# Instructions for Completing the Medicaid Eligibility Worksheet

**Instructions**: Instructions for completing the worksheet step by step. There are also links to web sites and education material for the program. **Return the completed Medicaid Eligibility worksheet to: EhrHelpdesk.DHHS@maine.gov**

The worksheet has multiple tabs:

- **Tab 1: Fill in the worksheet:** Complete for each provider applying for the program year. Instructions are included below for completing the worksheet step by step. There are also links to web sites and education material for the program.
- **Tab 2: Patient Volume Calc:** Complete with your Medicaid Eligibility for this program year application. Instruction link is on the tab
- **Tab 3: Tip sheet: Audits** - Tip sheet describing the audit process and documentation requirements for the program
- **Tab 4: Version** – shows the version of the worksheet

**For submitters that are entering a large group of providers see below for instructions to insert same data into multiple cells that have a drop down option**

1.  When completing the sheet for multiple providers that have the same info you need to copy and paste down - click the cell that has the info you want to repeat; hold the cursor at the right lower corner until it changes to a black cross.
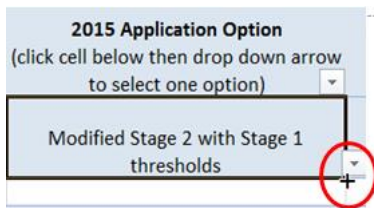


2.  Move the cursor down the number of rows you need filled
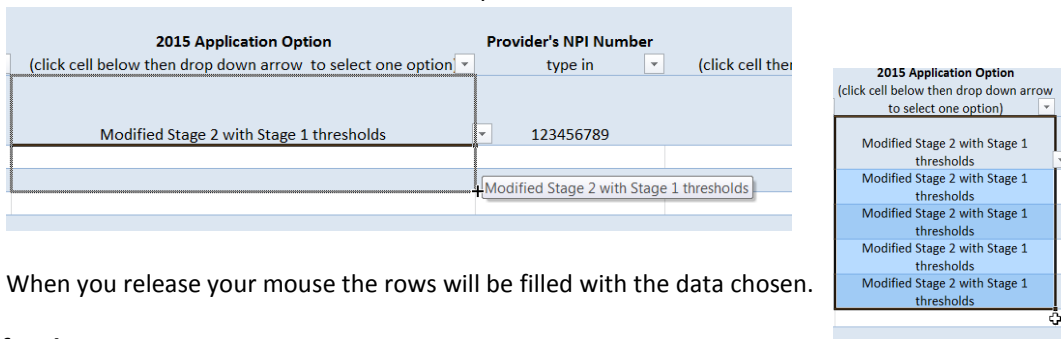


3.  When you release your mouse the rows will be filled with the data chosen.

**Guides for the 2016 Program Year:**
2016 What You Need to Know
2016 Objective Table of Contents
2016 Sample MU submission
2016 Alternate Exclusions
2016 Security Risk Analysis
2016 Patient Electronic Access
2016 Professionals Practicing in Multiple Locations
2016 Public Health Reporting
2016 Public Health Objective spec sheet
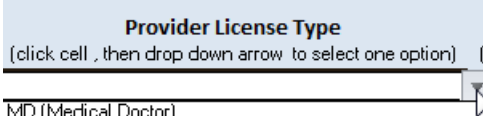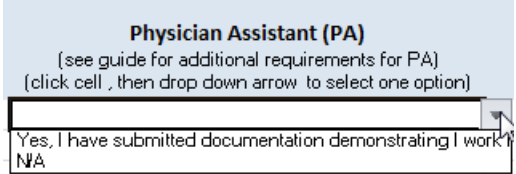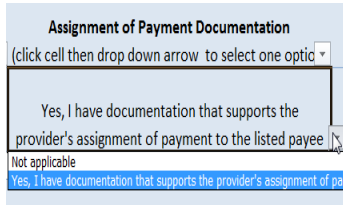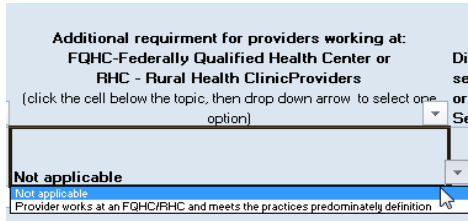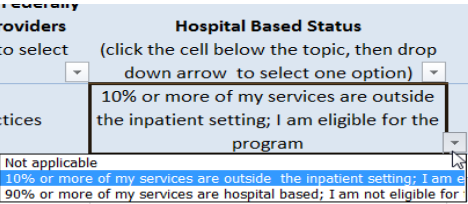Calculating the Medicaid Eligibility Percent
How to Make Changes or Updates to Provider Information on the CMS Registration Site
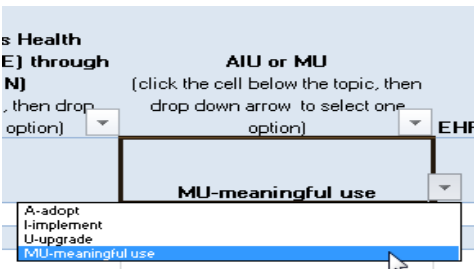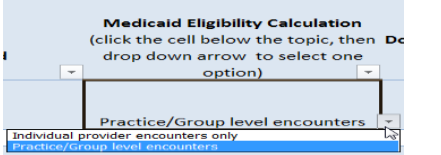
# Worksheet Step by Step Instructions

