



Nevada EHR Incentive Payment System (NEIPS)



DHHS DHCFP Module 5 – Eligible Professional Group Lead

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 5 EP Group Lead training, required training for all Eligible Professionals who will lead a group of EPs in enrolling for Medicaid incentive payments.
- Length and duration: 37 slides; approximately 20 minutes.



Provider Training Overview

- Module 1 Introduction
- Module 2 Provider Overview
 - Mandatory first step for <u>all</u> 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



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DHHS Division of Health Care Financing & Policy

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Kim D Karson (NPI-1000000069)

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:

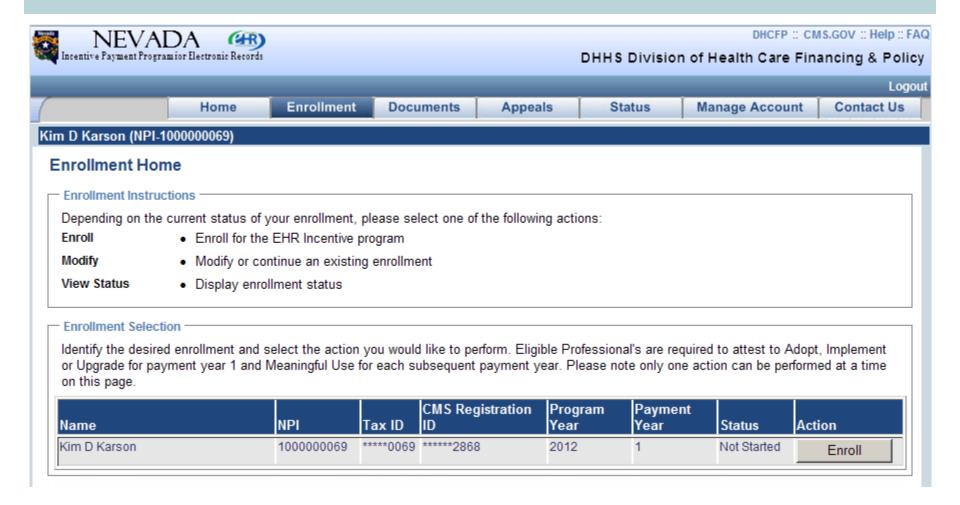
- Enroll for the Medicaid EHR Incentive Program
- · Continue Incomplete Enrollment
- Modify Existing Enrollment

<u>Documents</u>

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



Enrollment Home





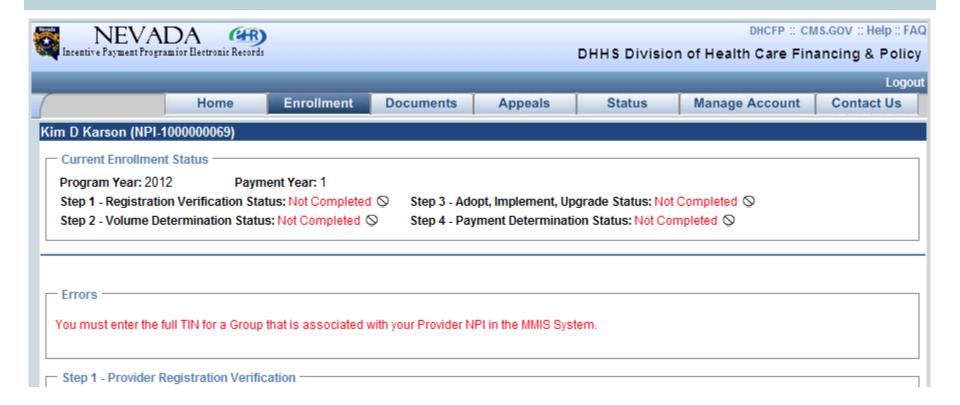
Enrollment Step 1 – Group Practice

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Kim D Karso	n (NPI-1000000069)	(1					
	nrollment Status						
Program Y Step 1 - Re	ear: 2012 Paym Segistration Verification Sta	ent Year: 1 tus: Not Completed	Step 3 - Add	opt, Implement, Up	grade Status: No	t Completed ⊘	
Step 2 - Vo	olume Determination Statu	s: Not Completed (Step 4 - Pay	ment Determinati	on Status: Not Co	ompleted 🛇	
Step 1 - Pr	rovider Registration Verific	ation —					

