



# *Understanding the Eligibility and Registration Processes for the Medicaid EHR Incentive Program*

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Centers for Medicaid, CHIP, and Survey & Certification



# Session topics

- Program eligibility
  - Medicaid eligible professionals
- Registration
  - With CMS, with States
- Attestation, eligibility verification
  - Oklahoma Health Care Authority

**Medicare-only Eligible  
Professionals**

**Medicaid-only Eligible  
Professionals**

**Doctors of Optometry  
Doctors of Podiatric Medicine  
Chiropractor**

**Doctors of Medicine  
Doctors of Osteopathy  
Doctors of Dental Medicine  
or Surgery**

**Nurse practitioners  
Certified nurse midwives  
Physician assistants (PAs)  
when working at an FQHC  
or RHC that is so led by a  
PA**

**Could be eligible for both  
Medicare & Medicaid  
incentives**

# EP Eligibility: Medicaid Basics

- Must be one of 5 types of EPs
- Must either:
  - Have  $\geq 30\%$  *Medicaid* patient volume ( $\geq 20\%$  for pediatricians only); or
  - Practice predominantly in an FQHC or RHC with  $\geq 30\%$  *needy individual* patient volume
- Licensed, credentialed
- No OIG exclusions, living
- Must not be hospital-based

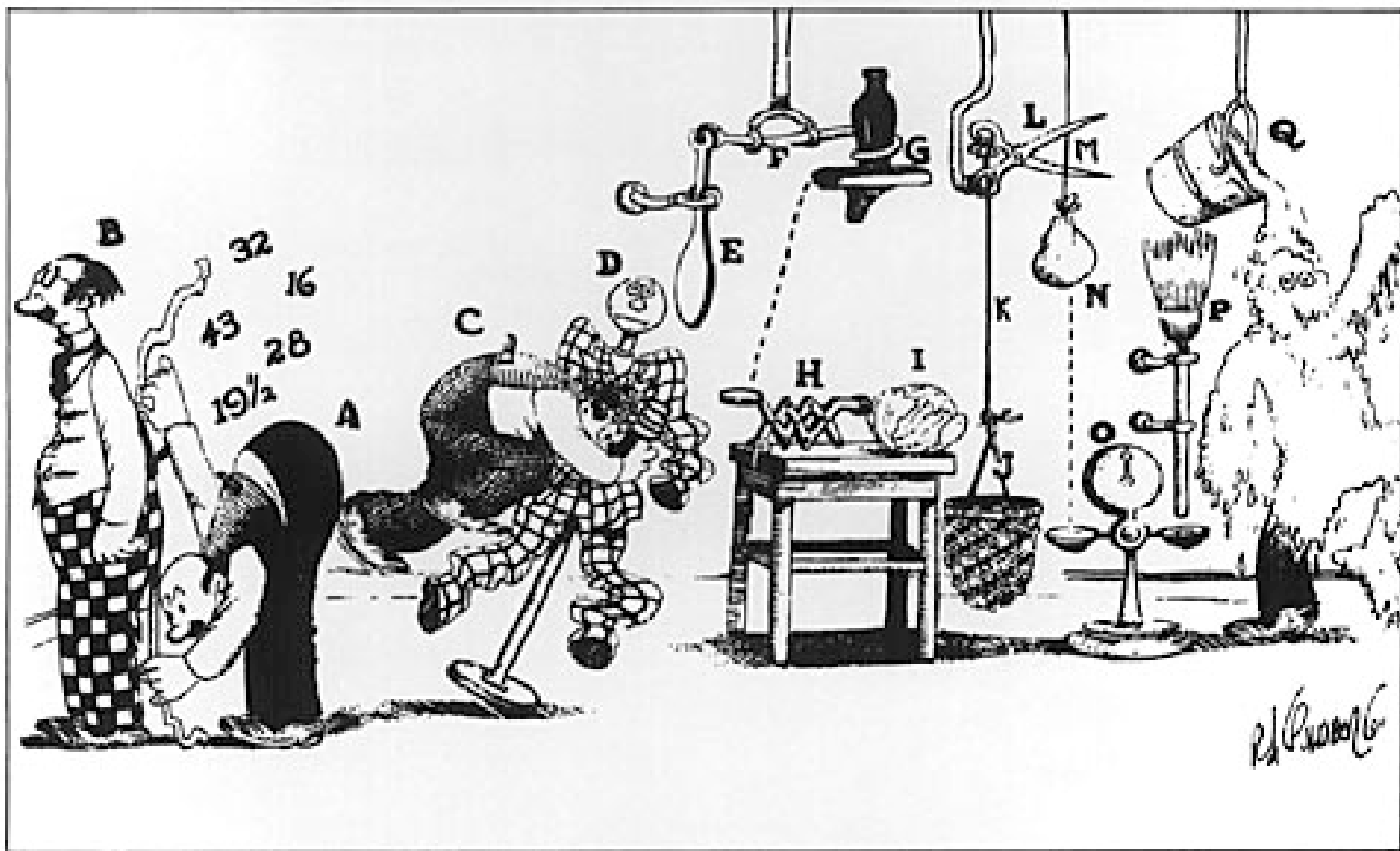


# Register & get a payment

## Medicaid EPs and hospitals

- NPES (i.e., NPI) web user account
- Adopt, implement, upgrade, or meaningfully use certified EHR technology
- Get EHR certification number from CHPL
- Attest to meeting all program requirements
  - Patient volume
  - Practice predominately

**Now we're ready to  
register! What's next?**





# Register-Attest-Get Paid!



For states with launched programs:

- Go to the CMS EHR Incentive Program website
  - Click on the *Registration* tab
  - Complete your registration
- Go to your state's website and complete the eligibility verification
- States will pay no later than 5 months after you register; most sooner




# Medicare & Medicaid EHR Incentive Program Registration and Attestation System


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

## About This Site

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

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

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

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

 [Eligible Hospitals](#)

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



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

### Login

#### Login Instructions

(\*) Red asterisk indicates a required field.

#### Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.

#### Eligible Hospitals

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

#### Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6553.

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

\* User ID:

\* Password:

Providers will use the  
NPPES/NPI web user  
account user name  
and password





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

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

[Home](#)

[Registration](#)

[Attestation](#)

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**Welcome Nichole Davick**

Last Successful Login: 11/24/2010 | Unsuccessful Login Attempts: 0

### Notifications

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

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

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

### Instructions

Select any tab to continue.



