

Instructions for Completing the Medicaid Eligibility Worksheet

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. Multiple providers can be listed on one worksheet.
- **Tab 2: Required Documentation** – Review this tab and make sure to provide this documentation when submitting this worksheet and MU data. We are requesting some information upfront because some providers have had payments recuperated due to lack of supporting documentation, to assist you to have the documentation readily available for future audits.
- **Tab 3: Patient Volume Calculation:** Complete with your Medicaid Eligibility calculation for this program year application. Instruction links are on the tab where the data is entered. We have included a template for your use to track the data that backs up the patient volume calculation.

Click each link below for additional information:

[Patient Volume Options – 2020.pdf](#)

[Patient Volume Verification Template \(Excel\)](#)

- **Tab 4: Tip sheet: Audits** - Tip sheet describing the audit process and documentation requirements for the program
- **Tab 5: Version** –version of the worksheet

Click [here](#) to go to our website for more information for the 2020 program year

2020 Medicaid Eligibility Worksheet Step by Step Instructions

- The table below is located on the Fill in the worksheet tab at the top of the page. The person submitted the worksheet should enter their contact info here.

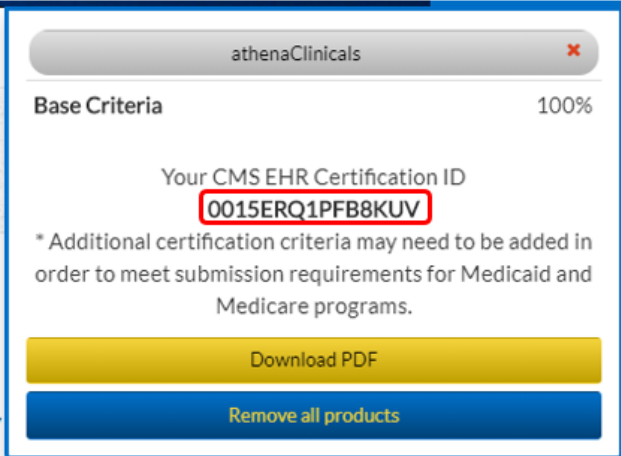
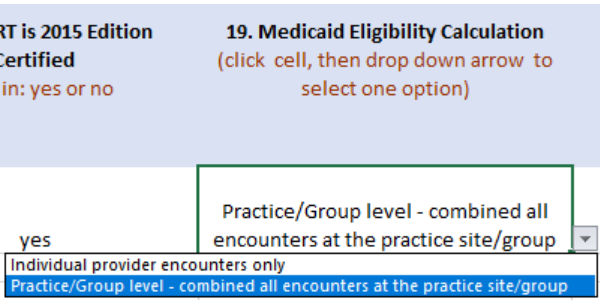
1.	Preparer's Name	Name of person completing this worksheet
2.	Best Method of Contact	email or phone for the person completing this worksheet
3.	Phone	XXX-XXX-XXXX
4.	Email	XXXX@XXXX.XXX

