CHITREC
CHICAGO HEALTH INFORMATION TECHNOLOGY
REGIONAL EXTENSION CENTER

Illinois Medicaid EHR Incentive Program Registration

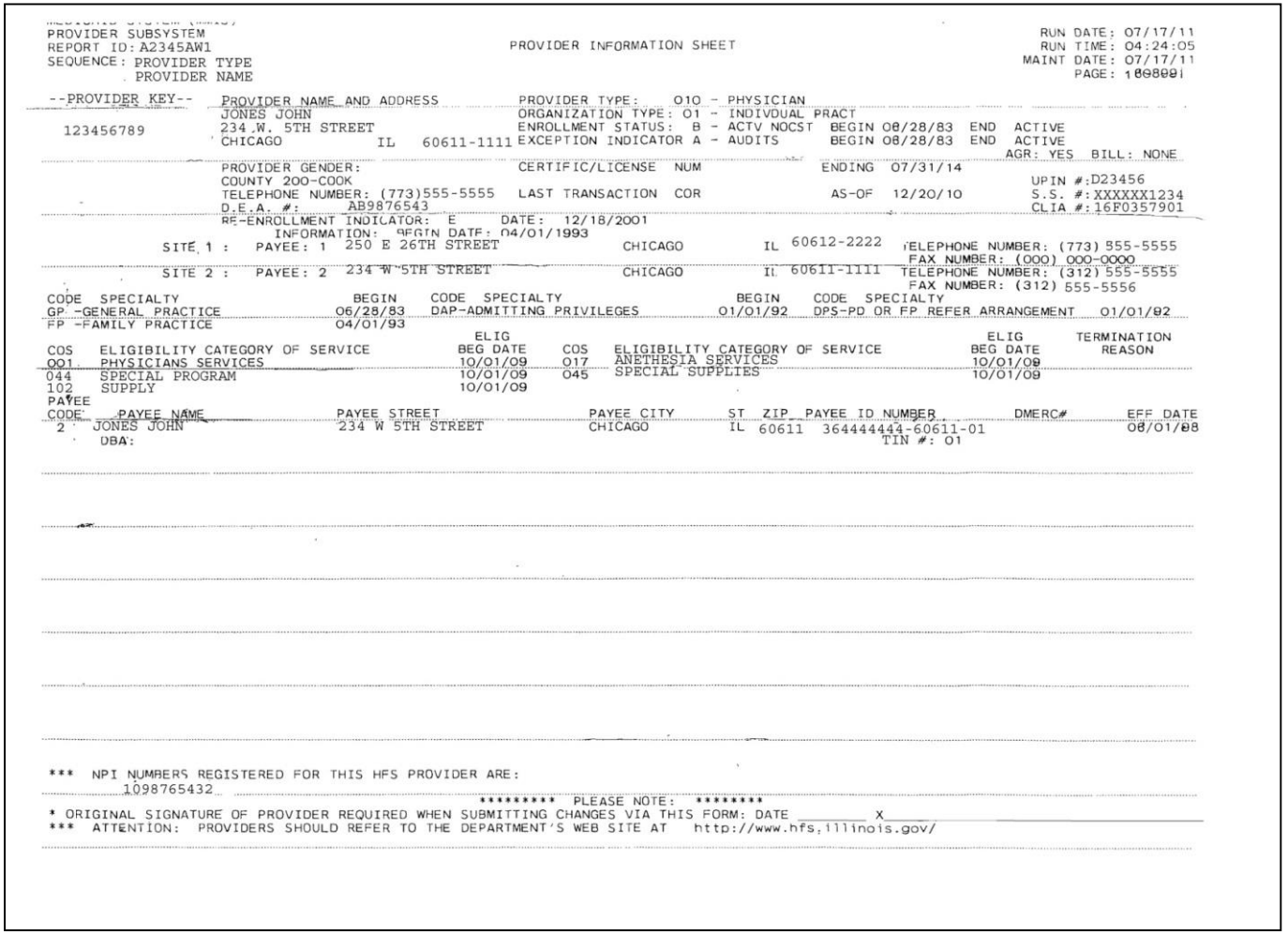
Illinois EHR Incentive Help Desk
muhelpdesk@chitrec.org
855-684-3571

What to Prepare

- NPPES Web Account username and password
  - Allows access to the EHR program registration system
  - If necessary, call the federal CMS EHR Help Desk at 866-484-8049 (option #1) to request username and password reset

- HFS Provider Information Sheet
  - Shows HFS identifiers (business name must be exact)
  - If necessary, call HFS Provider Enrollment at 877-782-5565 (select option #1) to request a copy by mail

