

## Individual Patient Volume

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The patient volume screens in the MPIP system were recently updated! You may find the following information helpful while attesting to patient volume.

Worksheets are also available on the [MPIP Resource Page](#) to assist eligible professionals calculate their total patient volume.

### Eligible Professional Requirements

- All eligible professionals must have a valid and current Ohio Medicaid provider agreement.
- Eligible professionals are required to meet patient volume requirements for each year they seek to participate in MPIP.
- Eligible professionals must meet one of the following patient volume thresholds:
  - Minimum Medicaid patient volume of 30%.
  - Minimum Medicaid patient volume of 20% and be a pediatrician
  - Minimum Needy Individual Patient Volume of 30% and practice predominantly through an FQHC/RHC.
- Eligible professionals must identify a patient volume attestation method (Individual or Group/Clinic) and a patient volume calculation method (Medicaid Patient Volume or Needy Patient Volume) upon entering the MPIP system.
  - There is a tip sheet available on the MPIP resource page for eligible professionals attesting using the Group/Clinic patient volume proxy.
- At least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the payment year for which the eligible professional attests to adopt/implement/upgrade or meaningful use.
- There must be an auditable data source to verify the patient volume determination.

### Notable Patient Volume Definitions

- **Practices Predominantly:** if more than 50% of an eligible professional's total patient encounters over a period of 6 months in the most recent CY or within the 12-month period preceding attestation occur through a FQHC/RHC, they are considered to practice predominantly at an FQHC/RHC and the eligible professional has the option to use needy individual patient volume.
- **Pediatrician:** for the purposes of MPIP eligibility determination, a **Pediatrician** is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A Pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in Pediatrics through either the American Board of Pediatrics (ABP), the American Osteopathic Board of Pediatrics (AOBP), the American Board of Surgery, the American Board of Radiology or the American Board of Urology or a current, in good standing, pediatric subspecialty certificate recognized by the American Board of Medical Specialties.

## Individual Patient Volume

### Patient Volume Calculation Methods

Eligible professionals may use Medicaid or Needy (if they practice predominantly through an FQHC/RHC) Patient Volume. Eligible professionals may choose one (or more) clinical sites of practice in order to calculate their patient volume. However, at least one of the locations used to calculate patient volume must have certified EHR technology.

#### Medicaid Patient Volume Calculation

**Reporting Period:** Any continuous 90-day period (beginning the first day of the month) in the previous calendar year or in the 12-months prior to the eligible professional's attestation.

**Numerator:** The sum of the eligible professional's Medicaid encounters.

**Denominator:** The sum of all the eligible professional's encounters.

**The following are considered Medicaid Encounters:**

- Services rendered to an individual on any one day where Medicaid paid for part or all of the service.
- Services rendered to an individual on any one day where Medicaid paid all or part of the individual's premiums, co-payments, and cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

#### Needy Patient Volume Calculation

**Reporting Period:** Any continuous 90-day period (beginning the first day of the month) in the previous calendar year or in the 12-months prior to the eligible professional's attestation.

**Numerator:** The sum of the eligible professional's needy encounters.

**Denominator:** The sum of all the eligible professional's encounters.

**The following are considered Needy Encounters:**

- Services rendered to an individual on any one day where Medicaid or CHIP paid all or part of the individual's premiums, co-payments, or cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.
- Services rendered to an individual on any one day where the services were furnished at no cost.
- Services rendered to an individual on any one day where the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

## Individual Patient Volume

### Patient Volume Attestation

#### 1. Begin your MPIP attestation.

After entering MPIP, eligible professionals should verify their national provider information and complete their state provider information. Select **Yes** or **No** to the following questions:

- Are you a hospital based provider?
- Are you attesting as a Pediatrician?

Step 1 - Provider Registration Verification  
(\*) Red asterisk indicates a required field.

#### National Provider Information

Confirm the provider registration information that will be used to determine your eligibility for this program. Please review your attested registration information as received from the CMS.

Name:

Provider Type:

Provider Specialty:

Address:

Phone #:

Tax ID:

NPI:

CMS Registration ID: \*

#### State Provider Information

Attest if you are a pediatrician or a hospital based provider. For purposes of the Medicaid EHR Incentive Program only, a pediatrician means a medical doctor, who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree and hold a current, in good-standing board certification in pediatrics through the American Board of Pediatrics, the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics, or a current, in good standing, pediatric subspecialty certificate recognized by the American Board of Medical Specialties.

You are hospital-based if more than 90% of your Medicaid encounters are furnished in an inpatient hospital (POS 21) or an emergency room (POS 23) setting in the calendar year prior to the payment year.

\*Are you a hospital based provider?:  
 Yes  No

\*Are you attesting as a Pediatrician?:  
 Yes  No

#### 2. Select your Patient Volume Attestation Method.

Eligible professionals will have to select their patient volume attestation method. Select one of the following options:

- **Individual:** You are attesting using your individual patient encounters.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

#### Patient Volume Attestation Method

Select your patient volume attestation method.

- **Individual:** You are attesting to your own Patient Volumes.
- **Group/Clinic:** You are attesting as a member of a group/clinic using group proxy patient volume.

Individual Attestation       Group/Clinic Attestation

## Individual Patient Volume

### 3. Select your Patient Volume Calculation Method.

After selecting the patient volume attestation method, a question will appear asking the eligible professional to select their patient volume calculation method. Select one of the following options:

- Medicaid Patient Volume
- Needy Patient Volume.
  - After selecting the Needy Patient Volume button, eligible professionals will receive a pop-up asking them to confirm that they practice predominantly through an FQHC/RHC.