| | Worksheet Item | Notes | Action required/Screen Shots/Example |
|---|---|---|---|
| 1 | Preparer's Name | Name of person completing this worksheet | Jane Doe |
| 2 | Best Method of Contact | email or phone | email |
| 3 | Phone | xxx-xxx-xxxx | 207-xxx-xxxx |
| 4 | Email | xxxx@xxxx.xxx | janedoe@xyz.com |
| 5 | Provider Name | List each provider name; one per line | Dr. Xyz |

*For all cells that have a drop down option please click the cell then the drop down arrow to select one option*

| | Worksheet Item | Notes | Action required/Screen Shots/Example |
|---|---|---|---|
| 6 | **2016 Application Options**<br>(click cell , then drop down arrow to select one option) | **Program Year 2016 available options:**<br>1. **AIU 2016** - available to providers first year of participation only. AIU does not require the submission of MU data.<br>2. **Modified Stage 2 with Stage 1 thresholds** - available to providers that would have been submitting Stage 1 in 2016. Objective 3 has an alternate exclusion for measures 2 & 3<br>3. **Modified Stage 2** | **Note**: 2016 is the last year any provider can begin the Medicaid EHR Incentive Program |
| 7 | **Provider's Personal NPI Number** | list the eligible provider (EP) personal NPI number | Type in: 9 digit provider NPI |
| 8 | **Provider License Type**<br>(click cell , then drop down arrow to select one option) | The following provider types are eligible for the Medicaid MU Incentive program: **MD** (Medical Doctor), **DO** (Doctor of Osteopathy, **DMD** (Dentists), **OD** (Optometrist), **PA** (Physician Assistant), **NP** (Nurse Practitioner), **CNM** (Certified Nurse Midwife).<br><br>**Provider License Type**<br>(click cell , then drop down arrow to select one option)<br>MD (Medical Doctor)<br>DO (Doctor of Osteopathy)<br>DMD (Dentist)<br>OD Optometrist<br>PA (Physician Assistant) see additional requirments<br>CNM (Certified Nurse Midwife)<br>NP (Nurse Practitioner)<br><br>**Physician Assistant** – must select the statement:<br>Yes, I have submitted documentation demonstrating I work in a PA led FQHC/RHC to be eligible.<br><br>**Physician Assistant (PA)**<br>(see guide for additional requirements for PA)<br>(click cell , then drop down arrow to select one option)<br>Yes, I have submitted documentation demonstrating I work<br>N/A | **Important Note for PA's:** Physician Assistant (PA) is eligible only when they are practicing at a Federally Qualified Health Center (FQHC) that is led by a PA or a Rural Health Center (RHC) that is so led. All PA's must submit documentation that they meet this definition prior to receiving payment. Examples of documentation could include: time sheets showing the PA is the primary care giver at a site; if an MD or DO gives care at the site documentation is required to show they are not the primary care giver; documentation that a PA is the owner of the site. |
| 9 | **Provider Specialty** | List the provider's specialty. If the provider's specialty is not listed on the registration it can be added by inserting it on the I&A site.<br>Provider types include but are not exclusive to: Psychiatrist, Cardiologist, Pediatrician, Family Practice, Surgeon, etc. | Type in specialty: example: Family Practice |
| 10 | **Payee Name** | If a provider is assigning payment list the payee name. | Type in payee name: Example: XYZ |

