



Nevada EHR Incentive Payment System (NEIPS)



DHHS
DHCFP

Module 3 – Eligible Hospitals

July, 2012

Welcome!

- Welcome to the Provider training for the Nevada EHR Incentive Payment System.
- Prerequisites:
 - Module 1 – Training Introduction
 - Module 2 – Provider Overview
- This is the Module 3 – Eligible Hospital training.
- Length and duration: 59 slides; approximately 25 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

Eligible Hospitals

- Eligible Hospitals
 - Acute Care, Critical Access, Cancer Hospitals
 - Children's Hospitals

Eligible Hospitals

- Enrollment
 - Step 1 – Provider Registration, Payment Assignment, Exclusions
 - Step 2 – Medicaid Patient Volume Determination, Out-of-State Encounters
 - Step 3 – Adopt, Implement, Upgrade (AIU) Certified EHR Software
 - Step 4 – Medicaid Incentive Payment Determination, Calculation Example
 - Step 4, Part 1 – Overall EHR Amount
 - Step 4, Part 2 – Medicaid Share
 - Step 4, Part 3 – Payment Schedule
 - Enrollment Summary
 - Legal Notice
 - Submit Enrollment
 - Enrollment Confirmation
- Status

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Sargent Sammy EH (NPI-1000000061)

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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](#)



Enrollment Home

Sargent Sammy EH (NPI-1000000061)

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 for each Hospital. Eligible Hospital'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.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
*****0061	Sargent Sammy Eh	361323	1000000061	*****2735	2012	1	Not Started	Enroll

Current Enrollment Status

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)	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 ⓧ	



Enrollment Step 1

Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

Confirm the provider registration information that will be used to determine your eligibility for this program.

National Provider Information

Legal Business Name: Sargent Sammy EH
Hospital Type: Acute Care Hospitals
CCN: 364323
Business Address: 832 S Main St
Reno, NV 89598-2208
Phone #: (330) 684-4711 Ext:
Tax ID: *****0061
NPI: 1000000061
CMS Registration ID: *****2736
Dually-eligible Hospital: Yes



Enrollment Step 1

Payment Assignment

Select your Payee Medicaid ID by clicking the button below.

Payee Name: Sargent Sammy EH

*Payee Medicaid ID: 23702940

Select Medicaid ID

Payee Address:

100-11-0000-001
CERESVILLE, NV 89407

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

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Enrollment Step 1

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Sargent Sammy EH (NPI-1000000061)

Nevada Provider ID

Please select the Provider ID that is to receive your Nevada Medicaid EHR Incentive payment.

The Payee NPI you entered when you registered at the Centers for Medicare & Medicaid Services (CMS) was not found in the Texas MMIS System. You have two choices:

1. Navigate to the CMS website to update your Payee NPI to a provider that is recognized by the state as a valid Payee. Please allow 1-2 days for the update to be applied in this system. You may then return and complete your registration.
2. Have the Payee NPI enroll in the Texas Medicaid Program. Once confirmed, you may then return and complete your registration. Please note that this process may take up to two weeks to complete.

Select	Provider ID	Provider Name	Type	Provider NPI	Practice Address	Practice Alternative Address
<input checked="" type="radio"/>	2370270	Sargent Sammy EH	Billing	1000000061	815-111-8888 (F) 815-111-8888 (H)	

Previous

Select & Continue



Enrollment Step 1

National Provider Information

Legal Business Name: Sargent Sammy EH
Hospital Type: Acute Care Hospitals
CCN: 364323
Business Address: 832 S Main St
Reno, NV 89598-2208
Phone #: (330) 684-4711 Ext:
Tax ID: *****0061
NPI: 1000000061
CMS Registration ID: *****2736
Dually-eligible Hospital: Yes

Payment Assignment

Select your Payee Medicaid ID by clicking the button below.

Payee Name: Sargent Sammy EH

***Payee Medicaid ID:** 2370294

Select Medicaid ID

Payee Address: 832 S Main St
Reno, NV 89598-2208

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

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Current Enrollment Status

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)

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

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)	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 ⓧ	

Step 2 - Medicaid Patient Volume Determination

(*) Red asterisk indicates a required field.

Patient Volume Reporting Period:

Acute care, Critical Access, and Cancer Hospitals are required to 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 Federal Fiscal Year. As an Eligible Hospital you must meet 10% Medicaid Patient Volume.

