



# REGISTRATION USER GUIDE

For Eligible Professionals

## Medicare Electronic Health Record (EHR) Incentive Program



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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 program is constantly changing, and it is the responsibility of each physician, non-physician practitioner, supplier or provider to remain abreast of the Medicare program requirements.

## Step I – Getting Started

This is a step-by-step guide for the Medicare 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 at the bottom. 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](#)

\* [Eligible Hospitals](#)

\* [Eligible Professionals \(EPs\)](#)

[CONTINUE](#)

## 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




### TIPS

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

For a list of Eligible Professionals  
(EPs), click on the **+** next to  
Eligible Professionals

## Step I - (Cont.)

Once you have clicked on the  you will be presented with a list of professionals who are eligible to participate in the program.




### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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

#### [Eligible Hospitals](#)

#### [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

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

**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).

[CONTINUE](#)

## STEPS

Review the list of Eligible Professionals (EPs)

Click **CONTINUE** to start the registration process



### 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

##### Login Instructions

(\*) Red asterisk indicates a required field.

##### Eligible Professionals (EP)

- 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.

##### 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.

##### 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.

**WARNING:** Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

\* User ID:

\* Password:

LOG IN

#### 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



## 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 Instructions for Users Working on Behalf of an Eligible Professional (cont.)

### STEPS

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

**Application Security Check**

Home | Help

\* 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?	<input type="text"/>
* What direction is the South Pole?	<input type="text"/>

Next >

**I&A - Create User ID and Password**

Home | Help

\* 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 >

**I&A - User Profile**

Home | Help

\* 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 >

**I&A - Employer Information**

Home | Help | Logout

\* 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:

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

Previous Next >

**TIP** 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 2 – Login Instructions for Users Working on Behalf of an Eligible Professional (cont.)

**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:

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

**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

### 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 Instructions for Users

### Working on Behalf of an Eligible Professional (cont.)

**CMS** Centers for Medicare & Medicaid Services Help | Logoff

**I&A - Select Request Type**

\* Indicates Required Field

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

\* **Select the request type desired for the NPI being added:**

- ☐ You are the Authorized Official of the provider/supplier organization.  
(The Authorized Official is responsible for managing users for the provider/supplier organization)
- ☐ You are an end user of the provider/supplier organization
- ☒ You are requesting to act on behalf of an individual provider.

## STEPS

Click on “You are requesting to act on behalf of an individual provider”

Click **NEXT**  
Select Application Type

“EHR Incentive Program”

Click **NEXT**

**CMS** Centers for Medicare & Medicaid Services Help | Logoff

**I&A - Select Application Type**

\* Indicates Required Field

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

\* **Select Application Type**

EHR Incentive Program



## TIPS

There can be only one Authorized Official per organization at any given time

Click on **HELP** for additional guidance to navigate the system

The Help link is on every page



## Step 2 – Login Instructions for Users

### Working on Behalf of an Eligible Professional (cont.)

**CMS** Centers for Medicare & Medicaid Services

Help | Log

**Application Sections**

- > User Profile
- > Employer Information
- > **Access Requests**

**I&A - Individual Provider NPI**

\* Indicates Required Field

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

\* Please provide the individual provider's NPI: 1234567890

**The following provider information was found:**

NPI:	1234567890
Provider First name:	John
Provider Last Name:	Doe
Street:	123 Any Street
City:	Anywhere
State/Foreign 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'

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 Instructions for Users

### Working on Behalf of an Eligible Professional (cont.)

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:

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

(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 <a href="#">Organization Access Requests</a> )									
<input type="checkbox"/>	E		Doe	John	1234567890	123 Any Street Anywhere, MD 21136		4445551212	

## 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 REQUEST** 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 Instructions for Users

### Working on Behalf of an Eligible Professional (cont.)

 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:**

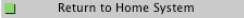
If you are requesting to act on behalf of an individual provider and have questions, please contact the individual provider or the appropriate help desk using the above contact information. If your request is not approved in a reasonable amount of time, please contact the individual provider.

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
<b>Individual Provider</b>				
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.



