

Group Enrollment Process: Texas Medicaid Electronic Health Record (EHR) Incentive Program

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Steps Prior to Group Enrollment Process

1. **Register for the Incentive Program at CMS** (<https://ehrincentives.cms.gov/hitech/login.action>).
 - a. Payee Assignment to the group: Select “EIN” as the payee TIN type, and then enter the organization’s TIN. Ensure that group name, payee TIN, and payee NPI match the information for this group in NPDES. Also ensure that the NPI / TIN combination is enrolled with Texas Medicaid.
 - b. Payee Assignment to Self (you can assign payment to yourself, even if you are attesting as part of a group): Select “SSN” as the payee TIN type. Ensure that your SSN is on file with Texas Medicaid and linked to your Texas Provider Identification (TPI).
2. Ensure all eligible professionals (EPs) in the group are **enrolled as Texas Medicaid providers**, and have active Texas Provider Identification Numbers (TPIs). Also ensure that all the EPs have a TMHP account, which is required to log into the Texas incentive program portal.
3. Obtain the **CMS EHR certification number** for your group’s certified technology (<http://onc-chpl.force.com/ehrcert>).
4. Have ready the **documentation from a contract, subscription, purchase order, or other auditable source for your certified EHR**. Each attesting provider in the group must upload certified EHR documentation.

Guidelines for Groups

1. Payment Assignment: You may assign payment to yourself, even though you are attesting with your group.
2. “All in / All out” rule : All attesting EPs in a group must use the same patient volume calculation method.

When a group practice chooses to use the group patient volume calculation, all attesting EPs in the group must use the group volume. It is not possible for some EPs in the group to use their individual volume and some EPs to use the group volume. However, if an EP practices at multiple locations, the EP may choose to not participate in your group’s attestation, but instead participate with another group they practice with or on their own if they also have a private practice. In this case, you could include the EP’s volume as part of your group calculation but the EP could not count their volume from your practice when they attest with another group.

3. All Medicaid encounters included in Patient Volume: When calculating patient volume, all Medicaid encounters that are seen at the group locations are included for every practitioner in the group / clinic, **even those who are not eligible for the program, or those who are not participating**. Do not include outside encounters in your group attestation. If the encounter (numerator / denominator) is outside the group, do not include it in the attestation.
4. Encounters can only be used once: Medicaid encounters used in your patient volume calculation cannot be used for calculating volumes for another practice or individually.
5. First person in group to attest: The first person in the group to attest is responsible for selecting the group TPI number from the list of Group TPIs matching the TIN entered previously. From

there, the first person attesting will enter the reporting period and the group volume (numerator and denominator), and upload the necessary documentation. Each subsequent person in the group to attest will select the group they are attesting with, attest to information provided by the first person in the group, and provide other required information pertaining to their attestation.

6. Volume Reporting Period: The volume reporting period is based on any continuous full three-month period or 90-day period in the previous calendar year. Starting in January 2013, new rules allow an EP to choose a volume reporting period any time during the previous calendar year up to one month prior to attestation. For EPs using the group patient volume calculation, all EPs in the group will have the same reporting period.
7. Encounter vs. Panel Method: In choosing a method for calculating patient volume (encounter or panel method), first calculate patient volume for the group using the encounter method. If you meet the 30% threshold (or 20% for pediatricians or pediatric dentists), you do not need to use the panel method. The panel method is most helpful for those who are not able to reach the volume threshold with the encounter method.
8. Out-of-state patient volume: If you include out-of-state patient encounters in your patient volume calculation (optional), you will be required to indicate which state(s) and upload supporting documentation. If out-of-state encounters are included in the numerator, they must also be included in the denominator.
9. Consent from all members of the group: If you are the first person in your group to attest, please ensure that you have obtained consent from the other members to use their group-affiliated encounters for the agreed-upon reporting period.
10. Auditable source of data / information: Ensure that you have an auditable source for the data you are entering or attesting to.

Enrollment Steps for Groups – Texas EHR Incentive Portal

1. Confirm intent to attest as part of a group: Once you've confirmed or entered your individual information (NPI, hospital-based or not, pediatrician or not, etc.) in the Texas incentive program portal, there will be a section for you to indicate that you are attesting as part of a group. Click "Yes". Use the Select Group button in the portal to access group options. Each provider will need to enter the Group TIN in order to see the groups available for selection or to set up a group:
 - a. Join one of the groups already established by a member of that group. Your patient volume and reporting period will be pre-populated based on data entered by the first member of the group to enroll. Click "Join Group" and follow the steps from there.
 - b. Create a new group (you are the first member of the group to attest). This new group is based on the groups you are currently associated with and have not been chosen for attestation by previous group members. You will be required to enter the patient volume and reporting period.
2. Enter patient volumes: Enter the reporting period. Enter the number of group members (including those practitioners who might not be eligible or participating). Select either Encounter or Panel method to calculate patient volume. Enter numerator and denominator.
3. Upload group documentation: You may upload documentation on this screen or at the end of attestation on the "Documents" tab.
4. Follow instructions for other steps in the portal: Attest to Adopt, Implement, Upgrade (AIU) or Meaningful Use (MU); upload AIU documentation; and review payment

determination.

5. Read and sign the legal notice: If you are attesting on the provider's behalf, include an electronic signature with **your** full legal name (not the provider's name).
6. Upload documents if not done already: Go to the Documents tab and follow the steps. Your enrollment application will not be processed until required documents are uploaded and approved.
7. Click the "Confirm and Submit" button: *You must do this.* Otherwise, the enrollment application will not be submitted.

Calculating Patient Volume

Note: Multiple visits for the same day and service only count once.

Encounter Method

Medicaid encounters **divided by** Total patient encounters **times** 100:

$$\frac{\text{Total Medicaid Patient Encounters for the group} * X}{100 \text{ Total Patient Encounters for the Group}} **$$

* Use all **Medicaid** encounters from all practitioners in the group, even those who are not eligible for incentives and those who chose not to participate.

** Use all **patient** encounters from all practitioners in the group, even those who are not eligible for incentives and those who chose not to participate.

Panel Method

All Medicaid encounters (using the methodology above) **plus** any patients in the group's panel not already included in the Medicaid encounter number with a visit in the 12 months prior to the volume reporting period **divided by** total patient encounters **plus** total patient panel not already included in the encounters but with an encounter in the 12 months prior to the volume reporting period. (Note: Starting in 2013, you may include panel patients with a visit in the 24 months prior to the volume reporting period.)

$$\frac{\text{All Medicaid Encounters} + \text{Medicaid MCO Clients Assigned to the Group} * X}{100 \text{ All Patient Encounters} + \text{All MCO Clients Assigned to the Group} *}$$

* Who had at least 1 encounter in the 12 months immediately preceding the volume reporting period and are not included in the Medicaid encounters. (Note: Starting in 2013, you may include panel patients with a visit in the 24 months prior to the volume reporting period.)

Additional Resources – Texas Medicaid EHR Incentive Program

- Learn about program rules and steps by using the self-paced e-learning module at: www.texasehrincentives.com.
- Visit the [Texas Medicaid Health IT website](#) for updates on the EHR Incentive Program and other health IT initiatives.

- For more information about MU documentation or other program questions, contact: support@tmhp-mi.com or call 1-800-925-9126 (option 4).