Summarizing a Patient List for Meaningful Use Purposes

Purpose of This Document

This guide is intended for use by staff members who 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 2.6p12). This document will explain how to summarize the patient list for Meaningful Use (MU) purposes.

Introduction

To be eligible to receive incentive payments as part of the Medicaid EHR Incentive Program, participants must meet minimum patient volume requirements as determined by specific calculations. With the release of the CMS Stage 2 Rule in fall 2012, changes to these patient volume calculations went into effect FY/CY 2013.

This guide to the Patient Volume User Manual documents the Patient Volume changes outlined in the Stage 2 rule that went into effect FY/CY 2013 and includes updated screen shots.

Different Reporting Options

Eligible Hospitals will be reporting from the Patient Volume Report for Eligible Hospitals (PVH2). Eligible Professionals will be reporting from the Patient Volume Report for Eligible Professionals (PVP2). The PVP2 option uses two different reporting types: SEL and GRP. The PVH2 does not break out into the different reporting types. The report types for PVP2 include:

- **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** 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.

The site will need to determine which report type to use. When using the SEL option, select only one provider. Currently when users select multiple providers to generate the patient list, the data will only print out for the first provider, ignoring the data associated with

the other providers. This issue will be fixed in a future patch. There are two major parts to summarizing the patient list. First, export the Patient Volume Report into Excel. Second, sort and summarize the patient list into different encounters. The totals for these encounters can be used to calculate the Total Patient Volume.

Exporting Patient Volume Reports into Excel

Generate the PVP2 – Patient Volume Report for Eligible Professionals and PVH2 – Patient Volume Report for Eligible Hospitals, it is suggested to generate these reports during non-peak hours or when the system is not busy.

When running the reports for the patient list, three options will display as shown in Figure 1- 1.

The user should select **H** to Print Delimited Report to the Host File.

```
Select one of the following:

     P          Print Report
     H          Print Delimited Report to the HOST FILE
     R          Return to Selection Criteria -Erases ALL previous selections

<P> to Print, <H> to Host File, or <R> to Reselect:
```

Figure 1- 1: Print Delimited Report to Host File

The user will be prompted for a path, This is the location where the report will be sent and where it can be retrieved. Some facilities have this prompt set up to automatically populate, but others do not. If this field does not automatically populate, contact the site supervisor for the facility's Path address,

> **Note**: If on AIX, the path would be similar to this: /usr/spool/uucppublic/. If on a Windows NT system, the path would be similar to c:\pub.

```
Enter Path: c:\inetpub\ftproot\pub  Replace
```

Figure 1- 2: Host path

Enter the file name of the report. When naming the report, it is best to name it something meaningful so that it is easy to locate in the directory in which it is saved.

> **Note:**   At the end of the file name type .txt. This will make the file easier to open.

```
Enter filename: Cindy_PatientVolume.txt
```

Figure 1- 3: File name

Once the file name has been entered, the user will see a screen of periods. Once the report has been compiled, the user will be returned to the MU reports menu.

```
................................................................................................................
................................................................................................................
..........................................................................................................
```

Figure 1- 4: Report running

To retrieve the report, open the facility's File Transfer Software and look for the recently created report. Once found, save the file to the desktop.

> **Note**:   The facility's FTP Software might not be exactly the same software as in the following examples, but the steps in retrieving the report should be the same.
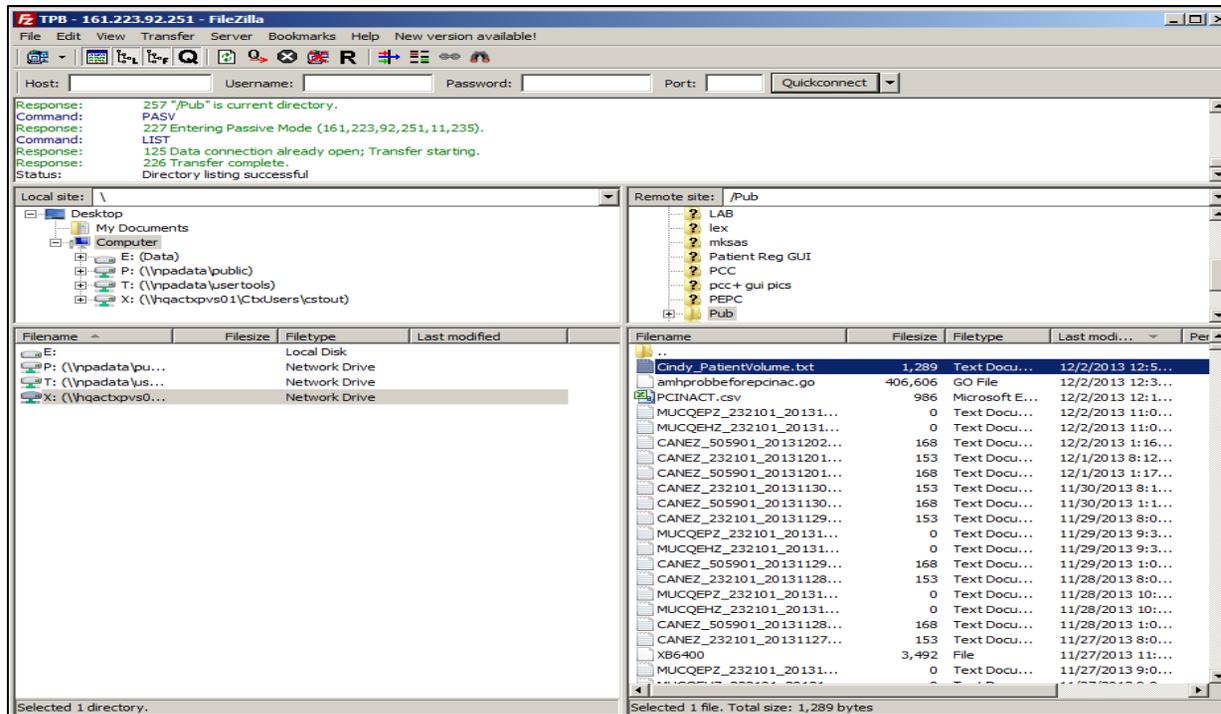
Figure 1- 5: FileZilla FTP Software

