



Nevada EHR Incentive Payment System (NEIPS)



DHHS DHCFP Module 6 – Eligible Professional Group Member

July, 2012

Welcome!

- Welcome to the Nevada EHR Incentive Payment System.
- Prerequisites:
 - Module 1 Introduction
 - Module 2 Provider Overview
 - Module 4 Eligible Professionals
- This is Module 6 EP Group Member training, required training for all Eligible Professionals who will join a group of EPs in enrolling for Medicaid incentive payments.
- Length and duration: 33 slides; approximately 20 minutes.



Provider Training Overview

- Module 1 Introduction
- Module 2 Provider Overview
 - Mandatory first step for <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



Home



DHCFP :: CMS.GOV :: Help :: FAQ

DHHS Division of Health Care Financing & Policy

Logout

Home

Enrollment

Documents

Appeals S

Status

Manage Account

Contact Us

Ned J.h. Nicebody (NPI-1000000072)

Notifications

Welcome to the Nevada Incentive Payment Program for Electronic Records.

As a Medicaid Payment Incentive program participant, you will need to demonstrate Adoption, Implementation, and Upgrade (AIU) of certified EHR technology in the first year of the program and Meaningful Use (MU) for the remaining years in the program.

To ensure that you navigate successfully through all the steps required to complete enrollment in the program, please do not use the Back/Forward buttons in your browser.

Instructions

Select any section or tab to continue.

Enrollment

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

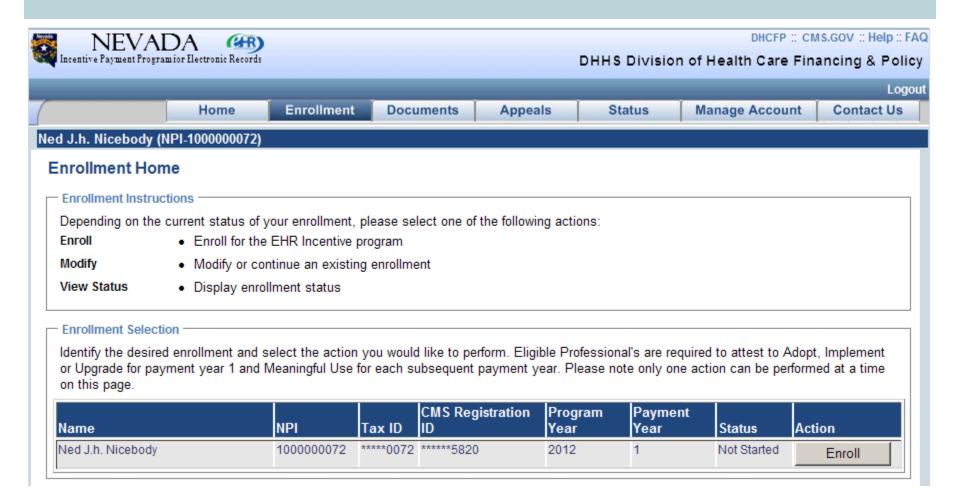
- · Enroll for the Medicaid EHR Incentive Program
- Continue Incomplete Enrollment
- . Modify Existing Enrollment

Documents :