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

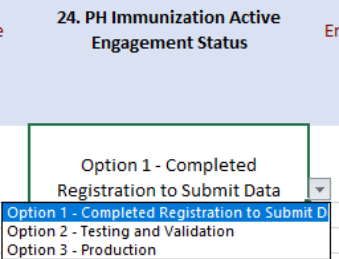
Worksheet Item	Notes	Example	
5.	Provider Name	List each provider name; one per line	Example Row: Granger MD, Hermione
6.	2020 Application Options (click cell, then drop down arrow to select one option)	All providers are required to submit Stage 3 for 2020 and must have 2015 edition CEHRT for entire reporting period.	<p style="color: red; text-align: center;">FYI: All providers are required to submit Stage 3</p> <div style="background-color: #e6f2ff; padding: 10px; text-align: center; margin: 10px 0;"> <p>6. 2020 Stage 3 MU Objectives required</p> </div> <p style="text-align: center;">Stage 3 required for 2020</p>
7.	Provider's Personal NPI Number	List the eligible provider (EP) personal NPI number	Type in: 9-digit provider NPI
8.	Provider License Type (click cell, then drop down arrow to select one option)	<p>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).</p> <div style="border: 1px solid black; background-color: #e6f2ff; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">Provider License Type</p> <p style="font-size: small;">(click cell, then drop down arrow to select one option)</p> </div> <p>MD (Medical Doctor) DO (Doctor of Osteopathy) DMD (Dentist) OD (Optometrist) PA (Physician Assistant) see additional requirements CNM (Certified Nurse Midwife) NP (Nurse Practitioner)</p> <p>Physician Assistant -Additional documentation required</p> <div style="border: 1px solid black; background-color: #e6f2ff; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">Physician Assistant (PA)</p> <p style="font-size: small;">(see guide for additional requirements for PA)</p> <p style="font-size: small;">(click cell, then drop down arrow to select one option)</p> </div> <p>Yes, I have submitted documentation demonstrating I work at N/A</p>	<p>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. <i>If the site has a PA as the lead, then all PA's at the site are eligible.</i></p>
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 on the I&A site. 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. Example: Dr. A is assigning his payment to the practice where he is under contract. List the name of the practice where the provider wants the payment to go.	Type in payee name: Example: XYZ Family Medicine
11.	Assignment of Payment Documentation (click cell, then drop down arrow to select one option)	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". Most contracts have language that dictates a provider is required to assign federal payments to their employer. The contract would serve as documentation.	<p>11. Assignment of Payment Documentation 12 (click cell then drop down arrow to select one option)</p> <p>Yes, I have documentation that supports the provider's assignment of payment to the designated payee NPI.</p> <p>N/A Yes, I have documentation that supports the provider's assignment of</p>
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: Parent: XYZ Healthcare; Hermione Practice: XYZ Family Medicine; Hermione Size: 8 providers
14. 14a.	Provider Service Location Multiple Sites	14a. Type in yes or no if a provider works at additional sites outside of a single organization.	Example: XYZ Family Medicine 123 Medical Place Augusta, ME Important Note: if a provider works at multiple sites, the provider is responsible for obtaining all MU reports from all sites. The data will be combined and submitted to the program by the person submitting for the provider.

15.	Providers working at an FQHC or RHC (click cell, then drop down arrow to select one option)	<p>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".</p> <p>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 must wait to apply when they meet the practices predominantly definition.</p>	<p>15. FQHC and RHC providers must meet practice predominately definition (click cell, then drop down arrow to select one option)</p> <p>N/A</p> <p>Provider meets the definition of practices predominately at the F</p>
16.	Hospital-Based Status (click cell, then drop down arrow to select one option)	<p>Medicaid claims data from the calendar year prior to this application year are used to determine a provider's hospital-based status. A provider is considered hospital-based when 90% or more of their services are performed in an Inpatient Hospital (code 21) or Emergency Room setting (code 23). Hospital-based providers are not eligible for the EHR Incentive Program and should not apply.</p> <p>If a provider is hospital-based but additionally perform services greater than 10% outside of the Inpatient or ER setting and have documentation to support those ambulatory services, you are eligible to apply.</p> <p>In a post-payment audit Medicaid claims will be used to determine hospital-based eligibility. If the Medicaid claims alone show a provider is hospital based than all claims data will be requested to show the provider is not hospital based. It is recommended that you save any documentation for each program year as you review it for the program year. A provider can fail a post payment audit if supporting documentation has not been maintained for each program year. See FAQ 3061 for more information</p>	<p>16. Hospital Based Status 17 (click cell, then drop down arrow to select)</p> <p>10% or more of my services occurred outside the inpatient or ER setting in the year prior to this program year</p> <p>10% or more of my services occurred outside the inpatient or ER setting in the y</p> <p>It is mandatory that you select the statement that the provider is eligible for this program year and has >10% of encounters outside of billing code 21 or 23.</p> <p>If a provider is hospital based in the year prior to the application year (>90% of services were billed to code 21 or 23) they are not eligible to apply.</p>
17.	Maine's Health Information Exchange	<p>Does the provider participate in Maine's Health Information Exchange (HIE) through HealthInfoNet?</p>	<p>type in Yes or No</p>
	<p>Use these resources to find your CEHRT ID and specifications</p>	<p><i>CEHRT – Certified Health Information Technology</i></p> <p>Click here to go the CHPL site</p>	<p>2020 CHPL Site Guide PDF (pdf will open in a separate window)</p> <p>Use this guide to generate the CMS Certification ID for your CEHRT product.</p>
18.	CEHRT Product Name	<p>List the name of the CEHRT in use for this application</p>	
18a.	CEHRT Vendor Developer	<p>List the name of the vendor</p>	