- 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:



Enrollment Step 1 – Group TIN Required



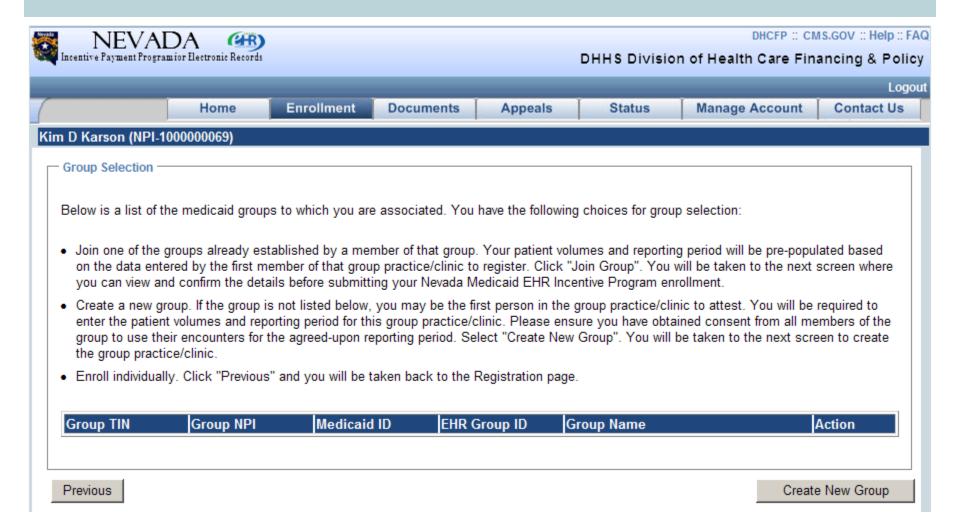


Group TIN Entered – Select Group

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 – Create New Group





Nevada Provider ID - Select





Group Setup



Kim D Karson (NPI-1000000069)

Group Setup

You are the first eligible professional to attest as part of this group. You must enter the patient volumes and reporting period for the entire group. practice/clinic.

Please ensure:

- For the reporting period selected, both Medicaid and Total Encounters for all group members are reflected in the group patient volumes you are entering and you have an auditable data source to support the information you are attesting.
- You have reviewed the patient volumes and reporting period with the entire group practice/clinic and have obtained consent from all members of the group practice/clinic that either:
 - The EP will enroll as part of the group practice/clinic; or,
 - If the EP should choose to not enroll as part of the group practice/clinic, he/she will allow the use of his/her encounters in that group practice/clinic patient volumes. In this case, the non-participating EP member will not use those encounters toward their individual patient volumes or for any other group practice/clinic patient volumes.

If you have met these requirements and your group practice/clinic has agreed that you should enter the information on behalf of the group practice/clinic, enter the patient volumes and reporting period below to establish your group practice/clinic. Note that the patient volume will be calculated based on any continuous three-month period in the previous calendar year, beginning the 1st day of the month. You may be required to upload evidence of group consent to use the encounters of all group members and patient volumes documentation. This information may be subject to audit



Group Setup

EHR Group ID

Select All Clear Selection

Select	Group TIN	Group NPI	Group Medicaid ID	Group Name
	*****0034		0282715	CORE STORY SHOUL
V	****0034	300000034	2613176	CHILDRENS HOSPITAL MEDICAL
	*****0034	1000000034	0307022	CHILDRENS HOSPITAL MEDICAL

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?

