

## Group Patient Volume

Eligible professionals (EPs) practicing within a group practice or clinic have the option to use patient volume calculated at the group level. Using the group patient volume option may help EPs who otherwise would not be able to meet the patient volume requirements based on individual claims data.

As with individual attestation, groups must meet one of the following patient volume thresholds:

- Minimum Medicaid patient volume of 30%.
- Minimum Medicaid patient volume of 20%, with all members of the group attesting as a Pediatrician.
- Minimum Needy Patient Volume of 30%, with all members of the group attesting to practicing predominantly through an FQHC or RHC.

A pediatric group using the 20% Medicaid Patient Volume must consist of EPs that all meet the MPIP definition of pediatrician and select that they are attesting as a Pediatrician in the MPIP System.

**Pediatrician:** for the purposes of MPIP eligibility determination, a **Pediatrician** is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A Pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in Pediatrics through either the American Board of Pediatrics (ABP), the American Osteopathic Board of Pediatrics (AOBP), the American Board of Surgery, the American Board of Radiology or the American Board of Urology or a current, in good standing, pediatric subspecialty certificate recognized by the American Board of Medical Specialties.

All EPs using the Needy Patient Volume must practice predominantly through an FQHC/RHC.

**Practices Predominantly:** if more than 50% of an eligible professional's total patient encounters over a period of 6 months in the most recent CY or within the 12-month period preceding attestation occur through a FQHC/RHC, they are considered to practice predominantly at an FQHC/RHC and the eligible professional has the option to use needy individual patient volume.

### Group Patient Volume Calculation

#### Medicaid Patient Volume

**Reporting Period:** Any 3-months (beginning the first day of the month) in the previous calendar year or in the 12-months prior to the group's attestation.

**Numerator:** The sum of all Medicaid encounters from all Medicaid providers (even those who are not eligible for MPIP)

**Denominator:** The sum of all encounters from all providers (even those who are not eligible for MPIP)

The following are considered Medicaid Encounters:

- Services rendered to an individual on any one day where Medicaid paid for part or all of the services
- Services rendered to an individual on any one day where Medicaid paid all or part of the individual's premiums, co-payments, and cost-sharing
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

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## Group Patient Volume

### Needy Patient Volume

**Reporting Period:** Any 3-months (beginning the first day of the month) in the previous calendar year or in the 12-months prior to the group's attestation.

**Numerator:** The sum of needy encounters from all Medicaid providers (even those who are not eligible for MPIP)

**Denominator:** The sum of all encounters from all Medicaid providers (even those who are not eligible for MPIP)

The following are considered Needy Encounters:

- Services rendered to an individual on any one day where Medicaid or CHIP paid all or part of the individual's premiums, co-payments, or cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.
- Services rendered to an individual on any one day where the services were furnished at no cost.
- Services rendered to an individual on any one day where the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay

### Consent Requirements

Each group must provide written consent from all EPs whose patient volume is included in the group calculation. Keep in mind this may include EPs who no longer work at the practice but rendered services attributable to the group Medicaid ID during the attested patient volume reporting period.

Written consent should, at a minimum, include the following information:

- Group practice name and Medicaid ID number
- Name and Medicaid ID of each eligible professional in the group

Each EP must specify whether they are consenting to one of the following:

- Attesting as a member of the group and permitting the group to use their encounters for the patient volume calculation; **or**
- Not attesting as a member of the group but permitting the group to use their encounters towards the patient volume calculation.

If an EP whose patient volume is being used in the group calculation does not permit the practice to use their encounters to calculate patient volume, then the group patient volume cannot be used, and another reporting period should be selected or EPs in the group may report using their own individual patient volume.

### MPIP Enrollment Steps

All EPs using group patient volume will follow the same initial process for enrolling in MPIP. The first EP to access MPIP will be tasked to initiate the group setup by following steps 1 through 5 below. When the remaining EPs in the group practice enroll in MPIP, they will have a read-only view of the patient volume information that was previously entered by the first EP of the group.

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## Group Patient Volume

### 1. Begin your MPIP attestation

After entering MPIP, EPs will be asked to verify their national provider information and complete their state provider information. Select **Yes** or **No** to the following questions:

- Are you a hospital-based provider?
- Are you attesting as a Pediatrician?

**State Provider Information**

Attest if you are a pediatrician or a hospital based provider. For purposes of the Medicaid EHR Promoting Interoperability Program only, a pediatrician must hold a current, in good-standing board certification in pediatrics through the American Board of Pediatrics, the subspecialty certificate recognized by the American Board of Medical Specialties.

**You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency department.**

**\*Are you a hospital based provider?:**

Yes  No

**\*Are you attesting as a Pediatrician?:**

Yes  No

### 2. Select Patient Volume Attestation Method

EPs will have to select their patient volume attestation method. Select one of the following options:

**Individual:** You are attesting using your individual patient encounters.

**Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

**Patient Volume Attestation Method**

Select your patient volume attestation method.

- **Individual:** You are attesting using your individual patient encounters.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

Individual Attestation       Group/Clinic Attestation

EPs will then select if they practice predominantly in an FQHC or RHC. If Yes is selected, a pop-up will prompt EPs to confirm that each provider using the Needy Patient Group method practices predominantly in an FQHC or RHC.

**Needy Patient Volume Proxy Selection**

By selecting confirm, you are attesting that each provider using the needy patient volume proxy practices predominantly (where more than 50% of the EP's total patient encounters over a period of 6 months in the most recent CY or within the 12-months period prior to attestation occur) through an FQHC/RHC.

To change your Step 1 attestation, please click Cancel to return to Enrollment Step 1.

If you agree, select Confirm to continue.

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## Group Patient Volume

### 3. Select Practice Location

Click **Select Practice Location** to select the practice location used to calculate patient volume.

