RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 7
August 2011

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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1.0   Introduction

The Patient Volume Report supports the Medicaid EHR Meaningful Use Incentive program for Eligible Professionals and Eligible Hospitals. The Medicaid Patient Volume generated by the report is used in the attestation process at the CMS website. The Patient Volume report has several options that will produce different results based on who the EPs are and where they practice.

1.1   Summary of Changes

Patch 7 provides report enhancements to Version 2.6 of the Third Party Billing system.

The Patient Volume reports (and the parameter setup) are new software for RPMS and the Third Party Billing package.

1.1.1   Patch 7

Patch 7 includes the five applications listed on the Patient Volume Reports menu; Report Parameters (MUP), Patient Volume Report for Eligible Professionals (PVP), Patient Volume Report for Eligible Hospitals (PVH), EP Class-List of Eligible Professionals (EP) and the EP Reports Definitions List (DEF).

2.0   Background

2.1   Incentive Program

On July 28, 2010, the Centers for Medicare & Medicaid Services (CMS) published its Final Rule explaining how it will implement the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009. The ARRA legislation provides incentive payments from both Medicare and Medicaid for the adoption and meaningful use of certified electronic health record (EHR) technology.

This EHR incentive program will provide payments to eligible professionals (EPs) and eligible hospitals (EHs), including Critical Access Hospitals (CAHs). EPs, Hospitals and CAHs are required to meet auditable minimum patient volume thresholds in order to participate in the Medicaid EHR Incentive Program.

The stated purpose of the CMS Final Rule is to qualify as many EPs/Hospitals as possible for the Medicaid/Medicare Incentive programs. The Patient Volume Report is an integral part of the Attestation process for the EPs and therefore a major step in qualifying for the Medicaid Incentive Program.

2.2   Purpose of this Document

The Addendum/User's manual is intended for use by staff members that are familiar with RPMS and the Third Party Billing system. The Patient Volume Report is only available to RPMS sites that have installed the latest patches for the system (TPB version 2.6p7).

This document is broken into several parts:

- Purpose for the Patient Volume Report (Chapter 1)

- Patch #7 Details (Chapter 2)

- Overview of the Patient Volume Report (Chapter 3)

- Site Setup for the Patient Volume Report (Chapter 4)

- Running the EP report (Chapter 5)

- Interpreting the results printed in the EP report (Chapters 6-7)

- Running the EP report (Chapter 8)

- Interpreting the results printed in the EP report (Chapters 9-10)

- EP Classes & Definitions (Chapters 11-12)

2.3   Certified EHR

RPMS has been certified for outpatient and inpatient use April 1, 2011. A list of Certified EHRs can be viewed at the CMS Website (http://onc-chpl.force.com/ehrcert). The certification process is specific to the version of the software that CMS tested. Only the certified version of the EHR can be used to participate in the Incentive programs (older versions of RPMS have a different table structure and cannot run the Patient Volume Report).

2.4   Who is an Eligible Professional?

For the Medicaid EHR incentive program, the CMS Final Rule (referred to as the Final Rule in the remainder of this document) defines Eligible Professionals (EPs) as MDs, DOs, DDSs, DMDs, NPs, and CNMs. Physician Assistants (PAs) are considered Eligible Professionals if they practice in an FQHC/RHC setting led by a PA. Podiatrists, Optometrists and other health care providers may be EPs if state statutes classify them as "physicians". Additional Provider Classes may be added in the site setup process.

2.5   Who is an Eligible Hospital?

For the Medicaid EHR incentive program, the CMS Final Rule defines Eligible Hospitals as Subsection-D/Acute Care Hospitals and Critical Access Hospitals. Emergency Room encounters are counted as a part of hospital volume.

2.6   Registration/Attestation at the CMS website

EPs may register for the Medicaid EHR Incentive Program at the CMS website (http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp). After they are registered, EPs must attest that they have adopted, implemented, or upgraded to a Certified EHR and that they have met the required Medicaid Patient Volume Thresholds in order to qualify for the year one Medicaid Incentive Payment. EPs can delegate the attestation process to another person. The person chosen as a delegate must register at the I&A Security Check website (https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do).

EHs may register and participate in both the Medicaid and Medicare EHR Incentive Program. CMS requests that EHs register for both programs at the same time on the website to keep records of the registrations together. Registration does NOT require participation – so EHs may register for both programs and then choose if and when to begin participation in either program. Participation in the two programs does not have to be simultaneous.

3.0   Patient Volume Report-Overview

3.1   Medicaid EP and EH Volume Requirements

EPs and EHs must adopt, implement, or upgrade to a Certified EHR. EPs and EHs do not need to meet Meaningful Use in year one of the Medicaid Incentive program, but must meet volume thresholds to participate. EPs must also be a Medicaid EP type, which is defined by law.

3.1.1   Qualification Year

The Qualification Year is the year immediately prior to the year the EP or EH wants to participate in the Medicaid incentive program. The EP or EH must show sufficient patient volume for to qualify for participation in the following year. Qualification of patient volume must be demonstrated for each year they participate in the program.

3.1.2   Participation Year

The Participation Year is the year the EP or EH applies to participate in the Medicaid incentive program.

3.1.3   EP and EH Years

EP Qualification and Participation years are calculated using a calendar year. EH years are calculated using a federal fiscal year.

3.2   Product Scope for Version 1.0

Version 1.0 of the Patient Volume Report focuses on qualifying individual EPs and EHs for the Medicaid Incentive Program. The Group Method Volume report will be released as separate patches in the summer of 2011.

3.2.1   Individual EP

The Individual EP version of the Patient Volume Report can be run for one or more EPs. The EPs entered do not have to work in the same clinic but must have their patient encounters stored in the same database. A limitation for the Individual EP version of the Patient Volume Report is that the date range entered is used for all selected EPs. If that strategy does not work, use a more limited list of EPs.

Eligible Professionals– Included Service Categories

- Ambulatory (excluding clinic code 30)
- Day surgery

- Observation

- Nursing Home

- Home

- Eligible Professionals– Excluded Service Categories

- Chart review

- Event (historical)

- Not found

- Telecommunications – calls

- Hospitalizations & In Hospital Service

- School – Clinic Code 22

- ER: Ambulatory – Clinic Code 30

- Mail – Clinic Code 42

- Radio call – Clinic Code 54

- Follow up letter – Clinic Code 57

- US (Ultrasound) – Clinic Code 66

- CT – Clinic Code 71

- Case management – Clinic Code 77

- Nurse clinic – Clinic Code B5

- Health Aid clinic – Clinic Code C6

3.2.2   Eligible Hospital

The EH version of the Patient Volume Report can be run for one or more hospitals stored in the same database. A limitation for the EH version of the Patient Volume Report is that the date range entered is used for all selected EHs. If that strategy does not work, use a more limited list of EHs.

All hospital discharges and ER encounters are calculated together.

