



Nevada EHR Incentive Payment System (NEIPS)



**DHHS
DHCFP**

Module 4 – Eligible Professionals

November, 2012

Transcription

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

Transcription

- Welcome to the Nevada EHR Incentive Payment System provider training. This is Module 4, for Eligible Professionals (EPs). You should have already completed Module 1 – Introduction, and Module 2 – Provider Overview, before attempting this course.
- This is Module 4 – Eligible Professionals.
- This course covers 60 slides and will require approximately 35 minutes to complete.
- Next slide, please.

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

- Before we begin Module 4 training for Eligible Professionals, let's review all of the available training.
- This slide lists all the available Nevada EHR Incentive Payment System training for eligible providers. This is Module 4 – Eligible Professionals. In addition to this introduction, the following training is also available:
- Module 1 – Introduction
- Module 2 – Provider Overview, for all eligible providers – EHs and EPs
- Module 3 – Eligible Hospital (EH) training
- 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 Professionals

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

Transcription

- The Eligible Professionals that are permitted to participate in the Nevada EHR Incentive Payment System include the following:
- Physicians (MD, DO)
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physicians Assistants (PAs) who practice in FQHC, RHC, or IHP led by a PA (the PA must be enrolled in the Nevada Medicaid program).
- The minimum Medicaid patient volume required to participate is 30%, to receive the full EP incentive payment. For pediatricians, a patient volume of greater than equal to 20% and less than 30% will qualify for a reduced incentive payment.
- The patient volume for needy patients in an FQHC, RHC, or IHP is 30%.
- EPs who are hospital-based (that is, have 90% of their patient volume in a hospital) are not qualified to participate – their respective hospital will participate.
- Next slide, please.

Eligible Professionals

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

Transcription

- Let's do an overview of the provider enrollment process.
- Step 1 – includes provider registration, payment assignment, and exclusions.
- Step 2 – includes patient volume determination and out-of-state encounters attestation.
- Step 3 – includes the attestation as to the EHR Certification System in use, and its method of use – Adopt, Implement, or Upgrade. The EHR Certification System will be verified with the ONC and must be an approved system.
- Step 4 – includes the calculation/determination of the Medicaid Incentive Payment amount.
- The provider then has the opportunity to review the enrollment summary and can verify that all the data presented or entered is accurate and current.
- Then the provider is asked to attest to the accuracy and currency of the data by electronically signing a Legal Notice. The enrollment process will not continue until the Legal Notice is attested to. Should the provider wish to delay and review the Legal Notice further, the provider's enrollment status will be set to In-Progress, and the provider can continue at a later date/time.
- Once the Legal Notice is attested to, the provider can submit the enrollment. The provider will then see an enrollment confirmation, which can be printed for the provider's records.

- Next slide, please.

Home

Jackie R Jackson (NPI-1000000068)

[Notifications](#)

Welcome to the Nevada Incentive Payment Program for Electronic Records.

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

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

[Instructions](#)

Select any section or tab to continue.

[Enrollment](#)

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

- [Enroll for the Medicaid EHR Incentive Program](#)
- [Continue Incomplete Enrollment](#)
- [Modify Existing Enrollment](#)

Transcription

- This slide presents the provider's Home page. Notices to all providers will be displayed in the Notifications section – should there be an urgent message to all providers, it will be displayed here.
- You will notice that there are several tabs – Home (the page you are on), Enrollment, Documents, Appeals, Status, Manage Account, and Contact Us.
- These same tabs are also listed down the left of the Home page – you can proceed to any section by clicking the tab or the link.
- For this Module 4, we will concentrate on tabs and processes relating to provider enrollment; other processes will have been presented in the Overview training in Module 2.
- Next slide, please.