Provider Information Sheet



PROVIDER SUBSYSTEM
REPORT ID: A2345AW1
SEQUENCE: PROVIDER TYPE
PROVIDER NAME

PROVIDER INFORMATION SHEET

RUN DATE: 07/17/11
RUN TIME: 04:24:05
MAINT DATE: 07/17/11
PAGE: 1

--PROVIDER KEY--
123456789

PROVIDER NAME AND ADDRESS
JONES JOHN
234 W. 5TH STREET
CHICAGO IL 60611-1111

PROVIDER TYPE: 010 - PHYSICIAN
ORGANIZATION TYPE: 01 - INDIVDUAL PRACT
ENROLLMENT STATUS: B - ACTV NOCST BEGIN 08/28/83 END ACTIVE
EXCEPTION INDICATOR A - AUDITS BEGIN 08/28/83 END ACTIVE
AGR: YES BILL: NONE

PROVIDER GENDER:
COUNTY 200-COOK
TELEPHONE NUMBER: (773)555-5555
D.E.A. #: AB9876543
RE-ENROLLMENT INDICATOR: E DATE: 12/18/2001
INFORMATION: BEGIN DATE: 04/01/1993

CERTIFIC/LICENSE NUM
LAST TRANSACTION COR

ENDING 07/31/14
AS-OF 12/20/10

UPIN #:D23456
S.S. #:XXXXXX1234
CLIA #:16F0357901

SITE 1 : PAYEE: 1 250 E 26TH STREET CHICAGO IL 60612-2222
TELEPHONE NUMBER: (773) 555-5555
FAX NUMBER: (000) 000-0000

SITE 2 : PAYEE: 2 234 W 5TH STREET CHICAGO IL 60611-1111
TELEPHONE NUMBER: (312) 555-5555
FAX NUMBER: (312) 555-5556

CODE	SPECIALTY	BEGIN
GP	-GENERAL PRACTICE	06/28/83
FP	-FAMILY PRACTICE	04/01/93

CODE	SPECIALTY	BEGIN
DAP	-ADMITTING PRIVILEGES	01/01/92

CODE	SPECIALTY	BEGIN
DPS	-PD OR FP REFER ARRANGEMENT	01/01/92

COS	ELIGIBILITY CATEGORY OF SERVICE	ELIG BEG DATE	COS	ELIGIBILITY CATEGORY OF SERVICE	ELIG BEG DATE	TERMINATION REASON
001	PHYSICIANS SERVICES	10/01/09	017	ANETHESIA SERVICES	10/01/09	
044	SPECIAL PROGRAM	10/01/09	045	SPECIAL SUPPLIES	10/01/09	
102	SUPPLY	10/01/09				

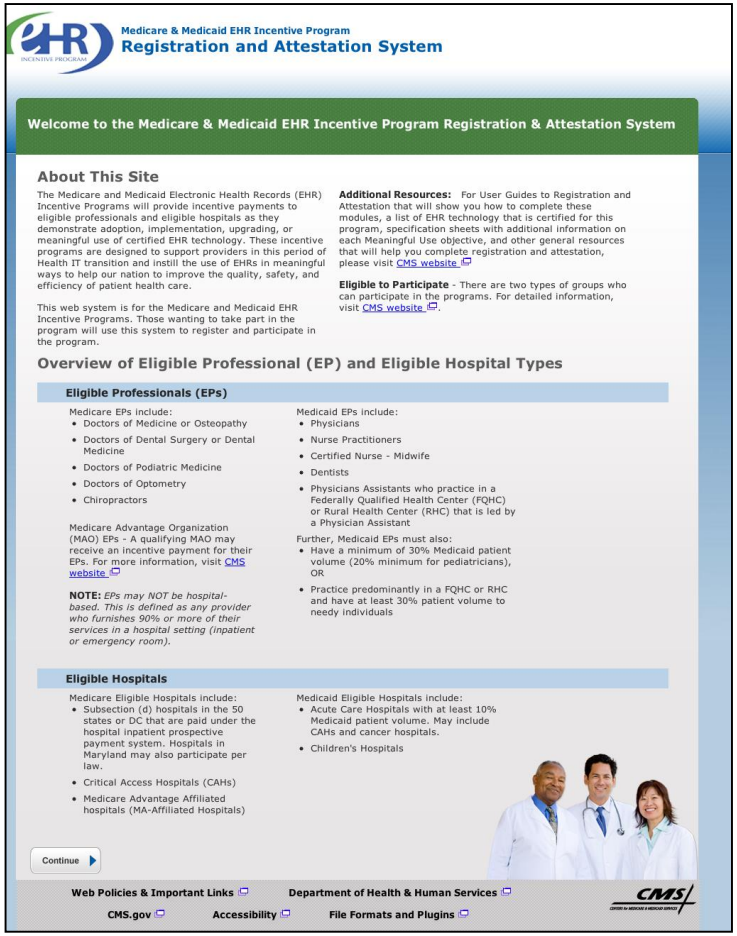
PAYEE CODE	PAYEE NAME	PAYEE STREET	PAYEE CITY	ST	ZIP	PAYEE ID NUMBER	DMERC#	EFF DATE
2	JONES JOHN DBA:	234 W 5TH STREET	CHICAGO	IL	60611	364444444-60611-01 TIN #: 01		08/01/88

