------|---------|---------|----------------------|------------------------------|------------------|---------------------------|--------|
|      |         |         |                      | 500                          | 500              | 100%                      |        |
| **Totals:** |  |  |  | 500 | 500 | 100% | |

[ Previous ]            [ Upload Volume Document ]            [ Save & Continue ]

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## Group Proxy Patient Volume

For additional information on the requirements for using the group proxy patient volume, please see the FAQs and example provided by the Centers for Medicare and Medicaid Services FAQ# FAQ2993.

A worksheet is also available on the MPIP Resource Page to assist groups in calculating their total patient volume.

If you have any additional questions regarding other MPIP program requirements for eligible professionals, please refer to the MPIP webpage for more information or contact MPIP directly at 1-877-537-6747, option 2, #9 to speak with an MPIP representative.

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