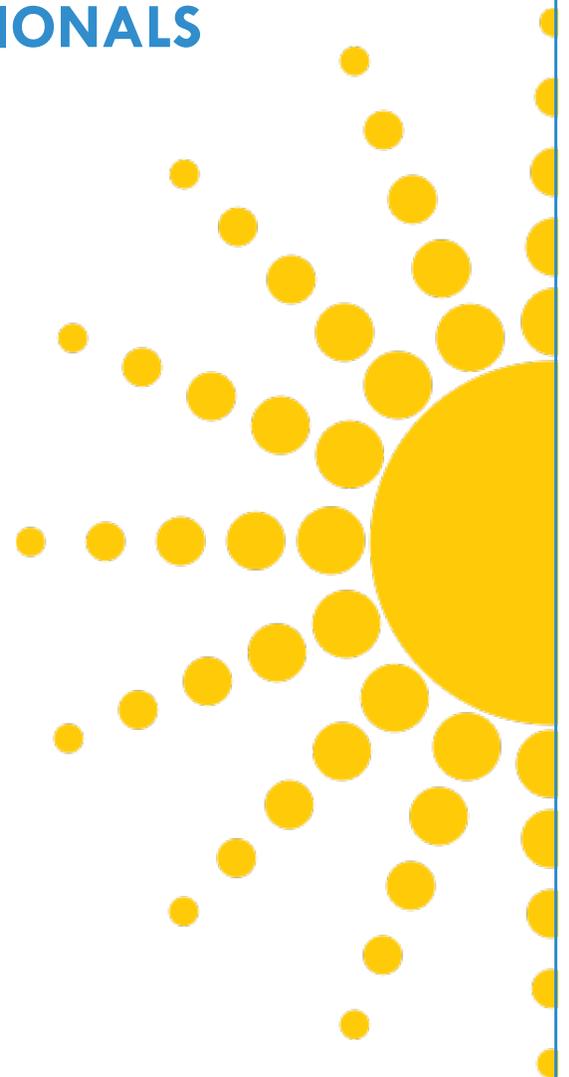




**STATE MEDICAID
EHR INCENTIVE PROGRAM
REGISTRATION REFERENCE GUIDE
FOR ELIGIBLE PROFESSIONALS**



December, 2014
<https://www.azecip.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>.

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.

Introduction

The American Recovery and Reinvestment Act of 2009 (ARRA or Recovery Act) provides for EHR Incentive Program payments to eligible professionals (EPs) and eligible hospitals (EHs) including critical access hospitals (CAH) participating in Medicare and Medicaid programs as they demonstrate adoption, implementation, upgrade or meaningful use of certified electronic health record (EHR) technology.

To facilitate the vision of transforming our nation's health care system to improve quality, safety and efficiency of care to EHR technology, the Health Information Technology for Economic and Clinical Health (HITECH) Act established programs under Medicare and Medicaid.

The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC) have released final rules to guide and implement the provisions of the Recovery Act.

The Arizona Health Care Cost Containment System Administration (AHCCCS) is responsible for the implementation of Arizona's Medicaid EHR Incentive Program. Authorized to disburse EHR Incentive funds up to 2021, AHCCCS will make payments to providers who adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology in their first year of participation in the program and successfully demonstrate meaningful use in subsequent years.

These incentive programs are designed to support providers in this period of Health Information Technology (HIT) transition, accelerate the adoption of HIT and instill the use of qualified EHRs in meaningful ways to help our nation to improve the quality, safety and efficiency of patient health care.

Arizona's EHR Incentive Program

Two key components of the EHR Incentive Program are registration and attestation.

AHCCCS' Division of Health Care Management (DHCM) has fiduciary responsibility to ensure that Medicaid supplemental funds are disbursed accurately in compliance with federal and state regulations.

