

March 29, 2011

SOUTH  
CAROLINA  
DEPARTMENT  
OF HEALTH &  
HUMAN  
SERVICES

# STATE MEDICAID HIT PLAN (SMHP) VERSION 3.0 CHANGE CONTROL DOCUMENT

South Carolina Medicaid Electronic Health Record (EHR) Incentive Program  
2010-2015

**Table of Contents**

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*A note about this document: The tables in this document identify the selected excerpts from the South Carolina State Medicaid Health Information Technology Plan (SMHP). The tables provide a brief reference to significant updates in the SMHP and therefore should be used in consultation with the complete South Carolina SMHP.*

## South Carolina SMHP Change Control Record

Item	Excerpt from SMHP and corresponding page #
<p><b>1.</b> Correction to SCDHHS IGC Role</p>	<p><b>The following statement was removed from page 8:</b> Through discussions with the ONC, SCDHHS and ORS agreed it would be redundant to appoint a State HIT Coordinator and will instead create an Executive Director position for the state HIE Governance Committee to better coordinate existing efforts.</p> <p><b>Page 8:</b> The SCDHHS Director and the ORS Chief of Health and Demographics previously performed functions that fall within the State HIT Coordinator’s responsibility. Following changes in SCDHHS’ executive leadership, the ORS Chief of Health and Demographics has assumed all HIT coordinator responsibilities.</p> <p><b>Page 35:</b> Removed “co” from “HIT coordinator”.</p> <p><b>Page 64:</b> Removed “and Chairperson” from “IGC Member” bullet.</p>
<p><b>2.</b> Correction to HIT coordinator</p>	<p><b>Page 64:</b> Removed “State Co-HIT Coordinator (shared with ORS)”.</p> <p><b>Page 65:</b> Removed “co” from HIT coordinator.</p>
<p><b>3.</b> Formatting issue</p>	<p><b>Page 65:</b> Removed duplicate “SC” from “SCDHEC”.</p>
<p><b>4.</b> Formatting issue</p>	<p><b>Page 78:</b> Repositioned arrow in chart.</p>
<p><b>5.</b> Clarification to SCDHHS’ CHIP methodology of using CHIP encounters, not beneficiaries.</p>	<p><b>Page 95:</b> Providers will have access to a table in the SLR that lists the percentage of CHIP encounters to total encounters by county.</p> <p>For Charleston County, the percent of CHIP to total Medicaid encounters is 7.26%.</p> <p><b>The following statement on page 95 was removed:</b> The HIT Division staff will use the Thomson Reuters Advantage Suite tools to run reports that will show the specific provider’s Medicaid and CHIP patient volumes during the 90 day period the EP selects.</p> <p><b>Page 98:</b> EHs will have access to a table in the SLR that lists the percentage of CHIP encounters to total Medicaid encounters by county.</p> <p><b>The following statement on page 98 was removed:</b> The HIT Division staff will use the Thomson Reuters Advantage Suite tools to run reports that will show the</p>

Item	Excerpt from SMHP and corresponding page #
	Medicaid and CHIP patient volumes during the 90 day period the EH selects.
6. Clarification to using the group/clinic level data for calculating patient volume.	<p><b>Page 95:</b> In the sentence beginning "If a clinic or group practices chooses this methodology for the patient volume calculation," removed "all EPs in the clinic or practice must use the practice/clinic Medicaid patient volume," and replaced it with "an EP in that clinic or group may choose to use the clinic volume as a proxy for their own; or the EP may choose to attest to his or her own individual patient volume, so long as their individual volume calculation only includes the EP's encounters that are not included in the clinic's volume calculation."</p> <p><b>Page 95:</b> SCDHHS has defined a group practice as a group of healthcare practitioners organized as one legal entity under one tax identification number (TIN).</p>
7. Removed statement referencing newborn discharges may be included in EH calculations	<p><b>The following statement on page 96 was removed:</b> Newborn days and discharges will also be included in this calculation</p> <p><b>The following statement on page 97 was removed:</b> Additionally, Medicaid and total newborn discharges will also be included in the volume calculation.</p> <p><b>The following statement on page 106 was removed:</b> Newborn discharges will also be included in this computation.</p> <p><b>The following statement on page 107 was removed:</b> Additionally, Medicaid and total newborn days will also be included in the Medicaid Share calculation.</p>
8. Correction to basis of EH volume calculation	<p><b>Page 96:</b> The EH Medicaid patient volume threshold requires that EHs must have a minimum of 10 percent of all patient encounters attributable to Medicaid during a 90-day period in the most recent fiscal year prior to the year of reporting.</p> <p>Acute care hospitals must meet a 10% patient volume over a 90-day period in the most recent fiscal year prior to the year of reporting to qualify for the program.</p> <p>Total Medicaid patient encounters in any representative, continuous 90 day period in the preceding fiscal year divided by total patient encounters in that same 90 day period.</p>
9. Revised statement concerning the EH	<p><b>Page 97:</b> For purposes of calculating the volume, the hospital must apply the following definitions of Medicaid encounters in its calculation, and include both</p>

