



Nevada EHR Incentive Payment System (NEIPS)



**DHHS
DHCFP**

Module 6 – Eligible Professional Group Member

July, 2012

Welcome!

- Welcome to the Nevada EHR Incentive Payment System.
- Prerequisites:
 - Module 1 – Introduction
 - Module 2 – Provider Overview
 - Module 4 – Eligible Professionals
- This is Module 6 – EP Group Member training, required training for all Eligible Professionals who will join a group of EPs in enrolling for Medicaid incentive payments.
- Length and duration: 33 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**

Terminology

- Groups of Eligible Professionals
- Group Lead – identifies the group and attests to the group's Medicaid patient volumes
- Group Members – participate in the group and attest to the group's Medicaid patient volumes
- Group Members can commence enrollment, but the Group Lead must enroll completely before Group Members can submit enrollment

Home



Ned J.h. Nicebody (NPI-1000000072)

[Notifications](#)

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.

[Enrollment](#)

Click the Enrollment tab above to perform any of the following actions:

- Enroll for the Medicaid EHR Incentive Program
- Continue Incomplete Enrollment
- Modify Existing Enrollment

[Documents](#)

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

Enrollment Home

Home

Enrollment

Documents

Appeals

Status

Manage Account

Contact Us

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Enrollment Home

Enrollment Instructions

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

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's 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.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Ned J.h. Nicebody	1000000072	*****0072	*****5820	2012	1	Not Started	<input type="button" value="Enroll"/>

Enrollment Step 1 – Group Practice

Group Practice

Select if you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

****Are you attesting your Patient Volume as part of a Group Practice?**

Yes No

****Group TIN:**

Select Group

EHR Group ID:

Group Name:

Payment Assignment

Select your payee Medicaid ID by clicking the button below. To validate your payee, click the validate payee button below.

Payee Name:

*** Payee Medicaid ID:**

Select Medicaid ID

Payee Address:

Payee TIN: *****0034

Payee NPI: 3000000034

Exclusions


Federal Exclusions Exist: No

State Exclusions Exist: No

Previous

Save & Continue

Enrollment Step 1 – Group TIN Required

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[Home](#) | [Enrollment](#) | [Documents](#) | [Appeals](#) | [Status](#) | [Manage Account](#) | [Contact Us](#)

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Current Enrollment Status
Program Year: 2012 Payment Year: 1
Step 1 - Registration Verification Status: **Not Completed** ⊙ Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ⊙
Step 2 - Volume Determination Status: **Not Completed** ⊙ Step 4 - Payment Determination Status: **Not Completed** ⊙

Errors
You must enter the full TIN for a Group that is associated with your Provider NPI in the MMIS System.

Step 1 - Provider Registration Verification

8

Group TIN Entered – Select Group

Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

****Are you attesting your Patient Volume as part of a Group Practice?**

Yes No

****Group TIN:**

400000034

Select Group

EHR Group ID:

Group Name:

Group Selection – Join Group

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Group Selection

Below is a list of the medicaid groups to which you are associated. You have the following choices for group selection:

- Join one of the groups already established by a member of that group. Your patient volumes and reporting period will be pre-populated based on the data entered by the first member of that group practice/clinic to register. Click "Join Group". You will be taken to the next screen where you can view and confirm the details before submitting your Nevada Medicaid EHR Incentive Program enrollment.
- Create a new group. If the group is not listed below, you may be the first person in the group practice/clinic to attest. You will be required to enter the patient volumes and reporting period for this group practice/clinic. Please ensure you have obtained consent from all members of the group to use their encounters for the agreed-upon reporting period. Select "Create New Group". You will be taken to the next screen to create the group practice/clinic.
- Enroll individually. Click "Previous" and you will be taken back to the Registration page.

Group TIN	Group NPI	Medicaid ID	EHR Group ID	Group Name	Action
*****0034	1306988852	2613176	54	Nevada Training	Join Group

Group Confirmation

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Group Confirmation

Please review the data below and click 'Continue' if you agree with all of the information. You will be returned to Registration page to continue your enrollment.

