Important Content Update Message
We are currently updating the OP Help Center content for the release of OP 20. We appreciate your patience as we continue to update all of our content. To locate the version of your software, navigate to: **Help tab > About**.

Office Practicum Quality Improvement Calculator (QIC)

Last Modified on 05/22/2020 12:11 pm EDT

Version 14.19

About Office Practicum Quality Improvement Calculator (QIC)

Path: Tools tab > QIC button

Warning: The Medicaid MU Visit Calculator is only intended to provide OP users a tool for estimating Medicaid Visit Volume. The Medicaid MU Visit Calculator does not compile all the data required for Meaningful Use funding. Due to the unavoidable discrepancy between estimates calculated by the Medicaid MU Visit Calculator and the actual sum of E&M codes and the patients' insurance types (all of which is required for Meaningful Use funding), OP users must not use results calculated by the Medicaid MU Visit Calculator as part of their submissions for Meaningful Use funding. To calculate data that can be submitted for Meaningful Use, run the Billing Transaction Analysis report or the Reimbursement Analysis report depending on the billing process your practice uses

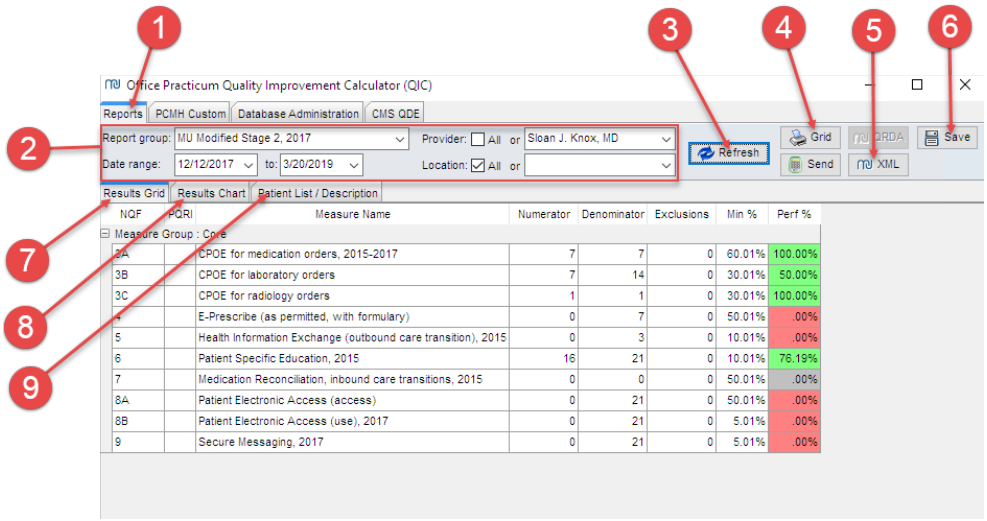
The **Office Practicum Medicaid Meaningful Use Visit Calculator** is a free tool published by Office Practicum that allows OP practices to determine whether they meet the statutory thresholds to qualify for MU funding. Eligible Professionals seeking to qualify under the Medicaid side of the MU program must prove that their Medicaid visit volume meets certain minimum requirements:

- **30% or more of visits**: Full Medicaid funding ($21,250 first year; $8,500 next five years)
- **20% - 30% of visits**: Two-thirds of the amounts above ($14,166 first year; $5,667 next five years)
- **0% - 20% of visits**: No Medicaid funding available

The determination of your funding level varies by state. In some states, this calculation is performed on a per-provider basis. In some other states, the entire practice can qualify under its group average. Still, in others, you may be able to choose whichever mode is most advantageous. Some states are providing their own calculators with which you must prove your visit volumes. If your state does per-provider accounting and you are close to the margins of these ranges, you might be able to concentrate your Medicaid visits with a subset of your providers. This could help you qualify for at least some (or enhanced) funding, even if your practice aggregate falls below 20% (or is just short of 30%).

If you need to learn more about Meaningful Use, read the **Office Practicum Meaningful Use Roadmap**. This document describes how the program has been changed to meet the Stage 1 requirements, and how your practice may need to change its protocols and procedures to qualify and comply with the required measures.

After running this tool, if you expect to qualify for Meaningful Use funds, please take our **Office Practicum Meaningful Use survey** (only once per practice, please!). A member of our staff will review your submission and contact you about adding any missing elements and creating an upgrade plan.



Office Practicum Quality Improvement Calculator (QIC) Map

Number	Section	Description
1	Reports tab	The Reports tab displays the calculated MU visit results based on the report criteria selected. The results are shown in a grid and a chart.
2	Report criteria	The MU visit Report Criteria selections establish the conditions that will produce the MU visit result. Criteria include Report Group, Provider, Location, Date Range.
3	Refresh button	The Refresh button performs the MU visit calculation again based on the report criteria selected.
4	Print button	The Print button prints the grid, chart, and patient list.
5	MU XML button	The MU XML button reports the contents of the grid as an xml document in CMS submission format.
6	Save button	The Save button saves the results to the database for future comparisons.
7	Results Grid	The results grid lists all the results based off the report criteria. Colors at the end of the table signify if the performance is being met (Green = Positive, Red = Negative, Grey = computation not required). Some terms to understand: • **Numerator**: Patients that satisfy the requirements. • **Denominator**: The number of patients that qualify to be computed. • **Exclusions**: Patients that meet the denominator requirements, but is not required to be computed. • **Min %**: Minimum performance percentage. • **Perf %**: Actual performance percentage.
8	Results Chart	The Results chart graphically displays the results that were listed in the results grid. The bar indicates performance. The Diamond indicated if the point where the minimum performance must be met. If the performance bar is below the diamond, then the minimum performance has not been met.
9	Patient List/Description	The Patient List/Description lists the patients that are meeting or not meeting the objectives. The Description field indicates the requirement details.

Version 14.10

About Office Practicum Quality Improvement Calculator (QIC)

Path: Tools Menu > QIC (MU Calculator) (Keyboard Shortcut keys: [Alt][T][Q])

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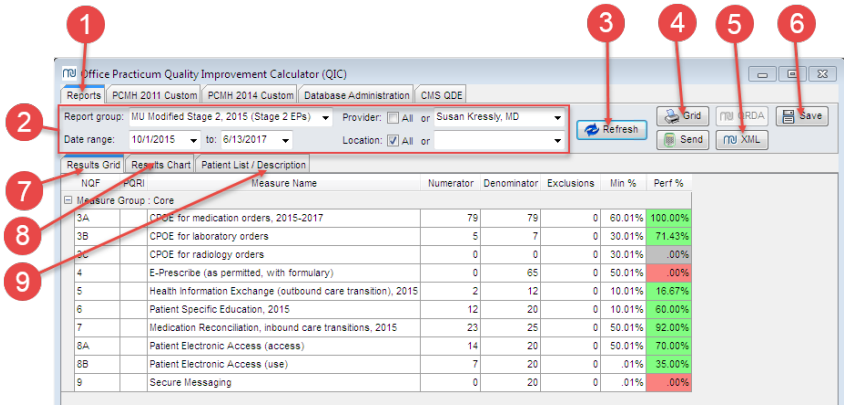

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