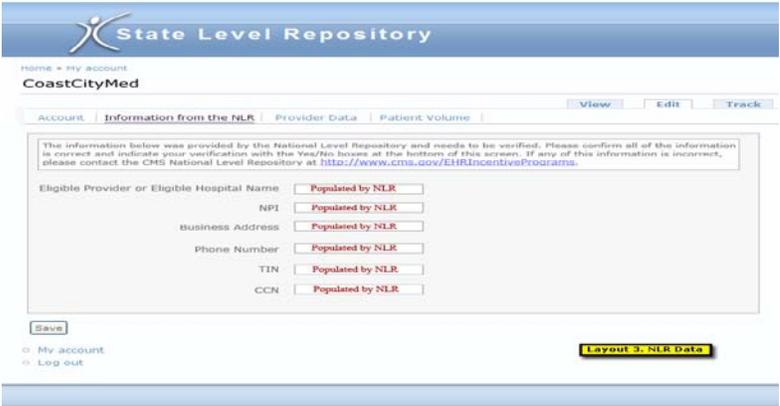
Item	Excerpt from SMHP and corresponding page #
definition of encounters to read that they must use the inpatient and emergency department encounter definitions.	inpatient and emergency department encounters:
10. Clarification concerning SC's timeline to begin accepting meaningful use attestations.	<p><b>The following statement was removed from page 100:</b> In the second and subsequent years, SCDHHS will verify meaningful use of a certified EHR technology through attestation in the SLR.</p> <p><b>Page 100:</b> SCDHHS is focusing on the AIU requirement for 2011 and expects develop the capacity to accept meaningful use attestations and will submit its methodology to CMS for approval for use beginning 2012.</p>
11. Revised statement concerning incentive payments reduced against debt status to read that payments will be reduced against an outstanding debt	<p><b>This statement originally on page 104 was removed:</b> SCDHHS has made internal adjustments to the MMIS for those providers with a debit status to ensure that incentive payments are not reduced against a provider's outstanding debt.</p> <p><b>Page 105:</b> Payments under the Medicare and Medicaid EHR Incentive Programs will be treated like all other income. The incentive payment legal authorities do not supersede any state or federal laws requiring wage garnishment or debt recoupment; therefore, if there is a legal basis for the state or federal government to net or recoup debts, such authority will apply to incentive payments, just as it applies to all other income.</p> <p><b>This statement originally on page 109 was removed:</b> SCDHHS has made internal adjustments to the MMIS for those providers with a debit status to ensure that incentive payments are not reduced against a provider's outstanding debt.</p> <p><b>Page 109:</b> Payments under the Medicare and Medicaid EHR Incentive Programs will be treated like all other income. The incentive payment legal authorities do not supersede any state or federal laws requiring wage garnishment or debt recoupment; therefore, if there is a legal basis for the state or federal government to net or recoup debts, such authority will apply to incentive payments, just as it applies to all other income.</p>
12. Formatting issue	<b>Page 105:</b> Removed "pending CMS approval" from table.
13. Removed references to EPs entering data into	<b>The following statement was removed from page 104:</b> EPs will enter data in the SLR that lists the other sources they have received funding from as well as the sources that account for the 15% that is the responsibility of the EP. EPs will

