CMS
CENTERS for MEDICARE & MEDICAID SERVICES

REGISTRATION
USER GUIDE
For Eligible Professionals

Medicaid Electronic Health Record
(EHR) Incentive Program

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CONTENTS

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

Medicare and Medicaid regulations can be found on the CMS Web site at *http://www.cms.gov*

Step 1 – Getting Started

This is a step-by-step guide for the Medicaid 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.

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.

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

Click *Continue* to start the registration process

💡 **TIP**

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

Step 1 - Continued

Carefully review the screen for important information.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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

◀ Previous   Continue ▶

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STEPS
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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: _____

• View our checklist of required materials here.

[Log In]   [Cancel]

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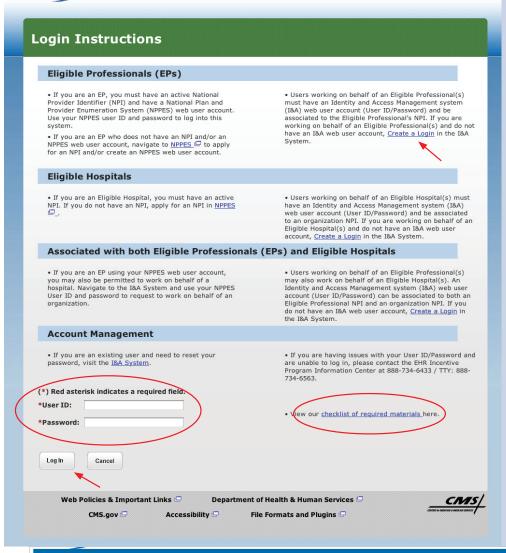
CMS

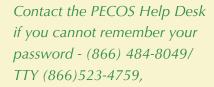### Identity and Access Management (I&A)

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

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

[YES]   [NO]

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

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Click on Access Requests

Click Add Access Request

Click **Submit**

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
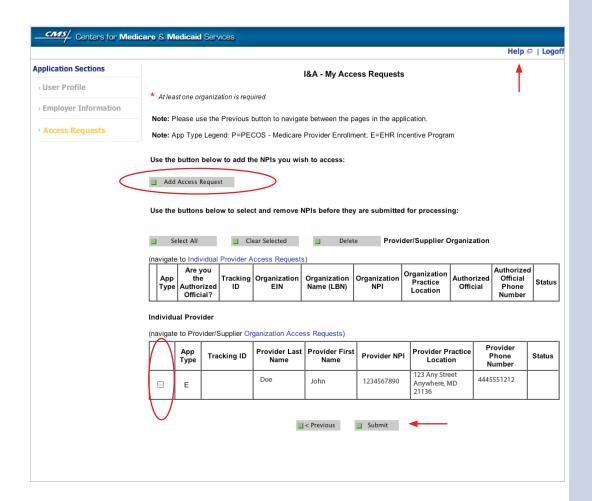
TIP

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

STEPS
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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** 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

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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

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.

▢ Return to Home System

STEPS
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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

Step 2 – Login (Continued)

Working on Behalf of an Eligible Professional

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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?	
* What direction is the South Pole?	

Next >

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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:

Next >

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Help

I&A - User Profile

Application Sections
› User Profile
› Employer Information
› Access Requests

* Indicates Required Field

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

User Profile Information:

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

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

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

* E-mail Address: | * Retype E-mail Address:

Next >

Centers for Medicare & Medicaid Services

Help | Logoff

I&A - Employer Information

Application Sections
› User Profile
› Employer Information
› Access Requests

* 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:
United States

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

< Previous | Next >

TIPS *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 3 – Welcome

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

STEPS
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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

Step 4 – Registration

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

https://ehrincentives.cms.gov

Step 5 – Reason for this Registration

Review and follow the registration instructions below.

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.

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 123456789012

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 | Personal Information | Progress: 0 of 1 | ▶ |

| 3 | 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 ▶

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STEPS
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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.

STEPS
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Select Medicaid

Select your Medicaid State/Territory

Select your Eligible Professional Type.

Click *Yes* or *No* at "Do you have a certified EHR?" If yes, enter the EHR Certification Number

Click *Save & Continue*

TIPS

States are launching their programs at different times, so your state may not yet be available. Click on the CMS website link for more information.
https://www.cms.gov/ EHRIncentivePrograms/

Click on the CMS EHR Certification Number website to obtain your certified EHR number.
http://healthit.hhs. gov/CHPL

Follow the instructions on the website to locate your CMS EHR Certification Number

You must enter your certification number when Attesting for the EHR Incentive Program. The number is not required for registration

Step 7 – Personal Information

Follow the instructions below regarding your personal information.

TIPS   *Medicaid EPs can elect to have their payment go to another qualified entity by selecting Payee TIN Type of EIN. and this information will be sent to the State*

There are rules around reassignments governing this program, please see the CMS website for more information: http://www.cms.gov/EHRIncentivePrograms/

Step 8 – Business Address and Phone

Be sure to complete all requested information.

STEPS
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Review the Business Address & Phone information and revise if applicable.

Enter your e-mail address and confirm the e-mail address.

Click *Save & Continue*

You will receive an e-mail confirmation once you have successfully completed your registration

TIPS

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

Address and Phone number can be changed for purposes of this program, however it will not update your NPI record in NPPES

If this information is incorrect, please update your NPPES account as well

Step 9 – Registration Progress

Be sure to complete all the topics below.

