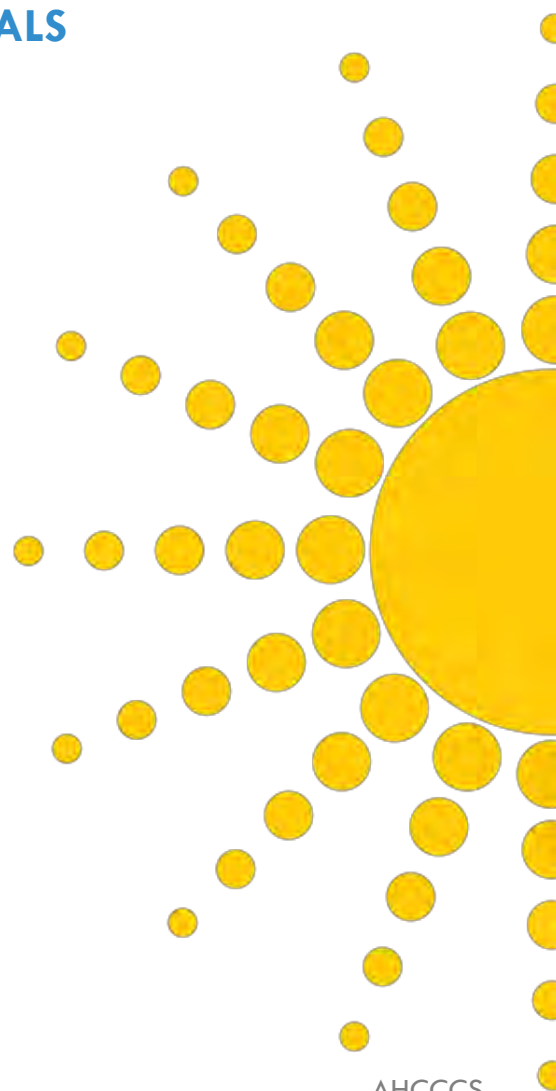




**STATE MEDICAID
ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM
AIU ATTESTATION REFERENCE GUIDE
ELIGIBLE PROFESSIONALS**



April, 2016
<https://www.azepip.gov/>

AHCCCS
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Phoenix, Arizona 85034
(602)417-4000
www.azahcccs.gov

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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.

Medicare and Medicaid regulations can be found on the CMS Web site at [**http://www.cms.gov**](http://www.cms.gov).

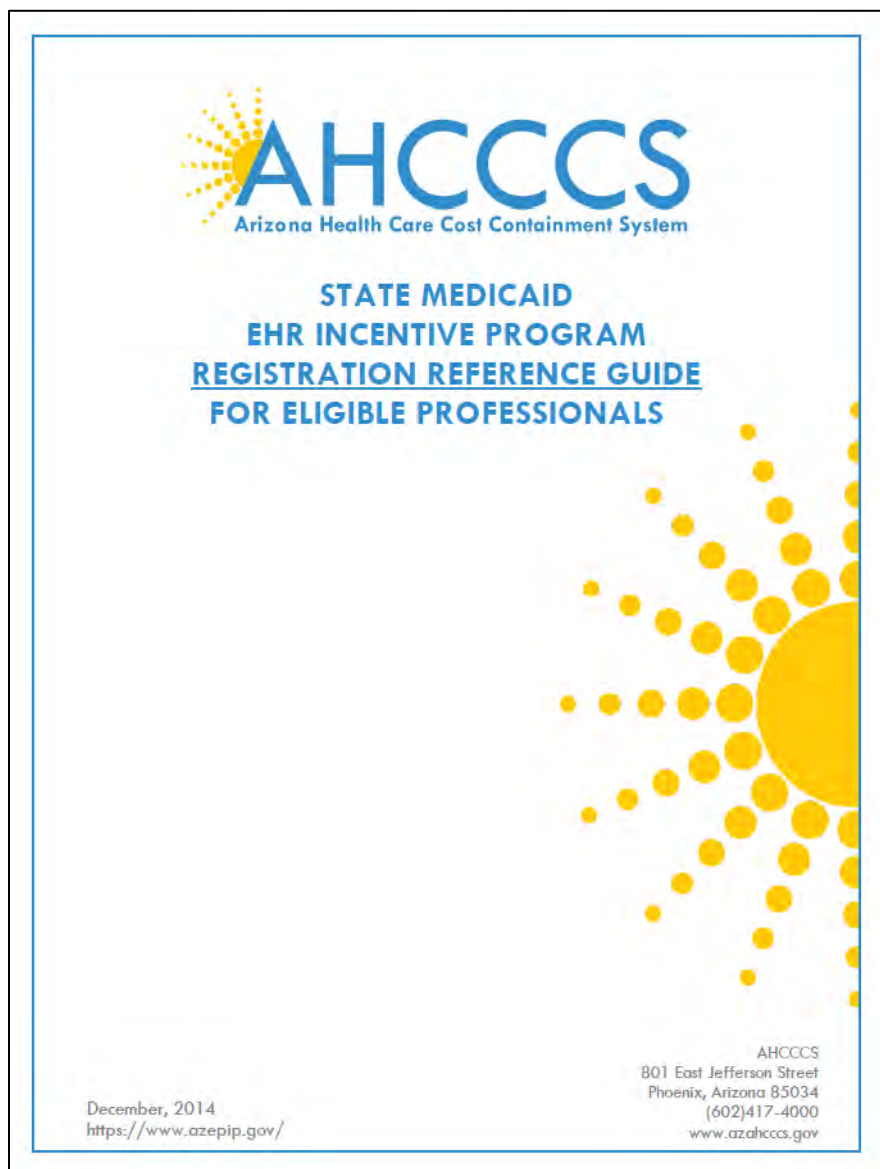
Important Notice – Third Party Attestation

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.

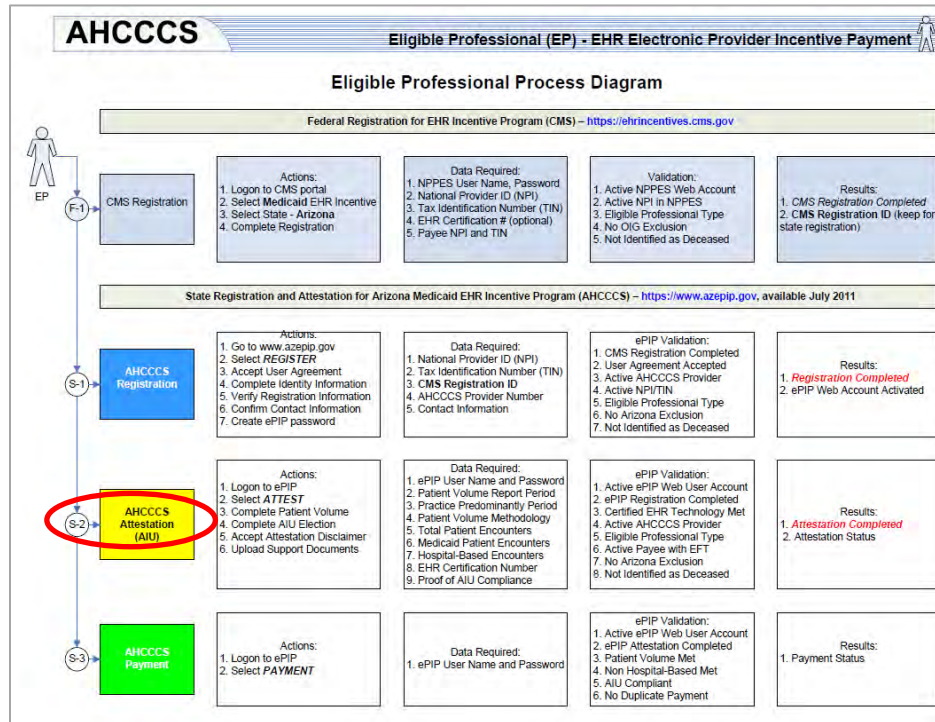
https://azahcccs.gov/PlansProviders/Downloads/HIT/EP_Reference_Guide.pdf



TIP

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

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.

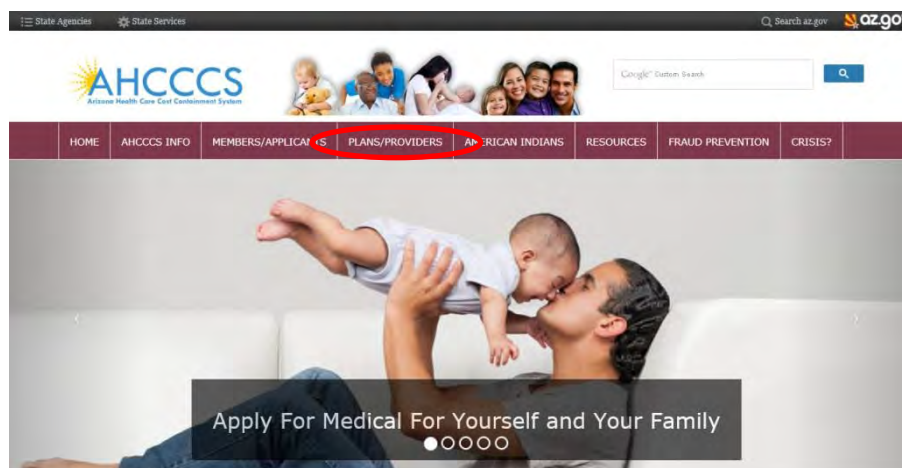


TIP

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

https://azahcccs.gov/PlansProviders/Downloads/HIT/EP_ProcessDiagram.pdf

Welcome to the AHCCCS Website



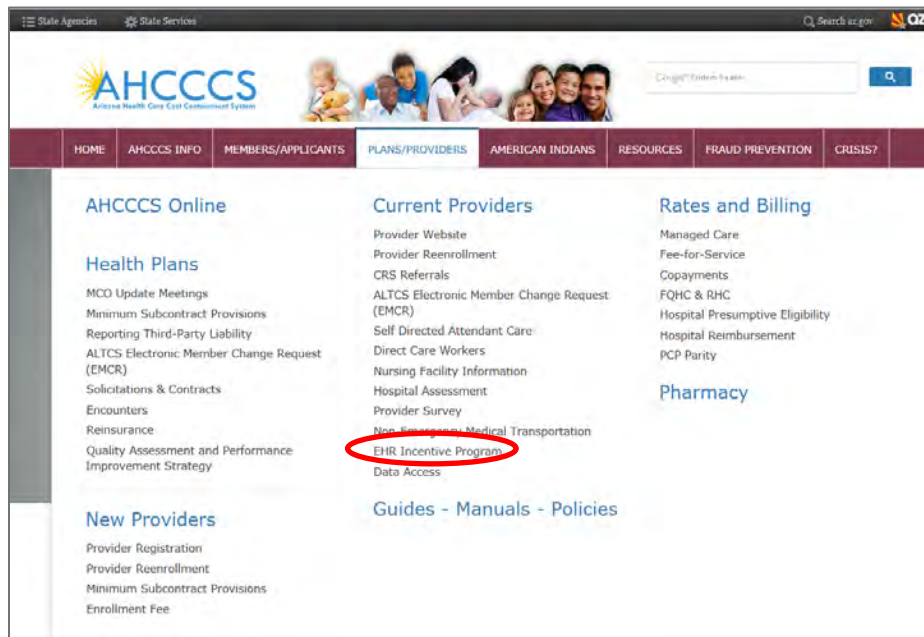
To navigate to the AHCCCS Main Website please follow the link:
<http://www.azahcccs.gov/>
and click on the “Plans/Providers” Tab