Item	Excerpt from SMHP and corresponding page #
the SLR concerning the other funding sources and 15% contribution.	attest that the data they enter is correct, and when the EP enters this data in the SLR, the SLR will automatically calculate and display the incentive payment amount for which the EP is eligible. SCDHHS is requiring that EPs enter the total of EHR funds from other sources and the total of EHR funds provided by the EP in the event of an audit, the EP must have supporting documentation for the data they enter. The SLR will also include a text box where EPs can enter free text that describes what the total of EHR funds provided by the EP included such as examples of employer/employee relationship, certain grants, in-kind contributions, and costs related to the provider's efforts to address workflow redesign and training to facilitate meaningful use of EHRs.
<b>14.</b> Clarification to numerator of EH Medicaid inpatient days.	<b>Page 107:</b> Therefore, no dual eligible days will be included in the numerator of this formula.
<b>15.</b> Correction concerning only EPs may reassign incentive payments.	<b>Page 109:</b> EPs have the option of reassigning their incentive payment to entity with which there is a contractual arrangement allowing the employer or entity to bill and receive payment for the EP's covered professional services.
<b>16.</b> Removed outdated SLR documentation.	<p><b>The following statement on page 87 was removed:</b> This is the first screen a provider sees when coming to the SLR website.</p> <p><b>The following screenshots on page 87 were removed:</b></p> 

Item	Excerpt from SMHP and corresponding page #
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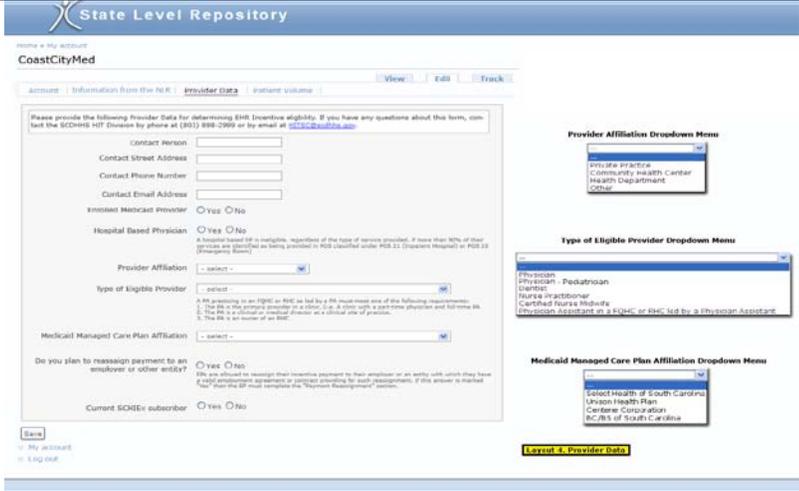
The following screenshot on page 88 was removed:



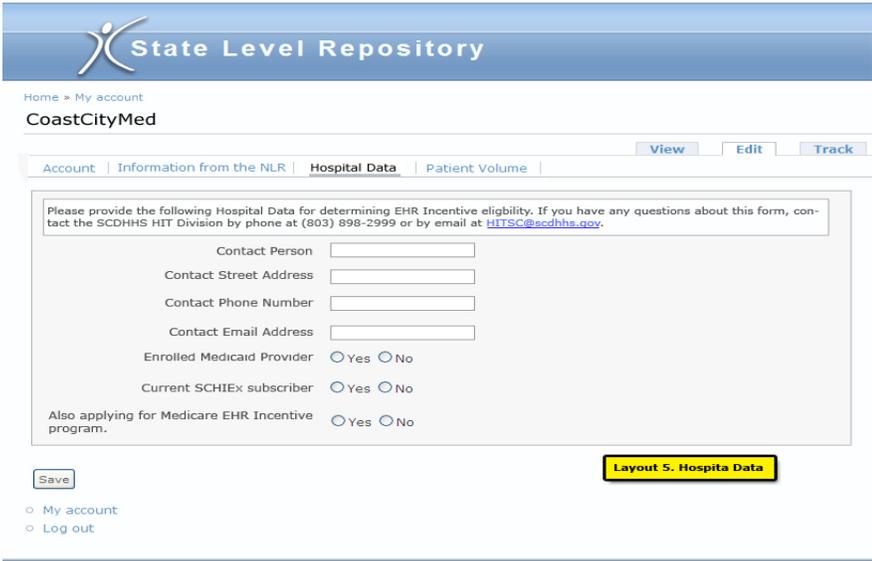
The following screenshot were removed from page 100:

EP Screen Design:

**Item** **Excerpt from SMHP and corresponding page #**



**EH Data Screen Design:**



The following screenshots were removed from page 100:

**EP Patient Volume Screen Design for FQHC or RHC EP:**

(See Following Page)

