



# REGISTRATION USER GUIDE

For Eligible Professionals

## Medicare Electronic Health Record (EHR) Incentive Program



JULY2013  
(07.09.13 ver9)



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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 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.



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

#### About This Site

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

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

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

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

#### Overview of Eligible Professional (EP) and Eligible Hospital Types

##### Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

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

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

Medicaid EPs include:

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

Further, Medicaid EPs must also:

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

##### Eligible Hospitals

Medicare Eligible Hospitals include:

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

Medicaid Eligible Hospitals include:

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

Continue

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Department of Health & Human Services

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**TIP**

To determine your eligibility, click on the CMS website

Providers must register and attest by February 28th or 29th for leap years

## 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

## 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



Web Policies & Important Links

[CMS.gov](#)

Department of Health & Human Services

[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*



### TIP

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

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

## Step 2 – Login

Review the Login Instructions for Eligible Professionals.

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

### Login Instructions

#### Eligible Professionals (EPs)

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

#### Eligible Hospitals

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

#### Associated with both Eligible Professionals (EPs) and Eligible Hospitals

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

#### Account Management

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

(\*) Red asterisk indicates a required field.

\*User ID:

\*Password:

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## STEPS

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

Click **Log In**

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

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

Click **YES** to access the I&A system

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



## TIPS

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

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

## Step 2 – Login (Continued)

### Working on Behalf of an Eligible Professional

## STEPS

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

**Application Security Check**

\* Indicates Required Field

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

Questions	Answers
* What is 1 + 1?	<input type="text"/>
* What direction is the South Pole?	<input type="text"/>

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

\* Indicates Required Field

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

\* User ID:

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

\* Password:

\* Retype Password:

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

\* Select Secret Question 1:

\* Answer 1:

\* Select Secret Question 2:

\* Answer 2:

\* Select Secret Question 3:

\* Answer 3:

\* Select Secret Question 4:

\* Answer 4:

\* Select Secret Question 5:

\* Answer 5:

**I&A - User Profile**

\* Indicates Required Field

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

**User Profile Information:**

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

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

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

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

**I&A - Employer Information**

\* Indicates Required Field

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

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

**Provide Your Employer's EIN and Employer Legal Business Name/Legal Name**

\* Employer EIN:

\* Employer Legal Business Name/Legal Name:

**Employer's Mailing Address Information**

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

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

\* City:  \* State:  \* ZIP + 4:

Country:

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

**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 (Continued)

### Working on Behalf of an Eligible Professional

**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](#))

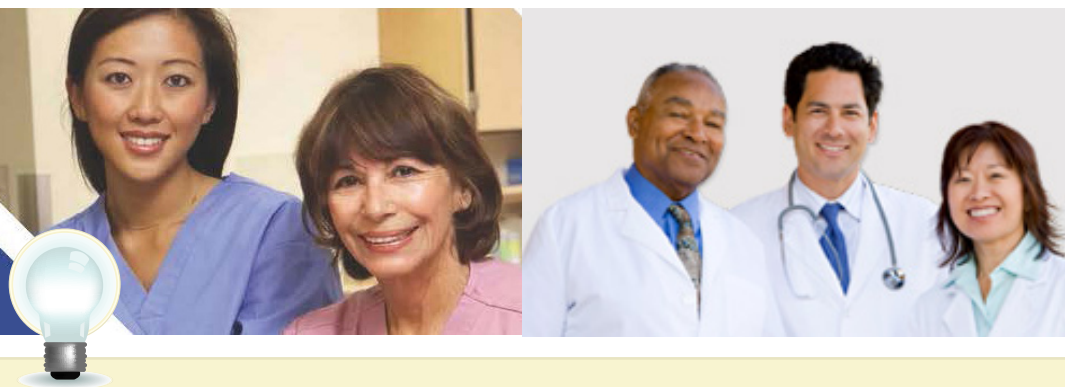
App Type	Tracking ID	Provider Last Name	Provider First Name	Provider NPI	Provider Practice Location	Provider Phone Number	Status