## 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



### TIP

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

A proxy user may only register and attest for 300 eligible professionals

For questions regarding the EHR Incentive Program – EHR Information Center  
1-888-734-6433  
TTY/1-888-734-6563

## Step 3 – Welcome

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



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

Welcome Jane Doe

Last Successful Login: 12/07/2010 | Unsuccessful Login Attempts: 0

#### Notifications

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

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 tab to continue.

[Registration Tab](#)

Please select the Registration tab above to perform any of the following actions:

- 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 Tab

Please select the Attestation tab above to perform any of the following actions:

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation

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

#### Status Tab

Please select the Status tab above to perform the following action:

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

#### Account Management Tab

Please select the Account Management tab above to perform the following action:

- Update your user account information

## STEPS

Click on the **REGISTRATION TAB** to continue registering for the EHR Incentive Program.



## TIPS

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

- Home
- Registration
- Attestation
- Status
- Account Management

Meaningful Use information:

[https://www.cms.gov/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp](https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp)

## Step 4 – Registration

Follow the registration instructions below.



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

#### Registrations

##### 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.

<a href="#">Name</a>	<a href="#">Tax Identifier</a>	<a href="#">National Provider Identifier (NPI)</a>	<a href="#">Registration Status</a>	<a href="#">Action</a>
Jane Doe	XXX-XX-2454 (SSN)	123456789		<a href="#">Register</a>

## 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

[Home](#) | [Help](#) | [Log Out](#)

[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

#### Topics for this Registration

Registration ID: 1000001077

##### Reason for Registration

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

##### Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Please click on Start Registration or Modify Registration to provide the required information. The system will show checks for item when completed.

Completed	Topics
—	EHR Incentive Program
—	Personal Information
—	Business Address & Phone

##### Note:

When all topics are checked as completed, select the **BEGIN SUBMISSION** button to submit your registration.

**START REGISTRATION**

**BEGIN SUBMISSION** »

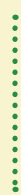
## STEPS

Click on **START REGISTRATION** to continue with the Topics for this Registration.

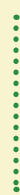


### TIPS

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



Check marks will appear in the **completed** column to indicate that the topics are complete



When all topics are checked **completed** user can select **BEGIN SUBMISSION**



## Step 6 – Incentive Program Questionnaire

Review and follow the Incentive Program Questionnaire instructions below.



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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[Home](#) | [Registration](#) | [Attestation](#) | [Status](#) | [Account Management](#)

#### EHR Incentive Program

##### Incentive Program Questionnaire

(\*) Red asterisk indicates a required field.

Not sure which incentive program to select? For information on the requirements and the differences between the Medicare and Medicaid EHR Incentive programs visit the [CMS Website](#).

**\*Please select your Incentive Program**  
☒ Medicare ☐ Medicaid [APPLY](#)

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

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

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#).

**\*Do you have a certified EHR?**  
☐ Yes ☒ No

**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.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

The EHR incentive programs require the use of EHR technology certified for this program. For more information about certified EHRs, visit the [CMS Website](#).

**\*Do you have a certified EHR?**  
☐ Yes ☐ No

**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.

**EHR Certification Number (Optional):**  [What is an EHR Certification Number?](#)

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

## STEPS

Select Medicare and click on **APPLY**

Select your Eligible Professional Type.

Click **Yes** or **No** at 'do you have a certified EHR?' If yes, enter the EHR Certification Number if you have it. The number will be required at Attestation, but is not required at Registration.

Click **SAVE AND CONTINUE**

**NOTE:** If you are a Medicare Advantage Eligible Professional you may see this message:

"Warning: You have been identified as a Medicare Advantage Eligible Professional. This means you are being claimed by a Medicare Advantage Organization. You may continue to register as a Medicare Fee-for-Service Eligible Professional. Please contact the Information Center if you have questions about being claimed by a Medicare Advantage Organization."

**EHR Information Center:**

888-734-6433



## TIPS

For the certified health IT product list visit;  
<http://healthit.hhs.gov/CHPL>

Use the instructions on the following pages to locate your CMS EHR Certification Number

Certification numbers are assigned by the Office of the National Coordinator



## Step 7 – Personal Information

Follow the instructions below regarding your personal information.



