



Patient Volume

for Eligible Professionals

NM Medicaid Promoting Interoperability Program
(formerly the NM Medicaid EHR Incentive Program)

Patient Volume Requirements (Step 2 in the NM State Level Registry)

When attesting for each Payment Year, Eligible Professionals (EPs) must meet a minimum 30% Medicaid patient volume threshold for all patient encounters over a continuous 90-day Representative Period from the prior calendar year or from the 12 months preceding the attestation date. The eligible professional chooses the 90-day Representative period.

EPs practicing predominantly at a FQHC or RHC **may** (but are not required to) use Needy Individuals encounters to meet the 30% patient volume threshold. EPs should first determine if they are able to meet the 30% threshold using only Medicaid, CHIP and SCI encounters. If not, they may choose to use Needy Individuals encounters to meet the 30% threshold. See the table below.

30% Using Only Medicaid Encounters	30% Using Needy Individuals Encounters (for EPs at FQHCs or RHCs only)
<p>EPs must meet a minimum 30% Medicaid patient volume threshold. Only exception is for pediatricians who qualify with a minimum 20% Medicaid patient volume threshold, but payment will be reduced to 2/3 of the total incentive (\$42,500 over six years). Pediatricians can receive the full incentive by meeting the 30% Medicaid threshold.</p> <p>When calculating Patient Volume, Medicaid patient encounters are defined as services rendered on any one day to an individual who is enrolled in Medicaid on the date of service within the 90-day Representative period selected.</p> <p>The following encounters may count:</p> <ul style="list-style-type: none"> • Medicaid paid for all or part of the cost of the services or paid all or part of the individual's premium, co-payment and/or cost sharing. • Claims where Medicaid is not the primary payer (for example, a secondary claim payment). • Medicaid claims denied (zero paid) for any reason other than the individual was not enrolled in Medicaid. • Zero paid claims include claims denied because the service was not covered, service limitation audit and untimely filing of a claim. <p>CHIP (Children's Health Insurance Program) and SCI (State Coverage Insurance) encounters (paid or zero paid) may also count in the numerator for the 30% Medicaid Patient Volume.</p> <p>To calculate the Medicaid Patient Volume for the 90-day Representative Period, divide:</p> <p>_____</p>	<p>EPs must "Practice Predominantly" at an FQHC or RHC. An EP <i>practices predominantly</i> when the clinical location for over 50% of the EP's total patient encounters over a six-month period occurs at an FQHC or RHC:</p> <ul style="list-style-type: none"> • within the prior calendar year, or • within the preceding 12-month period from the date of attestation. <p>EPs must meet a minimum 30% Needy Individuals patient volume threshold, including pediatricians.</p> <p>When calculating Needy Individuals Patient Volume, count services rendered on any one day to an individual and any of the following as Needy Individuals encounters:</p> <ul style="list-style-type: none"> • Medicaid encounters as defined in the left-hand column (also include CHIP & SCI encounters) • Uncompensated care furnished by the provider. • Services rendered at no cost or reduced cost on a sliding scale determined by the individual's ability to pay. <p>To calculate the Needy Individuals Patient Volume for the 90-day Representative Period, divide:</p> <p>_____</p> <p>State Level Registry (SLR) Step 2—Patient Volume Data</p> <p>Enter Medicaid, CHIP and SCI encounters in the Medicaid Box. Enter uncompensated care and sliding scale encounters in the Needy Individuals Box. The SLR will add the two boxes for Total Needy Individuals and determine the Needy Individuals percentage.</p>

Multiple services provided by one eligible professional to one individual on one day count as one encounter.

Multiple eligible providers may count an encounter for the same individual. For example, if a nurse practitioner provided care to a patient, and then the patient was seen by a physician in the same visit.

Group Patient Volume

Eligible Professionals (EPs) associated with a clinic or group practice may choose to use their group patient volume as proxy for their individual patient volume for meeting the 30% Medicaid threshold under three conditions:

- The clinic’s patient volume is appropriate as a patient volume methodology calculation for the eligible professional (for example, if an EP only sees Medicare, commercial or self-pay patients, this is not an appropriate calculation).
- The EPs and their clinic or practice must use only one methodology in each year. It is not permitted to have some EPs using their individual patient volume for patients seen at the clinic while other EPs use the clinic-level data.
- There is an auditable data source to support the clinic’s patient volume determination.

EPs practicing at FQHCs and RHCs have the option of using Needy Individuals encounters to meet the 30% patient volume threshold. If using Needy Individuals for Group Volume, all EPs in the group must *practice predominantly*. See page 3.

If the EPs in the group choose to use Group Patient Volume, then all EPs in the group must use the same 90-day Representative Period from either the prior calendar year **OR** from the 12-month period preceding the attestation date.

Calculating Group Patient Volume Using Only Medicaid Encounters

Encounters for each provider in the group are added together to achieve the patient volume threshold.