| | | **Example:** Dr. A is assigning his payment to the practice where he is under contract. You will list the name of the practice where the provider wants the payment to go. | Family Medicine |
|---|---|---|---|
| 11 | **Assignment of Payment Documentation** choose one | The Medicaid EHR Incentive program is a provider based program. It is up to the provider to determine where the payment is disbursed. If the provider elects, or is under contract to assign their payment, the payee that receives the payment must retain documentation that supports the provider's decision. If a provider is **not** assigning to another entity select "Not applicable". If provider is assigning payment select "Yes, I have documentation that supports the provider's assignment of payment to the listed payee". |  |
| 12 | **Payee NPI** | Enter the payee NPI that will receive payment. This NPI must be capable of receiving payments from MaineCare. **Important\*** The payee NPI that is entered on the provider's registration in the CMS NLR (National Level Repository) is the payee NPI that will receive payment. You are responsible for updating the NLR registration to reflect the correct payee NPI. We (Maine MU program) cannot change the payee NPI information that is sent to us from the NLR on the provider's registration. | Type in the 9 digit NPI for the payee |
| 13 | **Organization Structure** | List the organization structure for each provider. 1. Parent 2. Practice 3. Size of practice (the number of providers at the practice is not limited to those providers participating in the Maine Medicaid EHR Incentive Program) | Type in the organization structure: Example: Parent: XYZ Healthcare; Practice: XYZ Family Medicine; Size: 8 providers |
| 14 | **Provider Service Location** | List the provider's physical site location. If a provider works at multiple sites outside of one organization please list all practice site names and addresses for the provider. | Type in the practice site location: Example: XYZ Family Medicine 123 Medical Place Augusta, ME |
| | | | |
| 15 | **Providers working at an FQHC or RHC** choose one | This applies **only** to providers currently working in an FQHC or RHC. If you do not work at an FQHC or RHC enter NA or leave blank. If the provider works at an FQHC/RHC they must meet the definition of "practices predominantly". **Practices predominantly**, means an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year or the preceding 12 month period prior to this application occurs at a FQHC or RHC.If a provider has not worked at an FQHC/RHC for 6 months you should wait to apply when they meet the practices predominantly definition. |  |
| 16 | **Hospital Based Status** choose one | A provider is considered hospital based when 90% or more of their services are performed in an Inpatient Hospital (code 21) or ER Hospital setting (code 23). Hospital based providers are **not** eligible for the EHR Incentive Program and should not apply. If you are hospital based but **additionally** perform services greater than **10%** of your services outside of the Inpatient or ER setting and have documentation to |  |

