

EHR Incentive Program



Medicaid Patient Volume & Hospital Encounters



Agenda

- Introductions
- Health Current
- Key Terms to Know
- Medicaid Patient Volume Calculation
- Patient Volume Report Layout
- Medicaid Hospital Based
- Medicaid Hospital Based Calculation
- Questions/Next Steps
- Resources

Arizona Health-e Connection is now **Health Current**

Where We've Been

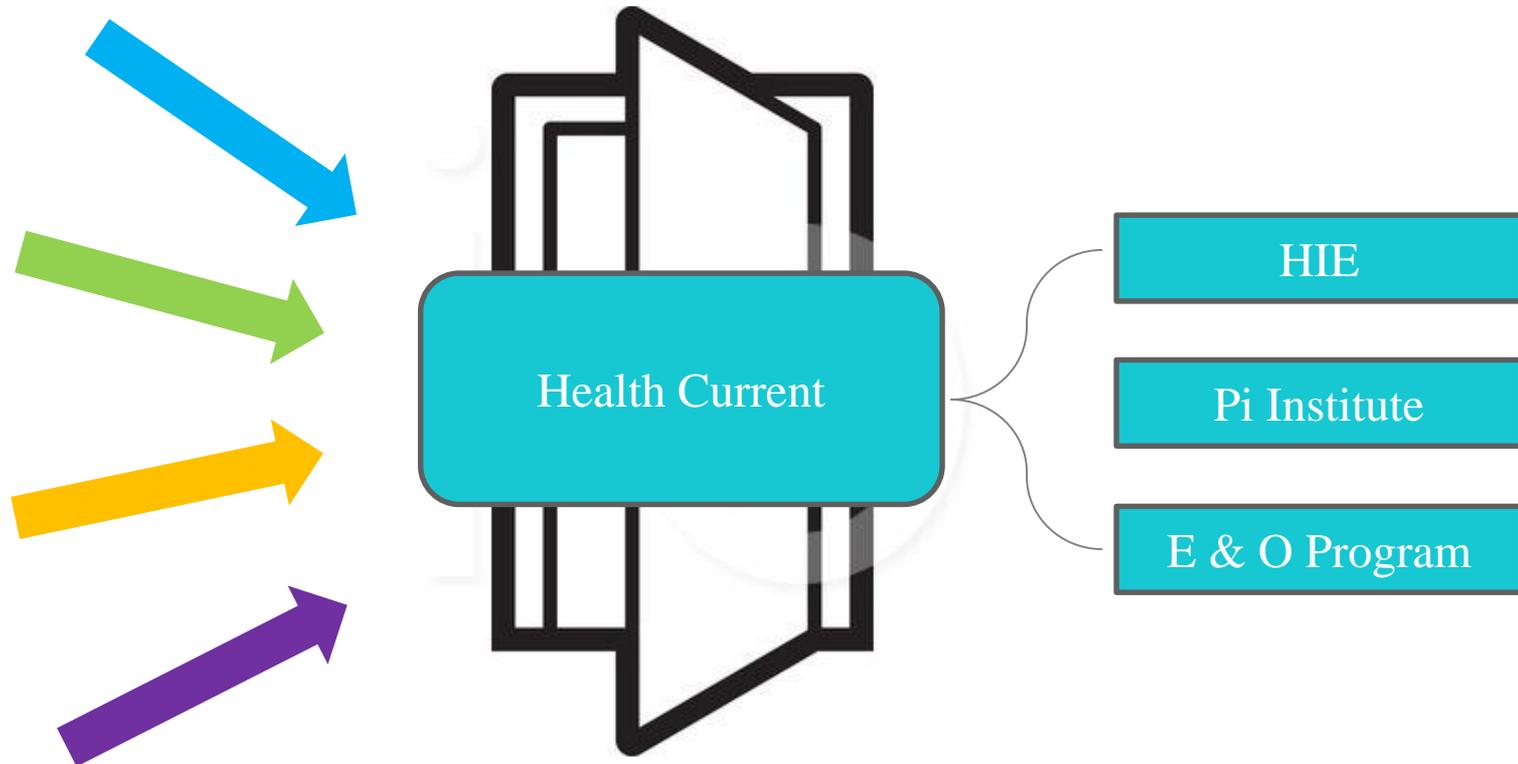
More complete information leads to better care and better outcomes. That's why we've worked for more than ten years to become Arizona's primary resource for information technology and exchange. As we've grown, our core goal has remained the same: help providers use information technology to improve peoples' lives.

Our new name reflects what we have become: a partner that gives providers the information they need to make better clinical decisions and keep people healthy.

Where We're Headed

More complete information is more meaningful. It makes healthcare transformation possible. And Health Current is central to this progress, integrating information technology and care delivery to improve the health and wellbeing of individuals and communities.

