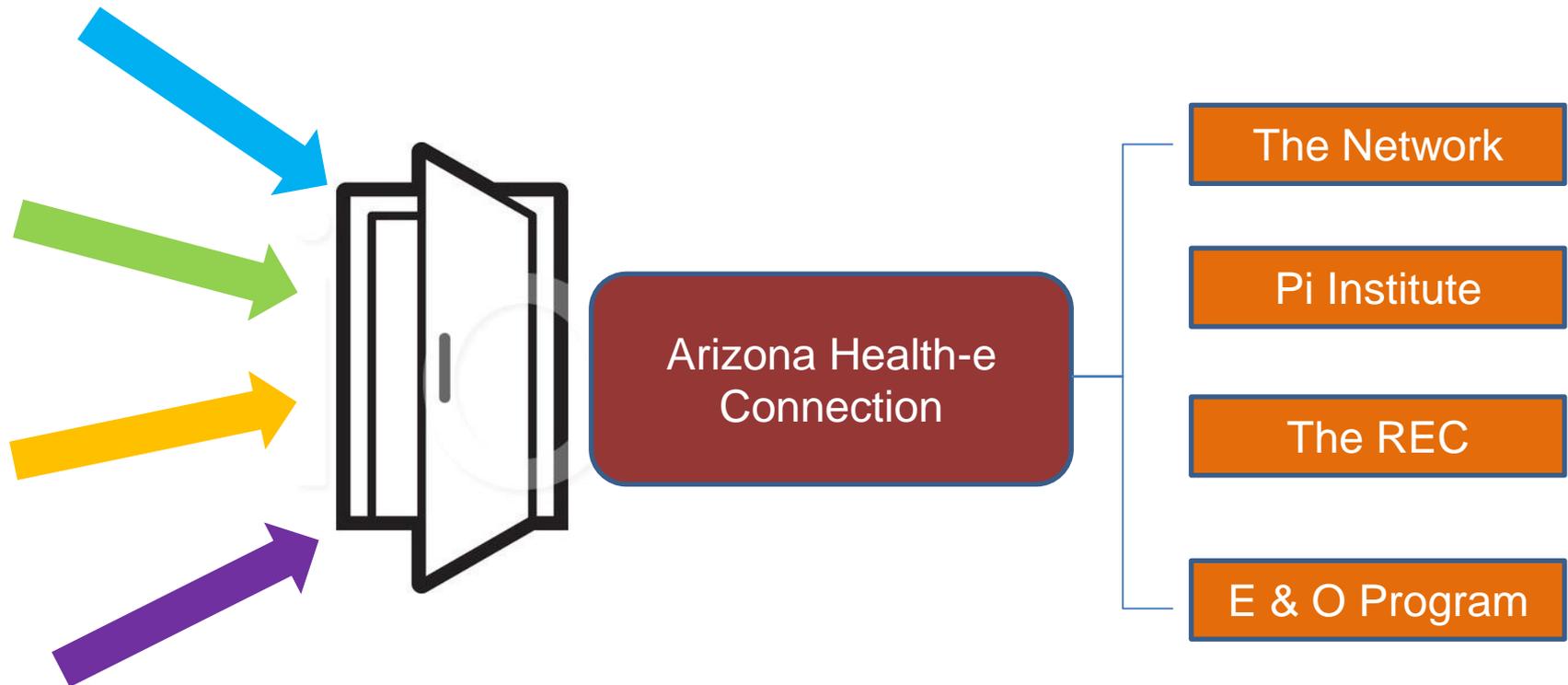


AHCCCS EHR Incentive Program

Medicaid Aggregate Patient Volume

- Introductions
- Arizona Health-e Connection
- Key Terms to Know
- Aggregate Patient Volume
- Federal Specific Rules
- State Specific Rules
- Establish Practice Request Form
- Medicaid Patient Volume Calculation
- Patient Volume Report Layout
- Questions/Next Steps
- Resources

One door for all HIT/HIE needs...



Key terms to know

- **Medicaid Patient Encounters** include services rendered on any one day to a Medicaid Title XIX **enrolled** individual, regardless of payment.
- Patient encounters are measured by counting **unique visits** based on date of service per provider per patient. Multiple claims for the same patient on the same day are counted as one visit for each rendering provider.
- **The Medicaid Patient Volume percentage** is defined as the total Medicaid Patient Encounters in any representative continuous 90-day period in the **preceding year**, divided by the total of all patient encounters in the same 90-day period.

