



Attestation User Guide
for
Eligible Professionals



**Illinois Medicaid
Electronic Health Record (EHR)
Provider Incentive Payment (PIP)
Program**

STEPS

The following steps must be taken previous to logging into MEDI and attesting.

1. Meet all Federal Requirements
[CMS Medicaid/Medicare EHR Incentive Programs \(Eligibility\)](#)
2. Meet all State Requirements
[Medicaid EHR PIP Website \(Prerequisites\)](#)
3. Fill out [Patient Volume Worksheet](#)
3. Register at Federal CMS
[Medicaid EHR Incentive Program Registration and Attestation System](#)
4. Wait one business day after registration
5. Login to MEDI and attest
[HFS Medical Electronic Data Interchange \(MEDI\)](#)

This guide is intended to assist providers with Electronic Health Record Provider Incentive Payment (EHR/ PIP) program attestation. In addition there are helpful links, websites and contact information for help.

STEPS

Login to MEDI and from MEDI home click on 'Electronic Health Records/Provider Incentive Payment (EHR/PIP)' hyperlink.

The screenshot shows the HFS website interface. At the top left is the HFS logo. The header contains 'ILLINOIS DEPARTMENT OF Healthcare and Family Services' and the website URL 'www.myhfs.illinois.gov'. Below the header is a navigation bar with 'MEDI Links' and 'MEDI Home' tabs. The 'MEDI Links' menu includes: MEDI Home, Manage My Account, Registration Menu, Manage NPI Account, Help Index, Contact Us, myHFS Home, Logout, and a section for billing problems with contact information. The main content area has a 'Help' button and a 'Welcome, MEDI TEST4!' message. Below this is a 'Select Application' section with three links: 'Internet Electronic Claims System(IEC)', 'Long Term Care (LTC)', and 'Electronic Health Records/Provider Incentive Payment (EHR/PIP)'. A yellow callout box with an arrow points to the 'Electronic Health Records/Provider Incentive Payment (EHR/PIP)' link.



TIPS

The 'Electronic Health Records/Provider Incentive Payment (EHR/PIP)' link will only display for MEDI users that are either an administrator of or a provider registered with HFS as one of following provider types; 010-Physician, 011-Dentist, 012-Optometrist, 016-Nurse Practitioner, 089-Physician Assistant


STEPS

Review the following information related to the documentation for audit purposes and click [Continue to Provider Selection].

Electronic Health Records / Provider Incentive Payment (EHR/PIP)

Evidence of A/I/U will be maintained by the provider.
Examples of acceptable documentation supporting A/I/U is included in the table below.


Category	Example Documentation
Adoption	<ul style="list-style-type: none">• Contract• Software License• Receipt or Proof of Acquisition• Purchase Order
Implementation	<ul style="list-style-type: none">• Contract• Software License• Training - Evidence of Cost or Contract• Hiring of staff to assist with the implementation - payroll records for the staff hired
Upgrade	<ul style="list-style-type: none">• Contract• Software License• Receipt or Proof of Purchase• Purchase Order

Continue to Provider Selection 

STEPS

Select from the drop down list the provider that you wish to attest for and the NPI associated with that provider that was entered at Federal CMS Registration and Attestation website.

Provider Selection

Provider ID: 

NPI Number: 

Next



TIPS

Only providers who have registered with Federal CMS Registration and Attestation Website, passed initial Illinois eligibility checks and have not attested will display.

STEPS

Verify that the information on screen is correct.

Electronic Health Records / Provider Incentive Payment (EHR/PIP)	
Provider/Payee Information	
CMS Registration ID: 3238788881212	Participation Year: Year 1
Provider NPI: 1324567890 JACK JONES 123 S. MAIN STREET TOWN OF MEDICAID, IL 62511	Payee NPI/TIN: 1324567890 / 300-40-5000 JACK JONES 123 S. MAIN STREET TOWN OF MEDICAID, IL 62511



TIPS

Changes to the information above **cannot** be corrected by the state. If any of the above information needs to be changed please **STOP** attestation now and visit the [Federal CMS Registration and Attestation System website](#). Allow 2 business days for changes to be in effect.

STEPS

Enter the ONC number given to you by the ONC CHPL website.

