

FQHCs and RHCs: Choosing an Eligible Member Patient Volume Calculation Method for the SD Medicaid EHR Incentive Program



Each organization will need to decide whether to use a group OR individual (per-Eligible Professional) method to calculate Eligible Member patient volume. If the organization chooses to use an individual method for one EP, then it must use an individual method for all EPs who are qualifying for the incentive program. Please remember that an EP’s incentive payment can only be reassigned to one organization on the provider’s Medicaid certification, so coordination is necessary if an EP works for more than one organization.

When calculating the Eligible Member patient volume, the organization must count all Medicaid encounters and then apply the standard deduction. Medicaid encounters are any that have had at least one cent (\$.01) paid by the South Dakota Medicaid Program.

GROUP CALCULATION		INDIVIDUAL CALCULATION	
This method only looks at patient encounters within the organization, but the organization must include all encounters (not limited to EPs exclusively).		This method requires that information from everywhere the EP practices be aggregated.	
Question 1: As a group, does the organization meet the patient volume threshold for a continuous 90-day period within the previous calendar year with Eligible Member patient volume alone?		Question 1: Does the EP meet the Eligible Member patient volume threshold for a continuous 90-day period within the previous calendar year?	
If YES, use Group Practice Eligible Professional Using Eligible Member Patient Volume.	If NO, proceed to question 2.	If YES, use Individual Eligible Professional Using Eligible Member Patient Volume.	If NO, proceed to question 2.
Question 2: As a group, does the organization meet the patient volume threshold for Needy Individual ¹ patient volume for a continuous 90-day period within the previous calendar year?		Question 2: Does the EP practice predominately ² in an FQHC or RHC?	
If YES, use Group Practice Eligible Professional Using Needy Individual Patient Volume. Note: EPs that do not practice predominately ² in an FQHC or RHC do not qualify for an incentive payment this year if the organization is using this method.	If NO, group calculation is not an option. Evaluate providers’ eligibility using the individual calculation method.	If YES, proceed to question 3.	If NO, this EP is not eligible for an incentive payment this year if using an individual method.
If a provider is not eligible under the group or individual calculation, then he or she is not eligible for Medicaid EHR Program for the calendar year.		Question 3: Does the EP meet the Needy Individual ¹ patient volume threshold for a continuous 90-day period within the previous calendar year?	
		If YES, use Individual Eligible Professional Using Needy Individual Patient Volume.	If NO, the EP is not eligible using the individual calculation method. Evaluate eligibility for the provider using the group calculation method.

¹ Needy Individual encounters are those that are classified as Medicaid, CHIP, uncompensated care, no cost, or reduced cost based on a sliding scale determined by the individual’s ability to pay.

² An EP practices predominately in an FQHC or RHC if over 50% of his or her total patient encounters over a six month period in the previous calendar year occurred in this setting.