Enrollment Home

Jackie R Jackson (NPI-1000000068)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll** • Enroll for the EHR Incentive program
- Modify** • Modify or continue an existing enrollment
- View Status** • Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Jackie R Jackson	1000000068	*****0068	*****4469	2012	1	Not Started	<input type="button" value="Enroll"/>

Transcription

- Here, the provider has clicked on the Enrollment tab (or the Enrollment link on the Home page), and landed on the Enrollment Home page.
- At the top are shown enrollment instructions, followed by the enrollment selection. In the enrollment selection section, the provider will see one or more rows. In this example, there is one row, indicating that this is the first year for this provider to participate in the program. Further, it indicates that this provider has not yet started enrollment.
- The next step will be for the provider to click the Enroll command button to commence enrollment. Should the provider begin enrollment and then logoff and subsequently log back into the provider portal, the Status would indicate In-Progress and the command button would indicate Continue.
- Next slide, please.
-

Current Enrollment Status

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Jackie R Jackson (NPI-1000000068)

Current Enrollment Status

Program Year: 2012 Payment Year: 1

Step 1 - Registration Verification Status: Not Completed ⓧ	Step 3 - Adopt, Implement, Upgrade Status: Not Completed ⓧ
Step 2 - Volume Determination Status: Not Completed ⓧ	Step 4 - Payment Determination Status: Not Completed ⓧ

Transcription

- At the top of this page, you can see that none of the four enrollment steps have been completed. We will monitor this Current Enrollment Section as we progress through enrollment.
- 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

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

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

Transcription

- Scrolling down the page, we come to Enrollment Step 1 – Provider Registration Verification. If there are any errors in this data, you will have to return to CMS and correct it, and then wait 2-3 days until the updated registration data is transmitted to your Nevada State Medicaid system.
- Next slide, please.

Enrollment Step 1

State Provider Information

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

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

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

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

Yes No

*Are you attesting as a Pediatrician?:

Yes No

You cannot attest to being an FQHC/RHC/IHP and part of a Group.

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

Yes No

Affiliated FQHC/RHC/IHP:

Transcription

- Scrolling further down the page, we come to the State Provider Information section. Here you will attest if any of the following are applicable to you as a provider enrolling in the Nevada EHR Incentive Payment System:
- Are you a hospital-based provider? This means that 90% of your patients are in Place of Service (POS) codes 21 or 23 – Inpatient Hospital or Emergency Room. If you are hospital-based, you are not eligible to participate further in the Nevada State Medicaid Incentive Payment system, simply because the hospital will be participating.
- Are you a pediatrician? If yes, you may qualify to receive incentive payments if your Medicaid patient volume percentage is greater than or equal to 20%. Note, if your patient volume level is greater than or equal to 30%, you will qualify for the maximum incentive payment amount, whether or not you are a pediatrician.
- Are you practicing in an FQHC, RHC, or IHP? If yes, then your patient volumes will be based on needy patient percentages, which will be discussed later on in this presentation. If you are affiliated with one of these organizations, you will be asked to attest to which one(s) you are affiliated with.
- Next slide, please.

Enrollment Step 1

State Provider Information

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

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

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

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

Yes No

*Are you attesting as a Pediatrician?:

Yes No

You cannot attest to being an FQHC/RHC/IHP and part of a Group.

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

Yes No

Affiliated FQHC/RHC/IHP:

Transcription

- Here, the provider has attested to being hospital-based. Notice the radio button adjacent to the Yes for hospital-Based is checked.
- Next slide, please.

Enrollment Step 1

Confirm Hospital Based Failure

Provider Name: Jackie R Jackson

Failed Reason: Hospital-based

You have been deemed Not Eligible for the reason stated above. You can update your Step1 attestation by clicking the Update button OR confirm the failure by clicking the Confirm button.

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

Update

Confirm

Transcription

- The result, when you click the Save & Continue command button at the bottom of the page, will be this pop-up, Confirm Hospital Based Failure, providing an explanation of why you, as a hospital-based provider, are not eligible to participate in the Nevada State Incentive Payment program.
- Next slide, please.

Enrollment Step 1

State Provider Information

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

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

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

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

Yes No

*Are you attesting as a Pediatrician?:

Yes No

You cannot attest to being an FQHC/RHC/IHP and part of a Group.

