

ELIGIBLE HOSPITAL (EH) EHR INCENTIVE PROGRAM ENROLLMENT AND ATTESTATION (FORM MC-151) INSTRUCTIONS

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

Eligible Hospital (EH) EHR Incentive Program Enrollment and Attestation Form (MC-151) 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 Hospital (EH) 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.

Contact Information

Eligible Hospital 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

Name of Hospital – Name of hospital applying for EHR Incentive Program Enrollment

NPI (National Provider indicator) number - enter hospital NPI number

Medicaid Number – 11 digit Nebraska Medicaid Provider number

CCN Number – CMS Certification Number

Provider Type –

Acute Care Hospital – average length of patient stay is 25 days or fewer; and CCN has the last four digits in the series 0001 – 0849

Critical Access Hospital – average length of patient stay is 25 days or fewer; and CCN has the last four digits in the series of 1300-1399

Children's Hospital – The hospital is separately certified as a children's hospital – either freestanding or a hospital within hospital; and CCN has the last four digits in the series of 3300-3399

Patient Volume Information

Please provide the following patient encounter numbers (Refer to the Patient Volume Calculation Instructions):

- **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 submit a system-generated report from the software system from which the calculations were made.

Were any of the above 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.

Please indicate the stage of your EHR system: Adopted, Implemented, Upgraded, or Demonstrating Meaningful Use. Appropriate documentation for provider attesting to AIU such as signed purchase order or signed EHR Vendor contract must be attached to EHR Enrollment.

Provide the CMS EHR Certification Number for your EHR system

Medicare Cost Report Information

All cost report information requested on the MC-151 is from the Medicare Cost Report and must be completed.

Data Elements

Total Discharges Lines 1 through Line 4

The base year is the most recent year for which Medicare Cost Report data is available. This must be a full year of data.

IMPORTANT - Although Nebraska Medicaid EHR Program is allowing the following to be considered toward the 10% patient volume, the Federal Rule excludes the following from being considered in the payment calculations. The following should be **excluded** from the Medicare Cost Report information when it is submitted on the enrollment document:

- Nursery bed days and nursery discharges for newborn discharges.
- Swing bed days that are used to furnish skilled nursing facility or nursing facility level of care.
- Services rendered in the psychiatric unit of the hospital which is a distinct part of the hospital.
- Services rendered in the rehabilitation unit of the hospital which is a distinct part of the hospital.
- Total Charity Charges (CMS 2552-94 Worksheet S-10, Line 30 or CMS 2552-10 Worksheet S-10, Line 20) must exclude all Bad Debt. Bad Debt cannot be included in Total Charity charges. All Eligible Hospitals are required to attach a calculation of both charity care and bad debt amounts.

Terms of Attestation and Agreement

Signature of this form certifies the authorized official for this Eligible Hospital 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 Hospital (EH) Incentive Program Enrollment and Attestation Form must be signed by the official representing the hospital.

Attachments required for Eligible Hospital (EH) 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)**
- **Breakdown of the uncompensated care (documentation of charity care and bad debt)**
- **Documentation of any Medicare or Medicaid sanctions**