CMS
CENTERS for MEDICARE & MEDICAID SERVICES

REGISTRATION USER GUIDE

For Eligible Professionals

Medicaid Electronic Health Record (EHR) Incentive Program

JULY 2012
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Disclaimer

The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for physicians and non-physician practitioners-providers.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare and Medicaid program is constantly changing, and it is the responsibility of each physician, non-physician practitioner, supplier or provider to remain abreast of the Medicare and Medicaid program requirements.

Medicare and Medicaid regulations can be found on the CMS Web site at ***http://www.cms.gov***

https://ehrincentives.cms.gov

Step 1 – Getting Started

This is a step-by-step guide for the Medicaid Eligible Professionals (EPs) Electronic Health Record (EHR) Incentive Program. The page layout consists of the registration screen with written instructions to the right, as well as helpful tips. To get started, click on the link at the top of the page or type the website into your computer's browser.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:
- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit CMS website

NOTE: *EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).*

Medicaid EPs include:
- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

Further, Medicaid EPs must also:
- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals

Eligible Hospitals

Medicare Eligible Hospitals include:
- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:
- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals

Continue

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

CMS

STEPS

Enter the EHR Incentive Program *URL* (located at the top of the page) into your web browser

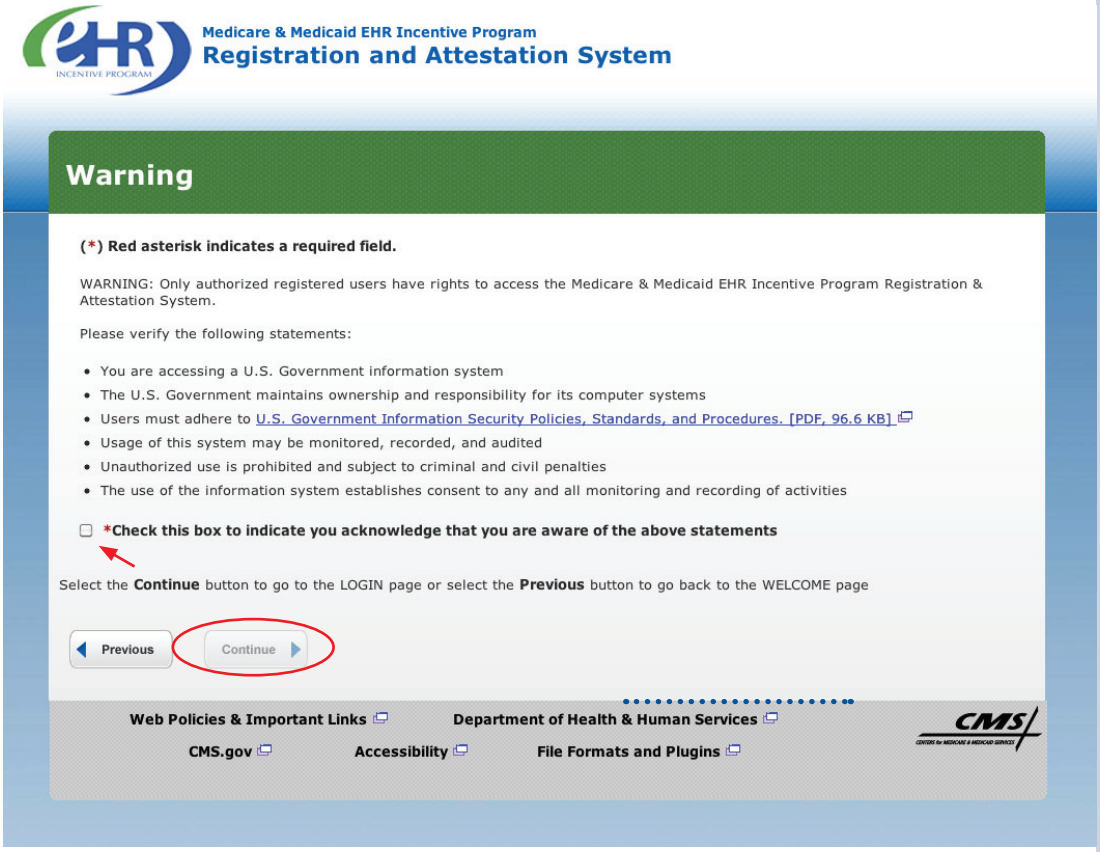
Click *Continue* to start the registration process

TIP

*To determine your eligibility, click on the **CMS website***

Step 1 - Continued

Carefully review the screen for important information.



