



Nevada EHR Incentive Payment System (NEIPS)



**DHHS
DHCFP**

Module 4 – Eligible Professionals

July, 2012

Welcome!

- Welcome to the Provider training for the Nevada EHR Incentive Payment System.
- Prerequisite training:
 - Module 1 – Training Introduction
 - Module 2 – Provider Overview
- This is the Module 4 – Eligible Professional training.
- Length and duration: 60 slides; approximately 35 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 Professionals

- Physicians (MD, DO)
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physicians Assistants (PAs) who practice in FQHC, RHC, or IHS led by a PA (PA must be enrolled in Nevada Medicaid)
- Minimum of 30% Medicaid patient volume (20% if Pediatrician)
- Practice predominantly in FQHC/RHC/IHS and have 30% patient volume to needy individuals
- Not Hospital-based (90% in hospital setting)

Eligible Professionals

- 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
 - Enrollment Summary
 - Legal Notice
 - Submit Enrollment
 - Enrollment Confirmation
- Status

Home

Jackie R Jackson (NPI-1000000068)

[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](#)

Enrollment Home

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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
Jackie R Jackson	1000000068	*****0068	*****4469	2012	1	Not Started	<input type="button" value="Enroll"/>

Current Enrollment Status

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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 ⓧ

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

Please review your attested registration information as received from the CMS.

Name: Jackie R Jackson
Provider Type: Physician
Provider Specialty: PEDIATRIC MEDICINE
Address: 555 S 18th St
Reno, NV 89598-2654
Phone #: (276) 889-7500 Ext: 8988
Tax ID: 200000068 (SSN)
NPI: 1000000068
CMS Registration ID: *****4469

Enrollment Step 1

State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in a FQHC/RHC/IHS where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through a FQHC, RHC, or IHS. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be a MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

If practicing predominantly in a FQHC, RHC, or IHS, you are required to select your affiliated FQHC/RHC/IHS. You should also attest "No" for hospital-based, as this does not apply to Eligible Professionals who practice predominantly through an FQHC/RHC/IHS.

You are hospital-based if > 90% of your Medicaid services is rendered in the following two places of service (POS) codes for HIPAA standard transactions: 21-Inpatient Hospital and 23-Emergency Room.

*Are you attesting as a hospital-based provider?:

Yes No

*Are you attesting as a Pediatrician?:

Yes No

*Do you practice predominantly (>50% during 6-month period) in a FQHC, RHC, or IHS?:

Yes No

Affiliated
FQHC/RHC/IHS:

Enrollment Step 1

State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in a FQHC/RHC/IHS where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through a FQHC, RHC, or IHS. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be a MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

If practicing predominantly in a FQHC, RHC, or IHS, you are required to select your affiliated FQHC/RHC/IHS. You should also attest "No" for hospital-based, as this does not apply to Eligible Professionals who practice predominantly through an FQHC/RHC/IHS.

You are hospital-based if > 90% of your Medicaid services is rendered in the following two places of service (POS) codes for HIPAA standard transactions: 21-Inpatient Hospital and 23-Emergency Room.

*Are you attesting as a hospital-based provider?:

Yes No

*Are you attesting as a Pediatrician?:

Yes No

*Do you practice predominantly (>50% during 6-month period) in a FQHC, RHC, or IHS?:

Yes No

Affiliated
FQHC/RHC/IHS:

Enrollment Step 1

Confirm Hospital Based Failure

Provider Name: Jackie R Jackson

Failed Reason: Hospital-based

You have been deemed Not Eligible for the reason stated above. You can update your Step1 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 1

State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in a FQHC/RHC/IHS where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through a FQHC, RHC, or IHS. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be a MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

If practicing predominantly in a FQHC, RHC, or IHS, you are required to select your affiliated FQHC/RHC/IHS. You should also attest "No" for hospital-based, as this does not apply to Eligible Professionals who practice predominantly through an FQHC/RHC/IHS.

You are hospital-based if > 90% of your Medicaid services is rendered in the following two places of service (POS) codes for HIPAA standard transactions: 21-Inpatient Hospital and 23-Emergency Room.

*Are you attesting as a hospital-based provider?:

Yes No

*Are you attesting as a Pediatrician?:


Yes No

*Do you practice predominantly (>50% during 6-month period) in a FQHC, RHC, or IHS?:

Yes No

Affiliated
FQHC/RHC/IHS:

Enrollment Step 1

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Home**Enrollment**DocumentsAppealsStatusManage AccountContact Us

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FQHC/RHC Selector

Select your affiliated FQHC/RHC(s) below and click the Save & Continue button.