Eligible Hospitals– Excluded Service Categories

- Ambulatory (excluding clinic code 30)

- Day surgery

- Observation

- Nursing Home

- Home

- Chart review

- Event (historical)

- Not found

- Telecommunications – calls

- School – Clinic Code 22

- Mail – Clinic Code 42

- Radio call – Clinic Code 54

- Follow up letter – Clinic Code 57

- US (Ultrasound) – Clinic Code 66

- CT – Clinic Code 71

- Case management – Clinic Code 77

- Nurse clinic – Clinic Code B5

- Health Aid clinic – Clinic Code C6

3.2.3   Date Range Options

There are three date range options for the patient volume report:

- Specific 90 day date range

- Automated date range

- Specific date range (start and end dates specified)

A 90 day date range can be specified to identify the encounter sample used for the volume report. The Automated Date Range option tries every 90 day sample during the entire calendar year. This process takes longer, but it will return the highest Patient Volume results for the number of samples selected in the report. If EPs or EHs fail to qualify for the Medicaid Incentive program with the automated date range option, the report output will serve as a worksheet to show what date ranges had the highest patient volumes for the year.

3.2.3.1   Run Time Mitigation

For facilities with large databases, the automated report may take a significant amount of time to run, as it calculates volume for each 90 day period of the year until it reached the desired threshold. Specifying the start date for the report will greatly reduce the run time needed, as the calculation is only run once.

Running the report for the first day of a month or quarter will allow a snapshop of an EP or EH's volumes, and then the specific start date for qualification can be narrowed from there.

3.2.4   Facility Options

EPs practicing at FQHC/RHC facilities can use a "needy individual" definition for which paid encounters to use for the Patient Volume report. Non FQHC/RHC facilities may only count paid Medicaid encounters for the Medicaid Incentive program. FQHC/RHC facilities may use the "needy individual" definition to identify encounters for the report (needy individual = Medicaid + CHIP paid encounters).

No option for "needy individual" calculation is available for EHs.

> **Note:** The FQHC Needy Individual report includes Medicaid paid and SCHIP paid encounters. Other Needy Individual encounters will need to be counted outside of the Patient Volume report and then added to the totals reported to CMS.

Please check with your state to confirm other types of "needy" encounters which are authorized to be included in the final volume counts for your site.

4.0   New Patient Volume Reports Option

ABM→RPTP→MURP→MUPV

A new option has been added to the Meaningful Use Menu labeled Patient Volume
Reports.

```
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        |           THIRD PARTY BILLING SYSTEM - VER 2.6p7        |
        +                   MEANINGFUL USE REPORTS               +
        |                   INDIAN HEALTH HOSPITAL               |
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        User: VALENCIA,TINA                    20-JUL-2011 1:16 PM


   CEMU    PATIENT COUNTS & % BY ELIGIBILITY
   FEIR    Facility EHR Incentive Report
   MUPV    PATIENT VOLUME REPORTS ...

Select MEANINGFUL USE REPORTS Option:
```

Figure 4-1: Meaningful Use Reports Option

Within the Patient Volume Reports Menu, the follow options are available.

```
         +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
         |           THIRD PARTY BILLING SYSTEM - VER 2.6p7         |
         +                   PATIENT VOLUME REPORTS                +
         |                   INDIAN HEALTH HOSPITAL                |
         +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
         User: VALENCIA,TINA                    20-JUL-2011 1:07 PM


   MUP      Report Parameters
   PVP      Patient Volume Report for Eligible Professionals
   EP       EP CLass - List of Eligible Professionals
   PVH      Patient Volume Report for Eligible Hospitals
   DEF      EP Reports Definitions List

Select PATIENT VOLUME REPORTS Option:
```

Figure 4-2: Patient Volume Reports Option

5.0   Report Setup

The Report Setup should be a one-time activity for an RPMS site. Unless the profile for the facility changes (change to FQHC/RHC status or PA leadership) the original values entered in the setup should continue to be valid. After the setup is completed, anyone with access to the Third Party Billing Menu can run the Volume Reports.

Site Setup has no bearing on the EH reports, but must be completed prior to running any reports for the first time.

Site parameters cannot be reset by the user. They must be changed at the database level by an administrator.

5.1   Site Parameters for Reports (MUP)

3P→RPTP→MURP→MUPV→MUP

The Patient Volume reports utilize several site parameters that are set in RPMS by a site administrator.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |           THIRD PARTY BILLING SYSTEM - VER 2.6p7        |
          +                    Report Parameters                    +
          |                   INDIAN HEALTH HOSPITAL                |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: VALENCIA,TINA                       20-JUL-2011 2:20 PM


You are setting up the Report Parameters.  Once completed, you will not be
able to edit.
Continue? N// YES
Do you wish to designate a Facility as an FQHC or RHC? NO
```

Figure 5-1: Setting up Report Parameters

The MUP menu choice allows the user to set the following report parameters:

- The facility running the report is an FQHC/RHC site. [Y/N]

Facilities classified as an FQHC or RHC facility must answer **Yes**.

If **Yes** is selected, a list of facilities will be displayed. Select the facilities designed at FQHC or RHC.

If a site is designated as an FQHC/RHC setting, the site setup will ask if the site is led by a PA. Answer **Yes** if the Physician Assistant is the Primary Lead at this site.

```
Do you wish to designate a Facility as an FQHC or RHC? YES


  1.   INDIAN HEALTH HOSPITAL
  2.   INDIAN HEALTH CENTER
  3.   TEST HOSPITAL
  4.   MERCY MEDICAL CENTER HOSPITAL
  5.   HOME
  6.   AMBULANCE


Select one or more facilities to designate as an FQHC or RHC: 4  MERCY
MEDICAL CENTER HOSPITAL
Is this FQHC led by a PA? ? YES
Select one or more facilities to designate as an FQHC or RHC:


The following have been identified by you as FQHC/RHC facilities
  MERCY MEDICAL CENTER HOSPITAL (FQHC led by PA)

By answering YES the entries below will be added and the list may not be
edited without contacting OIT

Are you sure? YES
```

Figure 5-2: Establishing FQHC/RHC Locations in Report Setup

- Facilities not designated as an FQHC/RHC location must answer No.

  Additional types of providers (provider class code) that are recognized in the state where the report is being run (beyond MDs, DOs, DDSs, DMDs, NPs, and CNMs and PAs working in an FQHC/RHC led by a PA). [XX]

```
Some states consider Optometrists, Podiatrists, etc., as Physicians.

The next prompt will allow the identification of these provider classes as
EP types to generate volume reports.

Please note: Defaults have been provided so there are already entries in this
file that don't need to be entered again.
Are there additional EP types for your state? NO
```

Figure 5-3: User Notification of the Possibility of Adding Additional Eligible Provider Entries

  States license physicians and can expand or reduce the list of health care providers in their state that are classified as physicians. Optometrists and Podiatrists are Physicians in some states. Setting the Additional EP types will allow the volume report to correctly include additional EP types for the state in which the report is being run.

  Display this parameter only if Additional EP types = Y. To see a list of all RPMS Provider Class Codes see Figure 8-2.

6.0   Patient Volume Report for Eligible Providers

3P→RPTP→MURP→MUPV→PVP

The Patient Volume Reports Menu options are located in the RPMS Third Party Billing (TPB) package Reports Menu. The system must be at TPB Version 2.6 Patch 7 to see this menu.

The following sections will display the report and explain the prompts.

6.1   Report Selection Criteria

6.1.1   Facility Section

At "Select one or more facilities to use for calculating patient volume:", a list of facilities available on the database will display. Select one or more facilities to generate report data for. If an FQHC facility is on the database, the user may not select a combination of FQHCs and Non-FQHCs due to calculations that are done.