TIP

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

The EHR Incentive Program



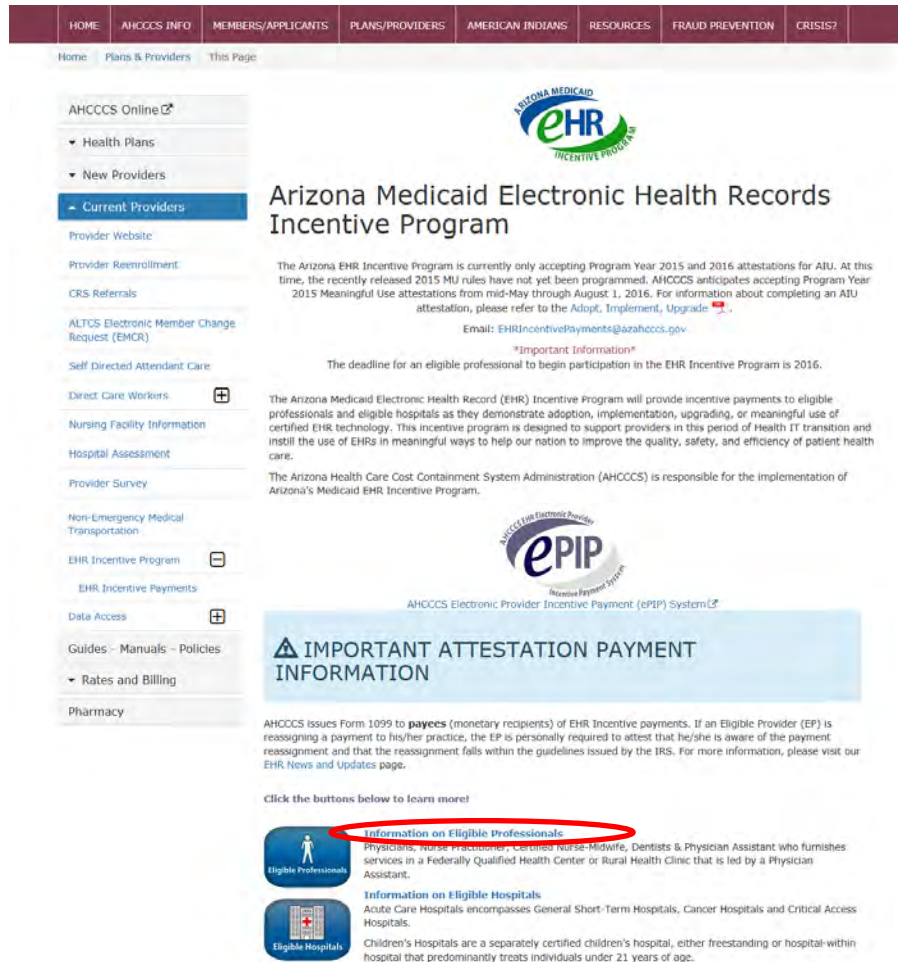
Select the option
“EHR Incentive
Program” under the
“Current Providers”
section.



TIP

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

Eligible Professional Documents



Arizona Medicaid Electronic Health Records Incentive Program

The Arizona EHR Incentive Program is currently only accepting Program Year 2015 and 2016 attestations for AIU. At this time, the recently released 2015 MU rules have not yet been programmed. AHCCCS anticipates accepting Program Year 2015 Meaningful Use attestations from mid-May through August 1, 2016. For information about completing an AIU attestation, please refer to the Adopt, Implement, Upgrade...

Email: EHRIncentivePayments@azahcccs.gov

Important Information
The deadline for an eligible professional to begin participation in the EHR Incentive Program is 2016.

The Arizona Medicaid Electronic Health Record (EHR) Incentive Program will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. This incentive program is designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

The Arizona Health Care Cost Containment System Administration (AHCCCS) is responsible for the implementation of Arizona's Medicaid EHR Incentive Program.

IMPORTANT ATTESTATION PAYMENT INFORMATION

AHCCCS issues Form 1099 to **payees** (monetary recipients) of EHR Incentive payments. If an Eligible Provider (EP) is reassigning a payment to his/her practice, the EP is personally required to attest that he/she is aware of the payment reassignment and that the reassignment falls within the guidelines issued by the IRS. For more information, please visit our [EHR News and Updates](#) page.

Click the buttons below to learn more!

Information on Eligible Professionals
Physicians, Nurse Practitioner, Certified Nurse-Midwife, Dentists & Physician Assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a Physician Assistant.

Information on Eligible Hospitals
Acute Care Hospitals encompasses General Short-Term Hospitals, Cancer Hospitals and Critical Access Hospitals.
Children's Hospitals are a separately certified children's hospital, either freestanding or hospital-within hospital that predominantly treats individuals under 21 years of age.

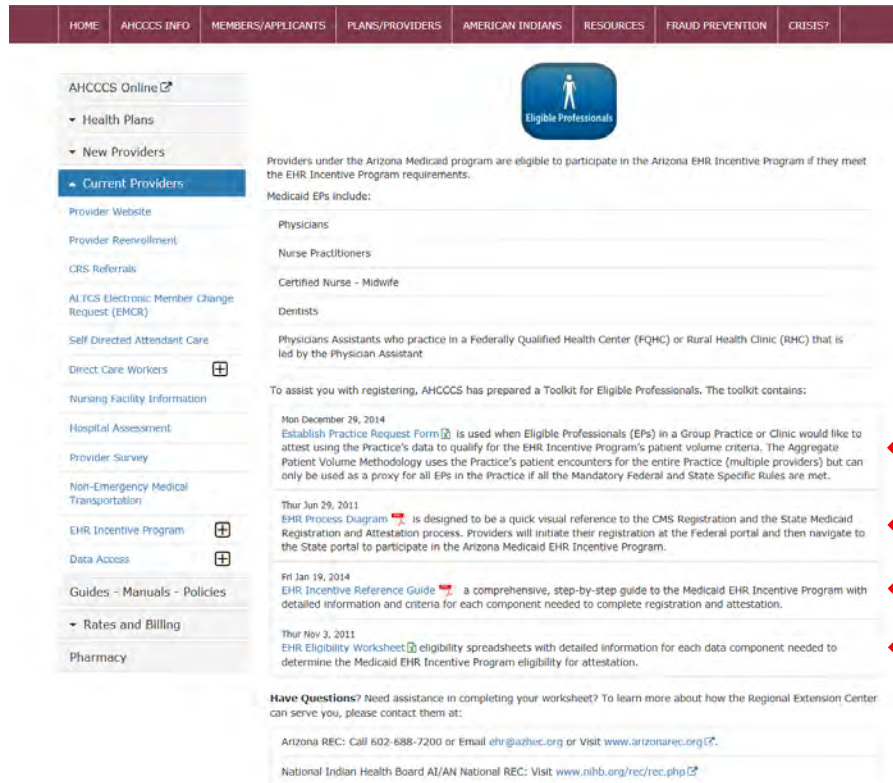
Scroll down and click on the "Information on Eligible Professionals" link.



TIP

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

Documents and Guides



HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?

AHCCCS Online

- Health Plans
- New Providers
- Current Providers**
- Provider Website
- Provider Reenrollment
- CRS Referrals
- AI/CS Electronic Member Change Request (EMCR)
- Self Directed Attendant Care
- Direct Care Workers
- Nursing Facility Information
- Hospital Assessment
- Provider Survey
- Non-Emergency Medical Transportation
- EHR Incentive Program
- Data Access
- Guides - Manuals - Policies
- Rates and Billing
- Pharmacy

Eligible Professionals

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

To assist you with registering, AHCCCS has prepared a Toolkit for Eligible Professionals. The toolkit contains:

- Mon December 29, 2014
Establish Practice Request Form is used when Eligible Professionals (EPs) in a Group Practice or Clinic would like to attest using the Practice's data to qualify for the EHR Incentive Program's patient volume criteria. The Aggregate Patient Volume Methodology uses the Practice's patient encounters for the entire Practice (multiple providers) but can only be used as a proxy for all EPs in the Practice if all the Mandatory Federal and State Specific Rules are met.
- Thur Jun 29, 2011
EHR Process Diagram is designed to be a quick visual reference to the CMS Registration and the State Medicaid Registration and Attestation process. Providers will initiate their registration at the Federal portal and then navigate to the State portal to participate in the Arizona Medicaid EHR Incentive Program.
- Fri Jan 19, 2014
EHR Incentive Reference Guide a comprehensive, step-by-step guide to the Medicaid EHR Incentive Program with detailed information and criteria for each component needed to complete registration and attestation.
- Thur Nov 3, 2011
EHR Eligibility Worksheet eligibility spreadsheets with detailed information for each data component needed to determine the Medicaid EHR Incentive Program eligibility for attestation.

Have Questions? Need assistance in completing your worksheet? To learn more about how the Regional Extension Center can serve you, please contact them at:

Arizona REC: Call 602-688-7200 or Email ehv@azhcc.org or Visit www.arizonarec.org.

National Indian Health Board AI/AN National REC: Visit www.nihb.org/rec/rec.php

This page will provide you access to:

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



TIP

Copies of these documents can all be saved to your computer as Excel Spreadsheets or PDF's for work outside the website.

Arizona Medicaid Electronic Provider Incentive Payment System (ePIP)



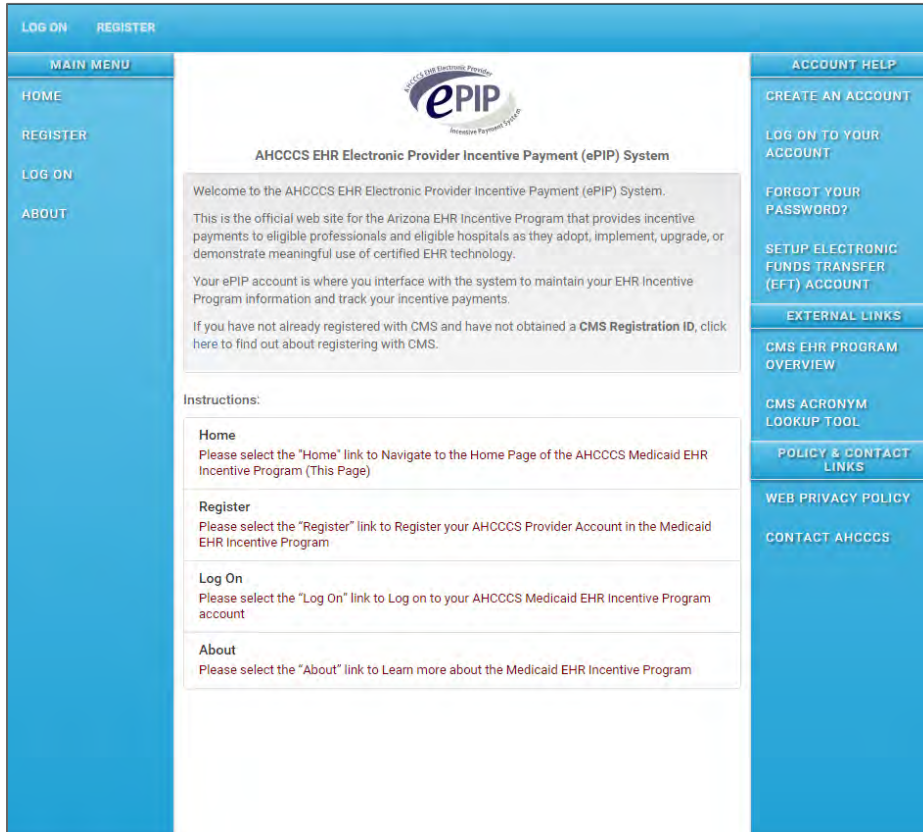
To begin the AIU Attestation process, click on the “ePIP” icon or the link below it.



TIP

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/>

ePIP Home Page



The screenshot shows the ePIP Home Page. At the top, there are links for 'LOG ON' and 'REGISTER'. Below this is a 'MAIN MENU' with links for 'HOME', 'REGISTER', 'LOG ON', and 'ABOUT'. The central content area features the ePIP logo and the title 'AHCCCS EHR Electronic Provider Incentive Payment (ePIP) System'. It includes a welcome message, a description of the system, and instructions for users. On the right side, there is an 'ACCOUNT HELP' section with links for 'CREATE AN ACCOUNT', 'LOG ON TO YOUR ACCOUNT', 'FORGOT YOUR PASSWORD?', 'SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT', 'EXTERNAL LINKS', 'CMS EHR PROGRAM OVERVIEW', 'CMS ACRONYM LOOKUP TOOL', 'POLICY & CONTACT LINKS', 'WEB PRIVACY POLICY', and 'CONTACT AHCCCS'.

