



Nevada EHR Incentive Payment System (NEIPS)



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Module 3 – Eligible Hospitals

July, 2012

Transcription

- Welcome to the Medicaid EHR Incentive Payment System for the State of Nevada. This is Module 3 of the Provider Training – Eligible Hospitals. Module 3 is required for all Eligible Hospitals (EHs) interested in participating in the Nevada EHR Incentive Payment System.
- Next slide, please.

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.

Transcription

- Welcome to the provider training for the Nevada EHR Incentive Payment System. The prerequisites for this course include Module 1, the Introduction, and Module 2, the Provider overview. You should have completed these two courses before taking this one. This is Module 3 for Eligible Hospitals.
- This training presentation contains 59 slides which require approximately 35 minutes in the live audio version.

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

Transcription

- This slide lists all the available Nevada EHR Incentive Payment System training modules for eligible providers. This is Module 3 – Eligible Hospitals. In addition, the following training is also available:
- Module 1 – Training Introduction
- Module 2 – Provider Overview, for all eligible providers – EHs and EPs
- Module 4 – Eligible Professional (EP) training with the exception of group processing
- Module 5 – EP Group Lead training, for those EPs that will create groups
- Module 6 – EP Group Member training, for those EPs that will participate in groups that the Group Leads have created
- Next slide, please.

Eligible Hospitals

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

Transcription

- Eligible Hospitals; The Eligible Hospitals involved in the Nevada system include Acute Care and Children's Hospitals and in some case Critical Access and Cancer hospitals.
- Next slide, please.

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

Transcription

- Let's talk about enrollment and go through the overview of enrollment.
- Enrollment Step 1 provides for Provider registration, Payment assignment, and indicates exclusions. If you are excluded then you cannot participate in the program and it will indicate that directly. Assuming you are not and you have established your payee you can continue on to Enrollment Step 2: Medicaid Patient Volume determination.
- Enrollment Step 2 will include a reporting period and volumes and then you can indicate if you have out-of-state encounters. I will demonstrate the out-of-state encounters but won't go too much into them as they are self explanatory.
- Step 3 involves the AIU Certified EHR Software selection or in other words: Adopt, Implement or Upgrade. AIU is only used for the first year and the subsequent years will be Meaningful Use and we will be having Meaningful Use in separate trainings.
- Finally for EHs, Step 4 is Medicaid Incentive Payment Determination which includes a full payment calculation example. Enrollment Step 4 includes Part 1 which does an calculation for the Overall EHR Amount, Part 2 involves the Medicaid Share and the Payment Schedule in Part 3. Following that there is an Enrollment Summary and a Legal Notice which you have to attest to; once that has been attested to you will be taken to a Submit Enrollment page. Upon submitting you will be taken to an Enrollment Confirmation page. At any time you can go and check your status and check where you are in the program. Now let's move on to the Home page and begin our enrollment.
- Next slide, please.

Home



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Sargent Sammy EH (NPI-1000000061)

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](#)



Transcription

- So this is the provider Home page, showing the tabs listed across the top (Home, Enrollment, Documents, Appeals, Status, Manage Account and Contact Us) and their corresponding links listed and explained down the page. All of these were mentioned and discussed in the Provider Overview training, Module 2. Of course, Documents, Appeals, Status and Contact Us were covered in detail in that training. For the purpose of this training, we are going to focus on Enrollment and Status.
- Let's start by clicking on the Enrollment tab.
- Next slide, please.

Enrollment Home

Home

Enrollment

Documents

Appeals

Status

Manage Account

Contact Us

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	<input type="button" value="Enroll"/>

Transcription

- So clicking on the Enrollment tab brings us to the Enrollment Home page. You can see here that this particular provider has not started enrollment and is ready to enroll. So to enroll we would click on the Enroll button in the lower right.
- Next slide, please.

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 ⓧ	

Transcription

- And we would begin enrollment at Enrollment Step 1. I want to show you the top of the page first. This is the Current Enrollment Status section showing at the top of the page and you can see that all steps: 1, 2, 3, and 4 all indicate Not Completed in red text. In order to complete Step 1 we will continue with our enrollment and you can see that the status eventually change to Completed in green letters.
- Next slide, please.

