

# Group Proxy



## 2020 Program Requirements

## EHR Incentive Program

In most cases, Maryland Medicaid defines a group as 2 or more Eligible Professionals (EPs) who practice at the same site and are associated with a Maryland Medicaid group NPI.

An EP may choose to use group proxy Patient Volume (PV) reporting under the following circumstances:

- The clinic or group practice's PV is appropriate as a patient volume methodology calculation for the EP. For example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation. The EP must treat Medicaid patients.
- There is an auditable data source to support the clinic's PV determination.
- The practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic level data).
- The clinic or practice must use the entire practice's patient volume and not limit it in any way.

Group proxy calculation is used by all of the group members (whether attesting or not) to apply for the Medicaid Electronic Health Record (EHR) Incentive Program. By doing this, an organization has the possibility of qualifying more EPs than if an EP attests individually.

The table below is an example of a group practice that has 5 EPs and plans to submit their attestations via group proxy.

Group Proxy Patient Volume Calculation			
Eligible Professional	Medicaid Encounters	Total Encounters	Medicaid Patient Volume (30% PV required)
Physician 1	95	180	52.7%
Physician 2	30	120	25%
Nurse Practitioner 1	75	220	34.1%
Nurse Practitioner 2	130	175	74.2%
Pediatrician 1	60	250	24%
<b>Group Proxy PV</b>	<b>390</b>	<b>945</b>	<b>41.26%</b>

In this scenario, all 5 EPs meet the 30% Medicaid patient volume requirement via group proxy, despite Physician 2 and the Pediatrician 1 not meeting the individual threshold. As a result, all 5 EPs would be eligible to participate during the Program Year.

Keep in mind that this method of reporting requires the clinic or practice to include **ALL** encounters that occur in the practice during the selected patient volume reporting period. This includes providers who are attesting to the EHR Incentive Program and those who are not attesting to the program. Similar to individual attestations, each practice will select a continuous 90-day reporting period during the previous calendar year for patient volume determination.

**Note: EPs who did not attest and receive payment prior to or during Program Year 2016 are no longer eligible to begin participating in the EHR Incentive Program.**

To determine which individual NPIs are associated with your group, please contact Provider Enrollment at (844) 463-7768.