[Clear Selection](#)

Select	FQHC/RHC Legal Business Name	Practice Address
<input type="checkbox"/>	BATTLE MOUNTAIN CLINIC	535 S HUMBOLDT STE A, BATTLE MOUNTAIN, NV 89820-1988
<input type="checkbox"/>	BRIDGER HEALTH CENTER	1802 N. CARSON ST STE.100, CARSON CITY, NV 89701-1227
<input type="checkbox"/>	BRIDGER HEALTH CENTER	1802 N. CARSON ST. STE.100, CARSON CITY, NV 89701-1227
<input type="checkbox"/>	DEATH VALLEY HEALTH CENTER	PO BOX 1559, BAKERSFIELD, CA 93302-1559
<input type="checkbox"/>	EASTERN FAMILY MEDICAL AND DENTAL CENTER	3325 RESEARCH WAY, CARSON CITY, NV 89706-7913
<input checked="" type="checkbox"/>	ELMORE MEDICAL CENTER	465 MCKENNA DR, MOUNTAIN HOME, ID 83647-2143
<input type="checkbox"/>	PAIUTE TRIBAL HEALTH CENTER	PO BOX 1980, FALLON, NV 89407-1980
<input type="checkbox"/>	WILLIAM BEE RIRIE HOSPITAL	6 STEPTOE CIRCLE, ELY, NV 89301-2692
<input type="checkbox"/>	YERINGTON PAIUTE TRIBAL HEALTH CLINIC	171 CAMPBELL LN, YERINGTON, NV 89447-9731

[Previous](#)[Select & Return](#)

Enrollment Step 1

State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in a FQHC/RHC/IHS where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through a FQHC, RHC, or IHS. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be a MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

If practicing predominantly in a FQHC, RHC, or IHS, you are required to select your affiliated FQHC/RHC/IHS. You should also attest "No" for hospital-based, as this does not apply to Eligible Professionals who practice predominantly through an FQHC/RHC/IHS.

You are hospital-based if > 90% of your Medicaid services is rendered in the following two places of service (POS) codes for HIPAA standard transactions: 21-Inpatient Hospital and 23-Emergency Room.

*Are you attesting as a hospital-based provider?:

Yes No

*Are you attesting as a Pediatrician?:

Yes No

*Do you practice predominantly (>50% during 6-month period) in a FQHC, RHC, or IHS?:

Yes No

Affiliated FQHC/RHC/IHS: Elmore Medical Center

Enrollment Step 1

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

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: *****0006

Payee NPI: 3000000006

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

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Enrollment Step 1

Payment Assignment

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

Payee Name: PEDIATRIC ACADEMIC ASSOC

* Payee Medicaid ID:

Payee Address:

Payee TIN: *****0006

Payee NPI: 3000000006

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

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Current Enrollment Status

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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

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

Jackie R Jackson (NPI-1000000068)

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** ⊘

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:



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

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 – Encounter Option

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

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 2 – FQHC/RHC/IHS

Patient Volume Attestation:

The following are considered Needy Encounters:

- Services rendered on any one day to an individual where Medicaid or CHIP paid for part or all of the service are defined as a single encounter.
- Services rendered on any one day to an individual for where Medicaid or CHIP paid all or part of their copayments, and/or cost-sharing are defined as a single encounter.
- Services furnished at no cost; and calculated as being uncompensated or charity care are defined as a single encounter. If you use uncompensated care instead of charity care, you must subtract bad debt.

When entering your Needy Patient Encounter Volume, You must choose one of the following options

- **Individual Volume** - The Patient Volume associated with an individual EP
- **Clinic Volume** - The Patient Volume associated with an EP in a Clinic

The Encounter Option is based on total number of Needy Encounters divided by your Total Patient Encounters

Individual Volume Clinic Volume

*Needy Patient Encounters:

*Total Patient Encounters:

Needy Patient Volume:

Previous

Upload Volume Document

Save & Continue



Enrollment Step 2

Volume Determination Warning

Attested information is subject to audit against Medicaid claims and encounter data as documented in the state MMIS System. If a discrepancy between MMIS Medicaid Claims and Encounter data and your attested data exists you will be subject to audit. Supporting documentation will be requested to support the attested volume levels.

Modify Volumes

Continue

Confirm Volume Threshold Failure

Provider Name: Jackie R Jackson

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

Current Enrollment Status

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

Jackie R Jackson (NPI-1000000068)

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 ⊘

Enrollment Step 3

Jackie R Jackson (NPI-1000000068)

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

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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.

Previous



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Enrollment Step 3

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DHHS Division of Health Care Financing & Policy

Logout

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

Jackie R Jackson (NPI-1000000068)

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 ⊘

Error(s)

You must resolve the error(s) to continue:
Please Enter your EHR Solution.