STEPS

Please read the statements on the page and check the box to indicate that you acknowledge that you are aware of the statements

Click *Continue*

TIP

Eligible Professionals (EPs) may not be hospital based. This is defined as EPs seeing 90% or more of their Medicare covered services in:

- *Hospital Inpatient setting (Place of service 21)*
- *Emergency Department setting (Place of service 23)*

Step 2 – Login

Review the Login Instructions for Eligible Professionals.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Login Instructions

Eligible Professionals (EPs)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to NPPES to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, Create a Login in the I&A System.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in NPPES.
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, Create a Login in the I&A System.

Associated with both Eligible Professionals (EPs) and Eligible Hospitals

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.
- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, Create a Login in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the I&A System.
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

(*) Red asterisk indicates a required field.
*User ID:
*Password:

- View our checklist of required materials here.

Log In Cancel

Web Policies & Important Links Department of Health & Human Services
CMS.gov Accessibility File Formats and Plugins

Identity and Access Management (I&A)

You will be navigated to the I&A system, which will allow you to create a User ID/password, establish a user profile, and request access to organization(s) for the EHR Incentive Program System.

If you select "Yes", you will be directed to the I&A system and will be required to log in again.

YES NO

STEPS

Enter your National Plan and Provider Enumeration System (NPPES) web user account, user ID and password to log into the registration system

Click *Log In*

Eligible Professionals (EPs) may authorize surrogate users to work on behalf of the EP in the EHR Incentive Program Registration & Attestation system

Click on the *"Create a Login link"* in the body of the screen

Click YES to access the I&A system

Click the link to view our "checklist of required" materials to register for the EHR Incentive Programs

TIPS

Contact the PECOS Help Desk if you cannot remember your password - (866) 484-8049/ TTY (866)523-4759, ***https://pecos.cms.hhs.gov***

To locate your NPI number, visit: ***https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do***

User name and password are case sensitive

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services

Help | Logoff

Application Sections

- User Profile
- Employer Information
- Access Requests

I&A - My Access Requests

* *At least one organization is required*

Note: Please use the Previous button to navigate between the pages in the application.

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Use the button below to add the NPIs you wish to access:

Add Access Request

Use the buttons below to select and remove NPIs before they are submitted for processing:

Select All | Clear Selected | Delete | **Provider/Supplier Organization**

(navigate to Individual Provider Access Requests)

	App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status

Individual Provider

(navigate to Provider/Supplier Organization Access Requests)

	App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status

< Previous | Submit

STEPS

Click on Access Requests

Click Add Access Request

Click **Submit**

TIP

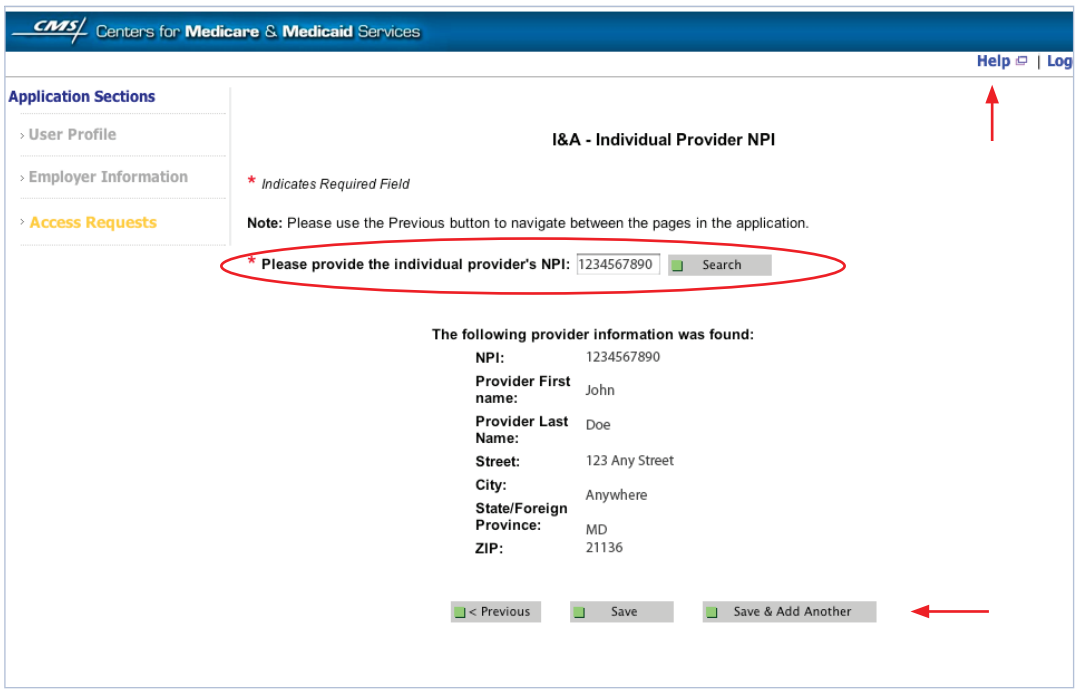
At least one NPI is required to assign access

