How to Calculate Patient Caseload

For purposes of this program, a patient caseload may be defined as annual office visits, panel of patients, payor mix, practice and/or time. Applicants do not need to be currently at 30% Medi-Cal to be eligible for the CalHealthCares program. If awarded, applicants must maintain a patient caseload of at least 30% Medi-Cal. The goal of this program is to improve access to care by Medi-Cal beneficiaries.

This information should be considered auditable self-attestation – this means that applicants will self-attest that they will be meeting the minimum 30 percent patient Medi-Cal caseload and within 10 percent of their Medi-Cal patient caseload proposed within their application. This self-attestation is subject to an audit. This information must be from a reliable and accurate source. Data may not be more than two years old. Applicants may be required to submit information to verify this response as well as describe how they calculated their existing Medi-Cal caseload.

Payor Mix
Payor mix can be determined by calculating the percentage of revenue coming from each payor.
Example:

- Out of the 100% revenue I have received as a provider for my services, determine the monies received by each payor
- In the previous year, 30% has been Medi-Cal, 50% has been private insurance, 5% has been self-pay, 10% has been Medicare and 5% has been dual-eligible

Panel of Patients
Panel of patients can be determined by calculating the number of patients a provider is responsible for managing. This is the number of patients on a provider's roster.
Example:

- The number of patients I am responsible for managing is a total of 1,500 on my roster
- 30% of 1,500 patients is 450 patients
- Of the 1,500 patients, 450 must be Medi-Cal

Annual Office Visits
Annual office visits can be determined by calculating the number of patients seen in a one-year timeframe.
Example:

- In the previous calendar year, I have seen a total of 1,900 patients
- 30% of 1,900 patients is 570 patients
- Therefore, of the 1,900 patients, 570 must be Medi-Cal
Practice and/or Time
Practice and/or time is determined by the amount of time you have spent with each patient.
Example:
- I work 5 days per week and my typical week consists of seeing Medi-Cal patients for 2 days and other insurance patients for 3 days
- 30% of 5 days per week providing patient is 1.5 days per week
- Of the 5 days per week, 1.5 days must be spent seeing Medi-Cal patients

Example:
- I work 40 hours per week and see 10 patients per week
- 30% of 40 hours per week is 12 hours per week
- Of the 40 hours per week, 12 hours must be spent seeing Medi-Cal patients

Multiple Practice Sites
For applicants who work at multiple practice sites, calculating patient caseload can be accomplished by using the formula below.
Example:
- I provide 30 hours of direct patient care a week at facility #1
- 80% of the patient population in facility #1 have Medi-Cal insurance
- I provide 20 hours of direct patient care at facility #2
- 50% of the patient population in facility #2 have Medi-Cal insurance
- My total hours of direct patient care per week for both facilities is 50

<table>
<thead>
<tr>
<th>Facility #1</th>
<th>Facility #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of direct patient care = 30</td>
<td>Hours of direct patient care= 20</td>
</tr>
<tr>
<td>Medi-Cal patient %= 80</td>
<td>Medi-Cal patient %= 50</td>
</tr>
</tbody>
</table>

30/50=60% x 80% = 48%
20/50=40% x 50% = 20%
48% + 20% = 68% patient caseload total

Formula:
Hrs. of direct pt. care per employer/total hrs. direct pt. care per week = XX%
XX% x Medi-Cal%= pt. caseload
Do this for both facilities and add the pt. caseload numbers to equal the final percent patient caseload

* Please note, for purposes of the CalHealthCares program, Medi-Cal for physicians is considered Medi-Cal HMO or Medi-Cal fee-for-service. Dual-Eligible beneficiaries are NOT considered Medi-Cal. Dentists may include Dual-Eligible beneficiaries as part of their patient caseload.