*** NPI NUMBERS REGISTERED FOR THIS HFS PROVIDER ARE:
1098765432

********* PLEASE NOTE: ********
* ORIGINAL SIGNATURE OF PROVIDER REQUIRED WHEN SUBMITTING CHANGES VIA THIS FORM: DATE _____ X_____
*** ATTENTION: PROVIDERS SHOULD REFER TO THE DEPARTMENT'S WEB SITE AT http://www.hfs.illinois.gov/

Registration and Attestation System

- Visit the EHR Incentive Program Registration and Attestation System (https://ehrincentives.cms.gov)
- Click the "Continue" button at bottom



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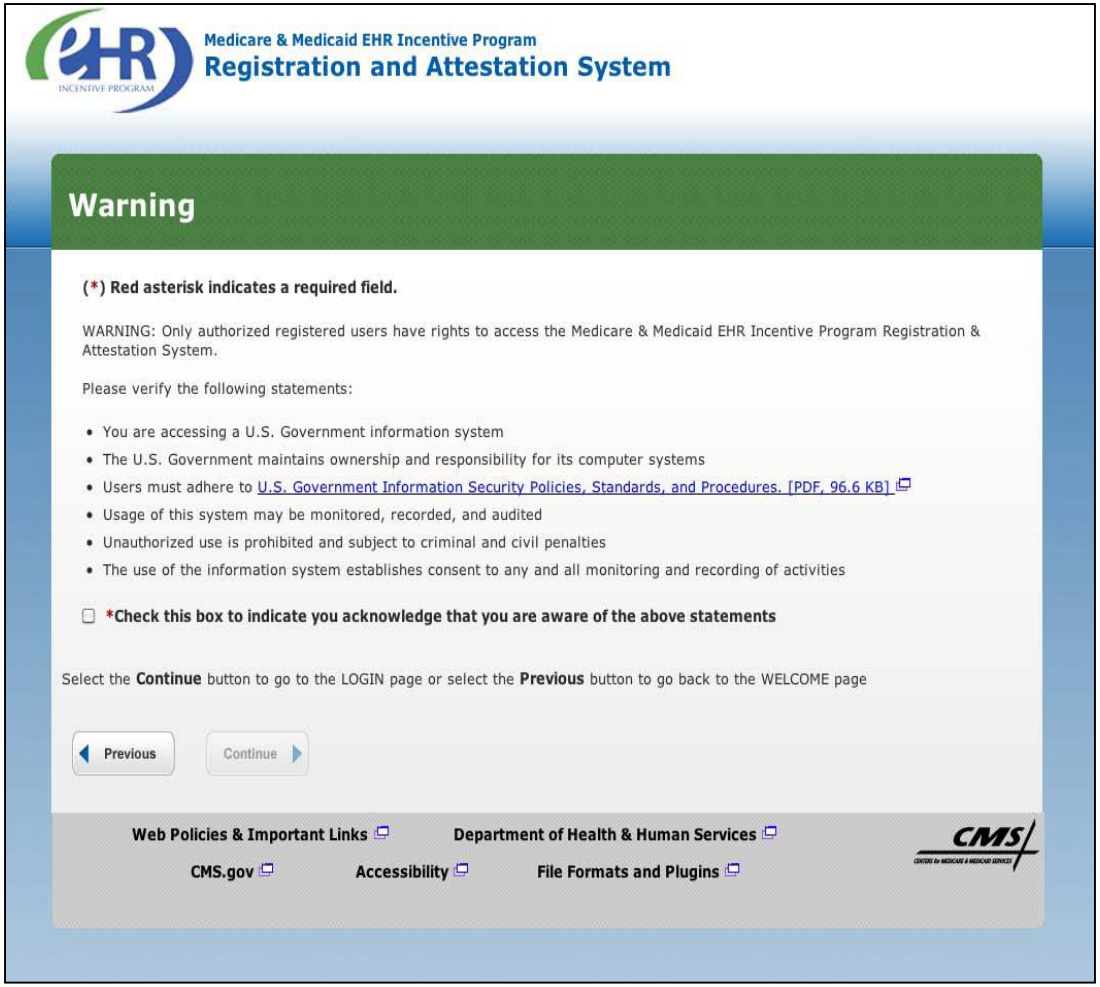
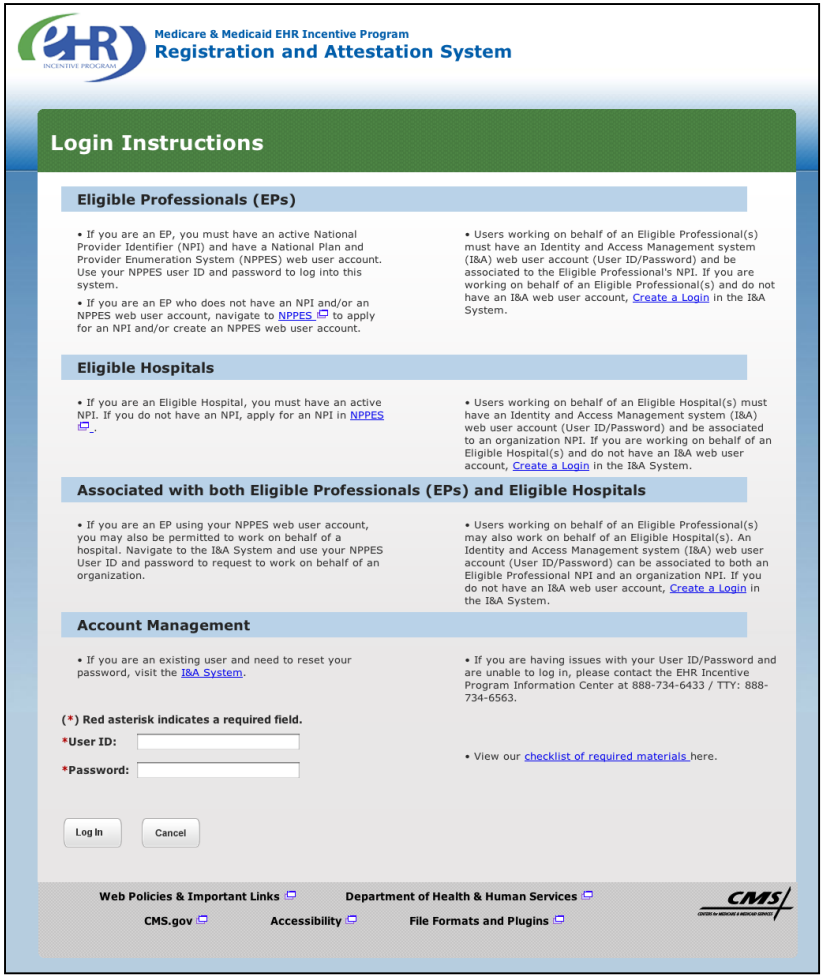
Login Warning

