Welcome!

- Welcome to the Provider training for the Nevada EHR Incentive Payment System.
- Prerequisite: Module 1 – Training Introduction
- This is Module 2 – Provider Overview training, mandatory for all eligible providers (Eligible Hospitals and Eligible Professionals) interested in enrolling in the Nevada system to apply for Medicaid EHR Incentive payments.
- Length and duration – 37 slides; approximately 20 minutes.
Provider Training Overview

• Module 1 – Introduction
• **Module 2 – Provider Overview**
  • Mandatory first step for *all* providers – Eligible Hospitals and Eligible Professionals
• Module 3 – Eligible Hospitals
  • Details of Eligible Hospital Enrollment
• Module 4 – Eligible Professionals
  • Details of Eligible Professional Enrollment, with exception of Group Processing
• Module 5 – Eligible Professionals – Group Lead
• Module 6 – Eligible Professionals – Group Member
Provider Overview

• Terminology
  • Provider Portal – Eligible Providers
    • Eligible Hospitals – EHzs
    • Eligible Professionals – EPs
  • Business Services Portal – Program Specialists

• Provider Portal Overview
Welcome to the Medicaid EHR Incentive Payment Program!

About This Site
Welcome to the Nevada Incentive Payment Program for Electronic Records. As a Medicaid Payment Incentive program participant, you will need to demonstrate Adoption, Implementation, and Upgrade (AU) of certified EHR technology in the first year of the program and Meaningful Use (MU) for the remaining years in the program. To ensure that you navigate successfully through all the steps required to complete enrollment in the program, please do not use the Back/Forward buttons in your browser.

Eligible to Participate - There are two types of eligible providers who can participate in the program. For further information, please visit the [Nevada DHCFP website](http://www.dhcfp.nv.gov).

<table>
<thead>
<tr>
<th>Eligible Hospitals (EHs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid EHs include:</td>
</tr>
<tr>
<td>- Acute care hospitals with at least 10% Medicaid patient volume. May include Critical Access Hospitals (CAHs) or Cancer Hospitals.</td>
</tr>
<tr>
<td>- Children’s Hospitals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligible Professionals (EPs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid EPs include:</td>
</tr>
<tr>
<td>- Physicians (MD and DO)</td>
</tr>
<tr>
<td>- Nurse Practitioners</td>
</tr>
<tr>
<td>- Certified Nurse Mid-Wives</td>
</tr>
<tr>
<td>- Dentists</td>
</tr>
<tr>
<td>- Physicians Assistants (PAs) who practice in a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), or Indian Health Services (IHS) that is led by a PA. Physicians Assistants must be enrolled in Nevada Medicaid.</td>
</tr>
</tbody>
</table>

Further, Medicaid EPs must also:
- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians).
- OR-
- Practice predominantly in a FQHC/RHC/IHS and have at least 30% patient volume to needy individuals.

**NOTE:** Eligible Professionals may NOT be hospital-based. An Eligible Professional is defined as "hospital-based" if he/she provides 90% or more of his/her Medicaid services in a hospital setting (inpatient or emergency room).
Welcome to the Medicaid EHR Incentive Payment Program!

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Welcome – EHs

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Eligible to Participate - There are two types of eligible providers who can participate in the program. For further information, please visit the Nevada DHCFP website.

Eligible Hospitals (EHs)

Medicaid EHs include:
- Acute care hospitals with at least 10% Medicaid patient volume. May include Critical Access Hospitals (CAHs) or Cancer Hospitals.
- Children’s Hospitals.
Eligible Professionals (EPs)

Medicaid EPs include:
- Physicians (MD and DO)
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physicians Assistants (PAs) who practice in a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), or Indian Health Services (IHS) that is led by a PA. Physicians Assistants must be enrolled in Nevada Medicaid.

Further, Medicaid EPs must also:
- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians).
- Practice predominantly in a FQHC/RHC/IHS and have at least 30% patient volume to needy individuals.

NOTE: Eligible Professionals may NOT be hospital-based. An Eligible Professional is defined as "hospital-based" if he/she provides 90% or more of his/her Medicaid services in a hospital setting (inpatient or emergency room).
Home

Welcome to the Nevada Incentive Payment Program for Electronic Records.

As a Medicaid Payment Incentive program participant, you will need to demonstrate Adoption, Implementation, and Upgrade (AIU) of certified EHR technology in the first year of the program and Meaningful Use (MU) for the remaining years in the program.

