EHR Incentive Program

Medicaid Aggregate Patient Volume
Agenda

- Introductions
- Health Current
- 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
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.
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

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
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:
CMS EHR Certification ID:
Patient Volume Type: Medicaid Patient Volume
Patient Volume Reporting Period (Start/End):
Message Box
ALERT
PV Dates Entered
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.

<table>
<thead>
<tr>
<th>Report Patient Encounters</th>
<th>Medicaid Title XIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona Medicaid Patient Encounters</td>
<td></td>
</tr>
<tr>
<td>California Medicaid Patient Encounters</td>
<td></td>
</tr>
<tr>
<td>Colorado Medicaid Patient Encounters</td>
<td></td>
</tr>
<tr>
<td>Nevada Medicaid Patient Encounters</td>
<td></td>
</tr>
<tr>
<td>New Mexico Medicaid Patient Encounters</td>
<td></td>
</tr>
<tr>
<td>Utah Medicaid Patient Encounters</td>
<td></td>
</tr>
<tr>
<td>Practice Total Medicaid Patient Encounters</td>
<td>0</td>
</tr>
<tr>
<td>Practice Total Non-Medicaid Patient Encounters</td>
<td>0</td>
</tr>
<tr>
<td>Practice Total Patient Encounters</td>
<td></td>
</tr>
<tr>
<td>Practice Patient Volume Percentage</td>
<td>-</td>
</tr>
</tbody>
</table>
Staff Roster

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

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>AHCCCS Provider Number</th>
<th>Provider Type</th>
<th>Link PV</th>
<th>Practice Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Smith</td>
<td>123456</td>
<td>PA</td>
<td>No</td>
<td>Not eligible for the program</td>
</tr>
<tr>
<td>Ed Jones</td>
<td>987654</td>
<td>MD</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Cindy Lue</td>
<td>234556</td>
<td>MD</td>
<td>Medicare</td>
<td>Did the Medicare program at a different practice</td>
</tr>
<tr>
<td>John Wyatt</td>
<td>665543</td>
<td>MD</td>
<td>Other</td>
<td>Works part time at our practice</td>
</tr>
<tr>
<td>Rebecca Justice</td>
<td>551236</td>
<td>NP</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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.
Providers in 90 Day Reporting Period

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

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>AHCCCS Provider Number</th>
<th>NPI</th>
<th>AHCCCS Results</th>
<th>Practice Response To Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Smith</td>
<td>123456</td>
<td>1234567899</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ed Jones</td>
<td>987654</td>
<td>5555555555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Wyatt</td>
<td>655543</td>
<td>6666666666</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebecca Justice</td>
<td>551236</td>
<td>9876543211</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wayne Byrd</td>
<td>448448</td>
<td>2223334445</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 %
# Example Patient Volume Report

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Patient Date of Birth</th>
<th>Patient Identification</th>
<th>Primary Insurance ID</th>
<th>Primary Insurance Name</th>
<th>Secondary Insurance ID</th>
<th>Secondary Insurance Name</th>
<th>Patient Last Name</th>
<th>Patient First Name</th>
<th>Payer Financial Class</th>
<th>COB (Coordination of Benefits)</th>
<th>Place of Service</th>
<th>Rendering Provider</th>
<th>Visit Count Numerator</th>
<th>Visit Count Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2016</td>
<td>12/1/1995</td>
<td>A12345678</td>
<td>Care First</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>Jane</td>
<td>Medicaid</td>
<td>Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1/2/2016</td>
<td>12/2/1995</td>
<td>963852741</td>
<td>Cigna</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>John</td>
<td>Commercial</td>
<td>Non-Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1/3/2016</td>
<td>12/3/1995</td>
<td>741852963</td>
<td>Blue Cross</td>
<td>A987654321</td>
<td>Care First</td>
<td>Doe Sam</td>
<td>Medical</td>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/4/2016</td>
<td>12/4/1995</td>
<td>A456123789</td>
<td>Mercy Care</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>Tim</td>
<td>Medicaid</td>
<td>Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1/5/2016</td>
<td>12/5/1995</td>
<td>789456123</td>
<td>Aetna</td>
<td>A123456850</td>
<td>Mercy Care</td>
<td>Doe Tim</td>
<td>Medicaid</td>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/6/2016</td>
<td>12/6/1995</td>
<td>100000000</td>
<td>Cigna</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>Tom</td>
<td>Commercial</td>
<td>Non-Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1/7/2016</td>
<td>12/7/1995</td>
<td>987600000</td>
<td>Abrazo</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>Bill</td>
<td>Private Ins</td>
<td>Non-Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1/9/2016</td>
<td>12/9/1995</td>
<td>A85200000</td>
<td>Mercy Maricopa</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>Lin</td>
<td>Medicaid</td>
<td>Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1/10/2016</td>
<td>12/10/1995</td>
<td>123400000</td>
<td>UnitedHealthCare</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>Steve</td>
<td>Commercial</td>
<td>Non-Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Service</th>
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<th>Secondary Insurance Name</th>
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<th>Patient First Name</th>
<th>Payer Financial Class</th>
<th>COB (Coordination of Benefits)</th>
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<th>Rendering Provider</th>
<th>Visit Count Numerator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>12/10/1995</td>
<td>123400000</td>
<td>UnitedHealthCare</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Doe</td>
<td>Steve</td>
<td>Commercial</td>
<td>Non-Medicaid</td>
<td>11</td>
<td>Dr. Smith</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total**: 6 10

**Patient Volume Percentage**: 60%
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

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

**Denominator:** All Medicaid Title XIX Patient Encounters [Any Place of Service]
# Hospital-Based Report Layout

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

*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.*
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:
  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](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

➢ **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](https://azahcccs.gov/PlansProviders/NewProviders/registration.html)
Imagine fully informed health.