```
      +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
      |          THIRD PARTY BILLING SYSTEM - VER 2.6p8          |
      +    Patient Volume Report for Eligible Professionals     +
      |                   2010 DEMO HOSPITAL                    |
      +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
      User: LUJAN,ADRIAN                         10-AUG-2011 8:24 AM



     Select one of the following:


         1           2010 DEMO HOSPITAL
         2           AREA ADMINISTRATION
         3           INDIAN CO HCLINIC (FQHC/RHC)
         4           WHITE SANDS CLINIC
         5           OLD CARE NURSING HOME
         6           WHITE TOOTH DENTAL

Note: you cannot select a combination of FQHC/RHC and non-FQHC/RHC data on
this report

Select one or more facilities to use for calculating patient volume: 1
```

Figure 6-1: Selecting Locations to Print while Printing the Patient Volume Report

FQHC/RHC sites will have a (FQHC/RHC) indicator to the right of the facility name.

```
         3           INDIAN CO HCLINIC (FQHC/RHC)
```

Figure 6-2: Display of Facility Name with the FQHC/RHC Indicator

Selecting individual locations will also be marked with an Asterisk (*).

```
        1           2010 DEMO HOSPITAL *
```

Figure 6-3: Display of Asterisk to the Right of the Location when Selected for Reporting

6.1.2   Report Type Selection

"Select report type:" provides two choices:

SEL report determines if INDIVIDUAL Eligible Professionals have met the minimum patient volume requirements on their own patient encounters during a continuous 90-day period in order to be eligible for the Medicaid EHR Incentive Program (Meaningful Use EHR Incentive Program).

GRP (This option is **NOT** available at this time) report may be used for EPs who wish to use encounters of all providers at a facility to meet the minimum patient volume requirements during a continuous 90-day period in order to be eligible for the Medicaid EHR Incentive Program (Meaningful Use EHR Incentive Program). When used, all EPs at the facility must use the Group Method. All provider encounters for the entire facility are included in the calculation.

> **Note:** The Encounter method for each EP (the only option
>   available at this time)

```
Select one or more facilities to use for calculating patient volume:

The SEL report determines if INDIVIDUAL Eligible Professionals have met the
minimum patient volume requirements on their own patient encounters during a
continuous 90-day period in order to be eligible for the Medicaid EHR
Incentive Program (Meaningful Use EHR Incentive Program).

The GRP report may be used for EPs who wish to use encounters of all
Providers at a facility to meet the minimum patient volume requirements
during a continuous 90-day period in order to be eligible for the Medicaid
EHR Incentive Program (Meaningful Use EHR Incentive Program).  When used, all
EPs at the facility must use the Group Method.  All provider encounters for
the entire facility are included in the calculation.


     Select one of the following:

         SEL        Encounter method for each EP
         GRP        Group method for facilities

Select report type: SEL
```

Figure 6-4: Selecting the Encounter Method for Each EP as the Report Criteria

6.1.3   Eligible Provider List Entry

Enter the provider name at the Select New Person Name prompt. The name entered must contain an entry in the New Person file and must be a provider with an eligible provider class. The list of provider classes was determined at the Report Setup section.

```
Select report type: SEL  Encounter method for each EP

Select NEW PERSON NAME: WALLCE,GRACE
Select NEW PERSON NAME: MCGOWN,SHARON A
Select NEW PERSON NAME: BAILEY,MATTHEW W
Select NEW PERSON NAME: BIRTHDAY,ELSA A CNM
Select NEW PERSON NAME: FOOT,BIG A DPM
Select NEW PERSON NAME:


For EPs, the Participation year is a calendar year.
```

Figure 6-5: Adding Eligible Provider Entries using the Encounter Method (SEL) Option

The names of EPs are verified at the time they are entered in the Patient Volume report. Providers that are not considered to be EPs (based on their provider class and the site parameters) are rejected with an error message.

```
Select NEW PERSON NAME: PROVIDER,ERIN D

Provider PROVIDER,ERIN D does not have a Provider Class so they can't be
considered for this report
Please enter a different Eligible Professional's name.
```

Figure 6-6: Display of Message Indicating the Provider Class is Missing for the Provider

6.1.4   Participation Year

The Participation Year must be specified for which to run the report. For EPs, the Participation year is a calendar year. The Participation year is the year in which the EP expects to receive an Incentive payment. The Qualification year is the previous year. In this case the Participation year is 2011 which makes the Qualification year 2010.

```
 For EPs, the Participation year is a calendar year.

Note:  The qualification year is the year prior to the participation year.
Patient Volume is calculated on encounters that occurred in the qualification
year, which is the year prior to the participation year.  To view volume for
the current year, select next year as the participation year.

Enter the Participation year for this report: 2011
```

Figure 6-7: Entering the Participation Year

6.1.5   Reporting Period Options

The report supports three options for the date range. Options B and C require additional date entries to define the report date range.

```
Report will be run for a 90-day reporting period. The 90-day period may be
automatically calculated or user may select a specific start date.

The automated calculation will return the first 90-day period in the 2011
Year in which required patient volumes are met or the 90-day period with the
highest volume percentage (first occurrence in the year).

     Select one of the following:

         A           Automated 90-Day Report
         B           Specific 90-Day Report Period
         C           User specified Report Period


Enter selection:
```

Figure 6-8: Selecting the Report Criteria Options

This date range will be used to look for the necessary threshold for each provider (20% for Pediatricians; 30% for all other provider classes). There are three options for the date range:

Option A is the **Automated 90-day Report** and will start with 1/1 of the Qualification year and look for any 90-day window that the provider met the necessary threshold. This report may take a while to run as it looks through all visit and payment data.

Option B is the **Specific 90-day Report** and will allow the user to specify the start date and will automatically calculate the end date (by adding 89 days to the start date). If the beginning date is less than 90 days from the end of the calendar year, an error message is displayed.

```
Enter selection: B   Specific 90-Day Report Period

Select a specific start date in the calendar year for the 90-Day Report
Period.
Note:   End Date must not be after December 31.

Enter first day of reporting period for 2010:(1/1/2010-12/31/2010): 1/1/2010
```

Figure 6-9: Selection of the Specific 90-Day Report Period

Option C is the **User specified Report** and will allow the user to specify the start and end date. It does not verify it is a 90-day window.

```
Enter selection: C  User specified Report Period

Select a specific start date in the calendar year
Note:  End Date must not be after December 31.

Enter first day of reporting period for 2010:(1/1/2010-12/31/2010): 1/1/2010

Select a specific end date in the calendar year
Note:  End Date must not be after December 31.

Enter last day of reporting period for 2010:(1/1/2010-12/31/2010): 12/31/2010
```

Figure 6-10: Selection of the User-Specified Report and Entering the Report Date Ranges

6.1.6   Report Output Selection

The Volume Report can be printed in several formats depending on the purpose for the report. The Summary format is focused on meeting the patient volume threshold and the dates when that goal was reached. The Patient List format provides detail information for each patient encounter.

Report Format choice. The options are:

Option S is the **Summary Report** that reports per provider, if they met the threshold (and when), or what percentage they did have during the selected date range.

Option A is the **Abbreviated Summary Report** and will give the user the ability to select how many date ranges to print if the provider did not meet the threshold (instead of printing every date range when automated 90-day is selected).

Option P is the **Patient List** and will be all the patients found that generated the numbers for the report. This should be used for validation purposes only, since it will contain a large amount of data (one line for each patient the provider saw).