To ensure that you navigate successfully through all the steps required to complete enrollment in the program, please do not use the Back/Forward buttons in your browser.

Instructions
Select any section or tab to continue.
Home

Instructions
Select any section or tab to continue.

Enrollment
Click the Enrollment tab above to perform any of the following actions:
- Enroll for the Medicaid EHR Incentive Program
- ContinueIncomplete Enrollment
- Modify Existing Enrollment

Documents
Click the Documents tab above to view or manage key documents that you have uploaded during the enrollment process.

Appeals
Click the Appeals tab above to perform the following actions:
- Initiate a new appeal
- View the status of an existing appeal
# Home

## Status

Click the Status tab above to review the following:
- Enrollment Status
- Payment Status

## Manage Account

Click the Manage Account tab above to perform the following actions:
- Update enrollment email address and phone number/extension.
- View instructions for updating national or state Medicaid EHR Incentive Payment Program registration information.
- View instructions for resetting account password.

## Contact Us

Click the Contact Us link above top to perform the following actions:
- Contact a Business Services specialist securely through the portal.
- View respond to any correspondence received from our Business Services Team.

[dhcfp.nv.gov/EHRIncentives.htm](http://dhcfp.nv.gov/EHRIncentives.htm)
Enrollment

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll: Enroll for the EHR Incentive Program
- Modify: Modify or continue an existing enrollment
- View Status: Display enrollment status

Identify the desired enrollment and select the action you would like to perform. Eligible Professionals are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

<table>
<thead>
<tr>
<th>Name</th>
<th>NPI</th>
<th>Tax ID</th>
<th>CMS Registration ID</th>
<th>Program Year</th>
<th>Payment Year</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna D Anworth</td>
<td>1000000004</td>
<td>*****0004</td>
<td>*****9858</td>
<td>2012</td>
<td>2</td>
<td>Payment Pending</td>
<td>View Status</td>
</tr>
<tr>
<td>Anna D Anworth</td>
<td>1000000004</td>
<td>*****0004</td>
<td>*****9858</td>
<td>2011</td>
<td>1</td>
<td>Paid</td>
<td>View Status</td>
</tr>
</tbody>
</table>
Documents

Anna D Answorth (NPI-1000000004)

Documents

The following table lists the current and historical enrollment documents uploaded for your Medicaid EHR Incentive Payment Program. To upload documents you can do following:

- Click the "Upload New Document" button and choose the document Category, Type and select your file via the file browser. Once selected, click the Upload button to initiate the upload.
- To view existing uploads click the "View" button.

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Document Description</th>
<th>Category</th>
<th>Type</th>
<th>Appeal ID</th>
<th>Upload Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Upload New Document
Upload Document

To upload a document, choose your document 'Category' and 'Type'. Then, click on 'Browse....' to locate and select your file. Once selected, click on 'Upload' to complete the upload.

**Acceptable File Formats:** Microsoft Word (DOC), Microsoft Excel (XLS), Microsoft Works Word Processing (WPS), WordPerfect Document (WPD), Rich Text Format (RTF), Tagged Image File (TIF, TIFF), Portable Document Format (PDF), Text (TXT), Microsoft PowerPoint (PPT).

(*)Red asterisk indicates a required field.

**Program year:** 2011

**Category:** Patient Volume

**Type:** EHR Patient Encounters

**File:** C:\My_Data\MI360\NE\ Browse...

60 Characters Max

**Document Description:** Demo Nevada

Check this box to confirm that the documents you are uploading do not contain any Protected Health Information (PHI) as defined by HIPAA.
Documents

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<th>Document Description</th>
<th>Category</th>
<th>Type</th>
<th>Appeal ID</th>
<th>Upload Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Demo Nevada</td>
<td>Patient Volume</td>
<td>EHR Patient Encounters</td>
<td>07/03/2012</td>
<td></td>
<td>View</td>
</tr>
</tbody>
</table>

Upload New Document
Appeals

The following table lists the current and historical appeals initiated for your Medicaid EHR Incentive Program. From this home page, you can perform the following:

- Click the "New Appeals" button to enter a new appeal. From the next screen, you will be able to choose Appeal Category and Type, and a description, and upload any necessary documentation to support the appeal.
- Click the "View Details" button to view the appeal details, which include the supporting information, documentation, resolution status, and resolution notes.
- Click the "Withdraw" button to withdraw your appeal. You can only withdraw an appeal when the status is "In-Progress" or "Unassigned".

