

Needy Individual Calculation – Workaround for TPB Patch 7/8 reports.

The Needy Individual calculation in the Third Party Billing Patch 7 and 8 Patient Volume Report for Eligible Professionals calculates and reports on Medicaid and CHIPs encounters. At the time of programming, the way to count other types of “Uncompensated Care” was still under debate.

Now, due to a CMS FAQ that was recently published, we are defining uncompensated care as care for which payment was not received from any specific source, i.e. Medicaid, CHIPs, or Other payment sources.

This data value is not directly reported on by the Patient Volume Report for Eligible Professionals, but can be calculated from the information that is reported.

These are the values reported by the report:

- A. Total Patient Encounters
- B. Total Paid Medicaid Encounters
- C. Total Paid Kidsicare/Chip Encounters
- D. Total Paid Other Encounters

This is how to calculate unpaid encounters:

1. Add Total Paid Medicaid, Kidsicare/Chip, and Other Encounters  
Equation:  $B + C + D = E$  (Total Paid)
2. Subtract Total Paid from the Total Patient Encounters.  
Equation:  $A - E = F$  (Total Uncompensated)
3. Add Total Paid Medicaid, Kidsicare/Chip, and Total Uncompensated.  
Equation:  $B + C + F = G$  (Total Needy Individual)
4. Divide Total Needy Individual by Total Patient Encounters  
Equation:  $G / A = H$  (Needy Individual Patient Volume)