



# California State Medi-Cal Health Information Technology Plan

Appendices  
March 23, 2011

## Table of Contents

Appendix 1:	Summary of Recent HIT Surveys in California January 2011 .....	2
Appendix 2:	UCSF Researcher Bios .....	4
Appendix 3:	Medical Board Survey on EHR Use.....	8
Appendix 4:	Optometrists as Eligible Providers for EHR Incentive Program .....	10
Appendix 5:	California Grantees and CIP Funding.....	12
Appendix 6:	Department of Mental Health’s HIT Roadmap .....	14
Appendix 7:	California eHealth Partners/Organizations.....	18
Appendix 8:	Charters.....	21
Appendix 9:	Assembly Bill No. 278.....	25
Appendix 10:	CalOHII Demonstration Projects.....	30
Appendix 11:	Vision for EHR Adoption by Medi-Cal Providers.....	46
Appendix 12:	Medical Board of California Newsletter Article.....	51
Appendix 13:	List of RECs, Associations, Organizations, and Managed Health Plans....	53
Appendix 14:	Provider Outreach Campaign Timeline.....	57
Appendix 15:	SLR User Manual .....	59
Appendix 16:	AID CODES, State Funded (No FFP).....	110
Appendix 17:	Attestation Forms for EH/EP.....	113
Appendix 18:	List of Acronyms .....	117

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## Appendix 1: Summary of Recent HIT Surveys in California January 2011

Survey Name	Survey Administrator(s)	Organizations Surveyed	Geographic Scope	Sample	CA Response rate	N	Survey method	Yrs Data Collected	Repeated in future	Survey Interval	Survey instrument available	Data publically available
National Study of Physician Organizations	University of California, Berkeley	Large med groups and IPAs (>=20 Physicians)	National	Universe	70%	693 MG; 347 IPA	phone	2000-2001	Yes	.	Yes	Yes
National Study of Physician Organizations II	University of California, Berkeley	Large med groups and IPAs (>=20 Physicians)	National	Universe	60.30%	339 MG; 199 IPA	phone	2006-2007	Yes	Next study will be large and small practices in 2011	Yes	Soon
National Study of Small and Medium Sized Physician Practices	Cornell University	Small and medium physician practices (<20 physicians)	National	Stratified Random Sample	63.50%	1765	phone	2007-2009	Yes		Yes	Soon
Children's Hospital HIT Assessment	California Children's Hospital Association	Children's Hospitals	CA	Universe of 8 private non-profit children's hospitals	100%	7	e-mail	Aug-2010	No	n/a	Yes	No
Community Clinic and Health Center HIT Survey	California Primary Care Association (CPCA)	Free or community clinic, FQHCs, RHCs, Family planning clinics that are members of State or Regional association	CA	Sample of members	65.80%	127 clinics	Survey monkey	Aug-2010	No	n/a	Yes	Maybe not
Survey of Electronic Health Record Use	Cattaneo & Stroud, Inc.	Medical Groups with 6 or more PCPs, and at least one HMO contract	CA	Universe	In-process	a	e-mail, fax	a	Maybe	annual	Yes	No
Implementation Status of Electronic Medical Records ("EMRs") & Chronic Disease Registries ("CDRs")	Cattaneo & Stroud, Inc.	Medical Groups with 6 or more PCPs, and at least one HMO contract	CA	Universe	82%	247	web, paper, phone	2006	No	annual	No	No
Assessing Information Technology in Medical Groups	Medical Group Management Association, Center for Research and the University of Minnesota	Medical Groups with 3 or more physicians	National	Stratified Random Sample	a	177	web, paper, phone	2005	a	a	No	a
American Hospital Association and California Hospital Association. Health Information Technology Surveys. 2006/2007	American Hospital Association (AHA)	Hospitals	National	a	30%	147	email, fax, ?	2006, 2007	a	a	No	a
Health Information Technology: Are Long Term Care Providers Ready?	CHCF; CA Association of Health Facilities; Aging Services of CA	SNFs and residential care facilities for the elderly with more than 75 beds	CA	Non-random	47%; 24%	82 SNFs; 103 RCFEs	electronic	2006	a	a	No	a
2005 Information Management Assessment. Medical Director Survey	Community Clinics Initiative	Clinics	CA	a	77%	177	email	2005	a	a	No	a

## California Medi-Cal Health Information Technology Plan

Survey Name	Survey Administrator(s)	Organizations Surveyed	Geographic Scope	Sample	CA Response rate	N	Survey method	Yrs Data Collected	Repeated in future	Survey interval	Survey instrument available	Data publically available
Health Information Technology Survey. Center for Economic Services	California Medical Association (CMA)	CMA-member physicians	CA	Universe	a	a	e-mail, fax, and placement on the association's Web site	Dec-2005	No	n/a	No	a
IHA Pay-for-Performance	Integrated Healthcare Association (IHA)	Medical Groups and IPAs with a commercial HMO contract	CA	Universe	a	193 + 28 Kaiser reporting units	a	2003-2009	switching to meaningful use measures	a	Yes	No
Electronic health record adoption	Integrated Healthcare Association (IHA)	Medical Groups and IPAs with a commercial HMO contract	CA	Universe	98%	193 + 28 Kaiser reporting units	email	Fall 2009	Yes	annual	Yes	No
Study of physician use of HIT in California	University of California, San Francisco; California Medical Board of California	Physicians	CA	Random sample of physicians renewing their medical license	N/A	n/a	Paper, online	Jan-April 2011	Yes	Annual through 2013	Yes	Only in aggregate
CAPG Health Information Technology Survey	California Association of Physician Groups (CAPG)	Physician Groups	CA	Members	a	41	Survey monkey	2009	a	a	Yes (in the form of aggregate results)	No
Standards of excellence survey	California Association of Physician Groups (CAPG)	Physician Groups	CA	Members	a	a	a	a	a	a	Yes (Possibly partial)	No
2009 CAFP Member Survey	California Academy of Family Physicians (CAFP)	CAFP members	CA	Members	11.2%	471	email	2009	a	a	No	No
2010 PCMH survey	California Academy of Family Physicians (CAFP)	CAFP members	CA	Members	8.2%	386	email	2010	a	a	No	No

## Appendix 2: UCSF Researcher Bios

**Andy Bindman, M.D.**  
**Chief, Division of General Internal Medicine**  
**San Francisco General Hospital**  
Professor Medicine  
Health Policy, Epidemiology & Biostatistics  
UCSF

Training:  
Harvard College '80  
Mt. Sinai School of Medicine '84  
Internship - Mt. Sinai Hospital New York '84-85  
Residency - General Internal Medicine University of California San Francisco '85-87  
Robert Wood Johnson Clinical Scholar – Stanford University '87-'89

Areas of Interest:  
Dr. Bindman's interests include Medicaid policy and its impact on access to and quality of care, cross-national comparisons of primary care practice, and expanding the capacity of hospital administrative data to monitor the quality of care.

Health policy evaluation  
Access to primary care  
Underserved populations  
Safety net institutions

**Kevin Grumbach, MD**  
**Professor & Chair**  
**UCSF School of Medicine**  
Chair, UCSF Department of Family and Community Medicine  
Chief of Family and Community Medicine, San Francisco General Hospital  
Director, UCSF Center for California Health Workforce Studies  
Co-Director, UCSF Clinical Translational Science Community Engagement Program

Training:  
MD, University of California, San Francisco  
Family Medicine Residency, UCSF San Francisco General Hospital  
Fellowship in Family Medicine and Health Policy, UCSF Institute for Health Policy Studies and the Department of Family and Community Medicine

Areas of Interest:  
Health Care Workforce  
New Models of Primary Care  
Health Care Reform

**Robert Miller, Ph.D.**  
**UCSF Institute for Health & Aging**  
**Professor of Health Economics in Residence**

Robert H. Miller, Ph.D., is Professor of Health Economics in Residence at the Institute for Health & Aging, University of California San Francisco (UCSF). He received his doctorate in economics from the University of Michigan in 1987, and has been a UCSF faculty member since 1989. He conducts research on economic, organizational, and health policy issues affecting health information technology (HIT) use, with a focus on electronic health records (EHRs), regional extension centers, and regional health information organizations (RHIOs). Dr. Miller is especially interested in EHR use for quality improvement in safety-net organizations and solo/small groups.

Dr. Miller currently is analyzing lessons for Regional Extension Centers from the experience of public/private organizations providing EHR services to solo/small practices and analyzed the role of community health center networks providing EHR services in increasing EHR use for performance improvement (both for The Commonwealth Fund). Recently he also analyzed barriers to financing clinical information systems in California health care delivery system organizations (for the Governor's HIT Financing Advisory Commission, California Department of Health and Human Services).

Dr. Miller was lead author on articles on: financing clinical information systems (*Health Affairs* 2009); the demise of the Santa Barbara RHIO (*Health Affairs* 2007); the value of EHRs in community health centers (*Health Affairs* 2007) and solo or small groups (*Health Affairs* 2005); barriers to EHR use in large organizations (*Health Affairs* 2004); and physician use of information technology (*Journal of Health Information Management* 2004). In past work, Dr. Miller published literature analyses comparing HMO versus non-HMO plan performance, as well as other analyses on the effects of managed care on physician organizations and on long-term care for the elderly.

Dr. Miller is a member of the Investment Advisory Committee for the United Health Group California Health Care Investment Program and of the Technical Expert Panel for the Commonwealth Fund project on Transforming Safety Net Clinics into Patient-Centered Medical Homes; he is a consultant to several research projects and he has served as a member of expert and advisory panels, workshops, and committees on HIT adoption and use.

**Janet Coffman, MA, MPP, PhD**  
**Assistant Adjunct Professor**  
**Department of Family and Community Medicine**

Dr. Coffman aims to build bridges between academia and policymakers. At the PRL-IHPS, her work as principal analyst for medical effectiveness for the California Health Benefits Review Program (CHBRP) is a prime example of bridge building. Established in 2002, CHBRP responds to requests from the California State Legislature to provide independent analysis of the medical, cost, and public health impacts of proposed health insurance benefit mandates and repeals. The program is administered by the University of California's Office of the President and involves faculty and staff from several UC campuses, other universities in California, and an actuarial firm. Since Dr. Coffman joined the program in October 2005, she has authored the medical effectiveness sections of more than 15 CHBRP reports on a wide variety of topics, including asthma education, gynecological cancer screening, HIV testing, mental health parity,

tobacco cessation, She also leads CHBRP's ongoing efforts to strengthen methods for identifying and analyzing pertinent medical literature.

Dr. Coffman's other research interests include innovations in management of asthma and other chronic illnesses, access to care for vulnerable populations, development of evidence-based health policies, and health care workforce issues. She has published in a wide range of journals, including Health Affairs, Health Services Research, Pediatrics, and Psychiatric Services.

Dr. Coffman received a doctoral degree in health services and policy analysis from the University of California, Berkeley in 2005. She also has a master's degree in public policy from UC-Berkeley. She previously worked for the United States Senate Committee on Veterans Affairs, the San Francisco Department of Public Health, and the UCSF Center for the Health Professions.

Dr. Coffman's research has made important contributions to health workforce policy in California. While at the Center for the Health Professions, she managed multiple projects on health workforce policy and co-authored articles and reports on options for addressing health workforce shortages, geographic maldistribution, and lack of racial/ethnic diversity among health professionals. While at UC-Berkeley, she was the lead author of a report on California's physician workforce that served as a major resource for the University of California Health Sciences Committee's strategic plan for expansion of health professions education. She also served on a subcommittee that advised the Health Sciences Committee regarding public health education.

**Diane R Rittenhouse, MD, MPH**  
**Associate Professor**  
**UCSF School of Medicine**

Associate Professor in Residence, Department of Family and Community Medicine, University of California, San Francisco

Associate Professor in Residence, Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco

Executive Steering Committee Member, Center for Excellence in Primary Care, University of California, San Francisco

**Training:**

University of California, Berkeley; BA

University of California, Berkeley; MPH

University of California, Davis; MD

Residency; University of California, Davis; Family and Community Medicine

Postdoctoral Fellow; University of California, San Francisco; Department of Family and Community Medicine; Primary Care Research

Postdoctoral Fellow; University of California, San Francisco; Institute for Health Policy Studies; Health Services Research and Health Policy

**Areas of Interest:**

Primary Care, Health Policy & Health Services Research

Dr. Rittenhouse's principal research interest lies at the intersection of social policy and clinical quality, particularly with regard to the organization, delivery and financing of primary care. She has published in peer-reviewed journals on topics ranging from trends in the use of prenatal care attributable to changes in Medicaid policy; influences on medical students' choice to

pursue primary care careers; predicting physician supply; measurement and reporting of health care quality; and innovations in primary care delivery. She has been recognized in the United States and Europe as a leading researcher on these topics. She is the recipient of a Generalist Physician Faculty Scholar award from the Robert Wood Johnson Foundation. Dr. Rittenhouse is currently co-investigator for three large national studies of physician practices funded by the Robert Wood Johnson Foundation, the California HealthCare Foundation, and The Commonwealth Fund. These include the National Study of Physician Organizations and Management of Chronic Illness (NSPO) II; An In-Depth Examination of High and Low Performers in the NSPO; and the National Study of Small and Medium-Sized Physician Practices. She is Principal Investigator for the evaluation of federal efforts to restore, expand and improve primary care services in Greater New Orleans following Hurricane Katrina. Dr. Rittenhouse took the lead on one of six commissioned papers as part of an initiative of the Society of General Internal Medicine, the Academic Pediatric Association, and the Society of Teachers of Family Medicine to develop a policy-relevant research agenda to advance the PCMH model. The effort was jointly sponsored by The Commonwealth Fund and the Agency for Healthcare Research and Quality. She is an active member of The Commonwealth Fund's PCMH Evaluators Collaborative. She has recently published on the topic of the Patient Centered Medical Home (PCMH) in both the *New England Journal of Medicine* and the *Journal of the American Medical Association*, and has been invited to speak to members of the U.S. Congress on the role of the PCMH in health reform.

## Appendix 3: Medical Board Survey on EHR Use

Dear Physician,

The Medical Board of California (MBC), in conjunction with a team of experienced researchers from the University of California, San Francisco (UCSF), is seeking information regarding physician practices in California. You have been randomly selected to answer a few questions regarding the characteristics of your practice and your use of electronic health records. Your responses to these questions are critical in forming public policy. The information you provide is voluntary and confidential and will not affect the timing or any other aspect of your license renewal. It will be analyzed by the research team at UCSF. Findings will be presented only in aggregate. No personal or identifying information will be shared with payers or other parties.

We would greatly appreciate your answering the following questionnaire and including your responses, along with your other license renewal information, in the envelope provided. Alternatively, if you are completing your renewal on line, you may submit your responses through the Web site. The study questions have been reviewed and approved by the MBC and UCSF's Committee on Human Research.

Debbie Nelson  
 Medical Board of California  
 (916) 263-2480

Janet Coffman, PhD  
 University of California, San Francisco  
 (415) 476-2435

**Please answer each question by completely shading the appropriate circle like this ●**

**1. PRACTICE SETTING** *What is your principal practice location? (check only one)*

- |   |                       |                                       |                       |
|---|-----------------------|---------------------------------------|-----------------------|
| Medical office: Solo practice                                 | <input type="radio"/> | Kaiser Permanente                     | <input type="radio"/> |
| Medical office: Small medical partnership (2 to 9 physicians) | <input type="radio"/> | Community health center/public clinic | <input type="radio"/> |
| Medical office: Group practice (10 to 49 physicians)          | <input type="radio"/> | VA or military                        | <input type="radio"/> |
| Medical office: Large group practice (50+ physicians)         | <input type="radio"/> | Other (specify _____)                 | <input type="radio"/> |

**2. PRACTICE TYPE** *Of the time you devote to patient care (100%), what percentage of time do you provide care in each of the following settings?*

	Ambulatory care	Inpatient care	Emergency department	Diagnostic services (e.g., radiology, pathology)	Other
0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 to 19%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 to 39%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40 to 59%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 to 79%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 to 89%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90 to 100%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. PAYERS** *Of your total number of patients (100%), what percentage are:*

	Private, commercial, other insurance	Medicare	Medi-Cal	Healthy Families	Other (e.g., VA, CHAMPUS)	Uninsured
0%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 to 9%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 to 19%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 to 29%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 to 39%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40 to 49%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 to 59%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 to 69%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70 to 79%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 to 89%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90 to 99%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100%	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## California Medi-Cal Health Information Technology Plan

### 4. INCENTIVES FOR HEALTH IT USE

In 2011, Medicare and Medi-Cal will begin offering financial incentives for physicians to adopt, implement, or upgrade computerized medical records systems (also known as electronic health records or electronic medical records) and use them meaningfully in practice. Do you or your principal practice organization plan to apply for these incentive payments? Please check only ONE answer from the list below.

- I intend to apply for incentive payments but uncertain whether Medicare or Medi-Cal
- I intend to apply for the Medicare incentive
- I intend to apply for the Medi-Cal incentive
- I do not at this time plan to apply for either incentive or need more information to make a decision
- I am not eligible for either the Medicare or the Medi-Cal incentive

### 5. USE OF COMPUTERS IN YOUR MAIN PRACTICE LOCATION *Does your main practice site have a computerized medical records system?* Yes No Don't know

**If you answered "Yes", please answer the following questions about the (A) availability of features of your main practice site's computerized medical records system and (B) the extent to which you use features.**

	Part I — Availability of Features			Part II — Use of Features			
	No	Do not Know	Yes	Do not use	Use some of the time	Use most or all of the time	Not applicable to my practice or specialty
a. Patient demographics (e.g., race/ethnicity)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Clinical notes (e.g., office visit notes)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Patient problem list/summary	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lists of medications each patient takes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. List of medication allergies	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Ordering and transmitting prescriptions electronically	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ordering laboratory tests	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Viewing or receiving laboratory test results	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ordering radiology tests	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Viewing printed records of radiology test results	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Viewing images from radiology tests	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Generating lists of patients by specific condition	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Generating routine reports of quality indicators	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Transmit information electronically to entities outside your practice to which you frequently refer patients OR from which patients are referred to you?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Transmitting data to immunization registries?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Patients able to access their own electronic record	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Go to Part II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Appendix 4: Optometrists as Eligible Providers for EHR Incentive Program



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

January 28, 2011

Ms. Jenny Chen, MPH  
Division of Medicaid & Children's Health Operations  
Centers for Medicare & Medicaid Services, Region IX  
Department of Health and Human Services  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

**RE: Optometrists as Eligible Providers for EHS Incentive Program**

Dear Ms. Chen:

This letter responds to CMS' questions regarding the status of optometrists under the California State Plan. The EHR Incentive Program Final Rule under § 1905 (e) requires that the State Plan specifically include language providing that the term "physician services" include services of the type which an optometrist is legally authorized to perform, in order for optometrists to qualify as eligible providers under the Incentive Program.

For your convenience I have included an excerpt from the California State Plan, Article 3.1 (f)(1), containing the requisite language below:

Citation  
42 CFR 441.30  
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

Yes.

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

---

Office of Legal Services  
P.O. Box 997413, MS 0010  
Sacramento, CA 95899-7413  
Phone (916) 440-7725 Fax (916) 440-7712  
Internet Address: <http://www.dhcs.ca.gov>

January 28, 2011  
Page 2

Additionally, I have included the link on the Department's website to the same part of the State Plan: <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/StatePlan%20Section%203.1.pdf>  
After clicking on the link, please scroll down from page 19 to page 27.

As you can see, the "not applicable" box with modifying language is checked under Article 3.1 (f)(1) describing Optometric Services. The modifying language clarifies that the first sentence under this article does not apply. No modification is made to the second sentence of this article, which contains the provision including optometric services under "physicians services," as required by §1905 under the Final Rule.

On the basis of the language provided in the State Plan DHCS believes that optometrists are legally entitled to be eligible providers for the Medi-Cal EHR Incentive Program. If you have any other questions regarding this matter, or I can be of further assistance, please do not hesitate to contact me.

