

REGISTRATION USER GUIDE For Eligible Professionals

Medicaid Electronic Health Record

(EHR) Incentive Program





JANUARY 2012 (01.01.12 ver4)

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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

Step I – 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.



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.

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 hospitalbased. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Eligible Hospitals

Continue 🕨

ΤΙΡ

- 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 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

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

Eligible to Participate - There are two types of groups who

can participate in the programs. For detailed information, visit <u>CMS website</u> .

that will help you complete registration and attestation, please visit CMS website

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



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

To determine your eligibility, click on the CMS website

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

Step I - Continued

Carefully review the screen for important information.

Medicare & Medicaid Registration	EHR Incentive Program and Attestation System
Warning	
(*) Red asterisk indicates a required t	field.
WARNING: Only authorized registered us Attestation System.	sers have rights to access the Medicare & Medicaid EHR Incentive Program Registration
Please verify the following statements:	
You are accessing a U.S. Government	t information system
The U.S. Government maintains owner	arship and responsibility for its computer systems
 Users must adhere to U.S. Governme 	nt Information Security Policies, Standards, and Procedures. [PDF, 96.6 KB] 🛱
 Usage of this system may be monitor 	ed, recorded, and audited
 Unauthorized use is prohibited and su 	bject to criminal and civil penalties
The use of the information system est	tablishes consent to any and all monitoring and recording of activities
*Check this box to indicate you ack	knowledge that you are aware of the above statements
Select the Continue button to go to the LOC	SIN page or select the Previous button to go back to the WELCOME page
Previous Continue	
Web Policies & Important Links	s 🖻 Department of Health & Human Services 🖻 🧲
CMS.gov 🖵 🛛 🗛	Accessibility 🗁 🛛 🗧 File Formats and Plugins 🖵 🖉

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





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)

Medicaid EHR Incentive Program User Guide - Page 4

Step 2 – Login

Review the Login Instructions for Eligible Professionals.



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.





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

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

REGISTRATION USER GUIDE FOR MEDICAID ELIGIBLE PROFESSIONALS

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

	Help 🖙 Logol
Application Sections	I&A - My Access Requests
> User Profile	* At least one organization is required
Employer Information	
> Access Requests	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
¢ c	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 Are you Tracking Organization Organization Organization Organization Authorized Authorized Authorized Status 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 Status
	Tracking ID Name Name Provider NPI Provider Practice Phone Number Status

STEPS

Click on Access Requests

Click Add Access Request

Click Submit



TIP *At least one NPI is required*

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

to assign access

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

			neip 🖻
Application Sections			≜
> User Profile	1&4	A - Individual Provider NPI	
> Employer Information	* Indicates Required Field		
Access Requests	Note: Please use the Previous button to navigate to	between the pages in the application.	
	* Please provide the individual provider's NPI:	1234567890 🔄 Search	
	The following provid	er information was found:	
	NPI:	1234567890	
	Provider First name:	John	
	Provider Last Name:	Doe	
	Street:	123 Any Street	
	City: State/Foreign	Anywhere	
	Province:	MD	
	ZIP:	21136	

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"

<u>Or</u>

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

REGISTRATION USER GUIDE FOR MEDICAID ELIGIBLE PROFESSIONALS

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

unlication Sections									
Illeen Bus Gla				I&A - My Acco	ess Requests			T.	
> User Profile	* At least one on	ganization is requ	uired					1	
Employer Information	Note: Please us	e the Previous	button to naviga	te between the n	ages in the appl	lication			
Access Requests	Note: App Type	Legend: P=PE	COS - Medicare	Provider Enrollm	nent; E=EHR Ind	centive Program	n		
	Use the button	below to add th	ne NPIs you wis	sh to access:					
<	Add Access R	lequest	>						
	Use the buttons	below to selec	t and remove	Pls before the	are submitted	for processir	a.		
				a is before they		for processi	·9·		
	Select All	📃 Cl	ear Selected	Delet	e Provid	ler/Supplier C	rganizatio	n	
	(navigate to Indiv	idual Provider A	Access Requests	s)					
	Are y App the Type Author Offici	ized ID al?	Organization EIN	Organization Name (LBN)	Organization NPI	Organization Practice Location	Authorize Official	d Official Phone Number	Status
	Individual Provi	der							
	(navigate to Prov	ider/Supplier Or	ganization Acce	ss Requests)					
	App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Pr Locatio	ractice on	Provider Phone Number	Status
	ΒE		Doe	John	1234567890	123 Any Stre Anywhere, M 21136	et 44	45551212	
				I < 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