```
     Select one of the following:

         S          Summary Report
         A          Abbreviated Summary Report
         P          Patient List


Enter Report Format Choice:
```

Figure 6-11: Selection of the Patient List as the Report Criteria

6.1.7   Selecting the Device

Regardless of the selection, the system will display the summary of what is being requested for the report. The user can view the information and decide if changes need to be made.

```
                SUMMARY OF PATIENT VOLUME REPORT TO BE GENERATED


Report Name: Patient Volume Report for Eligible Professionals
The date ranges for this report are:
   Participation Year: 2011
   Qualification Year: 2010
Reporting Period: 10/01/2010 thru 11/30/2010

Report Method Type: Individual

Eligible Professional(s):
   WALLCE,GRACE (PEDIATRICIAN)

Facility(s):
   2010 DEMO HOSPITAL

     Select one of the following:

         P       Print Report
         R       Return to Selection Criteria -Erases ALL previous selections

Do you want to print this report?: P

Output DEVICE: HOME//
```

Figure 6-12: Summary Display of the Patient Volume Report to be Generated

At "Do you want to print this report?:" prompt, the user may select from one of the following:

- **P**:Print Report

- **R**:Return to Selection Criteria -Erases ALL previous selections

At Device, HOME is the default. You can queue report to print on a terminal or a printer.

6.2   EP Patient Volume Report Logic

6.2.1   Eligible Professionals

EPs can receive the full Incentive payment if their Medicaid patient volume is 30% or more of their patient encounters.

6.2.1.1   **Exception to the EP Incentive Thresholds - Pediatricians**

Pediatricians may participate in the EHR Incentive program if they have 20% Medicaid patient volume (the Incentive payment will be 2/3 of the full Incentive payment). This lower threshold was created to encourage Pediatricians to participate in the EHR incentive program. If a Pediatrician reaches the 30% Medicaid patient volume, they will be entitled to the full Incentive payment.

6.2.1.2 Exception for FQHC/RHC Settings – PA Eligibility

PAs working in an FQHC/RHC setting led by a PA are included in the list of Eligible Professionals in the Final Rule. "Led By" includes clinics that are owned by a PA or where the PA is in charge of the clinic. A site report parameter must be set to designate clinics that are led by a PA. All PAs in the FQHC/RHC setting led by a PA are considered to be EPs.

6.2.2 Patient Volume Calculation Methods

There are two methods used to calculate the EP patient volume; Individual EP or Group Method. The Group Method option will be released in the summer of 2011. All EPs at a facility must agree to use the Group Method in order for any of them use it.

6.2.2.1 Individual EP Method

The Individual EP Method calculates the patient volume for each EP based on their Medicaid encounters and total encounters. The report can be run for one or more EPs (each EP will have their own Patient Volume percentage listed).

6.2.3 Encounter Definitions

6.2.3.1 Paid Medicaid Encounters

The Final Rule considers paid Medicaid encounters and all encounters to determine the Medicaid patient volume percentage. Paid Medicaid encounters are all patient encounters paid for in full or in part by Medicaid. The definition is expanded when 1115 waiver programs pay for care delivered by EPs (encounters covered by 1115 Waiver programs are included in the Medicaid encounter total in RPMS).

For states where a single Medicaid payment is made to an EP even though other EPs treated that patient for unrelated problems on the same date, each EP encounter with the patient will be counted as a paid Medicaid encounter.

6.2.3.2 FQHC and RHC – Needy Individual Encounters

The Needy Individual Patient Volume will be used for EPs who work predominately at an FQHC or RHC. An EP is considered to work predominantly at an FQHC or RHC when the FQHC/RHC is the clinical location for over 50% of all of the provider's total encounters for six (6) months in the most recent calendar year. The 50% cannot be determined by RPMS, as it is based on the provider's encounters in the RPMS facility and those outside.

In RPMS, Needy Individual encounters will include all patient encounters paid in part or in full for by:

Medicaid-insurance type 'D' (includes 1115 Waivers)

CHIP-insurance type 'K' billed as either Medicaid or Private Insurance

6.2.4   RPMS Patient Encounters

RPMS users are familiar with the categories listed below. Facilities that use other applications will need to use a similar methodology for their volume reports.

6.2.4.1   EP Volume Report – Included Service Categories

- Ambulatory (excluding clinic code 30)
- Day surgery
- Observation
- Nursing Home
- Home

6.2.4.2   EP Volume Report – Excluded Service Categories

- Chart review
- Event (historical)
- Not found
- Telecommunications – calls
- Hospitalizations & In Hospital Service
- School – Clinic Code 22
- ER: Ambulatory – Clinic Code 30
- Mail – Clinic Code 42
- Radio call – Clinic Code 54
- Follow up letter – Clinic Code 57
- US (Ultrasound) – Clinic Code 66
- CT – Clinic Code 71
- Case management – Clinic Code 77
- Nurse clinic – Clinic Code B5
- Health Aid clinic – Clinic Code C6

6.3   Eligible Provider Report Samples

6.3.1   Sample Report Cover Page – Individual EP

The following report provides EP information based on the S Option – Summary
Report. The first page of the report will provide a summary of the provider(s) selected
and the eligibility status.

```
   IHS Meaningful Use Patient Volume Report - Eligible Professional    Page 1
                      Minimum Patient Volume NOT Achieved
                       Report Run Date:  08/10/2011@14:13
                       Report Generated by: LUJAN,ADRIAN


Participation Year: 2011
Qualification Year: 2010
Reporting Period Identified: 01/01/2010 thru 03/31/2010
Facility(s):
          2010 DEMO HOSPITAL

Eligible Professional: WALLCE,GRACE (PEDIATRICIAN)

The Patient Volume Threshold (30% for EPs, or 20% for Pediatricians) was not
met for the MU Qualification year.
Details for the volumes that were achieved are provided for your information.

Highest Patient Volume Met: 17.7%
First Day Highest Patient Volume Achieved: 01/01/2010


Patient Volume for the Qualification Year was calculated using the Medicaid
 calculation method.
```

Figure 6-13: Report Cover Page

The second page provides a list of dates for the reporting period selected, along with
the Denominator and Numerator values.

```
   IHS Meaningful Use Patient Volume Report - Eligible Professional    Page 2
                      Minimum Patient Volume NOT Achieved
                       Report Run Date:  08/10/2011@14:35
                       Report Generated by: LUJAN,ADRIAN
Eligible Professional: WALLCE,GRACE (PEDIATRICIAN)


Total Patient Encounters of First Highest Patient Volume Period: 361
Total Medicaid Encounters of First Highest Patient Volume Period: 64
==============================================================================
MEDICAID PATIENT VOLUME - QUALIFICATION YEAR 2010
Report Period   Rate  Denom-  Numer-   Report Period   Rate   Denom-  Numer-
                      inator  ator                            inator  ator
==============================================================================
1 JAN - 31 MAR  17.7%   361      64
```

```
(REPORT COMPLETE):
```

Figure 6-14: Summary Report Displaying Reporting Period, Numerator and Denominator

6.3.2   Individual EP Report – Met Threshold

The following report displays when the EP met the threshold and is provided if the user selects the A Option – Abbreviated Summary Report.

