

ELIGIBLE PROVIDER (EP) EHR INCENTIVE PROGRAM ENROLLMENT AND ATTESTATION (FORM MC-150) INSTRUCTIONS

Providers must first register with CMS at https://www.cms.gov/EHRIncentivePrograms/20_Registrationandattestation.asp#TopOfPage.

Instructions are available at the website.

Eligible Provider (EP) EHR Incentive Program Enrollment and Attestation Form (MC-150) and attachments must be submitted to DHHS EHR Incentive Program. The enrollment document will be accepted via:

Fax: 402-742-8318

Email: Scan and e-mail to DHHS.EHRIncentives@nebraska.gov

Mail: DHHS EHR Incentive Program, PO Box 95026, Lincoln, NE 68509-5026

Medicaid Eligible Provider (EP) EHR Incentive Program Enrollment and Attestation form and attachments must be submitted to DHHS each year of participation in the Nebraska Medicaid EHR Incentive Program.

When requesting a Meaningful Use payment, the Stage 1 Meaningful Use Supplement to the EP Enrollment and Attestation also needs to be completed and submitted with the Enrollment and Attestation Form. The Meaningful Use Supplement is not needed when claiming AIU for a first year payment.

Contact Information

Eligible Provider point of contact for correspondence related to the Electronic Health Record Incentive Program Enrollment and attestation process. (This is the person Medicaid will contact if additional information is required.)

Provider Information

Provider Name – Individual Provider Name applying for EHR Incentive Program Enrollment

Address – Location of the provider's primary practice (PO Box not accepted)

NPI (National Provider indicator) number - enter individual eligible professional NPI number

If not enrolled in Nebraska Medicaid, please provide your license number – Enter complete medical license number e.g. 2801-XXXXX NE.

CMS EHR Certification ID for your EHR system – see <http://onc-chpl.force.com/ehrcert>

Payee Information

Does the individual Eligible Provider want to reassign the Electronic Health Record incentive payment to a payee other than themselves?

Yes or No If yes, please indicate the Group Practice NPI, Practice Name and Practice Address. Reassignment of EHR Incentive Payment is voluntary. Use of group/clinic volume is not related to reassignment of EHR Incentive Payment. The payee information must be the same as what was entered during the CMS registration. If you did not select a payee during the CMS registration, you will need to go back to the CMS Registration and update your Payee information.

Eligibility Information

Provider type

Physician – M.D. or D.O.

Pediatrician Yes or No – If yes, Taxonomy code associated with individual NPI must be identified as a pediatrics classification in the Health Care Provider Taxonomy code set.

Certified Nurse Midwife – Provider must be licensed as a certified nurse midwife (APRN-CNM).

Nurse Practitioner - APRN-NP (Nurse Practitioners) qualify for EHR Incentive Program.

Note: APRN-CNS (Clinical Nurse Specialists) and APRN-CRNA (Certified Registered Nurse Anesthetists) are not eligible providers for the EHR Incentive Program.

Dentist

Physician Assistant – PAs are only eligible to receive EHR incentive payments if they meet one of the three identified criteria:

PA is the primary provider in the qualifying FQHC/RHC

PA is clinical or medical director at the qualifying FQHC/RHC

PA is an owner of the qualifying RHC

Do you provide 90% or more of your professional services in a hospital setting (Place of Service is 21 or 23)? Yes or No – Place of service is Field 23B on CMS 1500 claim form. Place of service 21 is defined as Inpatient Hospital. Place of service 23 is defined as Emergency Room – Hospital. If 90% or more of your professional services are in a hospital setting for the previous calendar year, you are not eligible for the EHR Incentive payment. If you provide less than 90% of your professional services in the hospital setting, hospital/emergency room encounters are included in your patient volume.

Do you have any sanctions with Medicare or Medicaid in any state? Yes or No If yes, which state. Please attach documentation of any Medicare or Medicaid sanctions.

Please indicate the stage of your EHR system: Adopted, Implemented, Upgraded or Demonstrating Meaningful Use. Typically, appropriate documentation to verify AIU will be a copy of the signed purchase order or contract between the provider and the EHR vendor.