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

Yes No

Select FQHC/RHC/IHP

Affiliated FQHC/RHC/IHP:



Transcription

- Now, back to the State Provider Information section. Here the provider has clicked No for not being hospital-based, and instead has attested Yes to being involved in an FQHC, RHC or IHP. Notice that the Select FQHC/RHC/IHP command button is now enabled. I am going to click on it, to list all of the needy patient organizations available.
- Next slide, please.
-

Enrollment Step 1

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

[Clear Selection](#)

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

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

Transcription

- We are now looking at the lengthy list of FQHC, RHC, and IHP organizations available to select from. The provider will simply scroll through this list, checking one or more organizations with which he/she is affiliated. The provider then clicks Select & Return.
- Next slide, please.
-

Enrollment Step 1

State Provider Information

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

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

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

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

Yes No

*Are you attesting as a Pediatrician?:

Yes No

You cannot attest to being an FQHC/RHC/IHP and part of a Group.

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

Yes No

Affiliated FQHC/RHC/IHP: ELMORE MEDICAL CENTER



Transcription

- Now, back to the State Provider Information section, and we see that the selected facility is now listed.
- Again, if you attest that you are a pediatrician, you will be allowed to receive incentive payments if your patient volume is greater than or equal to 20%. For all non-pediatrician providers, the patient volume must be greater than or equal to 30% to receive Nevada State Medicaid Incentive payments.
- Next slide, please.

Enrollment Step 1

Group Practice

Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one.

****Are you attesting your Patient Volume as part of a Group Practice?**

Yes No

Payment Assignment

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

Payee Name:

* Payee Medicaid ID:

Payee Address:

Payee TIN: *****0006

Payee NPI: 3000000006

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- Scrolling down further on Step 1, we come to the Group Practice section, which will be discussed further in training Modules 5 and 6, Group Lead and Group Member, respectively.
- Next is the Payment Assignment section. Here the provider will click the Select Medicaid ID command button and you will be presented with a list of Medicaid IDs associated with your NPI in order to select your payee.
- Next slide, please.

Transcription

- On this slide, all of the Medicaid IDs that can be the payee for this provider are listed. In this example, there is but one payee ID. The provider then clicks the radio button on the left for the appropriate payee and then clicks Select & Continue.
- Next slide, please.

Enrollment Step 1

Payment Assignment

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

Payee Name: PEDIATRIC ACADEMIC ASSOC

* Payee Medicaid ID:

Payee Address:

Payee TIN: *****0006

Payee NPI: 3000000006

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- You will now note that the payee selected in the previous sequence has been displayed in the Payment Assignment section.
- Note that, in the Exclusions section, there are no Federal or State exclusions. If there are, the provider will have to resolve and clear them before being able to continue enrollment.
- Here, the provider can click Save & Continue.
- Next slide, please.

Current Enrollment Status

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Jackie R Jackson (NPI-1000000068)

Current Enrollment Status

Program Year: 2012 Payment Year: 1

Step 1 - Registration Verification Status: Completed ✓	Step 3 - Adopt, Implement, Upgrade Status: Not Completed ⊘
Step 2 - Volume Determination Status: Not Completed ⊘	Step 4 - Payment Determination Status: Not Completed ⊘

Transcription

- We then land on Enrollment Step 2. Note that, at the top of the page, Enrollment Step 1 is now color-coded green to indicate that it is completed.
- Next slide, please.

Enrollment Step 2

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Jackie R Jackson (NPI-1000000068)

Current Enrollment Status

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ⊘

Step 2 - Volume Determination Status: **Not Completed** ⊘

Step 4 - Payment Determination Status: **Not Completed** ⊘

Step 2 - Medicaid Patient Volume Determination

(*) Red asterisk indicates a required field.

Patient Volume Reporting Period:

Please provide the Medicaid Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year. As an Eligible Provider, you must meet 30% Medicaid Patient Volume (20% for Pediatricians).

Please choose your continuous three-month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

* Please select a Start Date:

Three-Month Reporting Start Date:

Three-Month Reporting End Date:



Transcription

- Moving down the Enrollment Step 2 page, we come to the Medicaid Patient Volume Determination section.
- The first thing for the provider to complete is to select the Medicaid Patient Volume Reporting period – designating the 90 days over which the provider’s patient volumes have been selected. The provider merely selects the starting month, and the system selects the entire period. Here, the provider has selected July, and the period is shown as July 1 through September 30.
- Remember that the reporting period will always be in the year for which you are enrolling, in this example, last year, 2011. The period is not the current year.
- 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

- Scrolling down further, we come to the Out-of-State Encounters section. If the provider has not had out-of-state encounters, he/she can continue on down the page. If the provider has had out-of-state encounters, he/she should click on the Yes radio button (which will enable the Select button), and then click on Select States/Territories command 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

- This slide shows the Yes radio button clicked and the Select States/Territories command button enabled.
- 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



Transcription

- Here the provider has scrolled down the list of states/territories and has selected one or more states/territories. At the bottom of the page, the provider has clicked Save & Continue.
- 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

- Note here that the Out-of-State Encounters section now lists the states or territories the provider selected.
- Next slide, please.

