

Meaningful Use Provider Registration

Revised 3/18/12

The Medicare and Medicaid Meaningful Use Incentive Programs provide incentive payments to eligible professionals that demonstrate adoption, implementation, upgrade, or demonstrate meaningful use of certified EHR technology. The Medicaid Meaningful Use incentive requires that you register each provider through CMS and the state. After registering the provider, you will complete the attestation through the state. The process for the CMS registration is outlined below. Additional information on the state process will be provided as soon as it is available.

1. **Obtain EHR Certification Number:** Go to <http://healthit.hhs.gov/CHPL> and obtain your EHR Certification Number for your practice.
 - o Select the Ambulatory Practice Type at the bottom of the screen.
 - o Search by the Vendor Name for your EHR Product. Click on “Add to Cart” for the certified version the practice is on. Continue adding products to your shopping cart if you are using multiple products to meet 100% of the MU criteria.
 - o Once you have 100%, click on the “Get CMS EHR Certification ID” button.
Keep a copy of this document or have it emailed to you.
2. **Gather data for each Eligible Provider:** The practice should gather the data required for each eligible provider (EP) in its practice using the data collection tool to streamline the process. Ensure that the provider meets the pre-requisites listed below. Obtain any missing items.

Provider Pre-Requisites:

- Active NPI number in NPPES
 - NPPES I & A web user account (NPPES User ID and password):
 - If the provider does not remember his/her User ID and password, call CMS’ External User Services (EUS) Help Desk at 866-484-8049.
 - If the provider needs to apply for a new NPPES account, go to <https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do>
Application requires EPs date of birth, social security number and State of birth. You must wait 24 hours after applying for a new NPPES account before you can log into that account.
 - Meet the incentive program eligible provider definition
 - Meet the eligibility requirements for the incentive program
 - Must not have an OMIG Exclusion
3. **Obtain an I & A Account for your health center.** Obtain an I & A Web Account if you do not have one already. CMS allows an eligible provider to designate a third party to register and attest on his or her behalf. The practice administrator who is working on behalf of the provider must have an Identity and Access Management System (I &A) web

user account, and be associated with the provider's NPI. Go to <https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do> to create an account.

- Create use name, password, secret questions
- Enter the user profile information
- Enter the organization's EIN, legal business name, business address and phone numbers

NOTE: There can only be one authorized individual per organization at any given time.

4. **Log into the health center I & A Account to add EPs on whose behalf you will be attesting:**

- Click on "Access Requests" and then "Add Access Request"
- Select the NPIs you are submitting for processing
- Check the box for "You are requesting to act on behalf of an individual provider" and click "Next"
- Select Application Type "EHR Incentive Program" and click "Next"
- Enter the NPI of the individual provider and click "Search" to display the provider details. Click "Save & Add" to continue adding additional providers. Once complete click "Save" to navigate to the My Access Requests Page".
- Choose the individual providers to add the NPIs you wish to access. You can use the Select All feature or select them individually. Click on the "Add Access Request" button to add the NPIs, then click "Submit".
- You will receive an email notification that the External User Services Help Desk has approved your request. Record your tracking number for any correspondence.

5. **Each EP must log into the I&A system to approve your request:**

- a. Go to <https://ehrincentives.cms.gov>
- b. Log into EP I & A account
- c. Click on My Account
- d. Click on View & Modify or Manage My I & A Access Requests
- e. Approve the health center's access request

6. **Authorized individual from the health center logs in to register the EPs:**

The health center authorized individual logs into the CMS EHR Incentive web site <https://ehrincentives.cms.gov> using the NPPES User ID and Password and registers each EP for the incentive program. CMS has step by step guide on how to complete the registration. At <https://ehrincentives.cms.gov>, click on CMS Website under **Additional Resources**; then click on Registration User Guide for Medicaid Eligible Professionals.

Note: There is currently no process available to register an entire practice using an administrator login.

- Go to the Registration Tab to begin the process. Complete the Incentive Program on-line Questionnaire
 - Select Medicaid Incentive Program
 - Select Eligible Professional Type
 - Certified EHR and EHR Certification Number (from the CHPL site)
- Enter the provider's personal information and select where the payment will go. (see the data collection tool)

- Enter the practice location business address and phone number on file in NPPES. If NPPES has incorrect information, update it directly through NPPES. Be sure that you enter a physical address and not a P.O. Box.
 - Review registration information entered and click on the “Submit” button.
 - Read and agree to the disclaimer
 - Print the Submission Receipt for your Meaningful Use documentation and keep the registration ID for your reference.
 - Log back in to the CMS site after 24 hours to verify your registration status.
7. **Log into Medicaid Registration & Attestation system when you receive an email invitation indicating the EP’s CMS registration is approved.** Utilize the NY Medicaid Registration tool to continue your Medicaid Meaningful Use Incentive Registration.
8. **Keep copies of Meaningful Use related documents.** CMS and the states are required to conduct adequate oversight of the incentive program to prevent waste, fraud, or abuse. Be prepared for a possible audit related to the provider enrollment eligibility, patient volume, whether the provider’s practices predominately in an FQHC or RHC, efforts to adopt, implement or upgrade to certified EHR technology and meaningful use of the certified technology. This can be pre-payment validation or post-payment audit.