O Yes ⊙ No

Select States/Territories

Selected States/Territories:

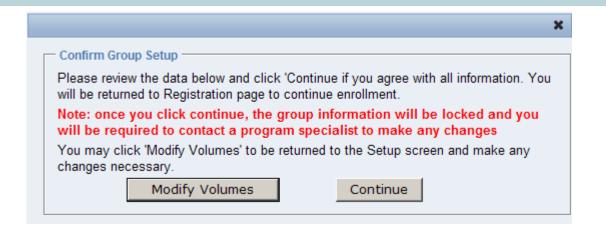


Group Setup

Group Volumes —————			
The following are considered Me	dicaid encounters:		
Service rendered on any or	ne day to an individual for whom I	Medicaid paid all or part of the service is	defined as a single encounter.
 Service rendered on any o as a single encounter. 	ne day to an individual for whom N	Medicaid paid all or part of their co-paym	ent and/or cost-sharing is defined
Please select a Start Date:	07/01/2011	Three-Month Reporting End Date:	09/30/2011
Number of Group Members:	20	EHR Group Name:	Nevada Training
Pediatric Group? Select "Yes" o	only if your group consists of all pe	ediatricians. C Yes ⓒ No	
•			
Group Medicaid Encounters:	1000	Group Medicaid Assignments:	
Group Total Encounters:	3000	Group Total Panel Assignments:	
		Group Medicaid Volume:	33%
		5 1	
Previous	Upload Group	Documentation	Save & Continue



Confirm Group Setup

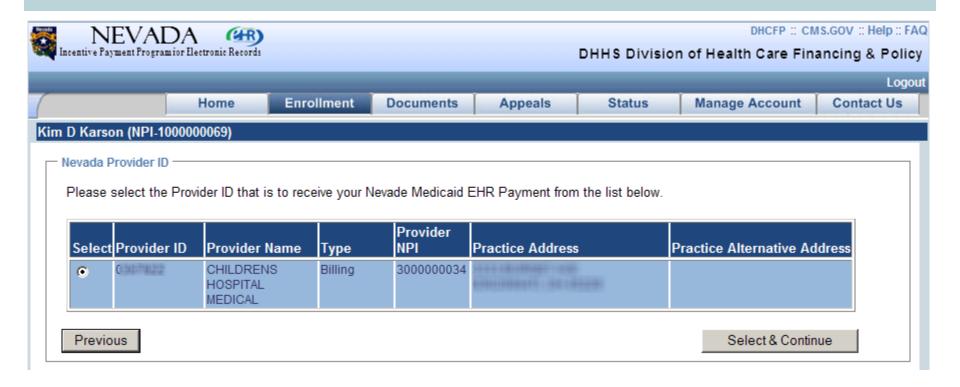


Enrollment Step 1 – Group Practice

Group Practice	
	e attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be page where you can join an existing group or create a new one.
**Are you atte	esting your Patient Volume as part of a Group Practice?
⊙Yes ○	No
**Group TIN:	400000034 Select Group
EHR Group I	D: 54
-	e: Nevada Training
- Payment Assig	nment —
Select your pay	yee Medicaid ID by clicking the button below. To validate your payee, click the validate payee button below.
Payee Name:	
* Payee Medic	Select Medicaid ID
Payee Addres	ss:
Payee TIN:	*****0034
Payee NPI:	300000034



Enrollment Step 1 – Payment Assignment









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 threemonth 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:

07/01/2011

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

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

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?

Select States/Territories

Selected States/Territories:



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.