- Review the warning regarding proper use of the Registration and Attestation System
- Click the checkbox to indicate your acknowledge these statements
- Click the "Continue" button



Login Instructions

- Enter the NPPES Web User Account login/password
- Individual providers should use their own NPPES Web User Account
- Practice managers/administrators can use their own NPPES Web User Account *if it has been authorized by the provider to act on his/her behalf*
- Click the "Log In" button



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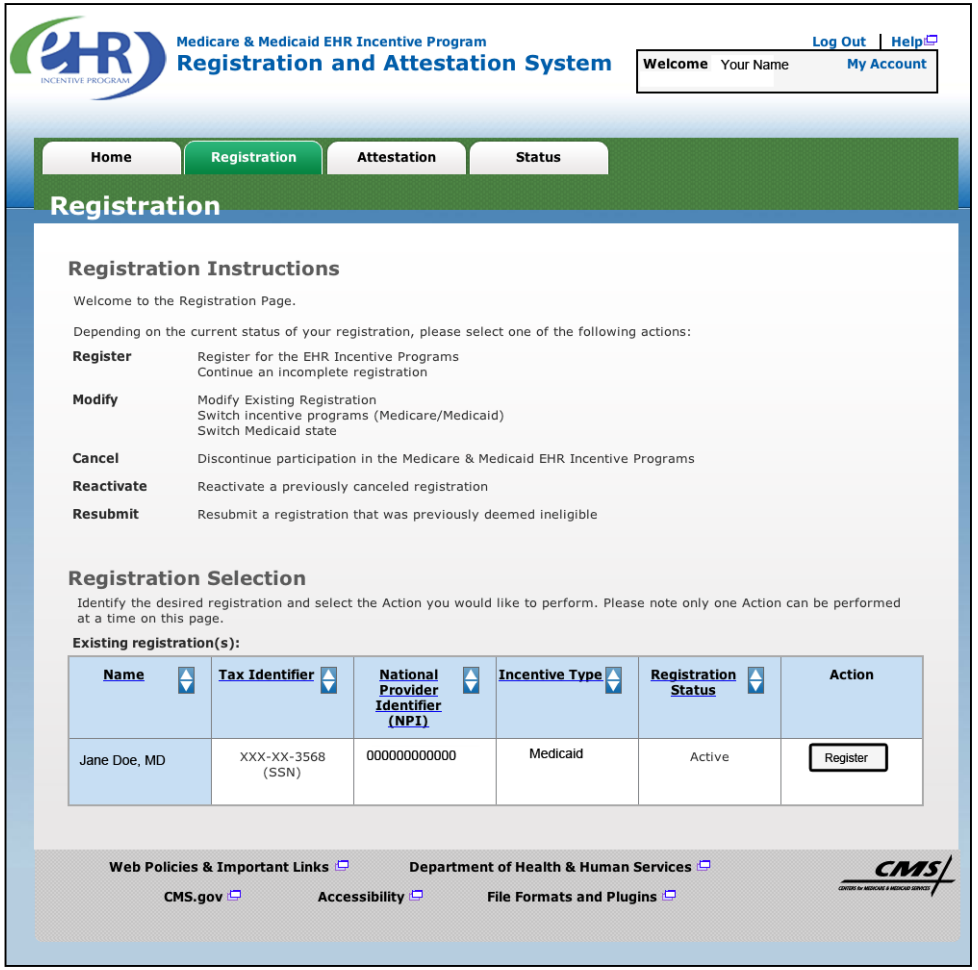
Home Tab