## 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 (Continued)

### Working on Behalf of an Eligible Professional

**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.

< Previous    Next >

## STEPS

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

Click **Next**  
Select Application Type

“EHR Incentive Program”

Click **Next**

**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

< Previous    Next >



## 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 (Continued)

### Working on Behalf of an Eligible Professional

**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 Search

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

< Previous Save Save & Add Another

## STEPS

Enter the NPI of the individual provider

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

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

*Or*

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



### TIP

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

Click on HELP for additional guidance to navigate the system

The Help link is on every page

## Step 2 – Login (Continued)

### Working on Behalf of an Eligible Professional

**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
E									

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
<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 Button** to add the NPIs you wish to access

Click **Submit**



### TIP


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

Click on HELP for additional guidance to navigate the system

The Help link is on every page

## Step 2 – Login (Continued)

### Working on Behalf of an Eligible Professional

 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:**

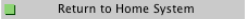
If you are requesting to act on behalf of an individual provider and have questions, please contact the individual provider or the appropriate help desk using the above contact information. If your request is not approved in a reasonable amount of time, please contact the individual provider.

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 1,000 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

Log Out | Help

Welcome Your Name My Account

Home Registration Attestation Status

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

Last Successful Login: 03/25/2013 | Unsuccessful Login Attempts: 0

Welcome [Name], You need to complete your registration for the EHR Incentive Program.

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

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

**Instructions**  
Select any topic to continue.

**Registration**

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

**Attestation**

Medicare

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

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

**Status**

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

Policies & Important Links | Department of Health & Human Services

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## 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.



## 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](https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp)



## Step 4 – Registration

Follow the registration instructions below.

The screenshot shows the 'Registration and Attestation System' interface. At the top, there is a header with the CMS logo, the program name, and links for 'Log Out' and 'Help'. Below the header is a navigation bar with tabs for 'Home', 'Registration' (which is highlighted), 'Attestation', and 'Status'. The main content area is titled 'Registration' and contains 'Registration Instructions' and 'Registration Selection' sections. The 'Registration Selection' section includes a table of existing registrations with a 'Register' button circled in red.

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

Log Out | Help

Welcome: Your Name | My Account

Home | **Registration** | Attestation | Status

### Registration

#### Registration Instructions

Welcome to the Registration Page.

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

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

#### Registration Selection

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

Existing registration(s):

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Jane Doe, MD	XXX-XX-3568 (SSN)	0000000000000	Medicare	Active	<b>Register</b>

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## STEPS

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



### TIPS

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

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

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

## Step 5 – Reason for this Registration

Review and follow the registration instructions below.

The screenshot shows the 'Registration and Attestation System' interface. At the top, there is a header with the 'eHR INCENTIVE PROGRAM' logo, the text 'Medicare & Medicaid EHR Incentive Program Registration and Attestation System', and user links: 'Log Out', 'Help', 'Welcome Your Name', and 'My Account'. Below the header is a navigation bar with tabs: 'Home', 'Registration' (highlighted in green), 'Attestation', and 'Status'. The main content area is titled 'Registration Progress' and contains a section 'Reason for Registration' with the text: 'You are an Eligible Professional registering in the incentive program.' To the right of this section is a yellow box displaying user information: 'Your Name', 'Tax Identifier: XXX-XX-6224 (SSN)', and 'NPI: 123456789012'. Below the 'Reason for Registration' section is a 'Topics' section with the text: '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.' There are three topic bars: '1 EHR Incentive Program' (Progress: 0 of 1), '2 Personal Information' (Progress: 0 of 1), and '3 Business Address & Phone' (Progress: 0 of 1). A red arrow points to the first topic bar. At the bottom of the topics section is a 'Note: When all topics are marked as completed, select the Proceed With Submission button to submit your registration.' Below the note is a button labeled 'Proceed with Submission' which is circled in red. At the bottom of the page, there is a footer with links: 'Web Policies & Important Links', 'CMS.gov', 'Department of Health & Human Services', 'Accessibility', 'File Formats and Plugins', and the 'CMS' logo.