Use the Previous button to navigate between pages in the system

In order for a provider to create an online account, the NPI record must be in the status of Active or Pending Change Request

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional



STEPS

Enter the NPI of the individual provider

Click **Search** to display the details of the individual provider

Click **Save** to navigate to the "My Access Requests Page"'

Or

Click **Save & Add Another** to add multiple providers

TIP

Clicking Previous will take you back to the 'Select Application Type' page

Click on HELP for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services

Help | Logoff

Application Sections
- User Profile
- Employer Information
- Access Requests

I&A - My Access Requests

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(navigate to Individual Provider Access Requests)

	App Type	Are you the Authorized Official?	Tracking ID	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorized Official	Authorized Official Phone Number	Status

Individual Provider

(navigate to Provider/Supplier Organization Access Requests)

	App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status
☐	E		Doe	John	1234567890	123 Any Street Anywhere, MD 21136	4445551212	

< Previous | Submit

STEPS

Choose the Individual Provider(s) to add the NPIs you wish to access

You may choose one at a time or click Select All

Use the **Add Access Button** button to add the NPIs you wish to access

Click **Submit**

TIP

Clicking Previous will take you back to the 'Select Application Type' page

Click on HELP for additional guidance to navigate the system

The Help link is on every page

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

CMS Centers for Medicare & Medicaid Services

Help | Logoff

Thank you. Your request will be processed.

Please read the following instructions:

Applying as an Authorized Official:

If you are applying as an Authorized Official, a copy of your provider or supplier's organization CP-575 is required. The CP-575 is generated to the organization by the Internal Revenue Service (IRS), and contains the organization's Legal Business Name and Taxpayer Identification Number. If you cannot locate your CP-575, contact the IRS for a copy of your IRS Federal Tax Deposit Coupon, IRS 147C letter, or other official IRS document which verifies the taxpayer identification number and legal business name of your organization. Make a photocopy of the CP-575 or appropriate substitute and write your PECOS I&A Tracking ID at the top of the photocopy. Mail the photocopy of the CP-575 or appropriate substitute (with the Tracking ID written on it) to the CMS External User Services (EUS) Help Desk. Your application will not be processed until the EUS Help Desk receives this paperwork. An e-mail notification will be sent to you once the EUS Help Desk has approved or rejected your request. If you have questions, please contact the EUS Help Desk at the following address and telephone number:

External User Services (EUS)
PO Box 792750
San Antonio, Texas 78216
Phone:1-866-484-8049
TTY:1-866-523-4759
EUSSupport@cgi.com

For questions concerning the Electric Health Record (EHR) Incentive Program, please contact the EHR Incentive Program Information Center (EIPIC) at the following address and telephone number:

EHR Incentive Program Information Center (EIPIC)
Phone: 1-888-734-6433
TTY:1-888-734-6563

Applying as an Organization end user:

If you are applying as an organization end user and have questions, please contact your Authorized Official. An e-mail notification will be sent to you once your request has been approved or rejected.

Applying to act on behalf of an individual provider:

If you are requesting to act on behalf of an individual provider and have questions, please contact the individual provider or the appropriate help desk using the above contact information. If your request is not approved in a reasonable amount of time, please contact the individual provider.

User Name: John Doe

Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program

Provider/Supplier Organization

App Type	Tracking ID	Provider/Supplier Organization EIN	Provider/Supplier Organization Name(LBN)	Organization NPI

Individual Provider

App Type	Tracking ID	Individual Provider Last Name	Individual Provider First name	NPI
E	S03162011689377	Doe	John	1234567890

Please provide tracking number on all correspondence.

