



# REGISTRATION USER GUIDE

For Eligible Hospitals

## Medicare and Medicaid 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 I – Getting Started

This is a step-by-step guide for the Medicare and Medicaid Eligible Hospitals 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.



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

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](#).

**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).

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](#)

## 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

If you are a hospital that meets all of the following qualifications, you are 'dually-eligible' for the Medicare and Medicaid EHR Incentive Programs:

- You are a sub-section(d) hospital in the 50 U.S. States or the District of Columbia or CAH; and
- You have a CMS Certification Number ending in 0001-0879 or 1300-1399; and
- You have at least 10% Medicaid patient volume.

You must register for 'Both Medicare & Medicaid' when registering for the program. If your state's program is not ready to accept your registration, your file will be placed into a 'pending status' until your state's program is launched.

To determine your eligibility, click on the CMS website.

For a list of Eligible Hospitals (EHs), click on the plus sign next to Eligible Hospitals.

## 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](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



## STEPS

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

Click *Continue*



### 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 Instructions

Read the instructions under Eligible Hospitals for help in obtaining a user name and password for the Identification and Authentication (I&A) 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.
- View our [checklist of required materials](#) here.

(\* Red asterisk indicates a required field.)

\*User ID:

\*Password:

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



### Identity and Access Management (I&A)

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

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

## STEPS

Enter your Identification and Authentication (I&A) User ID and Password

Click the *Login* button

Users working on behalf of an eligible hospital must also have an identity and access management system (I&A) web user account

If you do not have an I&A User ID and Password, Click [Create a Login](#)

Click "yes" to access the I&A system which will allow you to create your User ID and Password



## TIPS

User ID and Password are case sensitive

Users registering on behalf of the hospital will need the hospital's CMS Certification Number (CCN) and National Provider Identifier (NPI)

To locate your NPI number, visit: <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>  
To apply for an NPI click on NPPES (National Plan and Provider Enumeration System)

## Step 2 – Login Instructions for Users Working on Behalf of an Eligible Hospital (cont.)

### STEPS

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



**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 Hospital (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](#))

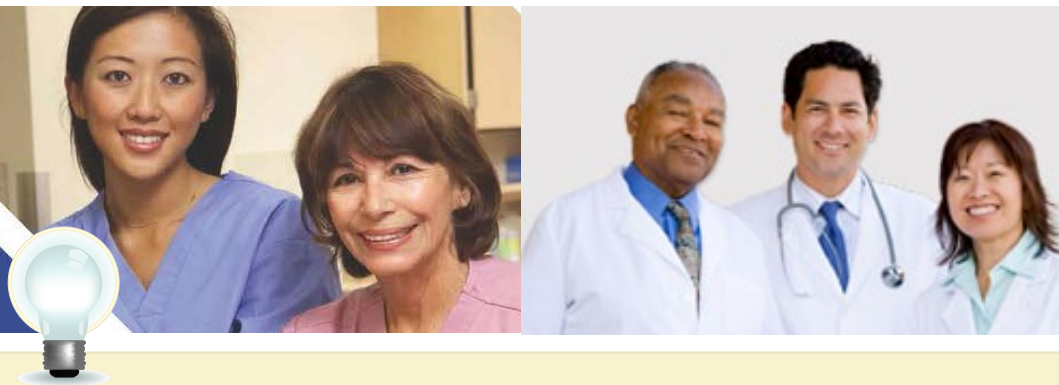
| App Type  | Are you the Authorized Official? | Tracking ID        | Organization EIN    | Organization Name (LBN) | Organization NPI           | Organization Practice Location | Authorized Official | Authorized Official Phone Number | Status |
|---|----------------------------------|--------------------|---------------------|-------------------------|----------------------------|--------------------------------|---------------------|----------------------------------|--------|
| <b>Individual Provider</b>  |                                  |                    |                     |                         |                            |                                |                     |                                  |        |
| (navigate to <a href="#">Provider/Supplier Organization Access Requests</a> ) |                                  |                    |                     |                         |                            |                                |                     |                                  |        |
| 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 Hospital (cont.)