Please choose your continuous three-month reporting period in the previous Federal Fiscal Year. The reporting period will include the entire month as partial months are not allowed.

*Please select a Start Date:

Three-Month Reporting Start Date:

Three-Month Reporting End Date:



Enrollment Step 2

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

Select States/Territories

Selected States/Territories:



Enrollment Step 2

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

Select States/Territories

Selected States/Territories:



Enrollment Step 2

State Selector

Select all the states being included in the encounter calculation.

Clear Selection

Select	State
<input type="checkbox"/>	Alabama
<input type="checkbox"/>	Alaska
<input type="checkbox"/>	American Samoa
<input checked="" type="checkbox"/>	Arizona
<input type="checkbox"/>	Arkansas
<input checked="" type="checkbox"/>	California
<input type="checkbox"/>	Colorado
<input type="checkbox"/>	Connecticut
<input type="checkbox"/>	Delaware
<input type="checkbox"/>	District of Columbia
<input type="checkbox"/>	Federated States of Micronesia
<input type="checkbox"/>	Florida

Cancel

Save States



Enrollment Step 2

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

Select States/Territories

Selected States/Territories: Arizona, California, Idaho, Oregon, Utah



Enrollment Step 2

Patient Volume Attestation:

The following are considered Medicaid Encounters:

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

*Medicaid Patient Encounters:

*Total Patient Encounters:

Medicaid Patient Volumes:

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Enrollment Step 2

Patient Volume Attestation:

The following are considered Medicaid Encounters:

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

*Medicaid Patient Encounters:

*Total Patient Encounters:

Medicaid Patient Volumes:

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Enrollment Step 2

Confirm Volume Threshold Failure

Provider Name: Sargent Sammy EH

Failed Reason: Provided Volumes do not meet threshold


You have been deemed Not Eligible for the reason stated above. You can update your Step 2 attestation by clicking the Update button OR confirm the failure by clicking the Confirm button.

If you confirm the failure you will be deemed not eligible for the EHR incentive program for this payment year.

Update

Confirm

Enrollment Step 2 – Children's Hospital

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)

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 ☹



Step 2-Medicaid Patient Volume Determination

Children's hospitals do not have patient volume requirements for the Medicaid EHR Incentive Payment Program participation. Children's hospitals are defined as hospitals that predominantly treat individuals under 21 years of age.

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)	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 ⓧ	



Enrollment Step 3

Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)

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: Defined as 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: Defined as the provider has installed certified EHR technology and has started using the certified EHR technology in clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patient's 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: Defined as the expansion of the functionality of the certified EHR technology. For example: migration from a non-certified to certified EHR technology or the addition of clinical decision support, e-prescribing functionality, CPOE and/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.

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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.

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Enrollment Step 3

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)	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 ☒	

Error(s)

You must resolve the error(s) to continue:

Please Enter your EHR Solution.



Current Enrollment Status

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)	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 ☹	



Enrollment Step 4

Step 4 - Medicaid Incentive Program Payment Status Introduction

The system will perform the payment calculation of the Medicaid Incentive Program incentive payment for you. To begin this calculation, you will be required to provide details for your participation in the Medicaid Program. Your aggregate Medicaid Incentive Program payment will be distributed on the following payment schedule:

Year 1 - 40%

Year 2 - 30%

Year 3 - 30%

Aggregate EHR Incentive Payment Calculation

The Base Amount of your EHR Incentive Payment is calculated as the product of two factors:

1. Overall EHR Amount:

Sum of:

- Year 1 - (Base Amount of \$2,000,000.00 + (Number of Allowable Discharges * \$200.00) * Transition Factor(1.00)
- Year 2 - (Base Amount of \$2,000,000.00 + (Number of Allowable Discharges [Year 1 Discharge * Annual Growth Rate] * \$200.00) * Transition Factor(.75)
- Year 3 - (Base Amount of \$2,000,000.00 + (Number of Allowable Discharges [Year 2 Discharge * Annual Growth Rate] * \$200.00) * Transition Factor(.50)
- Year 4 - (Base Amount of \$2,000,000.00 + (Number of Allowable Discharges [Year 3 Discharge * Annual Growth Rate] * \$200.00) * Transition Factor(.25)

2. Medicaid Share:

Sum of:

- Estimated number of Medicaid inpatient-bed-days
- Estimated number of Medicaid managed care inpatient-bed-days

Divided by the product of:

- Estimated total number of inpatient-bed-days during the period
- Estimated total amount of charges during that period, not including any charges that are attributable to charity care, divided by the estimated total charges during the period

3. Aggregate EHR Incentive Amount = Overall EHR Amount * Medicaid Share

Calculation Example

Calculation Example

Nevada Hospital Medicaid Payment Incentive Calculation Example

Hospital A, an acute care hospital, meets the Medicaid patient volumes threshold; becomes a meaningful user of certified EHR technology; and is eligible for incentive payments beginning in FY 2012. Hospital A had 2,000 discharges in FY 2011. Assume that for the four-year period of participation, Hospital A had 5,000 Medicaid inpatient-bed-days and 2,000 Medicaid managed care inpatient-bed-days. Its total inpatient-bed-days in FY 2011 were 21,000. Hospital A's total charges excluding charity care were \$8,700,000, and its total charges for the period were \$10,000,000. The annual growth data for the last three years of available data are:

FY 2009 - 1,558 discharges - for a 22.1% annual growth rate

FY 2008 - 1,158 discharges - for a 25.7% annual growth rate

FY 2007 - 970 discharges - for a 16.2% annual growth rate

This means that the average annual growth rate that will be applied to the subsequent three years is 21.33%. Based on this information, Hospital A's aggregate EHR amount would be \$2,169,576.97, calculated as follows: Initial Amount (with annual growth rate factored in to the number of discharges) * Transition Factor

Initial Amount (with annual growth rate factored in to the number of discharges)*Transition Factor

Year 1 - \$2,170,200.00 = { \$ 2,000,000 + [(2,000-1,149) * 200]} * 1.00

Year 2 - \$1,691,658.83 = { \$ 2,000,000 + [(2,549-1,149) * 200]} * 0.75

Year 3 - \$1,179,549.84 = { \$ 2,000,000 + [(3,248-1,149) * 200]} * 0.50

Year 4 - \$621,187.23 = { \$ 2,000,000 + [(4,139-1,149) * 200]} * 0.25

Overall EHR Amount = \$5,662,595.90

Medicaid Share - 0.38 = [(5,000 + 2,000) divided by (21,000 * (\$ 8,700,000/10,000,000))]

Aggregate EHR Amount-\$5,662,595.90 * 0.38 = \$2,169,576.97

Payment Schedule:

Year 1 - 40% of Aggregate EHR Incentive Payment = \$867,830.79

Year 2 - 30% of Aggregate EHR Incentive Payment = \$650,873.09

Year 3 - 30% of Aggregate EHR Incentive Payment = \$650,873.09

Total Aggregate EHR Incentive Payment = \$2,169,576.97

Close

Enrollment Step 4, Part 1

Step 4 - EHR Payment Determination Part 1 - Overall EHR Amount

To begin the calculation of your EHR Incentive payment, you will be required to provide details for your participation in the Medicaid Incentive Program. You are required to enter the following to determine your initial incentive amount:

- Annual Growth Rate
- Discharge Amount

Annual Growth Rate

To determine the discharge-related amount for the three subsequent payment years that are included in determining the overall EHR amount, the number of discharges will be based on the average annual growth rate for the hospital over the most recent three years of available data. Please enter your Annual Growth Rates Below.

	Year	Discharges	Growth Rate
*Most Recent Year Discharges:	2011	10000	2.04%
*Year 2 Discharges:	2010	9800	2.08%
*Year 3 Discharges:	2009	9600	2.13%
*Year 4 Discharges:	2008	9400	
Average Annual Growth Rate: 2.08%			



Enrollment Step 4, Part 1

Medicaid Discharge Amount

For the first payment year, the total hospital discharges from the previous fiscal year serve as the basis for calculating the next three years' discharges, based on the Average Annual Growth Rate determined above. For your yearly allowable discharges (those between 1,150 and a maximum of 23,000), you will receive an additional \$200 for each discharge towards your total amount (Maximum of 21,851). For example, if you enter 20,000 as your First Year Discharges, the First Year Allowable Discharges will be set to 18,851 (20,000-1,149). If 25,000 is entered, it will be set to 21,851 (23,000 max - 1,149).