| | | support those services you are eligible to apply. | |
|---|---|---|---|
| 17 | **Maine's Health Information Exchange** | Does the provider participate in Maine's Health Information Exchange (HIE) through HealthInfoNet | type in Yes or No |
| 18 | **AIU or MU** choose one | Are you applying for AIU or submitting MU? If you are applying for AIU please indicate in the drop down if you are **A**-adopting CEHRT, **I**-implementing CEHRT, or **U**-upgrading CEHRT. AIU is only an option in the first year of program participation. If you are submitting meaningful use choose **MU**-meaningful use. A first time participant in the Medicaid Incentive program can choose to apply for AIU **or** to submit M for the first participation year. **Important note:** 2016 is the last year a provider may enter the Medicaid Incentive Program for AIU. |  |
| | | *CEHRT – Certified Health Information Technology* | |
| | Use these resources to find your CEHRT ID and specifications | <u>Click here to go the CHPL site</u> | [Click here for a guide to Generate a CEHRT ID Number 2016](#) |
| 19 | **CEHRT Product Name** | List the name of the CEHRT in use for this application | |
| 20 | **CEHRT Vendor Name** | List the name of the vendor | |
| 21 | **Product Version #** | List the CEHRT Product Version # | |
| 22 | **CHPL Product Number** | List the CHPL Product Number | |
| 23 | **Certification ID Number** | List the generated CMS EHR Certification ID number | |
| 24 | **CEHRT is 2014 Certified** | All CEHRT products **must** be 2014 Certified for program year 2016. Type in **yes or no** if your product is certified to the 2014 criteria. If your product is not a 2014 certified product you are not eligible to participate in program year 2015. | type in: Yes or No |
| 25 | **Medicaid Eligibility Calculation** choose one | Select how the Medicaid Eligibility Calculation was determined. **Select one:** Individual provider encounters only or Practice/Group level encounters |  |
| | | **Click here for Guide to calculating Medicaid Eligibility:** | |

| | | | |
|---|---|---|---|
| 26 | **Does the EP practice at more than one practice site?** | If a provider works at multiple sites outside of a single organization type in yes. Please include documentation of the CEHRT system and location site of any additional practice locations. This applies only to additional practice sites that are not part of a single organization. | type in: Yes or No |
| 27 | **Multiple Site MU Reports Combined** | If a provider works at additional practice sites outside of a single organizations system they will gather all MU reports and combine the data for submission. Type in NA, yes or no if the submitted MU for this provider includes report(s) from multiple systems that were | Documentation of all sites MU is required type in: NA, Yes or No |

| | | combined. | |
|---|---|---|---|
| 28 | **Objective 10: Public Health Registration Date** (required for all providers) | [Public Health Registration Requirements for 2016](#) <br> [2016 Public Health Objective Spec Sheet](#) <br><br> Enter the date that the provider's practice or individual provider was registered with Maine's Public Health Registry; and what registries were selected for the provider. The date is the original date of the PH registration. The 2016 requirements state that the registration date must be any time prior to or within the first 60 days of the providers reporting period. <br><br> **Please Note:** <br> If a practice or provider is not eligible for the Public Health exclusion(s), and/or did not register during the CMS required timeframe (prior to or within the first 60 days of the provider's MU reporting period) that provider is not eligible to apply for MU for program year 2016. | **Example 1**: **Practice A** - registered with Maine's PH registries on February 1, 2014. All providers working at that practice were listed in the PH registration and will use the February 1, 2014 date. If a provider joined Practice A in March of 2016, the practice will add this new provider to any current PH registries that apply to the provider's scope of practice. The new provider can meet any registry question for MU that is applicable and the date he will use is the original date the practice was registered – in this example 2/1/14. The practice registration meets the requirement with the original registration date as it is prior to the new providers reporting period and the new provider is added by proxy. |
| 29 | **Enter MU reporting period and dates for 2016** | Enter the start and end date for the provider's 2016 MU reporting period <br><br> **Please note:** 2016 is a 365 day reporting period except for providers that are submitting MU data for the first time; those providers may select any 90 day period within 2016 that they met all MU requirements. | **Example:** 1/1/2016 – 12/31/2016 |
| 30 | **Public Health Registries** | Type in all registries that the provider is registered for: <br> • Immunization Registry <br> • Syndromic Surveillance Registry <br> • Specialized Registry – please list any specialized registry the provider is participating with. As of 2015 the Maine CDC Cancer registry is considered a specialized registry. | All provider must meet two of the public health measures or exclude from all three measures |
| 31 | **Exclusion for Public Health Registries** | Type in all registries that the provider meets the exclusion for: <br> • Immunization Registry (**IR**) <br> • Syndromic Surveillance Registry (**SSR**) <br> • Specialized Registry (**SR**) – please list any specialized registry the provider is participating with. As of 2015 the Maine CDC Cancer registry is considered a specialized registry. | If a provider is eligible for any exclusion (does not give immunizations, etc.) they will need to answer all 3 measures by either meeting or excluding to meet the objective. |