

Application for an Acute Care or Critical Access Hospital

Below is a sample application for an eligible hospital that is acute care or critical access and will enter patient volume. This document will provide you with a sample of the information you will be required to supply when you begin your application in the Pennsylvania MAPIR system. Should you have additional questions about the application process please [contact us](#).



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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Wednesday 05/11/2011 11:46:19 AM EDT

Name	Pennsylvania General Hospital	NPI	1352468765
CCN	246801	Hospital TIN	975864234

Get StartedNLR & Contact Info Eligibility Patient Volumes Attestation ReviewSubmit

*The Review panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Previous** to return to the last page saved.*

Status

NLR Verification

Legal Business Name	Pennsylvania General Hospital	Hospital NPI	1352468765
CCN	246801	Hospital TIN	975864234

Business Address	2 Main St. Washington, PA 14567
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Business Phone	412-222-4567
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Incentive Program	MEDICAID	State	PA
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Eligible Hospital Type	Acute_Care_Hospitals
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R&A Registration ID	5796481436
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R&A Registration Email

CMS EHR Certification Number

Is this information accurate? Yes

Contact Information

Contact Name **George Adams**

Contact Phone **412** . . Ext

Contact Email Address **gadams@pageneralhospital.org**

Eligibility Questions (Part 1 of 2)

Please confirm that you are choosing the Medicaid incentive program. Yes

Do you have any sanctions or pending sanctions with Medicare or Medicaid in Pennsylvania? No

Is your facility licensed to operate in all states in which services are rendered? Yes

Eligibility Questions (Part 2 of 2)

CMS EHR Certification ID: **Q002002054P8MMM**

Patient Volume 90 Day Period (Part 1 of 3)

Start Date: Feb 10, 2010
End Date: May 10, 2010

Enter Patient Volumes (Part 2 of 3)

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
325878457, 0002	Pennsylvania General Hospital	2 Main St. Washington, PA 14567	<i>In State Medicaid:</i> 1500 <i>Other Medicaid:</i> 12 <i>Total Discharges:</i> 1700	89%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
1500	12	1700	89%

Patient Volume Cost Data (Part 3 of 3)

Fiscal Year Start Date: Feb 10, 2009
Fiscal Year End Date: Feb 09, 2010

Patient Volume Cost Data (Part 3 of 3)

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
02/10/2009-02/09/2010	160000	1500000	2500000	\$15,778,000.00	\$1,000,000.00
02/10/2008-02/09/2009	160000				
02/10/2007-02/09/2008	160000				
02/10/2006-02/09/2007	160000				

Attestation Phase (Part 1 of 3)

EHR System Adoption Phase: Implementation

Attestation Phase (Part 2 of 3)

Please review the list of activities where you have planned or completed an Implementation.

Implementation Activity	Planned	Complete
Workflow Redesign	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Software Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internet Connectivity / Broadband	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uploading Patient Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Application Submission (Part 1 of 2)

By checking the following box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the Review panel):



Application Submission (Part 2 of 2)

Electronic Signature of Preparer for Facility:

Preparer Name: Helena Banks Preparer Relationship: Doctor

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