

## Patient Volume Calculation for the DC Medicaid EHR Incentive Program

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Read this tip sheet and scenarios to understand **how** to calculate and prepare your Medicaid Patient Volume (PV) Report.

### What is Medicaid Patient Volume?

Eligible Professionals (EPs) who enroll in the DC Medicaid EHR Incentive Program (MEIP) must demonstrate each year that at least 30% of their patient volume (20% for Pediatricians) is attributed to encounters with Medicaid during a continuous 90-day reporting period of their choosing. Medicaid patient volume is calculated by using *encounters*.

### What is an Encounter?

- A Medicaid patient encounter is defined as services rendered on any one day to an individual where the individual was enrolled in a Medicaid program at the time the billable service was provided.
- Medicaid patient encounters include patients enrolled in:
  - Fee-for-service (i.e. "straight Medicaid")
  - Managed Care Organizations (MCOs)
- If an EP sees a patient enrolled in an out-of-state Medicaid program (i.e. Maryland or Virginia), those encounters can be included in the patient volume but the EP should indicate that they are out of state encounters in the detailed report.

### How do you calculate Patient Volume?

The patient volume report shows the percentage of Medicaid patient encounters for any continuous **90-day period** in either the 12 months preceding the attestation OR in the previous calendar year.

EPs may choose from the following two distinct methods to aggregate Medicaid patient encounter data: (1) Individual Eligible Professional or (2) Group Proxy.

### How do you calculate Patient Volume for an Individual Eligible Professional?

EPs may report their Medicaid volume using the following standard Medicaid individual patient volume formula below. Using this method, patient volume is calculated by dividing the provider's encounters with Medicaid-enrolled patients over the provider's total number of patient encounters during any continuous 90-day reporting period.

$$\left( \frac{\text{Total \# of Medicaid Patient Encounters}}{\text{Total \# of Patient Encounters}} \right) \times 100 = \% \text{ Medicaid.}$$

## EXAMPLE – Calculating Individual Patient Volume:

- **Scenario:** Dr. Morris is a solo Family Medicine provider in the District of Columbia. He generated a unique patient encounter report in his EHR, eClinicalWorks. This report was for a continuous 90-day period from the prior calendar year. Dr. Morris had a total of 544 unique patient encounters in his report. These encounters were broken down by insurance type as follows:
  - 25 MD Medicaid Encounters
  - 78 DC Medicaid Encounters
  - 56 Encounters with the DC Medicaid MCO-Trusted
  - 34 Encounters with the DC Medicaid MCO-AmeriHealth
  - 351 Encounters with private insurance groups (CareFirst, Aetna, and Cigna)
  - 544 Total Encounters**
- **Patient Volume Calculation:**

$$\frac{25 \text{ MD Medicaid} + 78 \text{ DC Medicaid} + 56 \text{ Trusted} + 34 \text{ AmeriHealth}}{544 \text{ Total Encounters}} = \frac{193 \text{ Medicaid Encounters}}{544 \text{ Total Encounters}} \times 100 = 35.48\%$$

With a Medicaid volume of 35.48%, Dr. Morris meets the 30% Medicaid volume requirement for the Medicaid EHR Incentive Program.

## How do you calculate Patient Volume for Group Proxy?

EPs in a group practice or clinic may use the practice or clinic's aggregate patient volume as a proxy for their individual Medicaid patient volume. A group opting to use the aggregate patient volume via group proxy may use the same formula (as described above) for calculating patient volume.

All EPs in the practice or clinic must use the same patient volume reporting methodology per program year. For example, if one EP uses the group's aggregate numbers, another EP in the practice may not use his/her individual values, and vice-versa.

Aggregate values must represent the entire practice or clinic's patient volume, including encounters rendered by non-EPs.

**EXAMPLE – Calculating Group Proxy Patient Volume:**

For group attestations:

- Scenario:** Sharon is the office manager for an OB/GYN physician group. This practice is composed of 3 physicians and 2 Nurse Practitioners (NPs). After reviewing the CMS requirements for MEIP, Sharon is worried that her part-time providers won't meet the 30% Medicaid Volume requirement. She was excited to find out that if the practice met the 30% Medicaid volume threshold, all of her providers could meet the threshold and attest for MEIP, regardless of their individual Medicaid volumes. She ran a unique patient encounter report in her EHR, Athena, for each provider at the practice. The report provided the following information:

Provider	Type	Medicaid Encounters	Total Encounters	% Medicaid	Individually Eligible?
Dr. Smith	MD	194	444	43.6%	Yes
Dr. Campbell	MD	23	109	21.1%	No
Dr. Kraft	MD	18	93	19.3%	No
Susan Sparks	NP	128	300	42.6%	Yes
John Myer	NP	158	244	64.7%	Yes
<b>Total</b>		<b>521</b>	<b>1,190</b>	<b>43.7%</b>	

- Group Proxy Volume Calculation:**

The practice had 521 Medicaid Encounters and a total of 1,190 Encounters during a continuous 90-day period in the prior calendar year:

$$\frac{521 \text{ Medicaid Encounters}}{1,190 \text{ Total Encounters}} \times 100 = 43.78\%$$

The practice has a Medicaid volume of 43.78%. This is a sum of all the providers in the practice, including Dr. Campbell and Dr. Kraft, who didn't meet the threshold individually. **Since the practice meets the 30% threshold for MEIP, all providers including Dr. Campbell and Dr. Kraft will be eligible through Group Proxy.**

## What should you include in your PV Report?

Your PV Report will be submitted to the DC SLR as an Excel workbook attachment, and include the following:

1. **Cover Sheet:** The first sheet of your workbook should list a summary count of *Medicaid encounters* and *total encounters* for each provider. Below is an example of the format you should use:

Provider Name	Provider Type (MD, DO, DDS, NP, and CNM)	Number of Medicaid Encounters	Total Number of Encounters
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2. **Detailed Report:** The second sheet of your workbook should contain the following encounter information.
  - The following details regarding each reported patient encounter are required:
    - Provider Name
    - NPI (National Provider Identifier)
    - DOS (date of service)
    - Encounter ID (PHI such as patient names and date of birth should be removed)
    - Insurance/payer type
    - Out-of-state Medicaid encounters (i.e., VA Medicaid), if applicable
    - CPT code (optional)

### eHealthDC Tips: Did You Know?

-  Per the examples above, the calculation methodology for Individual vs. Group Volume are the same.
-  If a practice sees significant Medicaid volume, it is easier to attest through Group Proxy than the Individual Volume route. We recommend first exploring the option of Group Proxy if your practice employs more than one eligible provider.