### STEPS

Click on “You are an end user of the provider/supplier organization”

Click **Next**  
Select Application Type

“EHR Incentive Program”

Click **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 Instructions for Users Working on Behalf of an Eligible Hospital (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

Please add the NPIs you wish to access:

**Provider/Supplier Organizations**

(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   |
|----------|----------------------------------|-----------------|------------------|-------------------------|------------------|--------------------------------|---------------------|----------------------------------|--|
| P        | No                               | U09092010631886 | xxxxx2101        | Any Hospital            | 1234567890       | 123 Any street any town        | Helen Keller        | 7035551212                       | Active <input type="button" value="Dissociate"/> |
| E        | No                               | U09092010631887 | xxxxx2101        | Any Hospital            | 1234567890       | 123 Any street any town        | Helen Keller        | 7035551212                       | Pending  |

### STEPS

Enter the NPI of the provider/supplier organization

Click **Search** to display the details of the provider/supplier organization

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 Hospital (cont.)

**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 |
|---|----------------------------------|-------------|------------------|-------------------------|------------------|-----------------------------------|---------------------|----------------------------------|--------|
| <b>Individual Provider</b>  |                                  |             |                  |                         |                  |                                   |                     |                                  |        |
| (navigate to <a href="#">Provider/Supplier Organization Access Requests</a> ) |                                  |             |                  |                         |                  |                                   |                     |                                  |        |
| <input type="checkbox"/>  | E                                |             | Doe              | John                    | 1234567890       | 123 Any Street Anywhere, MD 21136 |                     | 4445551212                       |        |

## STEPS

Choose the Provider/supplier organization 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 Instructions for Users Working on Behalf of an Eligible Hospital (cont.)

**Thank you. Your request will be processed.**

Please read the following instructions:

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

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

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

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

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

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

User Name: John Doe

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

| Provider/Supplier Organization |                 |                                    |  |                  |
|--------------------------------|-----------------|------------------------------------|--|------------------|
| App Type                       | Tracking ID     | Provider/Supplier Organization EIN | Provider/Supplier Organization Name(LBN) | Organization NPI |
| Individual Provider            |                 |                                    |  |                  |
| App Type                       | Tracking ID     | Individual Provider Last Name      | Individual Provider First name           | NPI              |
| E                              | S03162011689377 | Doe                                | John                                     | 1234567890       |

Please provide tracking number on all correspondence.

### 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 authorized official must log into the I&A system and approve your request

Notify the authorized official that you have requested access

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



**TIP**

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

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

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

### Instructions

Select any topic to continue.

**Registration**

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

**Attestation**

Medicare

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

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

**Status**

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

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

**CMS**  
Center for Medicare & Medicaid Services

## STEPS

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



### TIPS

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

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

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



## Step 4 – Registration



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

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

Welcome Your Name

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.

Create a new registration:

| Name               | Tax Identifier   | CMS Certification Number (CCN) | Incentive Type | Registration Status | Action                                  |
|--------------------|------------------|--------------------------------|----------------|---------------------|---|
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                |                |                     | <input type="button" value="Register"/> |

## 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 – Identification Questionnaire

The legal business name (LBN) and taxpayer identification number (TIN) are pulled from National Plan and Provider Enumeration System (NPPES).



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

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

Welcome YOUR NAME

## STEPS

.....  
Select the hospital  
CCN from the drop-  
down menu

Click **SAVE AND  
CONTINUE**

Home Registration **Attestation** Status

### CCN/NPI Information

(\* Red asterisk indicates a required field.)

**LBN:** Methodist Healthcare System of San Antonio, Ltd., L.L.P.

**TIN:** xxxxxxxx (EIN)

Please provide the CMS Certification Number (CCN) and the National Provider Identifier (NPI) that is associated to this TIN:

\***CCN:**

**Note:** CCNs that have NOT been registered are only available in the dropdown list. The CMS Certification Number (CCN) must be associated with an Approved Medicare enrollment in the Provider Enrollment, Chain and Ownership System (PECOS). In addition, the CCN must be at least 6 to 10 characters in length. The first 6 characters are required and must be numeric. The additional 4 characters are optional and can be any alphanumeric combination.

\***NPI:** This NPI is associated with the CCN and **primary** practice location in PECOS.

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.



### TIPS

The user must enter a CCN and NPI that are associated with the TIN in order to proceed with the registration

For more information on TINs and EINs, visit <http://www.irs.gov/>

## Step 5 – Reason for this Registration

Review and follow the registration instructions below.