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: 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
Dually-eligible Hospital: Yes

Transcription

- So let's scroll down the page to Enrollment Step 1. Step 1 will show the Eligible Hospital details established at the CMS level and sent to the Nevada State system, this so you can review and confirm here. If you see a mistake here you will have to go back to CMS, correct your National Provider Information, and wait a few days for that update to be transmitted and processed in Nevada, and then eventually visible here in the Nevada State system.
- Scrolling down ...
- Next slide, please.

Transcription

- There is the Payee Assignment section and on this slide you will be designating your payee to receive the Medicaid incentive payments. Also indicated here are your exclusions, whether Federal or State. Exclusion will prohibit you from completing enrollment.
- Let's click the Select Medicaid ID command button.
- Next slide, please.

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"/>	2376276	Sargent Sammy EH	Billing	1000000061	1000000061	1000000061

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

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Transcription

- Now this is the page that will be displayed when you click the Select Medicaid ID command button which you do in order to select your payment designation. Here we have displayed but one row in this test data. We have selected it by clicking the radio button on the left and then clicking the Select & Continue command button.
- Next slide, please.

Enrollment Step 1

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
Dually-eligible Hospital: Yes

Payment Assignment

Select your Payee Medicaid ID by clicking the button below.

Payee Name: Sargent Sammy EH

***Payee Medicaid ID:**

Payee Address:

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

Previous

Save & Continue

Transcription

- We are back on Enrollment Step 1. This will show us at the bottom that the payment assignment is complete and you are ready to click Save & Continue.
- Next slide, please.

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 ⊘	

Transcription

- Now we are at the top of the Enrollment Step 2 page, and you can see that current enrollment status for Step 1 – Registration Verification is completed. Scrolling down ...
- Next slide, please.

Enrollment Step 2

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:

Transcription

- We are ready now for Enrollment Step 2 – Medicaid Patient Volume Determination. The very first thing you have to do is select a 3-month reporting period start date. Click on the start date down arrow and select the 3-month reporting period start date and the end date is populated automatically.
- Continue scrolling down the page ...
- Next slide, please.

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:

Transcription

- Now following that is the Out-of-State Encounters section. Here you can see that the Out-of-State encounters No radio button is clicked.
- Let's click the Yes radio button.
- Next slide, please.

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:

Transcription

- On this page, I have selected Yes for out-of-state encounters and am then going to click Select States/Territories.
- Next slide, please.

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

Transcription

- This shows the state selector and what you would do is click the one or more states (or territories) in which you have out-of-state encounters in, and then click Save States at the bottom.
- Next slide, please.

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

Transcription

- And now on the Out-of-State Encounter section on Step 2, you can see that the states you selected previously are now listed in alphabetical order showing the states that you have encounters in.
- Next slide, please.

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:

Previous

Upload Volume Document

Save & Continue

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Transcription

- The next section for enrollment step 2 is the Patient Volume Attestation, and you will notice here I have entered 1,100 as the Medicaid Patient Encounters and 10,000 for the Total Patient Encounters, resulting in a Medicaid Patient Volume of 11%. Now 10% is the minimum patient volume percentage, and if the hospital has less than 10%, then the hospital will be determined to be Not Eligible.
- Next slide, please.

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:

Previous

Upload Volume Document

Save & Continue

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- So here is an example where I put in a lower Medicaid Patient count and it calculates and displays a lower Medicaid Patient Volume percentage which is below the threshold.
- If I click Save & Continue, ...
- Next slide, please.

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.

Transcription

- I will get a warning pop-up that the hospital has not reached the threshold to qualify for Nevada EHR incentive payments. If you wish to update your volumes, click Update to enter new data, otherwise click Confirm to acknowledge that you are not eligible for the Nevada Medicaid EHR incentive payment.
- Next slide, please.

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.

[Previous](#) [Save & Continue](#)

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Transcription

- Back to Enrollment Step 2, if you came into the Nevada System as a Children's Hospital, you will notice that Step 2 volume determination is not required for a children's hospital. This slide presents the Enrollment Step 2 screen for a children's hospital.
- Next slide, please.