## STEPS

Click on *Topic 1* -  
“EHR Incentive  
Program” to start



### TIPS

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

Progress bars will indicate the progress for each topic

When all topics are completed user can select Proceed with Submission

## Step 6 – Incentive Program Questionnaire

Review and follow the Incentive Program Questionnaire instructions below.

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

Log Out | Help  
Welcome Your Name | My Account

Home | Registration | Attestation | Status

Progress: 1 of 1  
Completed

### 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 Medicaid State has not officially launched their EHR incentive program.  
2) They plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology.

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

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

\* Please select your Incentive Program

☒ Medicare ☐ Medicaid

\* 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](#) for this program.

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

\* Do you have a certified EHR? [What is an EHR Certification Number?](#)

☒ Yes ☐ No

EHR Certification Number (Optional): 0000000000000000

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

Previous | Save & Continue

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

## 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



## 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**

[My Account](#) | [Log Out](#) | [Help](#)

Welcome Joan B

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

Progress: 0 of 1

### Personal Information

#### Eligible Professional Identifiers

First Name: Joan

Middle Name:

Last Name: B

Suffix:

Social Security Number (SSN): XXX-XX-2147

National Provider Identifier (NPI): xxxxxxxxxxx

Joan B

Tax Identifier: XXX-XX-2147 (SSN)

NPI: xxxxxxxxxxx

#### 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:

Payee Name	Payee Tax Identifier (TIN)	Payee National Provider Identifier (NPI)	Contractor ID - State	* Payee Selection
John Doe	XXX-XX-XXXX (SSN)	xxxxxxxxxx	00953 - Michigan	<input type="radio"/>
James Bond	XX-XXXXXX (Billing TIN)	xxxxxxxxxx	14102 - New Jersey	<input type="radio"/>
Community Hospital	XX-XXXXXX (Billing TIN)	xxxxxxxxxx	03102 - Arizona	<input type="radio"/>
Internal Medicine, Assoc.	XXX-XX-XXXX (SSN)	xxxxxxxxxx	13202 - New York	<input type="radio"/>
Joan B	XX-XXXXXX (EIN)	xxxxxxxxxx	01102 - California	<input type="radio"/>

## 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**



### 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 7 – Personal Information for Groups

If a group will be receiving payments, follow the instructions below regarding your group information.

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 "My Account", "Log Out", and "Help". Below this is a header section with the "HR INCENTIVE PROGRAM" logo and the text "Medicare & Medicaid EHR Incentive Program Registration and Attestation System". A progress indicator shows "Progress: 0 of 1". The main content area is titled "Personal Information" and includes a section for "Eligible Professional Identifiers" with fields for First Name, Middle Name, Last Name, Suffix, Social Security Number (SSN), and National Provider Identifier (NPI). A yellow box highlights the "Tax Identifier: XXX-XX-XXXX (SSN) NPI:" field. Below this is a section for "Group Reassignment Payee NPI Selection" with a note that a red asterisk indicates a required field. It includes a text input field for "Enter 10 Digit NPI (ex:1234567890) :", a "Filter" button, and a "Clear Filter" button. At the bottom, there are buttons for "Previous" and "Return to Registration Progress". The footer contains links for "Web Policies & Important Links", "Department of Health & Human Services", "CMS.gov", "Accessibility", and "File Formats and Plugins", along with the CMS logo.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

My Account | Log Out | Help

Home | Registration | Attestation | Status

Progress: 0 of 1

### Personal Information

**Eligible Professional Identifiers**

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

**Tax Identifier: XXX-XX-XXXX (SSN) NPI:**

**Group Reassignment Payee NPI Selection**

(\*) Red asterisk indicates a required field.

Our system results have indicated that you have more than 10 practice location NPIs associated with the **Group** to whom you have reassigned your benefits in PECOS. Please enter desired NPI of the **Group** below and select **Filter** to display matching payee records below.

\*Enter 10 Digit NPI (ex:1234567890) :

Filter Clear Filter

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

Previous Return to Registration Progress

Web Policies & Important Links CMS.gov Accessibility File Formats and Plugins

Department of Health & Human Services

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## 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.

