



# How to Calculate your Patient Volume?

Medicaid EHR Incentive Program

July 2014



# Encounter Calculation Definitions

Program Area	Before January 1, 2013	On January 1, 2013 and Beyond
<b>Definition of a Medicaid Encounter</b>	Services rendered on any one day to an individual where Medical Assistance <i>paid</i> for part or all of the service or their premiums, co-payments and/or cost-sharing.	Services rendered on any one day to an individual <i>enrolled</i> in a Medical Assistance program. Zero-paid encounters can now be included in the patient volume calculations.
<b>Children's Health Insurance Program (CHIP) encounters</b>	Only encounters rendered in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) could count CHIP encounters towards their patient volume.	All providers can count CHIP encounters towards their patient volume.  This means the standard CHIP deduction is waived.

- Multiple procedures in the same day for the same individual rendered by the same provider counts as only **ONE** encounter



# Patient Volume Reporting Period - in eMIPP

**Enter Eligibility Information** ✕

Bold fields are required.

**Patient Volume Reporting Period**

**Start Date(mm/dd/yyyy):**  ?

**End Date(mm/dd/yyyy):**  ?

- Enter the start date (MM/DD/YYYY) format.
- It is the consecutive 90-day period in the *prior* calendar year used for patient volume calculation.
- Both start and end dates must be in prior calendar year.
- This is **NOT** Meaningful Use reporting period for year 1.



# Individual Patient Volume

- EPs may choose one (or more) clinical sites of practice to calculate patient volume (i.e., the calculation does not need to be across all of an EP's sites of practice)
- However, at least one site where the EP is adopting or meaningfully using certified EHR technology must be included in the patient volume
- If an EP sees Medicaid patients outside Maryland, those encounters can be included in the patient volume but the EP should indicate there are out-of-state encounters in the attestation.
- If the service was rendered by a Nurse Practitioner, but billed by a Physician, the encounter can possibly be counted toward both providers' patient volume with auditable proof. The encounters should also be included in the denominator.



# Calculating Medicaid Individual Patient volume

- Example 1: Dr. Campbell, a non-hospital based OBGYN, had 80 Medicaid patient encounters out of 200 total patient encounters in a continuous 90-day period during the prior calendar year
- With 40% patient volume, Dr. Campbell meets the 30% patient volume threshold.

## Patient Volume Calculation

$$\frac{80 \text{ Medicaid Patient Encounters}}{200 \text{ Total Patient Encounters}} \times 100 = 40\%$$



# Calculating Medicaid Individual Patient volume

- Example 2: Dr. Johnson, a non-hospital based Pediatrician, had 120 Medicaid patient encounters out of 500 total patient encounters in a continuous 90-day period during the prior calendar year
- With 24% patient volume, Dr. Johnson meets the 20% patient volume threshold for pediatricians.

## Patient Volume Calculation

$$\frac{120 \text{ Medicaid Patient Encounters}}{500 \text{ Total Patient Encounters}} \times 100 = 24\%$$



# Encounter Calculation – in eMIPP

- When including encounters billed to Managed Care Organizations, check “Yes” to “Include MCO Encounters” in the eligibility section.

**Include Organization Encounters**  ?  Yes  No

**Render care in FQHC/RHC**  ?  Yes  No

**Include MCO Encounters**  ?  Yes  No

**Managed Care Encounters**

<b>Total Managed Care Encounters:</b>	<input type="text"/>	<input type="checkbox"/> ?	1	}	Total Encounters
<b>Total Unduplicated Encounters:</b>	<input type="text"/>	<input type="checkbox"/> ?	2		
<b>Total Medicaid Managed Care Encounters:</b>	<input type="text"/>	<input type="checkbox"/> ?	3	}	Total Medicaid Encounters
<b>Total Unduplicated Medicaid Fee-For-Service Encounters:</b>	<input type="text"/>	<input type="checkbox"/> ?	4		