```
    IHS Meaningful Use Patient Volume Report - Eligible Professional    Page 1
                    Report Run Date:  08/10/2011@14:50
                    Report Generated by: LUJAN,ADRIAN

Participation Year: 2011
Qualification Year: 2010
Reporting Period Identified: 01/01/2010 thru 12/31/2010
Facility(s):
         2010 DEMO HOSPITAL


Number of top volume dates to display if minimum thresholds are not met: 100

Eligible Professional: BIRTHDAY,ELSA A CNM (NURSE MIDWIFE)

Patient Volume for the Qualification Year was calculated using the Medicaid
calculation method.
------------------------------------------------------------------------------
Patient Volume 2010 DEMO DB: 57.1%

Total Patient Encounters 2010 DEMO DB:                        7
Total Paid Medicaid Encounters 2010 DEMO DB:                  4
Total Paid Kidscare/Chip Encounters 2010 DEMO DB:             0
Total Paid Other Encounters 2010 DEMO DB:                     0
------------------------------------------------------------------------------
Patient Volume all calculated Facilities:  57.1%

Total Patient Encounters All Facilities Total:                7
Total Paid Medicaid Encounters All Facilities Total:          4
Total Paid Kidscare/Chip Encounters All Facilities Total:     0
Total Paid Other Encounters All Facilities Total:             0


 (REPORT COMPLETE):
```

Figure 6-15: Report Displaying Met Threshold

6.3.3   Patient List

The Patient List is provided when the Patient List option is selected as the Report Format. The report prints a summary sheet along with a list of the patient information. The following displays Page 1 of the report which provides summary information of the report criteria.

```
            CONFIDENTIAL PATIENT INFORMATION COVERED BY THE PRIVACY ACT
    IHS Meaningful Use Patient Volume Report - Eligible Professional    Page 1
                            PATIENT LIST BY PROVIDER
                       Report Run Date:  08/10/2011@15:00
                       Report Generated by: LUJAN,ADRIAN


Participation Year: 2011
Qualification Year: 2010
Reporting Period Identified: 01/01/2010 thru 03/31/2010
Facility(s):
          2010 DEMO HOSPITAL

Eligible Professional: BIRTHDAY,ELSA A CNM (NURSE MIDWIFE)


This Patient List is provided for Eligible Professionals to evaluate their
Medicaid Patient Volume Encounters during the Report Period for participation
in the Medicaid EHR Incentive program.
```

Figure 6-16: :Page 1 Summary Report

Page two provides the listing of patient names used to calculate the report. This may be used to provide data needed to show visits used. The report will display

- Patient Name

- Chart Number

- Service Category from the PCC Visit

- Insurer Type (I.T.) of the Billed Insurer

- Date of Service, includes Time of visit

- Date Paid

```
            CONFIDENTIAL PATIENT INFORMATION COVERED BY THE PRIVACY ACT
    IHS Meaningful Use Patient Volume Report - Eligible Professional    Page 2
                            PATIENT LIST BY PROVIDER
                       Report Run Date:  08/10/2011@15:01
                       Report Generated by: LUJAN,ADRIAN

Eligible Professional: BIRTHDAY,ELSA A CNM (NURSE MIDWIFE)


VISIT LOCATION: 2010 DEMO DB
===============================================================================
                     Ser           I. Billed     Date of           Date
PATIENT NAME      CHART# Cat Clinic  T. To         Service           Paid
===============================================================================
EXAMPLE, CYNTHIA  121635 AMB OBSTETRI  D  NC MEDICAI 01/22/2010@08:00 05/12/11 *
PATIENT, JAYLEN   112817 AMB OBSTETRI  D  NC MEDICAI 01/22/2010@08:30 05/12/11 *
SAMPLE, CLARA     123012 AMB OBSTETRI  D  NC MEDICAI 01/22/2010@09:00 05/12/11 *
SICKLY, SUZANNE   170825 AMB OBSTETRI  D  NC MEDICAI 01/22/2010@10:0  05/12/11 *
DEMOS, LUCINDA A  132313 AMB WOMEN'S      NOT BILLED 01/06/2010@08:30
SOL, CAMMY J      117015 AMB OBSTETRI     NOT BILLED 01/22/2010@09:30


Enter RETURN to continue or '^' to exit:
```

```
(REPORT COMPLETE):
```

Figure 6-17: Patient Detail Report –Page 2

7.0   Patient Volume Report for Eligible Hospital

3P→RPTP→MURP→MUPV→PVH

The Patient Volume Reports Menu will be added to the RPMS Third Party Billing (TPB) package Reports Menu. The system must be at TPB Version 2.6 Patch 7 to see this menu.

```
         +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
         |          THIRD PARTY BILLING SYSTEM - VER 2.6p8        |
         +                  PATIENT VOLUME REPORTS               +
         |                   2010 DEMO HOSPITAL                   |
         +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
         User: LUJAN,ADRIAN                    12-AUG-2011 1:44 PM


   MUP    Report Parameters
   PVP    Patient Volume Report for Eligible Professionals
   EP     EP Class - List of Eligible Professionals
   PVH    Patient Volume Report for Eligible Hospitals
   DEF    EP Reports Definitions List

Select PATIENT VOLUME REPORTS Option: PVH
```

Figure 7-1: Patient Volume Reports showing the Patient Volume Report for Eligible Hospitals

The following sections will display the report and explain the prompts.

7.1   Report Selection Criteria

7.1.1   Facility Selection

At "Select one or more facilities to use for calculating patient volume:", a list of facilities available on the database will display. Select one or more facilities to generate report data for. If an FQHC facility is on the database, the user may not select a combination of FQHCs and Non-FQHCs due to calculations that are done.

```
         +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
         |           THIRD PARTY BILLING SYSTEM - VER 2.6p8       |
         +      Patient Volume Report for Eligible Hospitals     +
         |                   2010 DEMO HOSPITAL                   |
         +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
         User: LUJAN,ADRIAN                    10-AUG-2011 8:24 AM



     Select one of the following:

         1          2010 DEMO HOSPITAL
         2          AREA ADMINISTRATION
         3          INDIAN CO HCLINIC (FQHC/RHC)
```

```
         4              WHITE SANDS CLINIC
         5              OLD CARE NURSING HOME
         6              WHITE TOOTH DENTAL

Note: you cannot select a combination of FQHC/RHC and non-FQHC/RHC data on
this report

Select one or more facilities to use for calculating patient volume: 1
```

Figure 7-2: Selecting Locations to Print while Printing the Patient Volume Report

FQHC/RHC sites will have a (FQHC/RHC) indicator to the right of the facility name.

```
         3              INDIAN CO HCLINIC (FQHC/RHC)
```

Figure 7-3: Display of Facility Name With the FQHC/RHC Indicator

Selecting individual locations will also be marked with an Asterisk (*).

```
         1              2010 DEMO HOSPITAL *
```

Figure 7-4: Display of Asterisk to the Right of the Location when Selected for Reporting

7.1.2   Participation Year

The Participation Year must be specified for which to run the report. For EHs, the
Participation year is a federal fiscal year. The Participation year is the year in which
the EH expects to receive an Incentive payment. The Qualification year is the
previous year. In this case the Participation year is FFY 2011 which makes the
Qualification year FFY 2010.

```
Hospital/ER Participation year for the Meaningful Use EHR incentive program

For Hospitals/ERs, the Participation year is a federal fiscal year, which
begins on October 1, and ends on the following September 30.

Note: The qualification year is the year prior to the participation year.
Patient Volume is calculated on encounters that occurred in the qualification
year, which is the year prior to the participation year.  To view volume for
the current year, select next year as the participation year.