If you have Adopted, Implemented or Upgraded a certified EHR System that is listed in the Certified EHR System List pursuant to the Final Rule please provide the EHR System Certification ID provided to you by the [ONC website](#).

Verify or Enter your CMS EHR Certification ID:



TIPS

This number is often confused with the CMS Registration ID. This 15-digit alpha-numeric certification ID can only be obtained by choosing a complete EHR or unique modules that comprise a complete EHR at the ONC CHPL website. This number is unique to your specific EHR.

STEPS

Choose the year you are applying for an incentive payment.

Patient Volume | A/I/U | MU 1 | Review & Attest

I am applying for an incentive payment for the calendar year:



TIPS

HFS has received approval from federal CMS to extend the deadlines for registering and attesting for the Medicaid EHR/PIP to 90 days after the end of the calendar year for EPs. The deadline for registering and attesting for the 2011 payment is March 31, 2012 for EPs. For the Medicare EHR incentive payment, the deadline remains 60 days after the end of the calendar year for EPs (February 29, 2012).

STEPS

Enter the start date of the 90 day reporting period from the calendar year previous to the year selected above.

Enter the Start Date for any continuous 90 day period you used for calculating your patient volume (End Date will be calculated).

Start Date End Date



TIPS

Every program participation year a provider must attest to a 90 day period from the calendar year previous to the year selected. The patient volume 90 day period is not the same as the meaningful use reporting period that will be required in subsequent years of participation. Example: If 2011 is selected above, a 90 day period must be selected between January 01—December 31 2010.

STEPS

Select a patient volume methodology. If Group Proxy is selected choose any county that the group has a site of practice.

What patient volume methodology did you use? Individual Title XIX by NPI
 Group Proxy County Title XIX Proxy Values
County



TIPS

[CMS FAQ 10362](#)

FQHC/RHC



TIPS

EPs practicing predominantly in an FQHC or RHC (see page 6 of this guide) must select Group Proxy as a patient volume methodology. Any county may be selected that has a FQHC or RHC site of practice.

STEPS

If you selected Group Proxy as the Medicaid patient volume methodology you must enter the Group NPI and a sequence number. The group NPI can be any valid NPI for the practice. This information will only be used to tie the members of the group together for audit purposes. The sequence number is a unique identifier created by your practice administration to designate a specific group using a single Group NPI.

Group ID: Required when Group Proxy is selected: -
Group NPI Sequence Number



TIPS

For large practices multiple groups may exist under one Group NPI. The sequence number is a way that HFS can recognize who is in a specific group. Also the numerator and denominator for everyone using the NPI + Sequence combination must match.

Example: Health123 Inc has a group NPI of 1234567899. A Pediatric Group within Health123 Inc consists of Dr. Jones, Dr. Paul and Dr. Hareem and will be using the Group NPI 1234567899 and sequence number 01. A Geriatric group working for HealthFam consists of 10 EPs and can use NPI 1234567899 and sequence number 02.

STEPS

Select yes if you have aggregated patient volume from multiple states. (i.e. Recipients enrolled in Missouri Medicaid).

Did you aggregate patient volume from multiple states? No



TIPS

This information will be used for performing prepayment audits.

STEPS

Select YES or NO if you practice predominantly in an FQHC or RHC

Do you practice predominantly (50% of patient encounters in 6 months) in an FQHC/RHC: Yes

FQHC/RHC



TIPS

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 occurs at a federally qualified health center or a rural health clinic. For the definition of FQHC/RHC, refer to Final Rule at 495.302

STEPS

Select YES or NO if you practice predominantly in an FQHC or RHC, enter the number of needy individual patient encounters from the 90 day period specified above.

If answered yes above, enter Total NEEDY INDIVIDUAL patient encounters for the 90 day period: 250

FQHC/RHC



TIPS

Needy individuals mean individuals that meet one of following: (Final Rule 495.302)
(1) Received medical assistance from Medicaid or the Children's Health Insurance Program. (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act).
(2) Were furnished uncompensated care by the provider.
(3) Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individuals' ability to pay.
[CMS FAQ 10526](#)

STEPS

Enter the Total Medicaid Patient Encounters for the 90 day period selected above. Other fields are auto-calculated.