Select the newly created file and right-click the mouse. Select **View/Edit**.
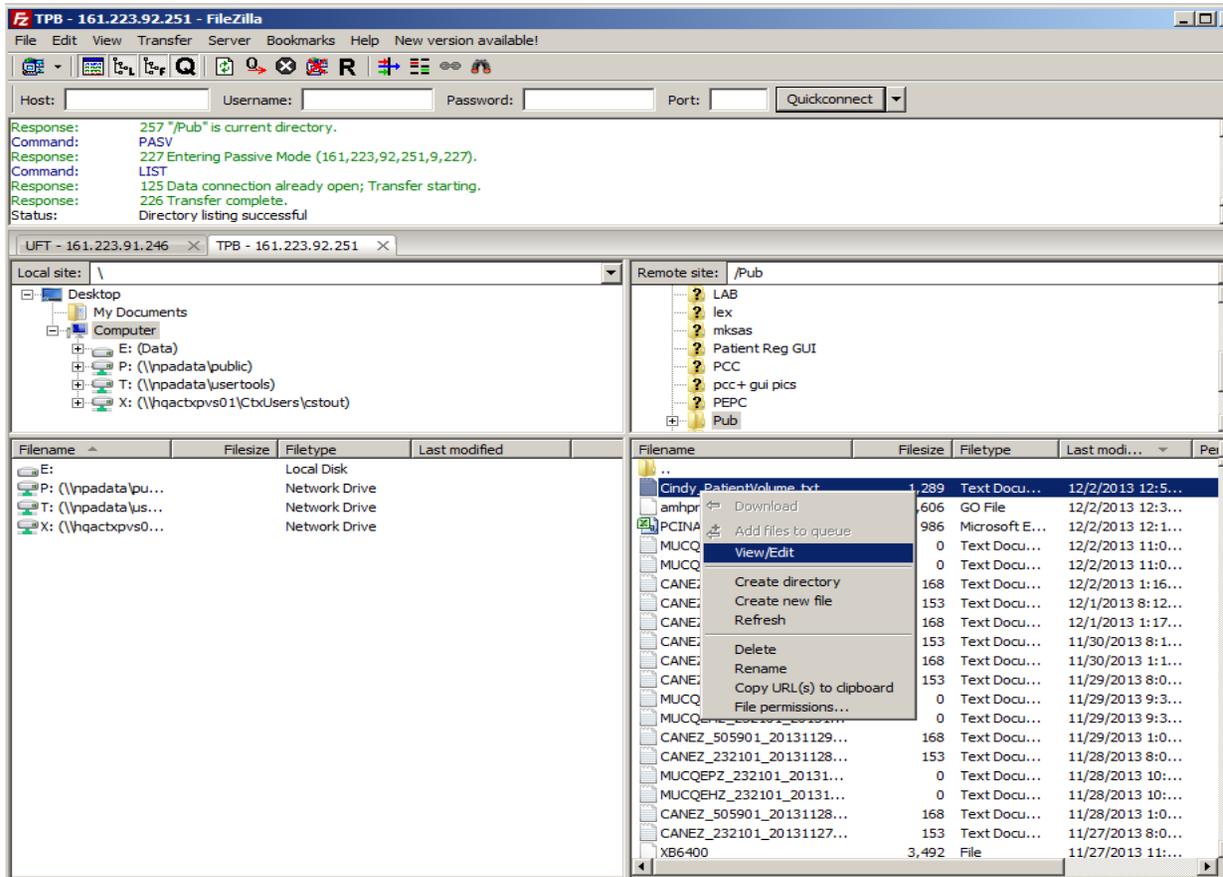
Figure 1- 6: Retrieving file

The File will open in Notepad. Click **File** and click **Save As**.

Figure 1- 7: Saving the file in Notepad

Select **Desktop** on the left side panel and click the **Save** button at the bottom of the page.
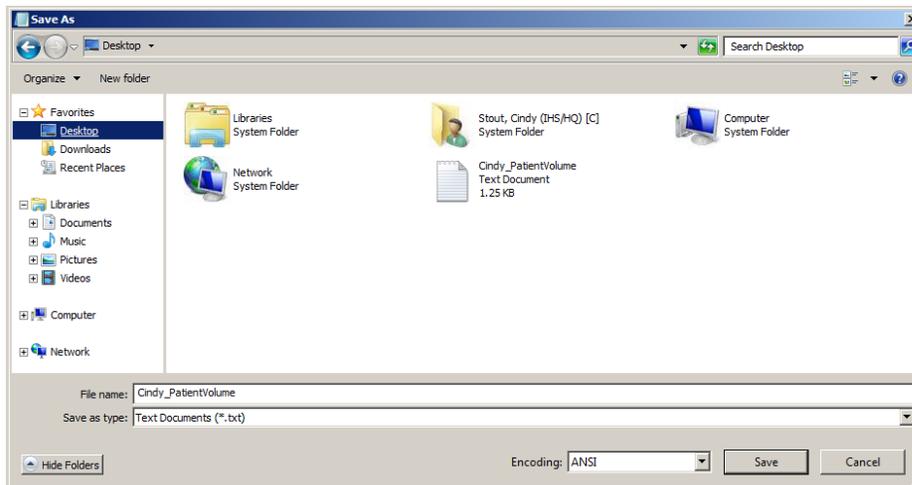

