



**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY**

Eligible Hospitals - Registering and Participating in the Nevada Incentive Payments Program for Electronic Records

The following process will need to be followed in order to participate in the Nevada Incentive Payments Program for Electronic Records:

1. Register for participation in the Nevada Incentive Payments Program for Electronic Records at CMS' EHR Incentive Program registration website: [CMS EHR Incentive Registration](#)

Note: Your registration, if accepted, will be sent to the Nevada EHR Incentive Payments System the next day. Registrations are accepted by CMS and the State of Nevada 7 days a week.

2. Upon receipt of your CMS registration, Nevada EHR Incentive Payments System (NEIPS) will send you an email including instructions on:
 - a. How to start your NEIPS attestation, if the Nevada Medicaid enrollment matching your registration NPI is:
 - i. Found in the Nevada Medicaid system; and
 - ii. In good standing/not sanctioned in the Nevada Medicaid system.
 - b. Where to seek assistance if an issue is found with your program registration or Nevada Medicaid enrollment.
3. Complete your attestation in the NEIPS In the first year of program participation, eligible hospitals will be required to attest and confirm the following:
 - a. Payee Designation
 - b. Patient Discharge Volume
 - c. EHR Certification number. You will be required to upload documentation to support the ownership (or planned ownership) of the system (purchase order, contract, invoice, etc.).
 - d. Payment Calculation Data

Additional information on this can be found below in the Eligible Hospital Attestation Data section.

4. Following the completion of the attestation process, a pre-payment review will be conducted. Providers will be processed through automated, and in some cases, manual pre-payment review procedures. If necessary, providers may be required to upload additional information to support the data entered at the time of attestation.
5. If determined eligible, payment will be processed following the completion of the attestation and pre-payment review procedures.

Eligible Hospital Attestation Data

1. *Payee Confirmation*

As part of the CMS EHR Registration process, the hospital payee is defaulted to the hospital NPI and hospital tax identification number used at the time of registration. Unlike Eligible Professionals, hospitals may not designate their payments to other Medicaid professionals or entities. Payments will be made to the Medicaid hospital enrollment which matches the hospital's registration NPI and TIN.

The Nevada EHR Incentive Payments System will require the attesting hospital to:

1. Confirm the Payee NPI and TIN as part of the attestation process. This will help ensure the appropriate Medicaid enrollment receives the EHR Incentive payment, if the hospital is determined eligible for an EHR Incentive payment.

2. *Patient Discharge Volume*

The CMS EHR Incentive Program Final Rule requires hospitals to meet a 10% Medicaid discharge- volume in order to participate in the program.*

*Children's Hospitals are not required to meet a Medicaid discharge volume percentage in order to participate.

The NEIPS will require attesting hospitals (non-Children's Hospitals) to:

1. Select the volume reporting period. The reporting period is any three full consecutive month period in the previous fiscal year.
2. Input the numerator counting discharges where Medicaid paid part or all of the **inpatient discharge** and **emergency room services** on any one day.
3. Input the denominator for total discharges and Emergency Department (ED) encounters (Medicaid Paid and non Medicaid Paid).

4. Derive the numerator and denominator from the same continuous three-month period in the preceding Fiscal year. The calculation appears as follows:

$$\frac{\text{Medicaid Discharges} + \text{Medicaid ED Encounter}}{\text{Total Discharges} + \text{ED Encounters}} \quad \times 100$$

3. EHR Certification Number (Adopt, Implement, and Upgrade)

The NEIPS requires hospitals to input their Certified EHR Number during the attestation process. The number is then validated real-time against the Office of the National Coordinator (ONC) Certification database. The NEIPS will require attesting hospitals to:

1. Enter the CMS EHR certification identification number on the AIU attestation page. Attestation cannot continue without the entry of your EHR solution's Certification Number.
 - a. CMS EHR Certification numbers:
 - i. You can determine if your EHR solution is certified by the ONC or obtain an EHR Certification number by visiting this site: [ONC EHR Certification website](#)
2. Enter the requested attestation documentation (EHR ownership information, i.e. purchase order, contract, etc.)

4. Payment Calculation Attestation

The CMS EHR Incentive Program Final Rule documents the payment calculation to be used by Medicaid state agencies to determine the EHR payments to be made to hospitals which have been determined eligible to participate in the program. The information below crosswalks to the data required for entry of the Payment Calculation data and tips on how to prepare for attestation.

TIPS

1. A multi-site hospital with one CCN is considered one hospital for purposes of attestation and payment.
2. It is suggested the hospital use an auditable data source, such as the latest hospital cost report to complete the EHR Incentive Payment Calculation attestation.
3. To estimate your hospital payment, you may access the hospital calculation worksheet found here: [EH Worksheet](#) The worksheet identifies the Medicare Cost Report data fields Nevada will use to verify hospital payment attestation data.

PAYMENT CALCULATION ATTESTATION STEPS

The following steps outline the hospital payment calculation attestation in the Nevada EHR Incentive Payments System. It is helpful to have the hospital calculation worksheet open for reference while reading through these steps. [EH Worksheet](#)

- a. Calculate Growth Rate
 - i. The Growth Rate is calculated based on the percent increase or decrease of discharges over a three year period. The four years of discharge data is to be entered by the attesting hospital. This information is validated against the latest Medicare Cost Report for the hospital - Medicare Cost Report Worksheet S-3, Part I, col. 15, line 14
- b. Calculate Overall EHR Amount
 - i. The overall EHR amount based upon a theoretical four years of payment the hospital would receive starting from the base amount of \$2 million, plus the discharge related amount, multiplied by a transition factor. This is an automated calculation and does not require input from the attesting hospital. It will be calculated following the calculation of the Growth Rate in Step 1.
- c. Determine Medicaid Share
 - i. The Medicaid Share is based on estimated Medicaid inpatient bed days and inpatient bed days.
 1. Do not include any Medicare inpatient bed days.
 2. Do not include nursery days in the inpatient days.
 - ii. The calculation will require the input of the following information from the attesting hospital:
 1. Total Charges - This information is validated against the latest Medicare Cost Report for the hospital - Medicare Cost Report Worksheet C, Part I, col. 8, line 200.
 2. Charity Care Charges - This information is validated against the latest Medicare Cost Report for the hospital - Medicare Cost Report Worksheet S-10, col. 3, line 20.
 3. Total Inpatient Days - This information is validated against the latest Medicare Cost Report for the hospital - Medicare Cost Report Worksheet S-3 part I, col. 8, line 1, 2 + lines 8-12.
 4. Medicaid Inpatient Days Fee for Service - This information is validated against the latest Medicare Cost Report for the hospital - Medicare Cost Report Worksheet S-3 part I, col. 7, line 1 + lines 8-12.

5. Medicaid Inpatient Days Managed Care - This information is validated against the latest Medicare Cost Report for the hospital - Medicare Cost Report Worksheet S-3 part I, col. 7, line 2.

d. Calculate the Aggregate Amount

i. The Aggregate Amount is the product of the Overall EHR Amount and the Medicaid Share. This is an automated calculation and does not require input from the attesting hospital.

e. Calculation of the Hospital Payment Schedule

- i. Eligible Hospitals participating in the Nevada Incentive Payment Program for Electronic Records will be paid based on a three year payment schedule.
- ii. By rule, a one year payment may not exceed 50% of the total aggregate payment. Nevada hospitals will be paid based on a three year payment schedule as follows:
 1. Year 1 = 50% of the Aggregate Amount
 2. Year 2 = 40% of the Aggregate Amount
 3. Year 3 = 10% of the Aggregate Amount