Enrollment Step 2 – Encounter Option

Patient Volume Attestation:

When entering your Medicaid Patient Volume, you must choose one of the following options:

- **Encounter Option**- This option is based on total number of Medicaid Encounters divided by your Total Patient Encounters.
- **Panel Option**- This option is based on total number of Medicaid Panel Assignments and Medicaid Encounters divided by your Total Panel Assignments and Total Patient Encounters.

The following are considered Medicaid Encounters:

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

Encounter Option

Medicaid Patient Encounters:

Total Patient Encounters:

Medicaid Patient Volumes:

Medicaid Patient Encounters must not include individuals covered under CHIP.

Transcription

- Continuing down the page, we come to the Patient Volume Attestation section. You will recall that on Enrollment Step 1, the provider attested if he/she was participating in an FQHC, RHC, or IHP. If the provider is not participating with a needy patient organization, then he/she will attest to patient volumes using the following methods. Needy patient volume attestation is slightly different and will be discussed later.
- Here the provider will select the volume option and the volumes attested to pertinent to the option. The first option is shown here: the Encounter Option. The provider has selected the Encounter Option radio button and then must enter:
 - - Medicaid Patient Encounters
 - - Total Patient Encounters
- The system then calculates the percentage of Medicaid patient encounters (here, 33%). You will recall that a minimum of 30% is required for an eligible professional to qualify for Medicaid incentive payments. For pediatricians, the minimum is 20% (to qualify for a reduced amount of Medicaid incentive payments – a pediatrician with 30% or more qualifies for the full amount).
- Next slide, please.

Enrollment Step 2 – Panel Option

Panel Option

Medicaid Panel Assignments:

Medicaid Patient Encounters:

Total Panel Assignments:

Total Patient Encounters:

Medicaid Patient Volumes:

Medicaid Patient Encounters must not include individuals covered under CHIP.

Previous

Upload Volume Document

Save & Continue

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Transcription

- The next slide presents the Panel Option (again, for the provider not involved in FQHC, RHC, or IHP). If the provider chose to attest his/her patient volumes using the Panel Option, he/she would click the Panel Option radio button and then attest to these volumes:
 - - Medicaid Panel Assignments
 - - Medicaid Patient Encounters
 - - Total Panel Assignments
 - - Total Patient Encounters
- The system would then, as before, calculate the Medicaid Patient Volumes as a percentage. Again, it would have to be 30% or greater (20% or greater for a pediatrician) for the eligible professional to qualify for Nevada Medicaid incentive payments.
- Next slide, please.

Enrollment Step 2 – FQHC/RHC/IHP

Patient Volume Attestation:

The following are considered Needy Encounters:

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

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

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

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

Individual Volume Clinic Volume

*Needy Patient Encounters:

*Total Patient Encounters:

Needy Patient Volume:

Previous

Upload Volume Document

Save & Continue

Transcription

- You will recall that, during Enrollment Step 1, the provider could indicate that he/she was attesting to being part of an FQHC, RHC, or IHP. This screen presents the Patient Volume Attestation displayed when the provider had so attested.
- For needy patient volume attestation, the provider must select either Individual Volume or Clinic Volume (see the radio buttons to choose from) and then enter:
 - - Needy Patient Encounters
 - - Total Patient Encounters
- As before, the system calculates the percentage. And as before, the provider must have 30% or more (20% or more as pediatrician) to qualify for Medicaid incentive payments.
- Next slide, please.

