



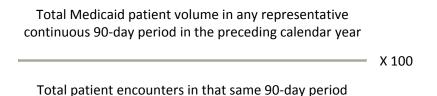
Health Information Technology Toolkit for Family Physicians

Patient Volume Information

Medicaid

To qualify for the Medicaid incentive programs, an eligible professional must have a minimum of 30 percent of all patient encounters attributable to Medicaid over any continuous, representative 90-day period within the most recent calendar year prior to reporting. There are two statutory exceptions to the general 30-percent rule. The first exception is that a pediatrician may have at least 20 percent patient volume attributable to Medicaid. The second exception is for those practicing predominantly in a federally qualified health center (FQHC) or rural health center (RHC), who must have a minimum of 30 percent patient volume attributable to "needy individuals." With these exceptions, as well, the assessment is made over a continuous 90-day period within the most recent calendar year prior to reporting.

The calculation:



You may have to enter the numerator and denominator as part of the Medicaid application process, maintain back-up documentation, and make the back-up documentation available at the state's request for review.

Medicare

For the Medicare incentive program, there is no patient volume requirement. However, your Medicare incentive payment is based on your Medicare charges. To estimate your Medicare incentive payment, you need to estimate your total allowable Medicare charges for the year in which you want to obtain payment.

CAFP's Qualification and Assessment Wizard will help you to make this calculation for Medicare. However, you need to gather the following information:

- On average, how many patients do you see per day?
- On average, what percent of these patients are Medicare patients?
- On average, how much is the Allowed Medicare Charge per Medicare patient?
- How many days per year do you see patients?

How to obtain your patient volume information

Reports on patient volume information are available within most practice management software systems. You can search visit count, type of visit relative value units (RVUs), charges/collections by code, patients by payer, payer amounts versus charges, codes per physician, and more. Take those reports and export them to a Microsoft Excel program or a Business Summary worksheet (*Medical Practice Forms: Every Form You Need to Succeed*, Third Edition, 2003) for further analysis.