Return to Home System

STEPS

Access request receipt

You will receive an email notification that the External User Services (EUS) Help Desk has approved your request

Record your tracking number for use on any correspondence

The EP must log into the I&A system and approve your request

Notify the EP that you have requested access

At this time there is not an automated email notification of the I&A system

TIPS

The EP's user ID and password are the same for the NPPES system

A proxy user may only register and attest for 1,000 eligible professionals

For questions regarding the EHR Incentive Program –

EHR Information Center
1-888-734-6433
TTY/1/888-734-6563

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Centers for Medicare & Medicaid Services

Home | Help

Application Security Check

*Indicates Required Field

This security check is used to prevent the creation of fictitious accounts. Please provide answers to the **2 security** questions listed below.

Questions	Answers
* What is 1 + 1?	
* What direction is the South Pole?	

Next >

Centers for Medicare & Medicaid Services

I&A - Create User ID and Password

* Indicates Required Field

Please create a User ID and password for accessing I&A and the systems that use I&A.
Creating an organization user account does not represent applying for an NPI.

* User ID:

Note: Personal information, such as a Social Security Number, should not be used as the User ID. The User ID can contain a maximum of four digits. Please note: The User ID cannot be changed.

* Password:
* Retype Password:

Note: Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

* Select Secret Question 1:
* Answer 1:
* Select Secret Question 2:
* Answer 2:
* Select Secret Question 3:
* Answer 3:
* Select Secret Question 4:
* Answer 4:
* Select Secret Question 5:
* Answer 5:

Next >

Centers for Medicare & Medicaid Services

Help

Application Sections

- User Profile
- Employer Information
- Access Requests

I&A - User Profile

* Indicates Required Field

Note: All notifications will be sent to the e-mail provided on this page.

User Profile Information:

Prefix: * First Name: Middle: * Last Name: Suffix:

Credential(s): *(M.D., D.O, etc.)*

* Date of Birth: *(MM/DD/YYYY)* * Social Security Number: *(Without Dashes)*

* E-mail Address: * Retype E-mail Address:

Next >

Centers for Medicare & Medicaid Services

Help | Logoff

Application Sections

- User Profile
- Employer Information
- Access Requests

I&A - Employer Information

* Indicates Required Field

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Please enter your employer's information below. If your employer works on behalf of a provider/supplier organization, information for those provider/supplier organizations will be collected separately.

Provide Your Employer's EIN And Employer Legal Business Name/Legal Name

* Employer EIN:

* Employer Legal Business Name/Legal Name:

Employer's Mailing Address Information

* Address Line 1: *(Street Number and Name)*

Address Line 2: *(e.g. Suite Number)*

* City: * State: * ZIP + 4 -

Country: United States

*Phone Number: *(Without Dashes)* Extension: Fax Number: *(Without Dashes)*

< Previous Next >

STEPS

Application and Security Check Page prompts the user to answer 2 security questions

TIPS

Click on the HELP tab at the top of the screen for help creating your I&A user name and password

User IDs cannot be changed. Once you have successfully created a User ID and Secret Question/Answer combinations and submitted the record, the User ID and Secret Question/ Answer combinations will remain tied to your record and will not be changed

User name and password are case sensitive

Step 3 – Welcome

If your login was successful you will receive the "Welcome Screen".

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home | Registration | Attestation | Status

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

Last Successful Login: 12/15/2011 | Unsuccessful Login Attempts: 0

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions
Select any topic to continue.

Registration

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

Attestation

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit Failed or Rejected Attestation
- Reactivate Canceled Attestation

Note: Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

Status

- View current status of your Registration, Attestation, and Payment(s) for the Incentive Program

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CMS.gov | Accessibility | File Formats and Plugins

STEPS

Click on the *Registration* tab to continue registering for the EHR Incentive Program

TIPS

The Welcome screen consists of four tabs to navigate through the registration and attestation process.

1. Home
2. Registration
3. Attestation
4. Status

Meaningful Use information:
https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

Step 4 – Registration

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home | Registration | Attestation | Status

Registration

Registration Instructions

Welcome to the Registration Page.