Aggregate Patient Volume

- Eligible Professionals (EPs) who work in a Group Practice or Clinic are permitted to use the Practice's data to qualify for the EHR Incentive Program's patient volume criteria.
- All EPs working in the Practice have agreed to use the Aggregate Patient Volume Methodology.
- The Aggregate Patient Volume Methodology uses the Practice's patient encounters for the entire Practice (multiple providers) but can be used as a proxy for all EPs in the Practice if all the conditions are met.

Federal Specific Rules

- Practice's patient volume is appropriate as a patient volume methodology calculation for the EP (*i.e. If an EP only sees Medicare, commercial or self-pay patients, this is not an appropriate calculation*).
- There is an auditable data source to support the Practice's patient volume determination.
- All of the EPs in the Practice must use the same methodology for the payment year.
- The Practice uses the entire Practice's patient volume and does not limit patient volume in any way.
- If EP works both inside and outside of the Practice, then the patient volume calculation includes only those encounters associated with the Practice and not the EP's outside encounters.

State Specific Rules

- All EPs in the practice must use the same aggregate patient volume data for the payment year.
- EPs employed during the payment year are permitted to use the Practice's aggregate patient volume data if meeting the Federal Specific Rules. ***In the event of an audit, the Practice and the EP must successfully demonstrate these EPs have satisfied these requirements during the payment year.***

Establish Practice Request Form



AHCCCS Online

▼ Health Plans

▼ New Providers

▲ Current Providers

Provider Website

Provider Reenrollment

CRS Referrals

ALTCS Electronic Member Change Request (EMCR)

Self Directed Attendant Care



Providers under the Arizona Medicaid program are eligible to participate in the Arizona EHR Incentive Program if they meet the EHR Incentive Program requirements.

Medicaid EPs include:

Physicians

Nurse Practitioners

Certified Nurse - Midwife

Dentists

Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by the Physician Assistant

- [Establish Group Practice Request Form](#)

Practice Letter Of Intent

ABC Medical Group
123 Road Drive
Anywhere, AZ 12345-6789

January 6, 2014

RE: Establish Practice in ePIP System for Aggregate Medicaid Patient Volume Methodology

EHR Incentive Program Staff
Arizona Medicaid EHR Incentive Program
EHRIncentivePayments@azahcccs.gov

Dear EHR Incentive Program Staff:

The Eligible Professionals (EPs) at our practice have agreed collectively to use the practice's data to qualify for the EHR Incentive Program's patient volume criteria.

We've validated that our EPs met the Federal and State Specific Rules explained under the Aggregate Patient Volume Methodology provision. Please establish our practice in your EHR Incentive Program system for the **2015** EHR Incentive Program year. Attached is our worksheet with our Practice data and our documentation demonstrating that we have Adopted (*or enter Implemented or Upgraded*) certified EHR technology.

Sincerely,

Jenny Doe

Jenny Doe
Office Manager, 602.555.1212, jdoe@amg.org
ABC Medical Group

Practice Information

Arizona Medicaid EHR Incentive Program

Aggregate Patient Volume Methodology

PRACTICE REQUEST FORM

PRACTICE INFORMATION

Complete Shaded Areas

Group Legal Business Name:		
Group Doing Business As (dba) Name:		
Group TIN (EIN):		
Group NPI:		
Group AHCCCS Provider Number:		
Practice Facility Type	Medical Group	
Contact Name @ Practice:		
Contact Phone:		
Contact Email Address:		
Program Participation Year (YYYY) :	2015	
EHR Technology Attestation Type 1st Year:	Select from Drop Down Box	
EHR Technology Attestation Type Subsequent Years:	Meaningful Use	
EHR Vendor Name:		Message Box
CMS EHR Certification ID:		ALERT
Patient Volume Type:	Medicaid Patient Volume	PV Dates Entered
Patient Volume Reporting Period (Start/End):	to	Not a 90-day period

Practice Information continued

PRACTICE PATIENT VOLUME

Complete Either Medicaid Patient Volume Section or Needy Patient Volume Section

Notice: Use of out-of-state patient encounters triggers eligibility verification if the data is needed to meet the volume requirements.

