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.

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 year, I have seen a total of 300 patients
□ 30% of 300 patients is 90 patients
□ Of the 300 patients, 90 must be Medi-Cal

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

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
**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

* Please note, for purposes of the CalHealthCares program, Medi-Cal is considered Medi-Cal HMO or Medi-Cal fee-for-service. Dual-eligible beneficiaries are NOT considered Medi-Cal.