### 4. Identify Group Practice Location

MPIP will automatically pull a list of group/clinic practice locations within the State MMIS that the EP is associated with. The first EP or Group Enroller to initiate the process will be responsible for setting up the patient volume for the entire group. If the group has already been created, the EHR Group ID column will contain a value.

Note: Group/clinic practice locations that have been used in individual attestation are not available for selection. In addition, once a group/clinic has been established, that location may not be used by other EPs who wish to attest as individuals.

Select your group location and do one of the following:

**Create a new group** - First EP to come into the MPIP system from the group

**Join an existing group** - all groups for which the eligible professional's NPI is associated with in Ohio's MITS system will populate. Select the group you are associated with.

#### a. Create a New Group

Select the practice location and complete all sections of the following screen:

**Patient Volume Reporting Period:**

Select the group's patient volume reporting period. Patient Volume will be calculated based on any continuous three-month reporting period, beginning on the first day of the month, in the calendar year preceding the group/clinic's payment year or in the 12 months before the group/clinic's attestation.

Previous Calendar Year    
  Most recent 12 month period    
  Last Selected Reporting Period

\* Please select a Start Date:

Reporting Period Start Date:

Reporting Period End Date:

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**Out-Of-State Encounters**

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes   
  No   

OOS Selected States/Territories:

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**Patient Volume Attestation**

EHR Group Name:

The following are considered Medicaid Encounters:

- Services rendered to an individual on any one day where Medicaid or CHIP paid for part or all of the service.
- Services rendered to an individual on any one day where Medicaid or CHIP paid all or part of the individual's premiums, co-payments, or cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

The following are considered uncompensated or charity care (UCC):

- The services were furnished at no cost.
- The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

Practice Location Name	Address	TIN	NPI	Medicaid ID	CEHRT in Current Yr?	Medicaid	UCC	OOS	Total	PV %
MMIS FQHC Practice 115501	115501 Falcons MMIS FQHC Place POMERDY, OH 45769	*****5501	5500115501	2189622	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	0	<input type="text"/>	
<b>Totals:</b>										0%

#### b. Join an Existing Group

If a group has been created, the group member will only need to select the practice location that has a value in the EHR Group ID column.

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## Group Patient Volume

### 5. Complete Payment Assignment and Point of Contact

Return to Step 1 and **Select Medicaid ID** to identify the Payee Medicaid ID and enter a preferred Point of Contact **Email Address** and **Phone Number**. Press **Save & Continue** to proceed.

### 6. Review Patient Volume Attestation

Group members that enroll after the initial provider has established group volumes will have a read-only access. EPs will select **Save & Continue** to proceed to Step 3 – PI Meaningful Use.

Groups will have the opportunity to upload supporting documentation such as consent and patient volume reports prior to submitting the attestation.

## Group FAQ's

### Q. Why am unable to join an existing group?

**A.** Group members are determined by the practice's Ohio Medicaid Agreement and the listed associated providers. If an EP is not listed as an associated member on the Medicaid agreement, an EP will not be able to join the group. Visit the Ohio MITS portal to view associated members.

To add providers, refer to the *Group Member Linking Instructions* link found on the MITS Resources page at <https://medicaid.ohio.gov/RESOURCES/Publications/ODM-Guidance#1615193-mits-resources>. Once associated group members have been verified, if the EP still cannot join a group, contact MPIP operations staff at 1-877-537-6747 or send an email to [MPIP@medicaid.ohio.gov](mailto:MPIP@medicaid.ohio.gov).

### Q. Should we only include encounters for EPs that are eligible to receive a payment?

**A.** Patient volume calculations must include patient encounters that occurred during the patient volume reporting period for **all** providers, regardless of the provider's eligibility for MPIP. The group's patient volume cannot be limited in any way.

### Q. Can we include some of our providers in the group and others attest individually?

**A.** The EP may provide consent allowing the group to use encounter volumes towards the group calculation but opt out of attesting as part of the group. If the provider wishes to attest on an individual basis, the provider would need to select a reporting period that is not the same or overlaps the group reporting period. If the EP does not consent to the group using his or her volumes towards the group or consent cannot be obtained, the group must select another reporting period or attest as individuals.

### Q. I'm receiving an error that states I have to select a different reporting period when we have already established our group. Why is this?

**A.** The reporting period must be appropriate for each provider within the group. If a group chooses the previous 12-months to select their 3-month reporting period, the group must keep in mind that the previous full 12-months available, is based on when the attestation takes place and is considered a rolling 12-months.

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*Example:* Provider A attests during January 2019, the previous full 12-months available would include January 2018 through December 2018. Provider A selects 01/01/2018 – 04/01/2018.

Provider B: Attests within January 2019, the reporting period falls within previous full 12-months and is therefore appropriate.

Provider C: Attests in February 2019, the reporting period now falls outside of the previous full 12-months. The available 12-months will now include February 2018 through January 2019.

**Q. If a provider works in multiple locations, should we include those encounters?**

A. EPs practicing in-and-outside of the group's practice may not include outside patient encounters in the group proxy.

**Q. Is the group attestation method also available for PI Meaningful Use?**

A. No. PI Meaningful Use data is based on individual provider performance.

### Additional Resources and Contact Information

MPIP Provider Portal: <https://www.ohiompip.com/OHIO/enroll/logon>

MPIP Resources Page: <https://medicaid.ohio.gov/Provider/MedicaidProviderIncentiveProgram>

MPIP Operations staff are available Monday through Friday from 8:00 AM to 4:00 PM EST.

Email: [MPIP@medicaid.ohio.gov](mailto:MPIP@medicaid.ohio.gov)

Phone: 1-877-537-6747

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