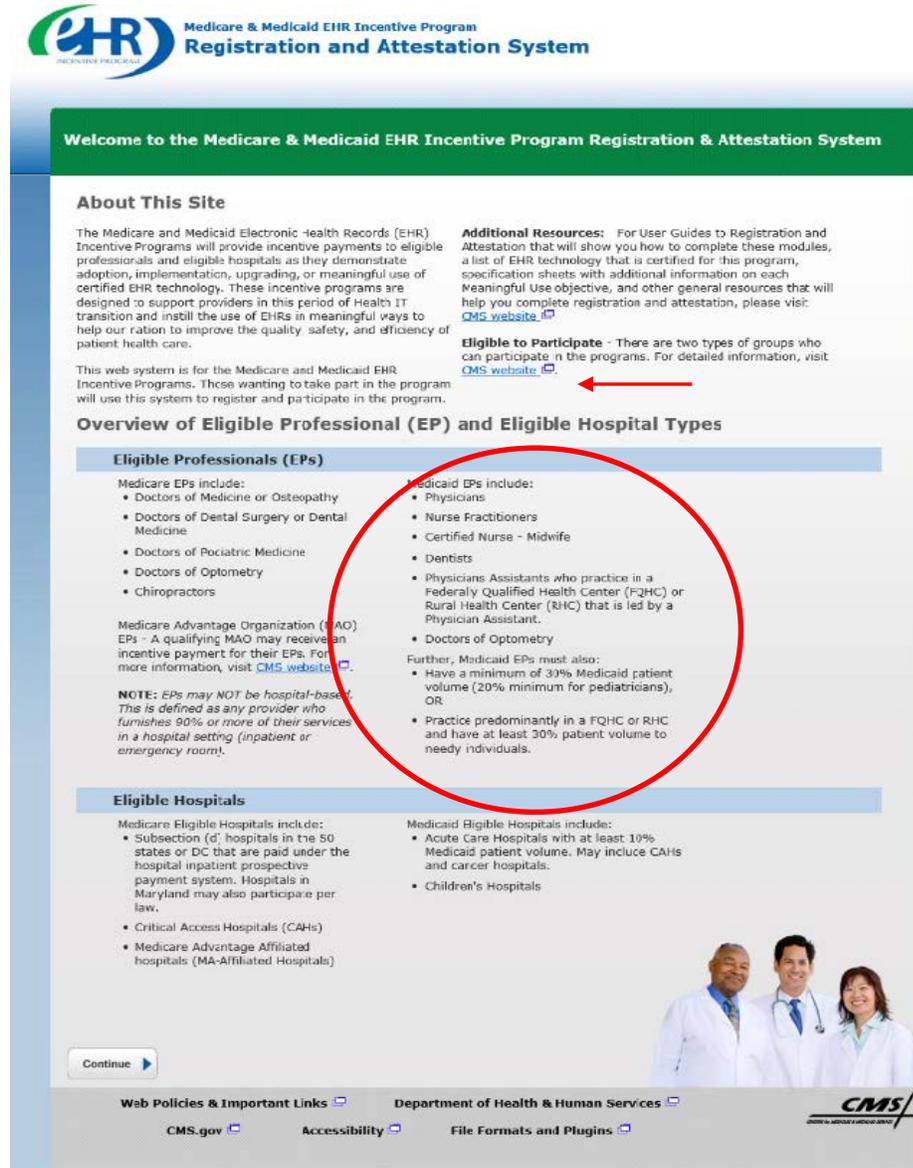
AHCCCS' EHR Electronic Provider Incentive Payment System (ePIP) facilitates the processing of EHR Incentive Program payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

Registration

This guide is for Registration of Eligible Professionals only and allows the provider to participate in the EHR Incentive Program. Providers must complete a Federal and State level registration process. The Attestation Guide can be found on the AHCCCS website.

Step 1 – Getting Started

Before you register for the Arizona Medicaid EHR Incentive Program, you must first register at the CMS Registration site. Click on the following link: <https://ehrincentives.cms.gov>.



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are 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.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit: [CMS website](#).

Eligible to Participate: There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant.
- Doctors of Optometry

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals.

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit [CMS website](#).

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals

Continue

Web Policies & Important Links | Department of Health & Human Services | CMS.gov | Accessibility | File Formats and Plugins

STEPS

Enter the EHR Incentive Program URL at the left into your browser or right click on the hyperlink and select "Open Hyperlink"

Verify that you meet the eligibility criteria for the Medicaid EHR Incentive Program (circled in red).

If you feel that you meet the eligibility criteria for the Medicaid EHR Incentive Program, click continue at the bottom left corner.

The Registration Guide will walk you through the step by step process for registering.

Your CMS Registration ID will be issued when you have successfully registered at the CMS website.

Retain this (CMS) ID for registration in ePIP.

If you do not remember your CMS Registration ID, log back on to the CMS Registration site: <https://ehrincentives.cms.gov/hitech/loginCredentials.action> and click on the "Status" tab.



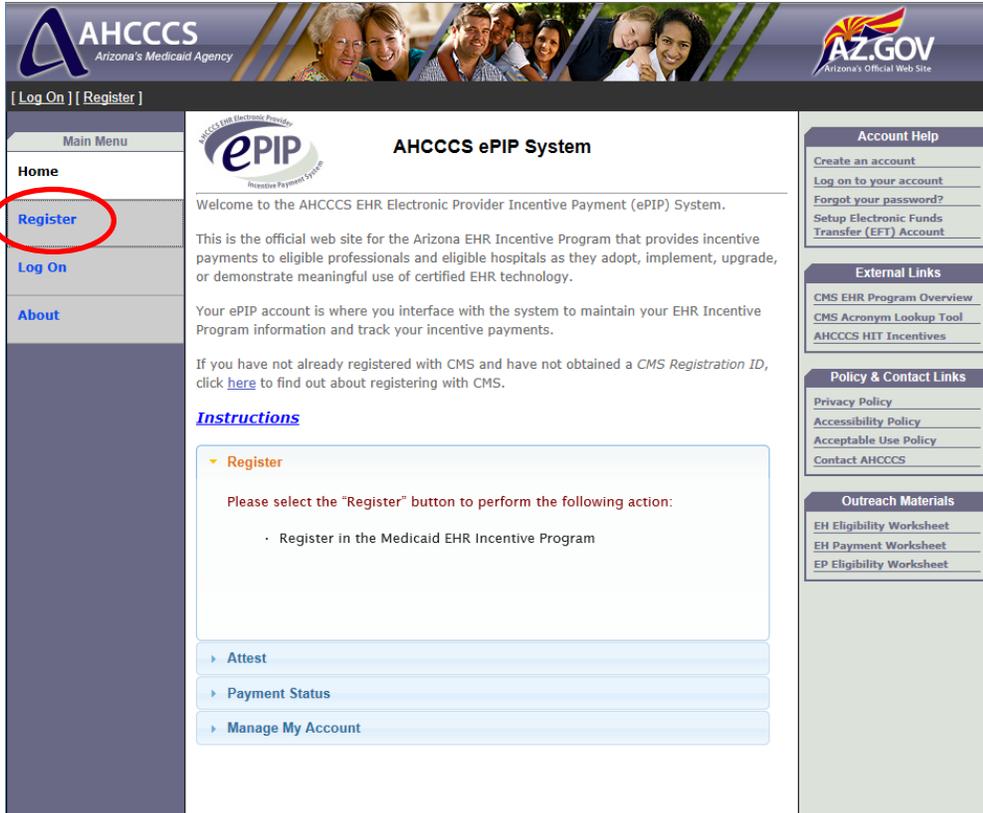
TIP

To obtain more detail on how to determine your eligibility, click on the CMS website (red arrow).