- Click the Registration tab at top (or "Registration" button in the page body)

Registration Tab: Instructions

- In the table of "Existing registration(s)", click the "Register" button in the row of the provider you wish to register
- Individual providers will only see their own name
- Practice Managers/Administrators will see the names of all providers who have authorized them to act on their behalf



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Registration Tab: Progress

- Click Topic 1, the "EHR Incentive Program" button

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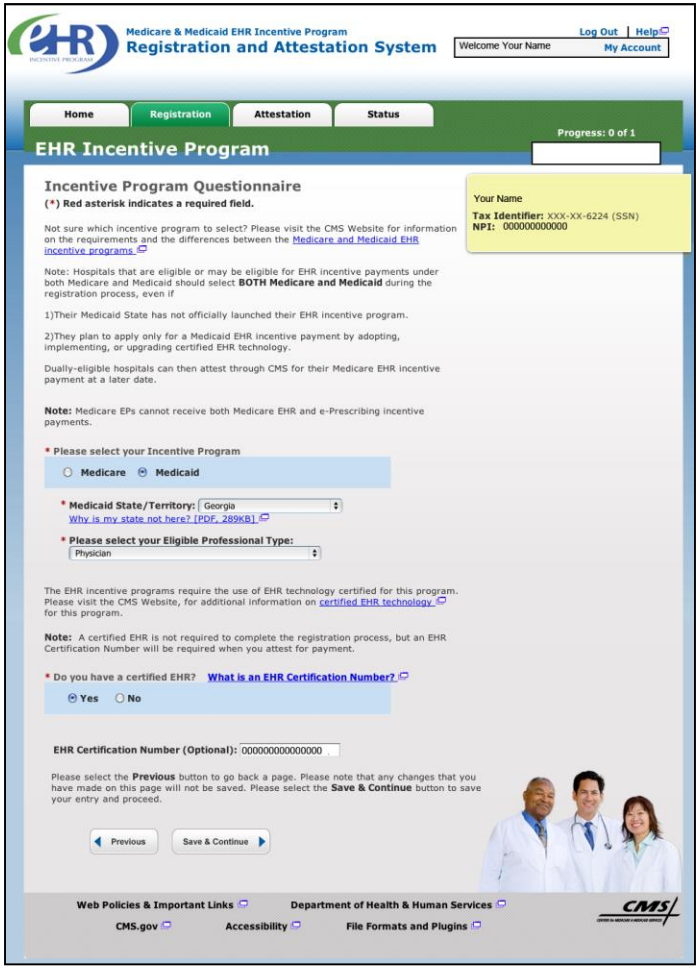
Registration Tab: Program Questionnaire

- Select "Medicaid" from the Incentive Program options
- Select "Illinois" from the Medicaid State/Territory dropdown
- Select your Eligible Professional Type from the dropdown
- Click "Yes" if you already have a certified EHR or "No" if you do not
- Enter your EHR Certification Number, provided by your vendor or looked up at https://chpl.healthit.gov (optional)
- Click the "Save and Continue" button



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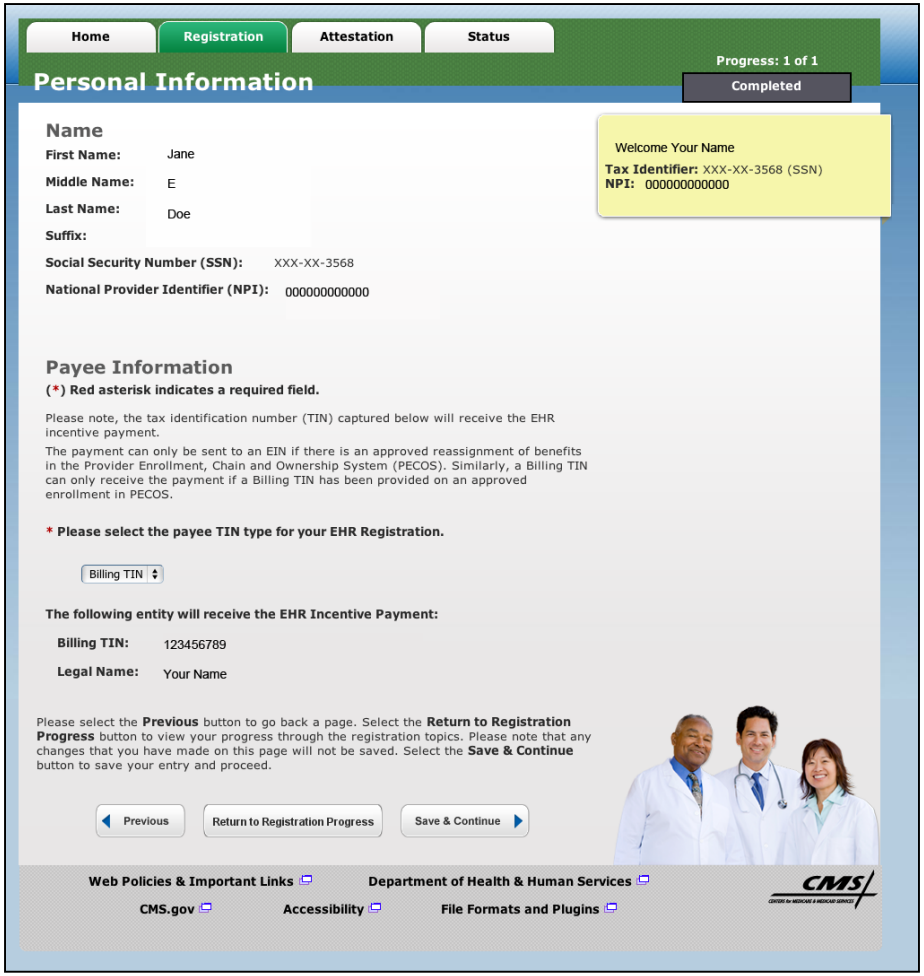
Registration Tab: Personal Information