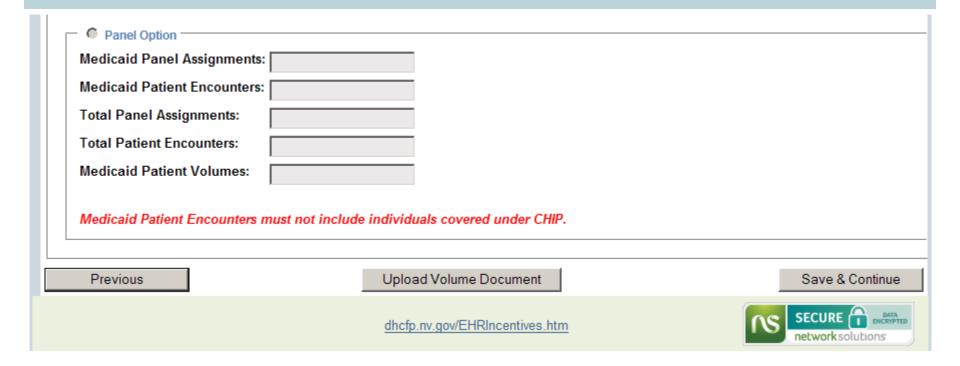
The following are considered Medicaid Encounters:

- · 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:	1,000
Total Patient Encounters:	3,000
Medicaid Patient Volumes:	33%

Medicaid Patient Encounters must not include individuals covered under CHIP.







Enrollment Manage Account Home **Documents Appeals** Status Contact Us Kim D Karson (NPI-1000000069) - Current Enrollment Status Payment Year: 1 Program Year: 2012 Step 1 - Registration Verification Status: Completed ✓ Step 3 - Adopt, Implement, Upgrade Status: Not Completed ○ Step 2 - Volume Determination Status: 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.



CMS EHR Ce	rtification ID: 30	000001TMDP	EAS					
inancially ar	nd Legally Bindi	ng Supportin	g Documenta	tion:				
☐ Purchase	Order							
☐ Contract								
☐ EHR Soft	ware License							
✓ Other								
You may uploo enrollment.	ad any/all of these	documents no	w via the Uploa	d Documents but	ton below, or a	any point in th	e process prio	or submitting you

dhcfp.nv.gov/EHRIncentives.htm





Kim D Karson (NPI-1000000069)

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

Previous

Save & Continue

Enrollment Summary – Step 1

Kim D Karson (NPI-1000000069)

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: Kim D Karson
Provider Type: Physician

Provider Specialty: DIAGNOSTIC RADIOLOGY Address: 3333 Burnet Ave , ML 5031

Reno, NV 89598-3039

Phone #: (513) 636-4251 Ext:

Tax ID: 200000069
NPI: 1000000069
CMS Confirmation #: *****2868

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:

Group Name:

Group Address:

Group TIN: *****0034

Group NPI:

Group Member: View Member

Payee Assignment

Payee Medicaid ID: ######

Payee Name: CHILDRENS HOSPITAL MEDICAL

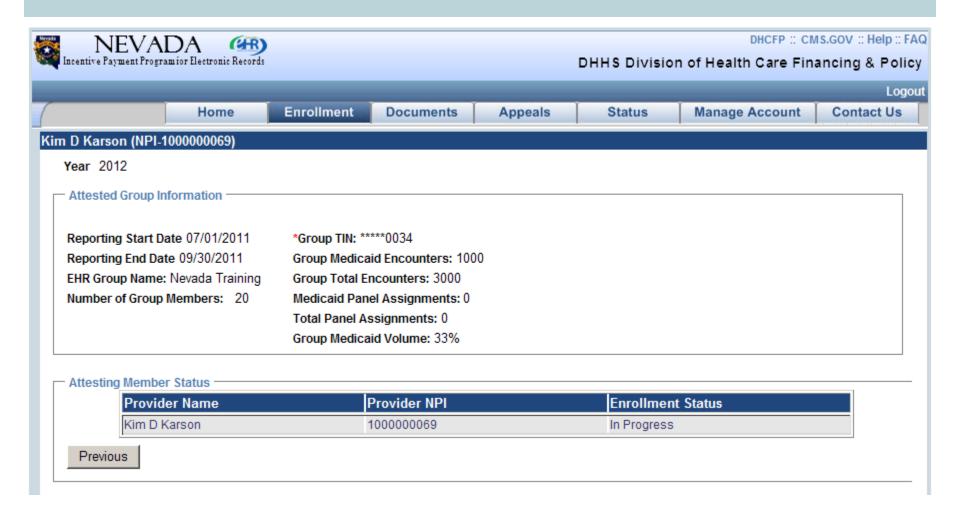
1306900052

Payee Address:

Payee TIN: *****0034
Payee NPI: 3000000034



Attested Group Information





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: Adopt

CMS EHR Certification ID: 30000001TMDPEAS

Supporting Other

Documentation:



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

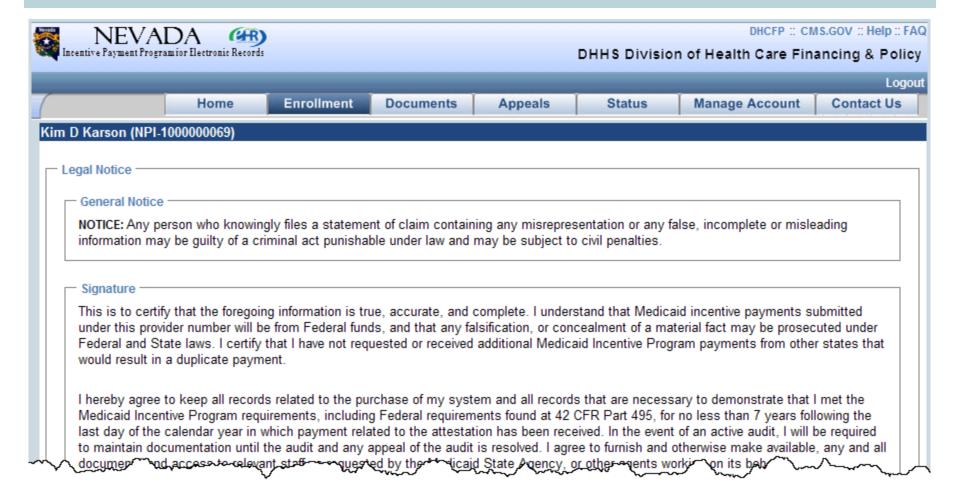
Continue

dhcfp.nv.gov/EHRIncentives.htm



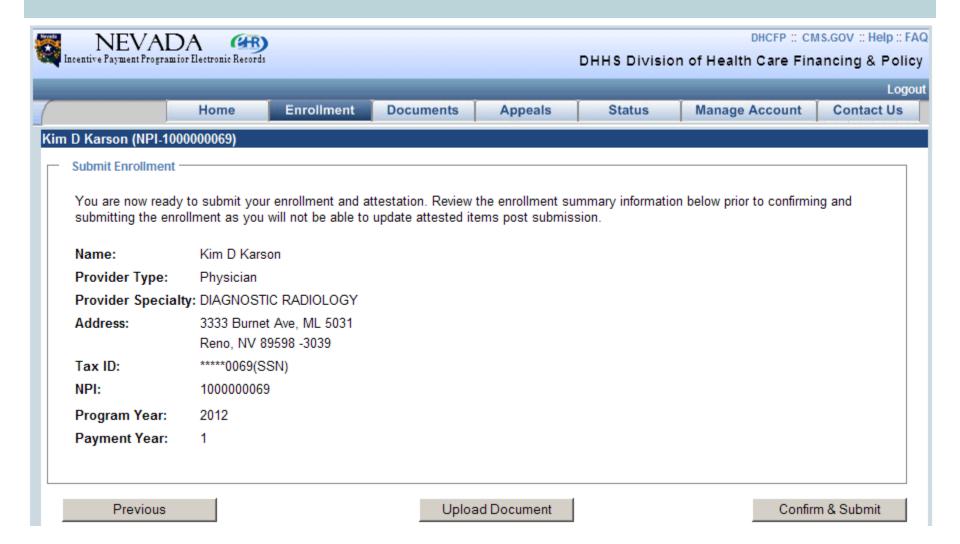


Legal Notice





Submit Enrollment





Enrollment Confirmation

Home Enrollment Documents Appeals Status Manage Account Contact Us

Kim D Karson (NPI-1000000069)