Item	Excerpt from SMHP and corresponding page #
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Home » My account

CoastCityMed

View Edit Track

Account | Information from the NLR | Provider Data | Patient Volume

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in the 2010. The following are considered "Needy Patient Encounters":

- 1) Services rendered on any one day to an individual where Medicaid or CHIP paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or CHIP paid all or part of their premiums, copayments, and/or cost-sharing.
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

90 Day Period Begin Date  (clear)

90 Day Period End Date  (clear)

There are two methodologies for calculating Needy Patient Volume. The **Encounter Option** is based on just the number of encounters as described above, and the **Panel Option** is based on the number of Needy Patients assigned in addition to the encounters. **Only one method should be used.**

**Encounter Option**

Total Patient Encounters

Needy Patient Encounters

**Total = % [Needy Encounters] / [Total Encounters] \* 100**  
 This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.

**Panel Option**

Total Patient Assigned

Needy Patient Assigned

Total Encounters

Needy Encounters

**Total = % [Needy Assigned] + [Needy Encounters] / [Total Assigned] + [Total Encounters] \* 100**  
 This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.

Save

My account  
Log out

Layout 6. Needy Patient Volume for FQHC or RHC EP

EP

**Patient Volume Screen Design for Regular EP:**

Item	Excerpt from SMHP and corresponding page #
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State Level Repository

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[Account](#)
[Information from the NLR](#)
[Provider Data](#)
[Patient Volume](#)

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in 2010. The following are considered "Medicaid Encounters":

- 1) Services rendered on any one day to an individual where Medicaid paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.

90 Day Period Begin Date  (clear)

90 Day Period End Date  (clear)

There are two methodologies for calculating Patient Volume. The **Encounter Option** is only based on the number of encounters as described above, and the **Panel Option** is based on the number of Medicaid patients assigned in addition to the encounters. **Only one method should be used.**

Encounter Option

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Encounters] / [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.

Panel Option

Total Patient Assigned

Medicaid Patient Assigned

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Assigned] + [Medicaid Encounters] / [Total Assigned] + [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.

- [My account](#)
- [Log out](#)

**Layout 7. Patient Volume for Regular Medicaid EP**

**EP Patient Volume Screen Design for Pediatrician EP:**

**Item** **Excerpt from SMHP and corresponding page #**


State Level Repository

[Home](#) > [My account](#)

**CoastCityMed**

View
Edit
Track

Account | 
 Information from the NLR | 
 Provider Data | 
 Patient Volume

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in 2010. The following are considered "Medicaid Encounters":

- 1) Services rendered on any one day to an individual where Medicaid paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.

90 Day Period Begin Date  calendar icon [\(clear\)](#)

90 Day Period End Date  calendar icon [\(clear\)](#)

There are two methodologies for calculating Patient Volume. The **Encounter Option** is only based on the number of encounters as described above, and the **Panel Option** is based on the number of Medicaid patients assigned in addition to the encounters. **Only one method should be used.**

**Encounter Option**

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Encounters] / [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <20%, they are redirected to a page with information about why they are ineligible to participate.

**Panel Option**

Total Patient Assigned

Medicaid Patient Assigned

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Assigned] + [Medicaid Encounters] / [Total Assigned] + [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <20%, they are redirected to a page with information about why they are ineligible to participate.

Save

[My account](#)
[Log out](#)

Layout 8. Patient Volume for Pediatrician EPs

**EH Patient Volume Screen Design:**

Item	Excerpt from SMHP and corresponding page #
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**State Level Repository**

Home » My account  
CoastCityMed

Account | Information from the NLR | Hospital Data | Patient Volume | [View](#) | [Edit](#) | [Track](#)

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in the previous Federal Fiscal Year.

(1) Services rendered to an individual per inpatient discharges where Medicaid paid for part or all of the service;  
 (2) Services rendered to an individual per inpatient discharge where Medicaid paid all or part of their premiums, co-payments, and/or cost-sharing;  
 (3) Services rendered to an individual in an emergency department on any one day where Medicaid either paid for part or all of the service; or  
 (4) Services rendered to an individual in an emergency department on any one day where Medicaid paid all or part of their premiums, co-payments, and/or cost-sharing.

