

# Application for a Children's Hospital

Below is a sample application for an eligible hospital that is a children's hospital that will **not** have to 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

[Print](#) [Contact Us](#) [Exit](#)  
Wednesday 05/11/2011 3:32:24 PM EDT

---

Name **Children's Hospital of Pennsylvania**  
CCN **432978**

NPI **5528844541**  
Hospital TIN **665878587**

Get Started

NLR & Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

Tab is enabled and not selected.

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	Children's Hospital of Pennsylvania	Hospital NPI	5528844541
CCN	432978	Hospital TIN	665878587

---

Business Address **29 Highland St.  
Harrisburg, PA 17111**

---

Business Phone **717-434-9909**

---

Incentive Program **MEDICAID** State **PA**

---

Eligible Hospital Type **Childrens\_Hospitals**

---

R&A Registration ID **5458566971**

---

R&A Registration Email **admin@chospitalpa.org**

---

CMS EHR Certification Number

---

Is this information accurate? **Yes**

**Contact Information**

Contact Name

Contact Phone  -  -  Ext

Contact Email Address **abanks@chospitalpa.org**

**Eligibility Questions (Part 1 of 2)**

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

---

Do you have any current 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: **Q111883901PODCP**

**Patient Volume Cost Data (Part 3 of 3)**

Fiscal Year Start Date: Jul 01, 2009  
Fiscal Year End Date: Jun 30, 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
07/01/2009-06/30/2010	282	699	6470	\$10,476,338.00	\$215,250.00
07/01/2008-06/30/2009	270				
07/01/2007-06/30/2008	276				
07/01/2006-06/30/2007	301				

**Attestation Phase (Part 1 of 3)**

EHR System Adoption Phase: Adoption

**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: Employee of hospital

Previous