The ePIP Home Page gives you the option to:

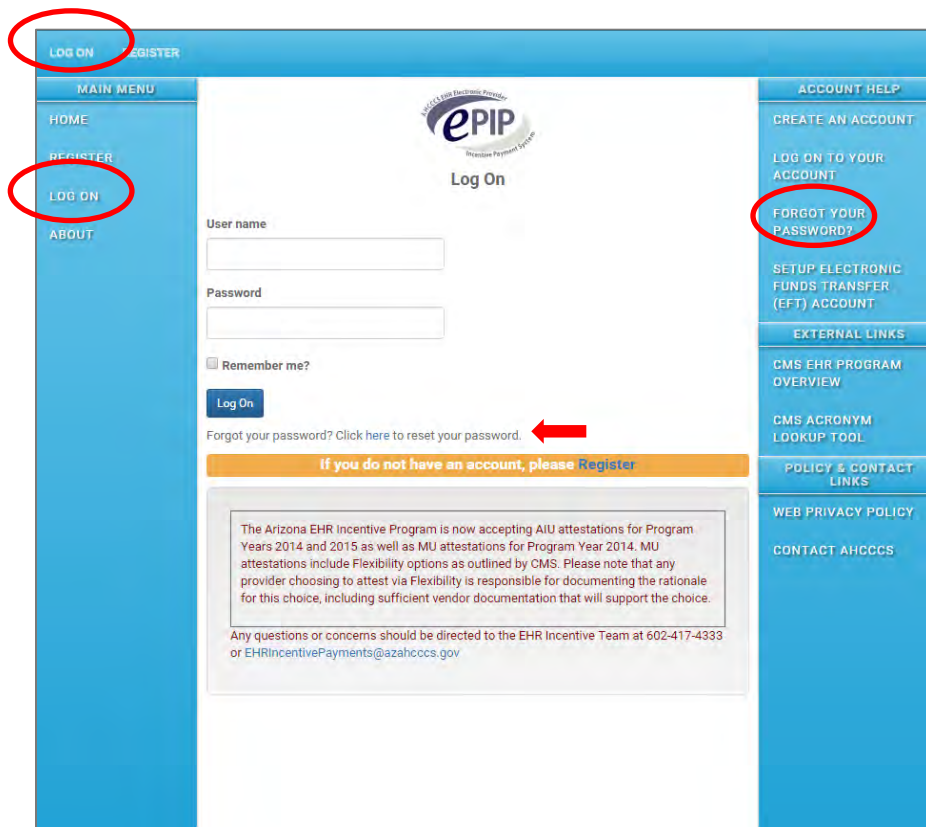
- Register
- log on to "Attest"
- Setup Electronic Funds Transfer
- Get a new password
- ETC.



TIP

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

Log On to ePIP



After registering in ePIP:

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

Enter your User Name (your AHCCCS Provider Number).

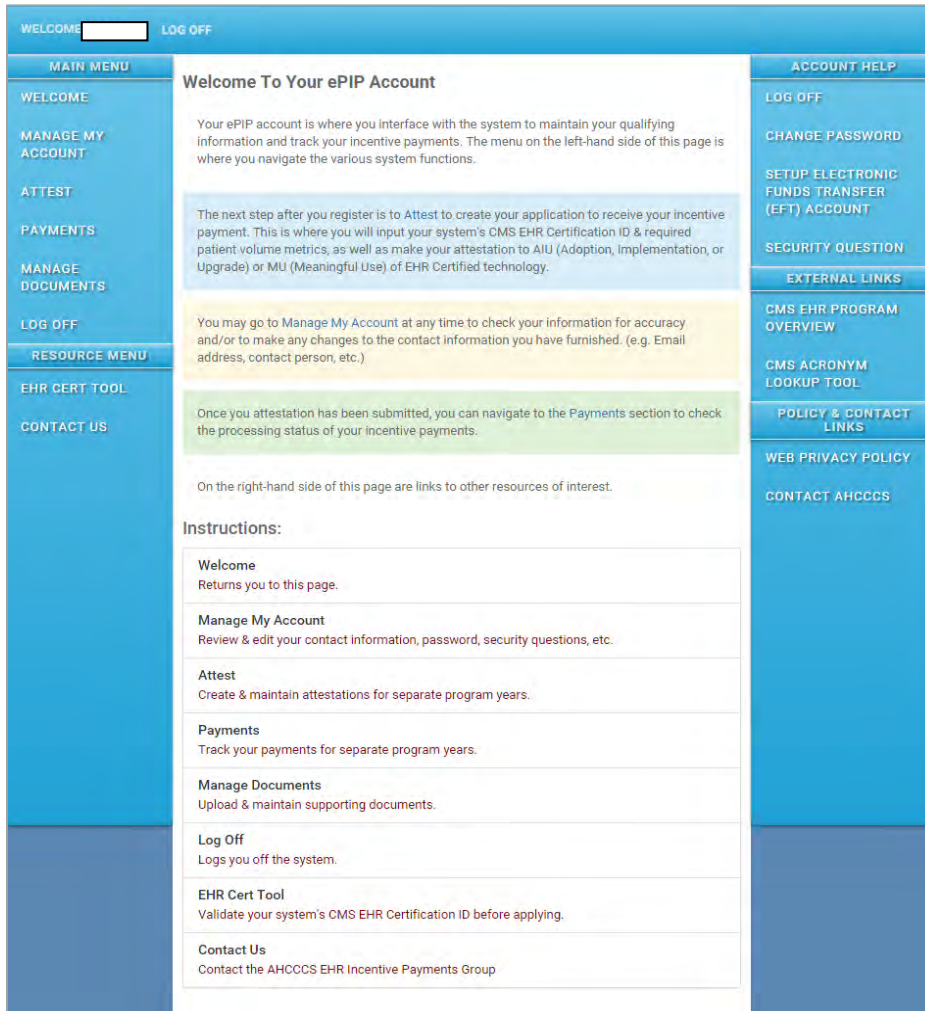
Enter the password that you created when you registered.



TIP

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.

Welcome to ePIP



The “Welcome” page gives you several options:

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

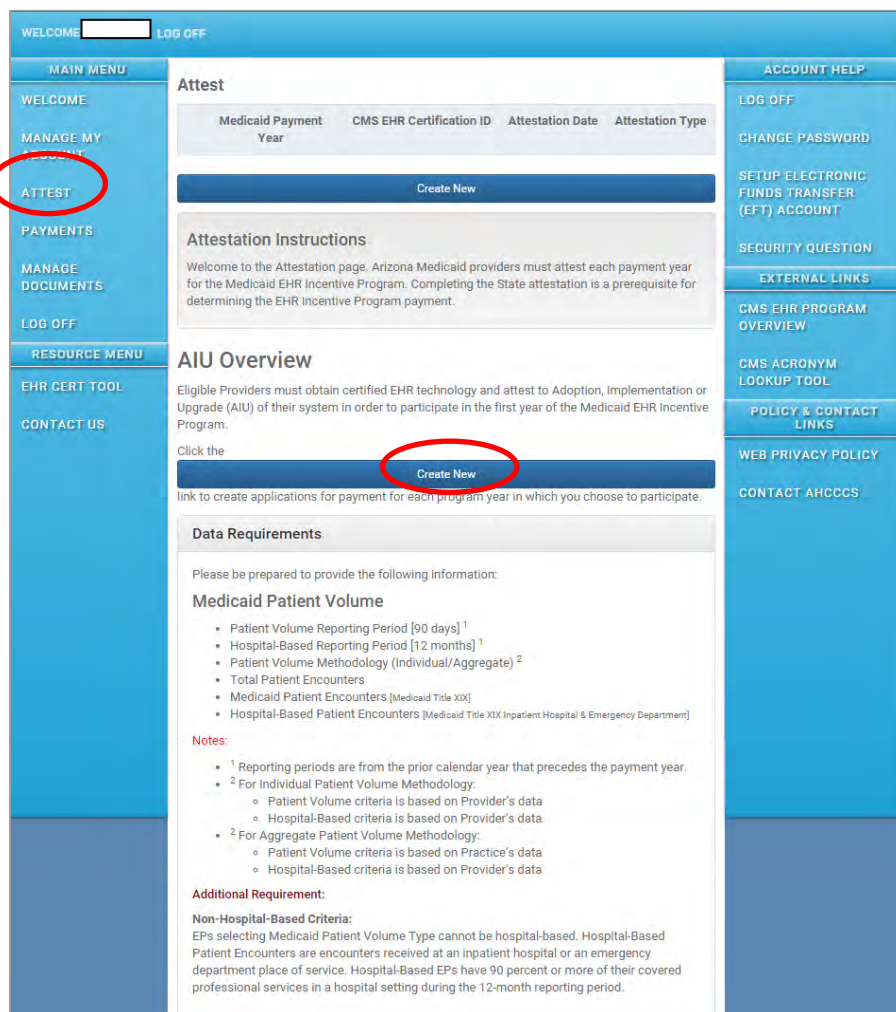
Note that you must have 2014 Certified Electronic Health Record Technology (CEHRT) edition in order to successfully register.



TIP

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

Attesting for AIU



WELCOME [User Name] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST**
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF

RESOURCE MENU

- EHR CERT TOOL
- CONTACT US

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

Attest

Medicaid Payment Year	CMS EHR Certification ID	Attestation Date	Attestation Type
Create New			

Attestation Instructions

Welcome to the Attestation page. Arizona Medicaid providers must attest each payment year for the Medicaid EHR Incentive Program. Completing the State attestation is a prerequisite for determining the EHR Incentive Program payment.

AIU Overview

Eligible Providers must obtain certified EHR technology and attest to Adoption, Implementation or Upgrade (AIU) of their system in order to participate in the first year of the Medicaid EHR Incentive Program.

Click the [Create New](#) link to create applications for payment for each program year in which you choose to participate.

Data Requirements

Please be prepared to provide the following information:

Medicaid Patient Volume

- Patient Volume Reporting Period [90 days]¹
- Hospital-Based Reporting Period [12 months]¹
- Patient Volume Methodology (Individual/Aggregate)²
- Total Patient Encounters
- Medicaid Patient Encounters [Medicaid Title XIX]
- Hospital-Based Patient Encounters [Medicaid Title XIX Inpatient Hospital & Emergency Department]

Notes:

- ¹ Reporting periods are from the prior calendar year that precedes the payment year.
- ² For Individual Patient Volume Methodology:
 - Patient Volume criteria is based on Provider's data
 - Hospital-Based criteria is based on Provider's data
- ² For Aggregate Patient Volume Methodology:
 - Patient Volume criteria is based on Practice's data
 - Hospital-Based criteria is based on Provider's data

Additional Requirement:

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 have 90 percent or more of their covered professional services in a hospital setting during the 12-month reporting period.

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

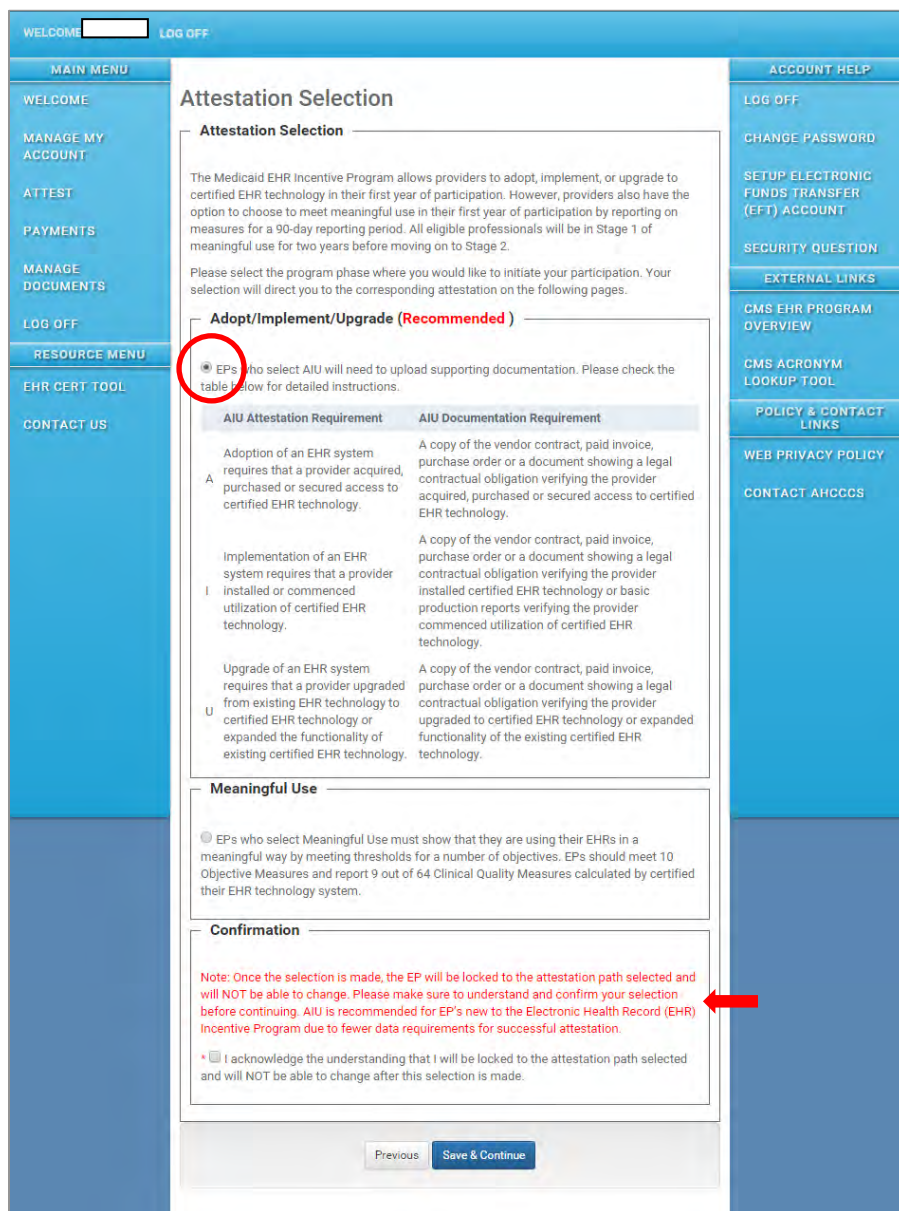
The direct link to ePIP is as follows:
<https://www.azepip.gov/>

Full Screen not Shown on this Page



The worksheets and forms on page eight of this guide will help you complete the attestation process.