Enrollment Step 2

Volume Determination Warning

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

Modify Volumes

Continue

Confirm Volume Threshold Failure

Provider Name: Jackie R Jackson

Failed Reason: Provided Volumes do not meet threshold

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

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

Update

Confirm

Transcription

- Whether or not the provider attests, or does not attest, to participating in RQHC, RHC, or IHP, there could be one or two pop-ups that are displayed following volume attestation.
- The first pop-up merely warns the provider that there is a possibility that the provider volume data will be audited, and the provider should verify the data entered. If the provider opts to double-check the entered volumes, he/she would click the Modify Volumes command button. If the provider is certain the entered volumes are correct, he/she would click Continue.
- The second pop-up will be displayed if the entered volumes do not qualify for Nevada Medicaid Incentive payments. Again, the provider will have the option to Update the entered volumes (to determine if he/she might be able to qualify after all) or to Confirm, that he/she acknowledges that he/she is, in fact, not eligible to receive incentive payments. If the provider does confirm ineligibility, enrollment is stopped and enrollment status is set to Ineligible.
- Next slide, please.

Current Enrollment Status

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Jackie R Jackson (NPI-1000000068)

Current Enrollment Status

Program Year: 2012	Payment Year: 1
Step 1 - Registration Verification Status: Completed ✓	Step 3 - Adopt, Implement, Upgrade Status: Not Completed ⊘
Step 2 - Volume Determination Status: Completed ✓	Step 4 - Payment Determination Status: Not Completed ⊘

Transcription

- At this time, for a provider whose enrollment volumes were sufficient to qualify to continue the enrollment process, we are looking at the top of the Enrollment Step 3 page. Note that the Enrollment Steps 1 and 2 are now showing as green, Completed.
- Next slide, please.

Enrollment Step 3

Jackie R Jackson (NPI-1000000068)

Current Enrollment Status

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **Not Completed** ⊘

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ⊘

Step 3 - Adopt, Implement, Upgrade Certified EHR Software

(*) Red asterisk indicates a required field.

Providers must attest to the Adoption, Implementation, and Upgrade of certified EHR technology to be eligible for the Medicaid EHR Incentive Payment Program. Adoption, Implementation, and Upgrade of Certified EHR technology is defined as:

Adoption: Evidence that installation of certified EHR technology occurred prior to the Medicaid Incentive payment. This evidence would serve to differentiate between activities that may not result in installation. For example: Researching EHRs or Interviewing EHR vendors and actual purchase, acquisition, or installation.

Implementation: The provider has installed certified EHR technology and has started using it in clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic and administrative data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories, pharmacies, or HIEs.

Upgrade: The expansion of the functionality of the certified EHR technology, such as the migrating from a non-certified to certified EHR technology, addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology.



Transcription

- Scrolling further down the Enrollment Step 3 page, we come to the Adopt, Implement, Upgrade Certified EHR Software section. An explanation of the terms is provided.
- 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

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- Scrolling down further in the Enrollment Step 3 – Adopt, Implement, Upgrade Certified EHR Software section, the provider is then requested to attest which CMS EHR Certification system he/she is using in his/her medical practice, and to attest to how it is being used: adopted, implemented, or upgraded.
- Lastly, the provider can check one or more boxes to indicate the type(s) of documentation available for the selected CMS EHR Certification system being used and which could be uploaded to the Nevada system for corroboration.
- The provider then clicks Save & Continue.
- 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

- This slide presents an example: the provider has clicked the Adopt radio button, entered the CMS EHR Certification ID in use (it will be immediately verified when the provider clicks Save & Continue), and has checked one type of financially and legally binding supporting documentation available to be uploaded to the system. Note that if the provider enters an invalid or uncertified EHR Certification ID, the enrollment process will be held at Enrollment Step 3 until a valid and certified ID is entered.
- Next slide, please.

Enrollment Step 3

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Jackie R Jackson (NPI-1000000068)

Current Enrollment Status

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **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

- This page presents an example of an error message being displayed as a result of the provider clicking Save & Continue without having entered a valid and certified CMS EHR Certification ID.
- Next slide, please.

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Jackie R Jackson (NPI-1000000068)

Current Enrollment Status

Program Year: 2012

Payment Year: 1

Step 1 - Registration Verification Status: **Completed** ✓

Step 3 - Adopt, Implement, Upgrade Status: **Completed** ✓

Step 2 - Volume Determination Status: **Completed** ✓

Step 4 - Payment Determination Status: **Not Completed** ☹

Transcription

- This page presents the top of Enrollment Step 4, after the provider has successfully completed the Step 3 and entered the CMS EHR Certification ID and other information required, and has clicked Save & Continue.
- Note that now Steps 1-3 are all marked with a green Completed.
- Next slide, please.