*First Year Discharges: 10000	First Year Allowable Discharges: 8851
Second Year Discharges: 10208	Second Year Allowable Discharges: 9059
Third Year Discharges: 10420	Third Year Allowable Discharges: 9271
Fourth Year Discharges: 10637	Fourth Year Allowable Discharges: 9488

Overall EHR Amount Calculation

Year	Base Amount	+ Discharge Amount	* Transition Factor	= Total Amount
1	\$2,000,000	\$1,770,200.00 (8851 * \$200.00)	1.00	\$3,770,200.00
2	\$2,000,000	\$1,811,800.00 (9059 * \$200.00)	0.75	\$2,858,850.00
3	\$2,000,000	\$1,854,200.00 (9271 * \$200.00)	0.50	\$1,927,100.00
4	\$2,000,000	\$1,897,600.00 (9488 * \$200.00)	0.25	\$974,400.00

Overall EHR Amount: **\$9,530,550.00**

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Enrollment Step 4, Part 2

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Sargent Sammy EH (NPI-1000000061)

Current Enrollment Status

Hospital: Sargent Sammy EH(CCN 361323)

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 Part 2 - Medicaid Share

Calculation of your Medicaid Incentive payment also requires that you enter details for your Medicaid Share. You are required to enter the following:

- Estimated number of Medicaid inpatient-bed-days
- Estimated number of Medicaid managed care inpatient-bed-days
- Estimated total number of inpatient-bed-days during the period
- Estimated total amount of charges during that period, not including any charges that are attributable to charity care, divided by the estimated total charges during the period

Inpatient-bed-day Volume

A factor in determining the Medicaid Factor is collection of inpatient-bed-day volumes. You are required to enter the Medicaid, Medicaid Managed Care, and Total Inpatient-bed-days. If this is your first payment year, you must include Inpatient-bed-day volumes from the hospital fiscal year that ends during the last completed federal fiscal year. The Inpatient-bed-days figures you enter must exclude nursery bed days.

*Medicaid FFS Inpatient-bed-days: 700

*Medicaid Managed Care Inpatient-bed-days: 400

*Total Inpatient-bed-days: 11000

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Enrollment Step 4, Part 2

Hospital Charges

Total Hospital charges are collected to determine the Medicaid Factor. You are required to enter the total charges and total charges excluding charity care. If this is your first payment year, you must also provide charges from the hospital fiscal year that ends during the last completed federal fiscal year.

*Total Charges Excluding Charity Care: \$11500000

*Total Charges: \$12000000

Medicaid Share Calculation

Medicaid Inpatient-bed-days: 700 + Medicaid Managed Care Inpatient-bed-days: 400

Total Inpatient-bed-days: 11000 * (Total Charges Excluding Charity Care: \$11,500,000.00 / Total Charges: \$12,000,000.00

Medicaid Share: 10.43%

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Enrollment Step 4, Part 3

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Sargent Sammy EH (NPI-1000000061)

Step 4 - EHR Payment Determination Part 3 - Payment Schedule

Aggregate EHR Amount

Overall EHR Amount: \$9,530,550.00
X Medicaid Share: 10.43%

Aggregate EHR Amount: \$994,036.36

EHR Incentive Payment Schedule

Based on your Aggregate EHR Amount your payments will be disbursed based on the following payment schedule:

Year	Yearly Payment Percentage	Payment Amount
1	40%	\$397,614.55
2	30%	\$298,210.91
3	30%	\$298,210.91

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Enrollment Summary

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Sargent Sammy EH (NPI-1000000061)

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

Legal Business Name: Sargent Sammy EH
Hospital Type: Acute Care Hospitals
CCN: 361323
Business Address: 832 S Main St
Reno, NV 89598-2208
Phone #: (330) 684-4711 Ext:
Tax ID: 200000061
NPI: 1000000061
CMS Confirmation #: *****2735
Dual Eligible Hospital: Yes

Enrollment Summary

Payment Assignment

Medicaid ID: 2370250

Payee Name: Sargent Sammy EH

Payee Address: 1000 S. MAIN ST.
SPRINGFIELD, OR 97474

Step 2 - Medicaid Patient Volume Determination

Medicaid Patient Volume Reporting Period:

Three months 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 Patient Encounters: 1,100