Use Same 90-day Rep. Period from Prior Calendar Year OR Preceding 12 Months					
30% Threshold -- Medicaid Encounters					
EPs & Non-EPs	Provider Type	Medicaid, SCI, CHIP (Paid & Zero Paid) Enc.	Total Enc.	Medicaid %	
	EP	Physician	80	200	40%
	EP	Physician	30	300	10%
	EP	Cert. Nurse Midwife	70	100	70%
	EP	Nurse Practitioner	50	100	50%
	EP	Dentist	05	100	5%
	Non-EP	Registered Nurse	150	200	75%
	Non-EP	Pharmacist	80	100	80%
	EP	Cert. Nurse Midwife – Practices with two groups.	10	50	20%
	EP-New to Group	Physician – In private practice last year.	0	0	0%
	EP-New to Group	Dentist – No prior practice experience.	0	0	0%
	EP-New to Group	Nurse Practitioner – Practiced Predom. at a different FQHC last year or in preceding 12 mos.	0	0	0%
Group Medicaid Patient Volume			475	1150	41.3%

Count all Providers
Include services rendered by *all providers* within the group practice, regardless of type or eligibility status for the EHR Incentive Program.

Count Only Affiliated Volume
If an EP works inside and outside of the clinic or practice, include only those encounters associated with the clinic or group practice and not the EP’s outside encounters.

EPs New to the Group Medicaid Encounters

An EP who is new to a group in the current attestation year can leverage the group’s Medicaid patient volume as proxy for the EP’s individual patient volume in that same attestation year. Even though the new EP may not have individual patient encounters with the group for the 90-day Representative Period, the EP can still use the group patient volume when attesting.

In the example above, all three new EPs could use the Group Medicaid patient volume as proxy for their individual patient volume.

Calculating Group Patient Volume Using Needy Individuals Encounters (FQHCs/RHCs)

Encounters for each provider in the group are added together to achieve the patient volume threshold.

Use Same 90-day Representative Period from Prior Calendar Year OR from Preceding 12 Months						
30% Threshold – Needy Individuals Encounters (include Medicaid Encounters)						
EPs & Non-EPs	Provider Type	Medicaid, SCI, CHIP (Paid & Zero Paid) Enc. +	Uncomp. Care; sliding scale, no cost Enc.=	Total Needy Individuals Enc.	Total Enc.	Needy Individuals %
EP	Physician	80	20	100	200	50%
EP	Physician	30	100	130	300	43%
EP	Cert. Nurse Midwife	70	10	80	100	80%
EP	Nurse Practitioner	50	5	55	100	55%
EP	Dentist	05	20	25	100	25%
Non-EP	Registered Nurse	150	5	155	200	77.5%
Non-EP	Pharmacist	80	0	80	100	80%
EP	Cert. Nurse Midwife – Practices with two groups.	10	10	20	50	40%
		This Group only	This Group only	This Group only	This Group only	
EP-New to Group	Physician – In private practice in prior cal. year or preceding 12 mos.	0	0	0	0	0%
EP-New to Group	Dentist – No prior practice experience.	0	0	0	0	0%
EP-New to Group	Nurse Practitioner – Practiced Predom. at a different FQHC last year or in preceding 12 mos	0	0	0	0	0%
Group Needy Individuals Patient Volume		475	170	645	1150	56.1%

Count all Providers

Count Only Affiliated Volume

EPs New to a FQHC or RHC – Needy Individuals Encounters

An EP who is new to a FQHC or RHC in the current attestation year can leverage the group's **Needy Individuals** patient volume as proxy for the EP's individual patient volume **only if the new provider has practiced predominantly at a FQHC or RHC for at least six months in the prior calendar year or within the preceding 12-month period from the date of attestation.**

An EP *practices predominantly* when the clinical location for over 50% of the EP's total patient encounters over a six-month period in the prior calendar year **or within the preceding 12-month period from the date of attestation** occurs at a FQHC or RHC.

In the example above, the only new EP who could use Needy Individuals Group Volume as proxy is the nurse practitioner who *practiced predominantly* at another FQHC. When a new EP in a group does not meet the *practice predominantly* criteria, the FQHC or RHC can choose to:

- Use only the Medicaid patient volume (including CHIP & SCI) for the group to meet the 30% patient volume threshold.
- Include the Needy Individuals patient volume to meet the 30% threshold for the group, but the new EP(s) who did not *practice predominantly* would sit out the current attestation year.
- Include the Needy Individuals patient volume to meet the 30% threshold for the group, and the new EP(s) could separately register as an individual for the EHR Program and attest to meeting 30% Medicaid patient volume from the EP's previous practice location in the prior calendar year.
- Not use group volume and have each EP practicing at the FQHC or RHC register and attest using individual patient volume.

Since two of the three new EPs in this example did not *practice predominantly*, the FQHC would have to choose one of the alternatives listed above.