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.

Medicare regulations can be found on the CMS Web site at http://www.cms.gov
Step 1 – 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. To get started, click on the link at the top of the page or type the website into your computer’s browser.

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

**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

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.

STEPS

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

Review the list of Eligible Professionals (EPs) presented on this screen.

Click *Continue* to start the registration process.

To determine your eligibility, click on the CMS website.
Step 1 - (Continue)
Carefully read the screen for important information.

Warning

(*) Red asterisk indicates a required field.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System.

Please verify the following statements:

- You are accessing a U.S. Government information system
- The U.S. Government maintains ownership and responsibility for its computer systems
- Users must adhere to U.S. Government Information Security Policies, Standards, and Procedures. ([PDF, 96.6 KB])
- Usage of this system may be monitored, recorded, and audited
- Unauthorized use is prohibited and subject to criminal and civil penalties
- The use of the information system establishes consent to any and all monitoring and recording of activities

☐ (*) Check this box to indicate you acknowledge that you are aware of the above statements

Select the Continue button to go to the LOGIN page or select the Previous button to go back to the WELCOME page

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.

For information about the CMS Identity and Access (I&A) System, refer to the I&A Quick Reference Guide. The guide includes information on how to:

- Create an account
- Retrieve and reset usernames and passwords
- Register to access CMS systems on behalf of an organization
- Add and manage staff within an organization
- Work in CMS systems on behalf of an individual or organization

For your reference:

- To locate your NPI number, visit: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do
- User name and password are case sensitive

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

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 the link to view our “checklist of required materials” to register for the EHR Incentive Programs.
Step 3 – Welcome
If your login was successful you will receive the “Welcome Screen”.

The Welcome screen consists of four tabs to navigate through the registration and attestation process:
1. Home
2. Registration
3. Attestation
4. Status

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

After you login, the system will alert you of your next step in the registration and attestation process, such as your registration needs to be completed, or that it is time to begin attestation.

Meaningful Use information: https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp
Step 4 – Registration

Follow the registration instructions below.

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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Tax Identifier</th>
<th>National Provider Identifier (NPI)</th>
<th>Incentive Type</th>
<th>Registration Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe, MD</td>
<td>XXX-XX-3568</td>
<td>000000000000</td>
<td>Medicare</td>
<td>Active</td>
<td>Register</td>
</tr>
</tbody>
</table>

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.

STEPS

Click on Register in the Action column to continue the registration process.
Step 5 – Reason for this Registration

Review and follow the registration instructions below.

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.

Click on Topic 1 - “EHR Incentive Program” to start.
Step 6 – Incentive Program Questionnaire

Review and follow the Incentive Program Questionnaire instructions below.

Incentive Program Questionnaire

(♦) Red asterisk indicates a required field.

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 Medicare 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

♦ Please select your Eligible Professional Type:

Doctor of Medicine or Osteopathy

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.

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): 000000000000

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.

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

TIPS

STEPS

Select Medicare

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 & 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
**Step 7 – Personal Information**
Follow the instructions below regarding your personal information.

**Payee Information**
(*) Red asterisk indicates a required field.

Please note that your payment options are determined by the approved Medicare enrollment(s) associated with your Social Security Number (SSN) in the Provider Enrollment, Chain and Ownership System (PECOS). In order to send the EHR Incentive Payment to your Billing TIN or another entity, the association must be established in PECOS.

Please select the recipient of your EHR Incentive Payment:

<table>
<thead>
<tr>
<th>Payee Name</th>
<th>Payee Tax Identifier (TIN)</th>
<th>Payee National Provider Identifier (NPI)</th>
<th>Contractor ID - State</th>
<th>Payee Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>XXX-XX-XXXX (SSN)</td>
<td>xxxxxxxxx</td>
<td>00953 - Michigan</td>
<td></td>
</tr>
<tr>
<td>James Bond</td>
<td>XX-xxxxxx (Billing TIN)</td>
<td>xxxxxxxxx</td>
<td>14112 - New Jersey</td>
<td></td>
</tr>
<tr>
<td>Community Hospital</td>
<td>XX-xxxxxx (Billing TIN)</td>
<td>xxxxxxxxx</td>
<td>03102 - Arizona</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine, Assoc.</td>
<td>XXX-XX-XXXX (SSN)</td>
<td>xxxxxxxxx</td>
<td>13202 - New York</td>
<td></td>
</tr>
<tr>
<td>Joan B</td>
<td>XX-xxxxxx (EIN)</td>
<td>xxxxxxxxx</td>
<td>01102 - California</td>
<td></td>
</tr>
</tbody>
</table>

**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).

**STEPS**

Select where your payment will go in the Payee TIN Type

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 & Continue**
Step 7 – Personal Information for Groups
If a group will be receiving payments, follow the instructions below regarding your group information.

STEPS
If you are assigning payments to a practice or group, you will need to enter the group’s 10-digit NPI that will be receiving the payments.

Click Filter
Step 7 – Resolve Personal Information Errors

Resolve any errors with your personal information.

**STEPS**

If there are any errors with your personal information, the system will alert you and allow you to make revisions. Resolve any issues and continue.
Step 8 – Business Address and Phone

Be sure to complete all requested information.

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. 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 – Registration Process
Be sure to complete all the topics below.

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. 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.

TIP
Progress bars indicate that the topics are completed.
Step 10 – Verify Registration

Be sure to verify all your personal information.

**TIPS**

Click on Exit to go to the home page

Click on Help link for additional guidance for the registration and attestation process
Registração User Guide
For Medicare Eligible Professionals

Step 11 – Registration Disclaimer

Be sure to read the entire disclaimer.

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.

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.

Successful Submission

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

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: 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.

TIPS

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

If you are deemed a hospital-based provider you will receive a warning stating:

Warning: For your Registration, you have been identified as hospital-based for the current year. Please note that your hospital based status is checked yearly and may differ based on your EHR Reporting Period during Attestation.
Step 12 – Submission Receipt (Failed 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](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/](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/](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.

**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.*
Step 13 – Status Summary
Review all current and previous information related to your account.

**STEPS**
Click the **Status tab** to view your registration information

**TIP**
Click Select in the Action Column to view detail
Step 13 – Status Information
Review the details of your registration process.

**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 under the blue header in the center of the screen.
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

- 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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS</td>
<td>Centers for Medicaid &amp; Medicaid Services</td>
</tr>
<tr>
<td>DMF</td>
<td>Social Security Death Master File</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EIN</td>
<td>Employer’s Identification Number</td>
</tr>
<tr>
<td>EIPIC</td>
<td>EHR Incentive Program Information Center</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professional</td>
</tr>
<tr>
<td>FI</td>
<td>Fiscal Intermediary</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center</td>
</tr>
<tr>
<td>I&amp;A</td>
<td>Identification &amp; Authentication System</td>
</tr>
<tr>
<td>IDR</td>
<td>Integrated Data Repository</td>
</tr>
<tr>
<td>LBN</td>
<td>Legal Business Name</td>
</tr>
<tr>
<td>MAC</td>
<td>Medicaid Administrative Contractor</td>
</tr>
<tr>
<td>MAO</td>
<td>Medicaid Advantage Organization</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
</tr>
<tr>
<td>NLR</td>
<td>National Level Repository</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of the Inspector General</td>
</tr>
<tr>
<td>PECOS</td>
<td>Provider Enrollment Chain and Ownership System</td>
</tr>
<tr>
<td>RHC</td>
<td>Rural Health Center</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>TIN</td>
<td>Tax Identification Number</td>
</tr>
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