Sincerely,



Constance Erlich  
Staff Counsel  
Office of Legal Services  
California Department of Health Care Services  
1501 Capitol Avenue, MS 0010  
Sacramento, CA 95899-7413

Email: [Constance.Erlich@dhcs.ca.gov](mailto:Constance.Erlich@dhcs.ca.gov)  
Telephone: (916) 440-7765  
Fax: (916) 440-7713

cc: Raul Ramirez, Chief, Office of Health Information Technology, DHCS, MS 0004  
Dr. Larry Dickey, Medical Director, Office of Health Information Technology, DHCS,  
MS 0004  
Michael Kilpatrick, Assistant Chief Counsel, Office of Legal Services, DHCS,  
MS 0010

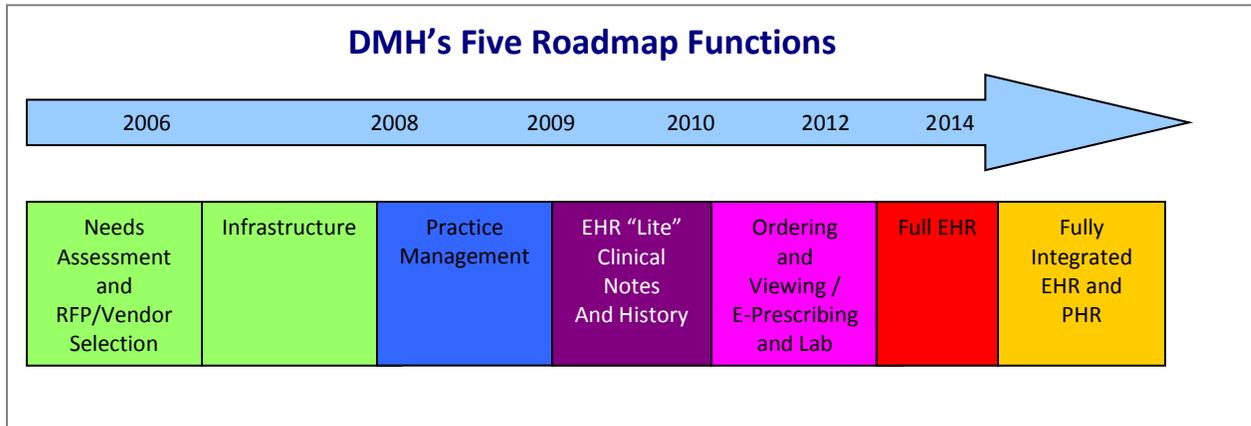
## Appendix 5: California Grantees and CIP Funding

Health Center Grantee Name	City	County	Health Information Technology	Electronic Health Record	
				New	Expanded
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY	SAN LEANDRO	ALAMEDA	0	1	0
ALL FOR HEALTH, HEALTH FOR ALL	GLENDALE	LOS ANGELES	1	0	0
ARROYOVISTAFAMILYHEALTHCENTER	LOS ANGELES	LOS ANGELES	0	1	0
BORREGO COMMUNITY HEALTH FOUNDATION	BORREGO SPRINGS	SAN DIEGO	1	1	0
BROOKSIDECOMMUNITYHEALTHCENTER	SAN PABLO	CONTRA COSTA	0	1	0
CHILDREN'S HOSPITAL & RESEARCHCENTER OF OAKLAND	OAKLAND	ALAMEDA	1	0	0
CLINICA DE SALUD DEL VALLE DE SALINAS	SALINAS	MONTEREY	0	1	0
CLINICAS DEL CAMINO REAL, INC.	VENTURA	VENTURA	0	1	0
COASTAL HEALTH ALLIANCE	POINT REYES	MARIN	0	1	0
COMMUNITY HLTH CNTRS/CENTRAL COASTS	NIPOMO	SAN LUIS OBISPO	0	0	1
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	GLENDALE	LOS ANGELES	0	1	0
COUNTY OF SACRAMENTO DOH & HUMAN SERVICES	SACRAMENTO	SACRAMENTO	0	1	0
DARIN M. CAMARENA HEALTH CENTERS, INC.	MADERA	MADERA	0	0	1
EASTVALLEYCOMMUNITYHEALTHCENTER	WEST COVINA	LOS ANGELES	0	1	0
EISNER PEDIATRIC &FAMILYMEDICALCENTER	LOS ANGELES	LOS ANGELES	0	1	0
EL DORADOCOUNTYCOMMUNITYHEALTHCENTER	PLACERVILLE	EL DORADO	0	1	0
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES	BELLEGARDENS	LOS ANGELES	1	0	0
FAMILY HEALTHCARE NETWORK	PORTERVILLE	TULARE	0	1	0
GARDNER FAMILY HEALTH NETWORK, INC.	SAN JOSE	SANTA CLARA	1	1	0
INDIANHEALTHCENTER OF SANTA CLARAVALLEY	SAN JOSE	SANTA CLARA	0	1	0
INLAND BEHAVIORAL & HEALTH SERVICES, INC.	SAN BERNARDINO	SAN BERNARDINO	1	1	0
JWCH INSTITUTE, INC.	LOS ANGELES	LOS ANGELES	0	1	0
LA CLINICA DE LA RAZA	OAKLAND	ALAMEDA	1	0	0
MOUNTAIN HEALTH & COMMUNITY SERVICES	CAMPO	SAN DIEGO	0	1	0

## California Medi-Cal Health Information Technology Plan

Health Center Grantee Name	City	County	Health Information Technology	Electronic Health Record	
				New	Expanded
MOUNTAIN VALLEYS HEALTH CENTERS, INC	BIEBER	LASSEN	0	1	0
NATIONAL HEALTH SERVICES, INC.	SHAFTER	KERN	1	0	0
NEIGHBORHOOD HEALTHCARE	ESCONDIDO	SAN DIEGO	0	1	0
NORTHCOUNTY HEALTH PROJECT	SAN MARCOS	SAN DIEGO	0	1	0
NORTHEAST VALLEY HEALTH CORPORATION	SAN FERNANDO	LOS ANGELES	1	1	0
NORTHEASTERN RURAL HEALTH CLINICS, INC.	SUSANVILLE	LASSEN	0	1	0
OPEN DOOR COMMUNITY HEALTH CENTERS	ARCATA	HUMBOLDT	1	0	1
PEACH TREE CLINIC, INC	MARYSVILLE	YUBA	1	1	0
PETALUMA HEALTH CENTER, INC.	PETALUMA	SONOMA	0	1	0
QUEENSCARE FAMILY CLINICS	LOS ANGELES	LOS ANGELES	1	0	0
REDWOODS RURAL HEALTHCENTER	REDWAY	HUMBOLDT	0	1	0
SAN DIEGO FAMILY CARE	SAN DIEGO	SAN DIEGO	0	1	0
SAN FRANCISCO COMMUNITY CLINIC CONSORT	SAN FRANCISCO	SAN FRANCISCO	1	0	0
SCHOOL HEALTH CLINICS OF SANTA CLARACOUNTY	SAN JOSE	SANTA CLARA	0	1	0
SOLANOCOUNTY HEALTH & SOCIAL SERVICES DEPT.	VALLEJO	SOLANO	0	1	0
SONOMAVALLEYCOMMUNITYHEALTH CENTER	SONOMA	SONOMA	1	1	0
SOUTHBAYFAMILYHEALTHCARECENTE R	TORRANCE	LOS ANGELES	0	1	0
SOUTHCENTRALFAMILYHEALTHCENTE R	LOS ANGELES	LOS ANGELES	0	1	0
SOUTHERN TRINITY HEALTH SERVICES	MADRIVER	TRINITY	0	1	0
ST. JOHN SWELLCHILD & FAMILYCENTER	LOS ANGELES	LOS ANGELES	0	1	0
T.H.E. CLINIC, INC.	LOS ANGELES	LOS ANGELES	0	1	0
TULARE COMMUNITY HEALTH CLINIC	TULARE	TULARE	0	1	0
VALLEY COMMUNITY CLINIC	NORTH HOLLYWOOD	LOS ANGELES	0	1	0
VENTURA COUNTY HEALTH CARE AGENCY	VENTURA	VENTURA	1	0	0
VISTA COMMUNITY CLINIC	VISTA	SAN DIEGO	1	0	1
WATTS HEALTHCARE CORPORATION	LOS ANGELES	LOS ANGELES	0	1	0
WEST OAKLAND HEALTH COUNCIL, INC.	OAKLAND	ALAMEDA	0	1	0
WESTERN SIERRA MEDICAL CLINIC	DOWNIEVILLE	SIERRA	1	0	0
WINTERS HEALTHCARE FOUNDATION	WINTERS	YOLO	0	1	0

## Appendix 6: Department of Mental Health’s HIT Roadmap



### Electronic Health Record (EHR) System Project Types as of November 1, 2010

County	Project Title	EHR	Infra-structure, Security, and Privacy	Practice Management	Clinical Data Management	CPOE	Full EHR with Interoperability
Alpine	Electronic Billing and EHR system	X	X	X	X		X
Butte	Infrastructure EHR Viability and Web Site Enhancement	X	X	X	X		
Butte	EHR Eligibility Enhancement and Electronic Labs	X	X	X	X	X	X
Calaveras	Integrated Client Management	X	X		X	X	X
Colusa	Joint Power of Attorney EHR Enhancement	X	X		X		
Contra Costa	Behavioral Health Information System	X	X	X	X	X	X
Fresno	Integrated Mental Health Information System	X	X	X	X		X
Glenn	Infrastructure Upgrade	X	X	X	X		
Inyo	Integrated Behavioral Health Record (Echo ShareCare)	X	X		X		
Humboldt	Integrated Clinical and Administrative Information System	X	X	X	X	X	X
Kern	Communication Infrastructure Upgrade (Tele-	X	X				

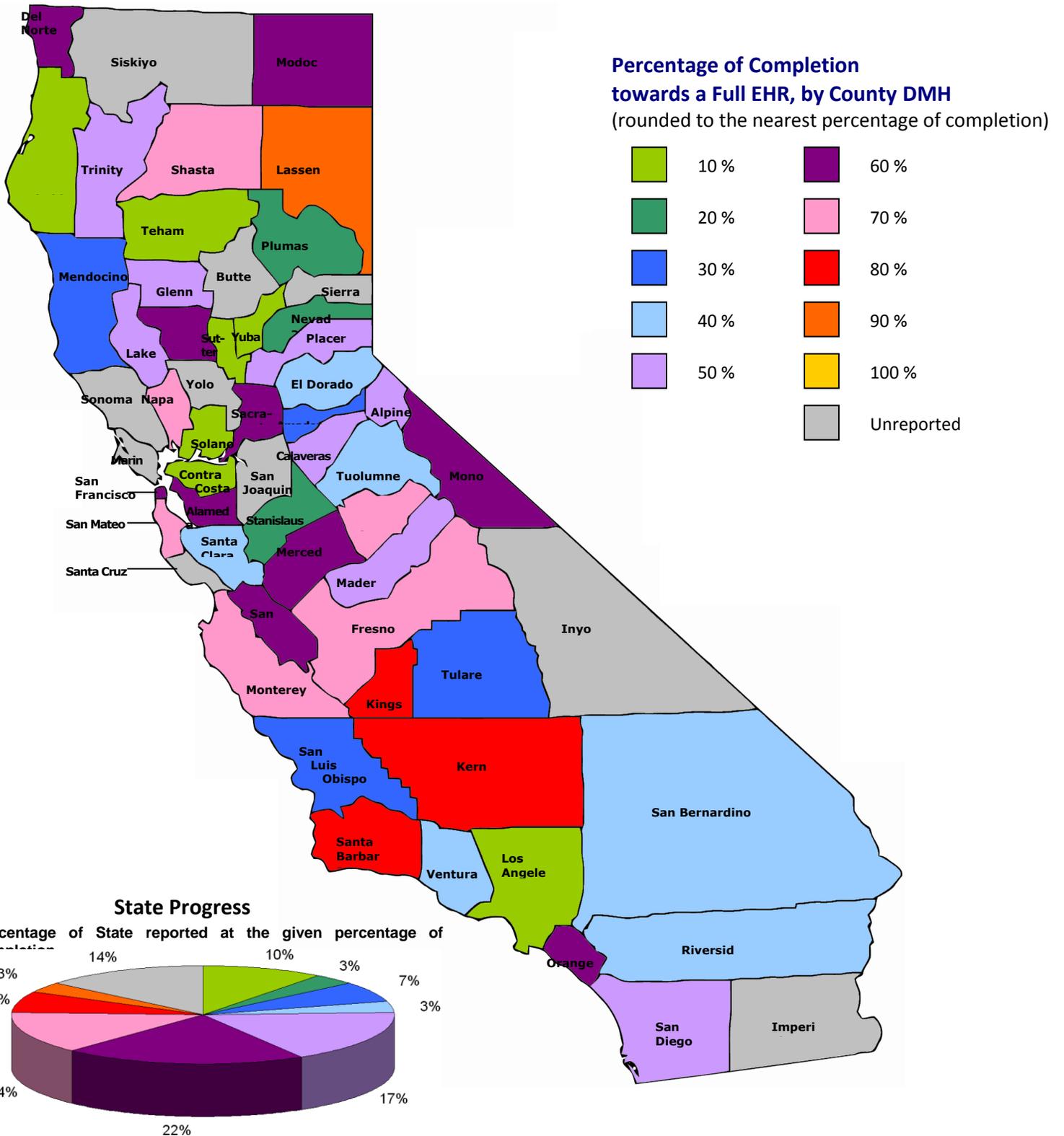
## California Medi-Cal Health Information Technology Plan

County	Project Title	EHR	Infra-structure, Security, and Privacy	Practice Management	Clinical Data Management	CPOE	Full EHR with Interoperability
	Psychiatry)						
Kern	Technology Refresh	X	X				
Kern	e-Prescribing	X				X	
Kern	Recovery Oriented Treatment Planning	X			X		
Kern	Personal Health Record	X	X				X
Kern	Batch Interface to MHSA FSP DCR System	X			X		
Lake	Electronic Health Record	X	X	X	X	X	X
Los Angeles	Integrated Behavioral Health Info System	X	X	X	X	X	X
Marin	Practice Management	X		X			
Marin	Scanning	X		X	X		
Marin	E-Prescribing	X		X	X		
Marin	EHR Upgrade (Physician Gateway) and Emergency Backup	X			X		
Merced	Development and Implementation of EHR Application	X	X	X	X	X	
Mono	JPA EHR Enhancement	X	X		X		
Nevada	Behavioral Health EHR System	X	X	X			
Orange	Technology Infrastructure Buildout	X	X				
Placer	EHR System	X	X		X	X	X
Plumas	Conversion to EHR	X	X	X	X	X	X
Riverside	Behavioral Health Info System Implementation	X	X	X	X	X	X
Sacramento	Health Information Exchange (SachIE)	X	X		X	X	X
San Bernardino	EHR	X	X	X	X	X	X
San Bernardino	Empowered Communication/ SharePoint	X	X				
San Bernardino	Behavioral Health Management Info System Replacement	X	X	X	X		
San Bernardino	Virtual Desktop/Server Environment	X	X				
San Diego	Mental Health Management Info System- Anasazi Software Install	X	X	X	X	X	X
San Luis Obispo	EHR	X	X	X	X	X	X

## California Medi-Cal Health Information Technology Plan

County	Project Title	EHR	Infra-structure, Security, and Privacy	Practice Management	Clinical Data Management	CPOE	Full EHR with Interoperability
San Francisco	Consumer Connect and Employment	X	X				X
San Mateo	eClinical Care System	X	X	X	X	X	X
Santa Barbara	eClinical Care System	X	X	X	X	X	X
Santa Barbara	eClinical Care System	X	X				
Santa Clara	EHR	X	X	X	X	X	X
Siskiyou	Web-based Data Collection System	X	X				
Stanislaus	EHR System	X	X	X	X	X	X
Solano	EHR Acquisition and Implementation	X	X	X	X	X	X
Sonoma	Implementation of AVATAR – Integrated Clinical Info System	X	X	X	X	X	X
Sutter/Yuba	EHR	X	X				
Trinity	EHR	X	X	X	X	X	
Ventura	Integrated Info Systems Infrastructure	X	X	X	X	X	X
<b>Total</b>		<b>50</b>	<b>43</b>	<b>30</b>	<b>37</b>	<b>25</b>	<b>26</b>

# California Medi-Cal Health Information Technology Plan



## Appendix 7: California eHealth Partners/Organizations

*(Asterisks\* denotes program received ARRA/HITECH funding)*

NOTE: This information can also be viewed in more detail at the following address:

<http://www.ehealth.ca.gov/eHealthPartners/tabid/124/Default.aspx>

### Beacon Grantee—UC San Diego\*

The Beacon Community Cooperative Agreement Program will provide funding to communities to build and strengthen their health information technology (health IT) infrastructure and exchange capabilities to demonstrate the vision of the future where hospitals, clinicians and patients are meaningful users of health IT, and together the community achieves measurable improvements in health care quality, safety, efficiency, and population health. The UC San Diego Health System received a \$15 million grant aimed at partnering with local health entities to improve patient care, safety and efficiency through information technology in the San Diego community.

For more information, go to: <http://health.ucsd.edu/news/2010/5-4-beacon-community.htm> or <http://www.grants.gov/search/search.do?mode=VIEW&oppld=50455>

### Cal eConnect\*

Cal eConnect is the governance entity designated by the state to provide leadership and implement, with public input, Strategic and Operational Plans already developed by the state. Cal eConnect is also charged with developing a sustainable business model, establishing ground rules and policies to ensure safety and security within HIE, engaging patients (particularly those who are vulnerable and underserved), identifying core HIE services, and arranging for provision of such services.

<http://www.caleconnect.org/>

### Cal eRx

Cal eRx is an organization promoting e-prescribing (eRx) as part of an electronic health record (EHR) as the standard of care. Its objectives are to inform a statewide plan to ultimately increase provider adoption of e-prescribing, promote payer provision of eligibility and other information, increase pharmacy productivity, and raise confidence and demand amongst consumers and purchasers.

<http://www.calerx.org>

### CalHIPSO\*

Founded by clinical providers from the California Medical Association, the California Primary Care Association, and the California Association of Public Hospitals & Health Systems, the California Health Information Partnership and Services Organization (CalHIPSO) is a non-profit organization that offers a variety of programs and services designed to help clinical providers transition from a paper-based practice to one that successfully uses electronic health records. CalHIPSO is responsible for a wide range of activities related to identifying and signing up physicians for EHRs, vendor vetting, workforce development, regulatory activities, reporting, developing and implementing privacy and security best practices, and group purchasing. CalHIPSO provides services to all of California, except for Los Angeles and Orange counties. <http://www.calhipso.org/>

### California Department of Public Health

The California Department of Public Health (CDPH) is working together with state departments, agencies, local health departments, and other organizations to establish safe and secure health information exchange. Our departmental goal is to align public health programs to meet federal requirements for Meaningful Use. We are assessing programs to be able to receive electronic laboratory and syndromic surveillance data from eligible providers and hospitals. We are also researching solutions to improve immunization information exchange between providers and immunization registries within the state. In addition, CDPH is continuing to identify public health programs that are impacted by Meaningful Use and

to explore implications to improve public health efficiencies and outcomes.  
<http://www.cdph.ca.gov/data/informatics/Pages/eHealth.aspx>

### California Health Workforce Alliance (CHWA)\*

The California Health Workforce Alliance (CHWA) seeks to develop and support activities that will educationally and professionally develop more than one million persons. Through a public-private partnership to implement strategies to meet California's emerging health workforce needs, the alliance will link state, regional, and institutional workforce initiatives to reduce duplicated efforts, develop a master plan, and advance current health workforce needs. In the next 30 years, CHWA will develop initiatives that educationally and developmentally prepare more than one million healthcare workers.  
<http://calhealthworkforce.org/>

### California Telehealth Network (CTN)\*

The California Telehealth Network (CTN) is a program funded by the Federal Communication Commission's Rural Health Care Program. Its aim is to significantly increase access to acute, primary and preventive health care in rural America through the use of telecommunications in healthcare settings.  
<http://www.caltelehealth.org/>

### California Office of Health Information Integrity (OHII)\*

The California Office of Health Information Integrity (CalOHII) develops new privacy and security standards to enable the adoption and application of HIE in California. CalOHII is also engaged in the expansion of broadband throughout California, the implementation of telehealth, and providing support to the Health Information Technology Financing study. Facilitated by CalOHII, the Privacy and Security Advisory Board (PSAB) develops and recommends the new standards. Adoption of privacy and security standards for HIE will ensure that a person's critical health information can move safely and securely to the point of care. <http://www.ohi.ca.gov>

### CalOptima Regional Extension Center (COREC)\*

Through a \$4.6 million federal grant, CalOptima will serve as Orange County's Regional Extension Center (REC), providing education and technical assistance to primary care physicians as they make the move to the new technology. <http://www.caloptima.org/en/Providers/RegionalExtensionCenter.aspx>

### eHealth Coordinating Committee\*

The eHealth Coordinating Committee is a multi-stakeholder committee created to coordinate various HITECH and eHealth initiatives. The Coordinating Committee, with counsel from five workgroups, identifies services that may be shared by participants and propose plans to fund and coordinate their delivery. This body's goal is to identify barriers to success for the various partners and propose solutions, providing direct assistance where possible and desired.  
<http://www.ehealth.ca.gov/eHealthPartners/tabid/124/Default.aspx>

### eHealth Advisory Board

The eHealth Advisory Board supports coordinated and collaborative efforts among a diversity of healthcare stakeholders to adopt HIT, exchange health information, and develop and comply with statewide policy guidelines. The Board also seeks to maximize California's competitiveness in applying for federal HIE implementation funding and ensure accountability and transparency in the expenditure of public funds. Finally, the Board aims to improve public health using health information exchange through stronger public health surveillance and emergency response capabilities.  
<http://www.ehealth.ca.gov/AdvisoryBoards/eHealthAdvisoryBoard/tabid/88/Default.aspx>

### HITEC-LA\*

HITEC-LA is the exclusive federally-designated HIT Regional Extension Center (REC) for Los Angeles County, charged with helping doctors and primary care providers purchase, implement and use electronic

## California Medi-Cal Health Information Technology Plan

health records in a meaningful way. HITEC-LA will help providers assess their technology needs, as well as offer education, training, and on-site technical assistance. <http://www.hitecla.org/>

### MediCal EHR Incentive Program\*

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) established programs under Medicare and Medicaid to provide incentive payments to eligible professionals and eligible hospitals as they demonstrate meaningful use of certified EHR technology. Beginning in 2011, eligible Medi-Cal providers and hospitals will be able to receive incentive payments to assist in purchasing, installing, and using electronic health records in their practices. <http://www.dhcs.ca.gov/Pages/DHCSOHIT.aspx>

### Western Regional HIT Consortium\*

To address the need for qualified healthcare workers, the Western Regional HIT Consortium will rapidly create or expand health IT academic programs at community colleges in the Western region, consisting of Arizona, California, Hawaii, and Nevada. Educating health IT professionals will facilitate the implementation and support of EHRs. *(no website available)*

## Appendix 8: Charters

### State of California HEALTH AND HUMAN SERVICES AGENCY eHealth Coordinating Committee Charter

<b>Committee Charter</b>			
<b>Name:</b>	eHealth Coordinating Committee	<b>Co-Chairs:</b>	Chair: Linette Scott Vice-chair: Speranza Avram
<b>Meeting Frequency:</b>	Monthly, with additional conference calls as needed	<b>Consultants:</b>	Christine Schmoeckel, Ashley Stone
<p><b>Reporting Structure:</b> The Committee is convened and chaired by the Deputy Secretary, Health Information Technology, California Health &amp; Human Services Agency. The committee's representation will include ARRA grantees, related eHealth programs, and other stakeholders, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Department of Health Care Services</li> <li>• Department of Public Health</li> <li>• Office of Health Information Integrity (OHII – oversight to the Privacy and Security Advisory Board)</li> <li>• Cal eConnect</li> <li>• Regional Extension Centers</li> <li>• California Telehealth Network</li> <li>• Business, Transportation and Housing Agency</li> <li>• Health IT Workforce representatives</li> <li>• Rural representative</li> </ul> <p>The Committee will work with these and other organizations to make operational policy recommendations to participating members. The Committee will support tight coordination across program activities in a manner that maximizes impact for their beneficiaries. It is expected that the Committee will convene working groups to address specific issues and make recommendations to the Committee and its representatives.</p>			
<p><b>Purpose:</b> The Committee will coordinate various HITECH and eHealth initiatives to support the efforts of California providers and hospitals to become meaningful users of EHRs in a manner that benefits all residents of California.</p>			
<p><b>Principles:</b></p> <ol style="list-style-type: none"> <li>1. The process for evaluating and developing operational policies should be a collaborative, open, inclusive, fair and transparent. Such a process will engender trust and collaboration between and among stakeholders.</li> <li>2. The Committee should consider how services and resources across constituents and programs can be shared and leveraged to maximize both program impact and access to available resources and funding.</li> <li>3. The Committee should support and make recommendations to its members and as many providers as possible to enable their meaningful use of electronic health records allowing them to receive their share of the \$4 billion in California for expected meaningful use incentive payments.</li> <li>4. The Committee should endeavor to coordinate state eHealth activities including but not limited to: health information exchange, Medi-Cal's EHR incentive program, regional extension centers, telehealth and broadband, health IT workforce, public health, access to capital markets, and privacy and security policy.</li> </ol>			
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. To create a common eHealth coordinating entity in California that makes operational policy recommendations to those organizations participating in eHealth activities.</li> <li>2. To identify services that may be shared by participants, and propose plans to fund and coordinate their delivery</li> <li>3. To identify barriers to success for the various partners and propose solutions, providing direct assistance where possible and desired.</li> <li>4. To garner support, consensus and buy-in from California stakeholders.</li> </ol>			
<ul style="list-style-type: none"> <li>• EHR Product Requirements Document in time frame developed by CalHIPSO Product Selection Consultant (July-August 2010)</li> <li>• HIT Product Matrix Templates (on-going as needed)</li> </ul>		<p>In the short-term, HIT/HIE product requirements beyond those needed by CalHIPSO for its EHR-product selection process to be completed August 2010</p>	