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: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⊕	

Transcription

- At this point I am showing the current enrollment status through Enrollment Step 2. Note that both Steps 1 and 2 are showing Completed while Steps 3 and 4 are not yet completed.
- Next slide, please.

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.



Transcription

- Moving on to Step 3 of the enrollment process. This is the top half of the AIU Certified EHR Software screen. It is explaining what AIU means. Let's scroll down to the bottom of the page.
- Next slide, please.

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

Upload AIU Documents

Save & Continue

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Transcription

- Here I have indicated that I am going to adopt the EHR system indicated by that long number there. And I am going to upload several pieces of documentation to support my adoption of this software. And I am going to click Save & Continue. Now if I wanted to, I could click Upload AIU Documents at this point and go ahead and upload all the documentation I have, or I could continue all the way to the end of the enrollment process, and the system will then notify me that I have not uploaded the supporting documentation, and I can upload all of them at the end.
- Next slide, please.

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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Upload AIU Documents

Save & Continue

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Transcription

- Before I leave Enrollment Step 3, I wanted to indicate what would happen if I entered an incorrect or invalid CMS EHR Certification ID. Here I have typed in an obviously wrong CMS EHR Certification ID. If I click on Save & Continue the system will make a real-time check with ONC of my CMS Certification ID.
- Next slide, please.

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.

Transcription

- The result will be an error message at the top of the screen, indicating that the CMS EHR Certification ID I entered was not acceptable.
- Next slide, please.

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 ☹	

Transcription

- Successfully completing Step 3 by entering a correct CMS Certification ID, shows my current enrollment status with Steps 1, 2, and 3 all completed.
- Now let's scroll down the Enrollment Step 4 page.
- Next slide, please.

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 - 50%

Year 2 - 40%

Year 3 - 10%

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

Transcription

- Now lets move into Enrollment Step 4. Step 4 for EHRs is a fairly complicated step. I am going to go carefully through it so you can get a full understanding of Enrollment Step 4. First of all the allocation by the State is for year 1 to be 50% of the total aggregate amount calculated, Year 2 will be 40%, and Year 3 will be the remaining 10%. So the amount of EHR incentive payment amount you have been calculated to receive will be divided up into 3 years. Now following that this section indicates Aggregate EHR Incentive Payment Calculation. There are the details of how the aggregate amount will be calculated. If we wanted more details, we could click on Calculation Example and this is what will display.
- Next slide, please.

Calculation Example

Hospital EHR 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 2010 - 1,558 discharges - for a 28.37% annual growth rate

FY 2009 - 1,158 discharges - for a 34.54% annual growth rate

FY 2008 - 970 discharges - for a 19.38% annual growth rate

This means that the average annual growth rate that will be applied to the subsequent three years is 27.43%. Based on this information, Hospital A's aggregate EHR amount would be \$2,198,840.76. It was calculated as follows:

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 - \$1,710,000.00 = { \$ 2,000,000 + [(2,549-1,149) * 200] } * 0.75

Year 3 - \$1,209,900.00 = { \$ 2,000,000 + [(3,248-1,149) * 200] } * 0.50

Year 4 - \$649,500.00 = { \$ 2,000,000 + [(4,139-1,149) * 200] } * 0.25

Overall EHR Amount = \$5,739,600.00

Medicaid Share 38.31% = [(5,000 + 2,000) divided by [21,000 * (\$ 8,700,000/10,000,000)]]

Aggregate EHR Amount-\$5,739,600.00 x 0.3831 = \$2,198,840.76

Payment Schedule:

Year 1 - 50% of Aggregate EHR Incentive Payment = \$1,099,420.38

Year 2 - 40% of Aggregate EHR Incentive Payment = \$879,536.30

Year 3 - 10% of Aggregate EHR Incentive Payment = \$219,884.08

Total Aggregate EHR Incentive Payment = \$2,198,840.76

Close

Transcription

- This is a popup to show the example of how the Eligible Hospital calculations are made. You enter in discharge volumes and annual growth rates will be calculated for years 1, 2, 3 and 4. Finally the payment schedule will calculate the totals for 3 years, with year 1 having 50%, year 2 having 40% and year 3 having 10%.
- Next slide, please.