For a copy of the Registration Guide, click the following link: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf

Step 2 – ePIP Registration

Following successful CMS Registration, you are now prepared to register in the Arizona Medicaid Electronic Provider Incentive Payment System (ePIP). Click on the following link:
<https://www.azepip.gov/>.



The screenshot shows the AHCCCS ePIP System website. The main menu on the left has a 'Register' button circled in red. The page title is 'AHCCCS ePIP System'. The main content area contains a welcome message and instructions for registration. A sidebar on the right contains links for Account Help, External Links, Policy & Contact Links, and Outreach Materials.

STEPS

Please note that it takes 24-48 hours for registration information to transfer automatically from CMS to ePIP.

To begin registration for the Medicaid EHR Incentive Program in ePIP, enter the link on the left (top) in your browser or right click on the link and select "Open Hyperlink".

Click on the "Register" button on the left toolbar to set up your ePIP account.

You must first register to set up your ePIP account before you can log on. **Your AHCCCS provider number is your ePIP user ID. You will create your password when you complete registration.**



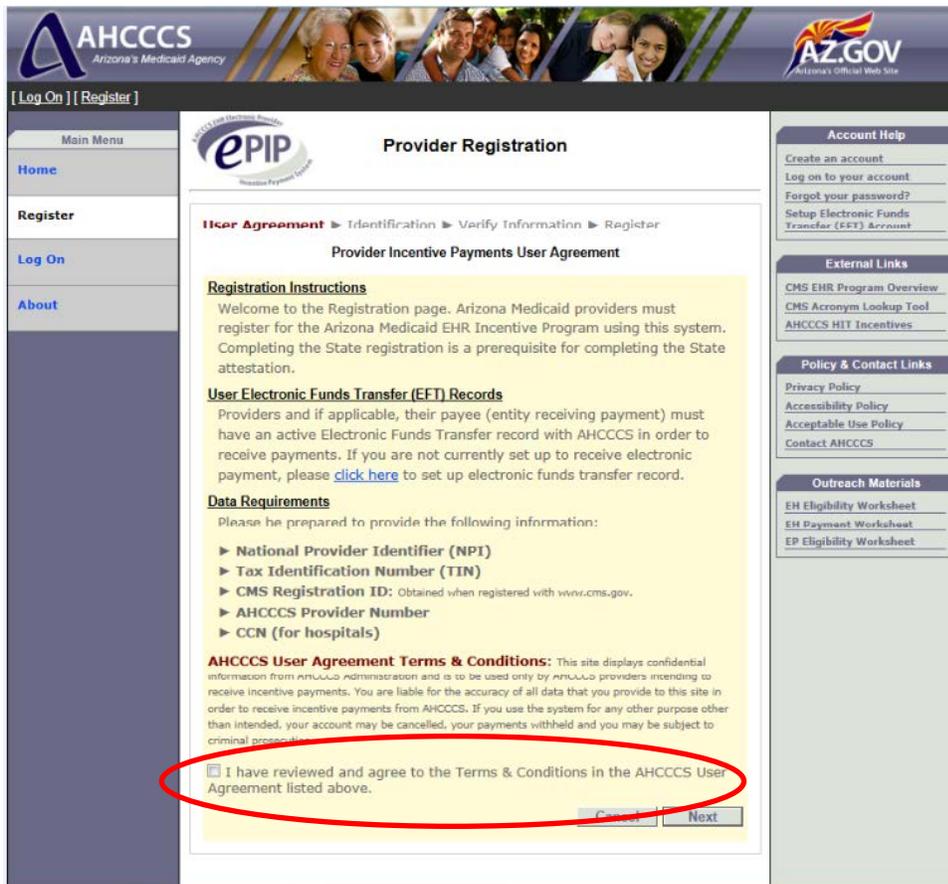
When submitting and re-submitting information from the CMS Registration Site, **allow 24-48 hours** for the information to appear or corrections to be made to the ePIP Registration site.

Note that it is not necessary to have your EHR Certification Number for your EHR software to complete the CMS registration. This field may be blank if you opted not to add it at the CMS site. It is not optional but can be added at a later time.

Step 3 – User Agreement

To proceed with ePIP Registration, you will need to agree to the terms and conditions of the AHCCCS User Agreement.

Be sure to read the AHCCCS User Agreement.



STEPS

Read the User Agreement and check the box signifying that you agree to its terms and conditions.

When you are ready, click “Next” to continue.

If you do not check the box agreeing to the User Agreement, you cannot proceed with your account set-up.