Total MEDICAID Patient Encounters for the 90 day period:	<input type="text" value="500"/>
Percentage of Title XIX encounters:	<input type="text" value="98"/> % = <input type="text" value="490"/>
Total NEEDY INDIVIDUAL patient encounters:	<input type="text" value="0"/>



TIPS

HFS has calculated the percentage of Title XIX encounters for EPs based on the providers claims and encounter data. If 'individual' is selected as a Medicaid patient volume method the percentage will display and calculate the number of **Title XIX only** encounters.

For providers who have selected Group Proxy as the Medicaid patient volume methodology HFS has calculated a percentage for each county in Illinois. This calculation can be used as an administrative simplification to apply to a group using the same numerator and denominator.

FQHC/RHC



TIPS

For EPs practicing predominantly in an FQHC or RHC must enter zero in the 'Total Medicaid Patient Encounters for the 90 day period'. The Medicaid encounters have already been reported in the 'Total NEEDY INDIVIDUALS patient encounters' box.

CMS FAQ [10526](#), [10523](#), [10524](#)

STEPS

Enter the total patient encounters. For groups enter the entire group's total patient encounters.

Title XIX Medicaid + Needy Individual encounters:	<input type="text" value="490"/>	Numerator	Medicaid Patient Volume Percentage
Please provide your TOTAL Patient Encounters for the 90 day period:	<input type="text" value="1000"/>	Denominator	<input type="text" value="49"/> %



TIPS

Encounter defined at CMS FAQ [10415](#) and [10664](#)

STEPS

If a pediatrician, select which option applies. If not a pediatrician, select [Not Applicable].

If you are a Pediatrician, please select one:	<input type="text" value="Not Applicable"/> <input type="text" value="Select"/> <input type="text" value="Not Applicable"/> <input type="text" value="Average age of patient volume < 21"/> <input type="text" value="Board Certified Pediatrician"/>
-----------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



TIPS

For the purposes of the EHR/PIP program Illinois has defined a pediatrician as either;

1. A Medicaid enrolled provider who serves 90% of patients under the age of 21 based on the age of the patient at the time the service is rendered; or
2. A Medicaid enrolled provider with a valid, unrestricted medical license and board certification in pediatrics through either the ABP or the AOBP

CMS FAQ [10715](#), [10111](#)

Pursuant to Final Rule at 495.304 a pediatrician must have a minimum 20 percent patient volume attributable to individuals receiving Medicaid to be eligible for the program and will receive two thirds of the full incentive payment each year the pediatrician meets the required criteria. If 30 percent Medicaid patient volume can be met the pediatrician will receive the full incentive payment.

STEPS

Answer each of the questions very carefully.

Patient Volume | **A/I/U** | MU 1 | Review & Attest

Please carefully read the following questions and answer each one.

A/I/U Information

1. I have not already received a Medicaid incentive payment for this program participation year. ▾
2. I understand I am selecting Illinois as the State from which I would like to receive payment. ▾
3. I understand and meet the patient volume requirements for the Medicaid PIP program. ▾
4. I am not a hospital-based professional who furnishes 90% or more of my professional services in an inpatient hospital (POS 21) or emergency room (POS 23) setting. ▾
5. I am considered a pediatrician for the purposes of the PIP program because my Medicaid patient volume is between 20% and 30% and I am either board certified or 90% of my patient volume is under the age of 21. ▾
6. I am a Physician Assistant (PA) working in an FQHC or RHC so led by: a) a PA as the primary provider in the clinic; b) a PA as the clinical or medical director at a site of practice; or c) a PA as an owner of an FQHC or RHC. ▾
7. I practiced predominantly in an FQHC or RHC meaning over 50 percent of my total patient encounters over a period of 6 months during the preceding calendar year occurred at an FQHC or RHC. ▾
8. I have adopted, implemented or upgraded an ONC Certified Electronic Health Record System with the certification number entered above. ▾
9. I confirm the assignment of this Medicaid incentive payment to the payee listed on this verification page. ▾
10. I confirm that I either selected the Individual Proxy Patient Volume Calculation method or I selected the Group Proxy Patient Volume Calculation method and selected a county in which my group has a practice location. ▾



TIPS

CMS FAQ [10831](#), [10074](#), [10526](#).