Enter the Participation Fiscal year for this report: 2011
```

Figure 7-5: Entering the Participation Year

At "Enter the Participation year for this report:" enter the Participation year. The
system will automatically calculate the Qualification year based on this (which is the
Participation year-1).

7.1.3   Reporting Period Options

The report supports three options for the date range. Options B and C require additional date entries to define the report date range.

```
Report will be run for a 90-day reporting period. The 90-day period may be
automatically calculated or user may select a specific start date.

The automated calculation will return the first 90-day period in the 2011
Year in which required patient volumes are met or the 90-day period with the
highest volume percentage (first occurrence in the year).

     Select one of the following:

         A          Automated 90-Day Report
         B          Specific 90-Day Report Period
         C          User specified Report Period


Enter selection:
```

Figure 7-6: Selecting the Report Criteria Options

For date range option B, only the beginning date is required. If the beginning date is less than 90 days from the end of the federal fiscal year, an error message is displayed. Option C will run the report for any range of dates (from1 day to the entire year). There are three options for the date range:

Option A is the **Automated 90-day Report** and will start with 1/1 of the Qualification year and look for any 90-day window that the provider met the necessary threshold. This report may take a while to run as it looks through all visit and payment data.

Option B is the **Specific 90-day Report** and will allow the user to specify the start date and will automatically calculate the end date (by adding 89 days to the start date). If the beginning date is less than 90 days from the end of the calendar year, an error message is displayed.

```
Enter selection: B  Specific 90-Day Report Period

Select a specific start date in the fiscal year for the 90-Day Report Period.
Note:  End Date must not be after September 30.

Enter first day of reporting period for 2010:(10/1/2009-9/30/2010): 10/1/2009
```

Figure 7-7: Selection of the Specific 90-Day Report Period

Option C is the **User specified Report** and will allow the user to specify the start and end date other than the 90-day range required for the Medicaid Incentive Program. It does not verify it is a 90-day window but the begin and end dates must be in the same fiscal year.

```
Enter selection: C  User specified Report Period

Select a specific start date in the fiscal year for the 90-Day Report Period.
Note:  End Date must not be after September 30.

Enter first day of reporting period for 2010:(10/1/2009-9/30/2010): 10/1/2009

Select a specific start date in the fiscal year for the 90-Day Report Period.
Note:  End Date must not be after December 31.

Enter last day of reporting period for 2010:(10/1/2009-9/30/2010): 9/30/2010
```

Figure 7-8: Selection of the User-Specified Report and Entering the Report Date Ranges

7.1.4   Report Output Selection

The Volume Report can be printed in several formats depending on the purpose for the report. The Summary format is focused on meeting the patient volume threshold and the dates when that goal was reached. The Patient List format provides detail information for each patient encounter.

Report Format choice. The options are:

Option S is the **Summary Report** and reports for each group of Hospital and/or ER's in the facility selection, indicating if and when the threshold was met, or what percentage the facility met during the selected date range.

Option A is the **Abbreviated Summary Report** and will give the user the ability to select how many date ranges to print if the Hospital and/or ER's did not meet the threshold (instead of printing every date range when automated 90-day is selected).

Option P is the **Patient List** and will be all the patients found that generated the numbers for the report. This should be used for validation purposes only, since it will contain a large amount of data (one line for each patient the used in the Hospital and/or ER counts).

```
     Select one of the following:

         S           Summary Report
         A           Abbreviated Summary Report
         P           Patient List


Enter Report Format Choice:
```

Figure 7-9: Selection of the Patient List as the Report Criteria

7.1.5   Selecting the Device

Regardless of the selection, the system will display the summary of what is being requested for the report. The user can view the information and decide if changes need to be made.

```
                SUMMARY OF PATIENT VOLUME REPORT TO BE GENERATED


Report Name: Patient Volume Report for Eligible Hospitals
The date ranges for this report are:
   Participation Year: 2011
   Qualification Year: 2010
Reporting Period: Automated 90-day

Report Method Type: Hospital/ER

Facility(s):
   2010 DEMO HOSPITAL

     Select one of the following:

         P       Print Report
         R       Return to Selection Criteria -Erases ALL previous selections

Do you want to print this report?: P

Output DEVICE: HOME//
```

Figure 7-10: Summary Display of the Patient Volume Report to be Generated

At "Do you want to print this report?:" prompt, the user may select from one of the following:

- **P**: Print Report
- **R**: Return to Selection Criteria -Erases ALL previous selections

At Device, HOME is the default. You can queue report to print on a terminal or a printer.

7.2   EH Patient Volume Report Logic

7.2.1   Eligible Hospitals

EHs can receive the full Incentive payment if their Medicaid patient volume is 10% or more of their patient encounters for hospital discharges and Emergency Room encounters.

7.2.2   Patient Volume Calculation Methods

There is one method used to calculate the EH patient volume.

7.2.3   Encounter Definitions

7.2.3.1   Paid Medicaid Encounters

The Final Rule considers paid Medicaid encounters and all encounters to determine the Medicaid patient volume percentage. Paid Medicaid encounters are all patient encounters paid for in full or in part by Medicaid. Each hospital discharge and Emergency Room encounter with the patient will be counted.

7.2.4   RPMS Patient Encounters

RPMS users are familiar with the categories listed below. Facilities that use other applications will need to use a similar methodology for their volume reports.

7.2.4.1   EH Volume Report – Included Service Categories

- Hospitalizations & In Hospital Service
- ER: Ambulatory – Clinic Code 30

7.2.4.2   EH Volume Report – Excluded Service Categories

- Ambulatory (excluding clinic code 30)
- Day surgery
- Observation
- Nursing Home
- Home
- Chart review
- Event (historical)
- Not found
- Telecommunications – calls
- School – Clinic Code 22
- Mail – Clinic Code 42
- Radio call – Clinic Code 54
- Follow up letter – Clinic Code 57
- US (Ultrasound) – Clinic Code 66
- CT – Clinic Code 71
- Case management – Clinic Code 77

- Nurse clinic – Clinic Code B5

- Health Aid clinic – Clinic Code C6

7.3   Eligible Hospital Report Examples

7.3.1   Sample Report Cover Page – EH

The following report provides the EH information based on the A Option –
Abbreviate Summary Report. The first page of the report will provide a summary of
the facilities selected and the eligibility status.

```
          IHS Meaningful Use Patient Volume Report - Hospital        Page 1
                       Minimum Patient Volume NOT Achieved
                        Report Run Date:  08/12/2011@10:57
                        Report Generated by: LUJAN,ADRIAN


Participation Federal fiscal year: 2011
Qualification Federal fiscal year: 2010
Reporting Period Identified: 01/01/2010 thru 03/31/2010


Hospital used in this report: 2010 DEMO HOSPITAL


The Patient Volume Threshold (10% for Hospitals) was not met for the MU
Qualification year.  Details for the volumes that were achieved are provided
for your information.

Highest Patient Volume Met: 7.7
First Day Highest Patient Volume Achieved: 01/01/2010


Patient Volume for the Qualification Year was calculated using the Medicaid
calculation method for the hospital and includes ER encounters

Total Patient Encounters of First Highest Patient Volume Period: 4205
Total Hospital Encounters of First Highest Patient Volume Period: 322
===============================================================================
HOSPITAL PATIENT VOLUME - QUALIFICATION YEAR 2010
Report Period   Rate Denom-   Numer-   Report Period    Rate  Denom-  Numer-
                     inator   ator                            inator  ator
===============================================================================
```

Figure 7-11: Page 1 Displaying the Summary of the Report Criteria

The second page provides a list of dates for the reporting period selected, along with
the Denominator and Numerator values.