18b.	CEHRT Product Version #	List the CEHRT Product Version #	
18c.	CHPL ID or CHPL Product Number	List the CHPL Product Number	See the CHPL Site Guide to find how to create the CMS certification ID and the CHPL number. 2020 CHPL Site Guide PDF
18d.	CMS EHR Certification ID	List the generated CMS EHR Certification ID number. Refer to guide listed above for assistance. Please note: all 2015 edition CEHRT ID will begin with 0015	
18f.	CEHRT is 2015 Certified	For 2020 you must submit Stage 3 and must be on 2015 edition CEHRT	type in: Yes or No for 2015 CEHRT edition
19.	Medicaid Eligibility Calculation (click cell, then drop down arrow to select one option)	<p>Select how the Medicaid Eligibility Calculation was determined. Select one: Individual provider encounters only or Practice/Group level encounters</p> <p>Individual Provider encounters will be based on only that providers 90-day period of Medicaid encounters. Only that provider may use that calculation.</p> <p>Practice/Group level considers all services from the practice site and calculates the Medicaid eligibility based on that data. Using the Practice/Group level allows all providers at that site to use the practice/group calculation as a proxy if the site has 30% or greater Medicaid encounters for a 90-day period. The two guides listed below will assist you in the calculation and tracking of the patient volume calculation. Click them to open. 2020-Medicaid Patient Volume Calculation Options PDF Patient Volume Verification Template (Excel) The template will download in your browser. Click the doc in the lower left side to download and save.</p>	

20.	<p>Objective 10: Public Health Registration Date (required for all providers)</p>	<p>Stage 3-PublicHealth Reporting Tip Sheet-PDF</p> <ul style="list-style-type: none"> ➤ 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 practice site PH registration. The 2020 requirements state that the registration date must be any time prior to or within the first 60 days of the providers reporting period. ➤ Once a practice site is registered, in any previous year, and the provider is listed in the registration you do not need to register again. ➤ Once a practice site is registered you can add/remove people from the registration as providers change locations. ➤ When you add a provider to the practice registration, they will use the original date of the practice registration as a proxy and not the date they were added to the practice site registration. 	<p>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 2019, 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 requirement for MU that is applicable and the date they 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.</p>
21.	<p>Public Health Registries</p>	<ul style="list-style-type: none"> ➤ Type in all registries that the provider is registered for. ➤ The registries should be within the provider’s scope of practice. Ex: if you don’t treat Cancer, don’t register for that registry. ➤ Maine has the following 4 registries available: <ol style="list-style-type: none"> 1. Immunization Registry (IR) 2. Syndromic Surveillance Registry (SSR) 3. Electronic Case Reporting (ECR)-available for the 2020 program year. 4. Public Health Registry Reporting (Cancer and Specialty Registries will move here for Stage 3) ➤ Currently not available in Maine 5. Maine does not yet have the Clinical Data Registry (CDR) available. – Providers will be able to use the exclusion for this measure. 	<p>For more information on the Public Health Registries please contact: Immunization Registry: MIP-DES.DHHS@maine.gov Link to Maine CDC ImmPact page Syndromic Surveillance Registry: syndromic@maine.gov Electronic Case Reporting: nedss@maine.gov Cancer Registry: Carolyn.Bancroft@maine.gov</p>

22.	Exclusion for Public Health Registries	<ul style="list-style-type: none"> ➤ Type in all registries that the provider meets the <u>exclusion</u> for: <ol style="list-style-type: none"> 1. Immunization Registry (IR) 2. Syndromic Surveillance Registry (SSR) 3. Electronic Case Reporting (ECR)-available for the 2019 program year. 4. Public Health Registry Reporting (Cancer and Specialty Registries will move here for Stage 3) ➤ Currently not available in Maine 5. Maine does not yet have the Clinical Data Registry (CDR) available. – Providers will be able to use the exclusion for this measure. 	If a provider is eligible for any exclusion (does not give immunizations, etc.) they will need to answer all 5 measures by either meeting or excluding to meet the objective.
23.	Public Health Immunization Active Engagement Status (click cell, then drop down arrow to select one option)	<p>For the Immunization Registry note which stage of active engagement the practice is in:</p> <ul style="list-style-type: none"> ➤ Option 1 – Completed Registration to Submit Data ➤ Option 2 – Testing and Validation ➤ Option 3 - Production 	
24.	Protect Patient Health Information	<p>Enter the date the Security Risk Analysis (SRA) was completed or reviewed.</p> <p>Resources for the Security Risk Analysis – contains links to several tools for the SRA</p> <p><u>Please Note</u>: there are additional resources available for completing the SRA. Please see the “Required Documentation” tab on the 2020 worksheet.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Fill in this worksheet links Required Documentation Patient Volume Calculation </div>	For 2020 – you must submit a copy of the SRA-completion or review to receive payment. The SRA must be completed or reviewed upon implementation of the CEHRT and every program year. You cannot reuse a previous years SRA.