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

Register	Register for the EHR Incentive Programs Continue an incomplete registration
Modify	Modify Existing Registration Switch incentive programs (Medicare/Medicaid) Switch Medicaid state
Cancel	Discontinue participation in the Medicare & Medicaid EHR Incentive Programs
Reactivate	Reactivate a previously canceled registration
Resubmit	Resubmit a registration that was previously deemed ineligible

Registration Selection

Identify the desired registration and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Existing registration(s):

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Jane Doe, MD	XXX-XX-3568 (SSN)	000000000000	Medicaid	Active	Register

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CMS.gov | Accessibility | File Formats and Plugins

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STEPS

Click on *Register* in the Action column to continue the registration process

TIPS

"Resubmit", "Modify", "Cancel" and "Reactivate" are the available Action web links for returning users

Only one action can be performed at a time on this page

If the user selects the Action web link of "Register" or "Resubmit" they will be directed to the Topics for Registration screen

Step 5 – Reason for this Registration

Review and follow the registration instructions below.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home | Registration | Attestation | Status

Registration Progress

Reason for Registration

You are an Eligible Professional registering in the incentive program.

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 123456789012

Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Select the TOPIC and provide the required information. The system will show when each TOPIC is completed.

1 EHR Incentive Program — Progress: 0 of 1

2 Personal Information — Progress: 0 of 1

3 Business Address & Phone — Progress: 0 of 1

Note: When all topics are marked as completed, select the **Proceed With Submission** button to submit your registration.

Proceed with Submission

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STEPS

Click on *Topic 1* - "EHR Incentive Program" to start

TIPS

*Data required for this registration is grouped into three topics. All three must be **completed***

Progress bars will indicate the progress for each topic

*When all topics are **completed** user can select **Proceed with Submission***

Step 6 – Incentive Program Questionnaire

Review and follow the Incentive Program Questionnaire instructions below.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name | My Account

Home | Registration | Attestation | Status

EHR Incentive Program

Progress: 0 of 1

Incentive Program Questionnaire
(*) Red asterisk indicates a required field.

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 000000000000

Not sure which incentive program to select? Please visit the CMS Website for information on the requirements and the differences between the Medicare and Medicaid EHR incentive programs

Note: Hospitals that are eligible or may be eligible for EHR incentive payments under both Medicare and Medicaid should select **BOTH Medicare and Medicaid** during the registration process, even if

1)Their Medicaid State has not officially launched their EHR incentive program.

2)They plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology.

Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date.

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

*** Please select your Incentive Program**
○ Medicare ◉ Medicaid

*** Medicaid State/Territory:** Georgia
Why is my state not here? [PDF, 289KB]

*** Please select your Eligible Professional Type:**
Physician

The EHR incentive programs require the use of EHR technology certified for this program. Please visit the CMS Website, for additional information on certified EHR technology for this program.

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

*** Do you have a certified EHR?** What is an EHR Certification Number?
◉ Yes ○ No

EHR Certification Number (Optional): 000000000000000

Please select the **Previous** button to go back a page. Please note that any changes that you have made on this page will not be saved. Please select the **Save & Continue** button to save your entry and proceed.

Previous | Save & Continue

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CMS.gov | Accessibility | File Formats and Plugins

STEPS

Select Medicaid

Select your Medicaid State/Territory

Select your Eligible Professional Type.

Click *Yes* or *No* at "Do you have a certified EHR?" If yes, enter the EHR Certification Number

Click *Save & Continue*

TIPS

States are launching their programs at different times, so your state may not yet be available. Click on the CMS website link for more information. ***https://www.cms.gov/EHRIncentivePrograms/***

Click on the CMS EHR Certification Number website to obtain your certified EHR number. ***http://healthit.hhs.gov/CHPL***

Follow the instructions on the website to locate your CMS EHR Certification Number

You must enter your certification number when Attesting for the EHR Incentive Program. The number is not required for registration

Step 7 – Personal Information

Follow the instructions below regarding your personal information.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome Your Name

Home | Registration | Attestation | Status

Personal Information

Progress: 0 of 1

Eligible Professional Identifiers

First Name: Your Name
Middle Name: Your Name
Last Name: Your Name
Suffix:
Social Security Number (SSN): XXX-XX-2444
National Provider Identifier (NPI): XXXXXXXXXX

Your Name
Tax Identifier: XXX-XX-2444 (SSN)
NPI:

Payee Information

(*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

*Please select the payee TIN type for your EHR Registration.