**State of California  
Department of Health Care Services  
Medi-Cal EHR Incentive Program**

<b>Workgroup Charter</b>			
<b>Name:</b>	Medi-Cal EHR Program Core Business Process	<b>Co-Chairs:</b>	DHCS Office of Health Information Technology
<b>Meeting Frequency:</b>	Bi-Weekly status (short-term)	<b>Facilitator:</b>	Affiliated Computer Services, Inc. (ACS)
<p><b>Reporting Structure:</b> Membership for this workgroup could include representation from many Divisions within DHCS, medical associations, CHHS and other advocacy groups as deemed appropriate and will report findings and provide recommendations to all stakeholders. Suggested member and/or organizations are listed below:</p> <ul style="list-style-type: none"> <li>Affiliated Computer Services, Inc. (ACS)</li> <li>DHCS, Medicaid Management Information System (MMIS)</li> <li>DHCS, Fiscal Intermediary Contract Oversight Division (FICOD)</li> <li>DHCS, Provider Enrollment</li> <li>Regional Extension Center (REC) representation</li> <li>Medi-Cal Managed Care Division representation</li> <li>Medi-Cal Managed Care Plan representation</li> </ul> <p><b>Linkage to other activities:</b> The activities of the IPA/MG Provider Incentive Workgroup are directly linked to the activities of the DHCS, OHIT in the planning and implementation of the Medi-Cal EHR Incentive Program.</p>			
<p><b>Purpose: This work group will contribute to the development of sound core business policies and processes associated with making Medi-Cal EHR incentive payments.</b></p> <p><b>Principles:</b></p> <ol style="list-style-type: none"> <li>The process for achieving our goals will be collaborative, open and inclusive.</li> <li>The committee's primary focus is to develop efficient core business processes to enroll and make payments to eligible providers and hospitals, including verification, audit, appeals and validation of adoption, implementation or upgrade of certified EHR technology and "meaningful use."</li> </ol>			
<p><b>Goals:</b> Goals and outcomes include those delineated below but will likely evolve as CMS guidance is finalized and State Initiatives continue to be refined.</p> <ol style="list-style-type: none"> <li>Advise on methodologies and processes to ensure timeliness and accuracy of enrollment process and payment of incentives.</li> <li>Assess and advise on verification and monitoring of providers, including meaningful use.</li> <li>Develop policy and procedures for the core business processes to be incorporated into the State Medicaid HIT Plan (SMHP).</li> </ol>			
<p><b>Areas of Responsibility:</b> This work group will provide advice concerning the enrollment and payment processes of the EHR Incentive Program to promote the adoption of EHRs among Medi-Cal providers. Activities will include:</p> <ol style="list-style-type: none"> <li>ACS will facilitate the activities of this workgroup.</li> <li>Develop a detailed business process for the purpose of enrolling providers into the EHR Incentive Program, including making payments, collecting provider attestations and audit procedures.</li> <li>Recommend strategy for continuous improvement of core business processes.</li> <li>Develop a strategy to verifying adoption, implementation or upgrade of certified EHR technology and "meaningful use."</li> </ol>			

**California eHealth Coordinating Committee  
HIT Workforce Workgroup  
*Workgroup Charter***

<b>Name:</b>	eHealth HIT Workforce Workgroup	<b>Co-Chairs:</b>	Linda Zorn (eHealth Workforce Alliance) Jeff Oxendine (UC Berkeley Health Policy Management)
<b>Meeting Frequency:</b>	Biweekly	<b>Sponsor:</b>	CA Health and Human Services Agency
<p><b>Reporting Structure:</b> Coordination is handled by the office of the California Health and Human Services, Deputy Secretary for Health IT, California Health Workforce Alliance, the Region B California Community Colleges HIT Consortium and the regional extension centers. Communication will be open and broadly disseminated.</p> <p><b>Linkage to other activities:</b> The workgroup shall work collaboratively with other entities engaged in eHealth activities, including the eHealth Coordinating Committee, Regional Extension Centers (RECs), the Medi-Cal EHR Incentive program, Cal eConnect and other eHealth stakeholders.</p>			
<p><b>Purpose:</b> The California eHealth Workforce Workgroup (Workforce Workgroup) is a collaborative of stakeholders interested in assuring the needs of the state for health IT support and expertise are well met by:</p> <ol style="list-style-type: none"> <li>1) serving as the convener and coordinator among existing HIT workforce efforts to ensure communication, efficiency, valuable connections and goal achievement and</li> <li>2) updating the CHHS strategic plan and projections for HIT workforce</li> <li>3) coordinating implementation and adjustment of the strategic plan and</li> <li>4) launching or serving as the catalyst for specific programs such as HIT internships.</li> <li>5) Coordinating with and supporting the educational providers in the deployment of ONC HIT professional workforce development programs</li> <li>6) Working to align employer workforce needs with academic training and production</li> <li>7) Facilitating internship and job placement of HIT trainees and workers</li> </ol>			
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. <i>Develop a consortium of fourteen community colleges linked through the region of California, Arizona, Nevada, and Hawaii to implement national curriculum.</i></li> <li>2. <i>Design instructional programs for six key workforce roles that result in effective workforce entry and performance by completers.</i></li> <li>3. <i>Design flexible programs of study of 6 months duration or less, that accommodate each trainee's skill gaps and be flexibly designed to allow each trainee to enroll in just those courses he or she needs to attain the desired level of competency.</i></li> <li>4. <i>Build coursework to be offered online as well as on-ground and that can be used across a wide geography and across variable learning management system platforms.</i></li> <li>5. <i>Build the training capacity of the consortium to average 150 students annually per college, and a total annual enrollment of 1,650 students across the Consortium.</i></li> <li>6. <i>Begin training by September 30, 2010, using curriculum that has been developed nationally in a companion HHS project.</i></li> <li>7. <i>Connect training completers to job opportunities.</i></li> </ol>			
<p><b>Areas of Responsibility:</b> <b>The California eHealth Workforce Alliance (CHWA)</b> is a public-private partnership dedicated to the implementation of coordinated, systematic strategies to meet California's emerging health workforce needs. CHWA partners include: academic medical centers, associations, community colleges, community health centers, community-</p>			

**State of California  
Department of Health Care Services  
Workgroup Charter - *DRAFT***

<b>Workgroup Charter</b>			
<b>Name:</b>	Independent Physician Association (IPA)/Medical Group (MG) Provider Incentive Workgroup	<b>Co-Chairs:</b>	Bill Barcellona Eileen Moscaritolo
<b>Meeting Frequency:</b>	Bi-Weekly (short-term) Quarterly (long-term)	<b>Sponsor:</b>	DHCS
<p><b>Reporting Structure:</b> The workgroup reports it's activities to the DHCS and California e-Health Coordinating Committee.</p> <p><b>Linkage to other activities:</b> The activities of the IPA/MG Provider Incentive Workgroup are directly linked to the activities of the DHCS, OHIT in the planning and implementation of the Medi-Cal EHR Incentive Program and the coordination activities between the statewide HIE-GE (Cal e-Connect), the Regional Extension Centers, CHHS and external stakeholders.</p>			
<p><b>Purpose:</b> This committee will address the current EHR adoption landscape among California's independent physician associations (IPAs) and medical groups and develop the HIT "roadmap" DHCS and other HIE entities need to facilitate the administration of the Medi-Cal EHR Incentive Program and to ensure the maximum number of California providers achieve "meaningful use" of EHR technology.</p> <p><b>Principles:</b></p> <ol style="list-style-type: none"> <li>1. The process for achieving our goals will be collaborative, open and inclusive of all organizations.</li> <li>2. Engaging the IPA's and medical groups is essential to the development of the State Medicaid HIT Plan (SMHP), including identifying current HIT workforce, leveraging existing operational support infrastructure, measuring performance, and increased monitoring.</li> <li>3. The committee's primary focus is to develop and recommend a systematic approach to the coordination of HIT/HIE resources delivered through IPA's and medical groups to support Medi-Cal providers in EHR adoption and achievement of "meaningful use".</li> </ol>			
<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. Develop the "as-is" environmental scan of EHR adoption among providers practicing in IPA's and medical groups.</li> <li>2. Identify potential eligible providers and prioritize implementation in a coordinated plan with the Regional Extension Centers.</li> <li>3. Leverage existing statewide HIE funding and workforce resources to maximize the number of providers achieving "meaningful use"</li> </ol>			
<p><b>Areas of Responsibility:</b></p> <ul style="list-style-type: none"> <li>➢ Good faith participation in a collaborative process involving shared as well as differing interests</li> <li>➢ Discussion and refinement of proposed policies and procedures in an open, collaborative process.</li> <li>➢ Ensuring that all stakeholders are afforded the opportunity to participate in the process</li> <li>➢ Prioritizing tools and communication needs to inform decision-making</li> </ul>			
<p><b>Deliverables:</b></p> <ul style="list-style-type: none"> <li>• IPA/MG HIT Environmental Scan</li> <li>• Projected program eligibility among IPA/MG providers</li> <li>• IPA/MG Implementation and Strategic Plan for submission in the SMHP</li> </ul>		<p>The following areas are outside of the scope of this Committee:</p> <ul style="list-style-type: none"> <li>➢ Privacy and Security Policy</li> <li>➢ Research Requests and Public Records Act Requests</li> </ul>	

## Appendix 9: Assembly Bill No. 278

### Assembly Bill No. 278

#### CHAPTER 227

An act to add and repeal Division 109.6 (commencing with Section 130275) of the Health and Safety Code, relating to health information.

[Approved by Governor September 23, 2010. Filed with Secretary of State September 24, 2010.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 278, Monning. Health information exchange: demonstration projects.

Existing law establishes the Office of Health Information Integrity within the California Health and Human Services Agency to ensure the enforcement of state law mandating confidentiality of medical information and to impose administrative fines for the unauthorized use of medical information. Existing law authorizes the California Health and Human Services Agency, or one of the departments under its jurisdiction, to apply for federal funds made available through the federal American Recovery and Reinvestment Act of 2009 (ARRA) for health information technology and exchange.

This bill would authorize the office to establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders. This bill would authorize health care entities or governmental authorities, as defined, that receive, share, exchange, or use a California resident's medical information to submit an application with the office to be approved as demonstration project participants, as defined. The bill would authorize the office to approve annually up to 4 projects as demonstration projects. The bill would require any costs associated with the support, assistance, and evaluation of approved demonstration projects to be funded exclusively by the above-described federal funds or other non-General Fund sources. The bill would require the office to report to prescribed committees of the Legislature within 6 months after the end of the project.

This bill would become inoperative on the date the Director of the Office of Health Information Integrity executes a declaration stating that the grant period for the above-described federal funds has ended, and as of that date would be repealed.

*The people of the State of California do enact as follows:*

SECTION 1. Division 109.6 (commencing with Section 130275) is added to the Health and Safety Code, to read:

## DIVISION 109.6. HEALTH INFORMATION EXCHANGE PRIVACY AND SECURITY DEMONSTRATION PROJECTS

130275. The Legislature finds and declares all of the following:

(a) There is a need to enhance California's ability to obtain and use federal funding, as awarded in the State Cooperative Grant Agreement for health information exchange, for the establishment of statewide health information exchange infrastructure in California. The California Health and Human Services Agency is authorized by the Legislature, under Section 130255, to use those federal funds to achieve that purpose.

(b) Health information exchange has the potential to significantly improve the quality of treatment and care, reduce unnecessary health care costs, and increase administrative efficiencies within the health care system. The application of health information exchange technology to manage health information will also have a significant impact on consumers, health care facilities, and licensed health care providers.

(c) Current laws may not adequately protect privacy, or may impose obstacles to the exchange of vital health information, as required by the State Cooperative Grant Agreement for health information exchange and other federal health information funding programs.

(d) It is the intent of the Legislature to authorize the Office of Health Information Integrity within the California Health and Human Services Agency to establish and administer demonstration projects funded by federal grants and other sources. It is the intent of the Legislature that the demonstration projects do all of the following:

(1) Identify barriers to implementing health information exchanges.

(2) Test potential security and privacy policies for the safe and secure exchange of health information, including, but not limited to, issues related to access to, and storage of, individual health information.

(3) Identify and address differences between state and federal laws regarding privacy of health information.

130276. For purposes of this division, the following definitions apply:

(a) "Demonstration project" means a project approved and administered by the office in accordance with this division and the State Cooperative Grant Agreement for health information exchange or any other similar grant or grants.

(b) "Demonstration project participant" means a health care entity that is approved by the office to participate in a demonstration project.

(c) "Director" means the Director of the Office of Health Information Integrity.

(d) "Governmental authority" means any municipal, county, state, or other governmental entity that has jurisdiction and control over the provision of, or payment for, medical services or that routinely receives medical information to complete its designated governmental function.

(e) "Health information exchange service participant" means a health care entity that has voluntarily agreed to use the health information exchange services developed in accordance with this division.

(f) “Meaningful use” means the term as defined in the federal Health Information Technology for Economic and Clinical Health Act (HITECH Act) (Public Law 111-5) and the regulations promulgated thereunder.

(g) “Office” means the Office of Health Information Integrity.

(h) “State Cooperative Grant Agreement” means the grant agreement between the federal government and the state in which the federal government awarded the state with grant money pursuant to the HITECH Act in February 2010.

130277. The director may adopt regulations to ensure all approved health information exchange service participants and demonstration project participants follow rules, and work within parameters, as defined by the office, that are consistent for the exchange of information.

130278. Before adopting regulations pursuant to Section 130277, the office shall adopt the following standards:

(a) At least 45 days prior to adoption, the office shall post a proposed regulation on its Internet Web site. Public comment shall be accepted by the office for at least 30 days after the proposed regulation is posted. If a member of the public requests a public hearing during the 30-day review period, the hearing shall be held prior to adoption of the regulation. The process described in this subdivision shall apply to the adoption of new regulations and to changes to existing regulations.

(b) Adoption of, and changes to, regulations adopted pursuant to this division shall not be subject to the rulemaking requirements of Section 11343.4 and Article 5 (commencing with Section 11346) and Article 6 (commencing with Section 11349) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code.

(c) The director shall file any regulation adopted pursuant to Section 130277 with the Office of Administrative Law for filing with the Secretary of State and publication in the California Code of Regulations. Any regulation filed with the Office of Administrative Law pursuant to this subdivision shall include a citation to this section and any other applicable state or federal laws as providing authority for the adoption of the regulation.

(1) Any regulation adopted pursuant to Section 130277 shall become effective on the date it is filed with the Secretary of State unless the director prescribes a later date in the regulation or in a written instrument filed with the regulation.

(2) Any regulation adopted pursuant to Section 130277 shall expire the date that this division is repealed.

130279. (a) The California Health and Human Services Agency, through the office, may establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders.

(b) Health care entities or governmental authorities, that receive, share, exchange, or use a California resident’s medical information, may submit an application with the office to be approved as demonstration project

participants. Upon receiving an application, the office shall do both of the following:

(1) Assist applicants in soliciting federal funds for the demonstration projects.

(2) Work with applicants to define the scope of the demonstration project.

(c) The director may approve demonstration projects to test for, but not limited to, any of the following areas:

(1) Policies and practices related to patient consent, informing, and notification.

(2) New technologies and applications that enable the transmission of protected health information, while increasing privacy protections by ensuring only required health data is transmitted for purposes and uses consistent with state and federal law.

(3) Implementation issues, if any, encountered by small solo health care providers as a result of exchanging electronic health information.

(d) The selection of demonstration projects shall be based on, but not limited to, the following criteria:

(1) Areas critical to building consumer trust and confidence in the health information exchange system.

(2) Projects that help support the exchange of information critical to meeting the federal meaningful use provisions.

(3) Areas recommended by the California health information exchange consumer and industry stakeholder advisory process.

(e) The office shall engage with health care stakeholders to evaluate issues identified by the demonstration projects, comment upon proposed regulations, and discuss solutions for health information exchange.

(f) The office may annually approve up to four projects, as demonstration projects.

(g) The office shall work collaboratively with approved demonstration project participants to identify a set of common data elements that will be used to collect, analyze, and measure performance.

(h) The office shall receive reports from the demonstration project participants on the outcome of the demonstration projects no later than 60 business days after the end of the demonstration project.

130280. (a) The office shall review the results of a demonstration project and, notwithstanding Sections 9795 and 10231.5 of the Government Code, shall report those results to the Joint Legislative Budget Committee, the Senate Committee on Appropriations, the Senate Committee on Budget and Fiscal Review, the Senate Committee on Health, the Assembly Committee on Appropriations, the Assembly Committee on Budget, and the Assembly Committee on Health within six months after the end of a demonstration project.

(b) The demonstration projects carried out utilizing federal grant funds may be subject to federal auditing provisions.

130281. Any costs associated with the support, assistance, and evaluation of approved demonstration projects shall be funded exclusively by federal funds or other non-General Fund sources.

## **California Medi-Cal Health Information Technology Plan**

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130282. This division shall become inoperative on the date the director executes a declaration stating that the grant period for the State Cooperative Grant Agreement for health information exchange has ended, and as of that date is repealed.

## Appendix 10: CalOHII Demonstration Projects



# California Office of Health Information Integrity (CalOHII)

## REQUEST FOR APPLICATION

### Health Information Exchange Demonstration Projects For 2011

January 14, 2011

## Table of Contents

<b>A. CALL FOR APPLICATION TO PARTICIPATE IN HEALTH INFORMATION EXCHANGE DEMONSTRATION PROJECTS .....</b>	<b>3</b>
A.1 DESCRIPTION OF TERMS .....	3
<b>B. BACKGROUND .....</b>	<b>3</b>
<b>C. PARTICIPANT REQUIREMENTS .....</b>	<b>4</b>
C.1 DETAILED SPECIFICATIONS FOR 2011 .....	4
C.2 SCOPE OF DEMONSTRATION PROJECT ACTIVITIES .....	5
C.3 DELIVERABLES AND MILESTONES .....	6
C.4 REPORTING REQUIREMENTS .....	6
a. <i>Project Updates and Status Reports</i> .....	6
b. <i>Communications with CalOHI</i> .....	7
<b>D. POINT OF CONTACT .....</b>	<b>7</b>
<b>E. CONTROLS AND CHANGE .....</b>	<b>7</b>
<b>F. KEY PARTICIPANT PERSONNEL .....</b>	<b>7</b>
F.1 COST .....	8
F.2 TIMEFRAMES .....	8
<b>G. TERMS AND CONDITIONS .....</b>	<b>8</b>
G.1 TERMS .....	8
G.2 ACCEPTANCE OF DELIVERABLES AND MILESTONES .....	9
<b>H. SUBMISSION REQUIREMENTS .....</b>	<b>9</b>
H.1 RFA RESPONSE DEADLINE .....	9
H.2 RFA RESPONSE CONTENT .....	9
H.3 RFA RESPONSE – ADDITIONAL INFORMATION .....	9
<b>I. EVALUATION PROCESS .....</b>	<b>10</b>
I.1 SCORES .....	10
I.2 EVALUATION CRITERIA .....	10

## A. Call for Application to Participate in Health Information Exchange Demonstration Projects

The California Office of Health Information Integrity (CalOHII) is calling for applications from qualified entities to participate in the electronic health information exchange (HIE) demonstration projects. Qualified entities can include, but are not limited to, those awarded federal grants or funds such as the Beacon Community or Recovery Act Funds to Expand Use of Health Information Technology (HIT). Eligible entities should already be exchanging health information electronically or will be implementing that capability in 2011. Entities that plan to operationalize their exchange after 2011 may apply for future calls for demonstration projects.

Demonstration project participants will be testing electronic HIE privacy and security policies that will not only address the feasibility of implementation and gauge the implementation impact, but identify the need for standardization across all participating health care entities as the Participants gauge the impact of the policies. Participation in the demonstration projects will provide the Participants with clarification on privacy and security issues, protection and mitigation of legal risks, and the structure to facilitate valuable and appropriately safeguarded testing of policies within the demonstration projects regulations. This will allow the Participants to be engaged in the most advanced electronic exchange of health information environment in California as the State looks to the future.

By helping to develop implementation strategies consistent with the demonstration projects regulations, participating entities will be contributing to inform the CalOHII and HIE stakeholders on the critical privacy and security policy issues, identifying new and innovative privacy and security practices that enhance consumers trust and confidence with electronic exchange of health information. Results from the demonstration projects will inform the California legislature of the outcomes, best practices, and the need for harmonization with federal privacy and security law.

Applications must be submitted to CalOHII by 5:00 PM, **March 7, 2011**.

### A.1 Description of Terms

The following terms are used in this Request for Application:

- “Request for Application” shall be called “application” for purposes of this document.
- “Applicant” shall mean any entity responding to this Request for Application.
- “Participant” shall mean any entity approved by CalOHII as a demonstration project participant.
- Health Information Exchange (HIE) shall mean the electronic movement of health-related information among organizations according to nationally recognized standards. (Office of National Coordinator, Defining Key Health Information Technology Terms, April, 28, 2008)

## B. Background

CalOHII’s role and responsibilities specifically in the area of health information exchange includes the following:

- Administration of the State Cooperative Agreement for Health Information Exchange;

- Facilitation and support of the California Privacy and Security Board (CalPSAB) process for CHHS that advises and recommends privacy and security policies for California Healthcare stakeholders including consumers; and
- Implementation of the provisions of Assembly Bill 278 (2010, Chapter 227)

As authorized by AB 278, CalOHII is to establish and administer demonstration projects funded by federal grants and other sources. The demonstration projects are to do all of the following:

- (1) Identify barriers to implementing health information exchanges.
- (2) Test potential security and privacy policies for the safe and secure exchange of health information, including, but not limited to, issues related to access to, and storage of, individual health information.
- (3) Identify and address differences between state and federal laws regarding privacy of health information.

Additionally, as authorized, CalOHII will adopt regulations to ensure that all approved health information exchange service participants and demonstration project participants follow consistent rules and work within those parameters as they are engaged in the exchange of health information.

### **C. Participant Requirements**

The demonstration projects will be testing specific areas of policy interest and importance in the electronic health information exchange landscape that are in alignment with California Health Information Exchange Strategic and Operational Plans. Approved projects will be operating under CalOHII's demonstration project regulatory authority and direction.

In the course of the demonstration project, the Participant will be required to have the ability to develop new or modify their current privacy and security procedures and practices to conform to demonstration project regulations issued by CalOHII. This is to ensure that all health information exchange that occurs within the demonstration project authority is consistent to and within the parameters of state established policies. Therefore, the Participant will be bound by the regulations established by the AB 278 authority.

Applicants for the demonstration projects are required to be California-based entities with a high level of preparedness in carrying out project management, research, and privacy and security policy testing for the electronic exchange of health information.

Participants receiving federal funding for the electronic exchange of health information, will be required to meet the ARRA reporting specifications for the HIE demonstration project.

#### **C.1 Detailed Specifications for 2011**

Many privacy and security policy areas have been the subject of intense deliberations both nationally and within California. Demonstration projects will be identified based on deliberations and collaborative efforts of stakeholders participating in the CalPSAB process. Through the collaborative process of the CalPSAB, specific policy areas have been and will continue to be identified for testing.

As an example, in order to develop more specific, effective, and feasible policies consistent with the patient informing and opt-in consent, CalOHII will be seeking participants that will implement procedures consistent with the opt-in policy that will inform CalOHII on the impact on a number of factors associated with the implementation of this policy. These factors include but are not limited to the following:

- Impact on consumer confidence with HIE;
- Additional educational and administrative impacts on different types of healthcare providers such as large integrated health systems, individual practices, clinics, labs, etc; and
- Identification of technical solutions that support the policies

It is through the demonstration projects that CalOHII will obtain objective and qualitative data on the impact of the recommended policies. It is anticipated that the lessons learned from the demonstration projects will help healthcare providers identify the key factors for a successful implementation of these policies. Demonstration projects will also help CalOHII and California stakeholders identify those policy considerations that will positively contribute to promoting the quality of care, enhancing trust, and enabling the electronic exchange of individual health information. Through these demonstration projects, CalOHII is aiming to also understand the feasibility, need for technical standards, effects on patient care, value of privacy protection, and the benefits and costs of the privacy and security policies being tested.

