

Needy Individuals Criteria

If you are considering participation in the Medicaid Incentive Program you may have heard the term “needy individual” when discussing patient volume. What does that mean?

EPs have to annually meet patient volume thresholds, measured by a ratio where the numerator is the total number of Medicaid patient encounters (or, in the case of EPs practicing predominately at FQHCs and RHCs, “needy individual” encounters (defined below)) over any representative continuous 90-day period in the most recent calendar year and the denominator is all patient encounters over that same 90-day period.

“**Needy individuals**” are individuals that meet one of the following:

- (1) Received medical assistance from Medicaid or the Children’s Health Insurance Program. (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act).
- (2) Were furnished uncompensated care by the provider
- (3) Were furnished services at either no cost or reduced cost based on a sliding scale determined by the individuals’ ability to pay

**Note – The “Needy Individual” encounters apply only to Eligible Professionals practicing in an FQHC/RHC setting.*