



STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**Subject:** EHR Incentive Program Group Proxy Patient Volume

**Date:** January 22, 2013

**If an eligible professional (EP) in the Medicaid EHR Incentive Program wants to leverage a clinic or group practice's patient volume as a proxy for the individual EP, how should the clinic or group handle EPs hired to the group after submitting and being approved by Maryland Medicaid for an EHR Incentive Program year or those who were not included in the original patient volume calculation?**

In most cases, Maryland Medicaid classifies a group as those individual Nation Provider Identifiers (NPIs) that are associated with a Group NPI with Maryland Medicaid. To determine which individual NPIs are associated with your group, please contact Provider Enrollment at (410) 767-5340. EPs may use a clinic or group practice's patient volume as a proxy for their own under the following conditions:

- (1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- (2) There is an auditable data source to support the clinic's patient volume determination; and
- (3) So long as all the EPs in the group decide to use one methodology in each year (in other words, group could not have some of the EPs using their individual patient volume for patients seen in the group, while others use the group-level data). The group must use the entire group's patient volume and not limit it in any way, except to exclude hospital-based encounters. EPs may attest to patient volume under the individual calculation or the group proxy in any participation year. Furthermore, if the EP works both for the group and outside of the group, then the group level determination includes only those encounters associated with the group.
- (4) The EPs who attest using the group's patient volume must be included at the time the group attestation is made. They cannot be added to the group attestation at a later date and receive incentive for that calendar year. This is because Maryland Medicaid totals all encounters for the group to verify eligibility. If an additional member is added to the group, the total encounters for the group changes. Therefore, if an EP is hired or not included after the group has attested and been approved by Medicaid, but should have been added because they are a member of the group, this EP cannot be added to the group at any time during that calendar year. If the group has not been approved, the

group could request a rejection of the attestation, so that the individual can be added to the group. All group members would have to re-attest (Option A, below).

***What options does a group have if they did not include a group member(s) before submitting their attestation with the State?***

For providers newly added to a group that has already attested for a program year, the provider would have to **wait until next program year to participate in the EHR Incentive Program**. Next year they could either (1) join the group and follow along on a different EHR timeline than the group (see Option B below); (2) participate by themselves, using either their individual patient volume or the group's patient volume, but the rest of the group would not participate in that program year (see Option C); or (3) forgo the group proxy approach and have each provider participate using individual patient volume (see Option D).

**Option A**

**New EP joins the group after the group attests, but before they group has been approved for payment**

The group contains 10 EPs. Individually, not every EP meets the patient volume threshold required for participation in the Medicaid EHR Incentive Program. If the providers use the group proxy approach and combines their encounters (including those provider types not eligible for participation in the EHR Incentive Program), they meet the threshold. On February 1, 2012, the providers submit their attestation, select "Include Organization Encounters" in eMIPP, enter their Group NPI, and submit their summed patient volume. Before Medicaid approves the attestation, the provider contacts Medicaid at [dhmh.MarylandEHR@maryland.gov](mailto:dhmh.MarylandEHR@maryland.gov) and requests that the group be rejected because they have hired a new member. They submit in their email all the individual NPIs associated with their group. Medicaid will reject the attestation so that the group can re-attest with the new member.

**Option B**

**EP joins the group after Medicaid has approved the group proxy attestation. The group decides to submit in their second year using the group proxy**

A group of EPs practicing at Clinic A wants to attest for the Year 1 incentive in CY2011 using the group NPI. They decide to attest as a group because they realize as individuals they do not all have qualifying patient volumes. However, when they combine the group patient volumes they do in fact all meet the requirements. The practice administrator rushes to finish the attestation before the New Year. After attesting and receiving payment, the administrator returns to work in January of 2012 and realizes she forgot to add a doctor (or a new doctor joins the group). Because the group has already submitted, and Medicaid has approved the group's attestation, this provider cannot participate in the program for CY 2011.

Next year (CY 2012), the administrator goes through the same process to decide whether or not the group should use the group proxy. This time, she can now include the doctor she could not add last year. With this doctor included, the group again meets the patient volume requirements. When the administrator goes to attest for each individual in the group via eMIPP, she will select "Include Organization Encounters" in eMIPP, enter their Group NPI, and submit their summed patient volume. All members of the group that submitted in CY2011 will now have to report 90-days of meaningful use, while the provider who was not a member of this group will attest for adopt, implement, or upgrade (AIU). Because this member missed the opportunity to participate with the

group in CY2011, they are not at the meaningful use reporting phase of the program; this provider is participating in Year 1, while the rest of the group is in Year 2. The administrator must now track each group member's progress in the EHR Incentive Program separately.

### **Option C**

**Administrator decides to have the group forego a year of participation so that the EP who missed the first year may catch-up with the group**

To avoid different participation time lines for group members, the administrator could have the group forego the program for their next year. This allows the new EP to do one of two things: either use their individual patient volume and attest for AIU in eMIPP or use the groups patient volume -- if they do not qualify with their individual patient volume -- and attest for AIU in eMIPP. The newly added EP would then receive incentive for 2012 as Year 1, while the remaining group members will not participate in the program and stay in Year 1. In 2013, the new EP can rejoin the group and all together they can use the group patient volume and attest for 90-days of meaningful use. This would eliminate the administrators need to track the group members separately.

### **Option D**

**Administrator decides to have the group forego the group proxy approach and continue with all EPs individually**

The administrator could have the entire group discontinue the group proxy approach when they attest in their next year (2012) and continue as individuals. Each EP will report individual patient volume and attest in eMIPP separately. This option allows all EPs in the practice to participate in that year but at different stages. The new EP will attest for AIU and begin their Year 1 participation while the rest of the EPs will begin their Year 2 and attest for 90-days of meaningful use. This would then require the administrator to track all EPs separately as they would be on different tracks.