For calendar year 2011, CalOHII is seeking demonstration project participants that will propose comprehensive implementation strategies for the identified demonstration project. The goals of each demonstration project will include:

- Determine operational feasibility of implementing the policy;
- Determine operational feasibility of implementing an electronic HIE process;
- Discover issues associated with the operationalization of the policy; and
- Develop and propose policy solutions.

Cal OHII will, in the future, seek participants for demonstration projects, as allowed through AB 278, for calendar years 2011, 2012, 2013, and 2014. CalOHII will initially select demonstration projects for calendar year 2011 through this Request for Application. CalOHII will issue subsequent Request for Applications for future demonstration projects.

### **C.2 Scope of Demonstration Project Activities**

#### **Task 1: Project Start Up**

The Participant will perform the following project start up tasks:

- Allocate sufficient and knowledgeable staff for required tasks associated with the HIE demonstration project.
- Develop the procedure for the policy that your project will be implementing and testing, including forms and education materials.
- Work with CalOHII staff to determine project team members and roles.
- Work with CalOHII staff to define specific measurable objectives for the demonstration project.

- Work with CalOHII staff to identify deliverables associated with the specific HIE demonstration project.
- Work with CalOHII staff to determine resources necessary for the demonstration project including staff and materials (education materials, forms, etc...).

**Task 2: Data Collection**

The Participant will collect data as specified by CalOHII for each demonstration project. Data collection will include both quantitative and qualitative data. For example, in the case of access controls, the types of data collected could include, but would not be limited to:

- Type(s) of access control mechanisms, number of users, etc.
- Information technology map (hardware/software applicable for implementing access control methodology)
- Estimated one time and recurring maintenance costs/requirements
- Length of time required to implement access controls
- End user training required (cost, resources, and scope)
- User surveys (questions on issues such as problems encountered in use of the mechanism, degree of security enhancement, etc.)

Specific, measurable objectives will be discussed with the Participant during start up. CalOHII will negotiate with the Participant regarding the measures and the data collection process.

**Task 3: Compliance Certification**

The Participant will be required to certify that the Participant is currently in compliance with state and federal law pertaining to the exchange of health information. If in the course of the demonstration projects, CalOHII identifies a significant variation to compliance, the Participant must ensure and prove baseline compliance in order to remain a demonstration project.

**Task 4: Independent Project Evaluator (optional)**

Analysis of the results of the demonstration project will be performed by a third party project evaluator. The Participant may provide an independent project evaluator for the demonstration project or CalOHII will provide one. The project evaluator must be available at the start of the demonstration project.

**C.3 Deliverables and Milestones**

Participant shall submit all applicable deliverables and reports on time, as described in this RFA, including additional documentation as required by CalOHII to the CalOHII Contract Manager. Deliverable due dates will be established by CalOHII.

**C.4 Reporting Requirements**

**a. Project Updates and Status Reports**

The following requirements apply to the Participant for the duration of the demonstration project:

- Monitor and provide status report to CalOHII on the HIE demonstration project's progress.

- Generate summary reports on measurable outcomes of the HIE demonstration project
- Generate annual report - Annual reports are due to CalOHII no later than sixty (60) calendar days following the close of the reporting period.

**Status reports include a list of accomplishments by the Participant in the previous period, projected tasks for the upcoming period as well as identification of any issues/risks that could impact the timely completion of tasks.** All reports are subject to revision by CalOHII during the demonstration project period.

**b. Communications with CalOHII**

For the duration of each demonstration project, Participant’s staff shall work in coordination with the CalOHII office and are to be available for conference calls and/or meetings. Work plans shall be developed with specific milestones and projected due dates for outcomes in negotiation with and approved by CalOHII. Regular communication with CalOHII staff and management is required on the progress of the demonstration project and will include monthly meetings by webinar or in-person.

**D. Point of Contact**

The CalOHII Contract Manager is the point of contact for issues regarding this project.

Name	Phone	Email	Title
Azadeh Mohandessi-Fares	916.651.3364	amohande@ohi.ca.gov	Privacy Manager

**E. Controls and Change**

CalOHII and the Participant selected to carry out the demonstration project will sign a Memorandum of Understanding (MOU) or Cooperative Grant Agreement (CGA) specifying in detail the responsibilities of the parties to the MOU or CGA.

If unanticipated changes in the project deliverables are required during the course of the demonstration project, the Participant shall document the changes in a change control document. The Participant shall request approval of said changes in writing from the CalOHII Contract Manager. At the time the Participant or CalOHII identifies an unavoidable change that will require modification of the MOU or other issues materially affecting MOU deliverables, CalOHII may require all work to stop on the impacted objective until the changes are approved, or as CalOHII otherwise indicates.

**F. Key Participant Personnel**

The Participant shall designate qualified key personnel who will be responsible for the completion of all tasks during the engagement and who will perform the work necessary to accomplish the tasks defined above. Key personnel shall demonstrate the appropriate skills to perform the responsibilities indicated in this RFA.

Personnel commitments made in the Participant’s proposal shall not be changed without prior written approval of the CalOHII Contract Manager, unless due to the resignation or death of any named individual. Staffing shall include these named individuals at the levels of effort

proposed. In addition to these key staff, the Participant shall supply suitably knowledgeable staff necessary to complete the required deliverables within the Participant’s proposed timeframes.

CalOHII shall be notified in writing of any changes to the staff who are assigned to perform tasks within each demonstration project or of changes to the tasks assigned to each staff member. CalOHII reserves the right to require the removal of any member of the Participant’s staff of the demonstration project.

**F.1 Cost**

The costs associated with each HIE demonstration project will be the responsibility of the Participant and CalOHII will not absorb such costs. These costs include but are not limited to travel costs, office equipment and stationary, information technology upgrades, research, data aggregation, and staff and/or management training.

CalOHII may provide limited grant funding to help offset some eligible expenses to an approved small, non-profit Participant. These approved demonstration projects could receive the funds toward use for eligible costs to implement, maintain, or complete the demonstration project.

Participants receiving ARRA funds are required to comply with the ARRA-mandated supplemental terms and conditions. Please see Attachment A for further information.

**F.2 Timeframes**

<b>Events</b>	<b>Dates</b>
Release of RFA	January 14, 2011
Deadline for submitting material questions about the RFA	January 19, 2011
Responses to applicant questions	January 24, 2011
RFA response submission due date and time	March 7, 2011
<b><i>Applications will not be accepted after the deadline.</i></b>	
Announcement of approved demonstration project applications	Approximately: April 7, 2011

**G Terms and Conditions**

**G.1 Terms**

The anticipated term of this demonstration project is one year. The life of a demonstration project could extend beyond one year in accordance with the scope of the demonstration project. The need to extend the demonstration project shall be identified and justified by the Participant, and communicated to CalOHII in writing. Upon receiving the request for extension and negotiation with the Participant CalOHII may exercise its option to extend the demonstration project.

## G.2 Acceptance of Deliverables and Milestones

All deliverables will be reviewed and are subject to approval by CalOHII. Deliverable due dates will reflect those approved by CalOHII.

## H Submission Requirements

### H.1 RFA Response Deadline

CalOHII must receive responses to this RFA post marked no later than 5:00 p.m. PST on **March 7, 2011**, at the Health and Human Services Agency, in the CalOHII office located at 1600 9<sup>th</sup> Street, Room 460 Sacramento, California 95814

**Responses must be clearly marked with the “Proposal for Health Information Exchange Demonstration Projects for 2011” on the mailing label.** Hard copy material must be in two copies and each copy bound separately. Responses will not be accepted after the deadline. In addition, an electronic copy of the RFA response must be emailed no later than 5:00 p.m. PST on **March 7, 2011** to [amohande@ohi.ca.gov](mailto:amohande@ohi.ca.gov) and [sgoodwin@ohi.ca.gov](mailto:sgoodwin@ohi.ca.gov).

### H.2 RFA Response Content

A. Responses to the Participant Requirements – Applicants must include an application that demonstrates the following:

- 1) Understanding of the CalOHII mission and California Health Information Exchange Strategic and Operational Plans;
- 2) Knowledge of California Privacy and Security Advisory Board stakeholder process;
- 3) In depth knowledge of all state statutes and federal rules related to privacy and security and the exchange of health information including but not limited to CMIA, HIPAA, and HITECH; and
- 4) Description of the organization’s ability and readiness to carry out the demonstration project in 2011, including but not limited to staffing and technological capability.

### H.3 RFA Response – Additional Information

The following documents must be submitted in the RFA response:

- Applicant information sheet (see Attachment B);
- Applicant organizational chart;
- Applicant staffing for the demonstration project;
- References – Provide a minimum of two (2) customer references from previous projects, including the reference name, contact person, phone number and date (month/year) worked, that are similar in nature to the work outlined in the RFA; and
- Estimated budget to accomplish the activities described in section C.2.

Failure to submit any of the content specified in this Section will be considered a material deviation to the instructions and will be factored in the scoring of proposals.

## I Evaluation Process

### I.1 Scores

Each application will be scored under a “Best Value” method. The maximum points to be awarded are 50. Under this method, each response will receive scores for the technical response, readiness, and, if necessary, for the interview. For this RFA, a maximum of 10 points will be given for experience and staff skills’ set, a maximum of 15 points to the applicant’s preparedness, a maximum of 10 points to reporting and communication readiness, a maximum of 10 points to the quality of the response, and a maximum of 5 points will be given the interview, if needed. The applicant receiving the highest score will be offered to be the Participant of this demonstration project.

### I.2 Evaluation Criteria

A. Submission Requirements – Each application will be reviewed to see if there has been any material deviation to the submission requirements. Proposals that have a material deviation will be scored accordingly. Material deviations include a submission after the deadline or failing to submit critical information specified in the RFA necessary for scoring the application.

#### B. Response Score Evaluation (50 points)

The following rating criteria are the evaluation criteria that will be used by the State to evaluate the applicant’s technical response to this RFA. The numbers in parenthesis represent the maximum possible value for each of the criteria, with a maximum overall total of 15 points.

- 1) The level of experience, knowledge, and skills of the staff assigned: **(10 points)**
  - Possession of a project management certification (i.e. PMP), a graduate degree in law or medicine or in one of the disciplines in the Health and Human Services area, and/or significant State experience in the HIE privacy and security area by the project manager will be considered in scoring.
- 2) A review of the applicant’s preparedness: **(15 points)**
  - Did the applicant include a minimum of two (2) references from previous projects that are similar in nature (e.g. HIE privacy and security, research, project management and policy testing) to the work outlined in this RFA? The references for each demonstration project should include contact name, telephone number and the project duration dates (month and year).
  - Is a description of the applicant’s proposed project included?
  - Do relevant factors of Applicant experience include any of the following:
    1. HIE projects;
    2. Privacy policy testing;
    3. Security policy testing;
    4. Government privacy/security projects;
    5. CalOHII privacy/security projects;
    6. HIPAA standards organization participation;
    7. HITECH policy development participation;
    8. Analytical ability in policy issue areas;
    9. Skills, resourcefulness and innovative ability in implementing new policy requirements in a multi-stakeholder environment;
    10. Prompt attention to client needs;

11. Reliability in meeting due dates for deliverables;
  12. The ability to pinpoint the problems or issues requiring a solution;
  13. The ability to state the goals and principal and subordinate objectives of the demonstration project(s); and
  14. The ability to research and identify other similar successful HIE demonstration projects that may have implications for the current demonstration project(s).
- 3) The extent to which the application clearly identified how reporting is to be provided over the life of the demonstration project, consistent communication with CalOHII senior management, and when deliverables are proposed for delivery. **(10 points)**
  - 4) The extent to which the applicant's response is clearly written, well organized, complete, accurate, and reflective of a high level of professionalism. The level of writing skills exhibited in the response should be appropriate for the performance required of the applicant. The response should indicate that care and effective business practices were followed in the applicant's preparation of the response as evidence of a high standard for work products. **(10 points)**

C. Interviews

The top three scores or all applicants within five points of the highest score, whichever is smaller, after the technical scores are calculated may be required to complete an interview with designated management in CalOHII. If an applicant declines or fails to complete the interview, no points will be awarded and the applicant's final score will be based on the first two categories only. **(5 points)**

## Attachment A

### Supplemental Federal Terms and Conditions

Bidders must comply with the ARRA-mandated supplemental terms and conditions for contracts using ARRA funds.

#### SUPPLEMENTAL TERMS AND CONDITIONS FOR CONTRACTS USING ARRA FUNDS

1. **ARRA FUNDED PROJECT:** Funding for this contract has been provided through the American Recovery and Reinvestment Act (ARRA) of 2009, Pub. L. 111-5. All contractors, including both prime and subcontractors, are subject to audit by appropriate federal or State of California (State) entities. The State has the right to cancel, terminate, or suspend the contract if any contractor or subcontractor fails to comply with the reporting and operational requirements contained herein.

2. **ENFORCEABILITY:** Contractor agrees that if Contractor or one of its subcontractors fails to comply with all applicable federal and State requirements governing the use of ARRA funds, the State may withhold or suspend, in whole or in part, funds awarded under the program, or recover misspent funds following an audit. This provision is in addition to all other remedies available to the State under all applicable State and federal laws.

3. **PROHIBITION ON USE OF ARRA FUNDS:** Contractor agrees in accordance with ARRA, Section 1604, that none of the funds made available under this contract may be used for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pools.

4. **REQUIRED USE OF AMERICAN IRON, STEEL AND OTHER MANUFACTURED GOODS:** Contractor agrees that in accordance with ARRA, Section 1605, neither Contractor nor its subcontractors will use ARRA funds for a project for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel and manufactured goods used in the project are produced in the United States in a manner consistent with United States obligations under international agreements. The Contractor understands that this requirement may only be waived by the applicable federal agency in limited situations as set out in ARRA, Section 1605.

5. **WAGE RATE REQUIREMENTS:** In accordance with ARRA, Section 1606, the Contractor assures that it and its subrecipients shall fully comply with said Section and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the federal government pursuant to ARRA shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the United States Secretary of Labor in accordance with Subchapter IV of Chapter 31 of Title 40, United States Code (Davis-Bacon Act). It is understood that the Secretary of Labor has the authority and functions set forth in Reorganization Plan Numbered 14 or 1950 (64 Stat. 1267; 5 U.S.C. App.) and Section 3145 of Title 40, United States Code.

6. **INSPECTION OF RECORDS:** In accordance with ARRA Sections 902, 1514 and 1515, Contractor agrees that it shall permit the State of California, the United States Comptroller General or his representative or the appropriate Inspector General appointed under Section 3 or 8G of the United States Inspector General Act of 1978 or his representative to: (1) examine any records that directly pertain to, and involve transactions relating to, this contract; and (2) interview any officer or employee of Contractor or any of its subcontractors regarding

the activities funded with funds appropriated or otherwise made available by the ARRA. Contractor shall include this provision in all of the contractor's agreements with its subcontractors from whom the contractor acquires goods or services in its execution of the ARRA funded work.

**7. WHISTLEBLOWER PROTECTION:** Contractor agrees that both it and its subcontractors shall comply with Section 1553 of the ARRA, which prohibits all non-federal Contractors, including the State, and all contractors of the State, from discharging, demoting or otherwise discriminating against an employee for disclosures by the employee that the employee reasonably believes are evidence of: (1) gross mismanagement of a contract relating to ARRA funds; (2) a gross waste of ARRA funds; (3) a substantial and specific danger to public health or safety related to the implementation or use of ARRA funds; (4) an abuse of authority related to implementation or use of ARRA funds; or (5) a violation of law, rule, or regulation related to an agency contract (including the competition for or negotiation of a contract) awarded or issued relating to ARRA funds. Contractor agrees that it and its subcontractors shall post notice of the rights and remedies available to employees under Section 1553 of Title XV of Division A of the ARRA.

**8. FALSE CLAIMS ACT:** Contractor agrees that it shall promptly notify the State and shall refer to an appropriate federal inspector general any credible evidence that a principal, employee, agent, subcontractor or other person has committed a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving ARRA funds.

**9. REPORTING REQUIREMENTS:** Pursuant to Section 1512 of the ARRA, in order for state agencies receiving ARRA funds to prepare the required reports, Contractor agrees to provide the awarding state agency with the following information on a monthly (quarterly) basis:

- a. The total amount of ARRA funds received by Contractor during the Reporting Period;
- b. The amount of ARRA funds that were expended or obligated during the Reporting Period;
- c. A detailed list of all projects or activities for which ARRA funds were expending or obligated, including: **SUPPLEMENTAL TERMS AND CONDITIONS FOR CONTRACTS USING ARRA FUNDS** 08/10/09

- (i.) The name of the project or activity;
  - (ii.) A description of the project or activity;
  - (iii.) An evaluation of the completion status of the project or activity; and
  - (iv.) An estimate of the number of jobs created and /or retained by the project or activity;
- d. For any contracts equal to or greater than \$25,000:
- (i.) The name of the entity receiving the contract;
  - (ii.) The amount of the contract;
  - (iii.) The transaction type;
  - (iv.) The North American Industry Classification System (NAICS) code or Catalog of Federal Domestic Assistance (CFDA) number;
  - (v.) The Program source;

- (vi.) An award title descriptive of the purpose of each funding action;
- (vii.) The location of the entity receiving the contract;
- (viii.) The primary location of the contract, including the city, state, congressional district and country;
- (ix.) The DUNS number, or name and zip code for the entity headquarters;
- (x.) A unique identifier of the entity receiving the contract and the parent entity of Contractor, should the entity be owned by another; and
- (xi.) The names and total compensation of the five most highly compensated officers of the company if it received: 1) 80% or more of its annual gross revenues in Federal awards; 2) \$25M or more in annual gross revenue from Federal awards and; 3) if the public does not have access to information about the compensation of senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of Internal Revenue Code of 1986.;

e. For any contracts of less than \$25,000 or to individuals, the information required above may be reported in the aggregate and requires the certification of an authorized officer of Contractor that the information contained in the report is accurate.

***Any other information reasonably requested by the State of California or required by state or federal law or regulation.***

Standard data elements and federal instructions for use in complying with reporting requirements under Section 1512 of the ARRA, are pending review by the federal government, and were published in the Federal Register on April 1, 2009 [74 FR 14824], and are to be provided online at [www.FederalReporting.gov](http://www.FederalReporting.gov). The additional requirements will be added to this contract(s).

**Attachment B**



**HIE Demonstration Project  
Applicant Information**

**APPLICANT INFORMATION**

**Legal Name:** \_\_\_\_\_

**Address:**

Street 1	
Street 2	
City	
County	
State	
Zip/Postal Code	

**Organizational Unit:**

Department	
Division	

**Name and contact information of Person to be contacted on matters involving this application:**

Prefix	
First Name	
Middle Name	
Last Name	

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Proposed Project:**

- Privacy Rule
- Security Rule

<b>Subject Area:</b>	
<b>Start Date:</b>	<b>End Date:</b>

**If a recipient of Federal Grant for HIE provide the following:**

**Grant Information**

Name of Federal Grant:
Name of Federal Agency Awarding the Grant:
Federal Funding Opportunity Number:
Areas Affected by Project (Cities, regions, electoral districts, counties):
Descriptive Title of Applicant's Project for the Federal Grant:

## Appendix 11: Vision for EHR Adoption by Medi-Cal Providers

December 2009

### **Overview of the HITECH EHR Incentive Program**

Congress has appropriated \$46.8 billion in Health Information Technology for Economic and Clinical Health Act (HITECH), a component of the American Reinvestment and Recovery Act (ARRA), to encourage Medicaid and Medicare providers, hospitals, and clinics to adopt and become meaningful users of electronic health records (EHRs.) The infusion of new funding towards EHRs represents a tremendous opportunity to improve the quality, safety, and efficacy of health care.

The bulk of this funding will support incentive payments for Medicare and Medicaid providers who meet certain criteria for patient volume and who demonstrate “meaningful use” of the new technology. Criteria for meaningful use and provider eligibility are currently being defined by The Centers for Medicare & Medicaid Services (CMS), and further guidance will be provided. Program components outlined to date include:

- Providers may only participate in either the Medicare or Medicaid incentive program.
- A single provider can receive up to \$63,750 in Medi-Cal incentives over five years.
- Providers must become “meaningful users” of EHRs based on criteria currently under development by CMS (Medicare) and the states (Medicaid). Goals of meaningful use will likely include improving the quality, safety, efficiency, and reduce health disparities; engaging patients and families; improving care coordination; improving population and public health data; and ensuring adequate privacy and security protections for personal health information. Specific requirements include the capability to exchange electronic health information, electronic prescribing for office-based physicians, and the submission of information on clinical quality and other measure.<sup>11</sup>
- The first EHR incentive payments may be issued in 2011.

As the state agency charged with administering Medicaid payments, the California Department of Health Care Services (DHCS) is poised to play a significant role in the new EHR initiative. The DHCS is currently in the process of planning for this EHR Incentive program, and as of December 2009, has created a vision for the use of ARRA funds to increase adoption and meaningful use of EHRs among Medi-Cal providers.

### **Introduction to the Vision**

This document contains the overall vision for the use of ARRA funds to increase adoption and meaningful use of EHRs among Medi-Cal providers in California.

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<sup>1</sup> “American Recovery and Reinvestment Act of 2009.” *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 18, 2010. Date accessed: November 22, 2010.

## California Medi-Cal Health Information Technology Plan

The vision is ambitious. It is intended to inspire action by the DHCS, which will provide leadership for this effort, and by a broad set of stakeholders – health care providers, payers, government entities, legislators, and the people of California – who will share in the benefits of EHR adoption and meaningful use and who have a shared responsibility to ensure its success.

The DHCS will provide leadership and rely upon stakeholders to realize this vision. This effort will also be closely coordinated with other Health IT-related projects and programs in the State of California.

The structure we have adopted for this vision is the meaningful use framework proposed by the HIT Policy Committee, thus ensuring all the planning efforts will be aligned with national requirements. This vision will be used to guide detailed strategic and implementation planning by the DHCS, and as well as provide guidance for other stakeholder planning efforts.

### Process to Date: Crafting the Vision

This vision was created by the DHCS in partnership with the California HealthCare Foundation and with assistance from FSG Social Impact Advisors. In developing the vision, FSG spoke with over 100 stakeholders including DHCS senior leadership, staff from 16 DHCS divisions, staff from six other departments of the California Health and Human Services Agency, and over 65 external stakeholders from provider, payer, and consumer communities (see **Appendix 7** for the interviewee list).

A draft vision was vetted at an in-person Visioning Session that was attended by 38 individuals from multiple stakeholder groups and the DHCS (see **Appendix 1** for the visioning session attendee list) and then revised during a comment period for vision session participants and all external stakeholders interviewed during the visioning process.

### Next Steps: Creating the DHCS Strategic and Implementation Plan

The DHCS has engaged The Lewin Group and McKinsey & Company to lead Phase II of the EHR Incentive Payment Program planning process. The work of Phase II begins with a landscape assessment of California providers and EHR vendors. The landscape assessment will be followed by the development an incentive payment program plan with three components:

- Strategic plan: define program components and performance targets
- Campaign plan: approach to increasing awareness of the EHR incentive payment program
- Implementation plan: detailed guidance on implementing the incentive payment program

The strategic and implementation plan will use the vision as a guide but will focus specifically on the next five years for the EHR incentive program and DHCS activities. The Lewin Group and McKinsey & Company will continue to engage stakeholders throughout the secondary planning process and project implementation phase. The DHCS will establish a Health Enterprise Steering Committee and will ensure stakeholders continue to be engaged through current or newly established workgroups, webinars, and monthly updates.