### 4. Select Practice Locations

Click **Select Practice Locations** to select the practice locations used to calculate patient volume.

### 5. Input Practice Location Information.

MPIP will automatically pull a list of practice locations that are associated with the eligible professional's TIN in MITS. Eligible professionals will **Select** the practice locations used to calculate patient volume and **Select & Return**.

If a practice location is not listed, click the **Enhanced Search** radio button to enter additional search criteria, and then click **Search**. You may use the asterisk (\*) as a universal match character in the **Practice Location Name** field. The matching results will be added to the list.

If an eligible professional is associated with a group that has already been formed in MPIP, the **EHR Group ID** column will contain a value. If an eligible professional is attesting as an **Individual**, they will not be able to include those locations in their patient volume calculation. In addition, once an eligible professional includes a practice location in their individual attestation that practice location will no longer be available to be used by other providers for group proxy patient volume attestation.

*This information is not intended to replace, change or obsolete any provisions of the published federal regulations at 42 CFR Part 495 or the Ohio Administrative Code department rules.*

## Individual Patient Volume

### Location Selection

You have selected Patient Volume Attestation Method: **Individual**

Here is a list of practice locations that are associated with you or your payee's TIN in the State MMIS. This includes any group practices you may be associated with.

If you are associated with a group that has already been formed in MPIP, the EHR Group ID column will contain a value. Because you are attesting as an **Individual** you will not be able to select established group locations for your attestation. In addition, if you include a group practice location in your **Individual** patient volume attestation, it may no longer be used by other providers as a group attestation.

If you do not see one of your practice locations in the list, click the Enhanced Search radio button to enter additional search criteria, and then click Search. You may use the asterisk (\*) as a universal match character in the Practice Location Name field. The matching results will be added to the list.

Select the locations you practiced at during the EHR reporting period. You will be asked to enter the reporting period and your patient volumes for each location in Step 2.

Enhanced Search

Practice Location NPI:

Practice Location TIN:

Practice Location Name:

Select	Practice Name	Address	Type	TIN	NPI	Medicaid ID	EHR Group ID
<input checked="" type="checkbox"/>			Individual				
<input type="checkbox"/>			Group				

### 6. Complete Payment Assignment and Point of Contact.

Return to Step 1 and **Select Medicaid ID** to identify the Payee Medicaid ID and enter a preferred Point of Contact **Email Address** and **Phone Number**. Press **Save & Continue** to advance to Step 2.

#### Payment Assignment

Select your payee Medicaid ID by clicking the button below.

Payee Name:

\* Payee Medicaid ID:

Payee Address:

Payee TIN:

Payee NPI:

#### Point of Contact

In order to expedite your incentive attestation process, please verify that the email and phone number below are that of the preferred Point of Contact. If not, please correct accordingly.

\* Email Address:

\* Phone Number:  Extension:

### Individual Patient Volume

#### 7. Select Patient Volume Reporting Period.

Eligible professionals will select their Patient Volume Reporting Period. Select either the **Previous Calendar Year** or **Most Recent 12-month period** radio button and indicate the three month patient volume reporting period by selecting a **Start Date** from the drop down menu.

Step 2 - Medicaid Patient Volume Determination

(\*) Red asterisk indicates a required field.

##### Patient Volume Reporting Period:

Please provide the Medicaid Patient Volume information in the fields below. As an Eligible Professional, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Select your Patient Volume Reporting Period. Patient volume will be calculated based on any continuous three-month reporting period, beginning on the first day of the month, in the calendar year (CY) preceding the eligible professional's payment year, or in the 12 months before the eligible professional's attestation.

Previous Calendar Year     Most recent 12 month period

\* Please select a Start Date: 01/01/2012

Reporting Period Start Date: 01/01/2012

Reporting Period End Date: 03/31/2012

#### 8. Select Out-of-State Encounters

Eligible professions may include out-of-state encounters in their patient volume calculation.

Select **Yes** or **No** to the following question:

- Were out-of-state encounters included in your patient volume calculation?

##### Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes     No   

Selected States/Territories:

## Individual Patient Volume

### 9. Patient Volume Attestation

For each practice location used to calculate patient volume, eligible professionals will:

- Indicate if certified EHR technology (CEHRT) is in use during the payment year
  - Select **Yes** if in use during the payment year, leave blank if **No**
- Input the number of **Medicaid Encounters** or **Needy Encounters**
- Input the number of Total Encounters.

At this time, eligible professionals may also upload documentation supporting their patient volume calculation by selecting **Upload Volume Document**.

Select **Save & Continue** to proceed to Step 3.

**Patient Volume Attestation**

The following are considered Medicaid Encounters:

- Services rendered on any one day to an individual where Medicaid paid for part or all of their service, premiums, copayments, and/or cost-sharing.
- Services rendered to an individual on any one day where the individual was enrolled in a Medicaid program at the time the billable service was provided.

Name	Address	Phone #	CEHRT In Current Yr?	Medicaid/Needy Encounters	Total Encounters	Patient Volume Percentage	Action
			<input type="checkbox"/> Yes	50	100	50%	✖
<b>Totals:</b>				50	100	50%	

<http://www.medicaid.ohio.gov/>

## Resources

The following worksheets may be helpful to eligible professionals with gathering information for and calculating patient volume:

**Worksheet: Medicaid Patient Volume**

**Worksheet: Needy Individual Patient Volume**

These worksheets and additional resources can be found on the MPIP website at

<http://www.jfs.ohio.gov/ohp/HIT%20Program.stm>.