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

[Home](#) | [Help](#) | [Log Out](#)

Home | **Registration** | Attestation | Status | Account Management

#### Personal Information

**Name**  
First Name: Jane  
Middle Name:  
Last Name: Doe  
Suffix:

**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-2454 (SSN)  
National Provider Number (NPI): 123456789  
\*Payee TIN Type: SSN **APPLY**  
**PREVIOUS PAGE** **SAVE AND 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. Select SSN Payee Type only if the EP receives Medicare payments to their SSN

EIN Payee TIN Type indicates the group receives the payment. (Choose Group Name if selecting EIN).

Click **APPLY**

Enter Group Payee NPI

Click **SAVE AND CONTINUE**



### TIPS

The EP can only receive the payment themselves if they have not reassigned all of their Medicare benefits to another entity in PECOS.

Medicare EPs can elect to have their payment go to another entity by selecting Payee TIN Type of EIN. (Choosing this option will activate a list of entities list that the EP reassigned Medicare benefits to in PECOS)

## Step 8 – Business Address and Phone

Be sure to complete all requested information.



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### Business Address & Phone

(\*) 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.

\*Address Line 1:

Address Line 2:

\*City:

\*State:

\*ZIP+4:  -

\*Phone Number (123) 123-4567:  Ext:

\*E-mail Address:

\*Confirm E-mail Address:

[PREVIOUS PAGE](#) | [SAVE AND 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 AND CONTINUE**



### TIPS

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

Address and Phone number can be changed. However, the data is not sent back to NPPES

This is the information that will be posted on the EHR Incentive Program website once you receive payment

The business address cannot be a P.O. Box address.

## Step 9 – Topics for this Registration

Be sure to complete all the topics below.



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#### Topics for this Registration

Registration ID: 1000000703

##### Reason for Registration

- You are an Eligible Professional registering in the incentive program.
- You have decided to resubmit your registration information.

##### Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Please click on Start Registration or Modify Registration to provide the required information. The system will show checks for item when completed.

Completed	Topics
✓	<a href="#">EHR Incentive Program</a>
✓	<a href="#">Personal Information</a>
✓	<a href="#">Business Address &amp; Phone</a>

##### Note:

When all topics are checked as completed, select the **BEGIN SUBMISSION** button to submit your registration.

[MODIFY REGISTRATION](#)

[BEGIN SUBMISSION](#)



#### TIP

Check marks indicate that the topics are **completed**

## STEPS

Click on **BEGIN SUBMISSION** to continue the registration process.

## Step 10 – Verify Registration

Be sure to verify all your personal information.



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#### Verify Registration

##### Registration Information

Please review the summary below to ensure this is the correct registration information and reason you wish to submit. If the summary below is correct, select the SUBMIT button at the bottom of this page. To edit your information, select the PREVIOUS PAGE button.

<b>Registration ID:</b> 1000000703	<b>Business Address:</b>
<b>Name:</b> Jane Doe	7500 Security Blvd
<b>TIN:</b> XXX-XX-2454 (SSN)	Baltimore, MD, 21244-1849
<b>NPI:</b> 123456789	<b>Phone #:</b> (410) 786-1000
<b>Incentive Program:</b> Medicare	<b>E-Mail:</b> Jane.Doe@cms.gov

##### Reason(s) for Submission

- You are an Eligible Professional registering in the incentive program.
- You have decided to resubmit your registration information.

[PREVIOUS PAGE](#)

[SUBMIT](#)



## STEPS

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



### TIP

Click on *PREVIOUS PAGE* to revise your information.  
The topics for registration screen presents then click on *MODIFY* to modify your registration.

## Step 11 – Registration Disclaimer

Be sure to read the entire disclaimer.



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#### Registration Disclaimer

##### 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.

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: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of EHR Incentive Payment. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent EHR Incentive Payment from being issued. Failure to furnish subsequently requested information or documents 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](#)



#### 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

## 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.



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#### Submission Receipt

##### Successful Submission

You have successfully registered for the EHR Incentive Payment Program.

IMPORTANT! Please note:

- You must submit your Attestation information to qualify for your EHR Incentive Payment
- You may switch between Medicare and Medicaid as many times as necessary prior to receiving an incentive payment. Once a payment is received you may also switch between Medicare and Medicaid once between payments but only once for the entire program.
- You should print this page for your records

##### Registration Tracking Information

Registration ID: 1000001063

Name: Jane Doe

Submitted Date: 12/07/2010

Reason(s) for Submission:

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

PRINT

RETURN TO HOME

## STEPS

.....  
This completes your registration.