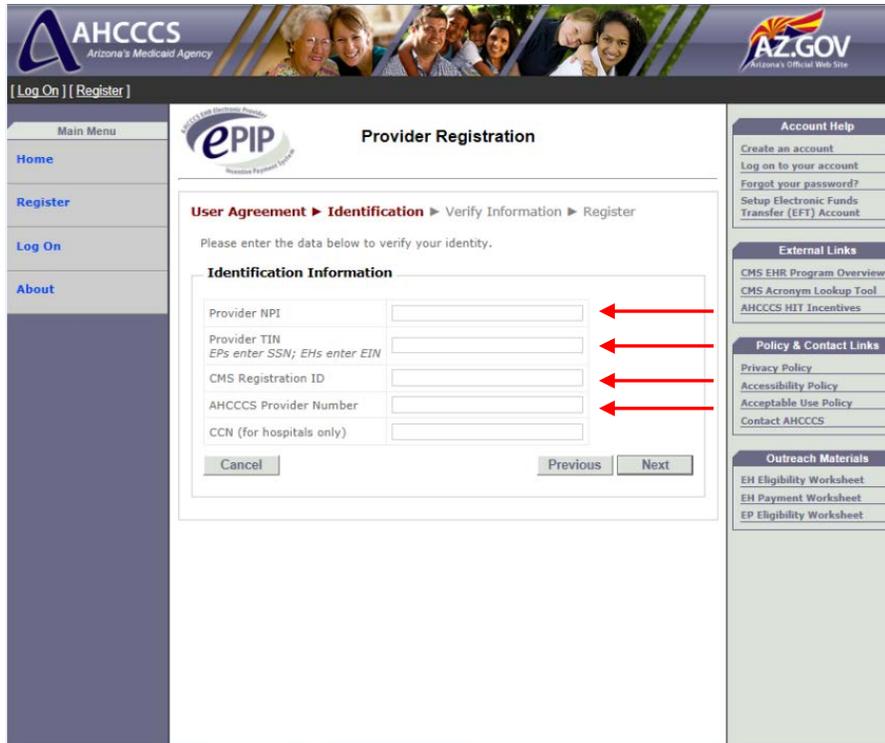


TIP

Note that it is not necessary to set-up the **Electronic Funds Transfer (EFT)** in order to complete Registration. However, it will be necessary to complete and submit the Automated Clearing House (ACH) form in order to receive the EHR incentive payment and payment will be held after successful attestation until this form is properly completed and submitted. See Appendix F for guidelines for proper completion of this form.

Step 4 – Identification

Complete this page to identify yourself as the provider applying for the Medicaid EHR Incentive Program.



STEPS

Enter your individual **Provider NPI**.

Enter your tax identification number (TIN).

Eligible Professionals enter your Social Security Number as your TIN.

Enter your CMS Registration ID.

If you do not remember your **CMS Registration ID**, log back on to the CMS Registration site: <https://ehrincentives.cms.gov> and click on the "Status" tab.

Enter your individual **AHCCCS Provider Number**.

Eligible Hospitals enter your CMS Certification Number (CCN).

Click next to continue.

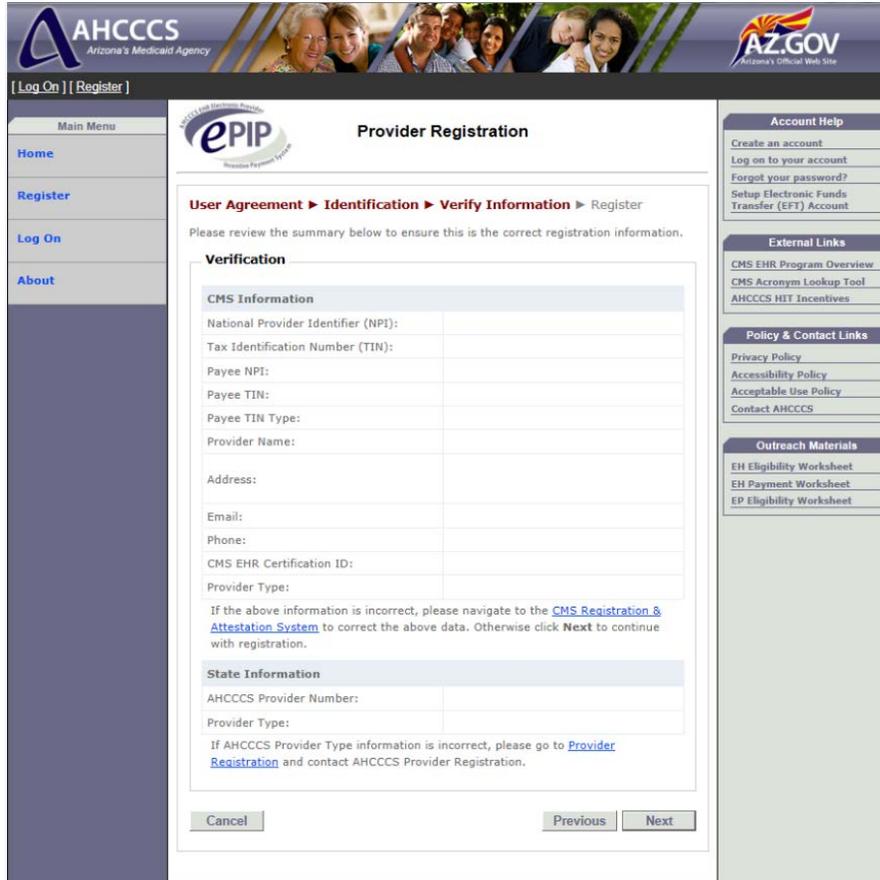


TIP

If you do not have an AHCCCS Provider Number, contact AHCCCS Provider Registration at 602-417-7670 (Option 5). Click on the link for additional information: <http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx>

Step 5 – Verify Information

Verify your registration information that transferred from the CMS Registration site and your provider information in the AHCCCS database.