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

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

Welcome Your Name

Home

Registration

Attestation

Status

### Registration Progress

#### Reason for Registration

You are an Eligible Hospital 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: 0 of 1

2 **Business Address & Phone**

Progress: 0 of 1

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

Proceed with Submission

#### YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)

NPI:

CCN:



[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

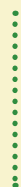
[Accessibility](#)

[File Formats and Plugins](#)

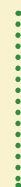


### TIPS

Data required for this registration is grouped into two topics. Both topics must be completed



Progress bars will indicate the progress for each topic



When both topics are completed user can select Proceed with Submission

## STEPS

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

## Step 7 – Incentive Program Questionnaire for Both Medicare & Medicaid Eligible Hospitals

### STEPS

.....  
Select Both Medicare & Medicaid Incentive Program

Select the Medicaid State/Territory

Select the Medicaid hospital type

Select the Medicare hospital type

Enter your CMS EHR Certification Number if you have it

Click *Save & Continue*

### TIPS

The CMS EHR certification number is 15 alpha numeric characters, the alpha numeric number is case sensitive and is required for Attestation but not for Registration

For the certified health IT product List visit, <http://healthit.hhs.gov/CHPL>  
Follow the instructions on the website to locate your CMS EHR certification number



## Step 7 – Incentive Program Questionnaire for Medicare Only Eligible Hospitals

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

My Account | Log Out | Help

Welcome Your Name

Home | **Registration** | Attestation | Status

Progress: 0 of 1

### EHR Incentive Program

#### 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.

\* Please select your Incentive Program

Medicare  Medicaid  Both Medicare & Medicaid

\* My Medicare hospital is a: Subsection(d) Hospitals

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):

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**

**YOUR HOSPITAL NAME**  
Tax Identifier: XX-XXXXXXX (EIN)  
NPI:  
CCN:

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

**CMS**  
CENTER FOR MEDICARE & MEDICAID SERVICES

## STEPS

Click the Medicare incentive program

Select your Medicare hospital type

Enter your EHR Certification Number if you have it

Click *Save & Continue*



### TIPS

The CMS EHR certification number is required for Attestation, but is not for Registration

For the certified health IT product List visit,

<http://healthit.hhs.gov/CHPL>

Follow the instructions on the website to locate your CMS EHR certification number

## Step 7 – Incentive Program Questionnaire for MA-Affiliated Hospitals

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

[Log Out](#) | [Help](#)  
 Welcome Your Name [My Account](#)

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

**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](#)

\* You have been identified as an MA-Affiliated Hospital. Would you like to register as an MA-Affiliated hospital or a Non MA-Affiliated hospital?

MA-Affiliated Hospital   
  Non MA-Affiliated Hospital   

\* Please select your Incentive Program.

Medicare   
  Medicaid   
  Both Medicare & Medicaid

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?](#)

### STEPS

Click the MA-Affiliated Hospital button program

Click on Enter your MAO Contract Number

Select your Incentive Program – Medicare or both Medicare and Medicaid

Click

**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   
  Both Medicare & Medicaid   

\* My Medicare hospital is a:

Subsection (d) Hospitals  
 Select  
 Critical Access Hospitals  
 Subsection (d) Hospitals

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.



### TIP

Click on "What is an EHR Certification number" for more information

## Step 7 – Incentive Program Questionnaire for MA-Affiliated Hospitals (cont.)

The screenshots show the following steps in the registration process:

- Step 1:** Welcome screen with navigation tabs (Home, Registration, Attestation, Status) and a dropdown menu for hospital type selection. A dropdown menu is shown with options: Subsection (d) Hospitals, Select, Critical Access Hospitals, and Subsection (d) Hospitals.
- Step 2:** Questionnaire for MA-Affiliated Hospital selection. Includes fields for MAO Contract Number, Incentive Program selection (Medicare, Both Medicare & Medicaid), Medicaid State/Territory, My Medicaid Hospital, and My Medicare Hospital. A red circle highlights the 'Both Medicare & Medicaid' option and the hospital selection dropdowns.
- Step 3:** Questionnaire for Non MA-Affiliated Hospital selection. Includes fields for Incentive Program selection (Medicare, Medicaid, Both Medicare & Medicaid), Do you have a certified EHR?, and EHR Certification Number (Optional). A red circle highlights the 'Non MA-Affiliated Hospital' option.

### STEPS

For the Medicare Incentive Program, select your hospital type from the drop down menu

Click *Save & Continue*

For Both Medicare and Medicaid Incentive Program, enter your:

- Medicaid State/Territory
- Medicaid hospital type
- Medicare hospital type

Enter your CMS EHR Certification Number if you have it

Click *Save & Continue*

Click on the “Non MA-Affiliated button if you prefer to register as a “Non MA-Affiliated Hospital

Choose your Incentive Program

Enter your CMS EHR Certification Number if you have it

Click *Save & Continue*

### TIPS

The CMS EHR certification number is required for Attestation, but is not for Registration