90 Day Period Begin Date  (clear)  
 90 Day Period End Date  (clear)  
 Total Patient Encounters   
 Medicaid Patient Encounters

**Total = % [Medicaid Patient Encounters] / [Total Patient Encounters] \* 100**  
 This formula is validated when the page is saved. If the total is <10%, they are redirected to a page with information about why they are ineligible to participate.

[Save](#)  
 ○ My account  
 ○ Log out

Layout 9. Patient Volume for Hospitals

The following screenshot was removed from page 109:

Below is the SLR screen design for payment reassignment. (See following page).

**State Level Repository**

Home » My account  
CoastCityMed

Account | Information from the NLR | Provider Data | Patient Volume | Payment Reassignment | [View](#) | [Edit](#) | [Track](#)

Eligible Professionals are allowed to reassign their incentive payment to their employer or an entity which they have a valid employment agreement or contract providing for such reassignment, consistent with all rules governing reassignments. Eligible Professionals are precluded from reassigning the incentive payment to more than one employer or entity.

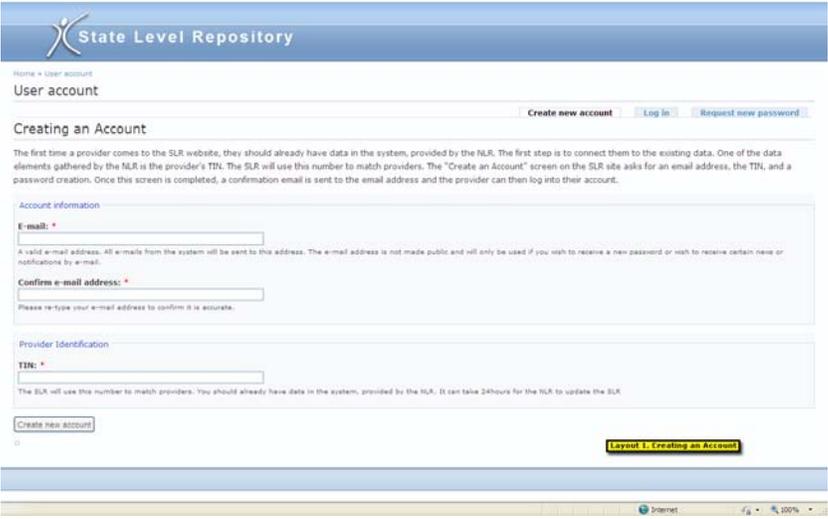
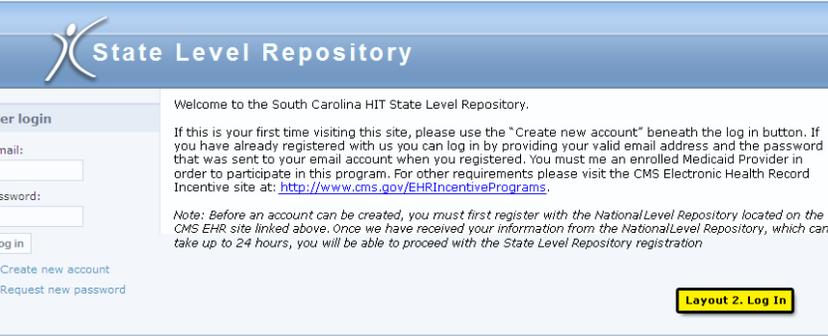
Reassigned Payee Name   
 Reassigned Payee TIN   
 Reassigned Contact Person   
 Reassigned Contact Street Address   
 Reassigned Contact Phone Number   
 Reassigned Contact Email Address

Attach valid employment agreement or contract providing for reassignment of EHR incentive payments

Enrolled Medicaid Provider  Yes  No

[Save](#)  
 ○ My account  
 ○ Log out

Layout 10. Payment Reassignment

Item	Excerpt from SMHP and corresponding page #
	<p>The following screenshots were removed from page 169:</p> <p style="text-align: center;"><b>Screen Layout Attachments</b></p>  

Item	Excerpt from SMHP and corresponding page #
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**State Level Repository**

Home » My account

**CoastCityMed**

View Edit Track

Account Information from the NLR Provider Data Patient Volume

The information below was provided by the National Level Repository and needs to be verified. Please confirm all of the information is correct and indicate your verification with the Yes/No boxes at the bottom of this screen. If any of this information is incorrect, please contact the CMS National Level Repository at <http://www.cms.gov/EHRIncentivePrograms>.

