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Disclaimer

The Arizona Health Care Cost Containment System Administration (AHCCCS) is providing this material as an informational reference for physician, non-physician practitioner and providers.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare and Medicaid program is constantly changing, and it is the responsibility of each physician, non-physician practitioner; supplier or provider to remain abreast of the Medicare and Medicaid program requirements.


Important Notice – Third Party Attestation

The Arizona Medicaid Program does not allow third party attestation for Eligible Providers in the Electronic Provider Incentive Payment System (ePIP).

Eligible Providers should actively participate in the attestation process in ePIP.

Eligible providers are responsible for the completeness and accuracy of the information provided in their attestation in ePIP.
Have You Registered?

Before participating in the Arizona Medicaid EHR Program you must register with CMS (Federal).

Once registered with CMS, you must then complete your State registration.

For details on how to register, please refer to the link below.


The link will take you to the Registration Reference Guide as shown in the screen shot.

TIP
An Overview to AIU

Shown is the Eligible Professional Process Diagram that details the Adopt, Implement, Upgrade component of the Electronic Health Record (EHR) Incentive Program.

A full scale copy of this diagram, with active links, can be viewed at the following location:

TIP

Welcome to the AHCCCS Website

To navigate to the AHCCCS Main Website please follow the link: http://www.azahcccs.gov/ and click on the “Plans/Providers” Tab

As with any website, you can save this URL to your “Favorites” list.
The EHR Incentive Program

Select the option “EHR Incentive Program” under the “Current Providers” section.

You can come directly to this page by clicking on the following link: https://www.azahcccs.gov/PlansProviders/CurrentProviders/EHR/
Eligible Professional Documents

This link provides several tools to assist in registering for the EHR program.

Scroll down and click on the “Information on Eligible Professionals” link.

TIP
Documents and Guides

This page will provide you access to:

- Establishing Patient Volume
- The Process Diagram
- The ePIP Registration Reference Guide
- A worksheet to determine your eligibility.

Copies of these documents can all be saved to your computer as Excel Spreadsheets or PDF’s for work outside the website.
You can access the ePIP registration and attestation site by clicking on the ePIP icon in the middle of the screen (circled red) or using this direct link to ePIP: https://www.azepip.gov/

TIP

To begin the AIU Attestation process, click on the “ePIP” icon or the link below it.
Remember that before you can register with AHCCCS in ePIP, you must register with CMS.

TIP

The ePIP Home Page gives you the option to:

- Register
- log on to “Attest”
- Setup Electronic Funds Transfer
- Get a new password
- ETC.

TIP

Remember that before you can register with AHCCCS in ePIP, you must register with CMS.
Log On to ePIP

Your User Name is your AHCCCS Provider Number (APN). If you have forgotten your password, click the “here” hyperlink in response to “Forgot your password?” mid-page or select the option on the right margin as shown above, to reset your password.

After registering in ePIP:

Select “Log On” from the left side of screen (two options).

Enter your User Name (your AHCCCS Provider Number).

Enter the password that you created when you registered.
Welcome to ePIP

The “Welcome” page gives you several options:

- The Ability to Attest
- Submit Documents
- Track Payments
- Manage Your Account

Note that you must have 2014 Certified Electronic Health Record Technology (CEHRT) edition in order to successfully register.

If information for you or your contact person changes, make sure to update contact detail in “Manage My Account”.
Attesting for AIU

From the ePIP site, click on “Attest” then “Create New” to begin the AIU attestation process.

The direct link to ePIP is as follows: https://www.azepip.gov/

The worksheets and forms on page eight of this guide will help you complete the attestation process.
Adopt, Implement, Upgrade or Meaningful Use?

Whether you choose AIU or MU as your first year option, the incentive payment is the same. You cannot get an AIU and an MU payment in the same program year.

TIP

You must specify in ePIP whether you want to start the EHR Incentive Program with the Adopt/Implement/Upgrade (AIU) option or go directly to Meaningful Use (MU).

Once you make a selection and press “Save and Continue” You cannot reverse that decision without technical support from the EHR Team at AHCCCS.
Attestation Progress

You may exit ePIP and come back later and resume where you left off. This page will show you required actions that are not complete. The ability to begin completion of the fields in any section on this page is sequential. You must complete the sections in sequence (top down) to access subsequent sections.

Once you have completed a section the Action will be changes to “Modify”.

This guide assumes that you have chosen AIU as your first attestation option.

Click on “Begin” on the “Contact Information” line and complete the required fields.

Note that e-mail and phone contact detail under “Manage My Account” may often be generic to a group.