TIP

Progress bars indicate that the topics are **completed**

Step 10 – Verify Registration

Be sure to verify all your personal information.

TIPS

Click on Exit to go to the home page

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

Step 11 – Registration Disclaimer

Be sure to read the entire disclaimer.

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Registration and Attestation System

Log Out | Help

Welcome Your Name   My Account

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Registration Disclaimer

General Notice

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

Your Name

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

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.

[Agree]   [Disagree]

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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.

You must contact your State to complete your registration

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

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

TIPS *Wait 24 hours to contact your State to finish the registration, to allow for processing*   *Print a copy of the receipt for your records.*

Step 13 – Status Summary

Review all current and previous information related to your account.

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

Step 13 – Status Information

Review the details of your registration process.

Medicare & Medicaid EHR Incentive Program
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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.
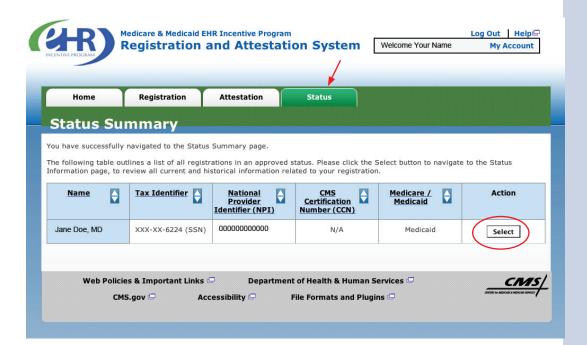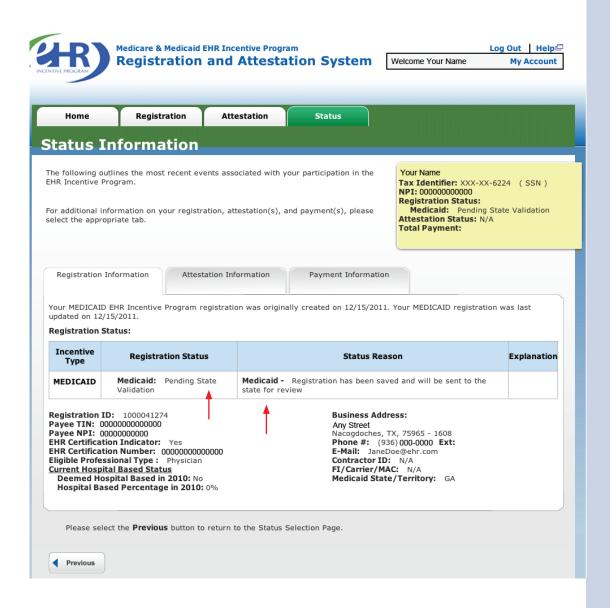
For additional information on your registration, attestation(s), and payment(s), please select the appropriate tab.

> Your Name
> **Tax Identifier:** XXX-XX-6224 (SSN)
> **NPI:** 000000000000
> **Registration Status:**
>   **Medicaid:** Pending State Validation
> **Attestation Status:** N/A
> **Total Payment:**

| Registration Information | Attestation Information | Payment Information |

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

Registration Status:

Incentive Type	Registration Status	Status Reason	Explanation
MEDICAID	**Medicaid:** Pending State Validation	**Medicaid -** Registration has been saved and will be sent to the state for review	

Registration ID: 1000041274
Payee TIN: 00000000000000
Payee NPI: 00000000000
EHR Certification Indicator: Yes
EHR Certification Number: 00000000000000
Eligible Professional Type : Physician
Current Hospital Based Status
  Deemed Hospital Based in 2010: No
  Hospital Based Percentage in 2010: 0%

Business Address:
 Any Street
 Nacogdoches, TX, 75965 - 1608
Phone #: (936) 000-0000 **Ext:**
E-Mail: JaneDoe@ehr.com
Contractor ID: N/A
FI/Carrier/MAC: N/A
Medicaid State/Territory: GA

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

[Previous]

Registration details appear in the body of the screen

Information displayed includes:

- **The registration status reason**
- **Fiscal Intermediary (FI)/Carrier/ Medicare Administrative Contractor (MAC)**
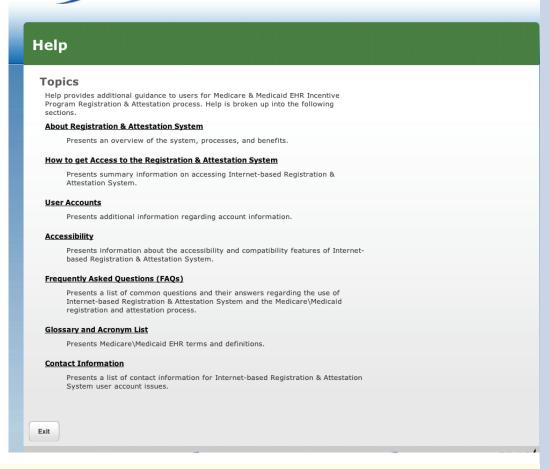- **Validation performed on registration**

TIPS

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

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.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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
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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

TIP

EHR Incentive Program; visit
https://www.cms.gov/EHRIncentivePrograms/

Acronym Translation

CMS	Centers for Medicaid & Medicaid Services
DMF	Social Security Death Master File
EH	Eligible Hospital
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
RHC	Rural Health Center
SSN	Social Security Number
TIN	Tax Identification Number

ACRONYMS

Register for CMS
Electronic Health Record Incentives

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