

Important Information and Instructions for Completing the “Group Proxy Calculation Based on Medicaid Encounters Worksheet”

Idaho Medicaid EHR Incentive Program

The group proxy calculation worksheet is posted as an Excel document on the EHR website and two completed sample forms are included as separate tabs on the worksheet. Please take a look at the samples before completing your group proxy calculation worksheet.

IMPORTANT:

- Save a copy of your completed group proxy calculation worksheet. Every eligible professional **must** attach a copy of the group proxy calculation worksheet to their application/attestation in the Idaho Incentive Management System (IIMS) and will also need to use some of the information during the application/attestation process.
- This group proxy calculation worksheet can be used by providers who are basing their patient volume on Medicaid encounters as long as the following conditions, as defined by CMS and Idaho Medicaid, apply:
 - The clinic or organization must use the entire clinic’s or organization’s patient encounters and cannot limit it in any way. Any proxy level patient volume calculation must include the encounters of ALL practitioners, both eligible and non-eligible. Eligible professionals are physicians, nurse practitioners, dentists, certified nurse midwives, and physician assistants. Non-eligible practitioners may include physical therapists, social workers, etc.
 - If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP’s outside encounters.
 - The clinic’s or group practice’s patient volume is appropriate as a patient volume methodology calculation for the eligible professional. The eligible professional using the proxy must see Medicaid patients.
 - There is an auditable data source supporting the clinic’s or group practice’s patient volume.
 - All eligible professionals in the group practice or clinic must use the same methodology for the payment year.
 - If the proxy is completed at the organizational level, only in-state clinics may be included.

Instructions for Completing the Group Proxy Worksheet

Clinic or Organization Information

In the box provided after each numbered item, type the information indicated:

1. Group Proxy set at – Type either “Organization” **OR** “Clinic” in the box provided.
note: This is the level at which the group proxy will be applied. Patient volumes **MUST** be aligned to an organization or clinic.
2. Name : Fill in **ONE** of the following:
 - a) Organization – Type the name and the NPI (national provider identifier) of the organization your “group proxy is set at”.
note: if your group proxy is set at the organization level, you **MUST** complete #14 and #15 below.
 - b) Clinic –Type the name and NPI (national provider identifier) of the clinic your “group proxy is set at”.
note: if your group proxy is set at the clinic level, **DO NOT** complete #14 and #15 below.
3. Address – Type the address of the organization or clinic your “group proxy is set at”.
4. Dates for 90-Day Period – Type the start date and end date of the 90 calendar days used for patient volumes. Valid dates for this range are January 1 to 90 calendar days before the end of the calendar year. For example, the 2011 calendar day date range would be January 1, 2011 to October 3, 2011.
5. Gross Medicaid Patient Volume for the Period – Type the Medicaid patient volume for **ALL** practitioners in your organization or clinic for the 90 calendar days identified in question #4.
6. LESS: CHIP patient volume: Do not type in this box. The information will auto populate base on the 7% statewide average for CHIP encounters.
7. Numerator – Do not type in this box. The information will auto populate based on the information in questions #5 and #6.
8. Denominator – Type the *total patient encounters for ALL practitioners* in your organization or clinic for the 90 calendar days identified in question #4.
9. Calculated % Medicaid – Do not type in this box. The information will auto populate based on the information in questions #7 and #8.
note: the calculated percentage must be equal to or greater than 30%.
10. Contact Name – Type the first and last name of the person who can answer questions about the information included in this proxy calculation sheet.
11. Contact Phone Number – Type the 10-digit phone number for the person indicated in question #10.
12. Contact Email – Type the email address for the person indicated in question #10.
13. Name of Clinic’s Administrator – Type the name of the clinic’s Administrator.

If the Group Proxy is Set at the ORGANIZATION LEVEL (see #1), Fill in the Following Information:

14. Clinic Names – Type the names of all of the clinics included in the patient volume calculation in this column.
note: all clinics located in Idaho that are in the organization must be included. Do not include out-of-state clinics or any sub-set of clinics.
15. NPI – Type the NPI for each clinic listed.

Naming, Saving, and Submitting Your Information

Please use the following conventions when naming, saving, and submitting your completed provider proxy:

1. Name your document: Group_proxy_calc_GROUPNAME_MMDDYYYY. Be sure to replace the “GROUPNAME” with the name of your organization or clinic and the “MMDDYYYY” with the start date of the 90-day proxy calculation. Save your file as a PDF.
2. Upload your PDF file to the Idaho Incentive Management System (IIMS) when applying/attesting.

Additional Information

If you have questions about this proxy calculation sheet or other issues concerning the Idaho EHR Incentive Program, please email us at EHRIncentives@dhw.idaho.gov with the Subject line titled “Clinic Proxy Calculation”. You can also go to www.MedicaidEHR.dhw.idaho.gov where you will find an “Ask the Program” feature that will allow you to send questions to program staff or you can call the Idaho Medicaid EHR Program Helpdesk at (208) 332-7989.