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%			

Transcription

- Now let's look at each part of Enrollment Step 4.
- Step 4, Part 1. For part 1, we enter the year we experienced our most recent discharges; years 2-4 are auto-populated. For year 2011, I have entered 10,000 discharges; the year before that 9,800; in 2009, I entered 9,600; and finally in 2008, I entered 9,400. The system will then calculate the growth rates and as you see here we have a slow growth rate. Let's see what we do with that growth rate.
- Next slide, please.

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

Previous

Upload EHR Costs Documents

Save & Continue

Transcription

- You can see now that there is Medicaid discharge amount calculated depending on the number of discharges you do have and that formula is shown there in the text box. Down below it shows the EHR amount calculation. It shows the base amount of 2 million dollars and the discharge amount and shows the total amount distributed over the calculated years.
- Next slide, please.

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:

*Medicaid Managed Care Inpatient-bed-days:

*Total Inpatient-bed-days:



Transcription

- Here is Part 2 of Step 4, Medicaid Share. You can see that I have entered in Medicaid Fee for Service In-Patient beds and Medicaid Managed Care Inpatient bed days, as well as the total Inpatient bed-days.
- Next slide, please.

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: \$

*Total Charges: \$

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%

Previous

Upload EHR Costs Documents

Save & Continue

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- Part 2 then wraps up with Hospital Charges showing the total charges excluding charity care as well as total charges. You can see the computations used there to create the Medicaid Share.
- Next slide, please.

Enrollment Step 4, Part 3

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	50%	\$497,018.18
2	40%	\$397,614.55
3	10%	\$99,403.64

Previous

Upload EHR Costs Documents

Continue

Transcription

- Finally Part 3 shows the payment schedule. It shows the EHR Payment determination over year 1, 2 and 3: 50%, 40% and 10%. The overall amount is approximately \$994,000 distributed over the three years as shown there.
- Next slide, please.

Enrollment Summary

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

Transcription

- At this point we see the Enrollment Summary. I am going to scroll down through the Enrollment Summary so you can see each section on the entire page. First there is the National Provider Information (NPI) section.
- Scrolling down ...
- Next slide, please.

Enrollment Summary

Payment Assignment

Medicaid ID: 2370250

Payee Name: Sargent Sammy EH

Payee Address: 1000 S. MAIN ST.
SPRINGFIELD, NV 89507

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%

Transcription

- There is the Payment Assignment information; followed by Step 2, the Medicaid Payment Volume Determination section.
- Scrolling down ...
- Next slide, please.

Enrollment Summary

Step 3 - Adopt, Implement, Update Certified EHR Software

AIU Designation: Adopt
CMS EHR Certification ID: 30000001TMCWEAS
Supporting Documentation:

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	50%	\$ 497,018.18	
2	40%	\$ 397,614.55	
3	10%	\$ 99,403.64	

Previous

Upload Document

Continue

Transcription

- Step 3, AIU information is shown as well as Step 4 EHR Payment Determination Information.
- Click Continue.

- Next slide, please.

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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.

Transcription

- Next we move on to the Legal Notice. This is the top section of the Legal Notice and it shows at the top that Enrollment Steps 1, 2, 3, and 4 are all Completed.
- Scrolling down the page, we see the General Notice section of the Legal Notice.
- Let's scroll down further, and we will see that this a fairly comprehensive Legal Notice.
- Next slide, please.

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.

Transcription

- This slide shows the Signature section which includes the explanation of the Legal Notice.
- Scrolling down ...
- Next slide, please.

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.

Transcription

- We see the Disclosures section.
- Scrolling down ...
- Next slide, please.

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)

Previous

Agree & Continue

Disagree

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Transcription

- And finally, you would type in your own electronic signature. If you are an authorized official you can designate that here, or if you are the hospital administrator you can enter your name here. If you click Disagree, you will not be canceled or taken out of the system you will be taken back to Step 1 and not have completed enrollment. Once you have read the Legal Notice and have agreed to it, you would enter your electronic signature and click Agree & Continue.
- Next slide, please.

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

Transcription

- The Submit Enrollment page shown here, is where you are ready to submit your enrollment. Before doing so, you can review it one last time to ensure the completeness of your enrollment.
- Next slide, please.