<table>
<thead>
<tr>
<th>Appeal ID</th>
<th>Program Year</th>
<th>Payment Year</th>
<th>Category</th>
<th>Type</th>
<th>Initiated Date</th>
<th>Resolved Date</th>
<th>Appeal Status</th>
<th>Appeal Disposition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Appeal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Enter an Appeal

**New Appeal**

Please enter the required information below to process your appeal.

**Appeal Information**

- **Category:** Demonstration of MU
- **Type:** MU
- **Program Year:** 2012
- **Payment Year:** 2
- **Appeal Description:**

  This is a demonstration appeal for training.

Incentive Payment Program for Electronic Records
View Appeal

Appel details are listed below. To return to Appeals home page, click the button at the bottom of the page. If you would like to add supporting documents for appeal, click 'Upload Appeal Document'.

### Appeal Information

- **Appeal ID:** 1
- **Category:** Demonstration of MU
- **Type:** MU
- **Program Year:** 2012
- **Payment Year:** 2
- **Appeal Status:** Unassigned
- **Initiated:** 07/03/2012
- **Appeal Description:** This is a demonstration appeal for training.
- **Escalated:**
- **Escalation Description:**
- **Resolved:**
Appeals

The following table lists the current and historical appeals initiated for your Medicaid EHR Incentive Program. From this home page, you can perform the following:

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<table>
<thead>
<tr>
<th>Appeal ID</th>
<th>Program Year</th>
<th>Payment Year</th>
<th>Category</th>
<th>Type</th>
<th>Initiated Date</th>
<th>Resolved Date</th>
<th>Appeal Status</th>
<th>Appeal Disposition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2012</td>
<td>2</td>
<td>Demonstration of MU</td>
<td>MU</td>
<td>07/03/2012</td>
<td></td>
<td>Unassigned</td>
<td></td>
<td>Withdraw</td>
</tr>
</tbody>
</table>

New Appeal
Documents

The following table lists the current and historical enrollment documents uploaded for your Medicaid EHR Incentive Payment Program. To upload documents you can do following:

- Click the "Upload New Document" button and choose the document Category, Type and select your file via the file browser. Once selected, click the Upload button to initiate the upload.
- To view existing uploads click the "View" button.

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Document Description</th>
<th>Category</th>
<th>Type</th>
<th>Appeal ID</th>
<th>Upload Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Appeal document</td>
<td>Other Documents</td>
<td>Support change of year request</td>
<td>1</td>
<td>07/03/2012</td>
<td>View</td>
</tr>
<tr>
<td>2011</td>
<td>Demo Nevada</td>
<td>Patient Volume</td>
<td>EHR Patient Encounters</td>
<td></td>
<td>07/03/2012</td>
<td>View</td>
</tr>
</tbody>
</table>

Upload New Document
Status

Anna D Answorth (NPI-1000000004)

Status Summary Home
The following sections outline the current and historical events in the Medicaid EHR Incentive Payment Program.

Provider Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Anna D Answorth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type:</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Provider Specialty:</td>
<td>NURSE PRACTITIONER</td>
</tr>
<tr>
<td>Address:</td>
<td>90 Jackson Pike</td>
</tr>
<tr>
<td></td>
<td>Las Vegas, NV 89120-1560</td>
</tr>
<tr>
<td>Phone #:</td>
<td>(740) 446-5381 Ext:</td>
</tr>
<tr>
<td>Tax ID:</td>
<td>*****0004</td>
</tr>
<tr>
<td>NPI:</td>
<td>1000000004</td>
</tr>
<tr>
<td>CMS Registration ID:</td>
<td>*****9858</td>
</tr>
</tbody>
</table>
Status

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Payment Year</th>
<th>Status</th>
<th>Submitted Date</th>
<th>Patient Volume</th>
<th>AIU/MU Met</th>
<th>Payment Issued</th>
<th>Calculated Amount</th>
<th>Disbursed Amount</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2</td>
<td>Payment Pending</td>
<td>05/16/2012</td>
<td>33%</td>
<td>Yes</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>View Details</td>
</tr>
<tr>
<td>2011</td>
<td>1</td>
<td>Paid</td>
<td>01/03/2012</td>
<td>31%</td>
<td>Yes</td>
<td>01/17/2012</td>
<td>$21,250.00</td>
<td>$21,250.00</td>
<td>View Details</td>
</tr>
</tbody>
</table>

Total Amount Paid: $21,250.00

If your status is "Not Started", you can begin the enrollment process via the Enrollment Home page. If your status is "In-Progress", you can continue or modify your enrollment information via the Enrollment Home page. If your status is "Payment Pending" or "Paid", you cannot modify your enrollment information. Please contact a Nevada Medicaid EHR Incentive Program Specialist at 1-888-639-3452 if you need assistance.
Manage Account

Update Contact Information

To update your Medicaid EHR Incentive Payment Program enrollment Email Address, Alternate Phone # or Extension click the Update button below.

