



**ELIGIBLE PROFESSIONALS PATIENT VOLUME CERTIFICATION
BY INSURANCE CARRIERS
ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM**

The Eligible Professionals Certification is required for incentive payment eligibility verification and will be used only for the Puerto Rico Medicaid Health Information Technology Provider Incentive Program (HITPIP).

The primary objective of the Patient Volume Certification is to assure that Electronic Health Records (EHR) Incentives are released according to Centers for Medicare and Medicaid Services (CMS) guidelines and regulations as per 42 CFR 495. Puerto Rico Health Insurance Administration (PRHIA) is monitoring and providing guidance for Professionals to comply with the eligibility requirements.

Section 1. To be completed by ASES.

Individual Professional Contact Information

First Name	M.I.	Last Name	Suffix	Physician Type
Taxonomy	TIN (Tax Identification Number)	NPI (National Provider Identifier)	Professional License Number	
Address 1		Address 2		
City	State	Zip Code	E-Mail	Phone Number

Section 2. To be completed by ASES

INSTRUCTIONS

Confirm the type of attestation with a check mark (✓): Group Individual. If the provider pertain to a Group but will attest as individual please make the check mark on the individual box and also provide the name of the Group or Groups where he/she bring services. If the provider is attesting under a Group please make the check mark on the Group and provide the information of the Group under he/she is attesting.

Name and NPI of the Group under the EP is attesting with:	Encounters were performed only at FQHCs (330 Centers)
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Names and NPIs of other Group(s) where the provider also bring services:

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A.H.A.A.
[Signature]

Section 3. To be completed by the Carrier.

INSTRUCTIONS

(A roster must be included with this certification if the provider attest under a Group)

Please submit encounters data for a period of any 90 continuous days in the calendar year preceding the incentive payment year or in the preceding twelve months of the attestation date. The Medicaid patient volume calculation as established by CMS is as follows:

- (i) All Medicaid patient encounters in any representative, continuous 90-day period in the calendar year preceding the Eligible Professional payment year, or in the 12 months before the Eligible Professional's attestation date; by
- (ii) The total patient encounters in the same 90-day period.

Only MI Salud Medicaid encounters (State and Federal) should be included in the numerator. **Categories 230 (CHIP) only can be considered eligible when encounters are performed at FQHCs (330 Center). Encounters at FQHCs should be identified in the aging with the POS 50. Please identify the Platino encounters with the patient contract number and a "P".**

CARRIER PATIENT VOLUME CERTIFICATION

Carrier	90 days Encounters Period (Start Date - End Date)	Total Encounters Including MI Salud Buy-In, any other Buy-In and Private Sector Clients (Denominator)	All MI Salud Medicaid Encounters (State and Federal Codes 100, 110, 300, 310, 320, 330) (Numerator)	Medicare Platino Encounters (State and Federal Codes 100, 110, 300, 310, 320, 330) (Numerator)	FQHCs Needy Individuals Encounters with Codes 100, 110, 230, 300, 310, 320, 330 (Numerator)

AGING REPORT FOR A 12 MONTH PERIOD INCLUDING THE 90 DAY PERIOD OF THE ATTESTATION

PAYER	PATIENT ID	EVALUATION AND MANAGEMENT CODE	DATE OF SERVICE	PLACE OF SERVICE	RENDERING PHYSICIAN NPI

By signing this form, I certify that the information related to the "Patient Encounters" provided is correct and valid. By this means, we commit to send all the supporting "Patient Encounters" information to ASES. All information must be submitted using the established format and according to the contract with ASES no later than 7 business days from the date of encounter's request. All encounters should be included regardless of whether they were paid or not.

Name	Position	Signature	Date

After completing the Certification, please send it to ASES at the following electronic address: Hitpip_helpdesk@asespr.org and also to the provider who requested it in order to complete the attestation process by the provider. In case you have any questions please contact ASES at 787-474-3300.

Section 4. For ASES/HITPIP use only:

Professional data submitted at SLR:				Date of submission at SLR:	
Reporting 90 days Period	Medicaid Encounters	Medicare Platino Encounters	FQHCs Federal Needy Individuals Encounters	Not Hospital Base Percentage	Patient Volume Percentage Verified by ASES
Process by:				Date:	



[Handwritten signatures and initials in blue ink]