Corrections can only be made by the EP that enrolled the group practice/clinic. If you do not agree with this information you can:

- Click 'Cancel' to the Registration page, then select 'No' for reporting as a group and continue enrollment as an individual. **In this instance, CMS Final Rule precludes you from using your encounters included in the group practice/clinic toward your individual PV or for any other group practice/clinic.**
- Click 'Previous' to return to the Group Selection page and select a different group Medicaid ID, if you think you selected the wrong group Medicaid ID.
- Exit the system without confirming group enrollment and contact your group practice/clinic members to gain agreement on the correct PV and reporting period. If you discover the PV and reporting period are incorrect. You must contact a program specialist to make any changes to the group practice/clinic information.

Three-Month Reporting Start Date: 07/01/2011

Group Medicaid Encounters: 1,000

Medicaid Panel Assignments:

Three-Month Reporting End Date: 09/30/2011

Group Total Encounters: 3,000

Total Panel Assignments:

EHR Group Name: Nevada Training

Number of Group Members: 20

Group Medicaid Volume: 33

Out Of State Encounters:

Group TIN	NPI	Medicaid ID	Group Name
*****0034	1306988852	2613176	Nevada Training

Previous

Cancel

Continue

Enrollment Step 1 – Group Practice

Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

****Are you attesting your Patient Volume as part of a Group Practice?**

Yes No

****Group TIN:**

EHR Group ID: 54

Group Name: Nevada Training

Payment Assignment

Select your payee Medicaid ID by clicking the button below. To validate your payee, click the validate payee button below.

Payee Name:

*** Payee Medicaid ID:**

Payee Address:

Payee TIN: *****0034


Payee NPI: 3000000034

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

Enrollment Step 1 – Payment Assignment

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[Home](#) | [Enrollment](#) | [Documents](#) | [Appeals](#) | [Status](#) | [Manage Account](#) | [Contact Us](#)


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Nevada Provider ID

Please select the Provider ID that is to receive your Nevada Medicaid EHR Payment from the list below.

Select	Provider ID	Provider Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	8126178222	CHILDRENS HOSPITAL MEDICAL	Billing	3000000034	1000 S. GARDEN ST. LAS VEGAS, NV 89102	

Enrollment Step 2

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Home | **Enrollment** | Documents | Appeals | Status | Manage Account | Contact Us

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Current Enrollment Status

Program Year: 2012	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Adopt, Implement, Upgrade Status: Not Completed ⊘
Step 2 - Volume Determination Status: Not Completed ⊘	Step 4 - Payment Determination Status: Not Completed ⊘

Enrollment Step 2

Step 2 - Medicaid Patient Volume Determination

(*) Red asterisk indicates a required field.

Patient Volume Reporting Period:

Please provide the Medicaid Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year. As an Eligible Provider, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Please choose your continuous three-month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

* Please select a Start Date:

Three-Month Reporting Start Date:

Three-Month Reporting End Date:

Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes No

Selected States/Territories:



Enrollment Step 2

Patient Volume Attestation:

When entering your Medicaid Patient Volume, you must choose one of the following options:

- **Encounter Option**- This option is based on total number of Medicaid Encounters divided by your Total Patient Encounters.
- **Panel Option**- This option is based on total number of Medicaid Panel Assignments and Medicaid Encounters divided by your Total Panel Assignments and Total Patient Encounters.

The following are considered Medicaid Encounters:

- Services rendered on any one day to an individual where Medicaid paid for part or all of the service.
- Services rendered on any one day to an individual where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.

Encounter Option

Medicaid Patient Encounters:

Total Patient Encounters:

Medicaid Patient Volumes:

Medicaid Patient Encounters must not include individuals covered under CHIP.

Enrollment Step 2

● Panel Option

Medicaid Panel Assignments:

Medicaid Patient Encounters:

Total Panel Assignments:

Total Patient Encounters:

Medicaid Patient Volumes:

Medicaid Patient Encounters must not include individuals covered under CHIP.

Previous

Upload Volume Document

Save & Continue

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Enrollment Step 3

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Current Enrollment Status

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ⊘

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊘

Step 3 - Adopt, Implement, Upgrade Certified EHR Software

(*) Red asterisk indicates a required field.

