Medicaid Patient Volume for Eligible Professionals

Stage 2 Regulation

Effective January 1, 2013, Medicaid Patient Encounters include services rendered on any one day to a Medicaid Title XIX **enrolled** individual, regardless of payment.

The Medicaid Patient Volume percentage is defined as the total Medicaid Patient Encounters in any representative continuous 90-day period in the preceding year, divided by the total of all patient encounters in the same 90-day period.

The qualifying patient volume thresholds for the Medicaid EHR Incentive Program are given in the following:

Entity	Minimum 90-day Medicaid Patient Volume Threshold	
Physicians	30%	Or the Medicaid EP practices predominantly in an FQHC or RHC – 30% needy individual patient volume threshold
Pediatricians	30% or optional 20%	
Dentists	30%	
Certified nurse Midwives	30%	
Physician Assistants when practicing at an FQHC/RHC led by a physician assistant	30%	
Nurse Practitioner	30%	

Medicaid Patient Volume Calculation

The components for the Medicaid Patient Volume Calculation using **all** places of services are as follows:

The Patient Volume Report must support the below calculation.

- Numerator: Medicaid Title XIX Patient Encounters

- Denominator: All Patient Encounters [Medicaid + Non-Medicaid]
  ➥Non-Medicaid includes CHIP Title XXI (KidsCare), Medicare, Private Insurance, Self-Pay, Commercial, Sliding Scale, etc.

Medicaid Title XIX Patient Encounters

Medicaid Title XIX	CHIP Title XXI	Medicare Title XVIII	Private Insurance	Self-Pay	Commercial	Sliding Scale

Counting Patient Encounters

Patient Encounters are measured by counting unique visits based on date of service per provider per patient. Multiple claims for the same patient on the same day are counted as one visit for each rendering provider.

Patient Volume Report Layout

Description	Field Format
Date of Service*	MM/DD/YYYY
Patient Date of Birth	MM/DD/YYYY
Patient Identifier *(unique ID or if not available, SSN)*	Alpha or Numeric
Patient Insurance ID *(AHCCCS Member ID or Other Member ID)*	Alpha or Numeric
Patient Name	Alpha
Payer Financial Class *Medicaid, CHIP (KidsCare), Medicare, Private Insurance, Self-Pay, Commercial, etc.* *Correctional Facilities: Use Medicaid or Non-Medicaid description*	Alpha
Payer Name *(if applicable specify Health Plan Name)*	Alpha
Payer Health Plan ID / Site ID *(Medicaid or CHIP)*	Numeric
Payer Medicaid/CHIP Coordination of Benefits ✓For Medicaid Title XIX: *Enter Medicaid Primary, Medicaid Secondary, Medicaid Tertiary, etc.* ✓For CHIP (KidsCare) Title XXI: *Enter CHIP Primary, CHIP Secondary, CHIP Tertiary, etc.*	Alpha
Place of Service (POS) Codes *(include all Place of Services)* *Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.*	Alpha or Numeric
Rendering/Servicing Provider Name	Alpha
Visit Count - Numerator *(Enter 1= unique visit; 0 = duplicate visit)*	Numeric
Visit Count – Denominator *(Enter 1= unique visit; 0 = duplicate visit*	Numeric

Correctional Facility is a practice location for providers rendering care to inmates in a prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. **NOTE: Incarceration & Release Date must be included in your report.*

Medicaid Hospital-Based Determination for Eligible Professionals

Providers selecting the Medicaid Patient Volume Type are evaluated for their Hospital-Based determination.

A hospital-based provider furnishes 90% or more of their Medicaid Title XIX covered professional services in a hospital setting in the 12 months preceding the program year.

A hospital setting is:
- Hospital Inpatient setting (Place of Service 21)
- Emergency Department setting (Place of Service 23)

Providers in a hospital setting who independently funded their own Certified EHR Technology without reimbursement from an Eligible Hospital may be granted an exception and given a non-hospital-based determination if the provider meets the exception requirements.

Medicaid Hospital-Based Calculation

The Medicaid Hospital-Based calculation uses only Medicaid Title XIX Patient Encounters and is measured over a continuous 12-month period in the prior calendar year. The Practice's Aggregate data cannot be used in the Hospital-Based determination.

The components for the Medicaid Hospital-Based Calculation are as follows:

The Hospital-Based Report must support the below calculation.
- Numerator: Medicaid Title XIX Hospital-Based Patient Encounters [Place of Service 21 & 23 Only]

- Denominator: All Medicaid Title XIX Patient Encounters [All Place of Services]

Medicaid Title XIX Inpatient Hospital POS 21	**+**	**Medicaid Title XIX Emergency Department POS 23**

Medicaid Title XIX Patient Encounters All Place of Services

Counting Patient Encounters

Patient Encounters are measured by counting unique visits based on date of service per provider per patient. Multiple claims for the same patient on the same day are counted as one visit for each rendering provider.

Hospital-Based Report Layout

Description	Field Format
Date of Service*	MM/DD/YYYY
Patient Date of Birth	MM/DD/YYYY
Patient Identifier *(unique ID or if not available, SSN)*	Alpha or Numeric
Patient Insurance ID *(AHCCCS Member ID or Other Member ID)*	Alpha or Numeric
Patient Name	Alpha
Payer Financial Class *Medicaid, CHIP (KidsCare), Medicare, Private Insurance, Self-Pay, Commercial, etc.* *Correctional Facilities: Use Medicaid or Non-Medicaid description*	Alpha
Payer Name *(if applicable specify Health Plan Name)*	Alpha
Payer Health Plan ID / Site ID *(Medicaid or CHIP)*	Numeric
Payer Medicaid/CHIP Coordination of Benefits ✓*For Medicaid Title XIX: Enter Medicaid Primary, Medicaid Secondary, Medicaid Tertiary, etc.* ✓*For CHIP (KidsCare) Title XXI: Enter CHIP Primary, CHIP Secondary, CHIP Tertiary, etc.*	Alpha
Place of Service (POS) Codes *(include all Place of Services)* *Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.*	Alpha or Numeric
Rendering/Servicing Provider Name	Alpha
Visit Count - Numerator *(Enter 1= unique visit; 0 = duplicate visit)*	Numeric
Visit Count – Denominator *(Enter1= unique visit; 0 = duplicate visit)*	Numeric

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