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Connecting Physicians With Technology
to Improve Patient Care in Maryland



Check List for Pre- Maryland Medicaid Attestation

Chesapeake Regional Information System for Our Patients

1. Verify eligibility for participation in the Maryland Medicaid EHR Incentive Program

- a) Are you a Physician (or Pediatrician), Nurse Practitioner, Dentist, or Certified Nurse Midwife?

Note: A physician is enrolled with Maryland Medicaid as a provider type 20, and in order to practice as a pediatrician, you must submit the appropriate paperwork during provider enrollment. If you are unsure of your provider type, please call Provider Enrollment at 410-767-5340.

- b) Are you enrolled with Maryland Medicaid as a fee-for-service provider?
 - i. Maryland Medicaid fee-for-service providers have a Medical Assistance (MA) number. If you are unsure of your enrollment status with Maryland Medicaid, please call Provider Enrollment at 410-767-5340.
 - ii. To be eligible to participate, you need to be an active provider in good standing, have a valid provider type for participation, and also have the correct pay-to provider on file. If any of this information is not correct, you may need to submit new paper work to Medicaid to update your information.
- c) Do you have an eMedicaid account with Maryland Medicaid that was created using your Individual NPI or MA number?

Note: You must have an individual eMedicaid account in order to participate in the EHR Incentive Program. An individual eMedicaid account is not the same as your group's eMedicaid account. To check the status of your eMedicaid account, call 410-767-5503.

2. Enroll with the Centers for Medicare and Medicaid Services (CMS)

- a. All participants in the Medicaid EHR Incentive Program must enroll with CMS before enrolling with Maryland.



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- b. To enroll, go to: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

3. Choose your 90-day reporting period for patient volume in the previous calendar year in which you are attesting.

- a. Please make sure you are counting only those encounters that occur on any one day where "Medicaid... *paid* all or part of the individual's premiums, copayments, and cost-sharing." Multiple procedures in the same day for the same individual rendered by the same provider would count as only one encounter.

4. Be familiar with the User Guide and Video Tutorial

- a. User guides are posted at the bottom of the Maryland Medicaid EHR Incentive Program homepage: <http://mmcp.dhmh.maryland.gov/ehr/SitePages/Home.aspx>.
- b. Note: Maryland's registration and attestation system works best with Internet Explorer 8. You can download it for free at: <http://windows.microsoft.com/en-US/internet-explorer/downloads/ie>.

Attestation Tips

1. If, after reading the User Guide and watching the Video Tutorial, you do not understand how to fill out the attestation form, please place your cursor over the question-mark boxes located throughout the attestation screen. They will provide additional information about how to fill out each portion of the attestation screen.
2. If you plan to use managed care encounters when calculating patient volume, please follow the below guidance:

Total Managed Care Encounters (1): These are all your managed care encounters, including private and medicaid. You may not have any private managed care encounters.

Total Unduplicated Encounters (2): All non-managed care based encounters. This includes fee-for-service medicaid, private insurance, etc.



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Total Medicaid Managed Care Encounters (3): All Maryland Medicaid MCO encounters.

Total Unduplicated Medicaid Fee-For-Service Encounters (4): All Maryland Medicaid Fee-for-service encounters.

To get your percentage you do the following:

$(3+4) / (1+2) =$ percent of total encounters that are Medicaid.

3. If you are not using the group proxy approach to calculate patient volume, you must incorporate all of your encounters during the 90-day period, not just those that may be from a specific facility or location.
4. Because every provider could be potentially selected for a post-payment audit, providers should have auditable proof that they meet patient volume qualifications. Medicaid recommends that you have an electronic, searchable file, such as Excel, that provides the following information:
 - Claim number
 - Provider name or identification number
 - Recipient name or identification number
 - Date of service
 - Payment status (paid or not paid)
 - And payer type (Medicaid, private, etc.)
5. The patient volume information you report will be validated against current claims and encounter information stored with Medicaid. Medicaid will search our information system for any claims or encounters related to you Individual NPI. If you bill primarily with your Organization or Group NPI, you should select “Include Organization Encounters” when you attest.