The screenshot displays the 'Personal Information' section of the registration process. At the top, there are tabs for 'Home', 'Registration', 'Attestation', and 'Status'. The 'Registration' tab is active. Below the tabs, a green header bar contains the text 'Personal Information' and a progress indicator 'Progress: 0 of 1'. A yellow box on the right side of the header contains the text 'Tax Identifier: XXX-XX-XXXX(SSN)' and 'NPI:'. Below the header, a red-bordered box contains the text 'You must resolve the following error(s) to continue:'. Below this, a list of errors is shown: 'There is no valid PECOS reassignment information matching the input NPI. You may do any of the following:'. The list includes three items: 'Verify the number and try again', 'Select Clear Filter and input an NPI in the field, to search for another reassignment payee', and 'Contact your Medicare Contractor or your CMS Regional Office to address issues with your PECOS payee information'. Below the list, the section 'Eligible Professional Identifiers' is shown, with fields for 'First Name:', 'Middle Name:', 'Last Name:', 'Suffix:', and 'Social Security Number (SSN): XXX-XX-XXXX'.

Home Registration Attestation Status

Progress: 0 of 1

**Personal Information**

**You must resolve the following error(s) to continue:**

- There is no valid PECOS reassignment information matching the input NPI. You may do any of the following:
  - Verify the number and try again
  - Select Clear Filter and input an NPI in the field, to search for another reassignment payee
  - Contact your Medicare Contractor or your CMS Regional Office to address issues with your PECOS payee information

**Eligible Professional Identifiers**

First Name:

Middle Name:

Last Name:

Suffix:

Social Security Number (SSN): XXX-XX-XXXX

Tax Identifier: XXX-XX-XXXX(SSN)  
NPI:

## 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.



Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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

Welcome Your Name

[My Account](#)

[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

Progress: 1 of 1

Completed

### Business Address & Phone Number

(\*) Red asterisk indicates a required field.

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

Your Name

Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 0000000000

\*Address Line 1:

Address Line 2:

\*City:

\*State:

\*ZIP+4:  -

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

\*E-Mail Address:

\*Confirm E-Mail Address:

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

[Previous](#)

[Return to Registration Progress](#)

[Save & Continue](#)

[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



### 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.

## 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

## Step 9 – Registration Process

Be sure to complete all the topics below.

The screenshot shows the 'Registration and Attestation System' interface. At the top, there is a navigation bar with 'Home', 'Registration' (highlighted), 'Attestation', and 'Status'. Below this is a 'Registration Progress' section. It includes a 'Reason for Registration' box stating the user is an eligible professional modifying their information. To the right, a yellow box displays 'Your Name', 'Tax Identifier: XXX-XX-3568 (SSN)', and 'NPI: 000000000000'. The 'Topics' section lists three completed topics: 'EHR Incentive Program', 'Personal Information', and 'Business Address & Phone', each with a 'Progress: 1 of 1 Completed' bar. A 'Note' instructs the user to click 'Proceed With Submission' when all topics are complete. This button is circled in red. The footer contains links for 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins', along with the CMS logo.

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

Log Out | Help  
Welcome Your Name | My Account

Home | **Registration** | Attestation | Status

### Registration Progress

**Reason for Registration**  
You are an Eligible Professional registering in the incentive program.  
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.