- Select the payee TIN type (most will choose "Group Re-Assignment")
- Enter the Group Name *exactly as it appears under the "Payee Name" section of your Provider Information Sheet*
- Enter the Group TIN
- Enter the Group NPI
- Click the "Save and Continue" button



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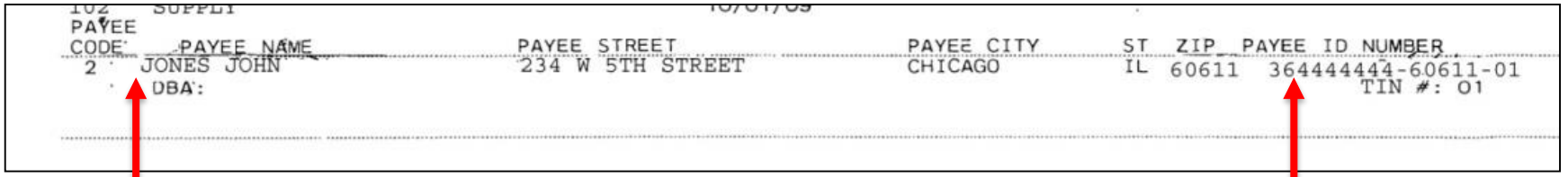
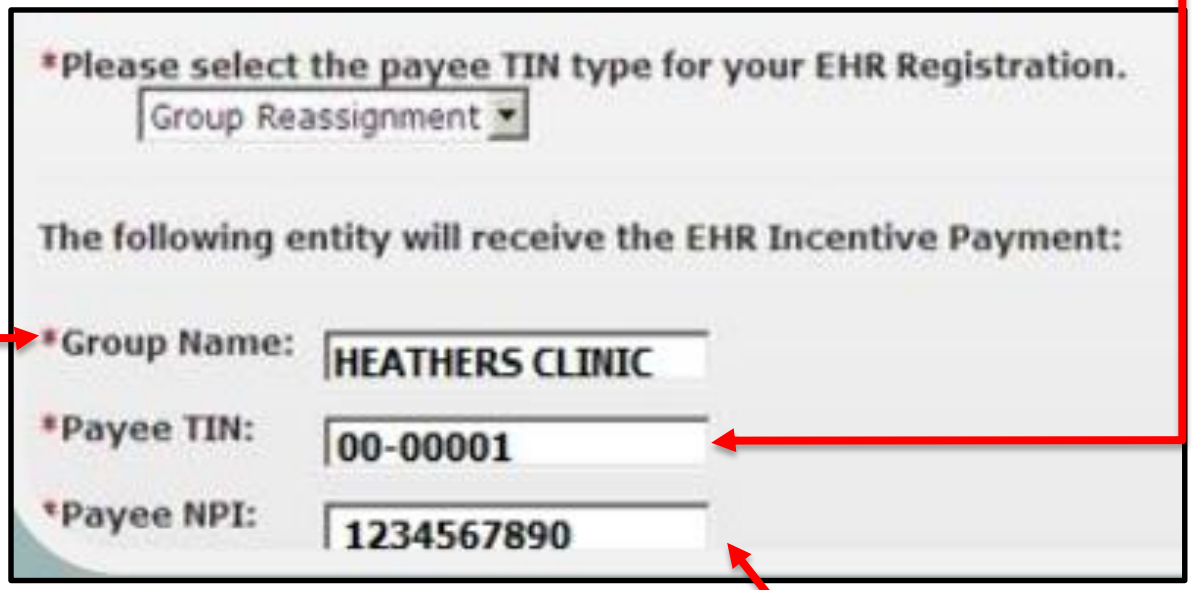
Provider Information Sheet