Enrollment Step 4

Step 4 - EHR Payment Determination

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

Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

Previous

Save & Continue

Transcription

- On this page, scrolling down further on the Enrollment Step 4 page, the provider sees the EHR Payment Determination section.
- For eligible providers, the EHR payment determination is quite simple:
- If the provider qualifies with a patient percentage greater than or equal to 30%, he/she qualifies for the full amounts over the years of the program, as shown in the left 2 columns: \$21,500 for the first year, and \$8,500 for each of the following 5 years (as long as patient volumes qualify, etc.).
- If the provider is a pediatrician, and has a patient volume of greater than or equal to 20% but less than 30%, then he/she qualifies for the pediatrician amounts over the years of the program, as shown in the right column: \$14,167 for the first year, and \$5,667 for each of the following 5 years (as long as patient volumes continue to qualify each year, etc.).
- The provider clicks Save & Continue.

- Next slide, please.

Enrollment Summary

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Jackie R Jackson (NPI-1000000068)

Enrollment Summary

Program Year: 2012

Payment Year: 1

Please review the enrollment summary below and click the Continue button to proceed in the enrollment process.

Step 1 - Provider Registration Verification

National Provider Information

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

State Provider Information

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



Transcription

- The provider has now completed Enrollment Steps 1-4. At this time, the provider lands on the Enrollment Summary page, and can review all the data for each of the steps. This screen presents Enrollment Step 1 – Provider Registration Verification section, showing the National Provider Information and the State Provider Information. Again, if there are any errors in the National Provider Information, the provider must return to the CMS site, correct the data at the national level, and then wait 1-2 days for the data to be updated in the Nevada State system. If the provider wants to correct State attestation, then he/she can proceed back through the Nevada enrollment process, and correct the data as required.
- Next slide, please.

Enrollment Summary

Group Practice

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

Payee Assignment

Payee Medicaid ID: 0476131
Payee Name: PEDIATRIC ACADEMIC ASSOC
Payee Address: 1001 S. WASHINGTON ST. #100
COLUMBIAN, OR 97003
Payee TIN: *****0006
Payee NPI: 3000000006

Transcription

- Scrolling further down the Enrollment Summary page, the provider can then see the Group Practice selections and the Payee Assignment. Here, the provider is not participating in a group (refer to training Modules 5 & 6 for more on groups), and has successfully selected a payee ID.
- Next slide, please.

Enrollment Summary

Step 2 - Patient Volume Determination

Patient Volume Reporting Period:

Three-Month Reporting Period: 07/01/2011 - 09/30/2011

Out-of-State Encounters Attestation:

Out-Of-State Encounters: No

Selected States/Territories:

Patient Volume Attestation:

Medicaid Panel Assignments: N/A

Total Panel Assignments: N/A

Medicaid Patient Encounters: 1,000

Total Patient Encounters: 3,000

Medicaid Patient Volumes: 33 %

Step 3 - Adopt, Implement, Update Certified EHR Software

AIU Designation: Adopt

CMS EHR Certification ID: 30000001SWQTEAS

Supporting Documentation: Purchase Order



Transcription

- Continuing further down the Enrollment Summary page, the provider can then see and verify the Patient Volume Determination data and the A/I/U (Adopt / Implement / Upgrade) selections.
-
- Next slide, please.
-

Enrollment Summary

Step 4 - EHR Payment Determination

Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667
Total:	\$63,750	\$42,500

Previous

Continue

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Transcription

- Scrolling further down the Enrollment Summary page, the provider can then review the EP Payment Determination schedule and amounts. The provider clicks Continue at the bottom of the page.
- Next slide, please.