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

Qualifying Patient Volume Percentage Thresholds

Entity	Minimum 90-day Medicaid Patient Volume Threshold	Or the Medicaid EP practices predominantly in an FQHC or RHC – 30% needy individual patient volume threshold
Physicians	30%	
Pediatricians	30% or optional 20%	
Dentists	30%	
Certified Nurse Midwives	30%	
Physician Assistants when practicing at an FQHC/RHC led by a PA	30%	
Nurse Practitioner	30%	

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 (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/Servicing 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 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 XI
X 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 (<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
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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

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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!

Health Current (formerly AzHeC)

602-688-7211

Email: ehr@healthcurrent.org

www.healthcurrent.org

AHCCCS EHR Help Desk

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

602-417-4333

Email: EHRIncentivePayments@azahcccs.gov

AHCCCS Website:

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.

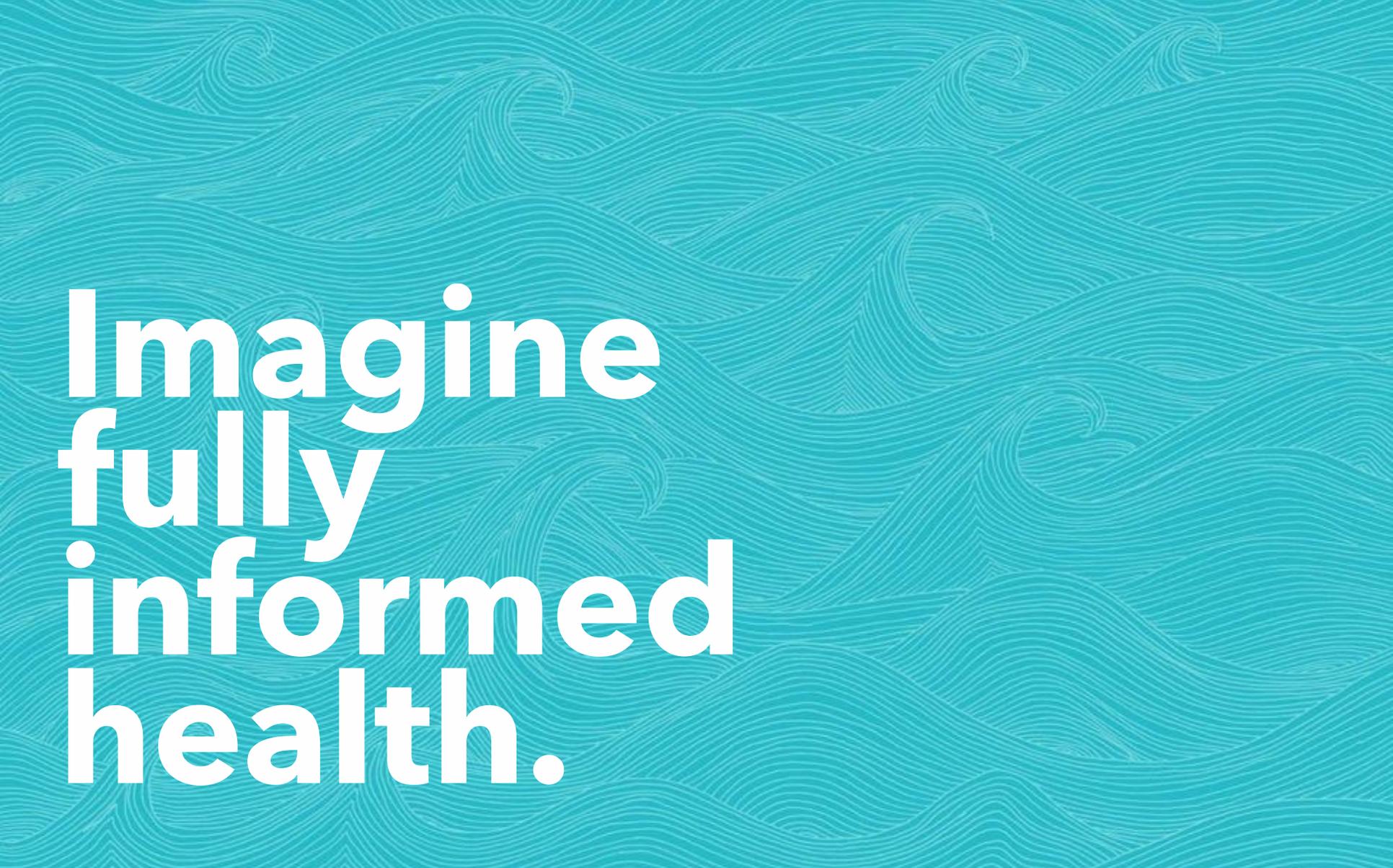
Phone:

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

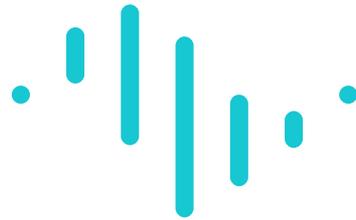
-Outside Maricopa County: 1-800-794-6862

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

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



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fully
informed
health.**



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