### The Vision

#### The Promise of the Electronic Health Records

Electronic Health Records are a key enabling technology for improving the quality, safety, and efficiency of the health care system. In creating the vision for the Medicaid incentive program,

the DHCS is cognizant of the ultimate goals for promoting the adoption of this technology, as defined by the HIT Policy Committee:

- Improve quality, safety, and efficiency and reduce health disparities
- Engage patients and families
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

**Vision for the EHR Incentive Program**

The health and wellbeing of all Californians will be dramatically improved by the widespread adoption and use of Electronic Health Records.

**Vision Element 1: Provider EHR Adoption**

**Goals for Provider EHR Adoption**

- 1.1 By March 2011 the Medi-Cal EHR Incentive Program Provider Portal will be operational and accepting information from the National Level Registry and from practitioners and hospitals.
- 1.2 By March 2011, all Medi-Cal practitioners and hospitals will have received information about eligibility requirements for the EHR Incentive Program and how to apply for participation.
- 1.3 By May 2011, the Medi-Cal EHR Incentive Program will have begun issuing incentive payments to practitioners and hospitals.
- 1.4 By December 31, 2011, 100% of practitioners and hospitals receiving Medi-Cal EHR Incentive Program funding will have received information and training in using their EHRs to achieve meaningful use.
- 1.5 By December 31, 2011, at least 50% of Medi-Cal practitioners and hospitals eligible for Medi-Cal EHR Incentive Program funds will have applied for and been awarded funding for adopting, implementing, or upgrading an EHR.
- 1.6 By December 31, 2013, 60% of Medi-Cal practitioners and 70% of hospitals receiving funding in 2011 will have achieved meaningful use and received funding for that accomplishment.
- 1.7 By 2015, 90% of Medi-Cal providers eligible for incentive payments will have adopted EHRs for meaningful use in their practices. The EHRs adopted are secure, interoperable, and certified.

## **Vision Element 2: Improve Quality, Safety, and Efficiency and Reduce Health Disparities**

- 2.1** By 2015, 90% of Medi-Cal providers will have implemented clinical decision support tools within their EHRs. These tools are intelligent and initially target 3-4 conditions that are prevalent, costly, and drivers of high morbidity and mortality.
- 2.2** By 2013, statewide provider performance standards are used to improve health outcomes. These standards will increase quality and safety, reduce health disparities, and incentivize medical homes for Medi-Cal patients.
- 2.3** The use of EHRs results in cost efficiencies for payers by 2015 and 90% of Medi-Cal providers by 2018. These savings will be generated through administrative and clinical process improvements enabled by EHRs.

## **Vision Element 3: Engage Patients and Families**

- 3.1** All patients of Medi-Cal providers with EHRs will have electronic access to their Personal Health Record (PHR) and self-management tools by 2015. Patient tools are affordable, actionable, culturally and linguistically appropriate, and accessible through widely available technologies. The PHR and self management tools enable patients to communicate with their providers.

## **Vision Element 4: Improve Care Coordination**

- 4.1** By 2013, upon EHR adoption, Medi-Cal providers and patients are able to use available electronic information from patients' other clinical providers to make informed health care decisions at the point of care. Data will be standardized and integrated across providers.
- 4.2** By 2013, key partners will share information with eligible providers upon adoption of EHRs to ensure full access to health data. These partners include labs, pharmacies, and radiology facilities.

## **Vision Element 5: Improve Population and Public Health**

### **Goals for Improving Population and Public Health**

- 5.1** By 2013, patient and population health data from EHRs will be shared bi-directionally between providers the DHCS, the Department of Public Health, the Office of Statewide Health Planning and Development, and other approved institutions to support the essential functions of public health, and to inform the effectiveness, quality, access, and cost of care.
- 5.2** By December 31, 2014, a portable, EHR-based health record will have been developed and tested for California's foster children.
- 5.3** By December 31, 2014, an interoperable EHR for medical and behavioral health will have been developed and tested for California's mental health population.
- 5.4** By December 31, 2014, a continuity of care document that includes behavioral health will have been developed and tested for California's mental health population.

- 5.5** By December 31, 2014 pilot the inclusion of behavior health information in a regional HIE.
- 5.6** De-identified data collected from EHRs is used to publicly report on trends in the quality of care provided to Medi-Cal beneficiaries by 2015. Consumers should be educated about the findings from such reports. References to Medi-Cal providers throughout the Vision refer to Medi-Cal providers eligible for ARRA incentive payments
- 5.7** By December 31, 2015, 90% of independent pharmacies in California will be connected to an e-Prescribing network.
- 5.8** By December 31, 2015, 80% of community clinics will have fully implemented certified EHRs.
- 5.9** By December 31, 2015, 50% of providers in California will be able to electronically transmit immunization information to an immunization registry.
- 5.10** By December 31, 2015, 90% of hospital, regional, and public health laboratories will be able to electronically transmit laboratory results to providers.
- 5.11** By December 31, 2015, 80% of providers and hospitals will be able to transmit reportable disease and syndromic surveillance information to the local and State public health departments

**Vision Element 6: Ensure Adequate Privacy and Security Protections for Personal Health Information**

- 6.1** By 2011, the state will ensure that Medi-Cal beneficiaries, on request, have electronic access to their Health Information Exchange disclosures.
- 6.2** By 2011, California will establish policies that balance protection of patient privacy with the appropriate sharing of health information. Such policies will be consistent with national requirements and will protect health information accessed by providers, payers, other California public agencies, and other states. Policies apply to data in EHRs, PHRs, and health information exchange.

## Appendix 12: Medical Board of California Newsletter Article

### Electronic Health Records Incentive Programs begin in 2011

by Larry L. Dickey, MD, MPH, Medical Director, Office of Health Information Technology, California Department of Health Care Services ; with input from: Betsy L. Thompson, MD, DrPH, Chief Medical Officer, Centers for Medicare & Medicaid Services, Region IX

In recognition of the importance of moving health care delivery from paper-based records into the digital age, the federal government, through the HITECH Act, has provided financial incentives to Medi-Cal and Medicare providers to adopt and use ONC-certified electronic health records (EHRs) beginning in 2011. The Medi-Cal and Medicare EHR incentive programs for providers are similar, but each has its own rules and incentive payment schedules. Providers may only participate in one program, but may switch once in the course of their participation. Providers can begin the registration process for both programs at <https://ebrincentives.cms.gov>. Both programs represent an unprecedented opportunity for providers to obtain financial assistance to adopt and utilize electronic health records. Incentive programs are also available for hospitals, but will not be discussed in this article.

The Medi-Cal EHR Incentive Program is administered by the California Department of Health Care Services. Eligible Medi-Cal providers will receive \$21,250 during the first year of the program to adopt, implement, or upgrade an EHR in their practices. In subsequent years, providers who demonstrate “meaningful use” of their EHRs by reporting on a set of objectives and clinical quality measures will receive \$8,500 yearly for up to 5 years. Over the life of the program providers can receive a total of \$63,750 in incentive payments from Medi-Cal. To be eligible, providers must satisfy all of the following:

- Provider type: doctor of medicine or osteopathy, doctor of optometry, doctor of dental surgery or dental medicine, nurse practitioner, nurse midwife, or physician assistant practicing in a physician assistant-led, federally qualified health center or rural health center.
- Practice setting: outpatient (cannot provide ≥90 percent of services in an hospital inpatient or emergency room setting).
- Medi-Cal volume: Thirty percent or more of patient encounters must be fully or partially paid by

Medi-Cal. Pediatricians may qualify with 20 percent Medi-Cal encounters, but will receive incentive payments reduced by 33.3 percent. Providers practicing predominantly in federally qualified health centers may count Healthy Families, sliding scale, and uninsured patients (in addition to Medi-Cal patients) toward the 30 percent volume requirement.

Registration for the Medi-Cal EHR Incentive Program will open in March 2011. Providers should first register with CMS at <https://ebrincentives.cms.gov>. After this, providers should register with Medi-Cal at <http://medi-cal.ebr.ca.gov/> to complete the registration process. Provider incentive payment disbursement will begin by May 2011. Registration for the program will end in 2016. Questions can be e-mailed to: [Medi-Cal\\_Incentives@dhcs.ca.gov](mailto:Medi-Cal_Incentives@dhcs.ca.gov).

The Medicare EHR Incentive Program is administered by CMS. Eligible Medicare providers enrolling in 2011 or 2012 may receive up to \$44,000 over the course of 5 years. Providers enrolling in 2013 or 2014 may receive up to \$39,000 over 4 years, or \$24,000 over 3 years, respectively. The annual maximum payment is increased by 10 percent for providers practicing in a health professional shortage area. To be eligible for the program, providers must satisfy all of the following:

- Provider type: doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatry, doctor of optometry, or chiropractor.
- Practice setting: outpatient (cannot provide ≥90 percent of services in an hospital inpatient or emergency room setting).
- Not also receiving incentive payments through the Electronic Prescribing (eRx) program for the same year.
- Demonstrate “meaningful use” of an ONC-certified EHR by reporting to CMS on a set of objectives and clinical quality measures. Unlike the

(continued on page 19)

## Physician responsibilities *(continued from last page)*

agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code. RNs perform skin tests, immunizations, and withdrawal of blood from veins or arteries.

- The registered nursing practice is recognized as having overlapping functions with physicians. The RN scope of practice permits additional sharing of functions in the organized health care system that provides for collaboration between physicians and registered nurses. Standardized procedures include policies and protocols developed in collaboration with physicians, nurses, and administrators of facilities.
- Registered nurses may dispense drugs and devices upon the order of a physician when the nurse is dispensing within a free or community clinic. Dispensing of drugs by a RN may NOT include controlled substances.

### Certified Nurse-Midwives (CNM)

- Under the supervision of a physician, certified nurse-midwives are authorized to attend cases of normal childbirth and provide prenatal, intrapartum, and postpartum care, including family planning care for the mother, and immediate care of the newborn.
- The practice of nurse-midwifery constitutes the furthering or undertaking by a certified person, under supervision of a physician who has current practice or training in obstetrics, to assist a woman in childbirth.
- Physician supervision must not be construed to require the physical presence of the supervising physician. All complications must be referred to a physician immediately.
- CNMs who have received a furnishing number may furnish controlled substances. CNMs are authorized to furnish Schedule II controlled substances in acute care hospitals. CNMs furnishing or ordering Schedule II and III controlled substances are required to have a patient-specific protocol contained in the standardized procedure. The protocol may state any other limitations as agreed upon by the CNM

and the supervising physician, such as the amount of the substance to be furnished and criteria for consultation.

### Medical Assistants (MA)

- The responsibility for the appropriate use of medical assistants (unlicensed persons) in health care delivery rests with the physician. They may perform basic administrative, clerical and technical supportive services as permitted by law, and upon the specific authorization and supervision of a licensed physician or podiatrist.
- A physician or podiatrist can personally train a medical assistant, or can direct a nurse, physician assistant or qualified MA who works for the physician to train the MA in specified tasks, but must personally observe and document that the MA is competent to perform each task. Or, the MA can be trained and certified in a formal training program at a college or vocational school.
- Under the authorization and supervision of the supervising physician, the MA may administer medication only by intradermal, subcutaneous, or intramuscular injections, perform skin tests, and draw blood by venipuncture or skin puncture.

## Electronic Health Records Incentive Programs

*(continued from page 17)*

Medi-Cal program, participants in the Medicare EHR Incentive Program must demonstrate “meaningful use” each year of the program, including the first year.

Registration for the Medicare EHR Incentive Program began January 3, 2011 at <https://ebrincentives.cms.gov>. Registration for the program will end in 2014. The official CMS Web site on the EHR Incentive Programs is at <http://www.cms.gov/EHRincentiveprograms/>. Questions related to the Medicare EHR incentive may be e-mailed to [rosfofm@cms.hhs.gov](mailto:rosfofm@cms.hhs.gov).

## Appendix 13: List of RECs, Associations, Organizations, and Managed Health Plans

RECs	URL & Info
CalOptima	<a href="http://www.caloptima.org/">http://www.caloptima.org/</a> <a href="http://www.caloptima.org/en/NewsandPublications/~media/Files/CalOptimaOrg/NewsandPublications/FastFacts.ashx">http://www.caloptima.org/en/NewsandPublications/~media/Files/CalOptimaOrg/NewsandPublications/FastFacts.ashx</a> - <i>Member Fast Facts</i> <a href="http://www.caloptima.org/Home/Members/Medi-Cal.aspx">http://www.caloptima.org/Home/Members/Medi-Cal.aspx</a> <a href="http://www.caloptima.org/en/ContactUs.aspx">http://www.caloptima.org/en/ContactUs.aspx</a> - <i>Contact Us</i>
Health Information Technology Extension Center for Los Angeles (HITEC-LA)	<a href="http://www.hitecla.org/">http://www.hitecla.org/</a> <a href="http://www.hitecla.org/member_organizations">http://www.hitecla.org/member_organizations</a> – <i>Member Organizations</i> <a href="http://www.hitecla.org/news/hitec-la-weekly-membership-update-2">http://www.hitecla.org/news/hitec-la-weekly-membership-update-2</a> <a href="http://www.hitecla.org/contact-us">http://www.hitecla.org/contact-us</a> - <i>Contact Us</i>
California Rural Indian Health Board (CRIHB)	<a href="http://www.crihb.org/">http://www.crihb.org/</a> <a href="http://www.crihb.org/contact-us/crihb-directory.html">http://www.crihb.org/contact-us/crihb-directory.html</a> - <i>Directory (Staff)</i> <a href="http://www.crihb.org/inside-crihb/member-tribes.html">http://www.crihb.org/inside-crihb/member-tribes.html</a> – <i>Member Tribes</i> <a href="http://www.crihb.org/inside-crihb/member-programs/member-program-links.html">http://www.crihb.org/inside-crihb/member-programs/member-program-links.html</a> - <i>Member Program Links</i> <a href="http://crihb.org/files/Member_Health_ProgramsMap4_fin.pdf">http://crihb.org/files/Member_Health_ProgramsMap4_fin.pdf</a> - <i>Program Map</i> <a href="http://www.crihb.org/contact-us/crihb-address.html">http://www.crihb.org/contact-us/crihb-address.html</a> - <i>Contact Us</i> (newsletters and publications aren't updated often; last updates in 2010)
CalHIPSO	<a href="http://www.calhipso.org/">http://www.calhipso.org/</a> <a href="http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=29&amp;Itemid=34">http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=29&amp;Itemid=34</a> <i>Contact Us</i> <a href="http://calhipso.wordpress.com/">http://calhipso.wordpress.com/</a> - <i>Blog</i> <a href="http://www.calhipso.org/images/stories/pdf/3000providers.pdf">http://www.calhipso.org/images/stories/pdf/3000providers.pdf</a> <a href="http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=65&amp;Itemid=45">http://www.calhipso.org/index.php?option=com_content&amp;view=article&amp;id=65&amp;Itemid=45</a> - <i>Announcements</i>
Organizations	URL & Info
California Primary Care Association (CPCA)	<a href="http://www.cPCA.org/about/newsletter/">http://www.cPCA.org/about/newsletter/</a> - <i>Contact Us</i> <a href="http://www.cPCA.org/PressRoom/index.cfm#staff">http://www.cPCA.org/PressRoom/index.cfm#staff</a> – <i>Staff Contact</i> <a href="http://www.cPCA.org/about/membership/regionalconsortia/index.cfm">http://www.cPCA.org/about/membership/regionalconsortia/index.cfm</a> - <i>Regional Consortia</i>
American Association of Family Practitioners	<a href="http://www.aafp.org/online/en/home.html">http://www.aafp.org/online/en/home.html</a> - <i>Home</i> <a href="http://www.aafp.org/online/en/home/aboutus/theaafp.html">http://www.aafp.org/online/en/home/aboutus/theaafp.html</a> - <i>About Us</i> <a href="https://nf.aafp.org/eweb//DynamicPage.aspx?webcode=ChpList&amp;Site=aafpv">https://nf.aafp.org/eweb//DynamicPage.aspx?webcode=ChpList&amp;Site=aafpv</a> - <i>AAFP Constituent Chapter Directory</i> <a href="http://www.aafp.org/online/en/home/aboutus/theaafp/contact.html">http://www.aafp.org/online/en/home/aboutus/theaafp/contact.html</a> - <i>Contact Us</i>
California Association of Physician Groups	<a href="http://www.capg.org/home/index.asp">http://www.capg.org/home/index.asp</a> <a href="http://www.capg.org/home/index.asp?page=9">http://www.capg.org/home/index.asp?page=9</a> – <i>Contact Us</i>

## California Medi-Cal Health Information Technology Plan

(CAPG)	<a href="http://www.capg.org/home/index.asp?page=50">http://www.capg.org/home/index.asp?page=50</a> – Members List <a href="http://www.capg.org/home/index.asp?page=260">http://www.capg.org/home/index.asp?page=260</a> - Publications
Planned Parenthood	<a href="http://www.plannedparenthood.org/">http://www.plannedparenthood.org/</a> <a href="http://www.plannedparenthood.org/about-us/contact-us.htm">http://www.plannedparenthood.org/about-us/contact-us.htm</a> - Contact Us <a href="http://www.plannedparenthood.org/about-us/advisory-boards-initiatives-26415.htm">http://www.plannedparenthood.org/about-us/advisory-boards-initiatives-26415.htm</a> - Advisory Board and Initiatives <a href="http://www.plannedparenthood.org/about-us/affiliate-and-state-offices.htm#California">http://www.plannedparenthood.org/about-us/affiliate-and-state-offices.htm#California</a> – Local and State Offices (CA) <a href="http://www.plannedparenthood.org/about-us/newsroom.htm">http://www.plannedparenthood.org/about-us/newsroom.htm</a> - Newsroom
California State Rural Hospital Association (CSRHA)	<a href="http://www.csrha.org/">http://www.csrha.org/</a>
California Medical Association	<a href="http://www.cmanet.org/">http://www.cmanet.org/</a>
California Hospital Association (CHA)	<a href="http://www.calhospital.org/">http://www.calhospital.org/</a> <a href="http://www.calhospital.org/directory">http://www.calhospital.org/directory</a> - <i>More than 6,500 top management staff members are listed with their titles, addresses, and telephone numbers. The directory also includes important data such as number of beds, ownership and license category for each member facility.</i> <i>The Membership Directory is a joint publication of:</i> <i>California Hospital Association</i> <i>Hospital Council of Northern and Central California</i> <i>Hospital Association of Southern California</i> <i>Hospital Association of San Diego and Imperial Counties</i> <a href="http://www.calhospital.org/publications">http://www.calhospital.org/publications</a> - Publications
<b>Hospitals (50% of Medi-Cal Discharges)</b>	<b>URL &amp; Info</b>
Sutter	<a href="http://www.sutterhealth.org/">http://www.sutterhealth.org/</a> <a href="http://www.sutterhealth.org/about/affiliates/med-grps.html">http://www.sutterhealth.org/about/affiliates/med-grps.html</a> - Affiliated Groups <a href="http://www.sutterhealth.org/about/affiliates/index.html">http://www.sutterhealth.org/about/affiliates/index.html</a> <a href="http://www.sutterhealth.org/contact/">http://www.sutterhealth.org/contact/</a> - Contact Us
CHW – Mercy	<a href="http://www.mercysacramento.org/">http://www.mercysacramento.org/</a> <a href="http://www.mercysacramento.org/cm/content/contact_us.asp?vendorId=&amp;siteDomain=&amp;siteId=">http://www.mercysacramento.org/cm/content/contact_us.asp?vendorId=&amp;siteDomain=&amp;siteId=</a>
Adventist	<a href="http://www.adventisthealth.org/">http://www.adventisthealth.org/</a> <a href="http://www.adventisthealth.org/utilities/contactus.asp">http://www.adventisthealth.org/utilities/contactus.asp</a> - Contact Us
<b>Dentists</b>	<b>URL &amp; Info</b>

## California Medi-Cal Health Information Technology Plan

American Dental Association (ADA)	<a href="http://www.ada.org/">http://www.ada.org/</a> <a href="http://www.ada.org/22.aspx">http://www.ada.org/22.aspx</a> - Contact Us
California Dental Association (CDA)	<a href="http://www.cda.org/">http://www.cda.org/</a> <a href="http://www.cda.org/publications">http://www.cda.org/publications</a> - Publications <a href="http://www.cda.org/member_benefits_&amp;_resources">http://www.cda.org/member_benefits_&amp;_resources</a> - Member Benefits and Resources <a href="http://www.cda.org/about_cda/contact_us">http://www.cda.org/about_cda/contact_us</a> - Contact Us
Dental Board of California	<a href="http://www.dbc.ca.gov/">http://www.dbc.ca.gov/</a>
American Association of Oral and Maxillofacial Surgeons (AAOMS)	<a href="http://www.aaoms.org/">http://www.aaoms.org/</a> <a href="http://www.aaoms.org/contact.php">http://www.aaoms.org/contact.php</a> - Contact Us
American Board of Orthodontics	<a href="http://www.americanboardortho.com/">http://www.americanboardortho.com/</a> <a href="http://www.americanboardortho.com/contact/">http://www.americanboardortho.com/contact/</a> - Contact Us
<b>Midwives</b>	<b>URL &amp; Info</b>
Medical Board of CA - Midwives	<a href="http://www.medbd.ca.gov/allied/midwives.html">http://www.medbd.ca.gov/allied/midwives.html</a>
California Association of Midwives	<a href="http://www.californiamidwives.org/">http://www.californiamidwives.org/</a> <a href="http://www.californiamidwives.org/?page_id=4">http://www.californiamidwives.org/?page_id=4</a> – Contact Us
<b>Nurse Practitioners</b>	<b>URL &amp; Info</b>
California Association for Nurse Practitioners	<a href="http://www.canpweb.org/">http://www.canpweb.org/</a> <a href="http://www.canpweb.org/displaycommon.cfm?an=4">http://www.canpweb.org/displaycommon.cfm?an=4</a> – Resources and Links
California Nurses Association	<a href="http://www.nationalnursesunited.org/pages/cna">http://www.nationalnursesunited.org/pages/cna</a>
<b>Physicians' Assistants</b>	<b>URL &amp; Info</b>
Physician Assistant Committee	<a href="http://www.pac.ca.gov/">http://www.pac.ca.gov/</a> <a href="http://www.pac.ca.gov/about_us/contact_us.shtml">http://www.pac.ca.gov/about_us/contact_us.shtml</a> - Contact Us
California Academy of Physician Assistants	<a href="http://www.capanet.org/">http://www.capanet.org/</a>
<b>Organization</b>	<b>URL &amp; Info</b>
National Rural Health Association	<a href="http://www.ruralhealthweb.org/">http://www.ruralhealthweb.org/</a> - Home <a href="http://www.ruralhealthweb.org/go/left/publications-and-news/advertise-in-nrha-publications">http://www.ruralhealthweb.org/go/left/publications-and-news/advertise-in-nrha-publications</a> - Publications and News