**Proceed with Submission**

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

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## STEPS

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

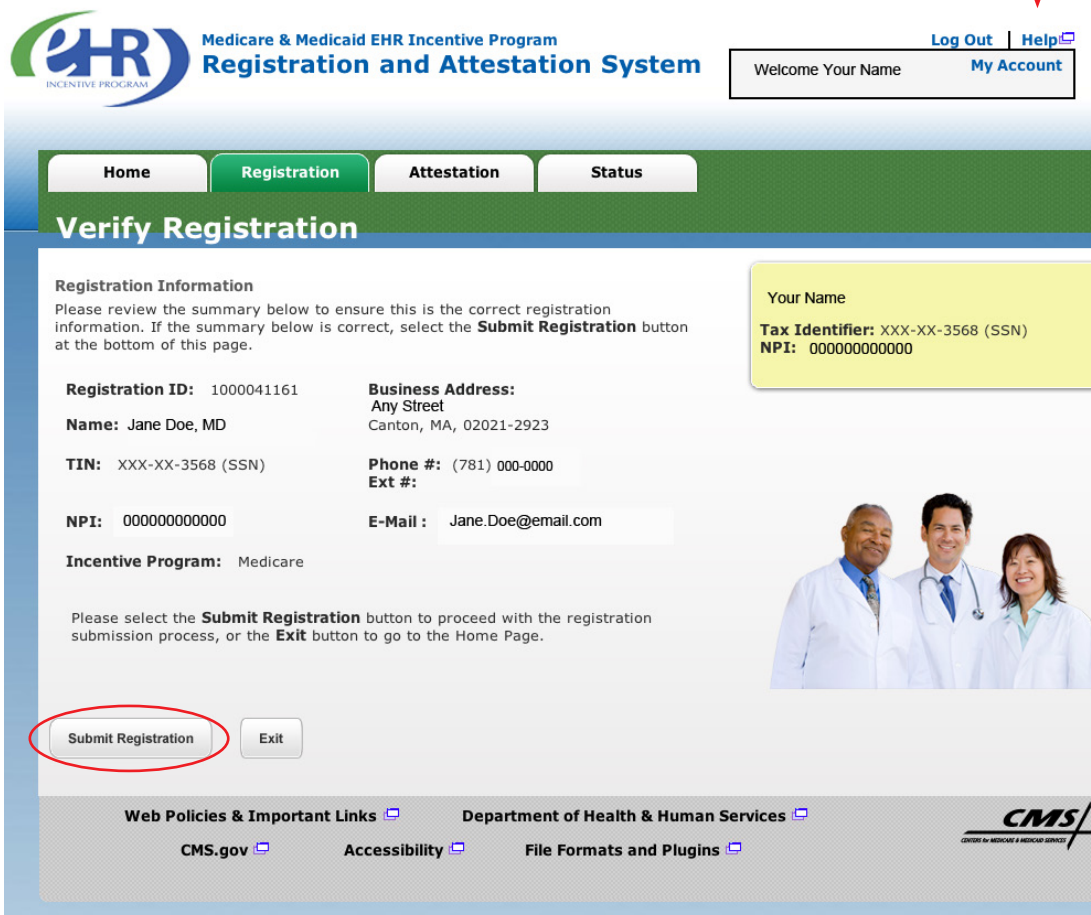


### TIP

Progress bars indicate that the topics are completed

## Step 10 – Verify Registration

Be sure to verify all your personal information.



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

Log Out | Help  
Welcome Your Name | My Account

Home | **Registration** | Attestation | Status

### Verify Registration

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

<b>Registration ID:</b> 1000041161	<b>Business Address:</b> Any Street Canton, MA, 02021-2923
<b>Name:</b> Jane Doe, MD	
<b>TIN:</b> XXX-XX-3568 (SSN)	<b>Phone #:</b> (781) 000-0000 <b>Ext #:</b>
<b>NPI:</b> 000000000000	<b>E-Mail:</b> Jane.Doe@email.com
<b>Incentive Program:</b> Medicare	

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

**Submit Registration** | Exit

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

Web Policies & Important Links | Department of Health & Human Services  
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**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## STEPS

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



### TIPS

Click on Exit to go to the home page

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

## Step 1 I – Registration Disclaimer

Be sure to read the entire disclaimer.



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

Log Out | Help  
Welcome Your Name | My Account

Home | **Registration** | Attestation | Status

### Registration Disclaimer

#### General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

#### Accept, Agree and Submit

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

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

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

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

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare/Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare/Medicaid EHR Incentive Program.

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

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

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

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## STEPS

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



### TIP

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

## Step 12 – Submission Receipt (Successful Submission)

Confirm that your registration was completed successfully.