Eligible Provider or Eligible Hospital Name

NPI

Business Address

Phone Number

TIN

CCN

Save

My account  
 Log out

**Layout 3. NLR Data**

**State Level Repository**

My account

**CoastCityMed**

View Edit Track

Account Information from the NLR **Provider Data** Patient Volume

Please provide the following Provider Data for determining EHR Incentive eligibility. If you have any questions about this form, contact the SCHIEHS HIT Division by phone at (803) 698-2999 or by email at [hit@scdhs.gov](mailto:hit@scdhs.gov).

Contact Person

Contact Street Address

Contact Phone Number

Contact Email Address

Enrolled Medicaid Provider  Yes  No

Hospital Based Physician  Yes  No

A hospital based EP is ineligible, regardless of the type of service provided, if more than 50% of their services are classified as being provided in ROS 21 (Department Hospital) or ROS 23 (Emergency Room)

Provider Affiliation

Type of Eligible Provider

A PA practicing in an FQHC or RHC so led by a PA must meet one of the following requirements:  
 1. The PA is the primary provider in a clinic. (i.e. A clinic with a part-time physician and full-time PA.  
 2. The PA is a clinical or medical director at a clinical site of practice.  
 3. The PA is a partner of an RHC.

Medicaid Managed Care Plan Affiliation

Do you plan to reassign payment to an employer or other entity?  Yes  No

EPs are allowed to reassign their incentive payment to their employer or an entity with which they have a valid employment agreement or contract providing for health assignments. If this answer is marked "Yes" then the EP must complete the "Payment Reassignment" section.

Current SCHIEx subscriber  Yes  No

My account  
 Log out

**Provider Affiliation Dropdown Menu**

- Private Practice
- Community Health Center
- Health Department
- Other

**Type of Eligible Provider Dropdown Menu**

- Physician
- Physician - Pediatrician
- Dentist
- Nurse Practitioner
- Certified Nurse Midwife
- Physician Assistant in a FQHC or RHC led by a Physician Assistant

**Medicaid Managed Care Plan Affiliation Dropdown Menu**

- Select Health of South Carolina
- Unison Health Plan
- Centene Corporation
- BC/BS of South Carolina

**Layout 4. Provider Data**

Item	Excerpt from SMHP and corresponding page #
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State Level Repository

[Home](#) » [My account](#)

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[View](#)   [Edit](#)   [Track](#)

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[Account](#) | 
 [Information from the NLR](#) | 
 [Hospital Data](#) | 
 [Patient Volume](#)

Please provide the following Hospital Data for determining EHR Incentive eligibility. If you have any questions about this form, contact the SCDHHS HIT Division by phone at (803) 898-2999 or by email at [HTSC@scdhhs.gov](mailto:HTSC@scdhhs.gov).

Contact Person

Contact Street Address

Contact Phone Number

Contact Email Address

Enrolled Medicaid Provider    Yes    No

Current SCHIEx subscriber    Yes    No

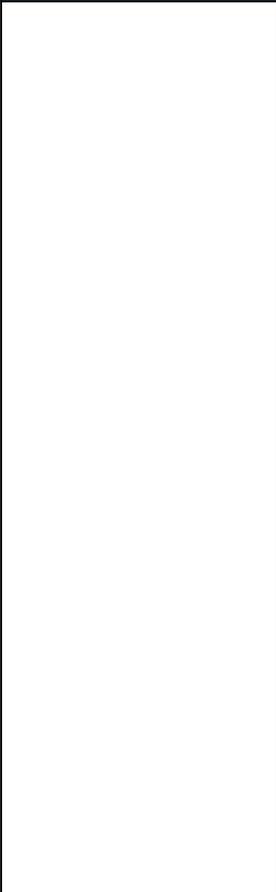
Also applying for Medicare EHR Incentive program.    Yes    No

Layout 5. Hospita Data

- [My account](#)
- [Log out](#)

**Item**

**Excerpt from SMHP and corresponding page #**



State Level Repository

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CoastCityMed

[View](#) | [Edit](#) | [Track](#)

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[Account](#) | [Information from the NLR](#) | [Provider Data](#) | [Patient Volume](#)

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in the 2010. The following are considered "Needy Patient Encounters":

- 1) Services rendered on any one day to an individual where Medicaid or CHIP paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or CHIP paid all or part of their premiums, copayments, and/or cost-sharing.
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

90 Day Period Begin Date  (clear)

90 Day Period End Date  (clear)

There are two methodologies for calculating Needy Patient Volume. The **Encounter Option** is based on just the number of encounters as described above, and the **Panel Option** is based on the number of Needy Patients assigned in addition to the encounters. **Only one method should be used.**

**Encounter Option**

Total Patient Encounters

Needy Patient Encounters

**Total = % [Needy Encounters] / [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.

**Panel Option**

Total Patient Assigned

Needy Patient Assigned

Total Encounters

Needy Encounters

**Total = % [Needy Assigned] + [Needy Encounters] / [Total Assigned] + [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.