Adopt, Implement, Upgrade or Meaningful Use?



WELCOME [] LOG OFF

MAIN MENU

WELCOME

MANAGE MY ACCOUNT

ATTEST

PAYMENTS

MANAGE DOCUMENTS

LOG OFF

RESOURCE MENU

EHR CERT TOOL

CONTACT US

ACCOUNT HELP

LOG OFF

CHANGE PASSWORD

SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT

SECURITY QUESTION

EXTERNAL LINKS

CMS EHR PROGRAM OVERVIEW

CMS ACRONYM LOOKUP TOOL

POLICY & CONTACT LINKS

WEB PRIVACY POLICY

CONTACT AHCCCS

Attestation Selection

Attestation Selection

The Medicaid EHR Incentive Program allows providers to adopt, implement, or upgrade to certified EHR technology in their first year of participation. However, providers also have the option to choose to meet meaningful use in their first year of participation by reporting on measures for a 90-day reporting period. All eligible professionals will be in Stage 1 of meaningful use for two years before moving on to Stage 2.

Please select the program phase where you would like to initiate your participation. Your selection will direct you to the corresponding attestation on the following pages.

Adopt/Implement/Upgrade (Recommended)

☒ EPs who select AIU will need to upload supporting documentation. Please check the table below for detailed instructions.

AIU Attestation Requirement	AIU Documentation Requirement
A Adoption of an EHR system requires that a provider acquired, purchased or secured access to certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider acquired, purchased or secured access to certified EHR technology.
I Implementation of an EHR system requires that a provider installed or commenced utilization of certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider installed certified EHR technology or basic production reports verifying the provider commenced utilization of certified EHR technology.
U Upgrade of an EHR system requires that a provider upgraded from existing EHR technology to certified EHR technology or expanded the functionality of existing certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider upgraded to certified EHR technology or expanded functionality of the existing certified EHR technology.

Meaningful Use

☐ EPs who select Meaningful Use must show that they are using their EHRs in a meaningful way by meeting thresholds for a number of objectives. EPs should meet 10 Objective Measures and report 9 out of 64 Clinical Quality Measures calculated by certified their EHR technology system.

Confirmation

Note: Once the selection is made, the EP will be locked to the attestation path selected and will NOT be able to change. Please make sure to understand and confirm your selection before continuing. AIU is recommended for EP's new to the Electronic Health Record (EHR) Incentive Program due to fewer data requirements for successful attestation.

☐ I acknowledge the understanding that I will be locked to the attestation path selected and will NOT be able to change after this selection is made.

Previous **Save & Continue**

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).

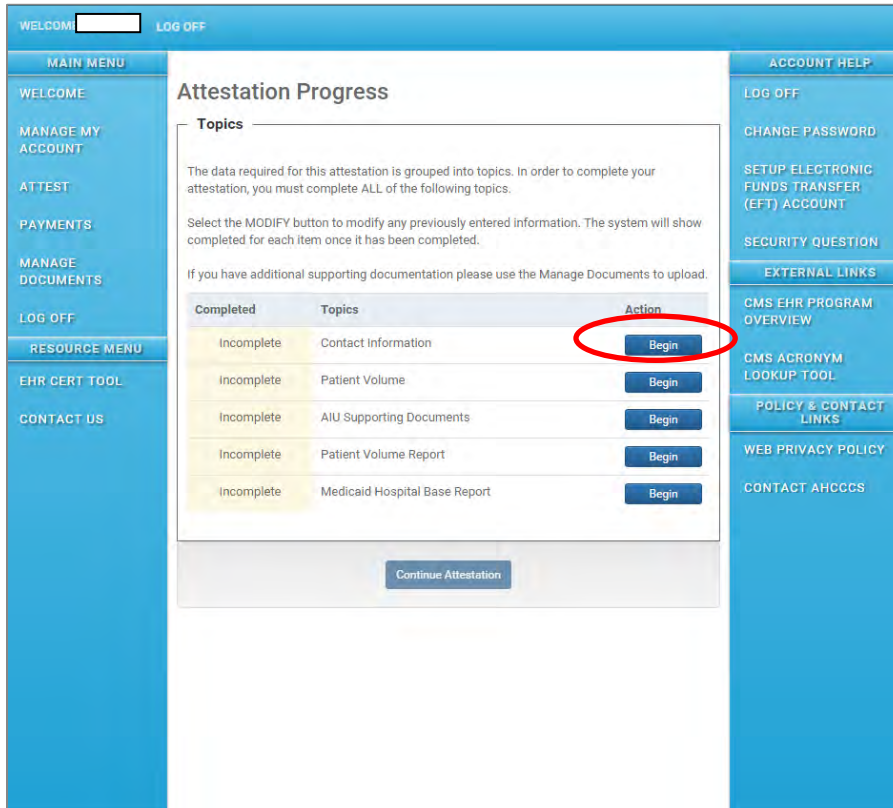
Once you make a selection and press "Save and Continue" You cannot reverse that decision without technical support from the EHR Team at AHCCCS.



TIP

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.

Attestation Progress



WELCOME [] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF

RESOURCE MENU

- EHR CERT TOOL
- CONTACT US

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

Attestation Progress

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics.

Select the MODIFY button to modify any previously entered information. The system will show completed for each item once it has been completed.

If you have additional supporting documentation please use the Manage Documents to upload.

Completed	Topics	Action
Incomplete	Contact Information	Begin
Incomplete	Patient Volume	Begin
Incomplete	AIU Supporting Documents	Begin
Incomplete	Patient Volume Report	Begin
Incomplete	Medicaid Hospital Base Report	Begin

[Continue Attestation](#)

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.

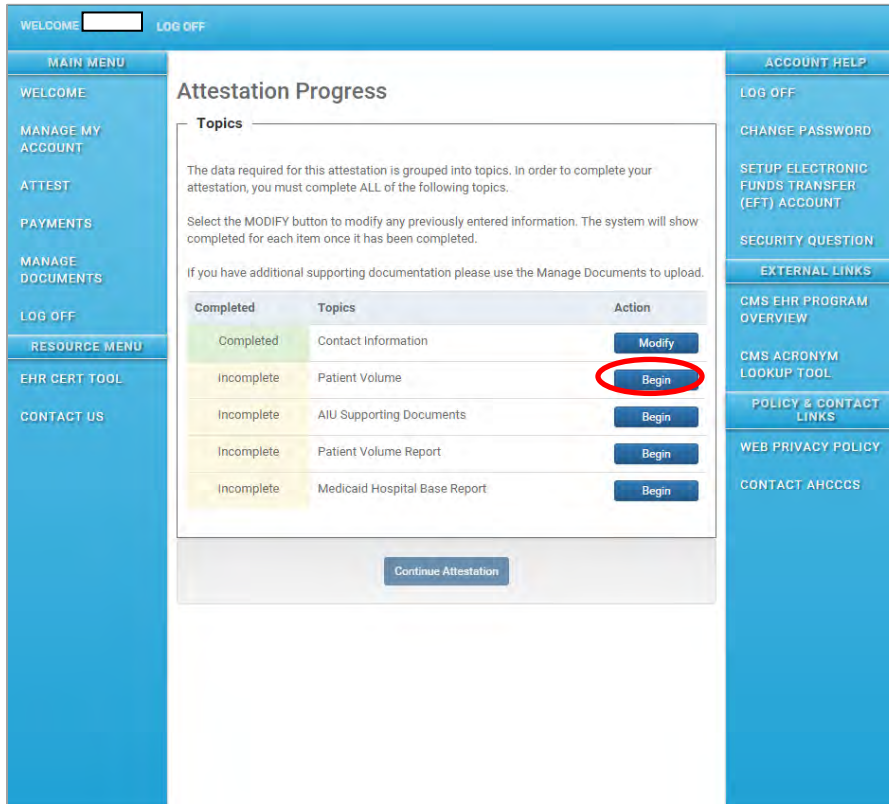


TIP

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”.

Attestation Progress- Patient Volume



WELCOME [] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF

RESOURCE MENU

- EHR CERT TOOL
- CONTACT US

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION

EXTERNAL LINKS

- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

Attestation Progress

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics.

Select the MODIFY button to modify any previously entered information. The system will show completed for each item once it has been completed.

If you have additional supporting documentation please use the Manage Documents to upload.

Completed	Topics	Action
Completed	Contact Information	Modify
Incomplete	Patient Volume	Begin
Incomplete	AIU Supporting Documents	Begin
Incomplete	Patient Volume Report	Begin
Incomplete	Medicaid Hospital Base Report	Begin

[Continue Attestation](#)

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.

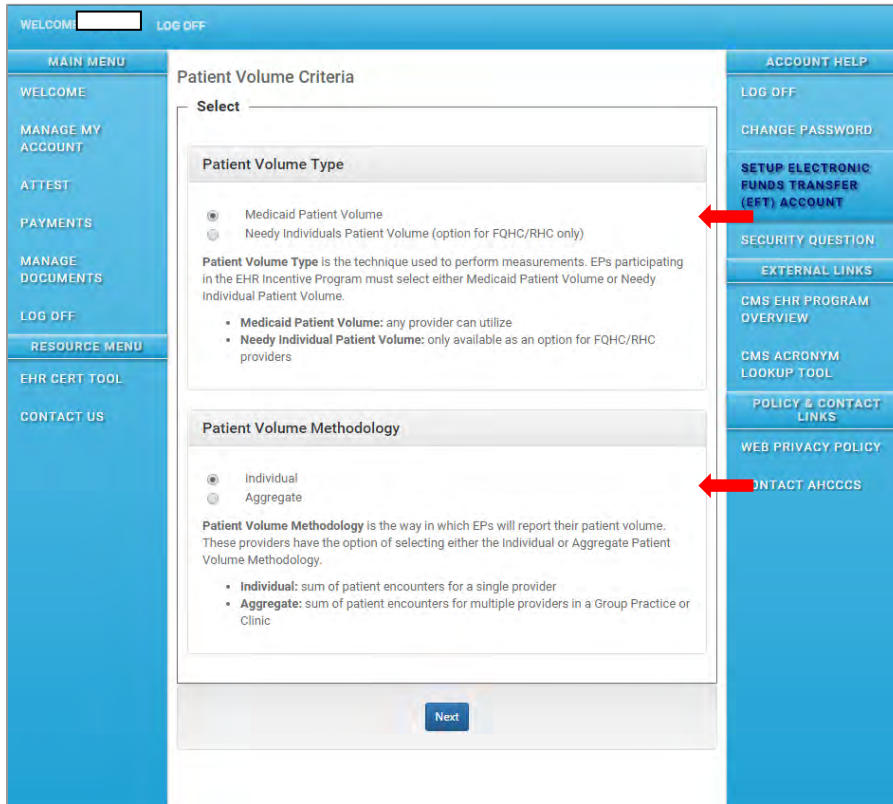
See the “Establish Practice Request Form” referenced on page 9 of this document for directions on aggregate patient volumes.