## California Medi-Cal Health Information Technology Plan

<b>CA State Rural Health Association</b>	<a href="http://www.csrha.org/">http://www.csrha.org/</a> - Home <a href="http://www.csrha.org/membership/members_april10.html">http://www.csrha.org/membership/members_april10.html</a> - Membership
<b>Cal eConnect</b>	<a href="http://www.caleconnect.org/">http://www.caleconnect.org/</a> - Home
<b>Veteran's Health Administration</b>	<a href="http://www.va.gov/health/default.asp">http://www.va.gov/health/default.asp</a> - Home <a href="http://www2.va.gov/directory/guide/state.asp?STATE=CA&amp;dnum=1">http://www2.va.gov/directory/guide/state.asp?STATE=CA&amp;dnum=1</a> – Facilities in CA
<b>Federally Qualified Health Centers</b>	<a href="http://www.regionalextensioncenters.com/federally-qualified-health-centers-community-health-centers">http://www.regionalextensioncenters.com/federally-qualified-health-centers-community-health-centers</a> <a href="http://www.hhs.gov/recovery/overview/commitment/california.html">http://www.hhs.gov/recovery/overview/commitment/california.html</a> - CA
<b>CA Medical Group Management Association</b>	<a href="http://www.camgma.com/">http://www.camgma.com/</a> <a href="http://www.mgma.com/about/">http://www.mgma.com/about/</a> MGMA serves 21,500 members who lead 13,700 organizations nationwide in which some 275,000 physicians provide more than 40 percent of the healthcare services delivered in the United States
<b>American College of Medical Practice Executives (ACMPE)</b>	<a href="http://www.mgma.com/about/default.aspx?id=242">http://www.mgma.com/about/default.aspx?id=242</a>

## Appendix 14: Provider Outreach Campaign Timeline

<b>BUILD-UP MESSAGING Banner Ads</b>	<b>Weeks Of</b>	24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	28-Feb	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr
Strategy Development	2/22														
Strategy Approval	2/28														
Creative Development	3/7														
Round 1 Approvals	3/14														
Final Approvals	3/21														
Distribution	3/31														

<b>BUILD-UP MESSAGING Articles:</b>	<b>Weeks Of</b>	24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	28-Feb	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr
Subject Development	2/22														
Subject Approval	2/28														
Writing	3/7-3/14														
Approvals	3/21														
Distribution	3/31														

<b>BUILD-UP MESSAGING - One-Sheets:</b>	<b>Weeks Of</b>	24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	28-Feb	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr
Strategy Development	2/22														
Strategy Approval	2/28														
Creative Development	3/7														
Round 1 Approvals	3/14														
Final Approvals	3/21														
Distribution - Ongoing	3/31														

## California Medi-Cal Health Information Technology Plan

LAUNCH MESSAGING Banner Ads	Weeks Of	24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	28-Feb	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr	
Strategy Development	2/28															
Strategy Approval	3/7															
Creative Development	3/14															
Round 1 Approvals	3/21															
Final Approvals	3/28															
Distribution	3/31-4/30															

LAUNCH MESSAGING Articles:	Weeks Of	24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	28-Feb	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr	
Subject Development	2/28															
Subject Approval	3/7															
Writing	3/14-3/21															
Approvals	3/28															
Distribution	3/31															

LAUNCH MESSAGING - One-Sheets:	Weeks Of	24-Jan	31-Jan	7-Feb	14-Feb	21-Feb	28-Feb	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr	
Strategy Development	2/28															
Strategy Approval	3/7															
Creative Development	3/14															
Round 1 Approvals	3/21															
Final Approvals	3/28															
Distribution - Ongoing	3/31															

MAINTENANCE MESSAGING Banner Ads	Weeks Of	7-Mar	14-Mar	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr	2-May	9-May	16-May	23-May	30-May	6-Jun	13-Jun	
Strategy Development	3/28																
Strategy Approval	3/28																
Creative Development	4/4-4/11																
Round 1 Approvals	4/18																
Final Approvals	4/25																
Distribution - Ongoing	5/2																

## Appendix 15: SLR User Manual



ACS is now a Xerox company

A **xerox**  Company

### State Level Registry for Provider Incentive Payments

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**Affiliated Computer Services, Inc.**

**State Level Registry (SLR) for the  
CMS Provider Incentive Program**

**State Level Registry (SLR) User Manual**

**Version 2.2**

**Date: 02/02/2011**

## Revision History

Version Number	Date	Description	Author
1.0	11/16/2010	Draft document	Annie Washington MadhuriPamidipati David Morton
1.1	11/26/2010	Peer review edits	Annie Washington
2.1	01/16/2011	CMS rule changes	Annie Washington
2.2	02/02/2011	Divide the document into EP, EH and Group versions; also make small edits to reflect changes from UAT feedback	Annie Washington

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# Table of Contents

<b>1.</b>	<b>Introduction .....</b>	<b>62</b>
1.1	SLR Application Availability .....	62
1.2	User Manual Goals .....	62
1.3	Problem Reporting .....	62
<b>2.</b>	<b>Overview .....</b>	<b>63</b>
2.1	Application Features .....	63
2.2	Application Architecture .....	63
2.3	Materials and Preparations .....	63
<b>3.</b>	<b>Method .....</b>	<b>65</b>
3.1	Login – Accessing the SLR .....	65
3.2	Creating a New SLR Account for Eligible Professionals.....	68
3.3	Accepting the End User License Agreement (EULA).....	71
3.4	How to Change Your Password.....	72
3.5	Applying for the incentive as an Eligible Professional (EP).....	73
3.5.1	Home Page .....	73
3.5.2	Workflow Section Details .....	77
3.5.3	Step 1: About You Section Details .....	78
3.5.4	Step 2: Confirm Medicaid Eligibility Details.....	81
3.5.5	Step 3: Attestation of EHR Details .....	85
3.5.6	Step 4: Review and Sign Attestation Details .....	95
3.5.7	Step 5: Send Year X Attestation Details.....	97
3.6	View Messages.....	97
3.6.1	Messages for Eligible Professionals .....	97
3.7	Access Reports.....	99
3.7.1	Reports for Eligible Professionals.....	99
3.8	View Payment Status/Payment Calculations.....	99
3.8.1	Payment Status and Calculations for Eligible Professionals.....	99
<b>4.</b>	<b>Troubleshooting .....</b>	<b>101</b>
4.1	Accessing Help.....	101
4.1.1	Help Text Displays .....	101
4.2	Web Page Message Display .....	103
4.3	Frequently Asked Questions (FAQs) .....	105
<b>5.</b>	<b>Definitions .....</b>	<b>107</b>

# 1. Introduction

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The overall goal of the User Manual is to help guide you through the process of completing your State's application for provider incentive monies.

## 1.1 SLR Application Availability

The SLR application is on the Web and is available 24 hours a day, 7 days a week and is accessible from the internet.

## 1.2 User Manual Goals

The **State Level Registry (SLR) User Manual** will help walk you through the following steps:

- How to create your SLR account
- How to access the SLR application
- How to register for the provider incentive program
- How to enter your eligibility information for the provider incentive program
- How to enter your attestation for your certified EHR technology
- How to submit your final attestation
- How to make changes to your account
- Who to call when you need help

## 1.3 Problem Reporting

For general Help, all SLR web pages have a **Help** Link that opens up a copy of this User Manual. For SLR Web application assistance, you can contact the ACS Help Desk designated to support the SLR.

**Phone: (866) 879-0109**  
**Email: [SLRHelpdesk@acs-inc.com](mailto:SLRHelpdesk@acs-inc.com)**

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## 2. Overview

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As the healthcare landscape continues to modernize, recent legislation was passed to encourage the adoption of Electronic Healthcare Record (EHR) technology in documenting patient care. Because of the American Recovery and Reinvestment Act of 2009, beginning in 2011, eligible Medicaid providers are being offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations. In support of this initiative, ACS has developed the State Level Registry (SLR) application.

By using the SLR application, you have access to a streamlined application for federally funded HIT incentives through an easy to use website. With self-service flexibility, you can move through registration, eligibility and attestation at your own pace while the SLR application stores your information in an organized manner. The result is providing you with the most direct to your incentive payment.

### 2.1 Application Features

The SLR application features the following functions that are explained further in this User Manual:

- Create your SLR user account
- Login – Accessing the SLR
  - Retrieve Your User ID
  - Retrieve Your Password
  - Reset Your Password
- Applying for the incentive as an Eligible Professional (EP):
  - Step 1: About You (Registration)
  - Step 2: Confirm Medicaid Eligibility
  - Step 3: Attestation of EHR
  - Step 4: Review and Signing of the Attestation
  - Step 5: Submission of the Attestation
- View Messages
- View Reports
- View Payment Status / Payment Calculations

### 2.2 Application Architecture

The SLR Web application features the following:

- Compliance with Section 508 accessibility guidelines
- Accessibility from the internet
- Secure protected page access

### 2.3 Materials and Preparations

Materials the user will need to use the software:

- Computers with access to the web browser.
- Software – **Adobe Acrobat Reader** – installed on your machine to view PDF files.

## **California Medi-Cal Health Information Technology Plan**

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- Pop-up Blocker browser feature should be set to Off to receive the Pop-up window features.
- Manuals and/or FAQ's that are available for distribution.

Also note that this application is compatible with Microsoft Internet Explorer V7.0 and above only.

## 3. Method

### 3.1 Login – Accessing the SLR

The SLR is a web based application. The link is accessible from the internet via the Provider Outreach Web portal or directly from a login URL.

Go to your internet explorer to access the Web.

Type your State's URL in the address field and select the "Go" green arrow or hit "Enter" on your keyboard.



#### SLR login from the Provider Outreach Web portal.

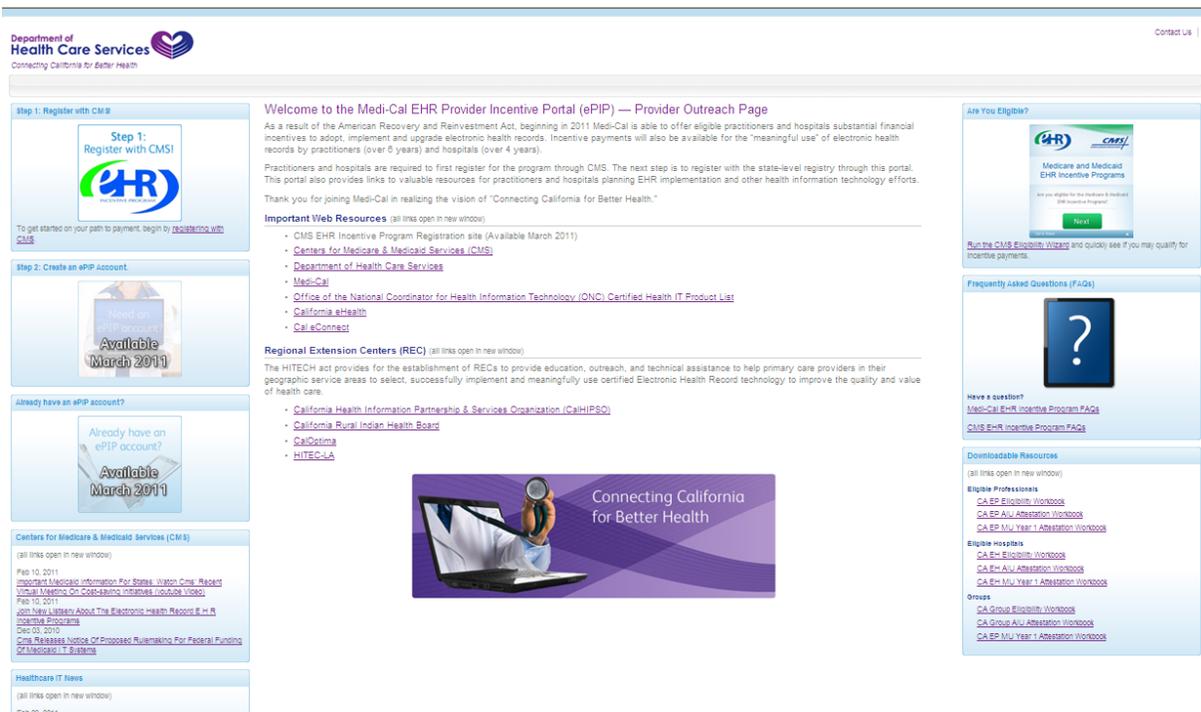
You can login to the SLR Web application from the Provider Outreach Web portal. This webpage features provider education resources as it relates to the ARRA and HITECH acts and also provides a link to the SLR application login page.

#### The Provider Outreach page displays the following:

1. **Client customized banner section.** Located at the top of the page, the banner displays the following items that are visible on every page of the SLR application:
  - a. **Client logo and tagline.** This is your State's Medicaid logo and tagline.
  - b. **SLR heading "State Level Registry for Provider Incentive Payments".** This is the name of the application.
  - c. **Provider Outreach Home.** Clicking this link returns you to the Provider Outreach home page.
  - d. **Contact Us.** Clicking this link opens an email message that you can send to the State Medicaid agency.
2. **SLR Account Creation/Entry, FAQs and RSS Feeds sections.** Located to the left and right of the page, these columns display the following sections:
  - a. **Need to create an SLR account?** Clicking the "[leave this site and create an SLR account](#)" link directs you to the "Create Account" page.
  - b. **Already have an SLR account?** Clicking the "[go directly to the State Level Registry for Provider Incentive Payments](#)" link directs you to the "Login" page.
  - c. **Centers for Medicare & Medicaid Services (CMS)** Clicking a link in this section opens up a new window and displays an article related to CMS.
  - d. **Healthcare IT News.** Clicking a link in this section opens up a new window and displays an article related to Healthcare IT news.
  - e. **Are you Eligible?** Clicking the "[Run the CMS Eligibility Wizard](#)" link directs you to a wizard designed by CMS to help you determine basic eligibility to the provider incentive program.
  - f. **Frequently Asked Questions.** Clicking the "[view our list of most frequently asked questions](#)" link directs you to CMS' frequently asked questions website.

related to electronic health record (EHR) technologies and the incentive program.

3. **Primary Page Body Content section.** Located in the middle of the page, the primary page content entails the following sections:
  - a. **Welcome text.** This is an overview of the Provider Outreach Web portal.
  - b. **Want to get a jump start? Click Here!** Clicking this link opens up a new window and will guide you through the process of gathering information to complete the SLR, the link to create an account.
  - c. **Important Web Resources.** Clicking a link in this section opens up a new window and displays the appropriate website. Standard links provided by ACS include links to CMS, the NLR and the ONC.
  - d. **Regional Extension Centers (REC).** Clicking a link in this section opens up a new window and displays the REC website.
4. **Footer section.** Located at the bottom of the page, the footer displays the following items:
  - a. **Privacy.** Clicking this link opens a new window with a Privacy policy displayed.
  - b. **Terms of Use/Conditions of Use.** Clicking this link opens a new window with a Terms of Use policy displayed.
  - c. **Accessibility.** Clicking this link opens a new window with the website's Accessibility policy displayed.
  - d. **ACS/Xerox Copyright.** This is ACS's copy write symbol and text.



To get to the login page from the Provider Outreach page, click on the [“go directly to the State Level Registry for Provider Incentive Payments”](#) located on the upper left hand corner of the Provider Outreach webpage.



**SLR login directly from the SLR login URL.**

If you don't want to get to the SLR login page from the Provider Outreach Web portal, you can also get to the login page through the following direct URL:

Go to your internet explorer to access the web.

Type your State's URL in the address field and select the "Go" green arrow or hit "Enter" on your keyboard.



From here, you will reach the SLR Web application Login page. You'll have three chances to enter in the correct login information before the system locks your account. If that happens, you can call the Help Desk for assistance.

Throughout the SLR application, red asterisks (\*) display on various fields. This symbol indicates that this field is required to be completed in order to continue through the application.

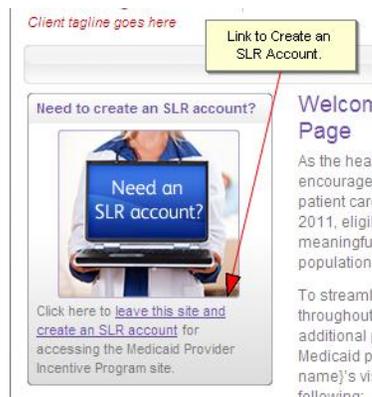
**The Login page displays the following:**

1. **User ID.** This is where you enter your User ID.
2. **Password.** This is where you enter your password.
3. **Login.** Clicking this button verifies the User ID and password you entered and directs you to the End User License Agreement (EULA).
4. **Forgot User ID.** This is where you click when you have forgotten your User ID. The system will ask you for your NPI and TIN as well as the answer to the Challenge Question you picked when creating your account. Once you have entered those correctly, the system will email your User ID to the email address you entered when you created your account.
5. **Forgot Password.** This is where you click when you have forgotten your password. The system will ask you for your User ID as well as the answer to the Challenge Question you picked when creating your account. Once you have entered those correctly, the system will email you a link to reset your password to the email address you entered when you created your account.
6. **Create Account.** This is where you click if you need to create a new SLR account.

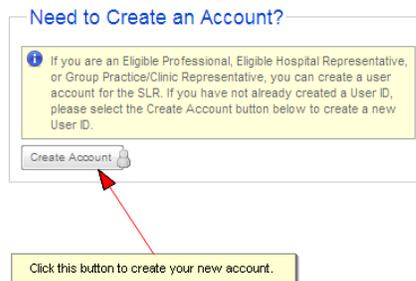


### 3.2 Creating a New SLR Account for Eligible Professionals

To create a new account from the Provider Outreach page, click on the “[leave this site and create an SLR account](#)” located on the upper left hand corner of the Provider Outreach webpage.



To create a new account from the Login page, click on the Create Account button.



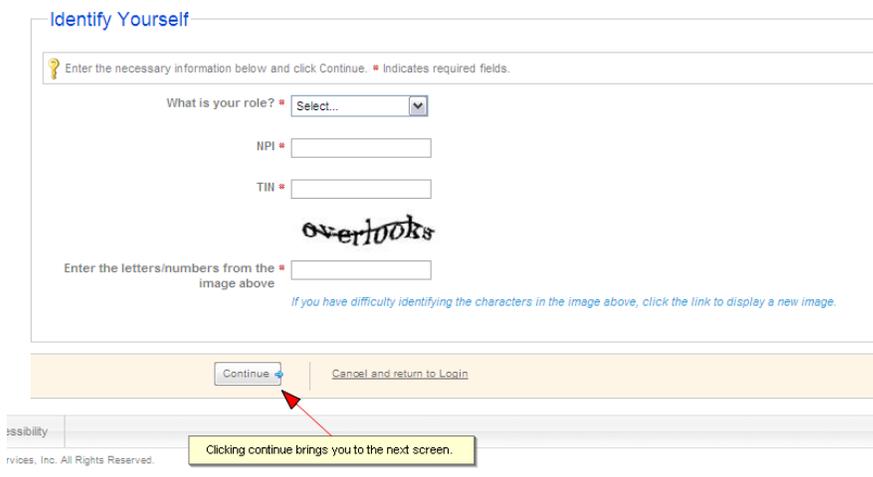
The Create Account landing page displays the following:

1. **Create Account.** This is the page title.
2. **“If you are an Eligible Professional, Eligible Hospital Representative, or Group Practice...”** These are the instructions for the page.
3. **Identify Yourself.** This is the section title.
4. **“Enter the necessary information below...”** These are the instructions for this section.

5. **What is your role?** This is where you identify your provider type by selecting an option from the drop down menu. As an individual physician, select Professional User. As a group representative, select Group User.
6. **NPI.** This is where you enter your National Provider Identifier (NPI) number. If you have more than one NPI, be sure to use the one that you used for your NLR registration.
7. **TIN.** This is where you enter your Taxpayer Identification Number (TIN). You can choose to enter your employer identification number (EIN) or social security number (SSN).
8. **CAPTCHA image.** This is a computer generated image.
9. **Enter the letters/numbers from the image above.** This is where you enter the letters and/or numbers you see noted above. This is a security feature.
10. **Continue.** When you click this button, you will be moved to the next page to confirm your name and address associated with your NPI and TIN.
11. **Cancel and return to Login.** When you click this button, the system will bring you back to the Login page.

**Create Account**

If you are an Eligible Professional, Eligible Hospital Representative, or Group Practice/Clinic Representative, you can create a user account for the SLR. Please enter the following identification information to start the process of creating your user account.

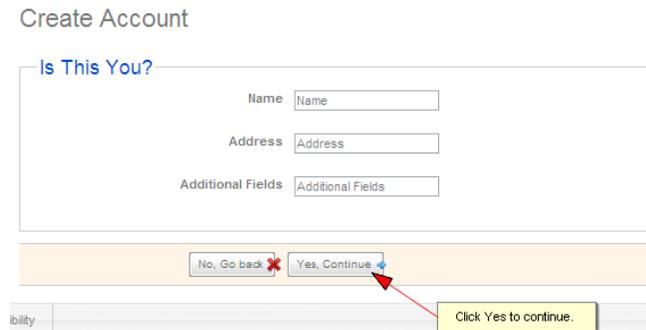


Clicking continue from the landing page brings you to the next page where you confirm that the information the system has pulled up is you.

**The Create Account confirmation page displays the following:**

1. **Create Account.** This is the page title.
2. **Is this You?** This is the section title.
3. **Name.** This is where the name associated with the NPI and TIN you entered will display.
4. **Address.** This is where the address associated with the NPI and TIN you entered will display.
5. **Additional fields.** This is where additional fields associated with the NPI and TIN you entered will display.
6. **No, Go back.** When you click this button, you will go back to the previous page.

7. **Yes, Continue.** When you click this button, you will go to the next page to continue creating your account.



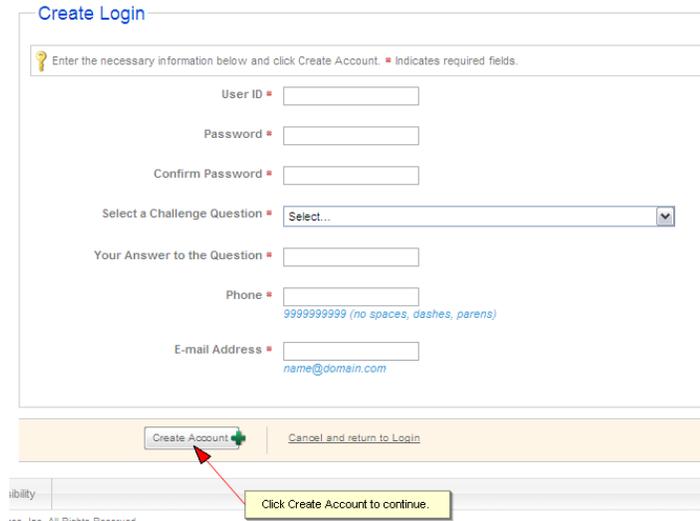
If the information is not correct and you click < No, Go Back, you will return to the previous page. From there, you can either retry entering your NPI and TIN or call the Help Desk for assistance.

If the information is correct and you click the **Yes, Continue button**, the following **additional section appear on the page**:

1. **Create Login.** This is the section title.
2. **“Enter the necessary information below...”** These are the instructions for this section.
3. **User ID.** This is where you enter a User ID of your choice. Your User ID needs to be at least 8 letters/numbers long but can not be more than 20 letters/number.
4. **Password.** This is where you enter a password of your choice. Your password needs to be at least 8 letters/numbers long but can not be more than 20 letters/number. When you are choosing a password, you also need to make sure to include the following:
  - At least one capital letter
  - At least one lower case letter
  - At least one number
  - At least one of the following special characters: @ or# or!