Patient Volume Information

Patient volume is being submitted for Individual Practitioner or Group/Clinic
If at a group/clinic, group NPI number and Group Nebraska Medicaid Provider Number

Note: If patient volume is claimed at the group level, all providers within that group must claim group reporting. A Group/Clinic can generally be identified by either NPI number or Federal Tax ID number. Other Group/Clinic identification methods will be considered. List all Medicaid Provider numbers and NPI numbers for the group/clinic.

Please provide the following patient encounter numbers:

- 90-day/3-month reporting period – This must be a 90 day or three-month continuous period within the 12 months preceding the date the enrollment form is received. Example: Enrollment form received in February 2013, patient volume must be 90-days or three months within the period of February 1, 2012-January 31, 2013.
- Total Medicaid patient encounters during the reporting period. If you want DHHS to run your Medicaid patient volume, send a request to DHHS.EHRIncentives@nebraska.gov with your NPI numbers and Medicaid provider numbers. Medicaid may not have all of the paid claims if you are using a recent time period. It is generally best to run the total patient volume and the Medicaid patient volume from your system and submit on your enrollment document. Medicaid will validate the encounters upon receipt and will notify you of any issues with your data.
- Total patient encounters during the reporting period (A record of the Medicaid and total patient encounters must be maintained for auditing purposes.)

Providers must attach a system-generated report from the software system from which the calculations were made.

Federally Qualified Health Centers/Rural Health Centers

Do you practice predominately in either a FQHC or RHC? Yes or No

(Indian Health Centers are included in this category for the EHR Incentive Program).

Please indicate a six-month period in the previous calendar year for which payment is being requested. (This must be a continuous six month period where 50% or more of your practice is in a FQHC/RHC setting.)

Please provide the following patient encounter numbers:

- 90-day/3-month reporting period –This must be a 90 day or three-month continuous period within the 12 months preceding the date the enrollment form is received. Example: Enrollment form received in February, 2013, patient volume must be 90-days or three months within the period of February 1, 2012-January 31, 2013.
- Total Medicaid patient encounters during the reporting period.
- Total uncompensated care encounters during the reporting period. This includes services provided at no cost or at a reduced costs based on sliding scale determined by the patient's ability to pay. EPs practicing 50% or more in a FQHC or RHC are the only providers who can claim "needy/uncompensated" patient volume in addition to their Medicaid encounters.
- Total patient encounters during reporting period. (A record of the Medicaid and total patient encounters must be maintained for auditing purposes.)

Managed Care

If you are a Medicaid Managed Care Primary Care Physician (PCP) and are submitting based on patient panel, please complete the following: (This is an optional method of reporting for managed care PCPs. This method requires the EP to maintain a record from the Managed Care plan which shows the number of patients assigned to them during the specified 90 day period as well as proof of the encounters over the past year. Before using this method, it is suggested you e-mail Medicaid at DHHS.EHRIncentives@nebraska.gov to determine if this method is appropriate.)

Patient Volume in other State

Were any of the above Medicaid patient encounters provided to an individual covered by a Medicaid program other than Nebraska?

Yes or No -If yes, indicate States and percentage of patient volume in other states. This only needs to be furnished if the percentage of Medicaid patient volume from Nebraska is less than the allowable threshold.

Terms of Attestation and Agreement

Signature of this form certifies the Eligible Professional has read and understands all Terms of Agreement as referenced and attests that all information on this form is true, accurate and complete.

Note: This Eligible EP EHR Incentive Program Enrollment and Attestation Form must be signed by the individual eligible provider enrolling in the Nebraska EHR Incentive Program.

Attachments required with Eligible Provider (EP) EHR Incentive Program Enrollment and Attestation

- **System generated report of the patient volumes.**
- **Adopt/Implement/Upgrade verification (must include complete copy of signed EHR purchase order, vendor contract or vendor letter). This is only necessary when applying for a first year payment and claiming AIU.**
- **Stage 1 Meaningful Use Supplement to the EP Enrollment and Attestation if applying for Meaningful Use payment.**
- **Documentation that Physician Assistant meets above stated eligibility requirement.**
- **Documentation of any Medicare or Medicaid sanctions.**