Figure 1- 8: Saving

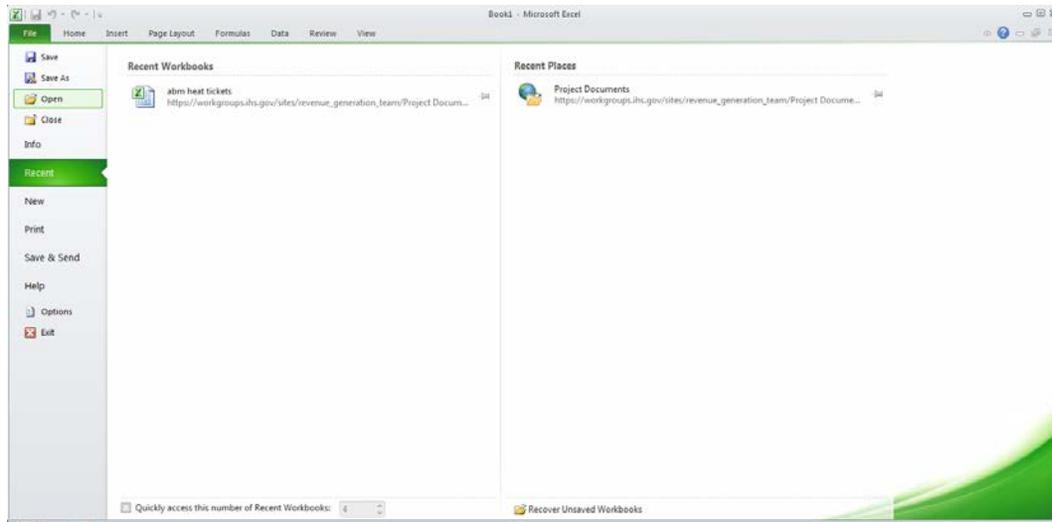Open Excel. Click the **File** tab and click **Open**.

Figure 1- 9: Opening

Click **Desktop** on the side panel. At the bottom of the box, change **All Excel Files** to **All Files**.
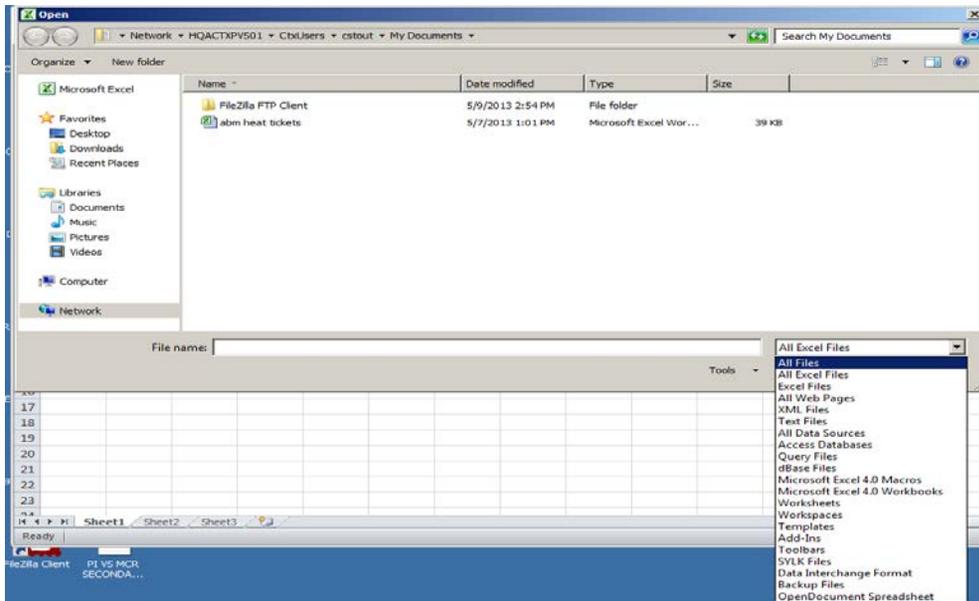
Figure 1- 10: Selecting All Files
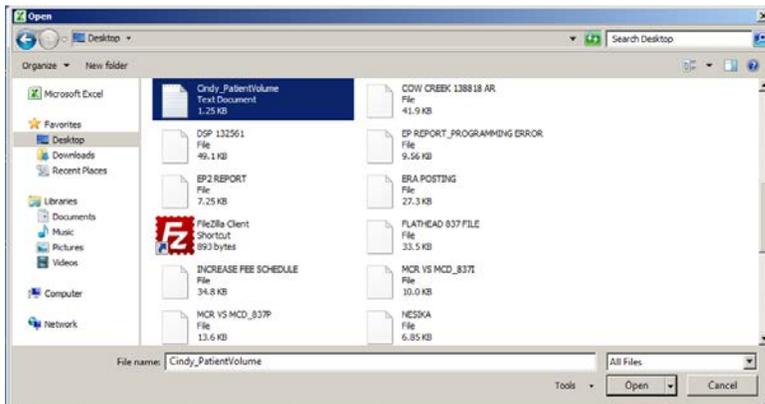
Double click on the file to open.

Figure 1- 11: Open file

The **Text Import Wizard** displays (Figure 1- 12) which is where selections are made regarding how to format the report. Select the **Delimited** file type radio button and click **Next**.
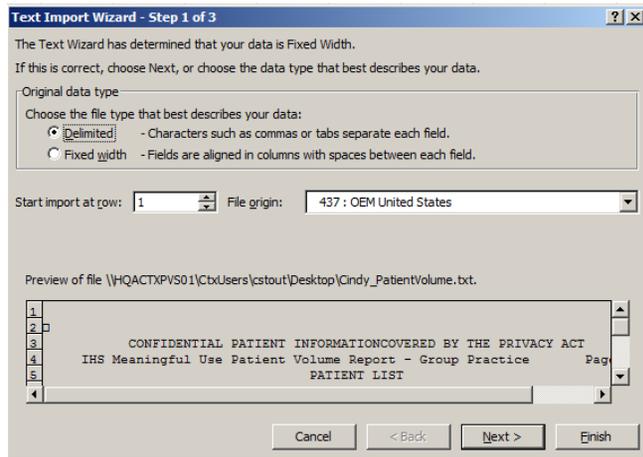

Figure 1- 12: Select Delimited

For this particular report, the columns are delimited, or separated, in RPMS by a caret (**^**). Click **Other**, type a caret (**^**) in the box next to this field, and then click **Next**.