STEPS

Review your information.

If the CMS information is incorrect, return to the CMS Registration site: <https://ehrincentives.cms.gov> and correct it.

Be certain to **re-submit your work** at the CMS Registration site once you have made the changes.

If the State information is incorrect, contact AHCCCS Provider Registration at:

<http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx>

Click Next to continue.



TIP

As stated earlier, when submitting and re-submitting information from the CMS Registration Site, **allow 24-48 hours** for the information to appear or corrections to be made to the ePIP Registration site.

Note that it is not necessary to have your EHR Certification Number for your EHR software to complete the CMS registration. This field may be blank if you opted not to add it at the CMS site. It is not optional but can be added at a later time. You cannot attest without an accurate Certified Electronic Health Record Technology number (CEHRT).

Step 6 – Register

Create your ePIP account and complete your State Registration.

The screenshot shows the AHCCCS ePIP Provider Registration form. The page title is "Provider Registration". The breadcrumb trail is "User Agreement > Identification > Verify Information > Register". The main heading is "Create Account". Below this, there are input fields for "User Name", "Email Address", "Password", "Confirm Password", "Alternate Contact Info (Optional)", "Contact Person", and "Contact Person Phone". A note states: "NOTE: Your User Name is your AHCCCS Provider Number". The "Register" button is circled in red. There are "Previous" and "Cancel" buttons at the bottom right of the form.

STEPS

Your User Name is your **AHCCCS Provider** Number.

Enter your **e-mail** address.

Create your own password and **confirm** it.

(Optional) Enter an alternate contact's information if you wish to include others on your e-mails.

Click "Register" to complete the set-up of your ePIP account.



TIP

Please follow secure protocols in safeguarding your password. Strong passwords include a minimum of 12-14 characters including capitalized and lower case alpha characters, numeric and special characters.

Do not share your password with others. Change your password routinely.

Step 7 – Registration Success

Congratulations. You have successfully registered for the Arizona Medicaid EHR Incentive Program in ePIP.

STEPS

Now that you have successfully registered, you have **new features** available to you on the left toolbar.

Click **"Next"** to continue.

The screenshot shows the ePIP Registration Success page. At the top, there is a header with the AHCCCS logo and the AZ.GOV logo. Below the header, there is a navigation menu on the left with options like 'Welcome', 'Manage My Account', 'Attest', 'Payments', 'Manage Documents', 'Log Off', and 'EHR Cert Tool'. The main content area displays 'Registration Success!' and 'Congratulations... you have just created your ePIP account.' A 'Next' button is circled in red. On the right side, there are several utility links including 'Account Help', 'External Links', 'Policy & Contact Links', and 'Outreach Materials'.



If you have not already set up the Electronic Funds Transfer (EFT) account, you will be prompted to do so. Instructions for proper completion of this form are in Appendix F.

TIP

Step 8 – Log On

Now that you have registered your User ID and established your Password, you can log on to ePIP as a registered provider in the EHR Incentive Program.

You will want to familiarize yourself with some of the features of the site.

STEPS

Select “Log On” from the tool bar on the left or in the upper left hand corner of the screen.

Enter your User Name (your AHCCCS Provider Number).

Enter the password that you created when you registered.

The screenshot shows the AHCCCS ePIP website's login interface. At the top left, there are links for 'Log On' and 'Register'. The main navigation menu on the left has 'Log On' selected. The central form is titled 'Log On' and asks for a username and password. The username field is labeled 'User name' and the password field is labeled 'Password'. There is a 'Remember me?' checkbox and a 'Log On' button. Below the form, there is a link for 'Forgot your password? Click here to reset your password.' The right sidebar contains several utility links categorized under 'Account Help', 'External Links', 'Policy & Contact Links', and 'Outreach Materials'.



Remember that your User Name is your AHCCCS Provider Number.

TIP

Appendix A – ePIP Pre-registration Preparation Detail

Once you have successfully registered for the EHR Incentive Program at CMS and have determined that you want to choose to register for the Medicaid incentive, you must register in the Arizona Medicaid Electronic Provider Incentive Payment System (ePIP).

You will need some of the same identification numbers that you used in your CMS registration. See below.

In ePIP you will need your AHCCCS Provider Number.

Information That You Will Need to Know to Register in ePIP		
Pre-Registration Checklist	In order to register and attest on the EHR Electronic Provider Incentive Payment System (ePIP), you will need the following:	
	AHCCCS Provider Number	Provider's Unique identifier assigned by AHCCCS to an accepted provider for participating in Arizona's Medicaid Program
	CMS Registration ID	Provider's Unique number assigned by CMS Registration & Attestation System after completing the Federal Registration
	NPI	Provider's Unique identification number assigned by CMS for covered health care providers known as the National Provider Identifier
	SSN	Provider's Unique identification number used by IRS in the administration of tax law known as the Social Security number or personal Taxpayer Identification Number

