

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

SEQUENCE : PROVIDER PROVIDER	TYPE NAME		PR	OVIDER INFORMA	TION SHEE	Т			RUN RUN MAINT	DATE: 07/17/11 TIME: 04:24:05 DATE: 07/17/11 PAGE: 1808001
PROVIDER KEY 123456789	PROVIDER NAM JONES JOHN 234 W. 5TH CHICAGO	ME_AND_ADDRE STREET IL	SS P 0 60611-1111 E	ROVIDER TYPE: RGANIZATION TY NROLLMENT STAT XCEPTION INDIC	010 - PE: 01 - US: B - ATOR A -	PHYSICIA INDIVDUA ACTV NOC AUDITS	N L PRACT ST BEGIN BEGIN	08/28/83 08/28/83	END ACTIVE	
-	PROVIDER GEI COUNTY 200-(TELEPHONE N D.E.A. #:	NDER: COOK UMBER: (773) AB987654	Cl 555-5555 L. 3	ERTIFIC/LICENS	E NUM IN COR		ENDING AS-OF	07/31/14	UPIN S.S. CLIA	#:D23456 #:XXXXX1234 #:16F0357901
SITE, 1	INFOR	MATION: 9FG 1 250 E 261	TN DATE: 04/0 TH STREET	01/1993 CHI	CAGO	IL 6	0612-2222	FAX NU	NE NUMBER: (MBER: (000)	773) 555-5555 000-0000
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UDA:										
004:										
UDA :										
VDA:	EGISTERED FOR	THIS HFS PF	ROVIDER ARE :			,				



Registration and Attestation System

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







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

) Red asteri	k indicates a required field.
ARNING: Only	authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & em.
ease verify th	e following statements:
You are acce	ssing a U.S. Government information system
The U.S. Go	vernment maintains ownership and responsibility for its computer systems
Users must	idhere to U.S. Government Information Security Policies, Standards, and Procedures. [PDF, 96.6 KB]. 🛱
Usage of thi	system may be monitored, recorded, and audited
Unauthorize	use is prohibited and subject to criminal and civil penalties
The use of t	e 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
ct the Contin	e button to go to the LOGIN page or select the Previous button to go back to the WELCOME page
Previous	commue
ct the Contin	e button to go to the LOGIN page or select the Previous button to go back to the WELCOME page



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







Home Tab

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

Home	Registration	Attestation	Status		
Velcome to	the Medicare & I	Medicaid EHR In	centive Program R	egistration & Attest	ation Syst
st Successful	Login: 12/15/2011 Ui	nsuccessful Login Atte	empts: 0		
For Medicare E	HR incentive program p	articipants, you will nee	ed to demonstrate		
meaningrui use	or certified ERK techno	logy.			
For Medicaid E implementatio	HR incentive program pa n, upgrading, or meanin	articipants, you will nee gful use of certified EH	ed to demonstrate adoptic R technology in your first	on,	
year and demo	onstrate meaningful use cours through your State	for the remaining year Medicaid Agency.	s in the program. Attesta	tion	
Inctructi		ricalcara rigency:			
Select any top	ic to continue.				
Registrat	ion 🕨 🕨				
Regis	ter in the Incentive Payr	nent Program			
 Contin 	nue Incomplete Registrat	tion			
 Modify 	y Existing Registration				
 Result 	mit a Registration that	was previously deemed	ineligible		
 React 	ivate a Registration				
 Switch 	h Incentive Programs (M	edicare/Medicaid)			
 Switch 	h Medicaid State				
 Cance 	I participation in the Inc	entive Program			
Attestatio	n •				
Medicare					
 Attest 	for the Incentive Progra	am			
 Contir 	nue Incomplete Attestati	on			
Modif	y Existing Attestation				
Discor	ntinue Attestation				
Resut	mit Failed or Rejected A	ttestation			-
 React 	ivate Canceled Attestation	n			
Note: Atte	station for the Medicaid	incentive program occu	urs at the State Medicaid	125	25
Agency.					CA ES
Status					816
	-				107
View	current status of your Re	egistration, Attestation,	and Payment(s) for the	A Shall	
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Web Delleles	a Terrardonat Links	Demandres and al	Waahh 0 Waaaa Caada		-