```
          IHS Meaningful Use Patient Volume Report - Hospital        Page 2
                     Minimum Patient Volume NOT Achieved
                       Report Run Date:  08/12/2011@10:57
                       Report Generated by: LUJAN,ADRIAN


===============================================================================
HOSPITAL PATIENT VOLUME - QUALIFICATION YEAR 2010
```

```
Report Period   Rate  Denom-   Numer-   Report Period   Rate  Denom-  Numer-
                      inator   ator                           inator  ator
==============================================================================
1 JAN - 31 MAR     %   4205      322




(REPORT COMPLETE):
```

Figure 7-12: Page 2 Displaying the Reporting Period along with Numerator and Denominator Data

7.3.2   Eligible Hospital Report – Met Threshold

The following report displays when the EP met the threshold and is provided if the user selects the A Option – Abbreviated Summary Report.

```
         IHS Meaningful Use Patient Volume Report - Hospital        Page 1
                   Report Run Date:   08/12/2011@11:17
                   Report Generated by: LUJAN,ADRIAN

Participation Federal fiscal year: 2010
Qualification Federal fiscal year: 2009
Reporting Period Identified: 10/01/2008 thru 12/29/2008


Hospital used in this report: 2010 DEMO HOSPITAL


Patient Volume: 15.1%


Patient Volume for the Qualification Year was calculated using the Medicaid
calculation method for the hospital and includes ER encounters

Total Patient Encounters :                              5011
Total Medicaid Encounters :                              756
Total Kidscare/Chip Encounters :                           0
Total Other Encounters :                                1687



Enter RETURN to continue or '^' to exit:

(REPORT COMPLETE):
```

Figure 7-13: :Eligible Hospital Indicating Met Threshold

7.3.3   Patient List

The Patient List is provided when the Patient List option is selected as the Report Format. The report prints a summary sheet along with a list of the patient information. The following displays Page 1 of the report which provides summary information of the report criteria.

```
         CONFIDENTIAL PATIENT INFORMATION COVERED BY THE PRIVACY ACT
```

```
        IHS Meaningful Use Patient Volume Report - Hospital      Page 1
                        PATIENT LIST BY PROVIDER
                   Report Run Date:   08/12/2011@11:21
                   Report Generated by: LUJAN,ADRIAN

Participation Federal fiscal year: 2011
Qualification Federal fiscal year: 2010
Reporting Period Identified: 10/01/2009 thru 12/29/2009

This Patient List is provided for Eligible Hospitals to evaluate their
Medicaid Patient Volume Encounters during the Report Period for participation
in the Medicaid EHR Incentive program.

VISIT LOCATION: 2010 DEMO DB
==============================================================================
                    Ser           I. Billed    Date of          Date
PATIENT NAME    CHART# Cat Clinic  T. To        Service          Paid
==============================================================================
AGING, SALLY   136726 AMB EMERGENC  D  NC MEDICAI 12/02/2009@13:35 12/29/09 *
AGING, DANITA  171898 AMB EMERGENC  D  NC MEDICAI 12/15/2009@01:07 01/13/10 *
AGING, ELIAS K 174594 AMB EMERGENC  D  NC MEDICAI 10/27/2009@14:27 12/10/09 *
HOSPITAL, VAUG 172846 AMB EMERGENC  D  NC MEDICAI 10/19/2009@17:12 11/04/09 *
PATIENT, CLIF  107649 AMB EMERGENC  D  NC MEDICAI 11/19/2009@15:46 12/29/09 *
PATIENT, CLIF  107649 AMB EMERGENC  D  NC MEDICAI 11/23/2009@20:05 12/29/09 *
PATIENT, CLIF  107649 AMB EMERGENC  D  NC MEDICAI 11/30/2009@11:39 12/29/09 *
SOMEBODY, JENN 167902 AMB EMERGENC  D  NC MEDICAI 10/01/2009@07:29 12/10/09 *
```

Figure 7-14: Patient List Display

8.0 Eligible Provider (EP) Class – List of Eligible Providers

3PB→RPTP→MURP→MUPV→EP

The Provider Class List in RPMS includes the codes for 34 provider types used in RPMS. Running this list will display both the RPMS Provider Class List and a listing of all providers in the database and their class listing.

```
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        |          THIRD PARTY BILLING SYSTEM - VER 2.6p8       |
        +                  PATIENT VOLUME REPORTS               +
        |                    2010 DEMO HOSPITAL                 |
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        User: LUJAN,ADRIAN                       12-AUG-2011 1:54 PM


   MUP     Report Parameters
   PVP     Patient Volume Report for Eligible Professionals
   EP      EP Class - List of Eligible Professionals
   PVH     Patient Volume Report for Eligible Hospitals
   DEF     EP Reports Definitions List

Select PATIENT VOLUME REPORTS Option: EP Class - List of Eligible Profession
Als
```

Figure 8-1: Patient Volume Reports Menu showing selection of EP Class – List of Eligible Professionals

8.1 RPMS Provider Classes

Eligible Professionals for the EHR Incentive program are identified as MDs, DOs, DDSs, DMDs, CNMs, NPs, and PAs that work in an FQHC/RHC setting led by a PA. A "crosswalk" was done between the provider types in RPMS and the broader categories listed in the CMS Final Rule (Final Rule pg 44317). Below are the Provider Type and Class used in the RPMS EHR.

States may recognize other providers as "physicians" in their state (licensing is done at the state level). These additional "physicians" classes may be added to the site parameters for each site.

Provider types must be in the RPMS Provider Class table or added manually to the site parameters to be included in the Patient Volume report.

Appendix A of this manual provides a list of Provider Classes.

8.2   RPMS Provider List

Eligible Professionals for the Hospital will display from this list. Use the following to print your report:

At "Print the list of providers with eligible provider classes as well?" [Y/N]

- **Yes** will print provider classes and providers.

- **No** will print provider class only.

At "Output DEVICE: HOME" prompt, HOME is the default. You can queue report to print on a terminal or a printer.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |           THIRD PARTY BILLING SYSTEM - VER 2.6p7         |
          +        EP CLass - List of Eligible Professionals        +
          |                  INDIAN HEALTH HOSPITAL                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: VALENCIA,TINA                      21-JUL-2011 3:45 PM

The output for this report will contain a list of eligible provider classes

You can also print providers that have an eligible provider class
This could be a lengthy list!

Print the list of providers with eligible provider classes as well? YES

Output DEVICE: HOME//    Virtual

EP Class - List of Eligible Professionals                Page 1
          IHS Meaningful Use Patient Volume Report
          Report Run Date:   07/21/2011@15:45


PROVIDER CLASSES THAT WILL BE INCLUDED:
   Code Provider Class                    Code Provider Class
   00   PHYSICIAN                         75   PEDIATRICIAN
   11   PHYSICIAN ASSISTANT               76   RADIOLOGIST
   16   PEDIATRIC NURSE PRACT.            77   SURGEON
   17   NURSE MIDWIFE                     78   UROLOGIST
   18   PHYSICIAN (CONTRACT)              79   OPHTHALMOLOGIST
   21   NURSE PRACTICIONER                80   FAMILY PRACTICE
   41   OB/GYN (CONTRACT)                 81   PSYCHIATRIST
   44   PHYSICIAN (TRIBAL)                82   ANESTHESIOLOGIST
   45   OSTEOPATH                         83   PATHOLOGIST
   49   CONTRACT PSYCHIATRIST             85   NEUROLOGIST
   52   DENTIST                           86   DERMATOLOGIST
   64   NEPHROLOGIST                      A1   SPORTS MEDICINE PHYSICIAN
   68   EMERGENCY ROOM PHYSICIAN          A9   HEPATOLOGIST
   70   CARDIOLOGIST                      B1   GASTROENTEROLOGIST
   71   INTERNAL MEDICINE                 B2   ENDOCRINOLOGIST
   72   OB/GYN                            B3   RHEUMATOLOGIST
   73   ORTHOPEDIST                       B4   ONCOLOGIST-HEMATOLOGIST
   74   OTOLARYNGOLOGIST                  B5   PULMONOLOGIST
   75   PEDIATRICIAN                      B6   NEUROSURGEON
```