Where to Find That Information	
AHCCCS Provider Number	If you do not have an AHCCCS provider number, click on the following link: http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx
CMS REGISTRATION ID	The CMS Registration ID is assigned by the CMS Registration & Attestation System after successfully completing the Federal Registration. You need this number in order to register at the state level. To participate in the EHR Incentive Program, All Eligible Professionals and Eligible Hospitals must have a CMS Registration ID. If you have forgotten your CMS Registration ID, log back into the CMS Registration and Attestation System (https://ehrincentives.cms.gov) and click on the "Status" tab. If you do not have a CMS Registration ID, navigate to the CMS Registration & Attestation System website. https://ehrincentives.cms.gov/hitech/login.action
NPI	The National Provider Identifier (NPI) is a <i>Health Insurance Portability and Accountability Act of 1996</i> (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. When covered health care providers, health plans, and health care clearinghouses submit claims/encounter data, they will use the NPI in the administrative and financial transactions adopted under HIPAA. To participate in the EHR Incentive Program, All Eligible Professionals and Eligible Hospitals must have an active National Provider Identifier. If you do not have an NPI, navigate to the CMS National Plan and Provider Enumeration System website to apply. https://nppes.cms.hhs.gov/NPPES/Welcome.do

Appendix B – Resources and Support

CMS Resources and Support

Help Desk

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

Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

Documentation

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

<https://www.cms.gov/EHRIncentivePrograms/>

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

EHR Incentive Program Contacts

EHR Help Desk

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

- Phone: 602-417-4333
- Hours of Operation: 8:00 AM to 5:00 PM
- Email: EHRIncentivePayments@azahcccs.gov
- Website: <http://www.azahcccs.gov/EHR/default.aspx>

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: <http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx>

Regional Extension Centers (REC)

Contact your Regional Extension Center for questions regarding the EHR Incentive Program.

Arizona REC

- Email: ehr@azhec.org
- Link Phone: 602-688-7200
- http://www.azhec.org/?The_REC

National Indian Health Board AI/AN National REC:

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

Appendix C - Provider Outreach & Recruitment



A collaboration of
AzHeC, ASU-BMI & HSAG

The Arizona Regional Extension Center (REC), a program of Arizona Health-e Connection, provides an unbiased approach in utilizing health IT to improve and transform health care delivery and practice. One of 62 federally funded and designated RECs nationwide, the REC today serves all Arizona providers regardless of size or specialty, including hospitals and clinics.

REC Benefits

- Health IT development and assistance

Assistance for Meaningful Use or developing the health IT foundation for participation in patient-centered medical homes or accountable care organizations

- Practice transitions and development

A one-stop shop for gap analysis, project planning and project management from privacy and security issues to health information exchange

- A national network of information and resources

Connection to information, answers and solutions from state and federal government, as well as, a network of 62 regional extension centers nationwide

Regional Extension Center Services	
Free Technical Assistance	
<ul style="list-style-type: none"> • <i>Vendor evaluation</i> • <i>Project planning, monitoring & management</i> • <i>Workflow redesign</i> • <i>Meaningful Use gap analysis</i> • <i>Privacy & security requirements</i> 	<p>EHR Incentive Program Assistance:</p> <ul style="list-style-type: none"> • Eligibility documentation • Registration and attestation • Objectives and clinical quality measures (CQM) • Preparation for Audit

Interest in talking with someone at the REC? Fill out an Interest Form or call the REC now at 602-688-7200.

Appendix D - Provider Outreach & Recruitment for National Indian Health Board American Indian /Alaska Native Regional Extension Center

The National Indian Health Board (NIHB) views health information technology (IT) as a major development leading to improvements in the next generation of healthcare for our nation’s American Indian and Alaska Native communities. As an organization, NIHB is poised to advocate for policy decisions that will produce optimal outcomes for deployment of health IT in Native communities. Through the initial collaborative efforts of NIHB staff working with Area Indian Health Boards and Regional Tribal Health Organizations, we are now placed with the collective responsibility and opportunity to establish and support a national HITECH Center to serve the health IT needs and interests of Native communities across the country.

In 2010, the Office of the National Coordinator for Health Information Technology (ONC) funded 62 HITECH Regional Extension Centers (RECs) in every geographic region of the U.S. NIHB received a cooperative agreement award to establish the American Indian/Alaska Native (AI/AN) Regional Extension Center (REC). While most RECs serve a single state, the NIHB AI/AN REC is the only national center serving tribes and urban Indian populations located in 37 states throughout the U.S. NIHB will need sustainable working partnerships with Tribes and Tribal Organizations, Urban Indian Organizations and the Indian Health Service (IHS) to make this project a success.

The support of the IHS, Area Indian Health Boards, Regional Tribal Health Organizations and urban Indian health organizations is necessary to ensure the success of the NIHB AI/AN REC.

IHS, Tribal and Urban Indian Organization Participation	
Milestones	
Milestone 1	To obtain signed agreements with Providers in the local service Area to work with and receive services of the NIHB AI/AN REC.
Milestone 2	To implement use of Electronic Health Records by Providers in the local service Area.
Milestone 3	To support Providers in the local service Area meet Meaningful Use standards in their use of Electronic Health Records.

Why Should IHS, Tribal and Urban Indian Health Organizations Support NIHB AI/AN REC Activities?

- Build local capacity to implement and manage health IT systems in Tribal communities.
- Support development of local plans to meet health IT needs.
- Develop local health IT workforce to serve future Tribal community needs.

One of the highest priorities of the NIHB AI/AN REC is to ensure direct health IT services are provided to Primary Care Providers serving their Tribal communities to:

- Support implementation and use of certified Electronic Health Records by Providers in Indian Health Service/Tribal/Urban Indian (I/T/U) health facilities.
- Support Providers in I/T/U health facilities to achieve Meaningful use of Electronic Health Records.