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



Enrollment Home

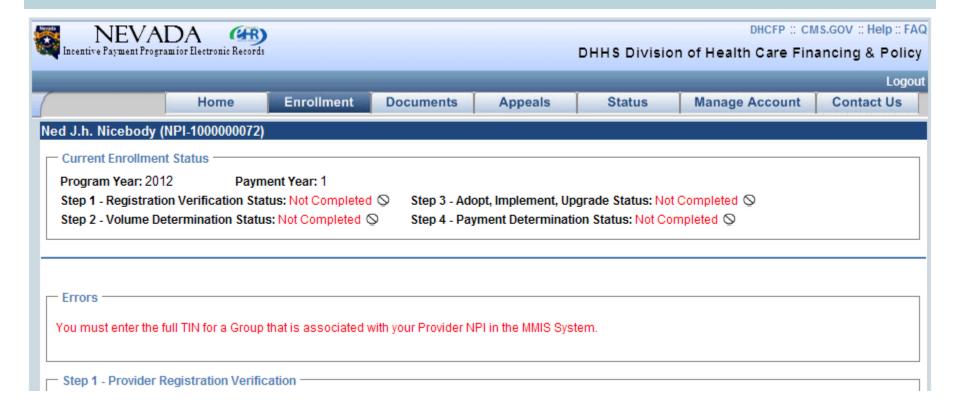




Enrollment Step 1 – Group Practice

Group Practice		
	sting as part of a group practice, if yes, enter a valid Group TIN and then click the Select where you can join an existing group or create a new one.	: Group button. You will be
**Are you attesting	your Patient Volume as part of a Group Practice?	
⊙ Yes ○ No		
**Group TIN:	Select Group	
EHR Group ID:		
Group Name:		
Payee Name: * Payee Medicaid II	edicaid ID by clicking the button below. To validate your payee, click the validate payee t	outton below.
Payee Address:		
Payee TIN:	*****0034	
Payee NPI:	300000034	
Exclusions		
Federal Exclusions E	xist: No	
State Exclusions Exi	st: No	
Previous		Save & Continue

Enrollment Step 1 – Group TIN Required



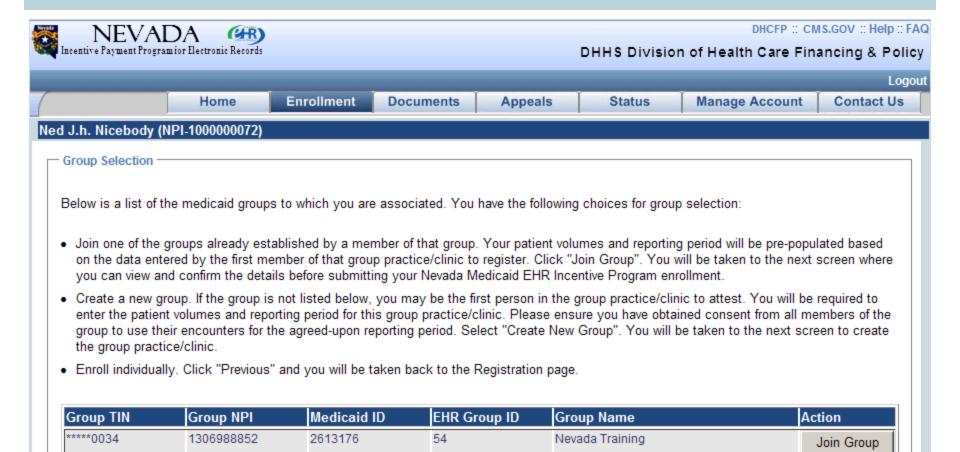


Group TIN Entered – Select Group

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 – Join Group





Group Confirmation

Ned J.h. Nicebody (NPI-1000000072)

Group Confirmation :

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

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

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

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

Group Medicaid Encounters: 1,000

3.000

Medicaid Panel Assignments:

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

/2011 Group Total Encounters:

Total Panel Assignments:

EHR Group Name:

Nevada Training

Number of Group Members: 20

Group Medicaid Volume:

Out Of State Encounters:

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

Previous

Cancel

Continue

33

Enrollment Step 1 – Group Practice

Group Practice ———							
	ing as part of a group pr here you can join an exi				hen click the	Select Grou	p button. You will be
**Are you attesting y	our Patient Volume a	s part of a Grou	Practice?				
⊙Yes ○ No							
**Group TIN: 400	000034	Select Group					
EHR Group ID: 54			-				
Group Name: Neva	ida Training						
- Payment Assignment							
-	dicaid ID by clicking the	button below. To	validate vour	navee click	the validate n	avee button	helow
Payee Name:	around 12 by onerting the	batton bolow. 10	vandato your	payoo, onon	tilo validato p	ayoo batton	50.011.
* Payee Medicaid ID	:	Select M	edicaid ID				
Davis a Address.							
Payee Address:							
Payee TIN:	*****0034						
Payee NPI:	300000034						
- Exclusions							
Federal Exclusions Ex	ist: No						
State Exclusions Exis	: No						

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.

