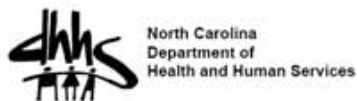


# NC Medicaid Electronic Health Record Incentive Program



# Patient Volume Overview

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# Patient Volume Topics

- Calculating patient volume
- Medicaid's role
- Clarifications
  - General
  - Group Methodology
  - Individual Methodology
- Questions?

# Patient Volume Formula

- Formula to calculate patient volume for EPs is established by the Centers for Medicare and Medicaid Services (CMS) Final Rule governing the Medicaid EHR Incentive Program.

## **Section 495.306(c) Establishing Patient Volumes**

*(c) Methodology, patient encounter.*

(1) *EPs.* To calculate Medicaid patient volume, an EP must divide: (i) The total Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; by (ii) The total patient encounters in the same 90-day period.

# Patient Volume Formula

Encounters covered  
in part or whole by Medicaid

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Total encounters in a continuous 90-day  
period from the previous year

# Encounters

- For EPs, 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 Social Security Act paid for part or all of the service as stated in the Final Rule.*
- EPs must count actual encounters, defined as a unique patient on a unique day, from their own auditable data source. Using records from external sources is not recommended.

# Calculating Patient Volume

- Medicaid patient volume should be calculated in the following way:

**Numerator:** In any continuous 90-day period, any unique encounter (an EP sees a patient for any service) that is covered in part or whole by Medicaid.

**Denominator:** In the same 90-day period, all unique encounters (a patient seen by an EP for any service), no matter the payment method.

## A word of caution...

- Using Medicaid claims data to calculate patient volume is an incorrect interpretation of the Final Rule.
- **Claims often do not represent encounters.**

# Medicaid's Role: Validation and Payment

- Medicaid utilizes claims data and a complex formula to validate attestations.
- There are 15+ checks performed by various Medicaid units prior to the approval of an incentive payment.
- Medicaid will not provide claims data to EPs or the REC to assist in EP calculation of patient volume.
- If there is a problem verifying the data, Medicaid may request additional information to assist in the validation process.

# Patient Volume Clarifications

## General

- EPs may choose either the group or individual methodology for patient volume reporting.
- Patients must have office visits to be considered encounters. Phone calls with patients do not constitute encounters.
- Per Member Per Month fees paid by Medicaid or another payer do not constitute encounters.
- Global billing situations such as OB/GYN visits should be counted on the date of service, not the date of billing. Each individual date of service is considered to be one encounter. In these situations, Medicaid will account for multiple visits per global billing during the validation process.

# Patient Volume Clarifications

## General

- Services provided at no charge must be included in the denominator (total encounters).
- A patient seen for multiple services by the same professional on the same day counts as only one encounter.
- A patient seen by more than one professional on one day may be counted as individual encounters by each professional for either group or individual methodology.
- If attesting under individual methodology, an EP must have sufficient Medicaid history to meet the patient volume reporting requirement.

# Patient Volume Clarifications

## General

- If participating with a practice group using group methodology, an EP does not need to have been with the group during the group's selected reporting period.
- Encounters whose Medicaid claims were denied but later paid should be included as Medicaid encounters for the date of service, not the date of payment.
- Encounters whose Medicaid claims were denied and not paid by Medicaid may not be included in the numerator, but must still be included in the denominator (total encounters).
- The denominator of the patient volume calculation may not be limited in any way. Any encounter included in the numerator must also be included in the denominator, and all patient encounters must be included.

# Patient Volume Clarifications

## **Group Methodology**

- Group methodology allows a group to calculate one patient volume for a single 90-day period and have that calculation and reporting period apply to all EPs in the group.
- All EPs attesting as part of a group must attest using the same patient volume calculation and the same reporting period.

# Patient Volume Clarifications

## Group Methodology

- If a provider has attested using group methodology, the individual methodology is not available to other providers within the group for that same group encounter data set.
  - *In this scenario, the first provider has set the methodology for that group, claiming the entire group's encounters for use by EPs at that group using group methodology only.*
  - *Theoretically, an individual at such a group could choose to attest using individual methodology; however, to be eligible, that provider would need to demonstrate sufficient Medicaid patient volume outside of the group. This EP would not include the group's numbers in her numerator or denominator.*

# Patient Volume Clarifications

## Group Methodology

- When using the group methodology, only one group affiliation may be specified. EPs may not report patient volumes from multiple groups when using the group methodology.
  - *However, if a group practices in multiple locations that when combined see the requisite Medicaid patient volume, that group may combine the patient volumes across all locations to enter one composite volume when attesting in NC-MIPS. In this case, additional documentation on group letterhead stating each location's numerator and denominator will be needed. The group may send this documentation in to NC-MIPS once for the entire group.*

# Patient Volume Clarifications

## **Individual Methodology**

- North Carolina asks the EP for the location of their encounters by use of MPN to ensure the provider does not use encounters being reported elsewhere under group methodology.
- An EP may use numbers from multiple locations to meet the threshold; however, an EP is not required to report on more than one location.
- If a provider has attested using individual numbers from a location, group methodology is not available for other providers for that location for that same year.

# Questions?



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- For technical assistance or to inquire about the status of a payment, contact:
  - 1-866-844-1113
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  - 919-855-4200
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