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-2012-1000000069

Enrollment Submission Date: 07/06/2012

Name: Kim D Karson

Provider Type: Physician

Provider Specialty: DIAGNOSTIC RADIOLOGY
Address: 3333 Burnet Ave , ML 5031

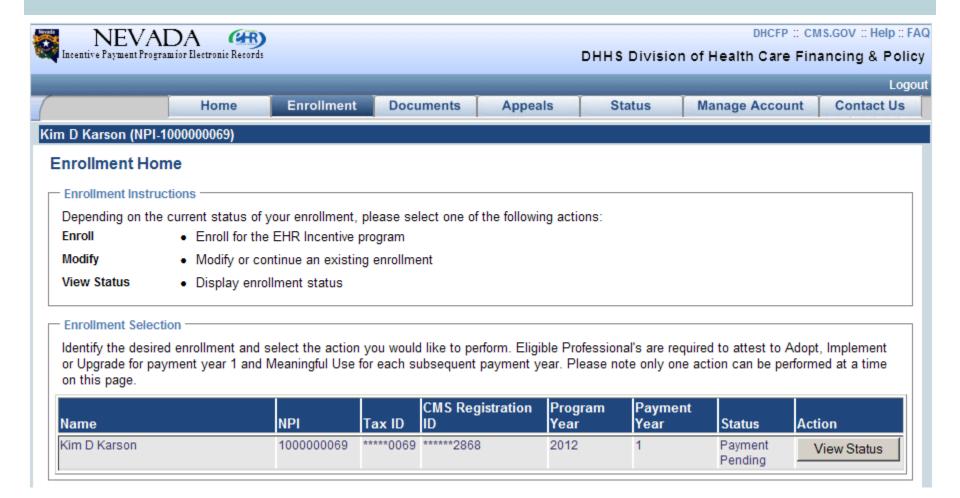
Reno, NV 89598 -3039

Tax ID: *****0069 (SSN)
NPI: 1000000069

Program Year: 2012 Payment Year: 1

Enrollment Home

Enrollment Home





Status Home

Kim D Karson (NPI-1000000069)

Status Summary Home

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

Provider Information

Name: Kim D Karson Provider Type: Physician

Provider Specialty: DIAGNOSTIC RADIOLOGY Address: 3333 Burnet Ave, ML 5031

Reno, NV 89598-3039

Phone #: (513) 636-4251 Ext:

Tax ID: *****0069

NPI: 1000000069

CMS Registration ID: *****2868

Status Summary

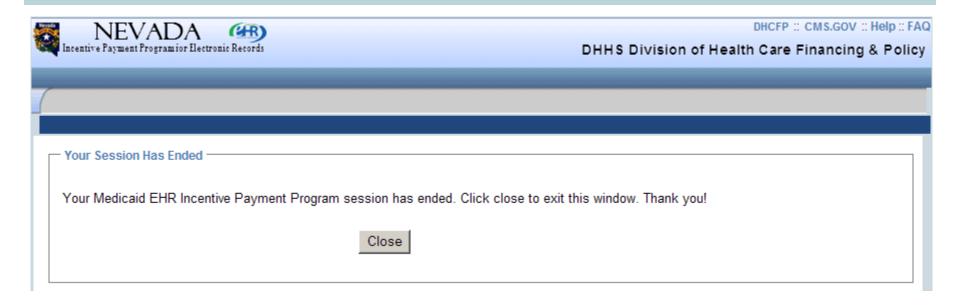
Select View Details button below to see the complete details for each of your enrollments.

Program Year	Payment Year		Submitted Date	Patient Volume	AIU/MU Met	 Calculated 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





EP Group Lead

- You have completed Module 5 Eligible Professional Group Lead training, for the Nevada EHR Incentive Payment System training!
- You are now ready to enroll as an EP Group Lead!



Thank You!