TIP

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

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

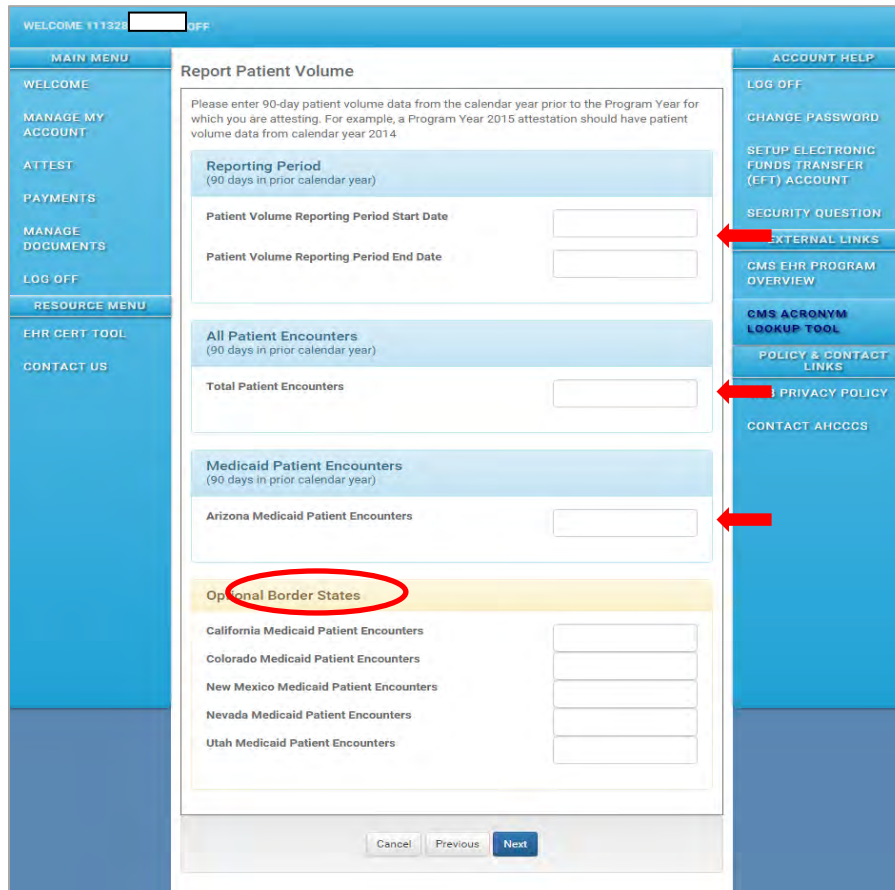


TIP

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.

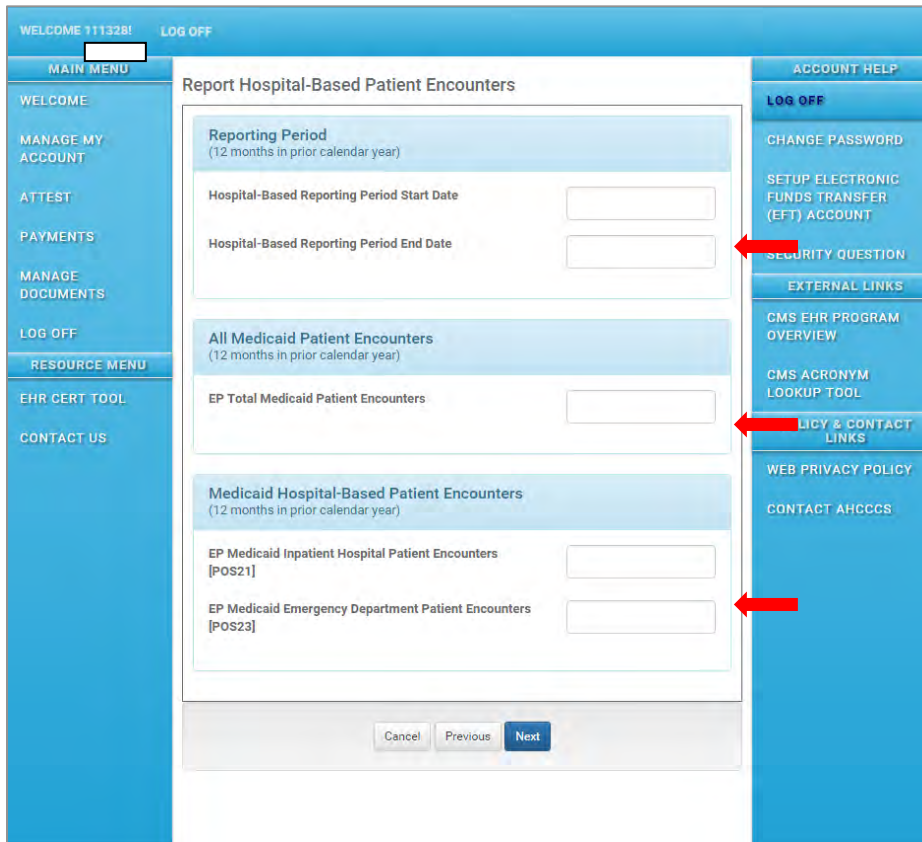


TIP

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

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.

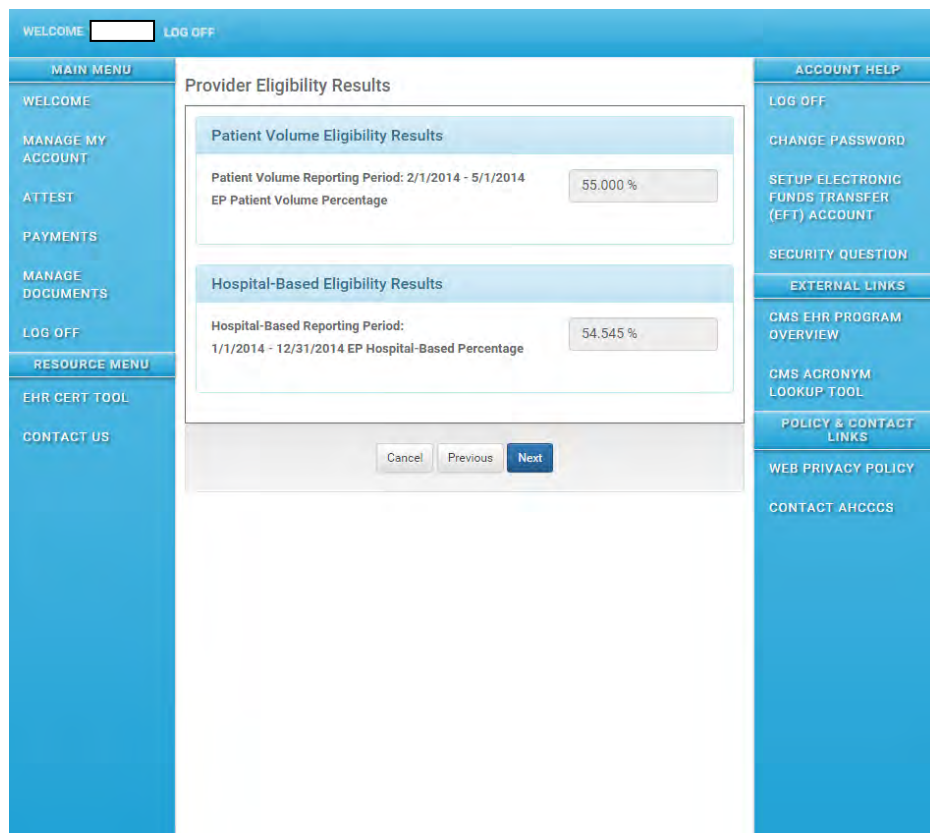
If the Medicaid Hospital Base numerator is zero (0) you must enter a zero (0), however the denominator must be reported for a 12 month period.



TIP

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

Provider Eligibility Results



WELCOME [] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF
- RESOURCE MENU
- EHR CERT TOOL
- CONTACT US

Provider Eligibility Results

Patient Volume Eligibility Results

Patient Volume Reporting Period: 2/1/2014 - 5/1/2014
 EP Patient Volume Percentage: 55,000 %

Hospital-Based Eligibility Results

Hospital-Based Reporting Period:
 1/1/2014 - 12/31/2014 EP Hospital-Based Percentage: 54.545 %

Cancel Previous Next

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

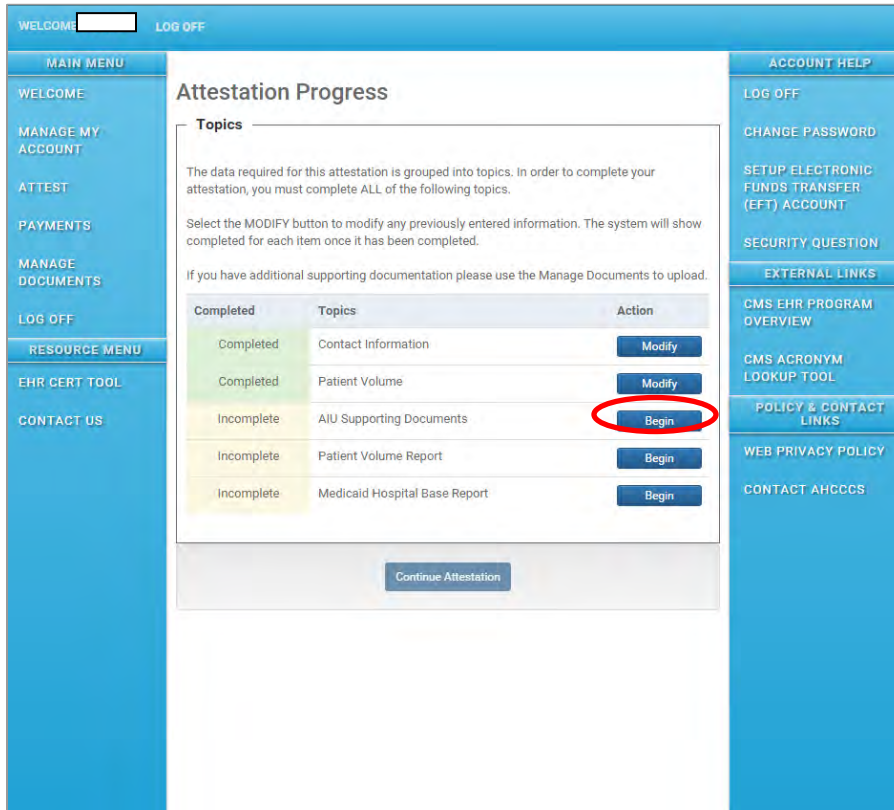
ePIP will automatically compute your eligibility status based on your number of inpatient hospital and Emergency Department encounters as a percentage of your total Medicaid encounters.



TIP

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.

Attestation Progress- AIU Supporting Documents



WELCOME [] LOG OFF

MAIN MENU

WELCOME

MANAGE MY ACCOUNT

ATTEST

PAYMENTS

MANAGE DOCUMENTS

LOG OFF

RESOURCE MENU

EHR CERT TOOL

CONTACT US

Attestation Progress

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics.

Select the MODIFY button to modify any previously entered information. The system will show completed for each item once it has been completed.

If you have additional supporting documentation please use the Manage Documents to upload.

Completed	Topics	Action
Completed	Contact Information	Modify
Completed	Patient Volume	Modify
Incomplete	AIU Supporting Documents	Begin
Incomplete	Patient Volume Report	Begin
Incomplete	Medicaid Hospital Base Report	Begin

Continue Attestation

ACCOUNT HELP

LOG OFF

CHANGE PASSWORD

SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT

SECURITY QUESTION

EXTERNAL LINKS

CMS EHR PROGRAM OVERVIEW

CMS ACRONYM LOOKUP TOOL

POLICY & CONTACT LINKS

WEB PRIVACY POLICY

CONTACT AHCCCS

Select “Begin” on the “AIU Supporting Documents” line.

You are now ready to submit supporting documentation that demonstrates that you have adopted, implemented or upgraded certified electronic health record technology (CEHRT).

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.