**PRINT** this page for your records. You will not receive an email confirmation from this registration.



### TIP

*You must submit your Attestation information to qualify for the EHR incentive payment*



## Step 13 – Submission Receipt (Failed Submission)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. At the top, there is a navigation bar with links for Home, Help, and Log Out. Below this is a secondary navigation bar with tabs for Home, Registration, Attestation, Status, and Account Management. The main content area is titled "Submission Receipt" and contains two sections. The first section, "Failed Submission", explains that the registration has not been accepted and provides two reasons: 1) The Medicare enrollment in PECOS is not approved, and 2) The Provider type does not match with a Provider specialty. The second section, "Registration Tracking Information", displays the Registration ID (1000000703), Name (Jane Doe), Submitted Date (12/10/2010), and Reason(s) for Submission (You have decided to resubmit your registration information). At the bottom of the receipt, there are two buttons: "PRINT" and "RETURN TO HOME". A red arrow points to the "PRINT" button.

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### Submission Receipt

#### Failed Submission

Your Registration for the EHR Incentive Payment Program has not been accepted. Please read the instructions below.

- The Medicare enrollment in PECOS associated with this registration is not approved. This registration will remain in an Issue Pending status until the issue with the enrollment has been addressed. Please navigate to the PECOS website to validate your enrollment status.
- The Provider type you selected for this registration does not match with a Provider specialty on any of your Medicare Enrollments in PECOS. This registration will remain in an Issue Pending status until the issue has been addressed. You may visit [PECOS](#) to view or update your Medicare enrollment information.

#### Registration Tracking Information

Registration ID: 1000000703

Name: Jane Doe

Submitted Date: 12/10/2010

Reason(s) for Submission:

- You have decided to resubmit your registration information.

**PRINT** **RETURN TO HOME**

## STEPS

Your registration has failed.

Read the instructions on the screen and contact the appropriate department to correct your information.

**PRINT** the receipt for your records



## TIPS

If any of the system validations fail, the registration will be set to a status of 'Rejected' or 'Issue Pending'.

A registration ID number will be assigned to your submission

The following are reasons that a submission failed with contact information:

### Reason(s) for Rejected status:

- Death Master File (DMF) (Medicare/Medicaid) validation failed – The provider's Legal Name and Social Security Number are on the Social Security Administration's DMF. Contact Social Security office, (800) 772-1213 / TTY (800)325-0778.

### Reason(s) for Issue Pending status:

- NPI Status in NPPES is in a Deactivated status. Contact the NPPES Help Desk for assistance. Visit; <https://nppes.cms.hhs.gov/NPPES/Welcome.do> (800) 465-3203 / TTY (800) 692-2326
- Enrollment Status in PECOS – The Medicare enrollment in PECOS associated with this registration is not in an Approved status. Contact PECOS for help. Visit; <https://pecos.cms.hhs.gov/>, (866)484-8049 / TTY (866)523-4759
- OIG Exclusions in PECOS – OIG Exclusions are associated with this provider's Medicare enrollment in PECOS. Contact PECOS for help. Visit; <https://pecos.cms.hhs.gov/>, (866)484-8049 / TTY (866) 523-4759
- Hospital-based Professional – You have been identified as a Hospital-based Eligible Professional in the CMS National Level Repository (NLR). A Hospital-based Professional is defined as one who furnishes ninety percent (90%) or more of his/her allowed services in an inpatient hospital setting. This year you are not eligible to participate in the EHR incentive program.



## Step 13 – Status Summary

Review all current and previous information related to your account.



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#### Status Summary

##### Page Instructions

You have successfully navigated to the Status Summary page.

The following table outlines a list of all records associated with your account. Please select one of the following records to navigate to the Status Detail page, to review all current and historical information related to your registration.

Action	Name	Tax Identifier	National Provider Identifier (NPI)	Registration Submission Date	Program Type
<a href="#">Select</a>	Jane Doe	XXX-XX-2454 (SSN)	123456789	12/07/2010	Medicare

## STEPS

Click the **STATUS** tab to view registration summary.