The required phone and e-mail fields in the “Contact Information” link on this screen ask for attestation specific information.

This protects the provider in the event of a relocation or change of practice.

Failure to respond to AHCCCS email may delay incentive payments to EPs.
Attestation Progress - Patient Volume

Using the “EHR Eligibility Worksheet” on page 9 of this document will help you determine patient volume.

Return to the “Attestation Progress Screen” and select “Begin” on the “Patient Volume” line.

You may attest as an individual provider using your patient volume data or if you are a member of a group practice, you may use the aggregate patient volume of the group.

If you are using the “Aggregate Patient Volume Methodology” of your group, all Eligible Professionals in the group must attest using the aggregate patient volume.

See the “Establish Practice Request Form” referenced on page 9 of this document for directions on aggregate patient volumes.
Patient Volume Criteria

Select which mix of patient volume type and methodology you wish:

- Medicaid patient volume and individual patient volume counts.
- Medicaid patient volume and group aggregate patient volume counts.
- Needy individual patient volume and individual patient volume counts.
- Needy individual patient volume and group aggregate patient volume counts.

Note there are several possible combinations of Patient Volume Types and Patient Volume Methodology for the Eligible Professional to select.

Not all of the screens are displayed in this guide.

Links to an “Eligibility Worksheet” for determining Patient Volume, Aggregate Patient Volume or Needy Individual Patient Volume is found on page 9 of this reference Guide.

An Eligible Professional “Establish Practice request Form” is also found on page 9.
Report Patient Volume

Enter the dates from the prior calendar year (90 days) that you wish to use to establish the Medicaid patient volume.

For example: If you are attesting to your Program Year 2016, you would want to select a 90 day period sometime between January 1, 2015 and December 31, 2015 that demonstrated that 30% of your patient volume was Medicaid (20% for Pediatricians).

Enter the total patient encounters.

Enter the Medicaid patient encounters.

Submission of Medicaid patient data from bordering states is optional.

EPs must attest in the state where services were provided.

A submission of border state Medicaid patient volumes is optional and only recommended if you are having trouble meeting the threshold for eligibility.

TIP

Border state patient volumes have to be verified with the state(s) involved and will slow down incentive payment approval.
Hospital Based Encounters

Identify the 12 month reporting period. (Prior Calendar Year)

Enter the total number of Medicaid patient encounters.

Enter the number of Medicaid inpatient encounters.

Enter the number of Emergency Department Medicaid patient encounters.

If the Medicaid Hospital Base numerator is zero (0) you must enter a zero (0), however the denominator must be reported for a 12 month period.

Give yourself plenty of lead time to obtain your hospital encounter data.
Provider Eligibility Results

To qualify for the Medicaid EHR Incentive Program, no more than 90% of your Medicaid patient encounters, in the prior calendar year can be in an inpatient hospital (POS 21) or Emergency Department (POS 23) of a hospital.

ePIP will automatically compute your eligibility status based on your number of inpatient hospital and Emergency Department encounters as a percentage of your total Medicaid encounters.
Please be sure to retain all records to support the numbers in your attestation for a period of 6 years. Failure to provide sufficient support of attestation information could result in forfeiture of the incentive payment.

Once you have uploaded this data, you can verify the upload by scrolling through the document list to verify the most recent uploads or using the “Manage Documents” tab on the left of the screen.

Do not e-mail this data. That places you at risk for a significant security breach and HIPAA violation. Use the “Upload Document” tool in ePIP.
AIU Supporting Documents

Upload AIU supporting Documentation (i.e. vendor contract, including signature page, date purchased etc..)

It is important that you remember where you obtained the data that you submitted to ePIP so that you can reproduce that same data in the event of an audit.

TIP
Attestation Progress- Patient Volume Report

Select “Begin” on the “Patient Volume Report” line to upload your supporting documentation.

Upload the file from your computer that establishes Medicaid Patient Volume.

If aggregate data has previously been submitted, EPs need to submit a simple Word document stating that aggregate data was submitted prior to attestation.

See Appendix A for an example of the patient volume data that should be submitted.

Do not e-mail this data to AHCCCS. Use the “Upload”

Please be sure to retain all records to support the numbers in your attestation for a period of 6 years. Failure to provide sufficient support of attestation information could result in forfeiture of the incentive payment.

TIP Once you have uploaded this data, you can verify the upload by scrolling through the document list to verify the most recent uploads or using the “Manage Documents” tab on the left of the screen.
Upload Document- Patient Volume Report

Upload the file from your computer that establishes Medicaid Patient Volume.

If aggregate data has previously been submitted, EPs need to submit a simple Word document stating that aggregate data was submitted prior to attestation.