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





Registration Tab: Progress

 Click Topic 1, the "EHR Incentive Program" button





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
 HITREC



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







Provider Information Sheet

102 SUPPLI	L	10/01/03		
PAYEE CODEPAYE 2 JONES C DBA:	E_NAME JOHN	PAYEE STREET 234 W 5TH STREET	PAYEE CITY CHICAGO	ST ZIP PAYEE ID NUMBER IL 60611 364444444-60611 TIN #: 01
	*Please select Group Rea The following e	the payee TIN type for assignment	or your EHR Re EHR Incentive	gistration. Payment:
	*Group Name: *Payee TIN:	HEATHERS CLINIC		
	*Payee NPI:	1234567890		
IITREC			Does Inforn	not appear on Prov nation 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

Home	Registration	Attestation	Status	
usiness /	Address &	Phone Nu	mber	Progress: 1 of 1 Completed
(*) Red asterisk i	ndicates a required 1	īeld.		Your Name
The address provid you receive payme note that the busine Updates made to th address and phone to your NPI, please	ed below will be poste nt to show participatio ass address listed is t ee business address a number on file in NPF make your changes i	ed on the EHR incentiv on in the Medicare EH he practice location er nd phone number, wil PES. To update your b n NPPES.	ve program website on R incentive program. P stablished in <u>NPPES</u> I not update the busine usiness address associ	reaction takes lease siss ated
*Address Line 1	123 Main Stre	et		
Address Line 2				
*City:	Canton			
*State:	Massachusetts	\$		
*ZIP+4:	02021	- 2923		
*Phone Number (123) 123-456	(781) 828- 0000) Ext:		
*E-Mail Address	: Jane.Doe@em	ail.com		•
*Confirm E-Mail Address:	Jane.Doe@em	ail.com		A 🤶 🖗
Please select the your entry and pro Registration Progr the data for the cr	Previous button to go oceed. Select the Ret ess page. You can ref urrent topic will not b	b back a page or the S urn to Registration I turn to your place in t <u>e saved</u> .	Gave & Continue butto Progress button to reto he process at any time	n to save urn to the , however,
Previou	Return to Regis	tration Progress S	ave & Continue 🕨	



Registration Tab: Progress

 Click the "Proceed with Submission" button





Registration Tab: Verify Registration

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





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

	Medicare & Medicaid E	HR Incentive Progra	am		.og Out 🔰 Help🖵
INCENTIVE PROGRAM	Registration	and Attesta	tion System	Welcome Your Name	My Account
Home	Registration	Attestation	Status		
Submissi	on Receipt				
Successful	Submission			Your Name	
You have successf be sent to the ema	ully registered for the E ail address on file as a	EHR Incentive Paymer notification of this sub	nt Program. An email will omission.	Tax Identifier: XXX-XX NPI: 00000000000	-3568 (SSN)
IMPORTANT! Pleas	e note: spid provider, your State	Modicaid Agones will	need to collect and verify		
additional eligibil State's eligibility information to su not use the attest through the email continue the eligi	tiy information. After 24 verification tool. You can pport a program attestati tation feature on this site and/or street addresses bility process.	n hours, please continue n find your <u>State here</u> ion for Medicaid provid a). Your State Medicaid s you provided in this r	your registration using yo Your State will also collec lers (i.e., Medicaid provide d Agency may also contact egistration to explain how	our t any rs will you to	
You may switch b This means that y your payment, yo	between Medicaid and M when [Medicare or the S u will be unable to switc	edicare any time prior tate Medicaid Agency] h between Medicaid ar	to your payment being init begins calculating and dis nd Medicare.	iated. bursing	
Registratio	IT TRACKING III	ionnation			
Registration ID:	1000041161				
Name: Jane Doe	, MD				
Submitted Date:	12/15/2011				
Reason(s) for Su You are an Eligible You have modified	bmission: Professional registerir I your registration infor	ng in the incentive pro mation.	gram.		
Please select the	Print Receipt button t	to print this page.			1 Mar
Print Receipt					
Web Polici	ies & Important Links	🗢 Departm	ent of Health & Human	Services 🖵	
CM	1S.gov 🗁 🛛 🗛	ccessibility 🗔	File Formats and Plug	gins 🖨	CONTROL SA MERICAN & MERICAN SERVICES





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