Providers must attest to the Adoption, Implementation, and Upgrade of certified EHR technology to be eligible for the Medicaid EHR Incentive Payment Program. Adoption, Implementation, and Upgrade of Certified EHR technology is defined as:

Adoption: Evidence that installation of certified EHR technology occurred prior to the Medicaid Incentive payment. This evidence would serve to differentiate between activities that may not result in installation. For example: Researching EHRs or Interviewing EHR vendors and actual purchase, acquisition, or installation.

Implementation: The provider has installed certified EHR technology and has started using it in clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic and administrative data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories, pharmacies, or HIEs.

Upgrade: The expansion of the functionality of the certified EHR technology, such as the migrating from a non-certified to certified EHR technology, addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology.

Enrollment Step 3

Adopt, Implement, Upgrade Attestation

*AIU Designation: Adopt Implement Upgrade

*CMS EHR Certification ID:

Financially and Legally Binding Supporting Documentation:

- Purchase Order
- Contract
- EHR Software License
- Other

You may upload any/all of these documents now via the Upload Documents button below, or at any point in the process prior submitting your enrollment.

Previous

Upload AIU Documents

Save & Continue

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Enrollment Step 4

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Current Enrollment Status

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **Completed** ✓

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊘

Step 4 - EHR Payment Determination

For all Eligible professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Medicaid EHR incentive payment amount you could receive based on your current payment year. Please note: According to CMS an eligible provider must not retain more than 5 percent of the payment for costs unrelated to certified EHR technology (and support services including maintenance and training) that is for, or is necessary for, the operation of the technology.

Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500



Enrollment Summary – Step 1

[Home](#)[Enrollment](#)[Documents](#)[Appeals](#)[Status](#)[Manage Account](#)[Contact Us](#)

Ned J.h. Nicebody (NPI-1000000072)

Enrollment Summary

Program Year: 2012

Payment Year: 1

Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.

Step 1 - Provider Registration Verification

National Provider Information

Name: Ned J.h. Nicebody
Provider Type: Physician
Provider Specialty: ALLERGY/IMMUNOLOGY
Address: 3333 Burnet Ave , ML 7015
Reno, NV 89598-3039
Phone #: (513) 636-4266 Ext:
Tax ID: 200000072
NPI: 1000000072
CMS Confirmation #: *****5820

State Provider Information

Hospital Based: No
Pediatrician: No
Practices in FQHC or RHC: No
Affiliated FQHC/RHC/IHS:



Enrollment Summary – Step 1

Group Practice

Reporting as Group: Yes

Group Enroller: Kim D Karson

Group Medicaid ID: 2613176

Group Name: Nevada Training

Group Address: [REDACTED]

Group TIN: *****0034

Group NPI: 1300000012

Group Member: [View Member](#)

Payee Assignment

Payee Medicaid ID: 6367622

Payee Name: CHILDRENS HOSPITAL MEDICAL

Payee Address: [REDACTED]

Payee TIN: *****0034

Payee NPI: 3000000034

Attested Group Information

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Year 2012

Attested Group Information

Reporting Start Date 07/01/2011 *Group TIN: *****0034
Reporting End Date 09/30/2011 Group Medicaid Encounters: 1000
EHR Group Name: Nevada Training Group Total Encounters: 3000
Number of Group Members: 20 Medicaid Panel Assignments: 0
Total Panel Assignments: 0
Group Medicaid Volume: 33%

Attesting Member Status

Provider Name	Provider NPI	Enrollment Status
Kim D Karson	1000000069	Payment Pending
Ned J.H. Nicebody	1000000072	In Progress

Previous

Enrollment Summary – Steps 2 & 3

Step 2 - Patient Volume Determination

Patient Volume Reporting Period:

Three-Month Reporting Period: 07/01/2011 - 09/30/2011

Out-of-State Encounters Attestation:

Out-Of-State Encounters: No

Selected States/Territories:

Patient Volume Attestation:

Medicaid Panel Assignments: N/A

Total Panel Assignments: N/A

Medicaid Patient Encounters: 1,000

Total Patient Encounters: 3,000

Medicaid Patient Volumes: 33 %

Step 3 - Adopt, Implement, Update Certified EHR Software

AIU Designation: Implement

CMS EHR Certification ID: 30000001TMDEEAC

Supporting Documentation: Purchase Order

Enrollment Summary – Step 4

Step 4 - EHR Payment Determination

Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500



Previous

Continue

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[Home](#) | [Enrollment](#) | [Documents](#) | [Appeals](#) | [Status](#) | [Manage Account](#) | [Contact Us](#)

Ned J.h. Nicebody (NPI-1000000072)

Legal Notice

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I certify that I have not requested or received additional Medicaid Incentive Program payments from other states that would result in a duplicate payment.

I hereby agree to keep all records related to the purchase of my system and all records that are necessary to demonstrate that I met the Medicaid Incentive Program requirements, including Federal requirements found at 42 CFR Part 495, for no less than 7 years following the last day of the calendar year in which payment related to the attestation has been received. In the event of an active audit, I will be required to maintain documentation until the audit and any appeal of the audit is resolved. I agree to furnish and otherwise make available, any and all documents and access to relevant staff requested by the Medicaid State Agency, or other agents working on its behalf.

Submit Enrollment

Ned J.h. Nicebody (NPI-1000000072)

Submit Enrollment

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

Name: Ned J.h. Nicebody
Provider Type: Physician
Provider Specialty: ALLERGY/IMMUNOLOGY
Address: 3333 Burnet Ave, ML 7015
Reno, NV 89598 -3039
Tax ID: *****0072(SSN)
NPI: 1000000072
Program Year: 2012
Payment Year: 1

Enrollment Confirmation

Ned J.h. Nicebody (NPI-1000000072)

Congratulations - You have successfully completed enrollment for the payment year!

Enrollment Confirmation

The Eligible Professional (EP) demonstrates Adopt, Implement Or Upgrade of certified EHR technology by meeting the applicable objectives and associated measures for enrollment.

- The Federal provider information was verified.
- The EHR Incentive Payment was assigned.
- The Medicaid Patient Volume(PV) met enrollment minimum standards.
- The certified EHR Solution met AIU minimum standards

Note : Please print this page for your records. You will also receive an email notification of your enrollment confirmation.

Enrollment Tracking Information

Enrollment Confirmation Number: NV-2012-1000000072
Enrollment Submission Date: 07/06/2012
Name: Ned J.h. Nicebody
Provider Type: Physician
Provider Specialty: ALLERGY/IMMUNOLOGY
Address: 3333 Burnet Ave , ML 7015
Reno, NV 89598 -3039
Tax ID: *****0072 (SSN)
NPI: 1000000072
Program Year: 2012
Payment Year: 1

Enrollment Home

Ned J.h. Nicebody (NPI-1000000072)

Enrollment Home

Enrollment Instructions

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

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's 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.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Ned J.h. Nicebody	1000000072	*****0072	*****5820	2012	1	Payment Pending	View Status

Status Home

Ned J.h. Nicebody (NPI-1000000072)

Status Summary Home

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

Provider Information

Name: Ned J.H. Nicebody
Provider Type: Physician
Provider Specialty: ALLERGY/IMMUNOLOGY
Address: 3333 Burnet Ave, ML 7015
Reno, NV 89598-3039
Phone #: (513) 636-4266 Ext:
Tax ID: *****0072
NPI: 1000000072
CMS Registration ID: *****5820

Status Summary

Select View Details button below to see the complete details for each of your enrollments.

Program Year	Payment Year	Status	Submitted Date	Patient Volume	AIU/MU Met	Payment Issued	Calculated Amount	Disbursed Amount	Action
2012	1	Payment Pending	07/06/2012	33%	Yes	---	---	---	View Details

Total Amount Paid: \$0.00

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.

Your Session Has Ended

Your Session Has Ended

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

Close

EP Group Member

- You have completed Module 6 – Eligible Professional Group Member training, for the Nevada EHR Incentive Payment System training!
- You are now ready to enroll as a member of an Eligible Professional Group!

Thank You!