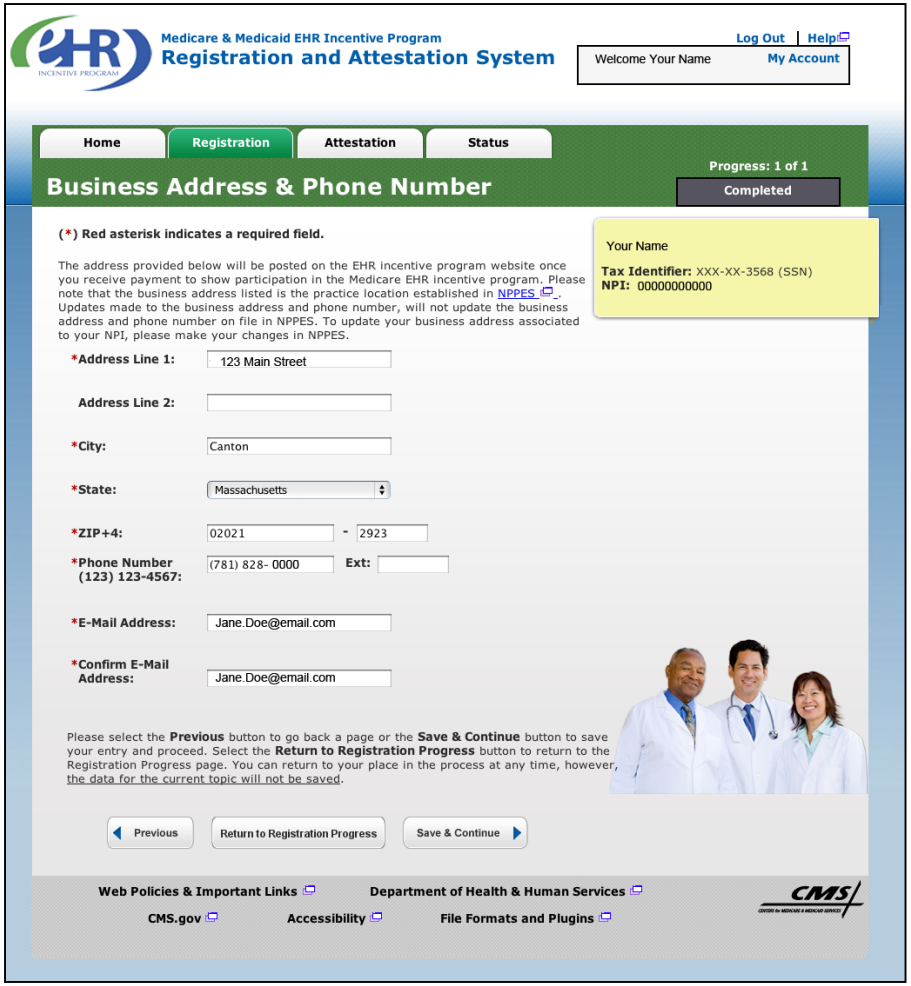
PAYEE CODE	PAYEE NAME	PAYEE STREET	PAYEE CITY	ST	ZIP	PAYEE ID NUMBER
2	JONES JOHN DBA:	234 W 5TH STREET	CHICAGO	IL	60611	364444444-60611-01 TIN #: 01



Does not appear on Provider Information Sheet

Registration Tab: Business Information

- Review the Business Address & Phone Number presented
- Make revisions if information is inaccurate (please note, this will NOT update information stored in your NPPES Web User Account)
- Enter and Confirm a contact E-Mail Address
- Click the "Save and Continue" button



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Registration Tab: Progress

- Click the "Proceed with Submission" button

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Registration Tab: Verify Registration