Legal Notice



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Incentive Payment Program for Electronic Records



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Jackie R Jackson (NPI-1000000068)

[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

- Having reviewed and verified the Enrollment Summary, the provider is then taken to the Legal Notice. This page shows the very top section of the Legal Notice, with its General Notice section.
- 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

- Scrolling down the Legal Notice, the provider can then read and review the Signature section, with its Notices and Routine Use(s), and continue scrolling ...
- 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

- ... down the Legal Notice to the Disclosures section. The provider then continues to scroll down the Legal Notice to the ...
- 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

Jackie R Jackson (NPI-1000000068)

Previous

Agree & Continue

Disagree

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Transcription

- ... final paragraph on the Legal Notice, and the Electronic Signature entry box. Here the provider enters his/her name as the authorized official, and clicks Agree & Continue. If the Nevada EHR Incentive Payment system is being used by a representative of the eligible professional, such as an office administrator, that person should so attest on the Legal Notice.
- If the provider clicks Disagree, the enrollment process is placed in an In-Progress status where it will remain until the provider enters the provider portal and finally enters the Electronic Signature as the authorizing official and clicks Agree & Continue.
- Next slide, please.

Submit Enrollment

Jackie R Jackson (NPI-1000000068)

Submit Enrollment

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

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

Transcription

- After having agreed to the Legal Notice, the provider then lands on the Submit Enrollment page which presents a brief summary of the enrollment information, and includes the Submit command button to be clicked to actually submit enrollment.
- Next slide, please.

Submit Enrollment

Jackie R Jackson (NPI-1000000068)

Error(s)

Upload Adopt, Implement, Upgrade documentation to continue.

Submit Enrollment

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

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

Transcription

- In this example, the provider clicked Submit, but has been notified that he/she must upload an A/I/U (Adopt / Implement / Upgrade) document to complete the enrollment process.
- 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:

* Category:

* Type:

* File:

60 Characters Max

* Document Description:

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

Transcription

- Here is a Document Upload pop-up on which the provider can select/enter data pertinent to the document to be uploaded. Information required includes:
 - - Program Year (pull-down list)
 - - Document Category (pull-down list)
 - - Document Type (pull-down list)
 - - File Name (click the Browse button to find and select the specific file to upload)
 - - Document Description (enter text)
 - - HIPAA Checkbox – to verify that the document being uploaded does not contain PHI as defined by HIPAA.
 - The provider clicks Upload to upload the document.
- Next slide, please.

Submit Enrollment

Jackie R Jackson (NPI-1000000068)

Message(s)

Document uploaded successfully.

Submit Enrollment

You are now ready to submit your enrollment and attestation. Review the enrollment summary information below prior to confirming and submitting the enrollment as you will not be able to update attested items post submission.

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

Transcription

- This page indicates that the document was successfully uploaded. Again the provider clicks the Submit command button.
- Next slide, please.

Enrollment Confirmation

Jackie R Jackson (NPI-1000000068)

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

Enrollment Confirmation

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

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

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

Enrollment Tracking Information

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



Transcription

- Congratulations! The provider has successfully completed the Nevada EHR Incentive Payment System enrollment process for the payment year!
- The enrollment tracking information should be noted and retained/printed for the provider's records.
- Next slide, please.

Enrollment Home

Jackie R Jackson (NPI-1000000068)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll**
 - Enroll for the EHR Incentive program
- Modify**
 - Modify or continue an existing enrollment
- View Status**
 - Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Jackie R Jackson	1000000068	*****0068	*****4469	2012	1	Payment Pending	<input type="button" value="View Status"/>

Transcription

- In this example, the provider has landed on the Enrollment Home page. Now the Action available is merely to View Status of the enrollment – the provider cannot enroll – enrollment is completed. Furthermore, the provider can see at a glance that his/her status is Payment Pending. The status will remain Payment Pending until the payment is actually released to the payee selected by the provider, at which time the Status will be upgraded to Paid.
- Next slide, please.

Enrollment Home

Jackie R Jackson (NPI-1000000068)

Enrollment Home

Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

- Enroll** • Enroll for the EHR Incentive program
- Modify** • Modify or continue an existing enrollment
- View Status** • Display enrollment status

Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Jackie R Jackson	1000000068	*****0068	*****4469	2012	1	Payment Pending	View Status
Jackie R Jackson	1000000068	*****0068	*****4469	2011	1	Expired	

Transcription

- This next example shows how it would appear if the provider had had the opportunity to enroll last year, and had not completed the enrollment in time. Here the Status shows as Expired for Payment Year 1. Since the enrollment was expired, the provider can enroll in Payment Year 1 again, and this provider has done so, and is now showing a Status of Payment Pending for Payment Year 1.
- Next slide, please.