### TIP

Click *Select* in the Action Column to view detail.

## Step 13 – Status Detail

Review the details of your registration process.



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#### Status Detail

##### EHR Incentive Program Information

The following table outlines the current and historical events for your EHR Incentive Program. The information captured below represents all relevant sequences of events for the past 24 months.

- Your MEDICARE EHR Incentive Program registration was successfully submitted on 2010-12-07.

##### Registration Detailed Information

Your MEDICARE EHR Incentive Program registration was originally created on 2010-10-27. Your MEDICARE registration was last updated on 2010-12-07.

**Registration Status:** ACTIVE  
**Registration ID:** 1000000703

**Name:** Jane Doe  
**TIN:** XXX-XX-2454 (SSN)

**NPI:** 123456789

**Payee NPI:** 123456789

**Payee TIN:** XXX-XX-2454

**EHR Certification Number:**

**Eligible Professional Type:** Doctor of Medicine or Osteopathy

**Contractor ID:** -

##### Business Address:

7500 Security Blvd  
Baltimore, MD, 21244-1849

**Phone #:** 4107861000 Ext

**E-Mail:** Jane.Doe@cms.gov

**Incentive Program:** MEDICARE

**EHR Certification Indicator:** No

##### [Additional Information](#)

##### Attestation Summary Information

No information available at this time.

##### Payment Summary Information

No information available at this time.

[PREVIOUS PAGE](#)

##### [Additional Information](#)

**Registration Status Reason:** Successfully registered in the EHR Incentive Program  
**FI/Carrier/MAC:** - -

##### Validations performed on registration :

**No OIG Exclusion(s) have been applied to PECOS Medicare Enrollment:** Passed

**Eligible Professional Type corresponds with PECOS Medicare Enrollment specialty:** Passed

**Approved Medicare Enrollment in PECOS:** Passed

**Not Identified as deceased in the Death Master File:** Passed

**Active NPI in NPPES:** Passed

**Not Identified as a Hospital-based Eligible Professional:** Passed

**Hospital-based Percentage:** 0 %

## STEPS

Registration details appear in the body of the screen.

Click **ADDITIONAL INFORMATION** for, the registration status reason, Fiscal Intermediary (FI)/Carrier/Medicare Administrative Contractor (MAC) and validations performed on registration.



### TIPS

Registration status will read ACTIVE when all validations pass.

Other registration statuses are CANCELLED, ISSUE PENDING, IN PROGRESS, REJECTED and locked for payment. The status reason is listed on the Additional Information page.

## Have Questions?

There are many resources available to you.



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home **Help** Log Out

#### Help

##### Topics

Help provides additional guidance to users for Medicare & Medicaid EHR Incentive Program Registration & Attestation process. Help is broken up into the following sections.

##### [About Registration & Attestation System](#)

Presents an overview of the system, processes, and benefits.

##### [How to get Access to the Registration & Attestation System](#)

Presents summary information on accessing Internet-based Registration & Attestation System.

##### [User Accounts](#)

Presents additional information regarding account information.

##### [Accessibility](#)

Presents information about the accessibility and compatibility features of Internet-based Registration & Attestation System.

##### [Frequently Asked Questions \(FAQs\)](#)

Presents a list of common questions and their answers regarding the use of Internet-based Registration & Attestation System and the Medicare\Medicaid registration and attestation process.

##### [Glossary](#)

Presents Medicare\Medicaid EHR terms and definitions.

##### [Contact Information](#)

Presents a list of contact information for Internet-based Registration & Attestation System user account issues.

## 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*

*PECOS Help Desk for assistance.  
Visit: <https://pecos.cms.hhs.gov/>  
(866)484-8049 / TTY (866)523-4759*



### TIP

*EHR Incentive Program; visit  
<http://www.cms.gov/EHRIncentivePrograms/>*

## Acronym Translation

CMS	Centers for Medicaid & Medicaid Services
DMF	Social Security Death Master File
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
PECOS	Provider Enrollment Chain and Ownership System
RHC	Rural Health Center
SSN	Social Security Number
TIN	Tax Identification Number

# ACRONYMS