Total Patient Encounters: 10,000

Medicaid Patient Volumes: 11%



Enrollment Summary

Step 3 - Adopt, Implement, Update Certified EHR Software

AIU Designation: Adopt
CMS EHR Certification ID: 30000001TMCWEAS
Supporting Documentation: Purchase Order, Contract, EHR Software License, Other

Step 4 - EHR Payment Determination

Overall EHR Amount: \$ 9,530,550.00

X Medicaid Share: 10.43%

Aggregate EHR Amount: \$994,036.36

Year	Yearly Payment Percentage	Payment Amount	Status
1	40%	\$ 397,614.55	
2	30%	\$ 298,210.91	
3	30%	\$ 298,210.91	

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Continue

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Sargent Sammy EH (NPI-1000000061)

[Current Enrollment Status](#)

Hospital: Sargent Sammy EH(CCN 361323)	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: Completed ✓	

[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.

Legal Notice

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 as requested by the Medicaid State Agency, or other agents working on its behalf.

No Medicaid EHR Incentive Payment may be paid unless this registration form is completed as required by existing law and regulations. I hereby certify that I am an active Nevada Medicaid provider in good standing with an active Nevada Medicaid Provider agreement.

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may, upon conviction, be subject to fine and imprisonment under applicable Federal and State laws.

ROUTINE USE(S): Information from this Nevada Medicaid Incentive Program enrollment form and subsequently submitted information and documents may be given

- to the Internal Revenue Service;
- private collection agencies;
- and consumer reporting agencies in connection with recoupment of any overpayment made; and
- Congressional Offices in response to inquiries made at the request of the person to whom a record pertains.
- Appropriate disclosures may be made under state law (for example, under a public records request) and to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Nevada Medicaid Incentive Program.



Legal Notice

DISCLOSURES:

Note: Completion of this form does not guarantee payment.

Failure to provide information will result in delay in payment or may result in denial of the Nevada Medicaid Incentive Program payment. Failure to furnish information will prevent Nevada Medicaid Incentive Program payments from being issued. Failure to furnish information or documents after payment has been made will result in the issuance of an overpayment demand letter followed by recoupment procedures. Recipients of Nevada Medicaid Incentive Program payments indicate that by their completion of this application their understanding and agreement to report any suspected overpayments of an incentive payment to the Medicaid State Agency within 60 days of its discovery.

- You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.
- I hereby certify that I have the legal authority to sign this Legal Notice.

With the exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent Medicaid EHR incentive payments from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory to state if you believe you have been overpaid under the Medicaid EHR Incentive Program.

I acknowledge that I am aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

Legal Notice

I agree that the Medicaid State Agency can - through offsets, recoupment, adjustments, or other collection methods - apply Medicaid Incentive Payments to reimburse or pay for Medicaid overpayments, fines, penalties, or other debts owed by the provider or its assignee(s) to the Medicaid State Agency and any of its subsidiaries or agencies under the Nevada Department of Health and Human Services, Nevada county or local governments, US Department of Health and Human Services, or any other Federal agency. I further agree to cooperate with the Medicaid State Agency in its collection efforts, including executing any documents to effect or implement such offsets, recoupment, adjustments, or other collection methods.

*Electronic Signature - Full Name of Authorizing Official

David Trotter for Sargent Sammy EH (NPI-1000000061)

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Agree & Continue

Disagree

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Submit Enrollment

Sargent Sammy EH (NPI-1000000061)

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.

Legal Business Name:	Sargent Sammy Eh
Hospital Type:	Acute Care Hospitals
CCN:	361323
Business Address:	832 S Main St Reno, NV 89598-2208
Tax ID:	*****0061(EIN)
NPI:	1000000061
Dually-eligible Hospital:	Yes
Program Year:	2012
Payment Year:	1
CMS Certification ID:	30000001TMCWEAS



Submit Enrollment

Sargent Sammy EH (NPI-1000000061)

Error(s)

Upload Adopt, Implement, Upgrade documentation to continue.

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.

Legal Business Name: Sargent Sammy Eh

Hospital Type: Acute Care Hospitals

CCN: 361323

Business Address: 832 S Main St

Reno, NV 89598-2208

Tax ID: *****0061(EIN)

NPI: 1000000061

Dually-eligible Hospital: Yes


Program Year: 2012

Payment Year: 1

CMS Certification ID: 30000001TMCWEAS



Upload Document



Document Upload

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:

* Category:

* Type:

* File:

60 Characters Max

* Document Description:

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

Submit Enrollment

Sargent Sammy EH (NPI-1000000061)

Message(s)

Document uploaded successfully.