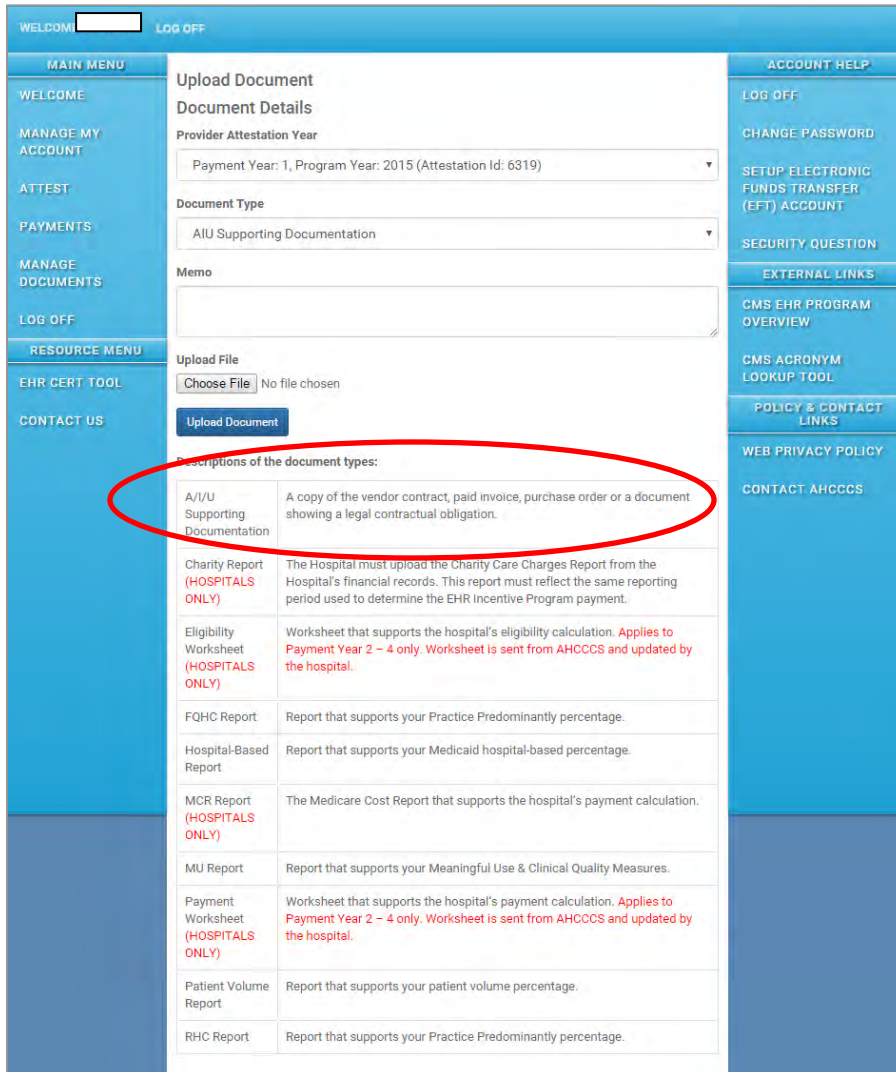


TIP

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.

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



WELCOME [User Name] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF
- RESOURCE MENU
- EHR CERT TOOL
- CONTACT US

Upload Document

Document Details

Provider Attestation Year

Payment Year: 1, Program Year: 2015 (Attestation Id: 6319)

Document Type

AIU Supporting Documentation

Memo

Upload File

Choose File | No file chosen

Upload Document

Descriptions of the document types:

A/I/U Supporting Documentation	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation.
Charity Report (HOSPITALS ONLY)	The Hospital must upload the Charity Care Charges Report from the Hospital's financial records. This report must reflect the same reporting period used to determine the EHR Incentive Program payment.
Eligibility Worksheet (HOSPITALS ONLY)	Worksheet that supports the hospital's eligibility calculation. Applies to Payment Year 2 - 4 only. Worksheet is sent from AHCCCS and updated by the hospital.
FQHC Report	Report that supports your Practice Predominantly percentage.
Hospital-Based Report	Report that supports your Medicaid hospital-based percentage.
MCR Report (HOSPITALS ONLY)	The Medicare Cost Report that supports the hospital's payment calculation.
MU Report	Report that supports your Meaningful Use & Clinical Quality Measures.
Payment Worksheet (HOSPITALS ONLY)	Worksheet that supports the hospital's payment calculation. Applies to Payment Year 2 - 4 only. Worksheet is sent from AHCCCS and updated by the hospital.
Patient Volume Report	Report that supports your patient volume percentage.
RHC Report	Report that supports your Practice Predominantly percentage.

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

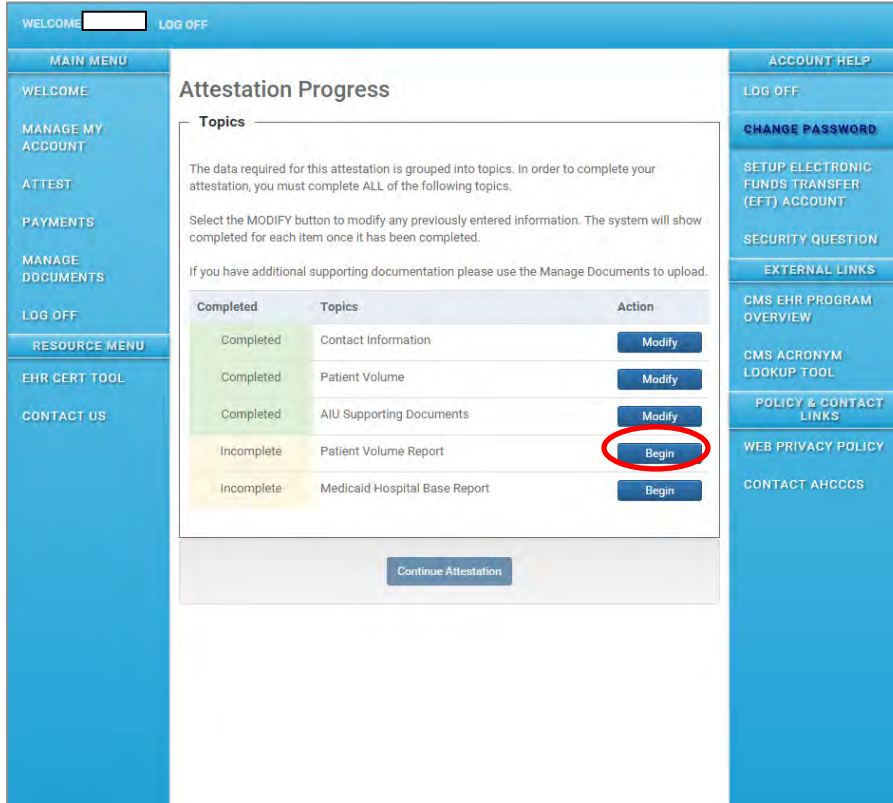
Upload AIU supporting Documentation (i.e. vendor contract, including signature page, date purchased etc..)



TIP

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.

Attestation Progress- Patient Volume Report



WELCOME [] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF

RESOURCE MENU

- EHR CERT TOOL
- CONTACT US

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

Attestation Progress

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics.

Select the MODIFY button to modify any previously entered information. The system will show completed for each item once it has been completed.

If you have additional supporting documentation please use the Manage Documents to upload.

Completed	Topics	Action
Completed	Contact Information	Modify
Completed	Patient Volume	Modify
Completed	AIU Supporting Documents	Modify
Incomplete	Patient Volume Report	Begin
Incomplete	Medicaid Hospital Base Report	Begin

Continue Attestation

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

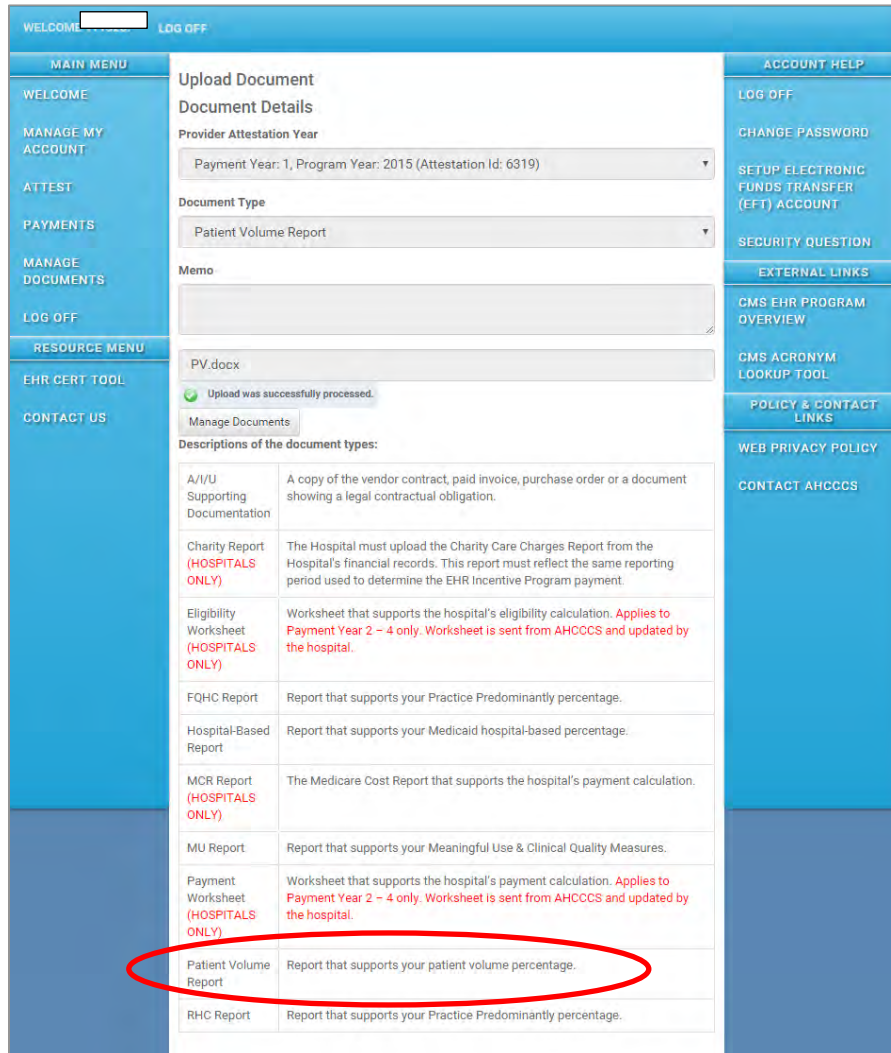


TIP

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.

Upload Document- Patient Volume Report



WELCOME [username] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF

RESOURCE MENU

- EHR CERT TOOL
- CONTACT US

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

Upload Document

Document Details

Provider Attestation Year
 Payment Year: 1, Program Year: 2015 (Attestation Id: 6319)

Document Type
 Patient Volume Report

Memo

PV.docx

Upload was successfully processed.

Manage Documents

Descriptions of the document types:

A/I/U Supporting Documentation	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation.
Charity Report (HOSPITALS ONLY)	The Hospital must upload the Charity Care Charges Report from the Hospital's financial records. This report must reflect the same reporting period used to determine the EHR Incentive Program payment.
Eligibility Worksheet (HOSPITALS ONLY)	Worksheet that supports the hospital's eligibility calculation. Applies to Payment Year 2 ~ 4 only. Worksheet is sent from AHCCCS and updated by the hospital.
FQHC Report	Report that supports your Practice Predominantly percentage.
Hospital-Based Report	Report that supports your Medicaid hospital-based percentage.
MCR Report (HOSPITALS ONLY)	The Medicare Cost Report that supports the hospital's payment calculation.
MU Report	Report that supports your Meaningful Use & Clinical Quality Measures.
Payment Worksheet (HOSPITALS ONLY)	Worksheet that supports the hospital's payment calculation. Applies to Payment Year 2 ~ 4 only. Worksheet is sent from AHCCCS and updated by the hospital.
Patient Volume Report	Report that supports your patient volume percentage.
RHC Report	Report that supports your Practice Predominantly percentage.

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.