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



Transcription

- In this case I have tried to submit the enrollment and have received a warning that I am missing a document. In this case I need to upload an AIU document to continue.
- Next slide, please.

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: 2012

* Category: Adopt/Implement/Upgrade

* Type: EHR Hardware/Software/Network

* File: C:\My_Data\MI360\NE\ Browse...

60 Characters Max

* Document Description: EH AIU Document

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

Upload Cancel

Transcription

- Here is a pop-up for the uploading of the required AIU document. You can see that I have selected the Program Year, Category, and Type, have browsed for the document to be uploaded, and have entered the document description and have clicked the HIPPA warning box, and am now ready to upload.
- Click Upload.
- Next slide, please.

Submit Enrollment

Sargent Sammy EH (NPI-1000000061)

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.

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



Transcription

- And I have now successfully uploaded the requested document and I am going to try and submit again.
- Next slide, please.

Enrollment Confirmation

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.

Transcription

- And I am successful, and this is the Enrollment Confirmation. Please retain this for your records so you can say that you are ready to receive payment.
- Next slide, please.

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

[Enrollment Home](#)

dhcftp.nv.gov/EHRIncentives.htm



Transcription

- At the bottom of the page, is the enrollment tracking information and will provide you all the information required about your enrollment.
- Next slide, please.

Enrollment Home

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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	<input type="button" value="View Status"/>

Transcription

- Back at the Enrollment Home page, you can see that the Status is no longer Not Started or In-Progress; it is now Payment Pending. Some time will pass before the status is changed to Paid. You may well go through and audit if all EHs are automatically designated and selected for audit. Once the audit is completed and the payment is passed through the State system, then the payment notification comes back through to the Nevada EHR Incentive program and your Enrollment Status will be updated to display Paid.
- Next slide, please.

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

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- This is Enrollment Home page showing two different enrollment years. The provider in this example did not finish the first year enrollment process on time, and was expired for the first year. For the next calendar year, first payment year, it now shows Payment Pending.
- Next slide, please.

Documents

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](#)

Transcription

- Clicking over to Documents, you can see that we have uploaded an AIU document. As you continue to attest through this system over the years, this list will grow as more and more documents are uploaded to attest and support your enrollment process.
- Next slide, please.

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

Transcription

- Clicking on the Status tab, you can see at the top of the State Summary Home page, the Provider information.
- Scrolling down ...
- Next slide, please.

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.

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- Scrolling down, you can see the Status Summary and see that the Total Amount paid is currently \$0.00.
- Next slide, please.

Status – Enrollment Summary

Sargent Sammy EH (NPI-1000000061)

Enrollment Summary

Program Enrollment Confirmation Number: NV-2012-1000000061
Year: 2012

Ineligibility Reason:

Payment Enrollment Status: Payment Pending
Year: 1

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: 361329
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

Transcription

- Now we are going to look at the details on the Enrollment Summary. First is the Program Year data at the top, followed by Step 1 – Provider Registration Verification, and the National Provider Information.
- Scrolling down ...
- Next slide, please.

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

Transcription

- If we had scrolled all the way down we would have seen all the same information we saw in the Enrollment Summary page. Upon clicking Logout, you will see this Your Session Has Ended page, or as mentioned in previous training modules, if you leave your station unattended, it will log you out after a short period of time.
- Next slide, please.

Notifications

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

Transcription

- As mentioned before, throughout your enrollment process you will be receiving periodic emails. Please indicate which email address you would like these to go to under the Manage Account tab. The emails are intuitive and will indicate what they are about and if any action is needed from you.
- Next slide, please.

Eligible Hospital Summary

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

Transcription

- Eligible Hospital Enrollment Summary: We previously learned about Documents, Appeals, Manage Account and Contact Us in previous modules while in this module we learned about Enrollment and Status.
- Next slide, please.

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!

Transcription

- So Eligible Hospital representative, you have completed Module 3 – Eligible Hospital training and this means you are ready to enroll. This marks the end of your provider training and you are ready to enroll!
- Next slide, please.

Thank You!

Transcription

Thank you for your interest and participation in the Nevada Medicaid EHR Incentive Payment System!

The End.