Access request receipt

notification that the **External User Services** (EUS) Help Desk has approved your request

Record your tracking number for use on any

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

Notify the EP that you have

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

correspondence

your request

requested access

You will receive an email

Step 2 – Login (Continued) Working on Behalf of an Eligible Professional

Centers f	or Medicare &	Medicaid Servi	Ces					STEPS
							Help 🖙 Logoff	•••••
		Tha	ank you. Your reques	st will be proce	essed.			
								Access req
Applying as an Author	rized Official:		Please read the follow	ving instructions	s:			N/ 11
If you are applying as a the Internal Revenue Se	n Authorized Offic	cial, a copy of you	r provider or supplier's or ization's Legal Business	ganization CP-57	5 is required. The	CP-575 is generated	d to the organization by	You will re
contact the IRS for a co number and legal busine	ppy of your IRS Feess name of your	ederal Tax Deposit organization. Mak	Coupon, IRS 147C lette e a photocopy of the CP	r, or other official	IRS document w	hich verifies the taxp vrite your PECOS 18	Dayer identification	notificatio
of the photocopy. Mail t Desk. Your application	he photocopy of t will not be proces	he CP-575 or appr sed until the EUS	opriate substitute (with the Help Desk receives this	he Tracking ID wr paperwork. An e-	itten on it) to the mail notification w	CMS External User	Services (EUS) Help ce the EUS Help Desk	External U
has approved or rejected	d your request. If	you have question	is, please contact the EU	JS Help Desk at t	he following addr	ess and telephone n	umber:	(FUS) Helr
External User Services PO Box 792750	(EUS)	_						
San Antonio, Texas 782 Phone:1-866-484-8049	216							approved y
TTY:1-866-523-4759 EUSSupport@cgi.com								
For questions concernin	ng the Electric He	alth Record (EHR)	Incentive Program, plea	se contact the EH	R Incentive Prog	ram Information Cer	nter (EIPIC) at the	Record you
following address and te	elephone number:	,						number for
EHR Incentive Program Phone: 1-888-734-6433	Information Cent	er (EIPIC)						correspond
TTY:1-888-734-6563								
								The EP mu
Applying as an Organi	ization end user:	:						18. A system
If you are applying as a request has been appro	n organization en ved or rejected.	d user and have qu	uestions, please contact	your Authorized (Official. An e-mail	notification will be s	ent to you once your	id/(system
								your reque
Applying to act on beh	half of an individ	ual provider:						
If you are requesting to above contact information	act on behalf of a	n individual provid t is not approved it	er and have questions, p n a reasonable amount o	please contact the	individual provid	er or the appropriate	help desk using the	Notify the
above contact montal	on: If your reques	e lo not approved l		i tino, picaso co		in providen.		requested
			User Name:	John Doe				
								At this time
Note: App Type Legend	: P=PECOS - Me	dicare Provider Er	nrollment; E=EHR Incent	ive Program				an automa
	Provider/Suppl	ier Organization					1	notificatio
	Арр Туре	Tracking ID	Provider/Supplier Organization EIN	Provider Organizatior	/Supplier n Name(LBN)	Organization NPI		notification
	Individual Prov	ider						system
	Арр Туре	Tracking II	D Individual Prov	vider Last Name	Individual Provider First	NPI		
	E	S03162011689	0377 Doe		John	1234567890		
		A					'	
		Pleas	se provide tracking numb	er on all correspo	ndence.			
			Return to Hor	ne System				
TIPS						:	For question	s regarding the
	The EF	P's user IE) and	Aβ	ioxy use		EHP Incontin	
	passw	ord are th	ne same	ma	y only		LTIK IIICelluk	e i logialii -

register and

professionals

attest for 1,000 eligible EHR Information Center 1-888-734-6433 TTY/1/888-734-6563