STEPS

Review the information and click the check mark box to accept the terms.

By checking the box, you are indicating that you have reviewed all information displayed on the Review screen and do hereby certify that the foregoing information is true, accurate, and complete. Understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.



TIPS

CMS FAQ [10831](#), [10074](#), [10526](#).

STEPS

Click [submit attestation] or to reset the attestation and start over click [reset]. The [previous] button will bring you one page backward. Print your attestation and retain in accordance with document retention and audit policies.

Electronic Health Records / Provider Incentive Payment (EHR/PIP)

CMS Registration ID: 3238788881212 **Participation Year:** Year 1

Provider NPI: 1324567890 **Payee NPI/TIN:** 1324567890 / 300-40-5000

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

Patient Volume A/I/U MU 1 **Review & Attest**

I am applying for an incentive payment for the fiscal year: 2011

Medicaid Patient Volume Information

Enter the Start Date for any continuous 90 day period you used for calculating your patient volume (End Date will be calculated).

Start Date: 10/01/2010 End Date: 12/29/2010

What patient volume methodology did you use? Individual Title XIX by NPI
 Group Proxy County Title XIX Proxy Values
 County: SELECT

Group ID: Required when Group Proxy is selected: [] Group NPI: [] Sequence Number: []

Did you aggregate patient volume from multiple states: No

Do you practice predominantly (50% of patient encounters in 6 months) in an FQHC/RHC? No

If answered yes above, enter Total NEEDY INDIVIDUAL patient encounters for the 90 day period: []

Total MEDICAID Patient Encounters for the 90 day period: 500
 Percentage of Title XIX encounters: 79 % = 395
 Total NEEDY INDIVIDUAL patient encounters: 0

Title XIX Medicaid + Needy Individual encounters: 395 Numerator Medicaid Patient Volume Percentage
 Please provide your TOTAL Patient Encounters for the 90 day period: 800 Denominator 49

If you are a Pediatrician, please select one: Not Applicable

A/I/U Information

- I have not already received a Medicaid incentive payment for this program participation year. Yes No
- I understand I am selecting Illinois as the State from which I would like to receive payment. Yes No
- I understand and meet the patient volume requirements for the Medicaid PIP program. Yes No
- I am not a hospital-based professional who furnishes 90% or more of my professional service an inpatient hospital (POS 21) or emergency room (POS 23) setting. Yes No
- I am considered a pediatrician for the purposes of the PIP program because my Medicaid patient volume is between 20% and 30% and I am either board certified or 90% of my patient volume under the age of 21. Yes No
- I am a Physician Assistant (PA) working in an FQHC or RHC so led by: a) a PA as the primary provider in the clinic; b) a PA as the clinical or medical director at a site of practice; or c) a PA as an owner of an FQHC or RHC. Yes No
- I practiced predominantly in an FQHC or RHC meaning over 50 percent of my total patient encounters over a period of 6 months during the preceding calendar year occurred at an FQHC or RHC. Yes No
- I have adopted, implemented or upgraded an ONC Certified Electronic Health Record System with the certification number entered above. Yes No
- I confirm the assignment of this Medicaid incentive payment to the payee listed on this verification page. Yes No
- I confirm that I either selected the Individual Proxy Patient Volume Calculation method or I selected the Group Proxy Patient Volume Calculation method and selected a county in which my group has a practice location. Yes No

By checking the box, you are indicating that you have reviewed all information displayed on the Review screen and do hereby certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

Press **Attest** to submit the attestation application.
 Press **Back** to return to Patient Volume Information.
 Press **Reset** to clear information and return to Provider Selection.

EP not practicing in an Group | FQHC | RHC using Individual Patient Volume

Electronic Health Records / Provider Incentive Payment (EHR/PIP)

CMS Registration ID: 323878881212

Participation Year: Year 1

Provider NPI: 1324567890

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

Payee NPI/TIN: 1324567890 / 300-40-5000

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

Patient Volume A/1/U MU 1 Review & Attest

1 I am applying for an incentive payment for the calendar year: 2011

Medicaid Patient Volume Information

2 Enter the Start Date for any continuous 90 day period you used for calculating your patient volume (End Date will be calculated).