# Encounter Calculation Definitions

- **Total Managed Care Encounters (1):** All managed care (those paid on a capitated base) encounters, including private and Medicaid (seven MCOs-Jai, Conventry-Diamond Plan, Maryland Physicians Care, Priority, Medstar, Amerigroup , Unitedhealth Care).
- **Total Unduplicated Encounters (2):** All non-managed care based encounters. This includes fee-for-service Medicaid (so-called “pure Medicaid” or “straight Medicaid”, directly paid by DHMH), private insurance (e.g.: Blue Cross Blue Shield), etc.
- **Total Medicaid Managed Care Encounters (3):** All Maryland Medicaid MCO encounters. These could be the same with total MCO encounters.
- **Total Unduplicated Medicaid Fee-For-Service Encounters (4):** All Maryland Medicaid Fee-for-service encounters/straight Medicaid/pure Medicaid.

**To get your percentage you do the following:**

$$[(3+4) / (1+2)] \times 100\% = \text{Percent of Total Encounters that are Medicaid}$$



# Group Proxy Patient Volume

- Practice's patient volume is appropriate as a patient volume methodology calculation for the EP (i.e., if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation)
- Pool all encounters associated with the Practice for the entire group, including those who are not eligible provider types for participation in the EHR Incentive Program. Must use the entire Practice's patient volume and not limit it in any way.
- By choosing Group Proxy no individual group member can apply for EHR incentive using their individual patient volume. The whole group participates or no one does. All EPs in the Practice must use the same methodology for the payment year.



# Group Proxy Patient Volume Calculation

- Example 3: Sum the Medicaid patient encounters and total patient encounters for all Medicaid providers in the Group (even those not designated as EPs) in a continuous 90-day period during the prior calendar year

Provider Name	Category	EP Status	Medicaid Patient Encounters	Total Patient Encounters
Dr. Smith	MD	Yes	80	200
Sandy Buck	NP	Yes	50	100
Kim Jones	RN	No	150	200
Leslie Dee	PharmD	No	80	100
Dr. Shaw	DDS	Yes	30	300
Dr. Wong	DDS	Yes	5	100
Dr. Toby	MD	Yes	20	200
Total			<b>415</b>	<b>1200</b>



# Group Proxy Patient Volume Calculation

- Example 3: The practice had 415 Medicaid patient encounters and 1,200 total patient encounters during the 90-day period.
- With 35% aggregate patient volume, Dr. Smith, Sandy Buck, Dr. Shaw, Dr. Wong, and Dr. Toby are EPs who meet the 30% patient volume threshold.

## Patient Volume Calculation

415 Medicaid Patient Encounters

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1,200 Total Patient Encounters

X 100 = 35%



# Group Proxy Patient Volume – in eMIPP

Figure 9: Selection Criteria for Choosing “Group Proxy”

<b>Include Organization Encounters</b> ?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Organization NPI</b>		
<b>Organization NPI:</b>	<input type="text"/>	?
<b>Render care in FQHC/RHC</b> ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total Encounters:</b>	<input type="text"/>	?
<b>Medicaid Encounters:</b>	<input type="text"/>	?

By choosing your Practice/ Organization’s encounter number as a proxy, you will need to provide the group or organization NPI.



# Group Proxy Patient Volume Documentation

- You will need to provide a complete roster during the reporting time frame if you choose “group proxy” for calculating your patient volume.
- “Include MCO Encounter” is not a viable option in this scenario; however, you can still calculate your patient volume with your Managed Care Organization (MCO) Encounters. You should include MCO encounters when calculating total and Medicaid encounters.



## Common Questions

Q: Can I use other state's Medicaid encounters in my patient volume?

A: Yes. In order to attest in Maryland, you must have at least one Maryland Medicaid encounter in your patient volume. You may include other state's Medicaid encounters in your Medicaid patient volume.



# Questions?

Contact CRISP at 1-877-952-7477 or  
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