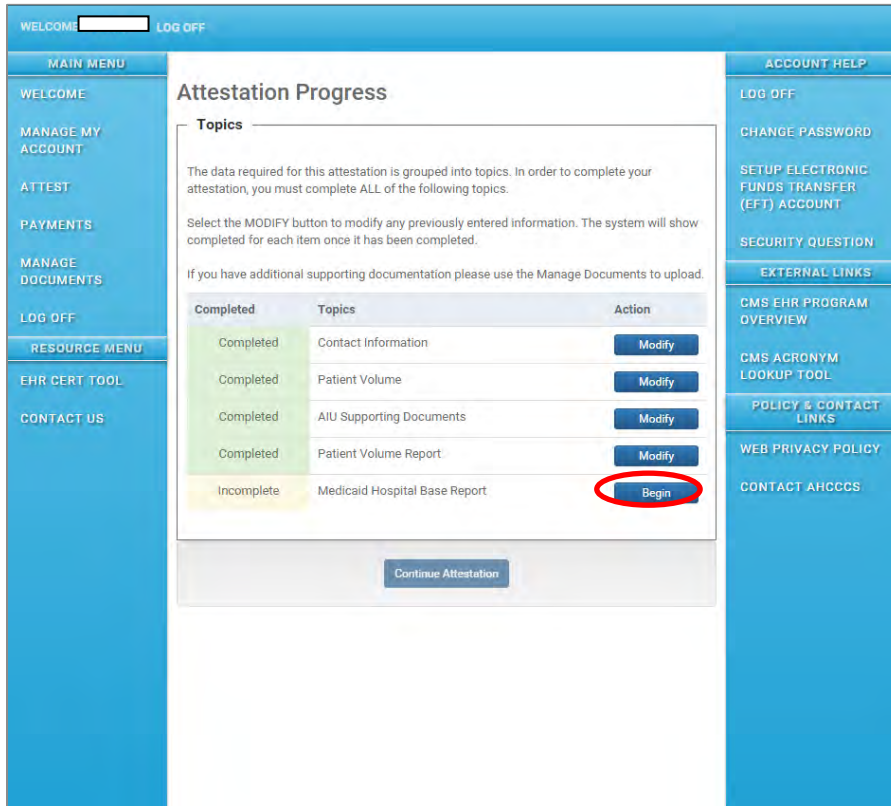


TIP

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



WELCOME [] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF

RESOURCE MENU

- EHR CERT TOOL
- CONTACT US

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

Attestation Progress

Topics

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Select the MODIFY button to modify any previously entered information. The system will show completed for each item once it has been completed.

If you have additional supporting documentation please use the Manage Documents to upload.

Completed	Topics	Action
Completed	Contact Information	Modify
Completed	Patient Volume	Modify
Completed	AIU Supporting Documents	Modify
Completed	Patient Volume Report	Modify
Incomplete	Medicaid Hospital Base Report	Begin

[Continue Attestation](#)

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

WELCOME [] LOG OFF

MAIN MENU
WELCOME
MANAGE MY ACCOUNT
ATTEST
PAYMENTS
MANAGE DOCUMENTS
LOG OFF
RESOURCE MENU
EHR CERT TOOL
CONTACT US

Upload Document
Document Details
Provider Attestation Year
Payment Year: 1, Program Year: 2015 (Attestation Id: 6319)
Document Type
Hospital-Based Report
Memo
Upload File
Choose File | No file chosen
Upload Document
Descriptions of the document types:

A/I/U Supporting Documentation	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation.
Charity Report (HOSPITALS ONLY)	The Hospital must upload the Charity Care Charges Report from the Hospital's financial records. This report must reflect the same reporting period used to determine the EHR Incentive Program payment.
Eligibility Worksheet (HOSPITALS ONLY)	Worksheet that supports the hospital's eligibility calculation. Applies to Payment Year 2 - 4 only. Worksheet is sent from AHCCCS and updated by the hospital.
FQHC Report	Report that supports your Practice Predominantly percentage.
Hospital-Based Report	Report that supports your Medicaid hospital-based percentage.
MCR Report (HOSPITALS ONLY)	The Medicare Cost Report that supports the hospital's payment calculation.
MU Report	Report that supports your Meaningful Use & Clinical Quality Measures.
Payment Worksheet (HOSPITALS ONLY)	Worksheet that supports the hospital's payment calculation. Applies to Payment Year 2 - 4 only. Worksheet is sent from AHCCCS and updated by the hospital.
Patient Volume Report	Report that supports your patient volume percentage.
RHC Report	Report that supports your Practice Predominantly percentage.

ACCOUNT HELP
LOG OFF
CHANGE PASSWORD
SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
SECURITY QUESTION
EXTERNAL LINKS
CMS EHR PROGRAM OVERVIEW
CMS ACRONYM LOOKUP TOOL
POLICY & CONTACT LINKS
WEB PRIVACY POLICY
CONTACT AHCCCS

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

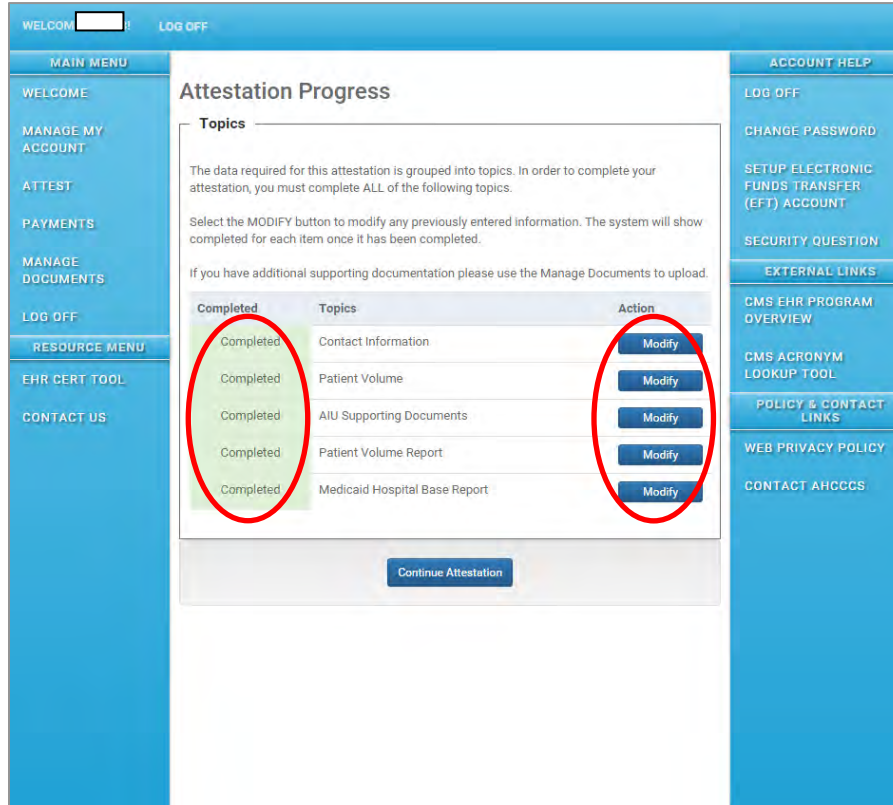
If Medicaid Hospital Base numerator is zero (0) then no action is required under Hospital Base document submission.



TIP

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



WELCOME [] LOG OFF

MAIN MENU

- WELCOME
- MANAGE MY ACCOUNT
- ATTEST
- PAYMENTS
- MANAGE DOCUMENTS
- LOG OFF

RESOURCE MENU

- EHR CERT TOOL
- CONTACT US

ACCOUNT HELP

- LOG OFF
- CHANGE PASSWORD
- SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
- SECURITY QUESTION
- EXTERNAL LINKS
- CMS EHR PROGRAM OVERVIEW
- CMS ACRONYM LOOKUP TOOL
- POLICY & CONTACT LINKS
- WEB PRIVACY POLICY
- CONTACT AHCCCS

Attestation Progress

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics.

Select the MODIFY button to modify any previously entered information. The system will show completed for each item once it has been completed.

If you have additional supporting documentation please use the Manage Documents to upload.

Completed	Topics	Action
Completed	Contact Information	Modify
Completed	Patient Volume	Modify
Completed	AIU Supporting Documents	Modify
Completed	Patient Volume Report	Modify
Completed	Medicaid Hospital Base Report	Modify

[Continue Attestation](#)

All Attestation Progress fields should now show "Completed".

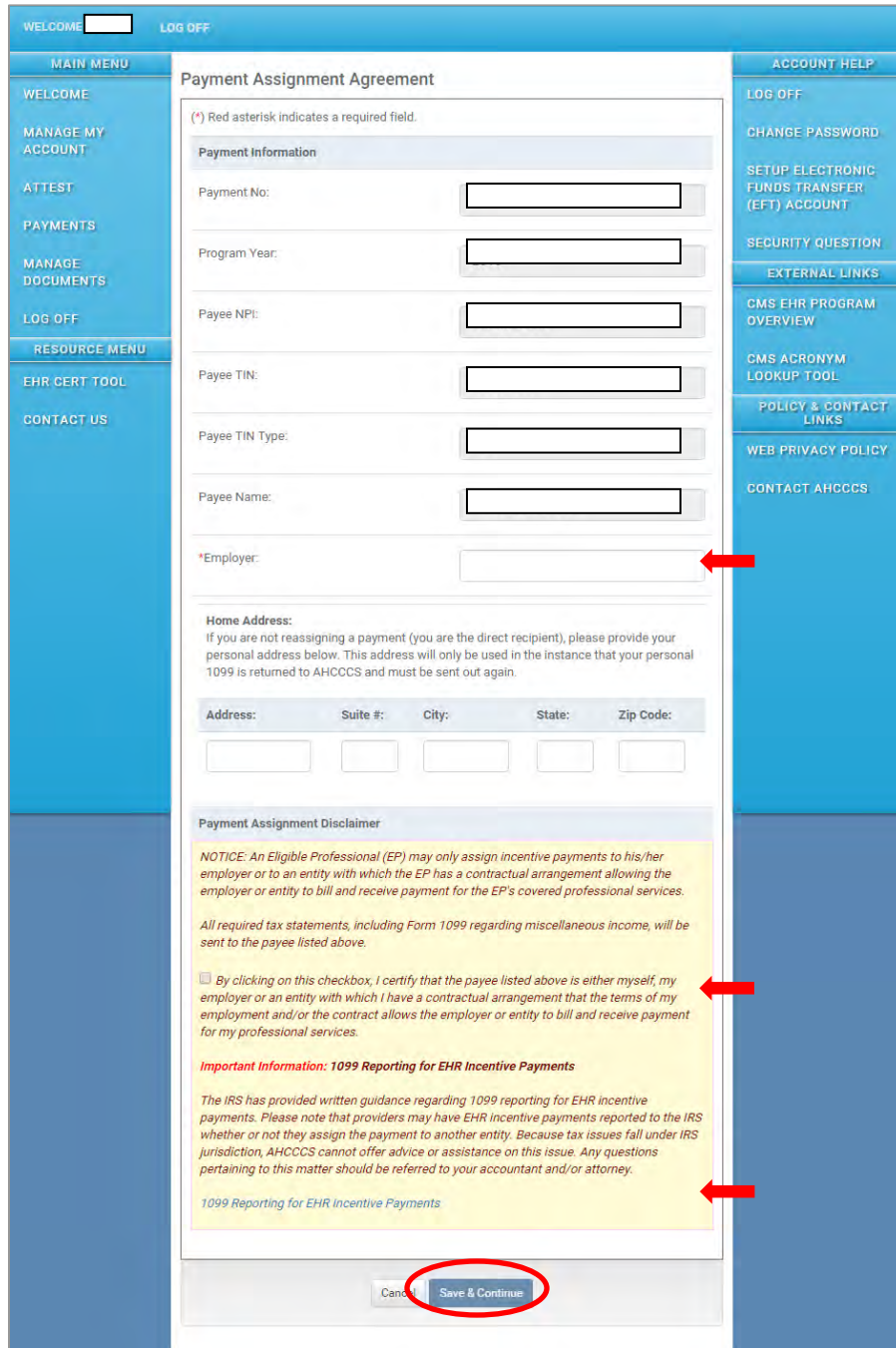
Click "Continue Attestation".



TIP

If you wish to modify any of your data, click "Modify" under the Action column.

Payment Assignment Agreement



WELCOME [] LOG OFF

MAIN MENU

WELCOME

MANAGE MY ACCOUNT

ATTEST

PAYMENTS

MANAGE DOCUMENTS

LOG OFF

RESOURCE MENU

EHR CERT TOOL

CONTACT US

Payment Assignment Agreement

(*) Red asterisk indicates a required field.