Start Date 01/01/2010 End Date 3/31/2010

3 What patient volume methodology did you use?
 Individual Title XIX by NPI
 Group Proxy County Title XIX Proxy Values
County SELECT

Group ID: Required when Group Proxy is selected: [] Select
Group NPI Sequence Number

4 Did you aggregate patient volume from multiple states? No

5 Do you practice predominantly (50% of patient encounters in 6 months) in an FQHC/RHC: No
If answered yes above, enter Total NEEDY INDIVIDUAL patient encounters for the 90 day period: []

6 Total MEDICAID Patient Encounters for the 90 day period: 112

7 Percentage of Title XIX encounters: 99 % = 111

8 Total NEEDY INDIVIDUAL patient encounters: 0

9 Title XIX Medicaid + Needy Individual encounters: 111 Numerator Medicaid Patient Volume Percentage
Please provide your TOTAL Patient Encounters for the 90 day period: 341 Denominator 33 %

10 If you are a Pediatrician, please select one: Not Applicable

SAMPLE ATTESTATION

SAMPLE ATTESTATION

EP not practicing in an Group | FQHC | RHC using Individual Patient Volume

HFS recommends that providers complete the Medicaid patient volume worksheet available on our website prior to beginning the attestation process: <http://hfs.illinois.gov/ehr/ep.html>. The information needed to complete this screen can then be taken directly from the worksheet. EPs must utilize auditable data sources to support their patient volume numbers. While HFS is not mandating any specific data sources, it is presumed that EPs will rely on practice management software/system or other business record keeping system or documentation for patient scheduling and billing.

Following are the steps for completing the Patient Volume section of the attestation if using Individual patient volume. The step number below is noted next to the field on the example screen shot.

1. Select the calendar year for which you are requesting payment. This will either be the current year or, between the dates of January 1 and March 31 of each year, the previous year may be selected. (See note below)

NOTE: HFS has received approval from federal CMS to extend the deadlines for registering and attesting for the Medicaid EHR/PIP to 90 days after the end of the calendar year. The deadline for registering for the 2011 payment is now March 31, 2012. This applies to future years as well.

2. Select the Start Date of the date range used for meeting the Medicaid patient volume requirement.
3. Click the radio button next to [Individual]. The Title XIX percentage for the provider's NPI will be populated in the *Percentage of Title XIX encounters* field below. The link to the right of [Individual] will take the user to the list of Title XIX percentages by NPI.
4. Select Yes or No as appropriate next to *Did you aggregate patient volume from multiple states?* This information will be used to assist HFS with pre-payment auditing.
5. Select No. EPs who practice predominantly in an FQHC/RHC should refer to the example for FQHCs/RHCs beginning on page 6.
6. Enter the *Total Medicaid Patient Encounters for the 90 day period above*. For the purposes of this program, encounters are defined as services rendered to one person on one day where Medicaid paid for all or part of the service. (one encounter = one patient/one provider/one day)
7. Ensure the *Percentage of Title XIX encounters* field has been accurately populated.
8. This field will be zero (unless the EP practices predominantly in an FQHC/RHC – refer to that example).
9. The Numerator field will be auto-populated based on the numbers from step 6 above. Enter the denominator in *Total Patient Encounters for the 90 day period* and the *Medicaid Patient Volume Percentage* will be auto-populated.
10. Select the appropriate response related to the Pediatrician field. See page 7 of this user guide for the definition of Pediatrician for this program.

EP practicing in an FQHC or RHC using Group Patient Volume

Electronic Health Records / Provider Incentive Payment (EHR/PIP)

CMS Registration ID: 3238788881212

Participation Year: Year 1

Provider NPI: 1324567890

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

Payee NPI/TIN: 1324567890 / 300-40-5000

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

Patient Volume

A/I/U

MU 1

Review & Attest

1 I am applying for an incentive payment for the calendar year: 2011

Medicaid Patient Volume Information

2 Enter the Start Date for any continuous 90 day period you used for calculating your patient volume (End Date will be calculated).

