

The Massachusetts Medicaid Electronic Health Records (EHR) Incentive Payment Program Patient Volume Thresholds



There are two methodologies for calculating patient volume thresholds. The Patient Encounter methodology and the Practitioner Panel methodology. Using the Patient Encounter methodology, individual providers may review their total patient volume across one or more locations where they practiced during the prior calendar year (or 12 months prior to attestation), and report on aggregate patient encounters for a continuous, representative 90-day period.

NOTE: The 12-month look back is new for 2013 and beyond. Providers who practice in a managed care/medical home setting may choose to use the Practitioner Panel methodology.



Patient Encounter

[More providers can now qualify for Medicaid EHR Incentive Payments!](#)

Stage 1 Meaningful Use changes now allow eligible professionals to use Medicaid-enrolled & Medicaid Managed Care-enrolled individuals to meet the Patient Threshold requirements.

CMS has expanded the definition of Medicaid encounter, extending a patient encounter to include all eligible Medicaid enrollees: One service, rendered any day, to a Medicaid or Medicaid 1115 Waiver enrolled individual, regardless of payment liability. This includes zero pay encounters that may have been paid by Medicare or by another third party, and denied claims, excluding denied claims due to the provider or individual being ineligible on that date of service.

Patient Encounter Methodology Medicaid Enrollee	Patient Encounter Methodology Medicaid Paid Encounter
Medicaid Enrollee Encounters (includes 1115 waiver population) (over a 90-day period in previous CY or 12 months before attestation)	Paid Medicaid Patient Encounters (includes 1115 waiver population) (over a 90-day period in previous CY or 12 months before attestation)
Total Enrollee Encounters (same 90 day period as in the numerator)	Total Paid Patient Encounters (same 90 day period as in the numerator)



Group Proxy

Individual eligible professionals (EPs) have the option to use the Group Proxy approach to achieve the 30 percent Medicaid Patient Volume Threshold.

A Group Proxy is defined as two or more EPs who are practicing at the same site. All members of the group must use the same option for calculating patient volume. An EP should use the most advantageous method. EPs may use Group Proxy only under certain circumstances.



Practitioner Panel

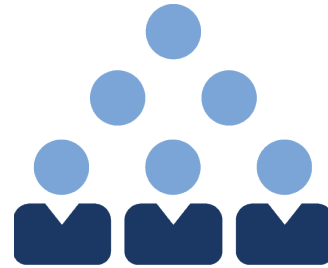
A Practitioner Panel is for those providers who practice in a managed care/medical home setting. As with the Patient Encounter methodology, Practitioner Panels can be used to meet individual, needy individual (FQHC only), and group practice thresholds.

In managed care/medical home settings, employing the Practitioner Panel methodology requires the provider to have documented, auditable data sources. Providers must also be able to identify which patients are on their panels. To calculate Medicaid patient volume with a panel assignment, providers select a 90-day reporting period in the previous calendar year (or in the 12 months before attestation) and apply it to the following formula.

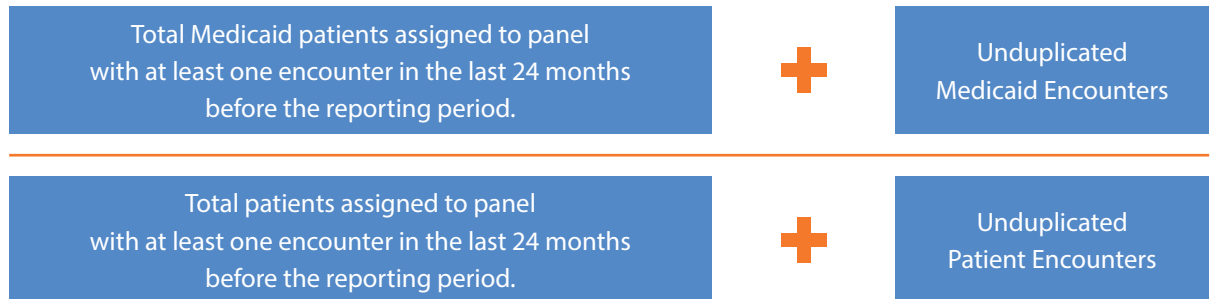
Total Medicaid Patients assigned to the provider's panel with at least one encounter in the last 24 months before the reporting period plus unduplicated Medicaid encounters. [NOTE: Encounter period extended to 24 months (from 12 months) for 2013 and beyond]. These two elements compose the numerator. An "unduplicated encounter" is an encounter that occurred with non-panel patients within the same continuous 90-day period from the previous calendar year.



Documented Data Sources



Patients on Panel



Contact Information

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