Tabs will guide  
users through  
each phase

## Registrations

### Registration Instructions

Welcome to the Registration Page.

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

#### Register

- Register for the EHR Incentive programs
- Continue an incomplete registration

#### Modify

- Modify Existing Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State

#### Cancel

- Discontinue participation in the Medicare & Medicaid EHR incentive programs

#### Reactivate

- Reactivate a previously canceled registration

#### Resubmit

- Resubmit a registration that was previously deemed ineligible.

### Registration Selection

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

Name	Tax Identifier	National Provider Identifier (NPI)	Registration Status	Action
Nichole Davick	XXX-XX-2454 (SSN)	1174853675	ISSUE PENDING	<a href="#">Resubmit</a> <a href="#">Cancel</a>

## Topics for this Registration

Registration ID: 1000000703

### Reason for Registration

- You have decided to resubmit your registration information.

### Topics

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

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

**Note:**

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

[MODIFY REGISTRATION](#)[BEGIN SUBMISSION](#) 

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## EHR Incentive Program

### Incentive Program Questionnaire

(\*) Red asterisk indicates a required field.

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

**\*Please select your Incentive Program**

☒ Medicare☐ Medicaid

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

**\*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. 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?](#)

Here you select program type (state for Medicaid providers), provider type, and EHR # if they have it

## EHR Incentive Program

### Incentive Program Questionnaire

(\*) Red asterisk indicates a required field.

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

**\*Please select your Incentive Program**

☐ Medicare

☒ Medicaid

**APPLY** 

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

**\*Medicaid State/Territory:**

[Why is my state not here?](#) 

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

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

**\*Do you have a certified EHR?**

☐ Yes

☒ No

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

**PREVIOUS PAGE** 

**SAVE AND CONTINUE** 

## Personal Information

### Name

First Name: John

Middle Name:

Last Name: Parker

Suffix:

### Identifiers

(\*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

Social Security Number (SSN): XXX-XX-9812 (SSN)

National Provider Number (NPI): 1972833564

\*Payee TIN Type:

EDI



APPLY



\*Group Name:

PARKER GROUP



APPLY



Payee TIN:

991039482

\*Payee NPI:

PREVIOUS PAGE

SAVE AND CONTINUE

Medicare will  
derive this  
information  
from PECOS  
for Medicare  
EPs

Medicaid EPs  
will have a  
text field

## 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 DRG Incentive Program payment I requested will be paid from Federal funds, that by filing the 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 DRG 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 DRG 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 DRG Incentive Program payment may be paid unless the registration form is completed and accepted as required by existing law and regulations (42 CFR 405.33).