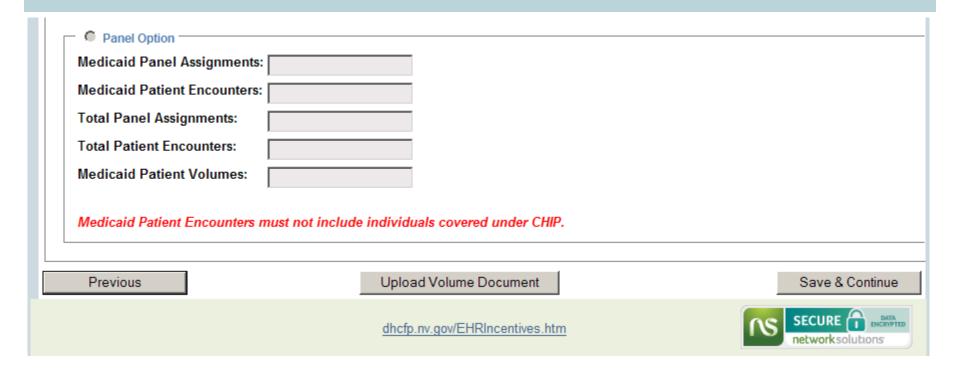
The following are considered Medicaid Encounters:

- · 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.





Ned J.h. Nicebody (NPI-1000000072)

Current Enrollment Status :

Payment Year: 1 Program Year: 2012

Step 1 - Registration Verification Status: 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.



CMS EHR Certification II	30000001TMDE	EEAC				
Financially and Legally E	Binding Supportir	ng Documenta	ition:			
Purchase Order						
☐ Contract						
☐ EHR Software License	e					
☐ Other						
You may upload any/all of t enrollment.	hese documents n	ow via the Uplo	ad Documents butto	on below, or at a	ny point in the pro	ocess prior submitting you
Previous			oload AIU Docume	. 1		Save & Continu



networksolutions

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Current Enrollment Status

Program Year: 2012 Payment Year: 1

Step 1 - Registration Verification Status: Completed 🗸 Step 3 - Adopt, Implement, Upgrade Status: Completed 🗸

Step 2 - Volume Determination Status: Completed ✓ Step 4 - Payment Determination Status: Not Completed ♦

Step 4 - EHR Payment Determination

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

Eligible Professional Payment Schedule

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

Total: \$63,750 \$42,500



Enrollment Summary – Step 1

Enrollment Home **Documents Appeals** Manage Account Contact Us Status Ned J.h. Nicebody (NPI-1000000072) **Enrollment Summary** Program Year: 2012 Payment Year: 1 Please review the enrollment summary below and click the Continue button to proceed in the enrollment process. Step 1 - Provider Registration Verification National Provider Information Ned J.h. Nicebody Name: Provider Type: Physician Provider Specialty: ALLERGY/IMMUNOLOGY Address: 3333 Burnet Ave , ML 7015 Reno, NV 89598-3039 Phone #: (513) 636-4266 Ext: Tax ID: 200000072 NPI: 1000000072 CMS Confirmation #: *****5820 State Provider Information -Hospital Based: Nο Pediatrician: Nο 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: 24131174

Group Name: Nevada Training

Group Address:

Group TIN: *****0034

Group NPI:

Group Member: View Member

Payee Assignment

Payee Medicaid ID:

Payee Name: CHILDRENS HOSPITAL MEDICAL

130000000000

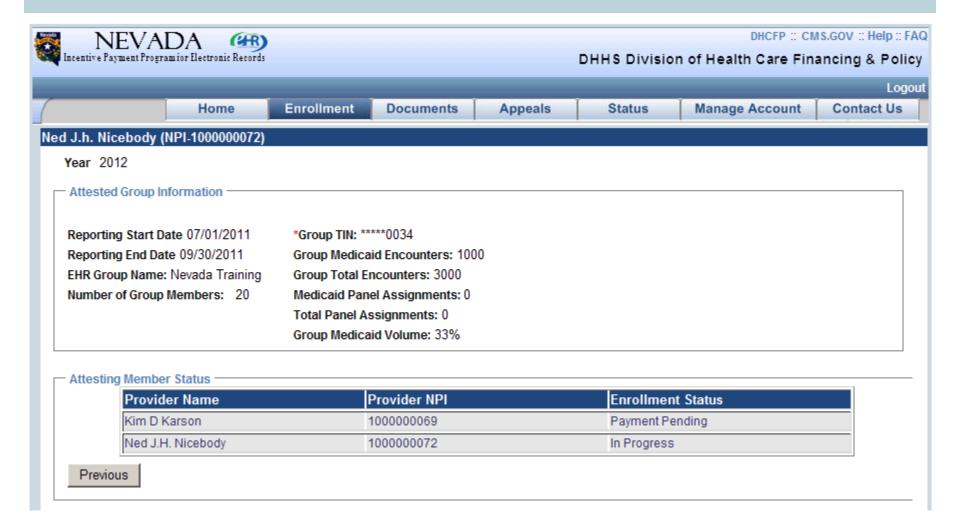
Payee Address:

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: Implement

CMS EHR Certification ID: 30000001TMDEEAC
Supporting Purchase Order

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



Legal Notice

General Notice

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

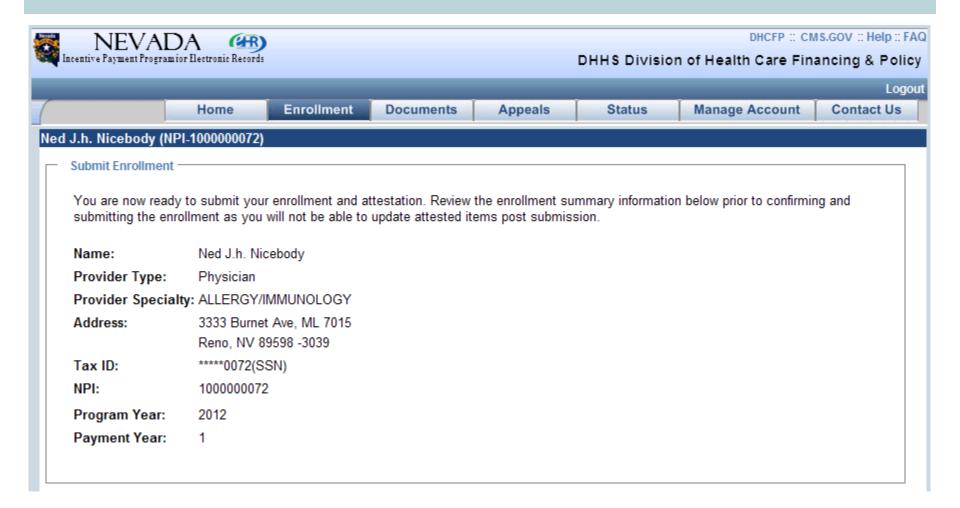
Signature

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

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



Submit Enrollment





Enrollment Confirmation

Ned J.h. Nicebody (NPI-1000000072)