Figure 1- 13: Use the ^ Delimiter

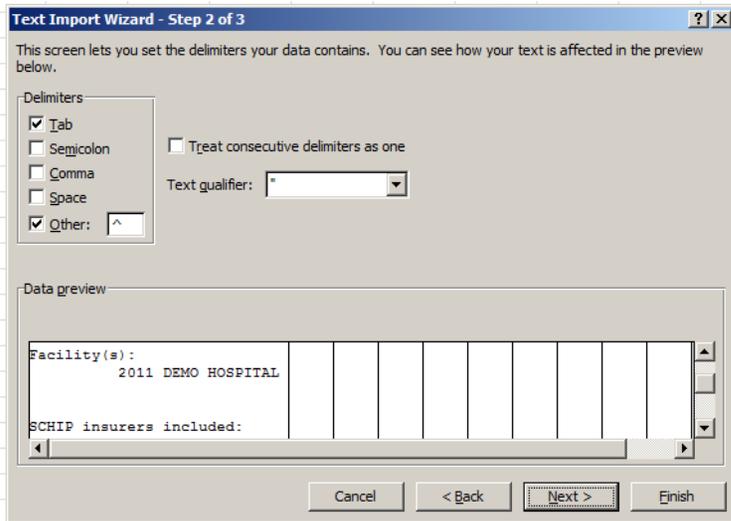The **Text Import Wizard** will then allow you to format each column according to what kind of data it contains. For example, if a column contains letters and numbers, click on the column and then click **Text** for the **Column data format**, as shown in Figure 1- 14. If a column contains only numbers, change the Column Data Format to General. When done formatting each column, click **Finish**.
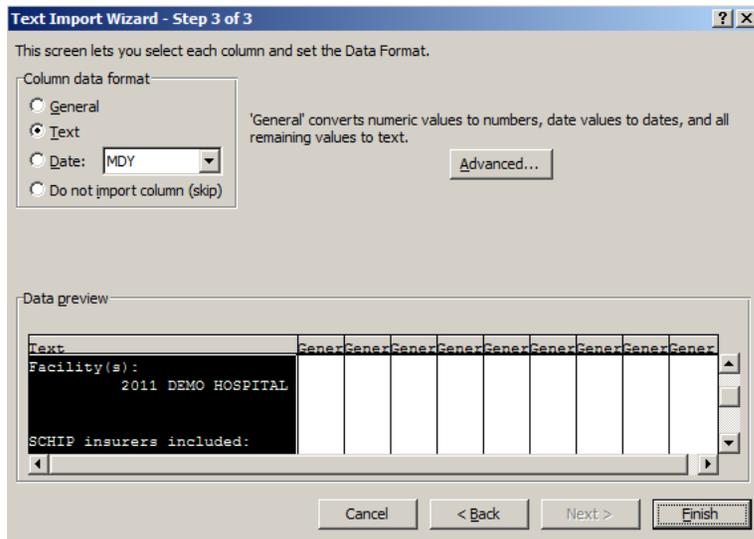
Figure 1- 14: Text Import Wizard

The user will need to adjust each column width so that the report aligns correctly or the user can select the corner button in between the A1 and 1 to select the whole page.
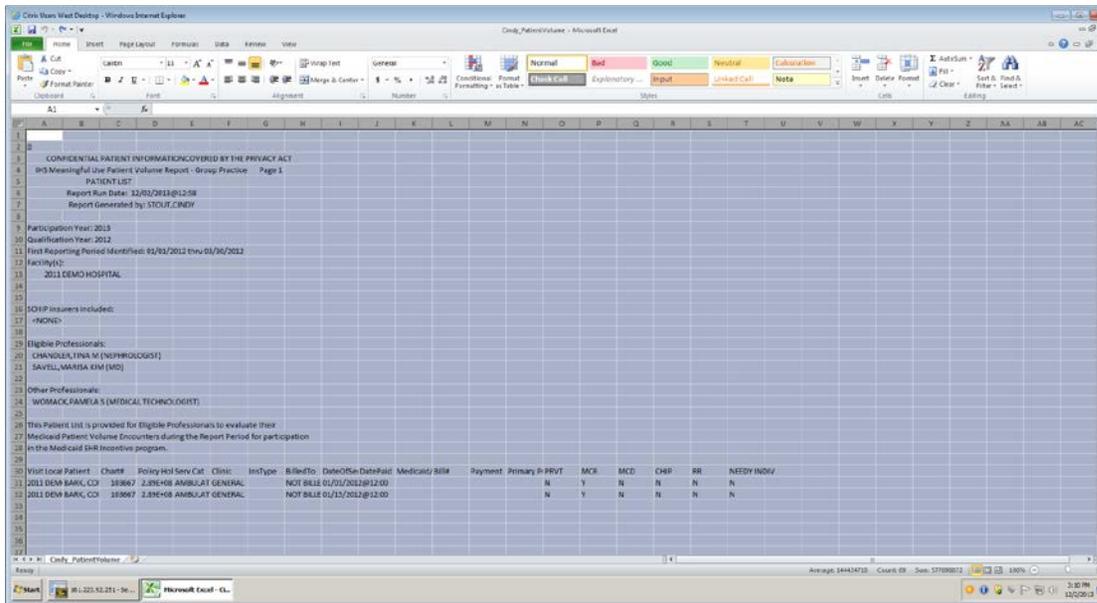
Figure 1- 15: Selecting the whole worksheet

Move the mouse between column A and column B. Notice that the curser changes to a symbol. Left click on the mouse to move the mouse to the right of the screen until the width is set to 20.00.