The screenshot shows the 'Submission Receipt' page for the Medicare & Medicaid EHR Incentive Program. The page has a green header with navigation tabs: Home, Registration (active), Attestation, and Status. Below the header, the title 'Submission Receipt' is displayed. The main content area is divided into two columns. The left column contains the 'Successful Submission' section, which states that the user has successfully registered and will receive an email notification. It includes an 'IMPORTANT! Please note:' section with three bullet points: 1. You must submit your Attestation information to qualify for your EHR Incentive Payment. 2. 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. 3. You should print this page for your records. Below this is the 'Registration Tracking Information' section, which lists: Registration ID: 1000041161, Name: Jane Doe, MD, Submitted Date: 12/15/2011, and Reason(s) for Submission: You are an Eligible Professional registering in the incentive program. You have modified your registration information. At the bottom of this section is a 'Print Receipt' button. The right column contains a yellow box with the user's name and their Tax Identifier (XXX-XX-3568) and NPI (0000000000). Below this is a photo of three healthcare professionals. The footer contains links to 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins', along with the CMS logo.

**Successful Submission**

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

**IMPORTANT! Please note:**

- 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.

**Print Receipt**

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

**Web Policies & Important Links**   
[CMS.gov](#) **Department of Health & Human Services**   
[Accessibility](#) [File Formats and Plugins](#)

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## STEPS

.....  
This completes your registration

Select the *Print Receipt* button to print this page

You will receive an e-mail email notification from this registration



### 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 13 – Submission Receipt (Failed Submission)

The screenshot shows the 'Submission Receipt' page with a green header. The 'Registration' tab is selected. The main content area is titled 'Failed Submission' and contains the following text:

**Failed Submission**  
Your Registration for the EHR Incentive Payment Program has not been accepted. An email notification will be sent to the email address on file as a notification of the failed submission. 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. OIG Exclusions have been applied to the Medicare enrollment in PECOS associated with this registration. This registration will remain in an Issue Pending status until the exclusions have been addressed.

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:** 1000044149  
**Name:** Your Name  
**Submitted Date:** 06/14/2012  
**Reason(s) for Submission:**  
You are an Eligible Professional registering in the incentive program.

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

The 'Print Receipt' button is circled in red. To the right of the text is a yellow box containing the following information:

**Your Name**  
**Tax Identifier:** XXX-XX-0647 (SSN)  
**NPI:** xxxxxxxxxxxx

Below the text is a photo of three healthcare professionals in white coats.

### 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:

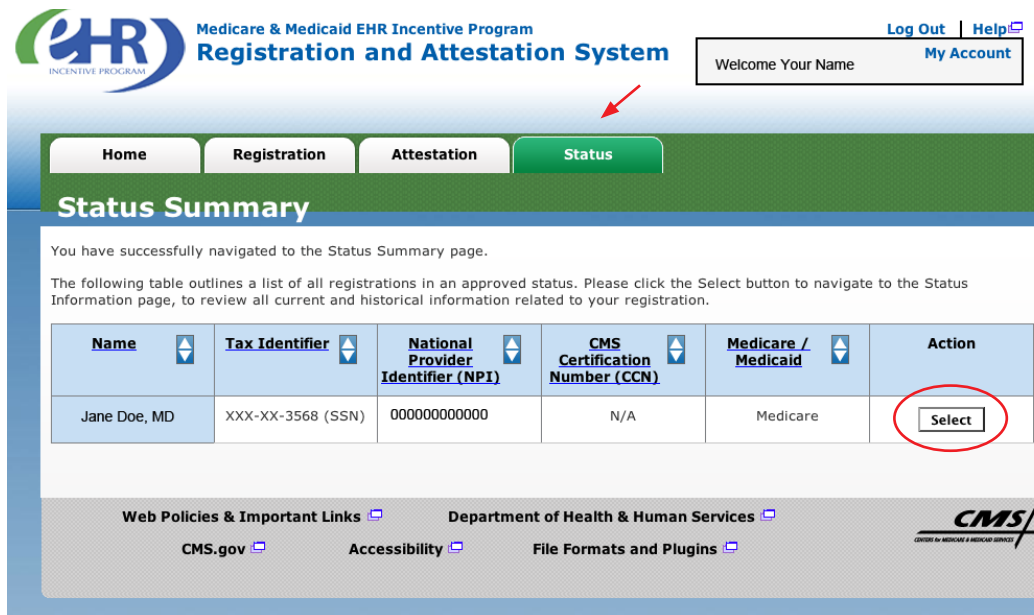
- Death Master File (DMF) (Medicare/Medicaid) validation failed – The provider's Legal Name and Social Security Number are on the Social Security Administration's DMF. Contact Social Security office, (800) 772-1213 / TTY (800)325-0778.