Current Email Address: david.trotter@cgi.com
Alternate Phone#: (276) 889-7500   Extension: 8988

Update
Notifications

- Emails sent to your Nevada EHR Incentive Payment System (NEIPS) email address
- Intuitive – status, informational, warnings
Update Contact Information

To update your Medicaid EHR Incentive Payment Program enrollment Email Address, Alternate Phone # or Extension click the Save button below.

Current Email Address: david.trotter@cgi.com
Confirm New Email Address: david.trotter@cgi.com
Alternate Phone#: (276) 889-7500
Extension: 8988

Save  Cancel
Manage Account

Update CMS Account Information

To update your national Medicaid EHR Incentive Payment Program registration information you will need to go to the CMS.gov website and initiate an account update. Please allow 1-2 business days for processing your CMS account information and updating your state enrollment information. You may visit the CMS website by clicking the CMS.GOV link in the upper right-hand corner of this page.

Reset Password

To reset or update your Nevada Medicaid EHR Incentive Program password, you will need to go to the Nevada Medicaid web portal from which you launched this program and initiate a password update. Once updated, you will need to re-launch the Nevada EHR Medicaid Incentive Program application. You may visit the Nevada Medicaid web portal by clicking the link in the upper right-hand corner of this page.
Contact Us

Welcome to the Secure Communication Home page.

Use this page to communicate with a Business Services Program Specialist for any questions you may have pertaining to the Provider Portal. Please note: This form of communication is used exclusively through the portals. When you receive an email stating that a Business Services Program Specialist has responded to your inquire, please come back to this page to read the message and respond if needed.

To create a new message, click new message and select which category your inquire falls under, if you are uploading a document to support your message, please indicate this in your message and provide the document name nature of its contents in the body of the message.

To view or respond to a message strand, select which message you wish to respond to and click Respond.

Secure Communication

Create New Message

Upload Document
Create New Secure Communication

Type: General

Subject: General Communication for Training Purposes

Message: This is a General Communication for Training Purposes.

Name of Sender: David Trotter on behalf of EP

Cancel  Submit
Contact Us

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Secure Communication

General Communication for Training Purposes

Create New Message  Upload Document
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Secure Communication

General Communication for Training Purposes

<table>
<thead>
<tr>
<th>Type</th>
<th>Message</th>
<th>From</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>This is a General Communication for Training Purposes.</td>
<td>David Trotter on behalf of EP</td>
<td>07/03/2012</td>
</tr>
</tbody>
</table>

Respond

Create New Message

Upload Document
Create Second Secure Communication

Secure Communications Response

* Type: General

* Subject: General Communication for Training Purposes

* Message: (max 3000 characters)

This is another entry for the same communication thread.

* Name of Sender: DT for Anna

Cancel  Submit
Contact Us

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- General Communication for Training Purposes

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<th>Message</th>
<th>From</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>This is another entry for the same communication thread.</td>
<td>DT for Anna</td>
<td>07/05/2012</td>
</tr>
<tr>
<td>General</td>
<td>This is a General Communication for Training Purposes.</td>
<td>David Trotter on behalf of EP</td>
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Respond

Create New Message

Upload Document
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Your Session Has Ended

Your Medicaid EHR Incentive Payment Program session has ended. Click close to exit this window. Thank you!
Provider Portal Summary

• Enrollment – next training sessions – different for Eligible Hospitals and Eligible Professionals
• Status
• Documents
• Appeals
• Manage Account
• Contact Us
Provider Overview Training

- You have completed Module 2 – Provider Overview training!
- If you are an Eligible Hospital, please continue your Nevada training by taking Module 3 – Eligible Hospital course.
- If you are an Eligible Professional, please continue your training by taking Module 4 – Eligible Professional course.
- If you are involved in EP groups, you will also be required to complete either the Module 5 – Group Lead course, or the Module 6 – Group Member course.
Thank you!