Figure 1- 16: Adjusting the column size

The report should now be aligned. Click **File** and then click **Save As** to save the changes.
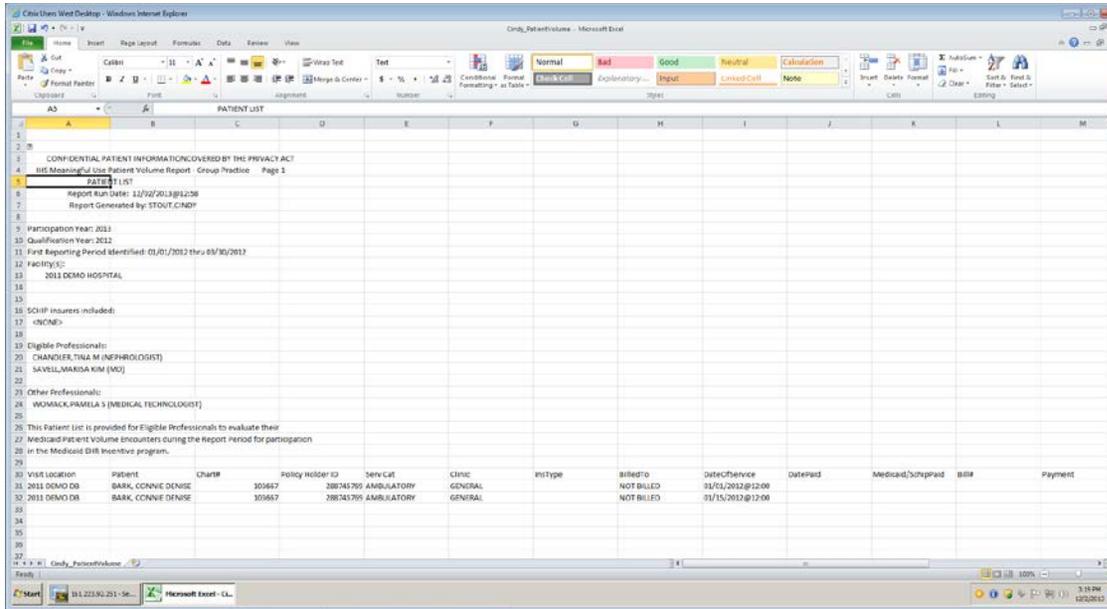
Figure 1- 17: The worksheet is aligned

Removing Demo Patients

Demo patients may be included in the site's patient lists. If left untouched, the demo patients will skew the summary totals and the patient list. It is important to remove any demo patients so that the numbers are accurate.
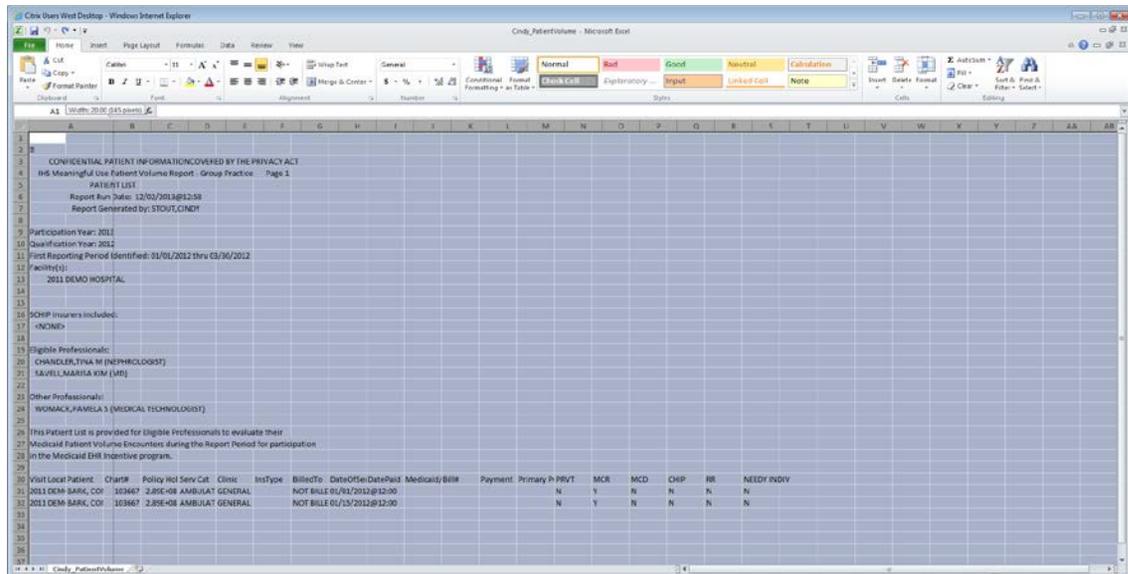
When removing the demo patients, the summary totals may decrease in multiple ways. For example, by removing demo patients, the Total Numerator Encounters and the Patient Encounters (Denominator) may both be decreased. Also, depending on the demo patient, a Medicaid Paid Encounter or one of the other types of encounters may also be decreased as the demo patients are removed. In the example listed below, the patient is counted as a Medicaid enrolled. Therefore, the denominator, numerator, and Medicaid enrolled totals would each decrease by one.

> The highlighted text in this document is for example purposes only and meant to demonstrate how to highlight for easy identification the various encounters by applying a colored background to that row, column, or cell in the Excel spreadsheet.

Table 1- 1: Demo patient counted as Medicaid-enrolled

Patient	Chart#	Policy Holder ID	InsType	DateOfService	DatePaid	Medicaid/SchipPaid	Bill#	Payment	PRVT	MCR	MCD
DEMO, PATTY	1122	AB3456874	P	12/22/2013@08:00	2/10/2014		31237A-HO-1122	0	Y	N	Y

Sorting and Summarizing the Patient List into Different Encounters

> **Note**: The Patient Volume for Eligible Hospitals Report currently identifies needy individual visits. This is not counted in the calculation and will not affect the patient volume total. This will be removed in a future patch.

