AHCCCS
Arizona Health Care Cost Containment System

AHCCCS EHR Electronic Provider ePIP Incentive Payment System

Needy Patient Volume for Eligible Professionals

Regulation

Effective January 1, 2013 and beyond, Needy Patient Encounters are as follows:

(a) Medicaid Patient Encounters include services rendered on any one day to a Medicaid Title XIX **enrolled** individual, regardless of payment.

(b) Children's Health Insurance Program (CHIP) Patient Encounters included services rendered to an individual on any one day where CHIP paid for part or all of the service, individual's premiums, co-payments, and/or cost sharing;

(c) Patient Encounters for services rendered to an individual on any one day on a sliding scale or that were uncompensated.

The Needy Patient Volume is the percentage of the total Needy 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 multiplied by 100. Needy Patient Encounters are the sum of Medicaid Title XIX, CHIP Title XXI and 'Patients Paying Below Cost'.

Note: Only EPs in a FQHC/RHC has the option of selecting either Medicaid Patient Volume or Needy Patient Volume.

The qualifying patient volume thresholds for the Medicaid EHR Incentive Program are given in the following:

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 physician assistant	30%	
Nurse Practitioner	30%	

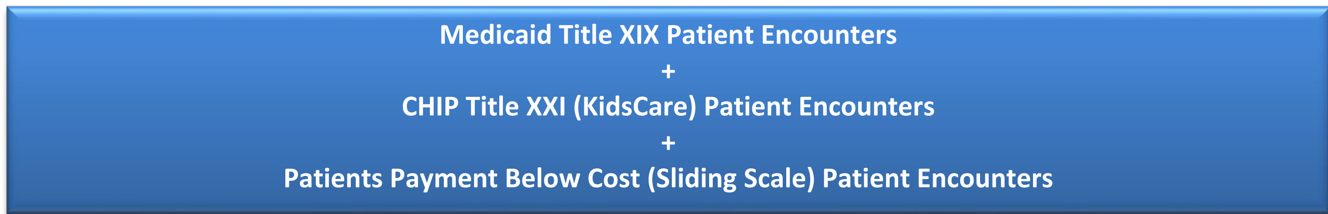
Needy Patient Volume Calculation

The components for the Needy Patient Volume Calculation using **all** places of services are as follows:

The Patient Volume Report must support the below calculation.

- Numerator *(Needy Patient Encounters)*:
  ➥Needy includes Medicaid Title XIX, CHIP Title XXI *(KidsCare)* & Patients Paying Below Cost *(Sliding Scale)*

- Denominator: All Patient Encounters [Needy + Non-Needy]
  ➥Non-Needy includes Medicare, Private Insurance, Self-Pay, Commercial, etc.



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Counting Patient Encounters

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.

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 *Medicaid, CHIP (KidsCare), Medicare, Private Insurance, Self-Pay, Commercial, etc.* *Correctional Facilities: Use Medicaid or Non-Medicaid description*	Alpha
Payer Name *(if applicable specify Health Plan Name)*	Alpha
Payer Health Plan ID / Site ID *(Medicaid or CHIP)*	Numeric
Payer Medicaid/CHIP Coordination of Benefits ✓For Medicaid Title XIX: *Enter Medicaid Primary, Medicaid Secondary, Medicaid Tertiary, etc.* ✓For CHIP (KidsCare) Title XXI: *Enter CHIP Primary, CHIP Secondary, CHIP Tertiary, etc.*	Alpha
Place of Service (POS) Codes *(include all Place of Services)* *Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.*	Alpha or Numeric
Rendering/Servicing Provider Name	Alpha
Visit Count - Numerator *(Enter 1= unique visit; 0 = duplicate visit)*	Numeric
Visit Count - Denominator *(Enter 1= unique visit; 0 = duplicate visit)*	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.* ***NOTE:* *Incarceration & Release Date must be included in your report.*

Practice Predominantly Determination for Eligible Professionals

Providers selecting the Needy Patient Volume Type are evaluated for their Practice Predominantly determination.

Practice Predominantly is defined as an EP for whom the clinical location for over 50 percent of his/her patient encounters over a period of 6 months in the prior calendar year occurs at FQHC/RHC facilities.

Clinical locations where services are rendered are classified as FQHC/RHC Facilities and Non-FQHC/RHC Facilities.

FQHC and RHC facilities:
- FQHC (Place of Service 50)
- RHC (Place of Service 72)

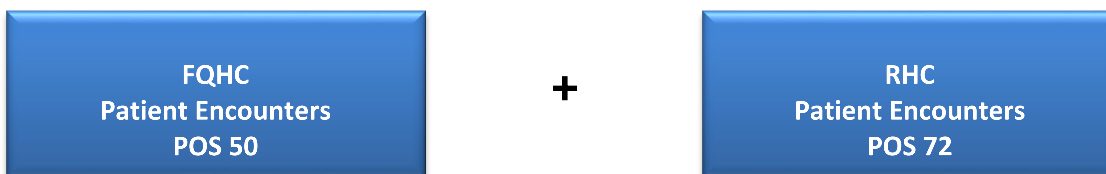
Non-FQHC/RHC facilities:
- All Other Place of Services

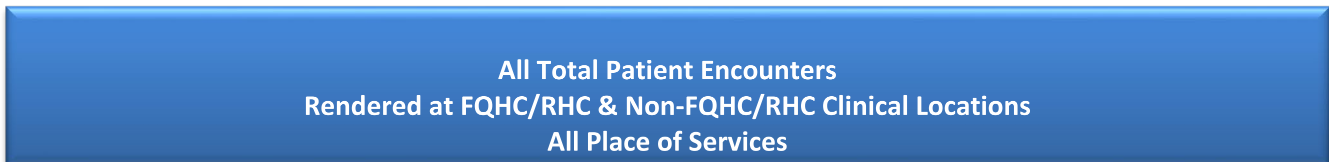
Practice Predominantly Calculation

The Practice Predominantly calculation uses **all** places of services and is measured over a continuous 6-month period in the prior calendar year.

The components for the Practice Predominantly calculation are as follows:

The Practice Predominant Report must support the below calculation.
- Numerator: All FQHC/RHC Facility Patient Encounters [Place of Service 50 & 72 Only]
- Denominator: All Total Patient Encounters [All Place of Services]





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Practice Predominantly 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 *Medicaid, CHIP (KidsCare), Medicare, Private Insurance, Self-Pay, Commercial, etc.* *Correctional Facilities: Use Medicaid or Non-Medicaid description*	Alpha
Payer Name *(if applicable specify Health Plan Name)*	Alpha
Payer Health Plan ID / Site ID *(Medicaid or CHIP)*	Numeric
Payer Medicaid/CHIP Coordination of Benefits ✓For Medicaid Title XIX: *Enter Medicaid Primary, Medicaid Secondary, Medicaid Tertiary, etc.* ✓For CHIP (KidsCare) Title XXI: *Enter CHIP Primary, CHIP Secondary, CHIP Tertiary, etc.*	Alpha
Place of Service (POS) Codes *(include all Place of Services)* *Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.*	Alpha or Numeric
Rendering/Servicing Provider Name	Alpha
Visit Count - Numerator *(Enter 1= unique visit; 0 = duplicate visit)*	Numeric
Visit Count - Denominator *(Enter 1= unique visit; 0 = duplicate visit)*	Numeric

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