Instructions on Calculating Medicaid Patient Volume for Eligible Professionals

1. For Medicaid Patient Volume, EPs must document the number of Medicaid Encounters and All Encounters for a representative, continuous 90-day period in the preceding calendar year OR in the previous 12-month period.

2. Medicaid Patient Volume Formula for EPs:

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   \text{Medicaid Patient Volume} = \frac{\text{Medicaid Encounters}}{\text{All Encounters}} \times 100
   \]

   A Medicaid Encounter is defined as any one day where services were rendered to a Medicaid-enrolled individual, regardless of payment liability. Zero-pay claims and CHIP encounters can be included. Charitable care or care to needy patients must not be included in the Medicaid Encounter count. Services rendered to dually-eligible members can be included. Exception: EPs practicing in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) may include as Medicaid Encounters charitable care and care to needy individuals.

   All Encounters is defined as all services on any one day for any single individual regardless of payment status.

3. Group Practice

   EPs are allowed to use patient volume calculations at the group practice level when it is appropriate as a patient volume calculation methodology and when the following criteria are met:

   1. There is an auditable data source to support the group’s patient volume calculations
   2. All EPs in the group use the same methodology for the payment year
   3. The group uses the entire practice’s patient volume and does not limit patient volume in any way
   4. If an EP works outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the group practice – and not the EP’s outside encounters.

4. To be eligible for an incentive payment, an EP must meet one of the following criteria:
   - Have a minimum 30% Medicaid patient volume
• Have a minimum 20% Medicaid patient volume and be a pediatrician
• Practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) and have a minimum 30% patient volume that includes Medicaid patients and needy patients.