#### 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.



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

Log Out | Help  
Welcome Your Name | My Account

Home | Registration | Attestation | **Status**

### Status Summary

You have successfully navigated to the Status Summary page.

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

Name	Tax Identifier	National Provider Identifier (NPI)	CMS Certification Number (CCN)	Medicare / Medicaid	Action
Jane Doe, MD	XXX-XX-3568 (SSN)	0000000000000	N/A	Medicare	Select

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CMS.gov | Accessibility | File Formats and Plugins

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## 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.

The screenshot shows the 'Status Information' page of the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The page has a green header with navigation tabs: Home, Registration, Attestation, and Status (which is selected). Below the header, there's a 'Status Information' section with a paragraph explaining the events associated with participation. A yellow box on the right displays key information: Tax Identifier (XXX-XX-3568), NPI (0000000000), Registration Status (Active), Medicare status (Active), Attestation Status (In Progress), and Total Payment. Below this, there are three tabs: Registration Information, Attestation Information, and Payment Information. The 'Registration Information' tab is active, showing a paragraph about the registration creation and update dates. A 'Registration Status' section contains a table with columns: Incentive Type, Registration Status, Status Reason, and Explanation. The table has one row for 'MEDICARE' with 'Medicare: Active' status and 'Medicare - Successfully registered in the EHR Incentive Program' as the status reason. Below the table, there's a 'Business Address' section with details for Any Street, Canton, MA. Other fields include Registration ID, Payee TIN, Payee NPI, EHR Certification Indicator, EHR Certification Number, Eligible Professional Type, Current Hospital Based Status, Deemed Hospital Based in 2011, and Hospital Based Percentage in 2011. A 'Previous' button is at the bottom left. The footer contains links for Web Policies & Important Links, Department of Health & Human Services, CMS.gov, Accessibility, and File Formats and Plugins, along with the CMS logo.

Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

Log Out | Help  
Welcome Your Name | My Account

Home | Registration | Attestation | **Status**

### Status Information

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

- Your MEDICARE EHR Incentive Program registration was successfully submitted on 12/15/2011.

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

Registration Information | Attestation Information | Payment Information

Your MEDICARE EHR Incentive Program registration was originally created on 11/17/2011. Your MEDICARE registration was last updated on 12/15/2011.

**Registration Status:**

Incentive Type	Registration Status	Status Reason	Explanation
MEDICARE	Medicare: Active	Medicare - Successfully registered in the EHR Incentive Program	

Registration ID: 1000041161  
Payee TIN: 000000000  
Payee NPI: 000000000000  
EHR Certification Indicator: Yes  
EHR Certification Number: 0000000000000000  
Eligible Professional Type: Doctor of Medicine or Osteopathy

**Business Address:**  
Any Street  
Canton, MA, 02021 - 2923  
Phone #: (781) 000-0000 Ext:  
E-Mail: jane.doe@email.com  
Contractor ID: 0000 - MA  
FI/Carrier/MAC: CARRIER - 0000 - MA

**Current Hospital Based Status**  
Deemed Hospital Based in 2011: No  
Hospital Based Percentage in 2011: 0%

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

Previous

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

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## 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 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.



### 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 and Acronym List

Presents Medicare/Medicaid EHR terms and definitions.

##### Contact Information

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

Exit

## 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