For the CMS EHR certified health IT product List visit, <http://healthit.hhs.gov/CHPL>  
Follow the instructions on the website to locate your CMS EHR certification number

## Step 7 – Incentive Program Questionnaire for Medicaid Only Eligible Hospitals

### STEPS

Click the *Medicaid* incentive program

Click on *APPLY*

Select your Medicaid State/Territory

Select your Medicaid hospital type

Enter your CMS EHR Certification Number if you have it

Click *Save & Continue*



### TIPS

If your state's program has not yet launched at the time of your registration, your file will be placed into a pending status until your state's program is launched

The CMS EHR certification number is required for Attestation, but is not for Registration

For the certified health IT product List visit, <http://healthit.hhs.gov/CHPL> Follow the instructions on the website to locate your CMS EHR certification number

## Step 8 – Business Address and Phone

The business address and telephone number are pulled from the hospital’s practice location stored National Plan and Provider Enumeration System (NPPES).

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

My Account | Log Out | Help

Welcome Your Name

Home | **Registration** | Attestation | Status

Progress: 0 of 1

### 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 HOSPITAL NAME**  
Tax Identifier: XX-XXXXXXX (EIN)  
NPI:  
CCN:

\*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**

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CMS.gov | Accessibility | File Formats and Plugins

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## 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*



### TIPS

The address will be posted on the EHR Incentive Program website once you receive payment for Medicare payments. There is no such requirement for CMS to publish information on eligible professionals and hospitals receiving Medicaid EHR incentive payments, though individual States may opt to do so

The fields can be updated on this screen. However, the data is not sent back to NPPES

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

## Step 9 – Topics for this Registration

Topics for this Registration will display when both Topics are *completed*.

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

My Account | Log Out | Help

Welcome Your Name

Home | **Registration** | Attestation | Status

### Registration Progress

**Reason for Registration**  
You are an Eligible Hospital 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 Business Address & Phone** Progress: 1 of 1 Completed

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

Proceed with Submission

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CMS.gov | Accessibility | File Formats and Plugins

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## STEPS

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



### TIPS

Data required for this registration is grouped into two topics. Both topics must be completed

Progress bars will indicate the progress for each topic

When both topics are completed user can select Proceed with Submission

## Step 10 – Verify Registration Information

Be sure to verify all of the information.

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

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

Welcome Your Name

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> 1000041177 | <b>Business Address:</b><br>1 Anywhere St<br>Greenwood, SC, 29646-3860 |
| <b>Name:</b> YOUR HOSPITAL NAME    | <b>Phone #:</b> (864) XXX-XXXX<br><b>Ext #:</b>                        |
| <b>TIN:</b> XX-XXXXXX (EIN)        | <b>E-Mail :</b> hospitalX@email.com                                    |
| <b>NPI:</b>                        |  |
| <b>CCN:</b>                        |  |

**Incentive Program:** Medicare / Medicaid (CA)

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

**YOUR HOSPITAL NAME**  
**Tax Identifier:** XX-XXXXXX (EIN)  
**NPI:**  
**CCN:**

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**CMS**  
OFFICE OF MEDICARE & MEDICAID SERVICES

## STEPS

Review your registration information for accuracy

Click *Submit Registration* to continue



### TIP

Click on *Exit* to revise your registration

## Step 11 – Registration Disclaimer

Be sure to read the entire disclaimer.

**My Account** | **Log Out** | **Help**

Welcome Your Name

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.

**YOUR HOSPITAL NAME**

Tax Identifier: XX-XXXXXXX (EIN)  
NPI:  
CCN:

**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: 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.

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## STEPS

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



### TIPS

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*

Clicking *Agree* is considered the same as an electronic signature and completes the submission process



## Step 12 – Submission Receipt (Successful Submission) Both Medicare & Medicaid Eligible Hospitals



Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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

Welcome Your Name

Home

Registration

Attestation

Status

### Submission Receipt

#### Successful Submission

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

IMPORTANT! Please note:

- If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can [find your State here](#). Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.
- You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

#### YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)  
NPI:  
CCN:

#### Registration Tracking Information

Registration ID: 1000041177

LBN:

Submitted Date: 12/20/2011

Submitted By: Your Name

Reason(s) for Submission:

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

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

Print Receipt



[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



### TIPS

*If your state has launched their program, wait 24 hours to contact your State to finish the registration, to allow for processing*

*If your state is not ready to accept your application you will have to wait until the state launches the program to complete the registration process*

*Print a copy of the receipt for your records*

### STEPS

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

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

## Step 12 – Submission Receipt (Successful Submission) for Medicare Eligible Hospitals only



Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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