Select

Please select the **Previous** button to go back a page. Select the **Return to Registration Progress** button to view your progress through the registration topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous | Return to Registration Progress | Save & Continue

Identifiers

(*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

Social Security Number (SSN): XXX-XX-3458 (SSN)
National Provider Number (NPI): 123456789
*Payee TIN Type: EIN APPLY
*Group Name: Select APPLY
Payee TIN: Sunset Physicians, Inc. Pacific Providers
*Payee NPI:

STEPS

Select where your payment will go in the Payee TIN Type

Click *APPLY*

SSN Payee TIN Type indicates that the provider receives the payment

Enter the Group Name and Group Payee TIN and NPI Number

Click *Save & Continue*

TIPS

Medicaid EPs can elect to have their payment go to another qualified entity by selecting Payee TIN Type of EIN. and this information will be sent to the State

There are rules around reassignments governing this program, please see the CMS website for more information: http://www.cms.gov/EHRIncentivePrograms/

Step 8 – Business Address and Phone

Be sure to complete all requested information.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

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Business Address & Phone Number

Progress: 1 of 1
Completed

(*) Red asterisk indicates a required field.

The address provided below will be posted on the EHR incentive program website once you receive payment to show participation in the Medicare EHR incentive program. Please note that the business address listed is the practice location established in NPPES. Updates made to the business address and phone number, will not update the business address and phone number on file in NPPES. To update your business address associated to your NPI, please make your changes in NPPES.

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 00000000000

*Address Line 1: 123 Main Street
Address Line 2:
*City: Canton
*State: Massachusetts
*ZIP+4: 02021 - 2923
*Phone Number (123) 123-4567: (781) 828- 0000 Ext:
*E-Mail Address: Jane.Doe@email.com
*Confirm E-Mail Address: Jane.Doe@email.com

Please select the **Previous** button to go back a page or the **Save & Continue** button to save your entry and proceed. Select the **Return to Registration Progress** button to return to the Registration Progress page. You can return to your place in the process at any time, however, the data for the current topic will not be saved.

Previous | Return to Registration Progress | Save & Continue

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

STEPS

Review the Business Address & Phone information and revise if applicable.

Enter your e-mail address and confirm the e-mail address.

Click *Save & Continue*

You will receive an e-mail confirmation once you have successfully completed your registration

TIPS

Data on this page is pulled from the provider's practice location stored in NPPES

Address and Phone number can be changed for purposes of this program, however it will not update your NPI record in NPPES

If this information is incorrect, please update your NPPES account as well

Step 9 – Registration Progress

Be sure to complete all the topics below.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
My Account
Welcome Your Name

Home | Registration | Attestation | Status

Registration Progress

Reason for Registration

You are an Eligible Professional registering in the incentive program.
You have modified your registration information.

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000

Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Select the TOPIC and provide the required information. The system will show when each TOPIC is completed.

1	EHR Incentive Program	Progress: 1 of 1 Completed
2	Personal Information	Progress: 1 of 1 Completed
3	Business Address & Phone	Progress: 1 of 1 Completed

Note: When all topics are marked as completed, select the **Proceed With Submission** button to submit your registration.

Proceed with Submission

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STEPS

Click on *Proceed with Submission* to continue the registration process

TIP

Progress bars indicate that the topics are ***completed***

Step 10 – Verify Registration

Be sure to verify all your personal information.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home | Registration | Attestation | Status

Verify Registration

Registration Information

Please review the summary below to ensure this is the correct registration information. If the summary below is correct, select the **Submit Registration** button at the bottom of this page.

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000

Registration ID: 1000041161
Name: Jane Doe, MD
TIN: XXX-XX-3568 (SSN)
NPI: 000000000000
Incentive Program: Mediciad

Business Address:
Any Street
Canton, MA, 02021-2923
Phone #: (781) 000-0000
Ext #:
E-Mail : Jane.Doe@email.com

Please select the **Submit Registration** button to proceed with the registration submission process, or the **Exit** button to go to the Home Page.

Submit Registration | Exit

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

STEPS

Review your registration information for accuracy and click *Submit Registration* to continue.

TIPS

Click on Exit to go to the home page

Click on Help link for additional guidance for the registration and attestation process

Step 11 – Registration Disclaimer

Be sure to read the entire disclaimer.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home | Registration | Attestation | Status

Registration Disclaimer

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000

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.

Accept, Agree and Submit

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare/Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this registration I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare/Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am registering on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user registering on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is registering.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare/Medicaid EHR Incentive Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

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 laws.

