STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

BRIAN SANDOVAL
Governor

RICHARD WHITLEY
Director

LAURIE SQUARTSOFF
Administrator

June 17, 2015

Dear Provider:

In order for us to complete our pre-payment review of your AIU (Adopt, Implement or Upgrade) attestation, we need some supporting documentation from you. Below is a list of the requested documentation. Please upload these documents into NEIPS. Upon receipt of all requested documentation, we will complete our review as quickly as possible. We have attached a Document Checklist for easy reference. If you have any questions, please do not hesitate to contact us. For assistance, please call our EHR Help Desk at 888 639-3452.

1. **Patient Volume (Excel file)**:
   List of *all* Patient Encounters, sorted by Insurance Payer for the 90-day Patient Volume Reporting Period. This report also includes patients without insurance.
   5 Fields required are:
   1) Patient ID, *and*
   2) date of visit, *and*
   3) location (if more than one), *and*
   4) provider, *and*
   5) insurance payer.

   Insurance payers included in the Medicaid numerator *must be specified*.

2. **EHR System**:
   a) ONC CHPL Product number (available from your EHR vendor or from the ONC CHPL website http://oncchpl.force.com/ehrcert?q=chpl) , *and*
   b) Copy of your screenprint showing EHR software and version with practice name, *and*
   c) EHR vendor Invoice, *and*
   d) EHR vendor Contract or Lease Agreement.
   e) If you have freeware, please provide a letter of validation from the EHR vendor in lieu of the above.

3. **Pediatricians**: Submit a copy of Pediatrician certification from American Board of Pediatrics (ABP) or from American Osteopathic Board of Pediatrics (AOBP).

4. **FQHC, RHC and IHP**:
   a) List of all Providers with titles, date of employment, and locations, ***and***
   b) a copy of each provider's employment contract.
   c) PA-led facility letter

5. **Groups**:
   List of all Group Providers with titles, date of employment and locations (if more than one).

Note: The DHCFP is a covered entity as defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Accordingly, the DHCFP complies with the HIPAA Privacy and Security regulations promulgated in 45 CFR 160, 162 and 164. Providers can furnish protected health information about Medicaid or Nevada Check Up recipients without requiring the individual's authorization in accordance with 45 CFR 164.506, when requested by the DHCFP for treatment, payment or health care operations. In addition, providers may furnish protected health information as required by CMS for purposes of the EHR Incentive Payment Plan. All protected health information must be submitted electronically to DHCFP via the online patient portal or via secure message.

As a reminder, all providers are subject to selection for an on-site audit. 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.

Thank you for your assistance.

Sincerely,

EHR Audit Unit - Division of Health Care Financing and Policy
1000 East William St, Suite 102
Carson City, NV 89701
Phone (775) 684-7574
Fax (775) 684-3772

DOCUMENT CHECKLIST
Adopt, Implement or Upgrade (AIU)

	Individual Providers:
_____	Patient Volume Encounter report (For a detailed description, please see the Patient Volume letter to providers)
_____	Pediatrician license and Board certification
_____	EHR software & version no. – provider screenprint
_____	ONC-CHPL Product Number
_____	EHR system invoice – most recent upgrade
_____	EHR system contract/user agreement, ***OR*:** Freeware validation letter (in lieu of invoice & contract)
	Groups:
_____	List of all providers (name, title, DOE, locations)
	FQHC, RHC, IHP:
_____	List of all providers (name, title, DOE, locations)
_____	Provider contracts
_____	PA-led facility letter