Medicaid Patient Volume Type

Notice: Stage 2 Regulation Change effective January 1, 2013: Medicaid Title XIX Patient Encounters include services rendered on any one day to a Medicaid Title XIX enrolled individual, regardless of payment.*

Report Patient Encounters	Medicaid Title XIX*
Arizona Medicaid Patient Encounters	
California Medicaid Patient Encounters	
Colorado Medicaid Patient Encounters	
Nevada Medicaid Patient Encounters	
New Mexico Medicaid Patient Encounters	
Utah Medicaid Patient Encounters	
Practice Total Medicaid Patient Encounters	0
Practice Total Non-Medicaid Patient Encounters	0
Practice Total Patient Encounters	
Practice Patient Volume Percentage	-

Staff Roster

Staff Roster: List All Providers Currently Employed in Your Practice (indicate which providers will be linked to your Practice Patient Volume)

AHCCCS				
Provider Name	Provider Number	Provider Type	Link PV	Practice Comments
Betty Smith	123456	PA	No	Not eligible for the program
Ed Jones	987654	MD	Yes	
Cindy Lue	234556	MD	Medicare	Did the Medicare program at a different practice
John Wyatt	665543	MD	Other	Works partime at our practice
Rebecca Justice	551236	NP	Yes	

Complete Tab B of the Establish Practice Request Form with **all** of the providers currently employed at your practice. Providers must be listed even if they are not eligible for the Medicaid Incentive Program

Action:

- YES Using our practice's data
- NO Not applying for program
- IND Does not agree to AGG
- OWN Using own practice PV
- OTHER Using other practice's PV
- */TERM Explain in Comments
- MEDICARE Applying for Medicare

Providers in 90 Day Reporting Period

List Medicaid Providers in Your 90-Day Patient Volume Reporting Period

Provider Name	AHCCCS Provider Number	NPI	AHCCCS Results	Practice Response To Results
Betty Smith	123456	1234567899		
Ed Jones	987654	5555555555		
John Wyatt	665543	6666666666		
Rebecca Justice	551236	9876543211		
Wayne Byrd	448448	2223334445		

Complete Tab C of the Establish Practice Request Form with **all** of the Medicaid providers included in your 90-day reporting period. They must be included even if they are no longer employed at your practice.

Medicaid Patient Volume Calculation

Medicaid Patient
Volume %



Medicaid Title XIX

Medicaid
Title XIX

CHIP
Title XXI

Medicare
Title XVIII

Private
Insurance

Self-Pay

Commercial

Sliding
Scale

Patient Volume Report Layout

Description	Field Format
Date of Service	MM/DD/YYYY
Patient Date of Birth	MM/DD/YYYY
Patient Identifier (<i>unique ID or if not available, SSN</i>)	Alpha or Numeric
Patient Insurance ID (<i>AHCCCS Member ID or Other Member ID</i>)	Alpha or Numeric
Patient Name	Alpha
Payer Financial Class <i>Medicaid, CHIP (KidsCare), Medicare, Private Insurance, Self-Pay, Commercial, etc.</i> <i>Correctional Facilities: Use Medicaid or Non-Medicaid description</i>	Alpha
Payer Medicaid Coordination of Benefits (<i>Medicaid Title XIX only</i>) <i>(Medicaid Primary, Medicaid Secondary, Medicaid Tertiary, etc.)</i>	Alpha
Place of Service (POS) Codes (<i>include all Place of Services</i>) <i>Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.</i>	Alpha or Numeric
Rendering/Service Provider	Alpha
Visit Count - Numerator (<i>unique visit count required</i>) <i>Enter 0 = not unique visit or 1 unique visit</i>	Numeric
Visit Count - Denominator (<i>unique visit count required</i>) <i>Enter 0 = not unique visit or 1 unique visit</i>	Numeric

*Correctional Facility is a practice location for providers rendering care to inmates in a prison, jail, reformatory, work farm, 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.

Medicaid Hospital-Based

- A hospital-based provider furnishes 90% or more of their Medicaid Title XIX covered professional services in a hospital setting in the 12 months preceding the program year.
- A hospital setting is:
 - A Hospital inpatient setting (Place of Service 21)
 - Emergency Department setting (Place of Service 23)
- The Medicaid Hospital-Based calculation uses only Medicaid Title XIX Patient Encounters and is measured over a continuous 12-month period in the prior calendar year.