Submit Enrollment


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Hospital Type: Acute Care Hospitals
CCN: 361323
Business Address: 832 S Main St
Reno, NV 89598-2208
Tax ID: *****0061(EIN)
NPI: 1000000061
Dually-eligible Hospital: Yes
Program Year: 2012
Payment Year: 1
CMS Certification ID: 30000001TMCWEAS



Enrollment Confirmation

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Sargent Sammy EH (NPI-1000000061)

Congratulations - Your Hospital has successfully completed enrollment for the payment year!

Enrollment Confirmation

The Eligible Hospital (EH) has adopted, implemented OR upgraded certified EHR technology by meeting the following objectives 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.
- The EHR incentive payment was calculated.

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

Enrollment Confirmation

Enrollment Tracking Information

Enrollment Confirmation ID: NV-2012-1000000061

Submission Date: 07/05/2012

Legal Business Name: Sargent Sammy Eh

Hospital Type: Acute Care Hospitals

CCN: 361323

Business Address: 832 S Main St
Reno, NV 89598-2208

Tax ID: *****0061 (EIN)

NPI: 1000000061

Dually-eligible Hospital: Yes

Program Year: 2012

Payment Year: 1

CMS Certification ID: 30000001TMCWEAS

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Sargent Sammy EH (NPI-1000000061)

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 for each Hospital. Eligible Hospital'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.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
*****0061	Sargent Sammy Eh	361323	1000000061	*****2735	2012	1	Payment Pending	<div>View Status</div>



Enrollment Home

Sargent Sammy EH (NPI-1000000061)

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 for each Hospital. Eligible Hospital'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.

Tax ID	Legal Business Name	CCN	NPI	CMS Registration ID	Program Year	Payment Year	Status	Action
*****0061	Sargent Sammy Eh	361323	1000000061	*****2735	2012	1	Payment Pending	View Status
*****0061	Sargent Sammy Eh	361323	1000000061	*****2735	2011	1	Expired	View Status


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Sargent Sammy EH (NPI-1000000061)

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.

Program Year	Document Description	Category	Type	Appeal ID	Upload Date	Action
2012	EH AIU Document	Adopt/Implement/Upgrade	EHR Hardware/Software/Network		07/05/2012	View

Upload New Document

Status

Sargent Sammy EH (NPI-1000000061)

Status Summary Home

The following sections outline the current and historical events in the Medicaid EHR Incentive Payment Program. Please select your hospital below to view enrollment details.

Provider Information

Name:	Sargent Sammy EH
Provider Type:	Acute Care Hospitals
Provider Specialty:	LONG-TERM
Address:	832 S Main St Reno, NV 89598-2208
Phone #:	(330) 684-4711 Ext:
Tax ID:	*****0061
NPI:	1000000061
CMS Registration ID:	*****2735
CCN:	361323
Dually-eligible Hospital:	Yes

Status

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	07/05/2012	11%	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.

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Status – Enrollment Summary



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Sargent Sammy EH (NPI-1000000061)

Enrollment Summary

Program
Year:
2012

Enrollment Confirmation Number: NV-2012-1000000061

Ineligibility Reason:

Payment
Year: 1

Enrollment Status: Payment Pending

Enrollment Submission Date: 07/05/2012

Step 1 - Provider Registration Verification

National Provider Information

Legal Business Name: Sargent Sammy EH
Hospital Type: Acute Care Hospitals
CCN: 361323
Business Address: 832 S Main St
Reno, NV 89598-2208
Phone #: (330) 684-4711 Ext:
Tax ID: *****0061
NPI: 1000000061
CMS Registration ID: *****2736
Dual Eligible Hospital: Yes



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Incentive Payment Program for Electronic Records

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

Notifications

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

Eligible Hospital Summary

- Enrollment
- Status
- Documents
- Appeals
- Manage Account
- Contact Us

Eligible Hospitals

- You have completed Module 3 – Eligible Hospitals training!
- This marks the end of your provider training. You are now ready to enroll in the Nevada EHR Incentive Payment System!

Thank You!