Payment Information

Payment No: []

Program Year: []

Payee NPI: []

Payee TIN: []

Payee TIN Type: []

Payee Name: []

*Employer: []

Home Address:
 If you are not reassigning a payment (you are the direct recipient), please provide your personal address below. This address will only be used in the instance that your personal 1099 is returned to AHCCCS and must be sent out again.

Address: Suite #: City: State: Zip Code:

[] [] [] [] []

Payment Assignment Disclaimer

NOTICE: An Eligible Professional (EP) may only assign incentive payments to his/her employer or to an entity with which the EP has a contractual arrangement allowing the employer or entity to bill and receive payment for the EP's covered professional services.

All required tax statements, including Form 1099 regarding miscellaneous income, will be sent to the payee listed above.

☐ By clicking on this checkbox, I certify that the payee listed above is either myself, my employer or an entity with which I have a contractual arrangement that the terms of my employment and/or the contract allows the employer or entity to bill and receive payment for my professional services.

Important Information: 1099 Reporting for EHR Incentive Payments

The IRS has provided written guidance regarding 1099 reporting for EHR incentive payments. Please note that providers may have EHR incentive payments reported to the IRS whether or not they assign the payment to another entity. Because tax issues fall under IRS jurisdiction, AHCCCS cannot offer advice or assistance on this issue. Any questions pertaining to this matter should be referred to your accountant and/or attorney.

[1099 Reporting for EHR Incentive Payments](#)

Cancel Save & Continue

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.



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".

Attestation Agreement/Disclaimer

WELCOME LOG OFF
MAIN MENU
WELCOME
MANAGE MY ACCOUNT
ATTEST
PAYMENTS
MANAGE DOCUMENTS
LOG OFF
RESOURCE MENU
EHR CERT TOOL
CONTACT US

Attestation Agreement

(*) Red asterisk indicates a required field.

AIU Selection

CMS EHR Certification ID *

Medicaid Payment Year

First Year

Adopt, Implement or Upgraded (Choose one) *

Adopted Certified EHR

☐ The EP has acquired, purchased or secured access to certified EHR technology.

Implemented Certified EHR

☐ The EP has installed or commenced utilization of certified EHR technology.

Upgraded to Certified EHR

☐ The EP has upgraded from existing EHR technology to certified EHR technology or expanded the functionality of existing certified EHR technology.

Attestation Notification

The EHR Incentive Program payment is considered a Medicaid payment to the provider. In addition to any other remedies available to it, AHCCCS reserves the right to offset any overpayments of Medicare or Medicaid (including EHR Incentive Program payments), and any sanctions or civil monetary penalties imposed by Medicare or Medicaid from any amounts due to the Provider from AHCCCS including but not limited to EHR Incentive Program payments.

Note: The State does not use the incentive payment to pay for its own program administration or to fund other State priorities.

Attestation Disclaimer

NOTICE: With the notable exception of Eligible Hospitals, separate attestations must be completed and submitted by each provider, including each individual provider in a group practice or clinic. The attestation may NOT be completed by anyone on the provider's behalf. Attestations that are submitted by anyone other than the individual provider named in the attestation constitutes a false claim for Medicaid reimbursement which may result in civil and criminal penalties against the person submitting the attestation and/or the provider. In addition, civil and criminal penalties and/or other administrative remedies may be imposed for any material misrepresentation or false statement made to obtain EHR incentive payments.

I certify that the foregoing information is true, accurate and complete. I understand that the Arizona Medicaid EHR Incentive Program payment will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain an Arizona Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I understand that AHCCCS reserves the right to perform an audit of this information. The audit may include an on-site visit by AHCCCS staff or designee to gather supporting data. I hereby agree to keep such records as are necessary, for six years, to demonstrate that I met all Arizona Medicaid EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Arizona Health Care Cost Containment System Administration (AHCCCS), or contractor acting on their behalf.

* ☐ By clicking on this checkbox, I agree to the above Attestation Notification and Disclaimer.

Submit Attestation

ACCOUNT HELP
LOG OFF
CHANGE PASSWORD
SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
SECURITY QUESTION
EXTERNAL LINKS
CMS EHR PROGRAM OVERVIEW
CMS ACRONYM LOOKUP TOOL
POLICY & CONTACT LINKS
WEB PRIVACY POLICY
CONTACT AHCCCS

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

In this example, a provider has indicated 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".

Attest

WELCOME LOG OFF
MAIN MENU
WELCOME
MANAGE MY ACCOUNT
ATTEST
PAYMENTS
MANAGE DOCUMENTS
LOG OFF
RESOURCE MENU
EHR CERT TOOL
CONTACT US

Attest

Medicaid Payment Year	CMS EHR Certification ID	Attestation Date	Attestation Type
First Year	1314E01P4X4AEAR	3/14/2016	AIU

Attestation Accepted.

Attestation Instructions
 Welcome to the Attestation page. Arizona Medicaid providers must attest each payment year for the Medicaid EHR Incentive Program. Completing the State attestation is a prerequisite for determining the EHR Incentive Program payment.

AIU Overview
 Eligible Providers must obtain certified EHR technology and attest to Adoption, Implementation or Upgrade (AIU) of their system in order to participate in the first year of the Medicaid EHR Incentive Program.
 An attestation is entered for this program year.

Data Requirements
 Please be prepared to provide the following information:

Medicaid Patient Volume

- Patient Volume Reporting Period [90 days] ¹
- Hospital-Based Reporting Period [12 months] ¹
- Patient Volume Methodology (Individual/Aggregate) ²
- Total Patient Encounters
- Medicaid Patient Encounters [Medicaid Title XIX]
- Hospital-Based Patient Encounters [Medicaid Title XIX Inpatient Hospital & Emergency Department]

Notes:

- ¹ Reporting periods are from the prior calendar year that precedes the payment year.
- ² For Individual Patient Volume Methodology:
 - Patient Volume criteria is based on Provider's data
 - Hospital-Based criteria is based on Provider's data
- ² For Aggregate Patient Volume Methodology:
 - Patient Volume criteria is based on Practice's data
 - Hospital-Based criteria is based on Provider's data

Additional Requirement:
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 have 90 percent or more of their covered professional services in a hospital setting during the 12-month reporting period.

Needy Individual Patient Volume

- Patient Volume Reporting Period ¹
- Practice Predominantly Reporting Period ¹
- Patient Volume Methodology
- Total Patient Encounters
- Needy Individual Patient Encounters [Medicaid Title XIX, CHIP Title XX & Patients Paying Below Cost]
- FQHC/RHC Facility Patient Encounters in Practice Predominantly Reporting Period
- Total Patient Encounters in Practice Predominantly Reporting Period

Notes:

- ¹ Reporting periods
 - Patient Volume Reporting Period is a 90-day period in prior calendar year
 - Practice Predominantly Reporting Period is a 6-month period in prior calendar year

Additional Requirement:
Practice Predominantly Criteria
 EPs selecting Needy Individual Patient Volume Type must practice predominantly at FQHC/RHC facilities. Practice Predominantly EPs have more than 50 percent of patient encounters at FQHC/RHC facilities place of service during the 6-month reporting period.

AIU Selection

- **Adopted Certified EHR**
 Adoption of an EHR system requires that a provider acquired, purchased or secured access to certified EHR technology.
- **Implemented Certified EHR**
 Implementation of an EHR system requires that a provider installed or commenced utilization of certified EHR technology.
- **Upgraded Certified EHR**
 Upgrade of an EHR system requires that a provider upgraded from existing EHR technology to certified EHR technology or expanded the functionality of existing certified EHR technology.

ACCOUNT HELP
LOG OFF
CHANGE PASSWORD
SETUP ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNT
SECURITY QUESTION
EXTERNAL LINKS
CMS EHR PROGRAM OVERVIEW
CMS ACRONYM LOOKUP TOOL
POLICY & CONTACT LINKS
WEB PRIVACY POLICY
CONTACT AHCCCS

Your CEHRT number and Attestation Date will be automatically populated.

Your attestation will now be processed by the AHCCCS team.



TIP

Congratulations.

Appendices

Appendix A – Patient Volume Report Fields

Report Fields

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

**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.*

Appendix B – Frequently Asked Questions

Q	What is the difference between the Medicare and the Medicaid EHR Incentive Program?
A	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.

Q	Can I skip a year after I have started the EHR incentive program?
A	Those EPs in the <u>Medicare</u> EHR incentive program must attest in consecutive years.
	Those EPs in the <u>Medicaid</u> 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.

Q	After Registration, what supporting documentation do I need to complete my attestation for Stage 2 of the EHR Incentive Program?
A	To attest to Stage 2, you will need to document the following information: The Patient Volume Reporting Period (90 Days) data from the <u>prior</u> calendar year that precedes your program year. This establishes your Medicaid and total patient volumes. The Hospital Based Reporting Period (12 Months) from the <u>entire prior calendar year</u> that precedes your payment year that establishes your Medicaid and total patient volumes. The Patient Volume Methodology that you choose:
	For <u>Individual Patient Volume</u> Methodology: <ul style="list-style-type: none"> • Patient Volume criteria is based on Provider's data • Hospital-Based criteria is based on Provider's data
	For <u>Aggregate Patient Volume</u> Methodology:

- 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.

Q Can a provider attest multiple times in a calendar year?

A 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.

Q Can a provider receive multiple attestation payments in a calendar year?

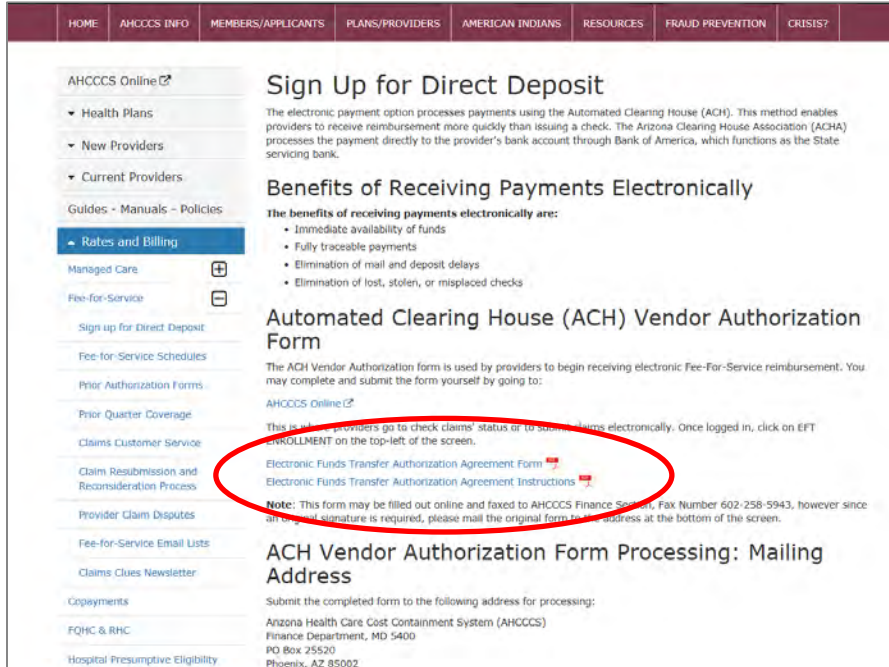
A It is possible for a provider to receive multiple attestation payments in a calendar year as long as the payments are for separate Program Years.

Q	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?
A	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 EHRIncentivePayments@azahcccs.gov .

Q	I have successfully submitted my attestation; how long will it take to receive a payment?
A	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 EHRIncentivePayments@azahcccs.gov .

Q	I am choosing to reassign my attestation payment to my practice. Will I have any financial liability if I do so?
A	<p>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 https://www.azahcccs.gov/PlansProviders/CurrentProviders/EHR/ .</p> <p>Look for the IMPORTANT ATTESTATION PAYMENT INFORMATION about half way down the page.</p>

Appendix C – Electronic Funds Transfer (EFT)



The screenshot shows the AHCCCS Online portal. The left sidebar contains a navigation menu with options like Health Plans, New Providers, Current Providers, and Rates and Billing. The main content area is titled 'Sign Up for Direct Deposit' and includes a section for 'Benefits of Receiving Payments Electronically'. Below this, there is a section for 'Automated Clearing House (ACH) Vendor Authorization Form'. A red circle highlights the link 'Electronic Funds Transfer Authorization Agreement Form' under the 'AHCCCS Online' heading.

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>



TIP

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