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

- Enrollment Confirmation

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

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

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

Enrollment Tracking Information

Enrollment Confirmation Number: NV-2012-1000000072

Enrollment Submission Date: 07/06/2012

Name: Ned J.h. Nicebody

Provider Type: Physician

Provider Specialty: ALLERGY/IMMUNOLOGY
Address: 3333 Burnet Ave , ML 7015

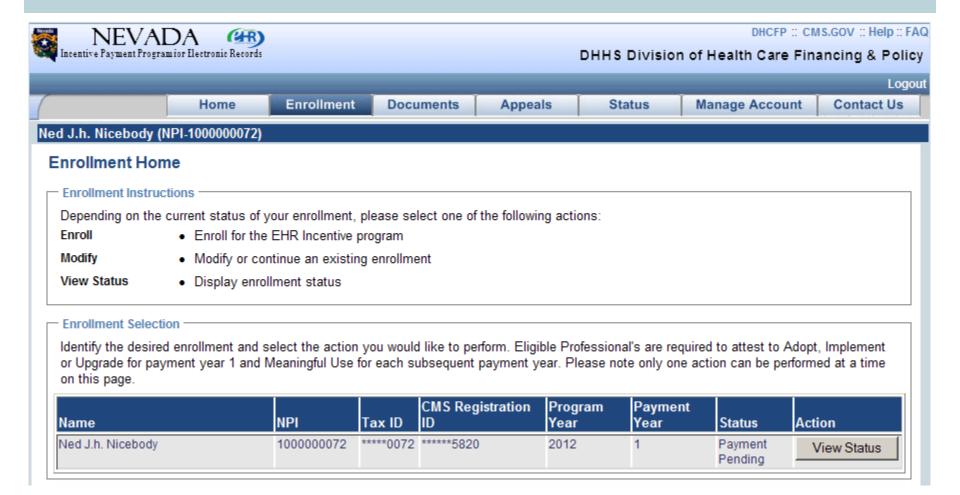
Reno, NV 89598 -3039

Tax ID: *****0072 (SSN)
NPI: 1000000072

Program Year: 2012 Payment Year: 1



Enrollment Home





Status Home

Ned J.h. Nicebody (NPI-1000000072)

Status Summary Home

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

Provider Information

Name: Ned J.H. Nicebody

Provider Type: Physician

Provider Specialty: ALLERGY/IMMUNOLOGY
Address: 3333 Burnet Ave, ML 7015

Reno, NV 89598-3039

Phone #: (513) 636-4266 Ext:

Tax ID: *****0072

NPI: 1000000072

CMS Registration ID: *****5820

Status Summary

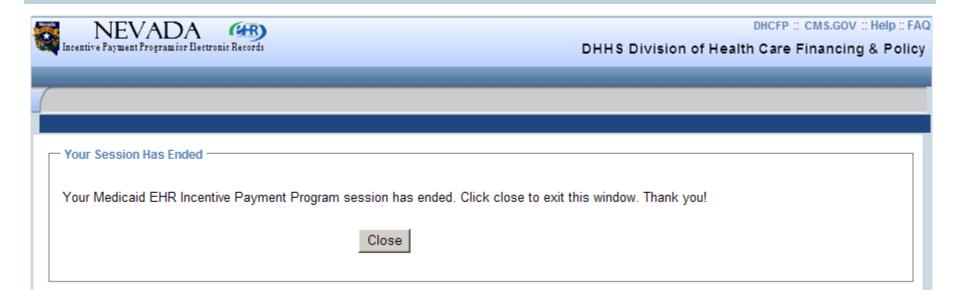
Select View Details button below to see the complete details for each of your enrollments.

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

Total Amount Paid: \$0.00

If your status is "Not Started", you can begin the enrollment process via the Enrollment Home page. If your status is "In-Progress", you can continue or modify your enrollment information via the Enrollment Home page. If your status is "Payment Pending" or "Paid", you cannot modify your enrollment information. Please contact a Nevada Medicaid EHR Incentive Program Specialist at 1-888-639-3452 if you need assistance.

Your Session Has Ended





EP Group Member

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



Thank You!

