PURPOSE STATEMENT: This worksheet is designed to assist eligible professionals in collecting the information necessary to complete attestation for Needy Individual Patient Volume in the MPIP system. It may also help to identify all of the Medicaid providers contributing to a group's patient volume.

Needy Individual Patient Volume is calculated based one of the following reporting periods:
• **Any continuous 90-day period, beginning on the first day of the month in the previous calendar year; or**
• **Any continuous 90-day period, beginning on the first day of the month in the 12 months before the eligible professional's attestation.**

From Date (mm/dd/yyyy)	To Date (mm/dd/yyyy)

	Medicaid Provider Name	Medicaid Provider ID	If using the FQHC/RHC Group Practice/Clinic PV, enter Group Medicaid ID	Types of Needy Individual Patient Encounters			Patient Volume Numerator	Patient Volume Denominator
				Medicaid Encounters	Encounters furnished at no cost & calculated as being uncompensated care (minus bad debt) or charity care	Encounters paid for based on a sliding scale	Total Needy Individual Patient Encounters	Total Patient Encounters
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

This information is not intended to replace, change or obsolete any provisions of the published federal regulations at 42 CFR Part 495 or the Ohio Administrative Code department rules.