



Encounter Data Report

Supporting Documentation

NM Medicaid Promoting Interoperability Program
(formerly NM Medicaid EHR Incentive Program)

EHR Incentive Program Payment Review

The NM Promoting Interoperability Program (formerly the NM Medicaid EHR Incentive Program) conducts prepayment reviews of all attestations to verify eligibility and attestation requirements and post-payment audits as required by CMS program regulations. Prepayment reviews must be completed prior to the release of incentive payments. As a part of the review or audit processes, Eligible Professionals (EPs) may be contacted to provide documentation supporting attestation. EHR Program regulations require that EPs retain all records and documentation used to support attestation for a period of at least six years.

Patient Volume Requirement – Submit Encounter Data Report

Submit an Encounter Data Report to support attested Medicaid and total patient volume for the attested Patient Volume 90-day Representative Period. For EPs attesting to Individual Volume, attach the Encounter Data Report in the NM State Level Registry (SLR), Step 2, at the time of attestation. EPs using Group Volume, may email the Encounter Data Report as an encrypted document. In both cases, EPs should provide an electronic Excel data file with encounter data that includes the data elements shown in the table below.

ENCOUNTER DATA TO INCLUDE IN REPORT

Each column shows examples of requested data element.

Patient Identifier	Provider Identifier	Date of Service	Insurance Carrier
MR001	Jane Doe MD	1/1/2010	Xerox/ACS
00025	John Smith	1/15/2010	Consultec
12345	12345	2/1/2010	Lovelace
24687	56789	2/15/2010	Lovelace Salud
SM789	1652603579	3/1/2010	Medicare
00001	Smith	3/1/2010	Self Pay

Include These Data Elements

- ✓ **Patient Identifier** – Do NOT use patient Name or SSN. Can be a systems identifier used by the provider. See examples in Patient Identifier column.
- ✓ **Provider Identifier** – name, NPI or other assigned identifier
- ✓ **Date of Service** – within 90-day attested Representative Period
- ✓ **Insurance Carrier** – payer

If available, please also include billing and rendering NPIs and Place-of-Service codes.

Submit encounter data in an electronic Excel file. For Individual Volume, attach in the NM SLR on Step 2. For Group Volume, email to the NM Promoting Interoperability Program as a password-protected, encrypted file attached to the email. Flag the email as *Confidential*, if possible. Call the recipient to relay the password. DO NOT include the password in the email or in any subsequent emails.

All electronic transmission of Protected Health Information (PHI) in any form must comply with HIPAA Privacy and Security Rules and State laws regarding privacy of medical records.