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for the NPPES system

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

Centers for	Medicare & Medicaid Services				STEP	S
				Home Help 🖻		
*Indicates Required Field	Application Security Check			Î	Applica	tion and
	This security check is used to prevent the creation of fictitious accounts. Please provide answe	ers to the 2 security questions	listed below.		Security	Check Page
	Questions Answers				prompt	
	* What is 1 + 1?				answer	2 security
	* What direction is the South Pole?				questio	ns
	Next >					
	Centers for Medicare & Medicaid Services					
		I&A - Create User ID and Pas	sword			
	* Indicates Required Field Please create a User Creating an org	r ID and password for accessing I&A ganization user account does not repre	and the systems that use I&A.			
	* User ID:					
	No ca Passwort	xte: Personal information, such as a S in contain a maximum of four digits. Ple in contain a maximum of four digits. Ple	ocial Security Number, should not ease note: The User ID cannot be	be used as the User ID. The changed.) User ID	
	* Retype Password:					
	No arv	ote: Password must be 8-12 character id not be the same as the User ID.	s long, contain at least one letter,	one number, no special cha	racters,	
	* Select Secret Question 1: * Answer 1:			•		
	* Select Secret Question 2:			:		
	* Answer 2: * Select Secret Question 3:			:		
	* Answer 3:			•		
	* Answer 4:			•		
	* Select Secret Question 5:			:		
CMS/ Contors for Med	Forme C Moderal Constant		CMS/ Centers for Medicare	5 Medicaid Services		
		Next >	Application Sections			Help 🗢 Logo
Application Sections	I&A - User Profile		- User Profile	Indicates Required Field	iax - Employer inform	auon
· User Profile	* Indicates Required Field		+ Employer Information	Note: Please use the Previo Please enter your employer's	us and Next buttons to navigate betwe information below. If your employer w	en the pages in the application.
Employer Information Access Requests	Note: All notifications will be sent to the e-mail provided on this page.		Access Requests	Provide Your Employer's	EIN And Employer Legal Busine	ss Name/Legal Name
	User Profile Information:			* Employer LIN:	NamerLegal Name:	
	Prefix: * First Name: Middle: * Last Name:	Suffix:				
	Credential(s): (M.D., D.O, etc.)			Employer's Mailing Addre Address Line 1: (Street Nu	ess Information mber and Name)	
	* Date of Birth: (MM/DD/YYYY) * Social Security Number: (Without Dashes)			Address Line 2: (e.g. Suite N	umber)	
	* E-mail Address: * Retype E-mail Address:			Country:	State:	
				*Phone Number: Extensio (Without Dashes)	(Without Dashes)	
	Next >					
					C Previous	8E 3

TIPSClick 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

REGISTRATION USER GUIDE

FOR MEDICAID ELIGIBLE PROFESSIONALS

https://ehrincentives.cms.gov

Step 3 – Welcome

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



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 FOR MEDICAID ELIGIBLE PROFESSIONALS

Step 4 – Registration



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.

STEPS

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

https://ehrincentives.cms.gov

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.

Home Registration	Attestation Status	
gistration Progres	55	
eason for Registration		Your Name
J are an Eligible Professional registerin	g in the incentive program.	Tax Identifier: XXX-XX-6224 (SSN) NPI: 123456789012
opics		
e data required for this registration is gistration, you must complete ALL of the e required information. The system will	grouped into topics. In order to complete he following topics. Select the TOPIC and prov I show when each TOPIC is completed.	vide
EHR Incentive Program	Progress: 0 of 1	
Personal Information	Progress: 0 of 1	
Business Address & Phone	Progress: 0 of 1	
Note: When all topics are marked as a	completed, select the Proceed With Submiss	sion
Business Address & Phone	Progress: 0 of 1	sion

STEPS

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



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

STEPS

Select Medicaid

State/Territory

Select your Medicaid

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

Step 6 – Incentive Program Questionnaire

Review and follow the Incentive Program Questionnaire instructions below.



TIPSStates 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/

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

EHRIncentivePrograms/

Step 7 – Personal Information

Follow the instructions below regarding your personal information.



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.