- Review the Registration Information
- Click the "Submit Registration" button

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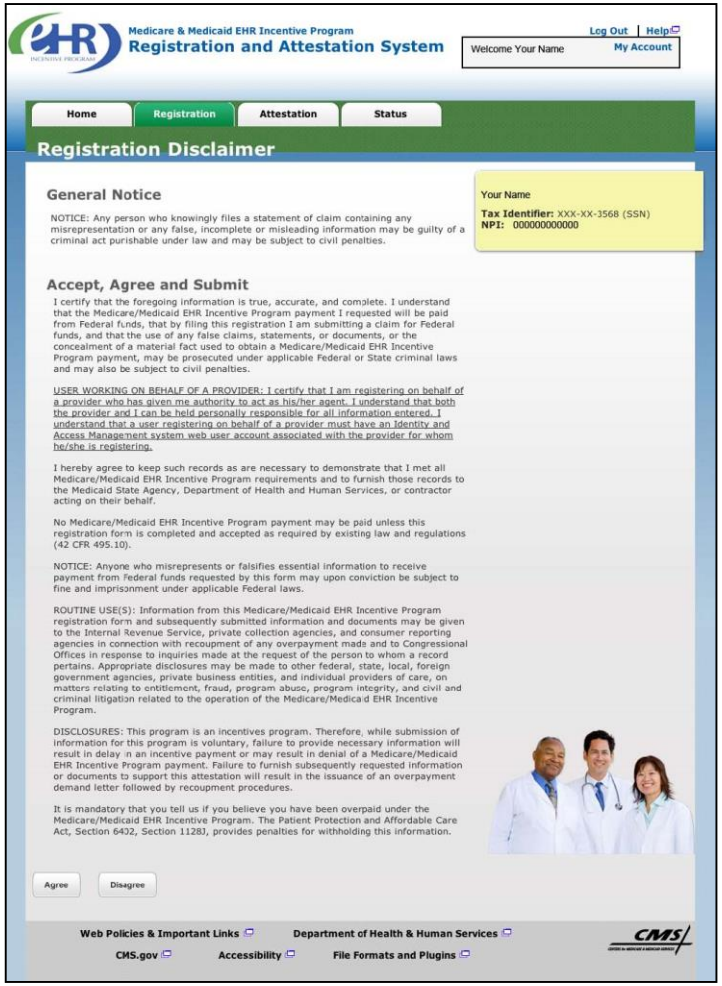
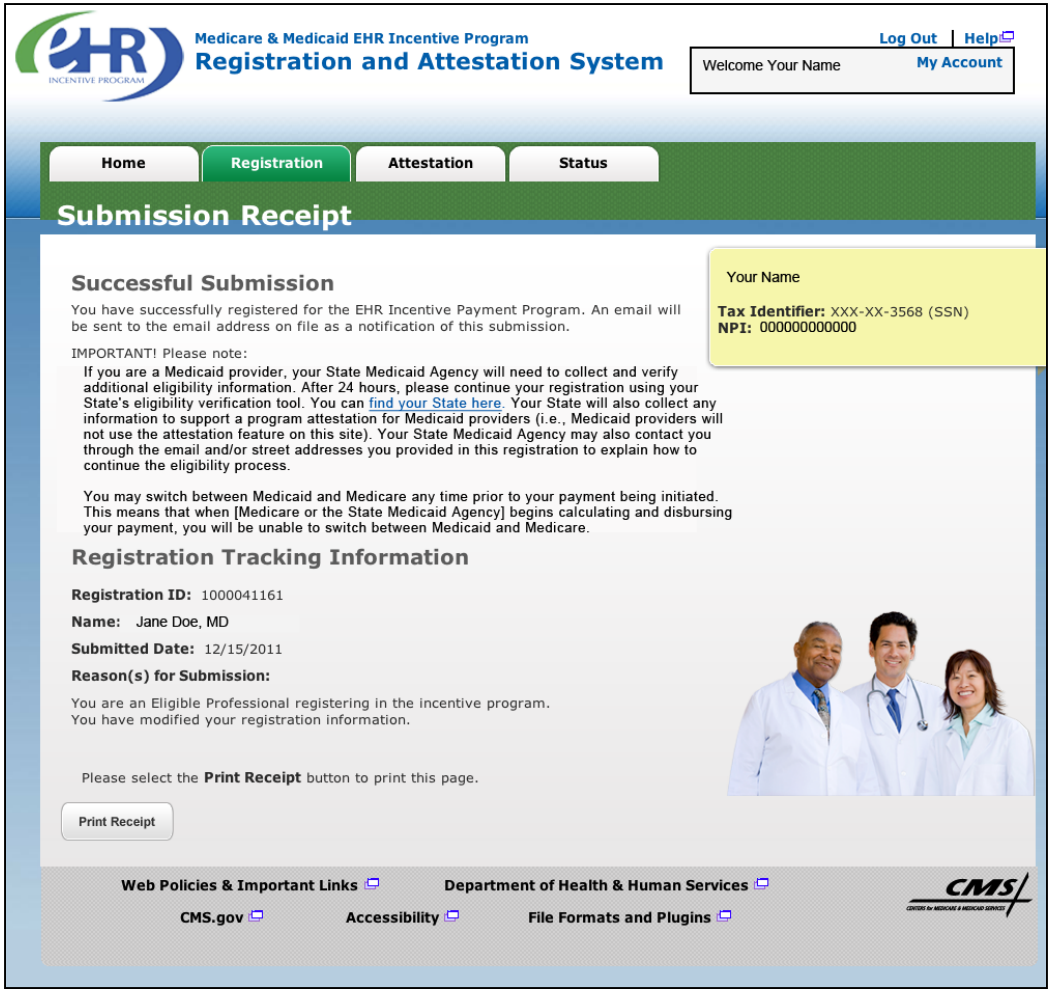
Registration Tab: Disclaimer

- Read the Registration Disclaimer
- Click the "Agree" button to accept the disclaimer
- Click the "Disagree" button to refuse to the disclaimer (cannot complete registration if you refuse)



Registration Tab: Submission Receipt

- Note your Registration ID on the Submission Receipt page
- Click "Print Receipt" to print a copy of the successful Submission



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Help Desk Information

For any EHR Incentive related questions, please use the contact information below:

- Support Line: 855-684-3571 (855-MU-HELP-1)
- E-mail: muhelpdesk@chitrec.org