Start Date 03/01/2010

End Date 5/29/2010

3 What patient volume methodology did you use?
 Individual Title XIX by NPI
 Group Proxy County Title XIX Proxy Values
County ADAMS

4 Group ID: Required when Group Proxy is selected: 1234567890 01
Group NPI Sequence Number

5 Did you aggregate patient volume from multiple states? No

6 Do you practice predominantly (50% of patient encounters in 6 months) in an FQHC/RHC: Yes
If answered yes above, enter Total NEEDY INDIVIDUAL patient encounters for the 90 day period: 9429

7 Total MEDICAID Patient Encounters for the 90 day period: 0

8 Percentage of Title XIX encounters: 0 % = 0

9 Total NEEDY INDIVIDUAL patient encounters: 9429

10 Title XIX Medicaid + Needy Individual encounters: 9429 Numerator Medicaid Patient Volume Percentage
Please provide your TOTAL Patient Encounters for the 90 day period: 14000 Denominator 67 %

11 If you are a Pediatrician, please select one: Not Applicable

SAMPLE ATTESTATION

SAMPLE ATTESTATION

EP practicing in an FQHC or RHC using Group Patient Volume

HFS recommends that providers complete the Medicaid patient volume worksheet available on our website prior to beginning the attestation process: <http://hfs.illinois.gov/ehr/ep.html>. The information needed to complete this screen can then be taken directly from the worksheet. EPs must utilize audit-able data sources to support their patient volume numbers. While HFS is not mandating any specific data sources, it is presumed that EPs will rely on practice management software/system or other business record keeping system or documentation for patient scheduling and billing.

Following are the steps for completing the Patient Volume section of the attestation if using Individual patient volume. The step number below is noted next to the field on the example screen shot.

1. Select the calendar year for which you are requesting payment. This will either be the current year or, between the dates of January 1 and March 31 of each year, the previous year may be selected. (See note below)

NOTE: HFS has received approval from federal CMS to extend the deadlines for registering and attesting for the Medicaid EHR/PIP to 90 days after the end of the calendar year. The deadline for registering for the 2011 payment is now March 31, 2012. This applies to future years as well.

2. Select the Start Date of the date range used for meeting the Medicaid patient volume requirement.
3. Click the radio button next to *Group Proxy* and select the appropriate county. This may be any county where the group has a practice location. The Title XIX percentage for the county will be populated in the *Percentage of Title XIX encounters* field below. The link to the right of *Group Proxy* will take the user to the list of Title XIX percentages by County.
4. Group ID is a unique identifier HFS will use to tie the members of the group together for audit purposes. **It is expected that every professional using the group proxy will use the same numerator and denominator (and the same Group ID).** See page 5 for additional instructions related to Group ID.
5. Select Yes or No as appropriate next to *Did you aggregate patient volume from multiple states?* This information will be used to assist HFS with pre-payment auditing.
6. If you practiced predominantly in an FQHC/RHC, select Yes and enter the number of encounters for Needy Individuals as defined in CMS FAQ 10526. See page 6 of this user guide for additional information. For the purposes of this program, encounters are defined as services rendered to one person on one day where Medicaid paid for all or part of the service. (one encounter = one patient/one provider/one day) While HFS anticipates that the majority of FQHCs/RHCs will use group proxy due to the administrative simplification, EPs may attest using individual patient encounters. CMS FAQ 10362 provides instructions and the implications for using group proxy.
7. Because Medicaid encounters are included in the Needy Individual field (in step 6 above), the *Total Medicaid Patient Encounters for the 90 day period above* must be zero.
8. *Percentage of Title XIX encounters* does not apply to FQHC/RHC attestation because the Medicaid population is not limited to Title XIX. This field will be populated based on the county selected but, because field 6 is zero, the percentage is not applied to the numerator in field 10.
9. This field will be auto-populated with the amount entered in step 5.
10. The Numerator field will be auto-populated based on the numbers from step 6 above. Enter the denominator in *Total Patient Encounters for the 90 day period* and the *Medicaid Patient Volume Percentage* will be auto-populated.
11. Select the appropriate response related to the Pediatrician field. See page 7 of this user guide for 13 the definition of Pediatrician for this program.