See Appendix A for an example of the patient volume data that should be submitted.

Do not e-mail this data to AHCCCS. Use the “Upload Document” tool in ePIP.

If there are questions, contact the EHR Team at 602-417-4333 or e-mail ehrincentivepayments@azahcccs.gov
Attestation Progress – Medicaid Hospital Base Report

Select “Begin” on the “Hospital Base Report” line.

If Zero (0) is entered for “Hospital Base”, then you will see “N/A Zero Hospital Encounters Entered” in the “Action” field. This step is considered complete.

Eligible professionals may not be hospital based.

“Hospital based” is defined as seeing more than 90% of your Medicaid covered services in an inpatient hospital or Emergency Department.

If you have seen patients on an inpatient setting or in the ED, you may need to obtain patient data from the hospital(s).
Report Hospital Based Encounters

Enter the 12 month period from the prior calendar year for the Program Year in which you are attesting.

If Medicaid Hospital Base numerator is zero (0) then no action is required under Hospital Base document submission.

The data required for reviewing your hospital based Medicaid patient encounters (Inpatient and Emergency Department) must be for the full prior calendar year prior to the year in which you are attesting.
Attestation Progress Complete

All Attestation Progress fields should now show “Completed”.

Click “Continue Attestation”.

If you wish to modify any of your data, click “Modify” under the Action column.
The top six fields on this page will be auto populated by ePIP.

The “Employer” field is a required field to proceed.

Check this box to activate the “Submit Attestation” button.

Clicking on this link will give you access to IRS form 1099.

You must click “Save & Continue” button to submit your attestation.

TIP

If ePIP recognized the submission of your attestation, you should next see an “Attestation Agreement/Disclaimer” page. If you do not, make sure that all required fields on this page are complete and click “Save & Continue”.

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Attestation Agreement/Disclaimer

You must choose whether you have adopted, implemented or upgraded certified electronic health record technology.

In this example, a provider has indicted that she/he upgraded existing technology.

Carefully read the attestation Notification and Disclaimer.

Check this box if you agree to the disclaimer.

Click “Submit Attestation” to submit your application.

Important: Only the Eligible professional is legally allowed to submit an attestation in the Medicaid Electronic Health Record Incentive Program. If ePIP received your attestation submission, your next screen should be “Attest”.

TIP
Congratulations.

Your CEHRT number and Attestation Date will be automatically populated.

Your attestation will now be processed by the AHCCCS team.
### Appendix A – Patient Volume Report Fields

#### Report Fields

<table>
<thead>
<tr>
<th>Description</th>
<th>Field Format</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service</td>
<td>MM/DD/YYYY</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Patient Name</td>
<td>Alpha</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Patient Date of Birth</td>
<td>MM/DD/YYYY</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Unique Patient Identifier (Patient ID / AHCCCS Member ID / SSN)</td>
<td>Varies</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Rendering/Servicing Provider</td>
<td>Alpha</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Charge Amount</td>
<td>Numeric</td>
<td>Optional</td>
</tr>
<tr>
<td>Paid Amount</td>
<td>Numeric</td>
<td>Optional</td>
</tr>
<tr>
<td>Payer Financial Class (Primary/Secondary/Tertiary)</td>
<td>Alpha</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Medicaid, CHIP (Kidscare), Medicare, Private insurance, Self-Pay, Commercial, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Correctional Facilities: Use Medicaid or Non-Medicaid description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Service (POS)</td>
<td>Alpha or Numeric</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Professional claims as referenced in the Current Procedural Terminology manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim/Encounter ID (needed only if the EHR Staff is unable to locate the claim)</td>
<td>Numeric</td>
<td>Optional</td>
</tr>
<tr>
<td>Visit Count</td>
<td>Numeric</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Unique visit count required in numerator &amp; denominator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Varies</td>
<td>Optional</td>
</tr>
</tbody>
</table>

*Correctional Facility is a practice location for providers rendering care to inmates in a prison, jail, reformatory, workfarm, detention center, or any other similar facility maintained by Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
Appendix B – Frequently Asked Questions

