

**Table 165-0060-1 – Eligible professional eligibility criteria comparison**

Practice Location	Eligible professional eligibility criteria (see section 1 of this rule):	Eligible professional FQHC-and RHC- specific eligibility criteria (see section 2 of this rule):
	Cannot be hospital-based	Shall practice predominantly in an FQHC or RHC
Eligible Professional Types	<ol style="list-style-type: none"> <li>1. Physician (including pediatric optometrist)</li> <li>2. Dentist</li> <li>3. Nurse Practitioner (including a Nurse-Midwife Nurse Practitioner)</li> </ol>	<ol style="list-style-type: none"> <li>1. Physician (including pediatric optometrist)</li> <li>2. Dentist</li> <li>3. Nurse Practitioner (including a Nurse-Midwife Nurse Practitioner)</li> </ol> <p>Physician Assistant practicing in an FQHC or an RHC that is so led by a physician assistant</p>
Patient Volume Minimum	30% Medicaid patient volume, except 20% for Pediatricians	30% Needy Individual patient volume

**Table 165-0060-2**

Patient volume calculation choices for an eligible professional (using the eligibility criteria in section 1 of this rule)

	Individual calculation	Group calculation
Patient Encounter	$\frac{\text{(Eligible Professional's Medicaid patient encounters*)}}{\text{(Eligible Professional's total patient encounters*)}}$	$\frac{\text{(Group's Medicaid patient encounters*)}}{\text{(Group's total patient encounters*)}}$
Patient Panel	$\frac{\text{(Eligible Professional's assigned** Medicaid patients*)} + \text{(Eligible Professional's unduplicated*** Medicaid patient encounters*)}}{\text{(Eligible Professional's total assigned patients*)} + \text{(Eligible Professional's total unduplicated*** patient encounters*)}}$	$\frac{\text{(Group's assigned Medicaid patients with at least one encounter**)}} + \text{(Group's unduplicated*** Medicaid patient encounters*)}}{\text{(Group's assigned total patients*)} + \text{(Group's total unduplicated*** patient encounters*)}}$

\*If applying in program years 2011 or 2012, include encounters in any representative, continuous 90-day period in the preceding calendar year. If applying in program year 2013 or later, include encounters in any representative, continuous 90-day period either in the preceding calendar year or in the 12-month timeframe preceding the attestation date.

\*\*If applying in program years 2011 or 2012, include assigned patients who have had at least one encounter in the prior calendar year. If applying in program year 2013 or later, include assigned patients who have had at least one encounter in the 24 months that occurred prior to the start date of the selected representative, continuous 90-day period.

\*\*\*Unduplicated: A patient should not be counted more than once in totaling assignments and encounters. In other words, if a patient is assigned to a panel for an eligible professional or a group, that patient should be counted only once in the calculation of the total assigned patients and the total unduplicated patient encounters.

**Table 165-0060-3**

Patient volume calculation choices for an eligible professional who practices predominantly in an FQHC or an RHC (using the FQHC and RHC specific eligibility criteria in section 2 of this rule)

	Individual calculation	Group calculation
Patient Encounter	$\frac{\text{(Eligible Professional's Needy Individual patient encounters*)}}{\text{(Eligible Professional's total patient encounters*)}}$	$\frac{\text{(Group's Needy Individual patient encounters*)}}{\text{(Group's total patient encounters*)}}$
Patient Panel	$\text{(Eligible Professional's assigned** Needy Individual patients*)} + \text{(Eligible Professional's unduplicated *** Needy Individual patient encounters*)}$	$\text{(Group's assigned** Needy Individual patients*)} + \text{(Group's unduplicated *** Needy Individual patient encounters*)}$
	$\text{(Eligible Professional's assigned** total patients*)} + \text{(Eligible Professional's total unduplicated *** patient encounters)}$	$\text{(Group's assigned** total patients*)} + \text{(Group's total unduplicated *** patient encounters*)}$

\* If applying in program years 2011 or 2012, include encounters in any representative, continuous 90-day period in the preceding calendar year. If applying in program year 2013 or later, include encounters in any representative, continuous 90-day period either in the preceding calendar year or in the 12-month time period preceding the attestation date.

\*\*If applying in program years 2011 or 2012, include assigned patients who have had at least one encounter in the prior calendar year. If applying in program year 2013 or later, include assigned patients who have had at least one encounter in the 24 months that occurred prior to the start date of the selected representative, continuous 90-day period.

\*\*\* A patient should not be counted more than once in totaling assignments and encounters. In other words, if a patient is assigned to a panel for an eligible professional or a group, that patient should be counted only once in the calculation of the total assigned patients and the total unduplicated patient encounters.