Once the document is in an Excel spreadsheet, the data is ready to be sorted and summarized. The highlights used are for example purposes only and show how to separate and easily identify the different encounters. The first task is to identify the duplicate visits. This can be done by selecting **Custom Sort** located in the **Sort & Filter** button.
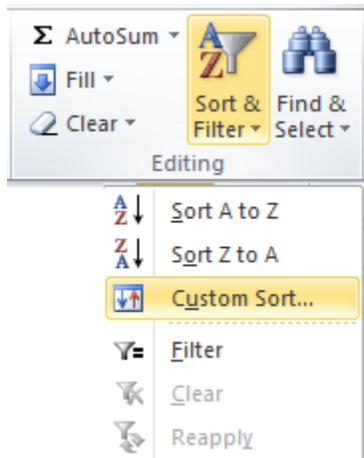
Figure 1- 18: Locating **Custom Sort**

The patient list should be sorted first by **Patient**, then by **DateOfService**. Use the drop down boxes to find **Patient**. Click the **Add Level** button to add the second sorting criteria. Then use the drop down box to find **DateOfService**. Click **OK**.

Figure 1- 19: Sorting by Patient then by DateOfService

The next step is to identify duplicate visits. If a patient has multiple visits on the same day but at different times, each visit should be treated as a non-duplicate. If however, the patient has more than one visit with the exact same date and time of service, it is considered a duplicate visit and should be highlighted. Duplicates should *not* be counted in the summary numbers.

Figure 1- 20: Finding duplicate visits

Duplicate visits can appear when a patient has multiple insurers. When this occurs, it is important to remove the insurer/visit that is not Medicaid. For example, if a patient has both Medicaid and Medicare identified for a visit, a duplicate visit is made for both Medicaid and Medicare. It is important to remove the Medicare visit.

The duplicate visit is selected if the bill number ends with any alpha character besides **A**. In some instances, the visit may not have been billed yet and there will not be a claim number listed. In this example, the patient list has only has one duplicate visit.

BilledTo	DateOfService	DatePaid	Medicaid/Bill#
HEALTH M	01/07/2013@14:00	2/6/2013	31172A-IH
MEDICARE	01/07/2013@14:00	2/6/2013	31172B-IH

Figure 1- 21: Using the Bill # to help identify duplicate visits

Summarizing the Data

The next step is to begin summarizing the patient list into the following categories:

Table 1- 2: Categories that make up the denominator

Item	Quantity
Total Patient Encounters (Denominator) All Facilities Total:	
Total Numerator Encounters All Facilities Total:	
Total Medicaid Paid Encounters All Facilities Total:	
Total Medicaid Zero Paid Encounters All Facilities Total:	
Total Medicaid Enrolled (Not Billed) Encounters All Facs Total	
Total Kidscare/Chip Paid Encounters All Facilities Total:	
Total Kidscare/Chip Zero Paid Encounters All Facilities Total:	
Total Kidscare/Chip Enrolled (Not Billed) Encounters All Facs:	
Total Paid Other Encounters All Fac. (*not included in numerator):	
Total Uncompensated Care All Facilities Total:	

Note: Total Uncompensated Care will only be reported in the PVP report for Non-Federal sites.

A sample patient list is provided at the end of this document, complete with highlighted, corresponding totals.
The Patient Encounters (Denominator) can be calculated by adding all of the patients on the list minus the duplicate(s) found. The Numerator Encounters are the total of the lines are listed in Table 1- 2.

Table 1- 3: Categories that make up the numerator

Item	Quantity
Total Medicaid Paid Encounters All Facilities Total:	
Total Medicaid Zero Paid Encounters All Facilities Total:	
Total Medicaid Enrolled (Not Billed) Encounters All Facs Total:	
Total Kidscare/Chip Paid Encounters All Facilities Total:	
Total Kidscare/Chip Zero Paid Encounters All Facilities Total:	
Total Kidscare/Chip Enrolled (Not Billed) Encounters All Facs:	

Note: Non-Federal sites will also need to include the Uncompensated Care total in the Numerator.

Total Uncompensated Care All Facilities Total:

The Total Medicaid Paid Encounters can be identified by the **D** in the **InsType** column and the asterisk (*) located under the **Medicaid/SchipPaid** column, as demonstrated below.

Table 1- 4: Medicaid Paid Encounters

InsType	BilledTo	DateOfService	DatePaid	Medicaid/SchipPaid
D	MAINE MEDI	01/30/2013@08:00	2/7/2014	*
D	MAINE MEDI	01/30/2013@14:00	3/1/2013	*

The Total Medicaid Zero Paid Encounters can be found by using the same logic mentioned on the previous page, but there are no asterisks (*) in the **Medicaid/SchipPaid** column and the payment is always 0.

Table 1- 5: Medicaid Zero Paid Encounters

InsType	BilledTo	DateOfService	DatePaid	Medicaid/SchipPaid	Bill#	Payment
D	MAINE MEDI	01/30/2013@08:00	2/7/2014		31234A-IH-3013	0
D	MAINE MEDI	01/30/2013@14:00	3/1/2013		31174A-IH-3013	0

The Total Kidscare/Chip Paid Encounters can be found by identifying by finding the **K InsType** and an asterisk (*) under the **Medicaid/SchipPaid** column, as demonstrated below.

Table 1- 6: Kidscare/Chip Paid Encounters

InsType	BilledTo	DateOfService	DatePaid	Medicaid/SchipPaid
K	BLUECHIP	02/25/2013@10:0	2/10/2014	*
K	BLUECHIP	02/25/2013@14:00	2/10/2014	*

The Total Kidscare/Chip Zero Paid Encounters can be found by using the same logic above, but there are no asterisks (*) in the **Medicaid/SchipPaid** column and the payment is always 0.