To take advantage of the NIHB AI/AN National REC services, please contact them directly at:

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

Appendix E – Frequently Asked Questions

Q	What is the difference between the Medicare and the Medicaid EHR Incentive Program?
A	<p>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.</p> <p>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.</p>

Q	Can I register in both Medicare and Medicaid EHR Incentive Program?
A	<p>Eligible professionals (EPs) must choose either the Medicare or the Medicaid EHR Incentive Program.</p> <p>Eligible hospitals (EHs) can apply for both.</p>

Q	How often do I need to Register?
A	<p>You need to Register in both the Federal CMS system and the Arizona Medicaid ePIP system <u>once</u>. After Registration, you must keep your account detail current in each system.</p> <p>When updating information in CMS make sure that you “re-submit” your Registration information and allow 24 – 48 hours for it to be sent to ePIP by CMS.</p> <p>Each time you attest, you must review and approve the “Contact Information” line in ePIP before proceeding with the attestation. The system will not allow you to proceed until this is done.</p>

Appendix E – Frequently Asked Questions cont'd.

Q	Can I switch between Medicare and Medicaid programs?
A	<p>Providers can switch between the Medicare and Medicaid programs any time before they receive their first incentive payment.</p> <p>Eligible Professionals can switch one time (before 2015) between the Medicare and Medicaid Incentive Programs if they have received one incentive payment.</p>

Q	Is there a penalty if I start the EHR incentive program and do not attest to Meaningful Use?
A	<p>Those EPs who have a Medicare patient population and have not attested to Meaningful Use in the first 9 months of calendar year 2014 will have a reduction in Medicare payments beginning in January 2015.</p> <p>If EPs with a Medicare patient population do <u>not</u> attest for any period in 2014, there will be a payment adjustment in 2016 and each ensuing year until they attest.</p> <p>Providers that do not serve Medicare members are not penalized if they do not attest or if they withdraw from the Medicaid EHR Incentive Program after receiving an incentive payment.</p>

Q	Can I skip a year after I have started the EHR incentive program?
A	<p>Those EPs in the <u>Medicare</u> EHR incentive program must attest in consecutive years.</p> <p>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.</p> <p>When you continue, you continue in the program year that you would have started in if you had not skipped a year.</p>

Appendix E – Frequently Asked Questions cont'd.

Q	What if I want to change my Assignment of Benefits or Electronic Funds Transfer?
A	<p>Assignment of benefits is set up when you register in the Federal CMS system. Electronic Funds Transfer (EFT) is set up when you register in ePIP.</p> <p>You may change your assignment of benefits by logging in to the CMS EHR Registration website: https://ehrincentives.cms.gov</p> <p>You may change your electronic funds transfer (EFT) by going to the following link: http://www.azahcccs.gov/commercial/FFSclaiming/directdeposit.aspx</p>

Q	When is the latest that I can register for the Medicaid EHR incentive program and still receive the full incentive of \$63,750 over 6 years?
A	<p>The latest that you can Register and Attest and expect to receive the full six years of incentive is 2016 (submitting 2015 patient volumes).</p> <p>This assumes that you attest to Adopt, Implement or Upgrade the first year (2016) and do not skip a year through 2021.</p> <p>The year 2021 is the last year for which EHR Incentives will be paid.</p>

Appendix E – Frequently Asked Questions cont’d.

Q	Do I need to register again in ePIP when I am ready to attest to Stage 2 of Meaningful Use?
A	No, ePIP will retain your information from your original registration. You will just need to have your User ID (AHCCCS provider number) and the password that you created (or have subsequently modified).

Q	Can I register in ePIP before I register in the CMS Registration and Attestation System?
A	No. CMS requires that all Eligible Professionals participating in the EHR Incentive program, regardless of whether it is for Medicare or Medicaid, register first in the CMS Registration and Attestation System at the following location https://ehrincentives.cms.gov .

Q	I have registered in the CMS Registration and Attestation System but still cannot register in ePIP. How can I troubleshoot the problem?
A	<p>After completing the registration in the <i>CMS Registration and Attestation System</i>, allow 24 to 48 hours for your registration information to transfer from that system to Medicaid’s Electronic Provider Incentive Payment System (ePIP).</p> <p>The most frequent factor that slows down a provider’s registration in ePIP is an incomplete registration with CMS. In many cases this is caused by the provider failing to click the “Submit” button when first registering or when updating a registration.</p> <p>After completing the “Registration Disclaimer: in the CMS Registration and Attestation System, you will see “Submission Receipt (Successful Submission)” if you have successfully registered. It will provide you your Registration ID. It is advisable to print this receipt.</p> <p>Also remember that when <u>updating</u> your registration in the CMS system, you</p>

must also click on the final submit button to confirm your changes.

Q

After Registration and Attestation, what do I need to do to get my incentive payment?

A

Providers frequently fail to submit or improperly complete documentation for electronic funds transfer.

Medicaid can only pay the provider or his/her designee if there is an electronic funds transfer (EFT) statement completed.

This is done by completing and submitting the “ACH Vendor Authorization Form”. (A sample form with instructions is provided in the appendix of this reference guide.)

Failure to submit or properly complete this form can result in a delay in release of incentive payments.

Note that Section 4 of this form must be completed by an authorized member of the financial institution managing the funds transfer.

Q

Under the Medicaid EHR Incentive Program, is there a minimum number of hours per week that an eligible professional (EP) must practice in order to qualify for an incentive payment? Could a part-time EP qualify for Medicaid incentive payments if the EP meets all other eligibility criteria?

A

Yes, a part-time EP who meets all other eligibility requirements could qualify for payments under the Medicaid EHR Incentive Program.