Current Enrollment Status

[Home](#)

[Enrollment](#)

[Documents](#)

[Appeals](#)

[Status](#)

[Manage Account](#)

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Jackie R Jackson (NPI-1000000068)

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** ⓧ

Enrollment Step 4

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

Previous

Save & Continue

Enrollment Summary

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

Jackie R Jackson (NPI-1000000068)

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: Jackie R Jackson
Provider Type: Physician
Provider Specialty: PEDIATRIC MEDICINE
Address: 555 S 18th St
Reno, NV 89598-2654
Phone #: (276) 889-7500 Ext: 8988
Tax ID: 200000068
NPI: 1000000068
CMS Confirmation #: *****4469

State Provider Information

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



Enrollment Summary

Group Practice

Reporting as Group: No
Group Enroller:
Group Medicaid ID:
Group Name:
Group Address:
Group TIN:
Group NPI:
Group Member:

Payee Assignment

Payee Medicaid ID: 0476131
Payee Name: PEDIATRIC ACADEMIC ASSOC
Payee Address: 1001 S. WASHINGTON ST. 100
COLUMBIAN, OR 97331
Payee TIN: *****0006
Payee NPI: 3000000006

Enrollment Summary

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: Adopt

CMS EHR Certification ID: 30000001SWQTEAS

Supporting Documentation: Purchase Order

Enrollment Summary

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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Jackie R Jackson (NPI-1000000068)

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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

Jackie R Jackson (NPI-1000000068)

Previous

Agree & Continue

Disagree

dhcfp.nv.gov/EHRIncentives.htm



Submit Enrollment

Jackie R Jackson (NPI-1000000068)

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: Jackie R Jackson
Provider Type: Physician
Provider Specialty: PEDIATRIC MEDICINE
Address: 555 S 18th St
Reno, NV 89598 -2654
Tax ID: *****0068(SSN)
NPI: 1000000068
Program Year: 2012
Payment Year: 1

Submit Enrollment

Jackie R Jackson (NPI-1000000068)

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.

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Provider Type: Physician
Provider Specialty: PEDIATRIC MEDICINE
Address: 555 S 18th St
Reno, NV 89598 -2654
Tax ID: *****0068(SSN)
NPI: 1000000068
Program Year: 2012
Payment Year: 1

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

Jackie R Jackson (NPI-1000000068)

Message(s)

Document uploaded successfully.

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.

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Provider Type: Physician
Provider Specialty: PEDIATRIC MEDICINE
Address: 555 S 18th St
Reno, NV 89598 -2654
Tax ID: *****0068(SSN)
NPI: 1000000068
Program Year: 2012
Payment Year: 1

Enrollment Confirmation

Jackie R Jackson (NPI-1000000068)

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-2012-1000000068
Enrollment Submission Date: 07/05/2012
Name: Jackie R Jackson
Provider Type: Physician
Provider Specialty: PEDIATRIC MEDICINE
Address: 555 S 18th St
Reno, NV 89598 -2654
Tax ID: *****0068 (SSN)
NPI: 1000000068
Program Year: 2012
Payment Year: 1



Enrollment Home

Jackie R Jackson (NPI-1000000068)

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
Jackie R Jackson	1000000068	*****0068	*****4469	2012	1	Payment Pending	<input type="button" value="View Status"/>

Enrollment Home

Jackie R Jackson (NPI-1000000068)

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
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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
Jackie R Jackson	1000000068	*****0068	*****4469	2012	1	Payment Pending	View Status
Jackie R Jackson	1000000068	*****0068	*****4469	2011	1	Expired	

Documents

Jackie R Jackson (NPI-1000000068)

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	AIU EP Document	Adopt/Implement/Upgrade	EHR Hardware/Software/Network		07/05/2012	View

[Upload New Document](#)

Status

Jackie R Jackson (NPI-1000000068)

Status Summary Home

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

Provider Information

Name: Jackie R Jackson
Provider Type: Physician
Provider Specialty: PEDIATRIC MEDICINE
Address: 555 S 18th St
Reno, NV 89598-2654
Phone #: (614) 722-2495 Ext:
Tax ID: *****0068
NPI: 1000000068
CMS Registration ID: *****4469

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	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.

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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	33%	Yes	--	--	--	View Details
2011	1	Expired		--	No	--	--	--	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

Logout

Home

Enrollment

Documents

Appeals

Status

Manage Account

Contact Us

Jackie R Jackson (NPI-1000000068)

Enrollment Summary

Program Year: 2012	Enrollment Confirmation Number: NV-2012-1000000068	Ineligibility Reason: N/A
Payment Year: 1	Enrollment Status: Payment Pending	Enrollment Submission Date: 07/05/2012

Step 1 - Provider Registration Verification

National Provider Information

Name:	Jackie R Jackson
Provider Type:	Physician
Provider Specialty:	PEDIATRIC MEDICINE
Address:	555 S 18th St Reno, NV 89598-2654
Phone #:	(614) 722-2495 Ext:
Tax ID:	*****0068
NPI:	1000000068
CMS Registration ID:	*****4469



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 Professional Summary

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

Eligible Professionals

- You have completed Module 4 – Eligible Professionals training!
- If applicable, additional EP training:
 - Module 5 – Group Lead
 - Module 6 – Group Member
- If you do not require additional EP training, this marks the completion of your training and you are ready to enroll in the Nevada EHR Incentive Payment System!

Thank You!