Table 1- 7: Kidscare/Chip Zero Paid Encounters

InsType	BilledTo	DateOfService	DatePaid	Medicaid/SchipPaid	Bill#	Payment
K	BLUECHIP	02/25/2013@10:0	2/10/2014		31176A-IH-3703	0
K	BLUECHIP	02/25/2013@14:00	2/10/2014		31176A-IH-3703	0

The next item is the Total Paid Other Encounters. In the example below, the Other Paid Encounters can be identified by the Insurance Type, Billed To and Payment Amount. For Paid Other Encounters the InsType will be identified as something other than a D or K. Do not include zero payments in this total. This calculation is not reported as part of the patient volume.

> Note: Although the visit count is correct, the payment may be incorrect and will be fixed in a future patch.

Table 1- 8: Paid Other Encounters

InsType	BilledTo	DateOfService	DatePaid	Medicaid/SchipPaid	Bill#	Payment
P	GOV EMPLOY	12/31/2012@11:00	2/14/2013		31164A-IH-33129	100
P	BCBS OF NE	02/17/2013@14:30	2/10/2014		31175A-IH-1122	200

The Total Medicaid Enrolled (Not Billed) Encounters can be found by identifying all of the Y's in the MCD column. This does not include any totals previously identified in the previous Medicaid Paid or Medicaid Zero Paid Encounters. This may include any Y's listed in the Total Other Paid Encounters. So for this example, 8 Y's are identified, but 3 Y's were previously identified by being a Medicaid Zero Paid Encounter or a Total Medicaid Encounter. This leaves 5 Total Medicaid Enrolled (Not Billed). In the example below, the Total Medicaid Enrolled (Not Billed) Encounters are highlighted in blue and marked with an asterisk (*).

Table 1- 9: Medicaid Enrolled (Not Billed) Encounters

PRVT	MCR	MCD	CHIP	NEEDY INDIV
N	Y	Y	N	N
N	Y	Y	N	N
N	Y	Y	N	N
Y	N	Y*	N	N
N	Y	Y*	N	N
N	Y	Y*	N	N
N	Y	Y*	N	N
N	Y	Y*	N	N

The Kidscare/Chip Enrolled (Not Billed) Encounters can be found by identifying all of the Y's in the chip column. This should not include any totals previously identified in the previous Kidscare/Chip Paid Encounters or Kidscare/Chip Zero Paid Encounters. This may include any Y's listed in the Total Other Paid Encounters. So for this example, 5 Y's are identified, but 3 Y's were previously identified by being a Kidscare/Chip Paid Encounter or a Kidscare/Chip Zero Paid Encounter. This leaves 2 Total Kidscare/Chip Enrolled (Not Billed) Encounters. In the example below, the Total Kidscare/CHIP Enrolled (Not Billed) Encounters are highlighted in blue and marked with an asterisk (*).

Table 1- 10: Kidscare/Chip Enrolled (Not Billed) Encounters

PRVT	MCR	MCD	CHIP	NEEDY INDIV
N	Y	N	Y	N
N	Y	N	Y	N
N	Y	N	Y	N
Y	N	N	Y*	N
N	Y	N	Y*	N
N	Y	N	Y*	N
N	Y	N	Y*	N
N	Y	N	Y*	N

The last step only applies for **Non-Federal sites**. To identify the Total Uncompensated Care All Facilities, locate the visits that have Y's in the Needy Individual Column. This identifies patients with no third party eligibility. These totals should match the Total Uncompensated Care All Facilities Total line on the Summary.

Table 1- 11: Uncompensated Care

DateOfService	DatePaid	Medicaid/SchipPaid	Bill#	Payment	Primary POV	PRVT	MCR	MCD	CHIP	NEEDY INDIV
11/15/2013@09:00						N	N	N	N	Y
12/15/2013@08:00						N	N	N	N	Y

Patients with third-party eligibility that have not been billed may also be included in the Uncompensated Care total. These visits can be identified as being NOT BILLED under the BILLED TO column and their eligibility flags are set to N for MCD, CHIP, and the NEEDY INDIV visits. Table 1- 12 identifies these additional Needy Individual patients.

Table 1- 12: Additional Uncompensated Care Visits

BilledTo	DateOfService	DatePaid	Medicaid/SchipPaid	Bill#	Payment	PRVT	MCR	MCD	CHIP	Needy Indiv.
NOT BILLED	10/24/2012@16:21					N	Y	N	N	N
NOT BILLED	10/17/2012@09:05					N	Y	N	N	N

Once you have identified these additional visits, the total will need to be added to the Total Uncompensated Care All Facilities Total.

Total Uncompensated Care All Facilities Total + Additional Visits Identified as NOT BILLED = New Total Uncompensated Care All Facilities Total

For Example: 45 + 31 = 76. The new Total Uncompensated Care All Facilities would be 76.

These additional visits will also need to be added to the Total Numerator Encounters All Facilities Total.

Example: If the Numerator is 198 and the Additional visits = 31. Then you would add 198 + 31 = 229. The new Total Numerator Encounters All Facilities would be 229.

On the next page is an example patient list with all of the visits highlighted and summarized.

