



BRIAN SANDOVAL  
Governor

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

RICHARD WHITLEY  
Director

LAURIE SQUARTSOFF  
Administrator

June 17, 2015

Re: Patient Volume Documentation

Dear Provider:

We are in the process of reviewing your EHR attestation for Patient Volume. In order to satisfy the audit requirements for Patient Volume, we need to review the detail of your patient information. It is important that we understand how you determined both the numerator and denominator.

Please upload into your provider portal or email securely an Excel report that includes the following items for the 90-day reporting period. The 90-day period may be from the last calendar year or previous 12 months up to the time of attestation. Be sure to include all patient encounters in your report, even those from uninsured patients so that it equals the total encounters in your attestation. If uninsured, the insurance payer will be 'N/A'. Please provide a list of the insurance payers included in your Medicaid encounters (numerator).

This report may be in Excel or PDF format. If you cannot prepare this report electronically, please contact us to discuss other options. Upon receipt of all requested documentation, we will complete our review as quickly as possible.

- Patient Name (or ID)
- Date of Visit
- Location (if more than one)
- Provider Name
- Insurance Payer

***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