[My account](#) | [Log out](#)

Layout 6. Needy Patient Volume for FQHC or RHC EP

Item

Excerpt from SMHP and corresponding page #



Home » My account

CoastCityMed

View Edit Track

Account Information from the NLR Provider Data Patient Volume

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in 2010. The following are considered "Medicaid Encounters":

- 1) Services rendered on any one day to an individual where Medicaid paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.

90 Day Period Begin Date [calendar icon] (clear)

90 Day Period End Date [calendar icon] (clear)

There are two methodologies for calculating Patient Volume. The Encounter Option is only based on the number of encounters as described above, and the Panel Option is based on the number of Medicaid patients assigned in addition to the encounters. Only one method should be used.

Encounter Option

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Encounters] / [Total Encounters] \* 100**

**This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.**

Panel Option

Total Patient Assigned

Medicaid Patient Assigned

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Assigned] + [Medicaid Encounters] / [Total Assigned] + [Total Encounters] \* 100**

**This formula is validated when the page is saved. If the total is <30%, they are redirected to a page with information about why they are ineligible to participate.**

Save

- My account
- Log out

Layout 7. Patient Volume for Regular Medicaid EP

Item	Excerpt from SMHP and corresponding page #
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State Level Repository

[Home](#) » [My account](#)

**CoastCityMed**

View
Edit
Track

Account
Information from the NLR
Provider Data
Patient Volume

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in 2010. The following are considered "Medicaid Encounters":

- 1) Services rendered on any one day to an individual where Medicaid paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.

90 Day Period Begin Date  (clear)

90 Day Period End Date  (clear)

There are two methodologies for calculating Patient Volume. The **Encounter Option** is only based on the number of encounters as described above, and the **Panel Option** is based on the number of Medicaid patients assigned in addition to the encounters. **Only one method should be used.**

**Encounter Option**

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Encounters] / [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <20%, they are redirected to a page with information about why they are ineligible to participate.

**Panel Option**

Total Patient Assigned

Medicaid Patient Assigned

Total Patient Encounters

Medicaid Patient Encounters

The Medicaid Patient Volume must not include individuals covered under CHIP. For information on the number of CHIP enrollees for a specific provider call (803) 898-2955.

**Total = % [Medicaid Assigned] + [Medicaid Encounters] / [Total Assigned] + [Total Encounters] \* 100**

This formula is validated when the page is saved. If the total is <20%, they are redirected to a page with information about why they are ineligible to participate.

Save
[My account](#)
[Log out](#)

Layout 8. Patient Volume for Pediatrician EPs

Item

Excerpt from SMHP and corresponding page #



Home » My account

CoastCityMed

View Edit Track

Account | Information from the NLR | Hospital Data | Patient Volume

Please provide the Patient Volume information in the fields below. The data can be calculated based on any continuous 90 day period in the previous Federal Fiscal Year.

- (1) Services rendered to an individual per inpatient discharges where Medicaid paid for part or all of the service;
- (2) Services rendered to an individual per inpatient discharge where Medicaid paid all or part of their premiums, co-payments, and/or cost-sharing;
- (3) Services rendered to an individual in an emergency department on any one day where Medicaid either paid for part or all of the service; or
- (4) Services rendered to an individual in an emergency department on any one day where Medicaid paid all or part of their premiums, co-payments, and/or cost-sharing.

90 Day Period Begin Date  (clear)

90 Day Period End Date  (clear)

Total Patient Encounters

Medicaid Patient Encounters

**Total = % [Medicaid Patient Encounters] / [Total Patient Encounters] \* 100**

This formula is validated when the page is saved. If the total is <10%, they are redirected to a page with information about why they are ineligible to participate.

Save

- o My account
- o Log out

Layout 9. Patient Volume for Hospitals