ROUTINE USE(S): Information from this Medicare/Medicaid EHR Incentive Program registration 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 to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made 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 Medicare/Medicaid EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare/Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare/Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Agree | Disagree

Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

STEPS

Read the disclaimer and click on *Agree* or *Disagree* at the bottom of the page.

TIP

If DIsagree is chosen, the user is directed to the Registration Instructions Page. To restart the process, click MODIFY in the Action column of the Registration Instructions Page

Step 12 – Submission Receipt (Successful Submission)

Confirm that your registration was completed successfully.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home | Registration | Attestation | Status

Submission Receipt

Your Name
Tax Identifier: XXX-XX-3568 (SSN)
NPI: 000000000000

Successful Submission

You have successfully registered for the EHR Incentive Payment Program. An email will be sent to the email address on file as a notification of this submission.

IMPORTANT! Please note:

If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can find your State here. Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.

You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

Registration Tracking Information

Registration ID: 1000041161
Name: Jane Doe, MD
Submitted Date: 12/15/2011
Reason(s) for Submission:
You are an Eligible Professional registering in the incentive program.
You have modified your registration information.

Please select the **Print Receipt** button to print this page.

Print Receipt

Web Policies & Important Links | Department of Health & Human Services
CMS.gov | Accessibility | File Formats and Plugins

STEPS

You must contact your State to complete your registration

Continue your registration using the State's Medicaid EHR registration tool

Click on You can *"find your State here"* to complete the Medicaid registration

TIPS

Wait 24 hours to contact your State to finish the registration, to allow for processing

Print a copy of the receipt for your records.

Step 13 – Status Summary

Review all current and previous information related to your account.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

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Status Summary

You have successfully navigated to the Status Summary page.

The following table outlines a list of all registrations in an approved status. Please click the Select button to navigate to the Status Information page, to review all current and historical information related to your registration.

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Medicare / Medicaid	Action
Jane Doe, MD	XXX-XX-6224 (SSN)	000000000000	N/A	Medicaid	Select

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CMS.gov | Accessibility | File Formats and Plugins

STEPS

Click the *Status* tab to view registration information

TIP

Click Select in the Action Column to view detail.

Step 13 – Status Information

Review the details of your registration process.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name My Account

Home | Registration | Attestation | Status

Status Information

The following outlines the most recent events associated with your participation in the EHR Incentive Program.

For additional information on your registration, attestation(s), and payment(s), please select the appropriate tab.

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 000000000000
Registration Status:
Medicaid: Pending State Validation
Attestation Status: N/A
Total Payment:

Registration Information | Attestation Information | Payment Information

Your MEDICAID EHR Incentive Program registration was originally created on 12/15/2011. Your MEDICAID registration was last updated on 12/15/2011.

Registration Status:

Incentive Type	Registration Status	Status Reason	Explanation
MEDICAID	**Medicaid:** Pending State Validation	**Medicaid -** Registration has been saved and will be sent to the state for review	

Registration ID: 1000041274
Payee TIN: 00000000000000
Payee NPI: 00000000000
EHR Certification Indicator: Yes
EHR Certification Number: 00000000000000
Eligible Professional Type : Physician
Current Hospital Based Status
Deemed Hospital Based in 2010: No
Hospital Based Percentage in 2010: 0%

Business Address:
Any Street
Nacogdoches, TX, 75965 - 1608
Phone #: (936) 000-0000 **Ext:**
E-Mail: JaneDoe@ehr.com
Contractor ID: N/A
FI/Carrier/MAC: N/A
Medicaid State/Territory: GA

Please select the **Previous** button to return to the Status Selection Page.

Previous

STEPS

Registration details appear in the body of the screen

Information displayed includes:

- The registration status reason
- Fiscal Intermediary (FI)/Carrier/ Medicare Administrative Contractor (MAC)
- Validation performed on registration

