

Provider Patient Encounter Report

Idaho Medicaid Electronic Health Record (EHR) Incentive Program

Created March 2012

Note to Providers: There is a good possibility that business processes will change after the program is launched. Potential efficiencies as well as potential problems are likely to become evident. This paper describes the business as of spring 2012. Please be sure to return to the information on the website and in the provider handbook often for updates. Creation dates will be noted on each paper.

Introduction

In the Medicaid EHR Incentive Program, all eligible professionals (EPs) and eligible hospitals are required to submit a 90-day patient volume report to support their attestation for Medicaid or needy patient encounters. The report must be from an auditable source and system generated from the practice's administrative or clinic care system.

Contents of Report

The content of the report is intended to provide the state with sufficient information to validate reported patient encounters. The particular format of the report is not as important as the content; however, it will be important to make the content clear on the report by using headings and labels. The following are definitions of the content we require on the report:

- **Date:** The date the report was generated.
- **90-day period:** The start and end date of the 90 calendar days used to determine patient volume.
 - Eligible professionals: Please use the most recent completed calendar year (12-month period: January-December) prior to the year you are completing the application/attestation.
 - Eligible hospitals: Please use the most recent federal fiscal year (12-month period: October-September) prior to the year you are completing the application/attestation.
- **Provider Name:** The name of the individual eligible professional, eligible hospital, or clinic/group (if an eligible professional is using a clinic/group proxy calculation).
- **National Provider Identifier (NPI):** The NPI for all of the ELIGIBLE PROVIDERS included in the report. Every encounter must have an NPI if it is a service provided by an eligible professional. If the report is to support a group proxy patient volume calculation, the report will list all encounters of all practitioners. Medicaid understands that some non-eligible practitioners may not have an NPI.
- **Clinic NPI:** the NPI for the clinic that is connected to this provider or group of providers if using the group proxy approach for establishing patient volume.
- **Total Medicaid or Needy Encounters:** The total number of Medicaid or needy encounters attributable to the provider or, if using a proxy calculation, all practitioners at the clinic/group practice. The report could show daily, weekly, or monthly sub-totals if the provider desires.

If the report includes out-of-state Medicaid/needy encounters, they must be identified and included in both the numerator and the denominator for the patient volume calculation. Please see note below on out-of-state encounters.

- **Total Patient Encounters:** The total number of patient encounters attributable to the provider or, if using a proxy calculation, all practitioners at the clinic/group practice. If the report includes out-of-state Medicaid/needy encounters they must be identified and included in both the numerator and the denominator for the patient volume calculation. Please see note below on out-of-state encounters.

Note on Out-of-State Encounters

If a provider has out-of-state encounters for the period, they may include them in their encounters only if this is needed to meet the patient volume threshold. When using out-of-state encounters, include these numbers in both the “Total Medicaid” or “Needy Encounters” and the “Total Patient Encounters”. Identify the state and total encounters separately in these totals to provide the visibility to these numbers.

Submission of Provider Patient Volume Report

The Provider Patient Volume Report is uploaded as part of the attestation process in the Idaho Incentive Management System (IIMS). The report must be in PDF format.

State Validation Process

The patient volumes will be validated pre-payment against available data in Idaho’s Medicaid Management Information System (MMIS) for Medicaid encounters. “Needy Encounters” and “Total Patient” encounters will be validated on a post-payment basis during audit.

Additional Information

For questions about this or other issues concerning the Idaho EHR Incentive Program, please go to www.MedicaidEHR.dhw.idaho.gov. There you will find an “Ask the Program” feature that will allow you to send questions to program staff. You can also call the Idaho Medicaid EHR Program Helpdesk at (208) 332-7989.