Welcome Your Name

[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

### Submission Receipt

#### Successful Submission

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

IMPORTANT! Please note:

- If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can [find your State here](#). Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.
- You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

#### YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)  
NPI:  
CCN:

#### Registration Tracking Information

Registration ID: 1000041177

LBN:

Submitted Date: 12/20/2011

Submitted By: Your Name

Reason(s) for Submission:

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



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

Print Receipt

[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

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### TIPS

A registration tracking ID number will be assigned to your registration

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

## STEPS

.....  
*This completes your registration*

Print this page for your records. You will receive an email confirmation from this registration

## Step 12 – Submission Receipt (Successful Submission) for Medicaid Eligible Hospitals only



Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System

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

Welcome Your Name

Home

Registration

Attestation

Status

### Submission Receipt

#### Successful Submission

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

IMPORTANT! Please note:

- If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can [find your State here](#). Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.
- You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

#### YOUR HOSPITAL NAME

Tax Identifier: XX-XXXXXXX (EIN)  
NPI:  
CCN:

#### Registration Tracking Information

Registration ID: 1000041177

LBN:

Submitted Date: 12/20/2011

Submitted By: Your Name

Reason(s) for Submission:

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

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

Print Receipt



[Web Policies & Important Links](#)

[Department of Health & Human Services](#)

[CMS.gov](#)

[Accessibility](#)

[File Formats and Plugins](#)



### TIPS

If your state has launched their program, wait 24 hours to contact your State to finish the registration, to allow for processing

If your state is not ready to accept your application you will have to wait until the state launches the program to complete the registration process

Print a copy of the receipt for your records

## STEPS

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

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

## Step 12 – 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 'Home', 'Registration', 'Attestation', and 'Status' tabs. The 'Registration' tab is active. Below the navigation bar, the page title is 'Submission Receipt'. The main content area is divided into two columns. The left column 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.  
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.  
**Registration Tracking Information**  
Registration ID: 1000044150  
LBN:  
Submitted Date: 06/14/2012  
Submitted By: JOHN DOE  
Reason(s) for Submission:  
You are an Eligible Hospital registering in the incentive program.  
Please select the **Print Receipt** button to print this page.  
A red circle highlights the 'Print Receipt' button at the bottom left of the main content area. The right column contains a yellow box with the following information: **ANY TOWN HOSPITAL**  
Tax Identifier: XX-XXXXXXXX(EIN)  
NPI: XXXXXXXXXXXX  
CCN: XXXXXXXXXXXX

## STEPS

Your registration has failed

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

Click *Print Receipt* to get a copy 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

Reasons for a failed submission are listed below with contact information.

### 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 (Medicare/Medicaid) 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

## Step 13 – Status Summary

Review all current and previous information related to your account.

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

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

Welcome Your Name

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

### Status Selection

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        |
|--------------------|------------------|------------------------------------|--------------------------------|---------------------|---------------|
| YOUR HOSPITAL NAME | XX-XXXXXXX (EIN) |                                    |                                | Medicaid            | <b>Select</b> |

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

## STEPS

Click the *Select* button to view registration detail



### TIPS

Click *Select* in the Action Column to view detail

Click on *help* at the top of the screen for more information

## Step 14 – 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 includes a navigation menu with 'Home', 'Registration', 'Attestation', and 'Status' (selected). A yellow callout box displays registration details for 'Mercy Medical Center Dyersville', including Tax Identifier, NPI, CCN, Registration Status (Medicaid: Pending State Validation), Attestation Status (N/A), and Total Payment. Below this, there are tabs for 'Registration Information', 'Attestation Information', and 'Payment Information'. The 'Registration Information' tab is active, showing a table with columns for Incentive Type, Registration Status, Status Reason, and Explanation. The table contains one row for 'MEDICAID' with a status of 'Medicaid: Pending State Validation' and a reason of 'Medicaid - Registration has been saved and will be sent to the state for review'. Below the table, there are fields for Registration ID, EHR Certification Indicator, EHR Certification Number, Hospital Type, and Business Address. A 'Previous' button is located at the bottom left of the main content area. 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.

## STEPS

Registration details appear in the body of the screen

Review the registration status reason, Fiscal Intermediary (FI)/Carrier/Medicare Administrative Contractor (MAC) and validations performed on your registration



### TIPS

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

Other registration statuses are:  
"Issue Pending"  
"In Progress"  
"Rejected"

Click Previous to return to the Status Selection Page

## 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

Remember to click the help link which is located on every screen

Review the list of resources that are available to you at any time



## 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