**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.

**ADDITIONAL NOTICE:** Information from the Medicare/Medicaid DRG 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 DRG Incentive Program.

**DISCLOSURE:** Voluntary; however, failure to provide information will result in delay in payment or may result in denial of DRG Incentive Payment. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent DRG Incentive Payment from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare/Medicaid DRG Incentive Program. The Patient Protection and Affordable Care Act, Section 9402, Section 11262, provides penalties for withholding this information.

AGREE

DISAGREE

Legalese

User agrees and proceeds;  
user disagrees and cannot  
complete registration

## Submission Receipt

### Failed Submission

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

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

### Registration Tracking Information

**Registration ID:** 1000000703

**Name:** Nichole Davick

**Submitted Date:** 11/30/2010

**Reason(s) for Submission:**

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

[PRINT](#)[RETURN TO HOME](#)

Provider receives this message when there are problems with the registration. E.g., no match in PECOS, on the Death Master File, etc.

Home	Registration	Attestation	Status	Account Management
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## Identification Questionnaire

### CCN / NPI Information

(\*) Red asterisk indicates a required field.

LBN : Morton Plant Hospital Association, Inc

TIN : 590624462 (EIN)

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

\*CCN:

\*NPI:

Mostly, the hospital registration is similar to the EP registration.


One difference is that hospitals must provide their CCN and pick an NPI. These must match the TIN as well.

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


## EHR Incentive Program


### Incentive Program Questionnaire

(\*) Red asterisk indicates a required field.

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

**\*Please select your Incentive Program**


☐ Medicare ☐ Medicaid ☐ Both Medicare & Medicaid [APPLY](#) 

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

**\*Do you have a certified EHR?**

☐ Yes ☐ No

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

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

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

Unlike EPs, some hospitals can pick Medicare, Medicaid, or both



**IMPORTANT:** If a hospital is eligible for both programs, they should select both, even if they may not get an incentive for both in the 1<sup>st</sup> year.

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

- Please select the appropriate Medicaid State/Territory.
- Please select your Medicare hospital type.
- Please select your Medicaid hospital type.

### 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

**APPLY**

**\*Medicaid State/Territory:**  [Why is my state not here?](#)

**\*My Medicaid hospital is a:**

**\*My Medicare hospital is a:**

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.

The system will prevent a provider from proceeding when all required fields aren't complete.




If a provider selects *Medicaid* or *Both Medicare & Medicaid*, they must choose a state

## Submission Receipt

### Successful Submission

You have successfully registered for the EHR Incentive Payment Program.

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.

### Registration Tracking Information

**Registration ID:** 1000000746

**LBN:** Greater Baltimore Medical Center, Inc.

**Submitted Date:** 11/30/2010

**Submitted By:** Authorized Official

**Reason(s) for Submission:**

- You have modified your registration information.

Medicaid EPs and Medicaid hospitals must continue with the State's site to verify additional info.

Providers will not receive email confirmations at this point in the program.

It is important that providers print this page or record the information in some other way.



# Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program. Please note that the CHPL is a "snapshot" of the current list of certified products. The CHPL is updated frequently as newly certified products are reported to ONC.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to [ONC.certification@hhs.gov](mailto:ONC.certification@hhs.gov), with "CHPL" in the subject line.

## USING THE CHPL

To determine if an EHR product or a bundle of EHR products meets meaningful use requirements, or to request a CMS reporting ID:

1. Select your practice type using the two buttons below
2. Search for EHR Products and add them to your cart
3. Check your cart to see if the product or products meet 100% of the required criteria
4. Request a CMS EHR Certification ID using the button on the Certification Cart page

[Search Ambulatory Products](#)

[Search Inpatient Products](#)

If you do not wish to request a CMS EHR Certification ID, and only want to view a complete list of Certified EHR products that includes both Ambulatory and Inpatient products, please use the 'View list of all Certified Products' button.

[View List of all Certified Products](#)

# Questions?

- CMS EHR Incentive Program website  
[www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)
  - FAQs
  - Final Rule
  - Eligibility wizard
  - Information center support coming soon
  - Much more!
- Contact CMS staff