Individual Patient Volume

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.

*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

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.

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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?

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.
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.

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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.

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?
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.

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.

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