Your password can not be your User ID and it can not be your User ID spelled backwards.
5. **Confirm Password.** This is where you enter the password you entered above again.
6. **Select a Challenge Question.** This is where you select one option from the drop down as a Challenge Question to answer.
7. **Your answer to the Question.** This is where you enter an answer for the Challenge Question that you selected above. You’ll need this information if ever forget your User ID or password.
8. **Phone Number.** This is where you enter your phone number.
  - a. **9999999999 (no spaces, dashes, parens).** This is help text that shows you how the system would like you to enter your phone number.
9. **Email Address.** This is where you enter your email address.
  - a. **[name@domain.com](#).** This is help text that shows you how the system would like you to enter your email address.

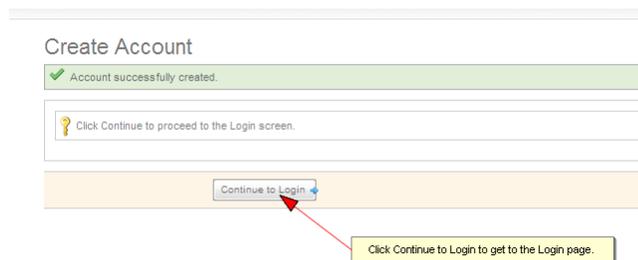
10. **Create Account.** When you click this button, you will have successfully created your account. If you have left a required field blank or entered information incorrectly, you will receive an error message.
11. **Cancel and return to Login.** When you click this button, the information you entered will not be saved and you will return to the Login page.



Once you click the Create Account button, you will be routed to the final page for creating an account.

**The final Create Account page displays the following:**

1. **Create Account.** This is the page title.
2. **“Account successfully created.”** This is a message letting you know that you have successfully created your SLR account.
3. **“Click Continue to proceed to the Login page.”** These are the page instructions.
4. **Continue to Login.** Clicking this button directs you to the Login page.



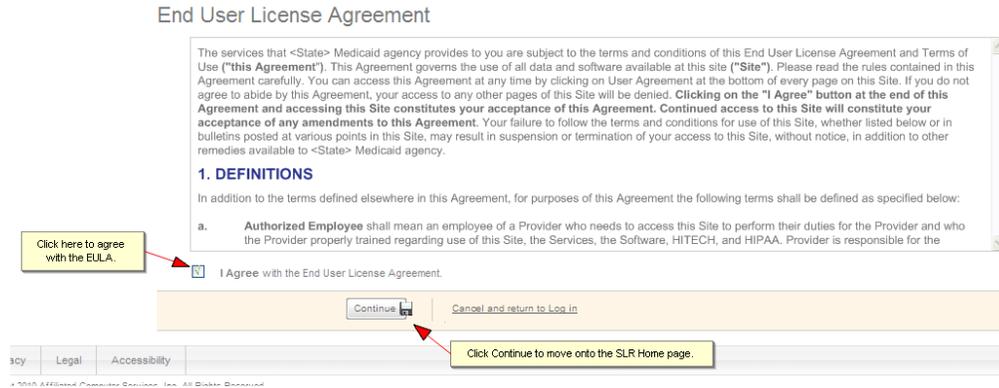
### 3.3 Accepting the End User License Agreement (EULA)

When you click Login and your user ID and password are accepted by the system, you will be presented with the End User License Agreement (EULA). You must agree with the EULA in order to continue.

**The End User License Agreement page displays the following:**

1. **End User License Agreement.** This is the page title.
2. **“The services that...”** This is the agreement.

3. **Check box.** Clicking this box indicates that you agree with the terms of the EULA. If you do not check the box, you will not be able to continue to the SLR application.
4. **“I Agree with the End User License Agreement.”** This is the statement with which you have agreed if you check the box.
5. **Continue.** Clicking this button will bring you to your home page.
6. **Cancel and return to Log in.** Clicking this link will return you to the login page.



### 3.4 How to Change Your Password

Your password will be good for 45 days. When you login and 45 days have passed since you created the password, a Reset Password page will appear. You can change your password on this page.

1. **Reset Password page displays:**
  - a. **New Password.** This is where you enter your new password.
  - b. **Confirm New Password.** This is where you enter your new password again.
  - c. **Save.** Clicking this button saves your new password.
  - d. **Cancel.** Clicking this button clears your entries; no change is made to your password.

2. **Voluntary Password Change:**

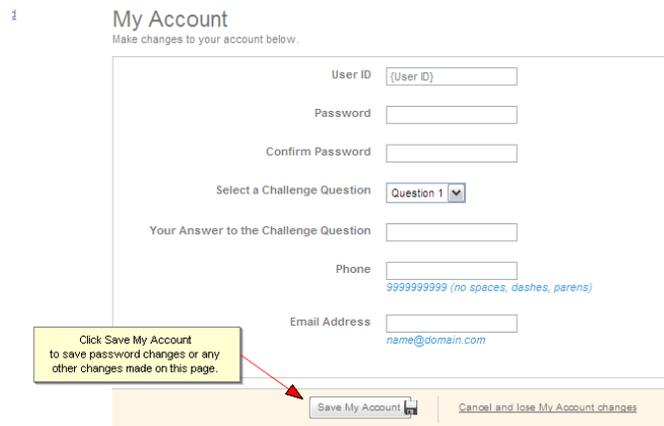
To change your password before the 45 days have passed, you can click on My Account on the SLR application homepage. In addition to changing your password, you can also update your contact information or change your Challenge Question and answer on this page.



**My Account page displays the following:**

- a. **User ID.** This shows your User ID.
- b. **Password.** This is where you enter your new password.
- c. **Confirm Password.** This is where you enter your new password again.

- d. **Select a Challenge Question.** This is where you can select a new Challenge Question.
- e. **Your Answer to the Challenge Question.** This is where you can enter a new answer to your new Challenge Question.
- f. **Phone.** This is where you can enter a new phone number.
- g. **Email Address.** This is where you can enter a new email address.
- h. **Save My Account.** Clicking this button saves any updated information you entered on this page.
- i. **Cancel and lose My Account changes.** Clicking this option clears the information you've entered.



### 3.5 Applying for the incentive as an Eligible Professional (EP)

When you log in as an Eligible Professional (EP) user and accept the EULA, you will reach the EP home page. The home page serves as a dashboard and navigation tool for the SLR application.

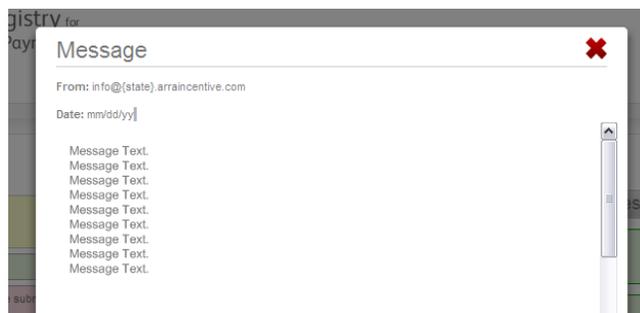
#### 3.5.1 Home Page

The SLR home page for EPs displays the following:

1. **Client customized banner section.** Located at the top of the page, the banner displays the following items that are visible on every page of the SLR application:
  - a. **Client logo and tagline.** This is your State’s Medicaid logo and tagline.
  - b. **SLR heading “EHR Provider Incentive Portal for Provider Incentive Payments”.** This is the name of the application.
  - c. **My Account.** Clicking this link directs you to the My Account page. This page is described on page 21.
  - d. **Help.** Clicking this link displays a PDF copy of this User Manual.
  - e. **Contact Us.** Clicking this link opens a pop-up page displaying contact information including the ACS Help Desk phone number and email as well as the State’s email address for the incentive program..
  - f. **Logout.** Clicking this link logs you out of the SLR Web application.

- g. **Filing as Eligible Professional.** This designates what kind of system user you are.
  - h. **Practice Name.** This is the name of your practice.
  - i. **Practice Street Address.** This is the street address of your practice.
  - j. **PracticeCity, State and Zip code.** This is the city, state and zip code of your practice.
  - k. **Affiliated with Group Practice Name.** If you are affiliated with a Group practice, this is where the Group Practice's name would appear.
  - l. **Last Updated: FirstnameLastname mm/dd/yy.** This tells you the last person who updated your account and the date it was updated.
2. **Welcome, FirstnameLastname.** This is your name.
  3. **This is your Dashboard for working through the attestation process.** This is the purpose of your dashboard.
  4. **Next Steps section.** Located to the left of the page, the Next Steps section displays the following items that are visible on the home page:
    - a. **Begin/Continue your Year X submission today!** This message lets you know what year's attestation you are currently completing.
    - b. **You're ready for {Section} link.** Clicking this link returns you back to the page you left off when you last logged out.
    - c. **Data has/has not been received from the NLR...** This message lets you know if the SLR application has received your NLR data. The receipt of your NLR data is required before you can submit your final attestation to the SLR by selecting Step 5. Send Year {XX} Submission of the workflow.
      - i. **More info...** Clicking this link opens a pop-up window that explains why it is important for the SLR to receive your NLR data.
  5. **Messages section.** Located to the left side of the page, the Messages section displays the following items that are visible on the home page:
    - a. **System Messages.** This is where you can access your System messages.
      - i. **System Messages.** This is the section title.
      - ii. **#.**This shows you the number of unread messages that you have.
      - iii. **Individual messages.** Clicking on the individual message link will open up a pop-up window with the entire message displayed.
        1. **Message.** This is the window title.
        2. **Close.** Clicking this X will close this window and return you to the previous page.
        3. **From:** This is who sent the message.
        4. **Date:** This is when the message was sent.
        5. **MessageText.** This is the message text.
    - b. **Audit.** This is where you can access your Audit messages.
      - i. **Audit Messages.** This is the section title.

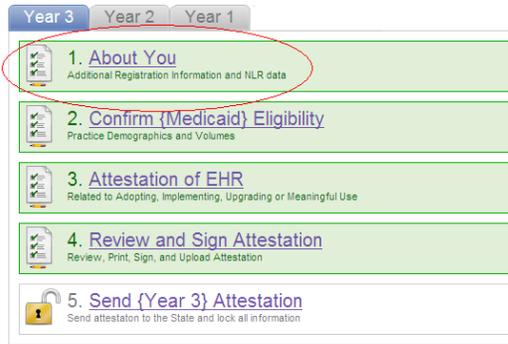
- ii. **#.**This shows you the number of unread messages that you have.
- iii. **Individual messages.** Clicking on the individual message link will open the whole message.
  - 1. **Message.** This is the window title.
  - 2. **Close.** Clicking this X will close this window and return you to the previous page.
  - 3. **From:** This is who sent the message.
  - 4. **Date:** This is when the message was sent.
  - 5. **MessageText.** This is the message text.
- c. **Appeals.** This is where you can access your Appeals messages.
  - i. **Appeals Messages.** This is the section title.
  - ii. **#.**This shows you the number of unread messages that you have.
  - iii. **Individual messages.** Clicking on the individual message link will open up a pop-up window with the entire message displayed.
    - 1. **Message.** This is the window title.
    - 2. **Close.** Clicking this X will close this window and return you to the previous page.
    - 3. **From:** This is who sent the message.
    - 4. **Date:** This is when the message was sent.
    - 5. **MessageText.** This is the message text.



- 6. **Reports section** - Located to the left of the page, the Reports section displays the following items that are visible on the home page:
  - a. **Reports.** This is the section title.
  - b. **Provider SLR Application Information.** When you have saved information for Steps 1 through Step 3 in the SLR Web application, this link appears. Clicking this link opens a pop-up window with the Provider SLR Application Information report results.
- 7. **Payment Status** - Located to the left of the page, the Payment Status section displays the following items that are visible on the home page:
  - a. **Payment Status.** This is the section title.
  - b. **How your payment is calculated.** Clicking this link opens a pop-up window that explains how your payment is going to be calculated.

- c. **Payment Status message.** This is where you can check on the status of your payment once your attestation has been submitted.
8. **Workflow section (Detailed further below)** - Located to the right of the page, the Workflow section displays the following items that are visible on the home page:
- a. **Year Tabs.** Each tab represents a year that you have completed an attestation. The most current year's tab will always be the one visible when you log in. You can click on other tabs to view your previous year's information.
  - b. **About You.** This section displays the following:
    - i. **Status icon.** This lets you know if this step is complete or not.
    - ii. **1. About You.** Clicking this link directs you to the registration page.
    - iii. **Additional Registration information and NLR data.** This gives you a brief description of the information captured in this step.
  - c. **Confirm Medicaid Eligibility.** This section displays the following:
    - i. **Status icon.** This lets you know if this step is complete or not.
    - ii. **2. Confirm Medicaid Eligibility.** Clicking this link directs you to the eligibility page.
    - iii. **Practice Demographics and Volumes.** This gives you a brief description of the information required to complete this step.
  - d. **Attestation of EHR.** This section displays the following:
    - i. **Status graphic.** This lets you know how much of this particular step you have completed.
    - ii. **3. Attestation of EHR** Clicking this link directs you to the attestation data entry section. This link will not be active until you've already completed your registration and eligibility.
    - iii. **Related to Adopting, Implementing, Upgrading or Meaningful Use.** This give you a summary description of the purpose of this step.
  - e. **Review and Sign Attestation.** This section displays the following:
    - i. **Status graphic.** This lets you know how much of this particular step you have completed.
    - ii. **4. Review and Sign Attestation.** Clicking this link directs you to the attestation agreement section. This link will not be active until you've already completed your attestation of EHR.
    - iii. **Review, Print, Sign and Upload the SLR Attestation.** This give you a summary description of the purpose of this step in the workflow.
  - f. **Send Year {X} Attestation.** This section displays the following:
    - i. **Status graphic.** This lets you know how much of this particular step you have completed.
    - ii. **5. Send Year X Attestation.** Clicking this link opens a pop-up window where you can click submit to send your attestation to the





### 3.5.3 Step 1: About You Section Details

Clicking the About You link on the EP homepage directs you to the 1. About You page. This is where you enter your registration information.

**The About Your page displays the following:**

1. **< Back to Dashboard.** Clicking this link will return you to the Home page.
2. **1. About You.** This is the page title.
3. **“In addition to the registration....”** This explains the purpose of the page.
4. **CMS National Level Repository (NLR) Data section**

Please note that it can take up to three days for the SLR to receive your data from the NLR.

- a. **Data has not been received from the NLR.** You will see this message if your NLR data has not been received by the SLR.
  - b. **Data has been received from the NLR.** You will see this message if the SLR has received your NLR data.
  - c. **Visit NLR website.** Clicking this link will direct you to the NLR website. The link is visible whether or not your NLR data has been received.
  - d. **View NLR data.** If your NLR data has been received, this link will be displayed. Clicking this link opens a pop-up window that displays your NLR data. If you need to make a change to your NLR data, you must make your updates in the NLR. You cannot make changes to your NLR data through the SLR application.
5. **Inpatient Hospital/Emergency Room Attestation section**
    - a. **“I attest...”** You need to agree to this statement in order to be eligible to continue. You agree by clicking the checkbox next to this statement.
    - b. **Why is this important?** Clicking this link opens a pop-up window explaining why you need to agree to this qualification.
  6. **License Information section**

Not all of the fields listed below will appear for all states.

- a. **License Information Completion status.** This tells you if your license information is complete or, if there is still some missing information on the page.

- b. **Medicaid Number.** This is where you enter your State-assigned Medicaid number.
- c. **Professional License Number.** This is where you enter your professional license number assigned by your licensing board.
- d. **Licensing Board Name.** This is where you can choose your licensing board from a drop down menu.
- e. **Do you practice primarily in an Indian Health Clinic or a Federal clinic?** This is where you identify if you primarily practice in an Indian Health Clinic or Federal clinic.
  - i. When you select Yes, the Other License Number and Other License State fields display.
    - 1. **Other License Number.** This is where you enter any other license number you have associated with an Indian Health Clinic or Federal clinic.
    - 2. **Other LicenseState.** This is where you choose the state that issued your other license number.
- f. **Contact Person section**
  - i. **Contact Person Completion status.** This tells you if your contact person information is complete or, if there is still some missing information on the page.
  - ii. **Name.** This is where you enter your name or an alternate contact person.
  - iii. **Phone Number.** This is where you enter your phone number or the alternate contact person's phone number. Initially it defaults to Phone Number that you entered while creating User Account.
    - 1. **9999999999 (no spaces, dashes, parens).** This is help text that shows you how the system would like you to enter your phone number.
  - iv. **Email Address.** This is where you enter your email address or the alternate contact person's email address. Initially it defaults to the email address that you entered while creating User Account.
    - 1. **[name@domain.com](#).** This is help text that shows you how the system would like you to enter your email address.
- g. **Save About You.** Clicking this button saves the information you have just entered. If you have left a required field blank or entered information incorrectly, you will receive an error message. Once all required fields are completed this section will be marked as complete.
- h. **Cancel and lose About You changes.** Clicking this link clears the page of any information you have just entered.



ACS  
A XEROX Company  
*Client's tagline goes here*

## State Level Registry for Provider Incentive Payments

My Account | Help | Contact Us | Logout |  
 Filing as (Eligible Professional)  
 (EP Practice Name?)  
 (Street Address)  
 (City, State Zip)  
 Affiliated with (Group Practice Name)  
 Last Updated: Fname Lname mm/dd/yyyy

---

[Back to Dashboard](#)

### 1. About You

In addition to the registration information you provided to NLR, the State of (State Name) requires that you provide additional information to be used in determining your eligibility to participate in the (Medicaid) Incentive Program.

#### CMS National Level Repository (NLR) Data

Data has been not received from the NLR. [Visit NLR website #](#) One message or the other will be displayed depending on the status of the provider's NLR data.

Data has been received from the NLR. [View NLR data](#) | [Visit NLR website #](#)

#### Inpatient Hospital/Emergency Room Attestation

I attest that I DO NOT perform 90% of my services in an inpatient hospital or emergency room setting. [Why is this important?](#)

#### License Information

Enter your contact information below. An indicator will display when you have completed this section successfully.

Your licensing information is complete.

(Medicaid) Number

Professional License Number

Licensing Board Name

(Medicaid) Managed Care Organization (MCO)   
  
  
Select all MCOs in which you participate. Use Ctrl-click to select multiples.

Are you working with an EHR Adoption Entity?  Yes  No

EHR Adoption Entity Name  This drop down will only display if you select Yes in response to the previous question.

Do you practice primarily in an Indian Health Clinic or a Federal clinic?  Yes  No

Other License Number  The Other License Number and Other License State fields will only display if you select Yes in response to the previous question.  
Enter your federal or other state license number.

Other License State

#### Contact Person

Enter your contact information below. An indicator will display when you have completed this section successfully.

Your contact information is complete.

Name

Phone Number   
999999999 (no spaces, dashes, parens)

Email Address   
name@domain.com

Click this button to save your information.

[Privacy](#) | [Legal](#) | [Accessibility](#)

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Now that you have entered your registration, you can move onto completing your eligibility information by returning to the dashboard and selecting the next step. Also, the status icon on your home page will change to indicate that your registration section is complete.



### 3.5.4 Step 2: Confirm Medicaid Eligibility Details

Clicking the Confirm Medicaid Eligibility link on the EP homepage directs you to the 2. Confirm Medicaid Eligibility page. This is where you enter your practice information for the calculation that determines your Medicaid eligibility for the provider incentive program.

**The Confirm Medicaid Eligibility page displays the following:**

1. **< Back to Dashboard.** Clicking this link will return you to the Home page.
2. **2. Confirm Medicaid Eligibility.** This is the page title.
3. **“Please complete the requested information related...”** This is the instructions for the page.
4. **More Info.** Clicking this link opens a PDF file that provides more detailed information about entering your Medicaid eligibility for the provider incentive program.
5. **Practice Eligibility Details.** This is the section title.
  - a. **Eligibility Completion status.** This tells you if your eligibility information is complete.
  - b. **Enter Start Date for 90-Day Representative Period.** This is where you enter the date of the first day of your representative period. The system will automatically figure out and display the end date.
  - c. **Calendar icon.** Clicking this icon opens up a calendar from which you can click on a date to select it.
  - d. **End Date.** This is the end date of the 90-day representative period based on the start date you entered.
  - e. **Do you want to use group practice eligibility information?** *This question will only display if you have been associated with a group.* This is where you can agree to use the group’s eligibility information by clicking Yes. If you want to enter your own individual eligibility information, click No here.
    - i. **More info.** Clicking this link open a pop-up window explaining how participating in a group works.

If you click Yes for this question, the Group’s eligibility information will automatically populate this section.

Click No if you do not want to use the Group’s eligibility information. Clicking No means that none of the other professionals in your Group will be able to use the Group’s eligibility information.

- f. **Total Encounters.** This is where you enter your total encounters for the 90 day period you noted above.
- g. **Total Medicaid Encounters.** This is where you enter your total Medicaid encounters for the 90 day period you noted above.
- h. **Do you practice in more than one state?** This is where you identify whether or not you practice in more than one state.
  - i. When you select Yes, you must answer the next question.
- i. **Do you want your volumes for all states to be used to determine eligibility?** This question only displays if you answered Yes to the previous question.
  - i. When you select Yes, you must complete the following additional information. You cannot enter duplicate states and the volumes you enter by state, need to equal the Total Encounters and Total Medicaid Encounters you entered above.
    1. **State.** This is where you select the state.
    2. **Total Encounters.** This is where you enter your total encounters for the state you selected.
    3. **Total Medicaid Encounters.** This is where you enter your total Medicaid encounters for the state you selected.
    4. **Remove.** Clicking a box indicates that you would like to delete the state line checked.
    5. **Add a State.** Clicking this button adds another line for you to add another state and your encounter information for that state.
    6. **Remove Selected.** Clicking this button deletes the line that have checked boxes.
- j. **“Do you practice predominately in a Federally Qualified...”** This is where you identify if you practice more then 50% of the time in one of these other types of health centers. If you don’t meet this criteria, simply select None.
  - i. If you select any option besides “None,” a **Medically Needy Patient Encounters** field will appear. This is where you enter your patient encounters for the medically needy patients you serve.
  - ii. **More info...** Clicking this link opens a pop-up window that explains what CMS considers medically needy patients.
- k. **“Predominately is defined by CMS...”** This is help text that defines what CMS considers predominate.
- l. **Eligibility Formula 1 99.99%.** You can choose to use this formula for your eligibility calculation. This formula uses the total patient encounters and total Medicaid encounters as well as the medically needy patient encounters (if applicable) to calculate your result.
  - i. **Calculate.** Clicking this button calculates the results of eligibility formula 1.
  - ii. **Use this formula.** Clicking this selection indicates you want to use this formula.

- iii. **“(Total Medicaid Encounters / Total...”** This shows you what fields formula 1 uses to calculate your results.
- m. **Meets Medicaid Eligibility Requirements?** This is where the page indicates if you have met the requirements for eligibility.
  - i. **Yes.** This displays if the result of the formula you selected meets the following criteria:
    - $\geq 20\%$  for pediatricians
    - $\geq 30\%$  for all other provider types
  - ii. **No- you may wish to adjust your reporting period.** This displays if the result of the formula you selected does not meet the criteria listed above.
- n. **Save Eligibility.** Clicking this button saves the information you have just entered. If you have left a required field blank or entered information incorrectly, you will receive an error message.
- o. **Cancel and lose Eligibility changes.** Clicking this link clears the page of any information you have just entered.