Figure 8-2: List of Eligible Provider Classes

Answering YES to view the list of providers will display the following list from Page 2 of the report.

```
EP Class - List of Eligible Professionals                 Page 2
        IHS Meaningful Use Patient Volume Report
        Report Run Date:  07/21/2011@15:45


Provider                    Class  Provider                   Class
SPONGE,BOB                    52   SNOW,WHITE                   00
STARFISH,PATRICK              00   MOUSE,MICKY                  00
SNOW,MAN                      52   MINNIE,MOUSE                 00
BUCKS,STAR                    00   DAFFY,DUCK                   81
(REPORT COMPLETE):
```

Figure 8-3: List of Eligible Professionals

9.0   EP Reports Definitions List

3P→RPTP→MURP→MUPV→DEF

The EP Reports Definition List provides definitions for terms used in the Patient Volume Report. Running this list will display this list.

To print the report, type HOME at the "Output DEVICE:HOME" prompt. The report may be queued to print on the terminal or a printer.

```
            +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
            |        THIRD PARTY BILLING SYSTEM - VER 2.6p7       |
            +            EP Reports Definitions List              +
            |               INDIAN HEALTH HOSPITAL                |
            +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
            User: VALENCIA,TINA                    21-JUL-2011 4:56 PM


Output DEVICE: HOME//   Virtual


Definitions used in this Report:

CONTINUOUS 90-DAY PERIOD: Any rolling 90-day period within the reporting year.

MINIMUM PATIENT VOLUME: Medicaid or Needy Volume greater than or equal to 30%
    for EPs and 20% Pediatricians

Participation year: The calendar year (Jan. 01 - Dec. 31) in which the EP is
    participating in the Medicaid EHR Incentive program.

Qualification year: The calendar year (Jan. 01 - Dec. 31) immediately prior to
    the Participation year.  Patient Volume is calculated on encounters that
    occurred during the Qualification Year.

MEDICAID PATIENT VOLUME ENCOUNTERS: Medicaid encounters include all patient
    visits paid for by Medicaid or an 1115 waiver program. For states where a
    single payment is made to a facility without regard to the number of
    encounters a patient has during a single day, each EP who has an encounter
    with the patient that day will have the encounter included in their Patient
Volume calculation.

MEDICAID INDIVIDUALS: Medicaid individuals are patients where Medicaid or a
   Medicaid demonstration project paid for part or all of any of the following:
   Service, Premiums, Co-payments and/or cost sharing.
   They may be:
     1. Individuals enrolled in Medicaid, or
     2. Individuals enrolled in a Medicaid managed care plan, which includes
     patients enrolled in Managed Care Organizations (MCO's), Prepaid Inpatient
     Health Plans (PIHPs), or Prepaid Ambulatory Health Plans (PAHPs).

NEEDY INDIVIDUAL PATIENT VOLUME ENCOUNTERS: The Needy Individual Patient Volume
   will be used for EPs who work predominately at an FQHC or RHC.  An EP is
   considered to work predominantly at an FQHC or RHC when the FQHC/RHC is the
   clinical location for over 50% of all of the provider's total encounters for
   six (6) months in the most recent calendar year.  FQHCs and RHCs use the
```

```
     Needy Individual encounter definition (expanded from the basic Medicaid
     encounter) for their encounters.

NEEDY INDIVIDUALS: Needy Individual encounters include all patient encounters
   paid for by:
      1. Medicaid-insurance type 'D' (includes 1115 Waivers)
      2. CHIP-insurance type 'K' billed as either Medicaid or Private Insurance
      3. Discounted (sliding scale) encounters
      4. Uncompensated care

Note on Discounted Sliding Scale Encounters:  Discounted (sliding scale)
   encounters are not included in this version of the report, as they are not
   currently captured in RPMS.

Note on Uncompensated Care:  Uncompensated care includes all unpaid encounters.
   Unpaid Encounters = Encounters which were billed, but for which no payment
   was received for the report period. Unpaid Encounters are not affected by
   beneficiary status.

(REPORT COMPLETE):
```

Figure 9-1: Definitions List for EP Reports

Appendix A: RPMS Provider Classes for Eligible Providers

Eligible Professionals for the EHR Incentive program are identified as MDs, DOs, DDSs, DMDs, CNMs, NPs, and PAs that work in an FQHC/RHC setting led by a PA. A "crosswalk" was done between the provider types in RPMS and the broader categories listed in the CMS Final Rule (Final Rule pg 44317). Below are the Provider Type and Class used in the RPMS EHR.

States may recognize other providers as "physicians" in their state (licensing is done at the state level). These additional "physicians" classes may be added to the site parameters for each site.

Provider types must be in the RPMS Provider Class table or added manually to the site parameters to be included in the Patient Volume report.

Code	Provider Class	Code	Provider Class
00	MEDICAL DOCTOR	76	RADIOLOGIST
11	PHYSICIAN ASSISTANT	77	SURGEON
	– at PA Led FQHC/RHC ONLY	78	UROLOGIST
16	PEDIATRIC NURSE PRACTITIONER	79	OPHTHALMOLOGIST
17	NURSE MIDWIFE	80	FAMILY PRACTICE
18	CONTRACT PHYSICIAN	81	PHYCHIATRIST
21	NURSE PRACTITIONER	82	ANESTHESIOLOGIST
41	CONTRACT OB/GYN	83	PATHOLOGIST
44	TRIBAL PHYSICIAN	85	NEUROLOGIST
45	OSTEOPATHIC MEDICINE	86	DERMATOLOGIST
49	CONTRACT PHYCHIATRIST	A1	SPORTS MEDICINE PHYSICIAN
52	DENTIST	A4	NATUROPATH PHYSICIAN
64	NEPHROLOGIST	A9	HEPATOLOGIST
68	EMERGENCY ROOM PHYSICIAN	B1	GASTROENTEROLOGIST
70	CARDIOLOGIST	B2	ENDOCRINOLOGIST
71	INTERNAL MEDICINE	B3	RHEUMATOLOGIST
72	OB/GYN	B4	ONCOLOGIST HEMATOLOGIST
73	ORTHOPEDIST	B5	PULMONOLOGIST
74	OTOLARYNGOLOGIST	B6	NEUROSURGEON
75	PEDIATRICIAN		

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