There are no restrictions on employment type (e.g., contractual, permanent, or temporary) in order to be a Medicaid eligible professional. (CMS FAQs #3095)

Appendix E – Frequently Asked Questions cont’d.

Q	Are physicians who are employed directly by a tribally-operated facility and who meet all other eligibility requirements eligible for payments under the Medicaid EHR Incentive Program?
A	Physicians are one of the categories of eligible professionals under the Medicaid EHR Incentive Program. If they meet the other program eligibility requirements (they can demonstrate 30% Medicaid patient volume, they’ve adopted, implemented, upgraded or meaningfully used certified Electronic Health Record technology, they are not hospital-based, etc.) then the fact that they are employed by a tribally-operated facility is irrelevant. (CMS FAQs # 3089)

Q	Can tribal clinics be treated as Federally Qualified Health Centers (FQHCs) for the Medicaid EHR Incentive Program?
A	CMS previously issued guidance stating that health care facilities owned and operated by American Indian and Alaska Native tribes and tribal organizations ("tribal clinics") with funding authorized by the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) must be reimbursed as FQHCs in order to be considered FQHCs in the Medicaid EHR Incentive Program. CMS revised this policy and will allow any such tribal clinics to be considered as FQHCs for the Medicaid EHR Incentive Program, regardless of their reimbursement arrangements. For more information on how FQHCs are defined, please see FAQ #2845. (CMS FAQs #3017)

Appendix E – Frequently Asked Questions cont'd.

Q	Are eligible professionals (EPs) who practice in State Mental Health and Long Term Care Facilities eligible for Medicaid electronic health record (EHR) incentive payments if they meet the eligibility criteria (e.g., patient volume, non-hospital based, certified EHR)?
A	<p>The setting in which a physician, nurse practitioner, certified nurse-midwife, or dentist practices is generally irrelevant to determining eligibility for the Medicaid EHR Incentive Program (except for purposes of determining whether an EP can qualify through "needy individual" patient volume).</p> <p>Setting is relevant for physician assistants (PA), as they are eligible only when they are practicing at a Federally Qualified Health Center (FQHC) that is led by a PA or a Rural Health Center (RHC) that is so led.</p> <p>All providers must meet all program requirements prior to receiving an incentive payment (e.g. adopt, implement or meaningfully use certified EHR technology, patient volume, etc.) (CMS FAQs # 2767)</p>

Q	What are the requirements for dentists participating in the Medicaid EHR Incentive Program?
A	<p>Dentists must meet the same eligibility requirements as other eligible professionals (EP) in order to qualify for payments under the Medicaid EHR Incentive Program.</p> <p>This also means that they must demonstrate all 15 of the core meaningful use objectives and five from the menu of their choosing. The core set includes reporting of six clinical quality measures (three core and three from the menu of their choosing.)</p> <p>Several meaningful use objectives have exclusion criteria that are unique to each objective. EPs will have to evaluate whether they individually meet the exclusion criteria for each applicable objective as there is no blanket exclusion by type of EP. (CMS FAQs #3109)</p>

Appendix F – Electronic Funds Transfer

Completing the ACH Vendor Authorization Form

This page provides step by step instructions for completion of the automated clearing house (ACH) Vendor Authorization Form for electronic funds transfer.

Section 1 – The Arizona Health Care Cost Containment System (AHCCCS) will only transfer funds for the Electronic Health Records Incentive Program electronically.

The ACH form (sample provided after these instructions) can be used for any of the following:

- New ACH set-up
- Changing the Account Type
- Changing the Account Number
- Changing the Financial Institution
- Cancellation of the ACH Request

Note that with cancellation, Sections 2, 3 and 5 must still be completed.

Section 2 –

Line 1

If assigning your EHR incentive payment to a group practice or other entity, enter the Federal Employer's Identification Number (EIN) on line 1.

If you are receiving the EHR incentive payment individually, enter your social security number (second option line 1).

Always complete the AHCCCS provider Number and Locator Code. Failure to enter the Locator Code may result in slowing down your payment. If you do not know your Locator Code, call 602-417-4333 or e-mail or ehrincentivepayments@azahcccs.gov and request your Locator Code.

Line 2

If you have selected the EIN assignment option, place the name of the group or entity to which the payment will be sent on the "Payee's Name" line and complete the "Provider's Name" line.

If you selected the SSN payment option, just complete the "Provider's Name" line.

Line 3

Always provide the business telephone number of the option selected (group/entity or provider).

Line 4

If you have entered the Employer Identification Number (EIN), enter the group or entities address.

If you entered the social security number (SSN) enter the provider's address.

Appendix F – Electronic Funds Transfer cont'd.

Section 3

Line 6

Select “Yes” if you approve your financial institution to process your corporate trade exchange (CTX) payment/transactions along with addendum information.

Line 7

If you entered an EIN in Section 2, place the group or entities’ payee name on this line. If you entered a SSN, place the name of the provider on this line.

Lines 8 and 9

If you entered an EIN in Section 2, place (respectively) the title and signature of the group or entities’ authorized representative on these lines.

If you entered SSN in Section 2, place the provider’s title and signature (respectively) on these lines.

Section 4

This section must be completed and signed by a representative of the financial institution that will be processing the electronic payment.

Section 5

Lines 21 and 22

Complete, along with Sections 2 and 3, if this form is being used for cancellation of a previous form submission.

Section 6

Section 6 is for AHCCCS use only.