TIPS

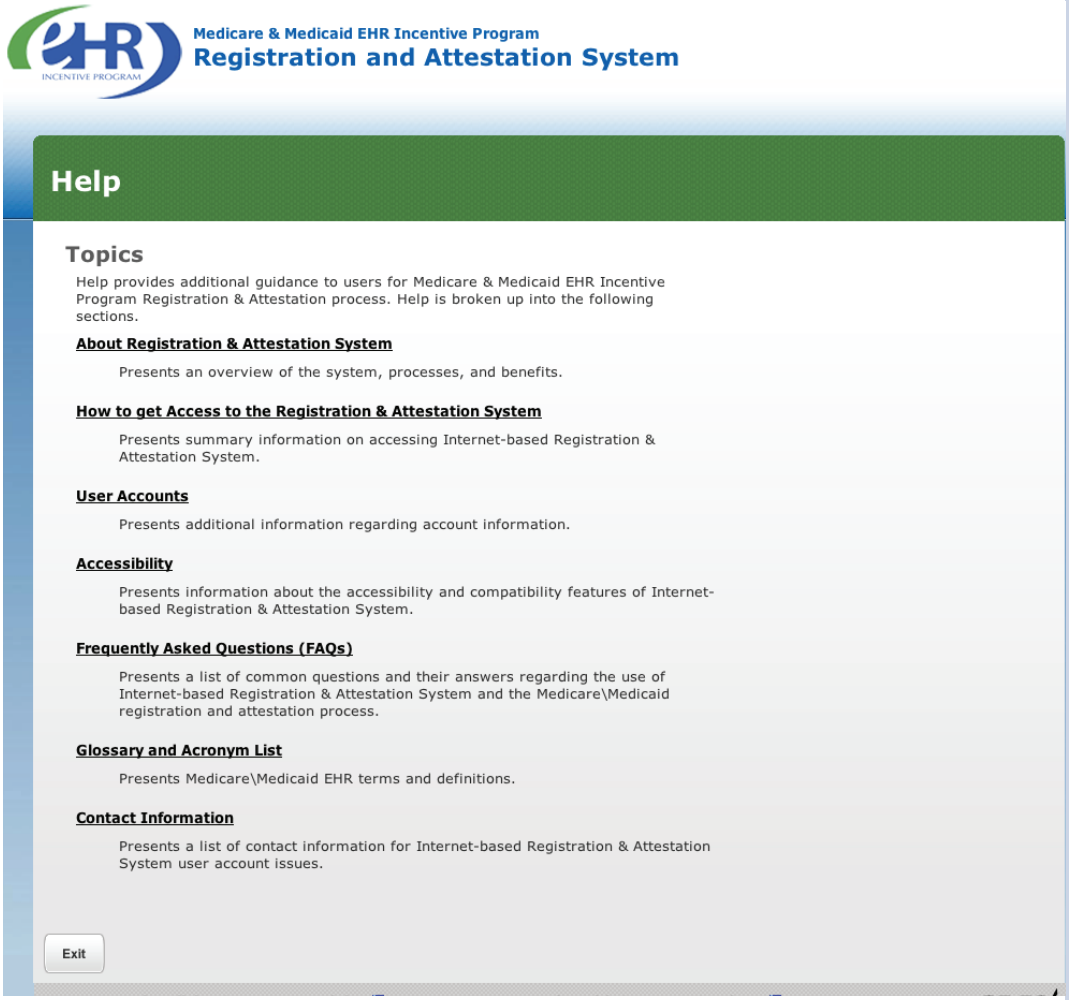
Registration status will read "Medicaid: Pending State Validation" until the registration process is completed by the State

Other registration statuses are Cancelled, Issue Pending, In Progress, Rejected, and locked for payment

The status reason is listed under the blue header in the center of the screen

Have Questions?

There are many resources available to you.



STEPS

Click on the *Help Link* which is located on every screen

Resources

Contact the EHR Information Center Help Desk for Questions concerning registration, (888) 734-6433 / TTY: (888) 734-6563

Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

NPPES Help Desk for assistance. Visit; https://nppes.cms.hhs.gov/NPPES/Welcome.do, (800) 465-3203 / TTY (800) 692-2326

TIP

EHR Incentive Program; visit
https://www.cms.gov/EHRIncentivePrograms/

ACRONYMS

Acronym Translation

CMS	Centers for Medicaid & Medicaid Services
DMF	Social Security Death Master File
EH	Eligible Hospital
EHR	Electronic Health Record
EIN	Employer's Identification Number
EIPIC	EHR Incentive Program Information Center
EP	Eligible Professional
FI	Fiscal Intermediary
FQHC	Federally Qualified Health Center
I&A	Identification & Authentication System
IDR	Integrated Data Repository
LBN	Legal Business Name
MAC	Medicaid Administrative Contractor
MAO	Medicaid Advantage Organization
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NLR	National Level Repository
OIG	Office of the Inspector General
RHC	Rural Health Center
SSN	Social Security Number
TIN	Tax Identification Number

Register for CMS
Electronic Health Record Incentives
Click Here