

# Eligible Professional Patient Volume Calculation

## Idaho Medicaid Electronic Health Record (EHR) Incentive Program

Created March 2012

*Note to Providers: There is a good possibility that business processes will change after the program is launched. Potential efficiencies as well as potential problems are likely to become evident. This paper describes the business as of spring 2012. Please be sure to return to the information on the website and in the provider handbook often for updates. Creation dates will be noted on each paper.*

### Introduction

Patient volume thresholds must be established every year a provider applies for an incentive payment. Each year of participation, a Medicaid eligible provider must meet the following patient volume requirements:

Provider Type	Minimum 90-day Medicaid Patient Volume Threshold	Or the Medicaid eligible professional (EP) practices predominantly in an FQHC or RHC, with 30% "needy individual" patient volume threshold
Physicians	30%	
Pediatricians	20%	
Dentists	30%	
Certified Nurse Midwives	30%	
Physician Assistants (PAs) practicing at an FQHC/RHC led by a PA	30%	
Nurse Practitioners	30%	
Acute Care Hospital	10%	N/A
Children's Hospital	N/A	N/A

### Calculating Patient Volume Percentage

Patient volume is calculated by dividing the number of Medicaid encounters during any representative and continuous 90-day period in the preceding calendar year by the total number of encounters in that same period. In other words, patient volume is a percentage derived from a fraction with a numerator of Medicaid encounters and a denominator of total encounters. The Centers for Medicare and Medicaid Services (CMS) does not believe the tracking of encounters to establish patient volume should be impossible or onerous for providers, seeing as "[they] are businesses and there is an expectation that they are tracking their receivables from all entities (including Medicaid) associated with specific patients."

For purposes of calculating patient volume, only Medicaid (Title XIX) encounters may be counted; CHIP (Title XXI) encounters cannot be included. We realize practices cannot always distinguish between these different funding sources. To overcome this complication, the state is providing a multiplier — calculated from statewide data — that deducts an estimation of non-Medicaid encounters from the general "medical assistance" totals of the practice. For more information about this, please see the informational paper called *CHIP and Patient Volume* or

that section of the Provider Handbook found on the Medicaid EHR Incentive Program website at [www.MedicaidEHR.dhw.idaho.gov](http://www.MedicaidEHR.dhw.idaho.gov).

## Encounters

Patient volume calculations depend on the definition of “encounter.” How CMS intends the word and concept to be understood is discussed in the Final Rule, Section II.D.3.d, pages 44486 through 44491, where a Medicaid encounter is defined as:

- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service.
- Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing.

## Proxy calculations

CMS is allowing practice or clinic-level patient volume data as a proxy to establish patient volume, which applies to both Medicaid and needy individual patient volume calculations (where applicable), but only under the following conditions:

- The clinic or group practice’s patient volume is appropriate as a patient volume methodology calculation for the EP.
- There is an auditable data source supporting the clinic’s or group practice’s patient volume.
- All EPs in the group practice or clinic must use the same methodology for the payment year.

The clinic or group practice must use the entire practice or clinic’s patient volume and cannot limit patient volume in any way. If an EP works inside and outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP’s outside encounters.

For more details please see the informational paper called *Use of a Group Proxy Calculation* or that section of the Provider Handbook found on the Medicaid EHR Incentive Program website at [www.MedicaidEHR.dhw.idaho.gov](http://www.MedicaidEHR.dhw.idaho.gov).

## Patient Volume for FQHC or RHC Providers

Eligible professionals who provide more than 50% of their services in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) during a six month period are the only EPs who can meet their patient volume threshold using “needy individual” encounters with non-Medicaid patients. Please see the informational paper called *Special Issues for Eligible Professionals* or that section of the Provider Handbook found on the Medicaid EHR Incentive Program website at [www.MedicaidEHR.dhw.idaho.gov](http://www.MedicaidEHR.dhw.idaho.gov).

### **Medicaid Patients from Other States**

It is Idaho's decision that out of state encounters will be allowed in the patient volume calculation ONLY when in-state encounters alone are not sufficient to meet the patient volume threshold needed, AND those out of state encounters are likely to support eligibility. In such a case providers will be asked to identify all out of state encounters and the state where those encounters occurred in an encounter report. For more information on this please see the informational paper called *Developing Your Patient Encounter Report* or that section of the Provider Handbook found on the Medicaid EHR Incentive Program website at [www.MedicaidEHR.dhw.idaho.gov](http://www.MedicaidEHR.dhw.idaho.gov). The Idaho, Washington, Utah, Montana, and Oregon EHR programs are collaborating to establish appropriate data-sharing relationships for purposes of validating Medicaid volume tallies across state borders.

### **Retaining an Audit Trail**

All patient volume data and calculations should be supported and documented for two reasons: to be fully prepared for an audit and to identify the specific data sources and record the processes by which patient volume was determined. Providers are expected to retain all appropriate records for seven years.

### **Additional Information**

For questions about this or other issues concerning the Idaho EHR Incentive Program, please go to [www.MedicaidEHR.dhw.idaho.gov](http://www.MedicaidEHR.dhw.idaho.gov). There you will find an "Ask the Program" feature that will allow you to send questions to program staff. You can also call the Idaho Medicaid EHR Program Helpdesk at (208) 332-7989.