EP practicing in a Group using Group Patient Volume

Electronic Health Records / Provider Incentive Payment (EHR/PIP)

CMS Registration ID: 3238788881212

Participation Year: Year 1

Provider NPI: 1324567890

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

Payee NPI/TIN: 1324567890 / 300-40-5000

JACK JONES
123 S. MAIN STREET
TOWN OF MEDICAID, IL 62511

Patient Volume A/I/U MU 1 Review & Attest

1 I am applying for an incentive payment for the calendar year: 2011

Medicaid Patient Volume Information

2 Enter the Start Date for any continuous 90 day period you used for calculating your patient volume (End Date will be calculated).

Start Date 02/02/2010 End Date 5/2/2010

3 What patient volume methodology did you use?
 Individual Title XIX by NPI
 Group Proxy County Title XIX Proxy Values
County BOND

4 Group ID: Required when Group Proxy is selected: 1234567890 01
Group NPI Sequence Number

5 Did you aggregate patient volume from multiple states? No

6 Do you practice predominantly (50% of patient encounters in 6 months) in an FQHC/RHC: No
If answered yes above, enter Total NEEDY INDIVIDUAL patient encounters for the 90 day period:

7 Total MEDICAID Patient Encounters for the 90 day period: 1124

8 Percentage of Title XIX encounters: 94 % = 1057

9 Total NEEDY INDIVIDUAL patient encounters: 0

10 Title XIX Medicaid + Needy Individual encounters: 1057 Numerator Medicaid Patient Volume Percentage
Please provide your TOTAL Patient Encounters for the 90 day period: 2725 Denominator 39 %

11 If you are a Pediatrician, please select one: Not Applicable

SAMPLE ATTESTATION

SAMPLE ATTESTATION

EP practicing in a Group using Group Patient Volume

HFS recommends that providers complete the Medicaid patient volume worksheet available on our website prior to beginning the attestation process: <http://hfs.illinois.gov/ehr/ep.html>. The information needed to complete this screen can then be taken directly from the worksheet. Professionals must utilize auditable data sources to support their patient volume numbers. While HFS is not mandating any specific data sources, it is presumed that professionals will rely on practice management software/system or other business record keeping system or documentation for patient scheduling and billing.

Following are the steps for completing the Patient Volume section of the attestation if using Individual patient volume. The step number below is noted next to the field on the example screen shot.

1. Select the calendar year for which you are requesting payment. This will either be the current year or, between the dates of January 1 and March 31 of each year, the previous year may be selected. (See note below)

NOTE: HFS has received approval from federal CMS to extend the deadlines for registering and attesting for the Medicaid EHR/PIP to 90 days after the end of the calendar year. The deadline for registering for the 2011 payment is now March 31, 2012. This applies to future years as well.

2. Select the Start Date of the date range used for meeting the Medicaid patient volume requirement.
3. Click the radio button next to *Group Proxy* and select the appropriate county. This may be any county where the group has a practice location. The Title XIX percentage for the county will be populated in the *Percentage of Title XIX encounters* field below. The link to the right of *Group Proxy* will take the user to the list of Title XIX percentages by County.
4. Group ID is a unique identifier HFS will use to tie the members of the group together for audit purposes. **It is expected that every professional using the group proxy will use the same numerator and denominator (and the same Group ID).** See page 5 for additional instructions related to Group ID.
5. Select Yes or No as appropriate next to *Did you aggregate patient volume from multiple states?* This information will be used to assist HFS with pre-payment auditing.
6. Refer to the FQHC/RHC example if you meet the definition of FQHC/RHC as defined in the Final Rule at 495.302 (and in CMS FAQ 10526).
7. Enter the *Total Medicaid Patient Encounters for the 90 day period above*. For the purposes of this program, encounters are defined as services rendered to one person on one day where Medicaid paid for all or part of the service. (one encounter = one patient/one provider/one day)
8. Ensure the *Percentage of Title XIX encounters* field has been accurately populated.
9. This field will be auto-populated with the amount entered in step 5.
10. The Numerator field will be auto-populated based on the numbers from step 6 above. Enter the denominator in *Total Patient Encounters for the 90 day period* and the *Medicaid Patient Volume Percentage* will be auto-populated.
11. Select the appropriate response related to the Pediatrician field. See page 7 of this user guide for the definition of Pediatrician for this program.