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Jackie R Jackson (NPI-1000000068)

Documents

The following table lists the current and historical enrollment documents uploaded for your Medicaid EHR Incentive Payment Program. To upload documents you can do following:

- Click the "Upload New Document" button and choose the document Category, Type and select your file via the file browser. Once selected, click the Upload button to initiate the upload.
- To view existing uploads click the "View" button.

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

[Upload New Document](#)

Transcription

- Clicking on the Documents tab lands the provider on the Documents Home page. Here, the provider has uploaded one document, identified as Category Adopt / Implement / Upgrade and as Type EHR Hardware / Software / Network related. It also shows the related Program Year and Upload Date.
- Should the provider click the View command button, the document uploaded would be downloaded and displayed, in a read-only format, in the pertinent application. That is, for example, if the uploaded document was a PDF, or Word, or Excel document, then it would be visible read-only in Adobe software or Microsoft Word or Excel software context, as appropriate.
- Next slide, please.

Status

Jackie R Jackson (NPI-1000000068)

Status Summary Home

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

Provider Information

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

Transcription

- Clicking on the Status tab, the provider lands on the Status Summary Home page. This page displays the top portion of the summary page.
- 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	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.

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- Scrolling down the Status Summary Home page, the provider comes to the Status Summary section which presents the enrollment summary per year, as seen earlier. In this example, this provider is Payment Pending in Payment Year 1, Program Year 2012. Note that the total amount paid to this provider shows \$0.00.
- 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	33%	Yes	--	--	--	View Details
2011	1	Expired		--	No	--	--	--	View Details

Total Amount Paid: \$0.00

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

dhcfp.nv.gov/EHRIncentives.htm



Transcription

- In this example, the provider has scrolled further down the Status Summary Home page, but sees 2 rows in the Status Summary section. These rows display the enrollment summary per year. Here, this provider is Expired in Payment Year 1, Program Year 2011, but is Payment Pending in Payment Year 1 for Program Year 2012. Note that the total amount paid to this provider still shows \$0.00.
- Next slide, please.

Status – Enrollment Summary

Logout

Home

Enrollment

Documents

Appeals

Status

Manage Account

Contact Us

Jackie R Jackson (NPI-1000000068)

Enrollment Summary

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

Step 1 - Provider Registration Verification

National Provider Information

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



Transcription

- Here the provider has clicked View Details on the Status Summary Home page, for the particular Payment Year/Program Year required, and lands on the Enrollment Summary page. The section shown here is the top, Step 1 – Provider Registration Verification. The Enrollment Summary page is the same as presented earlier during the enrollment process description, and is not further depicted in this training.
- 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

- Here, the provider has clicked Logout in the upper-right corner of the page, and has landed on the Your Session Has Ended page.
- Next slide, please.

Notifications

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

Transcription

- This slide indicates that, throughout the enrollment process, various emails are being sent to the provider to report enrollment status. These emails are informative and intuitive, and invite the provider to be:
 - Informed
 - To take certain action at CMS, or
 - To take certain action in the Nevada State system.
- Next slide, please.

Eligible Professional Summary

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

Transcription

- This concludes the specific training for the Eligible Professional in the Nevada EHR Incentive Payment System.
- The EP should now have a comfortable level of understanding concerning the various components of the Nevada system, from this training as well as what was learned in Module 2 – Provider Overview training:
 - - Enrollment
 - - Status
 - - Documents
 - - Appeals
 - - Manage Account
 - - Contact Us
- Next slide, please.

Eligible Professionals

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

Transcription

- The Eligible Professional is now trained and ready for enrollment in the Nevada EHR Incentive Payment System, if the provider is not involved in groups.
- If the EP will enroll as a Group Lead, he/she should complete Module 5 – EP Group Lead training.
- If the EP will enroll as a Group Member, he/she should complete Module 6 – EP Group Member training.
- If the provider does not require further EP group training, he/she has completed the eligible professional training for the Nevada EHR Incentive Payment System!

- Next slide, please.

Thank You!

Transcription

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