Patient Volume all calculated Facilities:	66.67%	

Total Patient Encounters (Denominator) All Facilities Total:	15
Total Numerator Encounters All Facilities Total:	10
Total Medicaid Paid Encounters All Facilities Total:	2
Total Medicaid Zero Paid Encounters All Facilities Total:	2
Total Medicaid Enrolled (Not Billed) Encounters All Facs Total:	3
Total Kidcare/Chip Paid Encounters All Facilities Total:	2
Total Kidcare/Chip Zero Paid Encounters All Facilities Total:	0
Total Kidscare/Chip Enrolled (Not Billed) Encounters All Facs:	0
Total Paid Other Encounters All Fac. (*not included in numerator):	1
Total Uncompensated Care All Facilities Total:	1

Visit Location	Patient	Chart#	Policy Holder ID	Serv Cat	Clinic	InsType	BilledTo	DateOfService	DatePaid	Medicaid/SchipPaid	Bill#	Payment	Primary POV	PRVT	MCR	MCD	CHIP	NEEDY INDIV
INDIAN HOSP	BENSON, BEACHES	5455		AMBULATORY	GENERAL		NOT BILLED	02/01/2013@14:09						N	Y	N	N	N
INDIAN HOSP	DEMO, JOHN	1E+05	A231456789	AMBULATORY	GENERAL		NOT BILLED	03/24/2013@09:00						Y	N	Y	N	N
INDIAN HOSP	FLINSTONE, WILMA	3013	1192333049	AMBULATORY	URGENT CARE	D	MAINE MEDI	01/30/2013@08:00	2/7/2014		31234A-IH-3013	0	300	N	N	Y	N	N
INDIAN HOSP	FLINSTONE, WILMA	3013	1192333049	AMBULATORY	URGENT CARE	D	MAINE MEDI	01/30/2013@14:00	3/1/2013		31174A-IH-3013	0	784.92	N	N	Y	N	N
INDIAN HOSP	FOURENCE, FLOYD	1504		AMBULATORY	DENTAL	P	CARPENTERS	01/01/2013@08:00	#########		31167A-IH-1504	0	V72.2	Y	N	N	N	N
INDIAN HOSP	HEYNAS, CAPTAIN	35550	649161497	AMBULATORY	DENTAL	D	PRESBYTERI	03/23/2013@08:00	######### *		31177A-IH-35550	2175	V72.2	N	N	Y	N	N
INDIAN HOSP	HEYNAS, CAPTAIN	35550	649161497	AMBULATORY	FAMILY PRACTICE	D	PRESBYTERI	03/23/2013@10:0	######### *		31177A-IH-35550	2175	V72.2	N	N	Y	N	N
INDIAN HOSP	MASCEL, DARLA	34636	648050104	AMBULATORY	PEDIATRIC		NOT BILLED	01/11/2013@09:36						N	N	Y	N	N
INDIAN HOSP	MEGABUCKS, SYLVIA	1122	C123456874	AMBULATORY	GYNECOLOGY	P	BCBS OF NE	02/17/2013@14:30	#########		31175A-IH-1122	200	530.81	Y	N	Y	N	N
INDIAN HOSP	MYKA, CARLEEN TARA	68677		AMBULATORY	ANTICOAGULATION THERAPY	R	MEDICARE	03/24/2013@11:00	#########		31190A-IH-68677	0	401.9	N	Y	N	N	N
INDIAN HOSP	ONETON, TAMMY	1501		AMBULATORY	GENERAL		NOT BILLED	01/16/2013@09:34						Y	N	N	N	N
INDIAN HOSP	PHUNA, SUSAN K	11905		AMBULATORY	GENERAL		NOT BILLED	01/08/2013@11:12						N	N	N	N	Y
INDIAN HOSP	SKY, LARK	3703	3289383402-4904	AMBULATORY	DENTAL	K	BLUECHIP	02/25/2013@10:0	######### *		31176A-IH-3703	106	784.7	N	N	N	Y	N
INDIAN HOSP	SKY, LARK	3703	3289383402-4904	AMBULATORY	PEDIATRIC	K	BLUECHIP	02/25/2013@14:00	######### *		31176A-IH-3703	106	784.7	N	N	N	Y	N
INDIAN HOSP	TRIBEMPLOYEE, MERIDETH	4039		AMBULATORY	GENERAL	P	HEALTH MAN	01/07/2013@14:00	2/6/2013		31172A-IH-4039	0	627.2	Y	Y	N	N	N
INDIAN HOSP	TRIBEMPLOYEE, MERIDETH	4039		AMBULATORY	GENERAL	R	MEDICARE	01/07/2013@14:00	2/6/2013		31172B-IH-4039	0	627.2	Y	Y	N	N	N

Duplicate visits for this period: 1

Figure B- 32: Example Patient List

Calculating Patient Volume

Patient volume is calculated by dividing the Numerator by the Denominator. The Patient Encounters (Denominator) can be calculated by adding all of the patients on the list minus the duplicate(s) found. The Numerator Encounters are the total of the next six lines.

Non-Federal sites will need to add in Uncompensated Care as well. In the example below the Patient volume is calculated by dividing $11/13 = 84.6\%$.

Table 1- 13: Sample worksheet computing Patient Volume for all calculated Facilities

Item	Value
Patient Volume for all calculated Facilities (Numerator ÷ Denominator)	84.6%
Total Patient Encounters (Denominator) All Facilities Total:	13 (All total encounters not including duplicates)
Total Numerator Encounters All Facilities Total:	11 (The sum of the next 6 lines, plus the uncompensated total for Non-Fed Sites)
Total Medicaid Paid Medicaid Encounters All Facilities Total:	1
Total Medicaid Zero Paid Medicaid Encounters All Facilities Total:	2
Total Medicaid Enrolled (Not Billed) Medicaid Encounters All Facs:	6
Total Kidscare/Chip Paid Encounters All Facilities Total:	0
Total Kidscare/Chip Zero Paid Encounters All Facilities Total:	0
Total Kidscare/Chip Enrolled (Not Billed) Encounters All Facs Total:	0
Total Paid Other Encounters All Facs (*not included in numerator):	1
Total Uncompensated Care All Facilities Total:	2

Contact Information

If you have any questions or need assistance calculating Patient Volume, please contact the OIT Help Desk (IHS).

Phone: (888) 830-7280 (toll free)

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

Email: support@ihs.gov