Home	Registration	Attestation	Status		Progress: 1 of 1
usiness /	Address &	Phone N	umber		Completed
*) Red asterisk in	dicates a required f	ield.		Your Name	
he address provide ou receive paymen ote that the busine Ipdates made to the ddress and phone r o your NPI, please	d below will be poste t to show participations ss address listed is the business address and number on file in NPF make your changes i	ed on the EHR incent on in the Medicare El he practice location nd phone number, w PES. To update your n NPPES.	ive program website once HR incentive program. Plea established in <u>NPPES</u> []. ill not update the business business address associate	ase Tax Identifier: x NPI: 0000000000	(X-XX-3568 (SSN))
*Address Line 1:	123 Main Stre	et			
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@em	ail.com			•
*Confirm E-Mail Address:	Jane.Doe@em	ail.com			
Please select the F your entry and pro Registration Progre the data for the cu	Previous button to go ceed. Select the Ret ass page. You can ret rrent topic will not be	back a page or the urn to Registration urn to your place in a saved.	Save & Continue button to Progress button to return the process at any time, b	to save in to the however,	
Previous	Return to Regist	tration Progress	Save & Continue		

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

Data on this page is pulled from the provider's practice

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

ž

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

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Step 9 – Registration Progress

Be sure to complete all the topics below.

Home	Registration	Attestation	Status	
		Attestation	Status	
egistrat	ion Progre	SS		
Reason for	r Registration			Your Name
ou are an Eligibl ou have modifie	le Professional register d your registration info	ing in the incentive prog rmation.	ram.	Tax Identifier: XXX-XX-3568 (SSN) NPI: 00000000000
Topics				
The data require registration, you the required info	d for this registration is must complete ALL of ormation. The system w	s grouped into topics. In the following topics. Sel ill show when each TOP:	order to complete ect the TOPIC and prov IC is completed.	vide
1 EHR Incent	tive Program	Progress: 1 of Completed		
1 EHR Incent	tive Program nformation	Progress: 1 of Completed Progress: 1 of Completed		
EHR Incent Personal In Business A	tive Program nformation ddress & Phone	Progress: 1 of Completed Progress: 1 of Completed Progress: 1 of Completed		
EHR Incent EHR Incent Personal In Business A Note: When al button to subm	tive Program nformation ddress & Phone Il topics are marked as nit your registration.	Progress: 1 of Completed Progress: 1 of Completed Progress: 1 of Completed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sion

STEPS

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



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

Step 10 - Verify Registration

Be sure to verify all your personal information.



STEPS

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



Click on Exit to go to the home page

:

:

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

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Step II – Registration Disclaimer

Be sure to read the entire disclaimer.

Medicare & Medicaid EHR Incentive Program Log Out Help **Registration and Attestation System** My Account Welcome Your Name Registration Home Attestation Status **Registration Disclaimer General Notice** Your Name Tax Identifier: XXX-XX-3568 (SSN) NOTICE: Any person who knowingly files a statement of claim containing any NPI: 00000000000 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. Disagree Agree 🔈 Policies & Important Links 🗖 Department of Health & Human Services 🖵 CMS CMS.gov 🖨 Accessibility 🖵 File Formats and Plugins If DIsagree is chosen, the user is directed to the Registration ΤΙΡ Instructions Page. To restart the process, click MODIFY in the

Action column of the Registration Instructions Page

STEPS

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

Step 12 – Submission Receipt (Successful Submission)

Confirm that your registration was completed successfully.



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

U 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.

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ited to the Status				
	Summary page.			
a list of all registr	rations in an approved s	status. Please click th	e Select button to naviga	te to the Status
all current and hi	istorical information rel	ated to your registrat	ion.	
Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Medicare / Medicaid	Action
(-XX-6224 (SSN)	00000000000	N/A	Medicaid	Select
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STEPS

Click the *Status* tab to view registration information



Click Select in the Action Column to view detail.

Step 13 – Status Information

Review the details of your registration process.

Home	Registration	Attestation	Status		
atus I	Information				
following o Incentive I additional i ct the appr	utlines the most recent even Program. nformation on your registrat opriate tab.	its associated with your	participation in the payment(s), please	Your Name Tax Identifier: XXX-X NPI: 0000000000 Registration Status: Medicaid: Pendin Attestation Status: N Total Payment:	:X-6224 (SSN) g State Validation I/A
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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

FOR MEDICAID ELIGIBLE PROFESSIONALS

https://ehrincentives.cms.gov

Have Questions?

There are many resources available to you.



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



EHR Incentive Program; visit https://www.cms.gov/EHRIncentivePrograms/ Click on the *Help Link* which is located on every screen

STEPS

REGISTRATION USER GUIDE FOR MEDICAID ELIGIBLE PROFESSIONALS

https://ehrincentives.cms.gov

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

ACRONYMS

Register for CMS Electronic Health Record Incentives