Medicaid Hospital-Based Calculation

Medicaid Title XIX
Inpatient Hospital
POS 21



Medicaid Title XIX
Emergency Department
POS 23

Numerator: Medicaid XIX
Hospital-Based Patient Encounters
[Place of Service 21 & 23 only]

All Medicaid Title XIX

Denominator: All Medicaid Title XIX Patient
Encounters [Any Place of Service]

Hospital-Based Report Layout

Description	Field Format
Date of Service	MM/DD/YYYY
Patient Date of Birth	MM/DD/YYYY
Patient Identifier (unique ID or if not available, SSN)	Alpha or Numeric
Patient Insurance ID (AHCCCS Member ID or Other Member ID)	Alpha or Numeric
Patient Name	Alpha
Payer Financial Class <i>Medicaid, CHIP (KidsCare), Medicare, Private Insurance, Self-Pay, Commercial, etc.</i> <i>Correctional Facilities: Use Medicaid or Non-Medicaid description</i>	Alpha
Payer Medicaid Coordination of Benefits (Medicaid Title XIX only) <i>(Medicaid Primary, Medicaid Secondary, Medicaid Tertiary, etc.)</i>	Alpha
Place of Service (POS) Codes (include all Place of Services) <i>Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.</i>	Alpha or Numeric
Rendering/Service Provider	Alpha
Visit Count - Numerator (unique visit count required) <i>Enter 0 = not unique visit or 1 unique visit</i>	Numeric
Visit Count - Denominator (unique visit count required) <i>Enter 0 = not unique visit or 1 unique visit</i>	Numeric

*Correctional Facility is a practice location for providers rendering care to inmates in a prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by Federal, State or local authorities for the purpose of confinement or rehabilitation

EHR Technology (CEHRT)

- **Submit documentation showing that your Practice has Adopted, Implemented or Upgraded (AIU) to certified EHR technology** (*include documentation that shows a legal contractual obligation between the Practice and the vendor*).
- **When applicable, submit documentation of the certified EHR technology (CEHRT) system that was used by the providers in your Practice to demonstrate Meaningful Use** (*include vendor name, product name, product version number & product classification as referenced on the ONC Certified Health IT Product List*).
- **Submit a screen shot from the About Page of your EHR System that shows the version of your system.**

Questions/Next Steps

Contact us to get started!

Arizona Health-e Connection (AzHeC)

602-688-7211

Email: ehr@azhec.org

AHCCCS EHR Help Desk

Contact AHCCCS EHR Help Desk for questions concerning registration, attestation and payment.

602-417-4333

Email: EHRIncentivePayments@azahcccs.gov

Website:

<https://www.azahcccs.gov/PlansProviders/CurrentProviders/EHR/>

CMS

Resources and Support

➤ **Help Desk**

Contact the EHR Information Center Help Desk for Questions concerning registration, (888) 734-6433 option 1 / TTY: (888) 734-6563

Hours of operation: 7:30 a.m. – 6:30 p.m. (Central Time) Monday-Friday, except on Federal holidays

➤ **Documentation**

Official Website for CMS for both Medicare and Medicaid EHR Incentive Program Support:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

Be sure to view the “Educational Resources” link on the left of the page for access to a great library of supporting documentation.

➤ **NPPES Help Desk**

For NPPES Help Desk for assistance visit:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

(800) 465-3203 / TTY (800) 692-2326

Arizona Resources and Support

➤ **Electronic Funds Transfer (EFT)**

Contact AHCCCS DBF Programmatic Payables Unit for questions regarding your EFT account.

Phone: 602-417-4175

Link: <http://www.azahcccs.gov/commercial/FFSclaiming/directdeposit.aspx>

➤ **Provider Registration**

Contact AHCCCS Provider Registration Unit for questions regarding your AHCCCS Provider Number, NPI, and TIN.

Phone:

In Maricopa County: 602-417-7670 and select option 5

Outside Maricopa County: 1-800-794-6862

Out-of-State: 1-800-523-0231

Link: <https://azahcccs.gov/PlansProviders/NewProviders/registration.html>

➤ **National Indian Health Board AI/AN National REC:**

Link: <http://www.nihb.org/rec/rec.php>