<table>
<thead>
<tr>
<th>Q</th>
<th>What is the difference between the Medicare and the Medicaid EHR Incentive Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>With Medicare, there is no minimum threshold of Medicare patients that must be seen by an Eligible Professional (EP) to qualify for incentives. Incentives for those EPs attesting for the first time in 2014 total $23,520 over 3 years with the first attestation being for 90 continuous days in a calendar year. With Medicaid, Eligible Professionals must have 30% of their patient population be Medicaid members (20% for Pediatricians). For EPs attesting for the first time in 2011 through 2016, incentives total $63,750 over 6 years.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q</th>
<th>Can I skip a year after I have started the EHR incentive program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Those EPs in the Medicare EHR incentive program must attest in consecutive years. Those EPs in the Medicaid EHR incentive program can skip a year without penalty. It is not necessary to notify Medicaid that you are skipping a year. When you continue, you continue in the program year that you would have started in if you had not skipped a year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q</th>
<th>After Registration, what supporting documentation do I need to complete my attestation for Stage 2 of the EHR Incentive Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>To attest to Stage 2, you will need to document the following information: The Patient Volume Reporting Period (90 Days) data from the prior calendar year that precedes your program year. This establishes your Medicaid and total patient volumes. The Hospital Based Reporting Period (12 Months) from the entire prior calendar year that precedes your payment year that establishes your Medicaid and total patient volumes. The Patent Volume Methodology that you choose: For Individual Patient Volume Methodology: • Patient Volume criteria is based on Provider’s data • Hospital-Based criteria is based on Provider’s data For Aggregate Patient Volume Methodology:</td>
</tr>
</tbody>
</table>
- Patient Volume criteria is based on Practice’s data
- Hospital-Based criteria is based on Provider’s data

**The Total Patient Encounters (Individual or Practice Aggregate)**

**The Medicaid Patient Encounters (Individual or Practice Aggregate)**

**The Hospital-Based Patient Encounters (Medicaid Title XIX Inpatient Hospital & Emergency Department)**

**Note:** Non-Hospital-Based Criteria

EPs selecting Medicaid Patient Volume Type cannot be hospital-based. Hospital-Based Patient Encounters are encounters received at an inpatient hospital or an emergency department place of service. Hospital-Based EPs who have 90 percent or more of their covered professional services in a hospital setting during the 12-month reporting period.

<table>
<thead>
<tr>
<th>Q</th>
<th>Can a provider attest multiple times in a calendar year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>It is possible for a provider to attest multiple times in a calendar year as long as the attestations are for separate Program Years. For instance, a 2014 attestation could be completed during the Program Year 2014 tail period in 2015 and a Program Year 2015 attestation could be completed later in 2015, assuming that a payment decision has been issued for the Program Year 2014 attestation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q</th>
<th>Can a provider receive multiple attestation payments in a calendar year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>It is possible for a provider to receive multiple attestation payments in a calendar year as long as the payments are for separate Program Years.</td>
</tr>
<tr>
<td>Q</td>
<td>I am ready to start a new attestation but I do not see that option when I log in to ePIP. What are the possible reasons for such?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>A</td>
<td>If a payment decision has not been issued for the prior Program Year in which you attested, you cannot begin a new Program Year attestation. If your previous attestation was denied or rejected, you may need to have your attestation capabilities unlocked. In any instance where you cannot start a new Program Year and you believe you should be able to, please contact the EHR Incentive Program team at 602-417-4333 or <a href="mailto:EHRIncentivePayments@azahcccs.gov">EHRIncentivePayments@azahcccs.gov</a>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q</th>
<th>I have successfully submitted my attestation; how long will it take to receive a payment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Once an attestation has been successfully submitted, it must go through the pre-payment audit process. The EHR Incentive Team strives to complete the process within eight (8) weeks of attestation; however, if there are questions about the data submitted or missing information, it can take longer to issue a decision and release a payment (if the attestation is approved). If you have payment inquiries, please contact the EHR Incentive Program team at 602-417-4333 or <a href="mailto:EHRIncentivePayments@azahcccs.gov">EHRIncentivePayments@azahcccs.gov</a>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q</th>
<th>I am choosing to reassign my attestation payment to my practice. Will I have any financial liability if I do so?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>At this time, AHCCCS only issues 1099s to actual recipient (payee) of the attestation funds. If you have reassigned your payment to your practice, you will not personally receive a 1099 for those monies. For more information on 1099s, visit the AHCCCS website at <a href="https://www.azahcccs.gov/PlansProviders/CurrentProviders/EHR/">https://www.azahcccs.gov/PlansProviders/CurrentProviders/EHR/</a>. Look for the IMPORTANT ATTESTATION PAYMENT INFORMATION about halfway down the page.</td>
</tr>
</tbody>
</table>
Appendix C – Electronic Funds Transfer (EFT)

The Arizona Health Care Cost Containment System (AHCCCS) will only transfer funds for the Electronic Health Records Incentive Program electronically.

This direct link below will take you to the Automated Clearing House (ACH) Vendor Authorization Form where you will find step by step instructions for completion.

https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html