State Level Registry for  
Provider Incentive Payments

My Account | Help | Contact Us | Logout |

Filing as (Eligible Professional)  
(EP Practice Name?)  
(Street Address)  
(City, State Zip)  
Affiliated with (Group Practice Name)  
Last Updated: FName LName mm/dd/yyyy

---

[Back to Dashboard](#)

## 2. Confirm {Medicaid} Eligibility

For purposes of calculating EP patient volume, a Medicaid encounter means services rendered to an individual on any one day where:

- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service; or
- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for all or part of the individual's premiums, co-payments, and cost-sharing

### Practice Eligibility Details

Enter your eligibility information below. \* indicates required fields.

Your eligibility information is complete.

Enter Start Date for 90-Day Representative Period

End Date

An indicator will display when you have completed this section successfully.

Do you want to use group practice eligibility information?  Yes  No

You will only see this field if you have been associated with a group. Selecting 'Yes' will populate the Group's eligibility information below. Selecting 'No' will require you to enter your eligibility information.

Total Encounters

Total (Medicaid) Encounters

Do you practice in more than one state?  Yes  No

Do you want your volumes for all states to be used to determine eligibility?  Yes  No

This question and the fields directly below the question will only display if you select 'Yes' in response to the previous question.

State	Total Encounters	Total (Medicaid) Encounters	Remove
IV	999,999	99,999	<input type="checkbox"/>
Select...	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Total Assigned Panel Members

Panel Members are Specific to (Medicaid) Managed Care Providers

Total Panel Members Seen

Panel Members are Specific to (Medicaid) Managed Care Providers

Do you practice predominately in a Federally Qualified Health Care Center (FQHC), or FQHC Look-Alike or Rural Health Center (RHC) or Indian Health Services (IHS)/Memorandum of Agreement (MOA) or 1204 (a) Clinic?  FQHC  FQHC Look-alike  RHC  IHS/MOA  1204 (a) Clinic  None

Predominately is defined by CMS as greater than 50%

Medically Needy Patient Encounters

This field will display unless you select "None" to the question listed above.

Eligibility Formula 1 99.99%

Use this formula

(Total (Medicaid) Encounters/Total Encounters)  
 or  
 Medically Needy Patient Encounters + (Medicaid) Encounters/ Total Patient Encounters

Eligibility Formula 2 99.99%

Use this formula

(Total Panel Members Seen + Total (Medicaid) Encounters)/(Total Assigned Panel Members + Total All Payer Encounters)  
 or  
 (Total Panel Members Seen + Total (Medicaid) Encounters + Medically Needy Patient Encounters)/(Total Assigned Panel Members + Total All Payer Encounters)

Meets Medicaid Eligibility Requirements?

Click this button to save your information.

Once your registration and eligibility sections are successfully saved, go back to the Dashboard where the system will let you move onto Step 3: Attestation of EHR. Also, the status icon on your home page will change to indicate that your eligibility information is complete.



### 3.5.5 Step 3: Attestation of EHR Details

Clicking the Attestation of EHR link on the EP homepage directs you to the 3. Attestation of EHR page. This is where you can choose your attestation type. Once you have selected your attestation type, you will then be able to upload documents related to your EHR and note the certification number of your EHR.

**3.5.5.1 3: Attestation of EHR.** The first step of completing this section is to choose your type of attestation at this page. You will only be able to access this section once you complete the About You and Confirm Medicaid Eligibility pages.

The Attestation of EHR page displays the following:

1. **< Back to Dashboard.** Clicking this link will return you to the Home page.
2. **Attest to Adopt, Implement, Upgrade.** Clicking this box will direct you to the AIU workflow. This option is only available your first year of participating.
3. **“Select this option to attest to your...”** This gives a high level overview of this option.
4. **Attest to Meaningful Use.** Clicking this box will direct you to the MU workflow.
5. **“This feature will be available...”**This message indicates that the MU option will be available later in 2011.

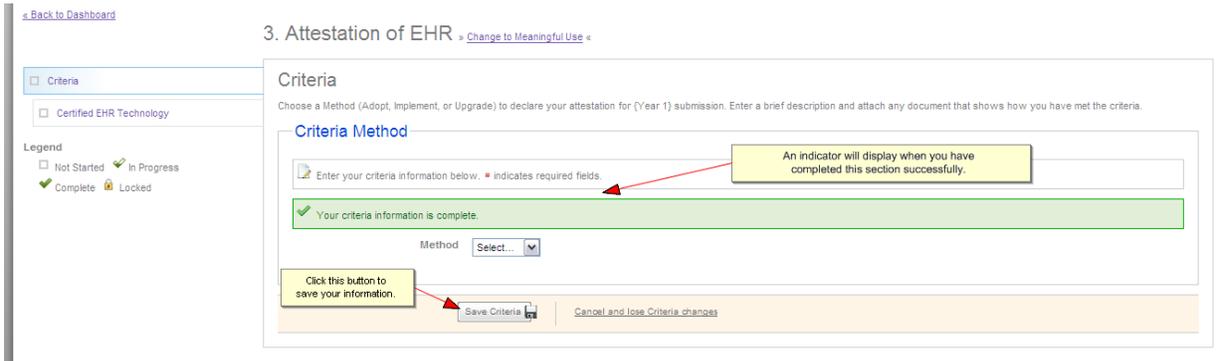
The next section describes what happens when you click the **Attest to Adopt, Implement, Upgrade (AIU)** box.

[← Back to Dashboard](#)

#### 3. Attestation of EHR



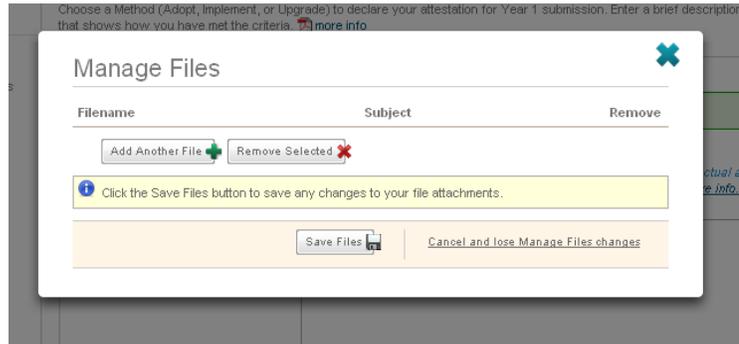
3.5.5.2 **3: Attestation of EHR - Criteria.** This is where you chose the method of your AIU attestation and provide any supporting details for that choice.



**The Criteria page displays the following:**

1. **< Back to Dashboard.** Clicking this link will return you to the Home page.
2. **Criteria.** Clicking this navigation tab brings you to the Criteria page within the Attestation of EHR section. When you are on this page, the tab becomes highlighted. This tab is visible on all pages within the AIU Attestation of EHR section.
3. **Certified EHR Technology.** Clicking this navigation tab brings you to the Certified EHR Technology page within the Attestation of EHR section. This tab is visible on all pages within the AIU Attestation of EHR section.
4. **Legend.** This defines the completion status icons used in this section and is visible on all pages within the AIU Attestation of EHR workflow.
5. **3. Attestation of EHR.** This is the page title.
6. **Criteria.** This is the page sub-title.
7. **“Choose a Method (Adopt, Implement, or Upgrade) to declare...”** This instructs you what to do on this page.
8. **More info.** Clicking this link displays a PDF providing more details on completing the Attestation section of the application.
9. **Criteria Method.** This is the section title.
  - a. **Criteria Completion status.** This tells you if your criteria information is complete or, if there is still some missing information on this page.
  - b. **Method.** This is where you select your attestation type.
    - i. **When you select Adopt as your method, the page displays the following:**
      - i. **“Acquire, purchase or access to...”** This is the definition for the “Adopt” method.
      - ii. **More info.** Clicking this link opens up a pop-up window explaining the type of documentation that needs to be attached for this attestation method.
      - iii. **“Please describe briefly how you meet...”** This is where you can type in how you meet the criteria for adoption of EHR technology.

- iv. **Attach Adopt Documentation.** This is where you will attach your documents.
- v. **Manage Files.** Clicking this button displays a pop-up window where you can view, attach and remove files. The file you attach must be 10MB or smaller. You can attach these types of files: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX and PNG.

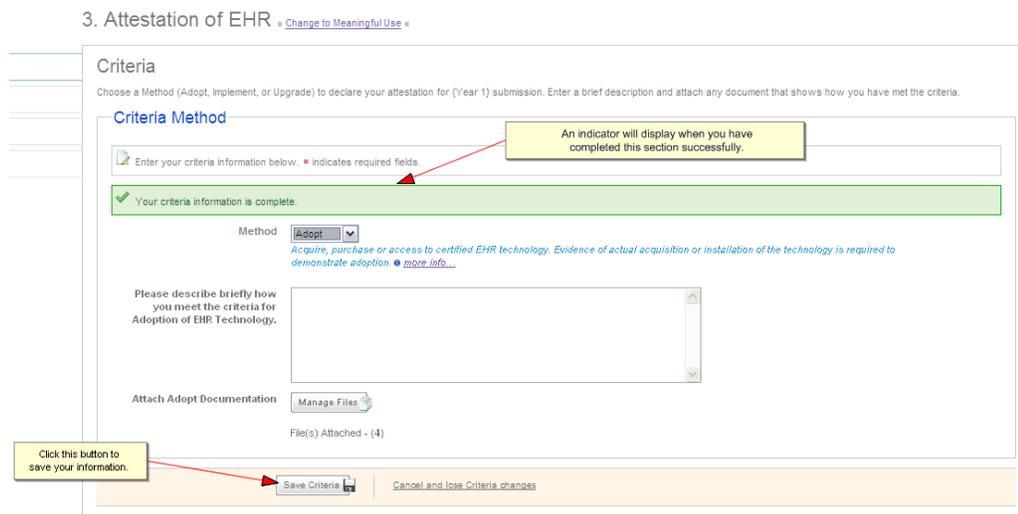


**The manage files pop-up window displays the following:**

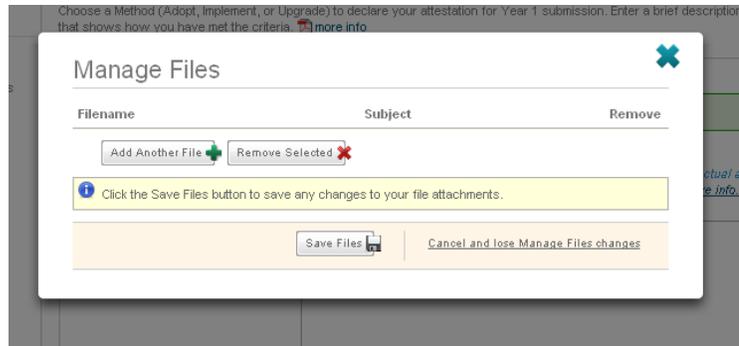
- a. **Manage Files.** This is the window title.
- b. **Close.** Clicking this X closes the Manage Files window and returns you to the previous page.
- c. **Filename.** This is where the name of the file appears when you upload a file. You can select the filename link and it will display the file for viewing.
- d. **Subject.** This is where the subject of the file appears when you upload a file.
- e. **Remove.** Clicking a checkbox in this column allows you to delete one or more files at one time.
- f. **Add Another File.** Clicking this button will display the following the fields through which you can add another document.
  - **Subject:** This where you identify what type of document you are attaching.
  - **You must attach at least one document with a subject “Contract”.** This is instructions for the page. Attaching a Contract is required in order to successfully save this section as complete.
  - **Select & Attach File.** Clicking this button opens your browser to find and attach you file. Find the file and click Open to attach.
- g. **Remove Selected.** Clicking this button removes any file(s) for which you have clicked the “Remove” checkbox.

- h. **Click the Save Files button to save any changes to your file attachments.** This is the section instructions.
- i. **Save File.** Clicking this button saves any changes to your file attachments.
- j. **Cancel and lose Manage Files change.** Clicking this link discards any changes to your file attachments.

Each time you select Manage Files on this page, all of the files you are attaching and previously saved will display with the file name and subject visible. You will always have the ability to remove files up until you submit your final attestation.



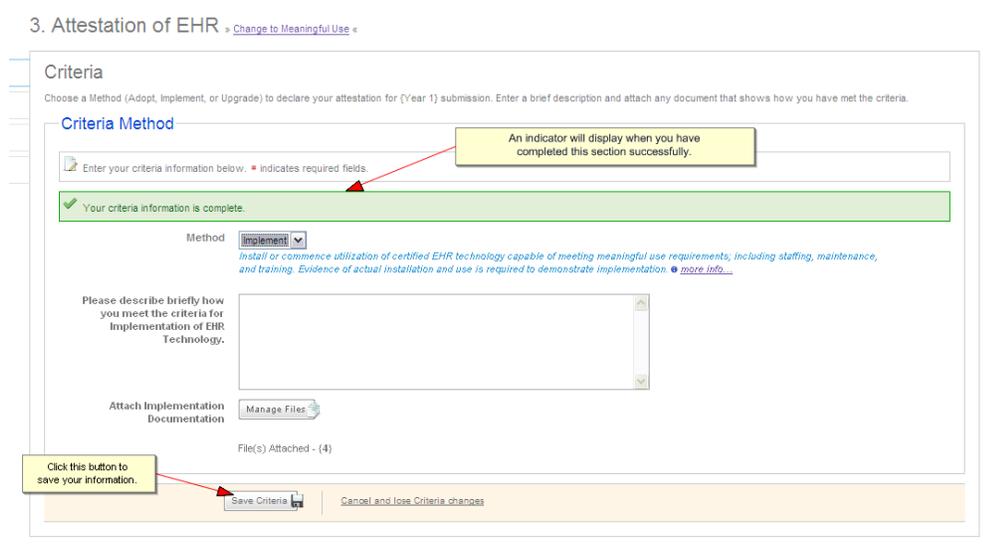
- ii. **When you select Implement as your method, the page displays the following:**
  1. **“Install or commence utilization of certified...”** This is the definition for the “Implement” method.
  2. **More info.** Clicking this link opens up a pop-up window explaining the type of documentation that needs to be attached for this attestation method.
  3. **“Please describe briefly how you meet...”** This is where you can type in how you meet the criteria for adoption of EHR technology.
  4. **Attach Implementation Documentation.** This is where you will attach your documents.
- vi. **Manage Files.** Clicking this button displays a pop-up window where you can view, attach and remove files. The file you attach must be 10MB or smaller. You can attach these types of files: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX and PNG.



**The manage files pop-up window displays the following:**

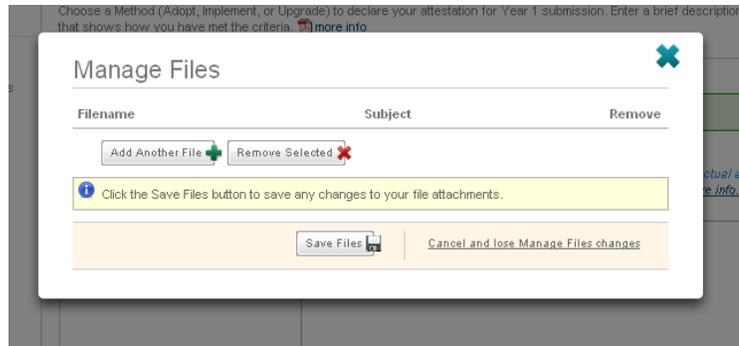
- a. **Manage Files.** This is the window title.
- b. **Close.** Clicking this X closes the Manage Files window and returns you to the previous page.
- c. **Filename.** This is where the name of the file appears when you upload a file. You can select the filename link and it will display the file for viewing.
- d. **Subject.** This is where the subject of the file appears when you upload a file.
- e. **Remove.** Clicking a checkbox in this column allows you to delete one or more files at one time.
- f. **Add Another File.** Clicking this button will display the following the fields through which you can add another document.
  - **Subject:** This where you identify what type of document you are attaching.
  - **You must attach at least one document with a subject “Contract”.** This is instructions for the page. Attaching a Contract is required in order to successfully save this section as complete.
  - **Select & Attach File.** Clicking this button opens your browser to find and attach you file. Find the file and click Open to attach.
- g. **Remove Selected.** Clicking this button removes any file(s) for which you have clicked the “Remove” checkbox.
- h. **Click the Save Files button to save any changes to your file attachments.** This is the section instructions.
- i. **Save File.** Clicking this button saves any changes to your file attachments.
- j. **Cancel and lose Manage Files change.** Clicking this link discards any changes to your file attachments.

Each time you select Manage Files on this page, all of the files you are attaching and previously saved will display with the file name and subject visible. You will always have the ability to remove files up until you submit your final attestation.



iii. **When you select Upgrade as your method, the page displays the following:**

1. **“Expand the available functionality of EHR technology...”** This is the definition for the “Upgrade” method.
  2. **More info.** Clicking this link opens up a pop-up window explaining the type of documentation that needs to be attached for this attestation method.
  3. **“Please describe briefly how you meet...”** This is where you can type in how you meet the criteria for adoption of EHR technology.
  4. **Attach Upgrade Documentation.** This is where you will attach your documents.
- vii. **Manage Files.** Clicking this button displays a pop-up window where you can view, attach and remove files. The file you attach must be 10MB or smaller. You can attach these types of files: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX and PNG.



**The manage files pop-up window displays the following:**

- a. **Manage Files.** This is the window title.
- b. **Close.** Clicking this X closes the Manage Files window and returns you to the previous page.
- c. **Filename.** This is where the name of the file appears when you upload a file. You can select the filename link and it will display the file for viewing.
- d. **Subject.** This is where the subject of the file appears when you upload a file.
- e. **Remove.** Clicking a checkbox in this column allows you to delete one or more files at one time.
- f. **Add Another File.** Clicking this button will display the following the fields through which you can add another document.
  - **Subject:** This where you identify what type of document you are attaching.
  - **You must attach at least one document with a subject “Contract”.** This is instructions for the page. Attaching a Contract is required in order to successfully save this section as complete.
  - **Select & Attach File.** Clicking this button opens your browser to find and attach you file. Find the file and click Open to attach.
- g. **Remove Selected.** Clicking this button removes any file(s) for which you have clicked the “Remove” checkbox.
- h. **Click the Save Files button to save any changes to your file attachments.** This is the section instructions.
- i. **Save File.** Clicking this button saves any changes to your file attachments.
- j. **Cancel and lose Manage Files change.** Clicking this link discards any changes to your file attachments.

Each time you select Manage Files on this page, all of the files you are attaching and previously saved will display with the file name and subject visible. You will always have the ability to remove files up until you submit your final attestation.

3. Attestation of EHR » [Change to Meaningful Use](#) <

Criteria

Choose a Method (Adopt, Implement, or Upgrade) to declare your attestation for (Year 1) submission. Enter a brief description and attach any document that shows how you have met the criteria.

**Criteria Method**

Enter your criteria information below. \* indicates required fields.

**An indicator will display when you have completed this section successfully.**

✔ Your criteria information is complete.

Method: **Upgrade** ▼

*Expand the available functionality of EHR technology capable of meeting meaningful use requirements, including, addition of decision support modules, establishment of interfaces for HIE, etc. Evidence that the provider has expanded the functionality of existing EHR technology is required to demonstrate upgrade. [more info...](#)*

Please describe briefly how you meet the criteria for Upgrading EHR Technology.

Attach Upgrade Documentation **Manage Files**

File(s) Attached - (4)

**Click this button to save your information.**

**Save Criteria** | [Cancel and lose Criteria changes](#)

10. **File(s) Attached – {1}**. This indicates how many files are attached in this area.
11. **Save Criteria**. Clicking this button saves the information you have just entered and documents you have attached on this page. If you have left a required field blank or entered information incorrectly, you will receive an error message.
12. **Cancel and lose Criteria changes**. Clicking this link clears the page of any information you have just entered.

To continue with this section, select the Certified EHR Technology tab.

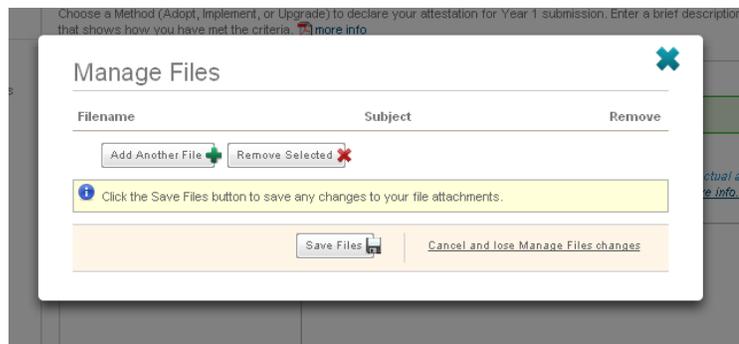
**3.5.5.3 3: Attestation of EHR – Certified EHR Technology.** This is where you enter your EHR’s CMS EHR Certification ID.

**The Certified EHR Technology page displays the following navigation:**

1. **< Back to Dashboard**. Clicking this link will return you to the Home page.
2. **Criteria**. Clicking this navigation tab brings you to the Criteria page within the Attestation of EHR section. This tab is visible on all pages within the AIU Attestation of EHR section.
3. **Certified EHR Technology**. Clicking this navigation tab brings you to the Certified EHR Technology page within the Attestation of EHR section. When you are on this page, the tab becomes highlighted. This tab is visible on all pages within the AIU Attestation of EHR section.
4. **Legend**. This defines the completion status icons used in this section and is visible on all pages within the AIU Attestation of EHR workflow.
5. **3. Attestation of EHR**. This is the page title.
6. **Certified EHR Technology**. This is the page sub-title.

7. **“Providers must provide information demonstrating that their EHR technology....”** This explains the purpose of the information you will enter in this section.
8. **Your Understanding.** This is the section title.
  - a. **Certified EHR Technology Completion status.** This tells you if your Certified EHR Technology information is complete.
  - b. **Checkbox.** Clicking this box means you agree with the statement of understanding next to the checkbox. When you check this box, additional fields display. If you do not check this box, the system will not allow you to continue.
  - c. **“I understand that it is my responsibility, as the provider, to ensure...”** This is a statement of understanding as to your responsibility to demonstrate that your EHR technology is certified through the ONC. When you check the box before this statement, you will be required to complete the other fields on the page. If you do not check the box before this statement, the system will not allow you to continue.
    - i. **ONC public web service.** Clicking this link directs you to the ONC website.
9. **Your EHR Certification Information.** This is the section title.
  - a. **“Please enter your EHR Certification Number”.** These are the instructions for the page.
  - b. **Certification Number.** This is where you enter the CMS EHR Certification ID of your EHR.
    - **Lookup EHR Information.** When you click this button, the system will validate the CMS EHR Certification ID that you entered.

If the number you entered is not found you will see an error message.
  - c. **Supporting Documentation.** This is where you can attach documentation associated with your EHR certification.
    - i. **Manage Files.** Clicking this button displays a pop-up window where you can view, attach and remove files. The file you attach must be 10MB or smaller. You can attach these types of files: Adobe PDF, GIF, JPEG, BMP, XLS, JPG, XLSX, DOC, DOCX and PNG.



The manage files pop-up window displays the following:

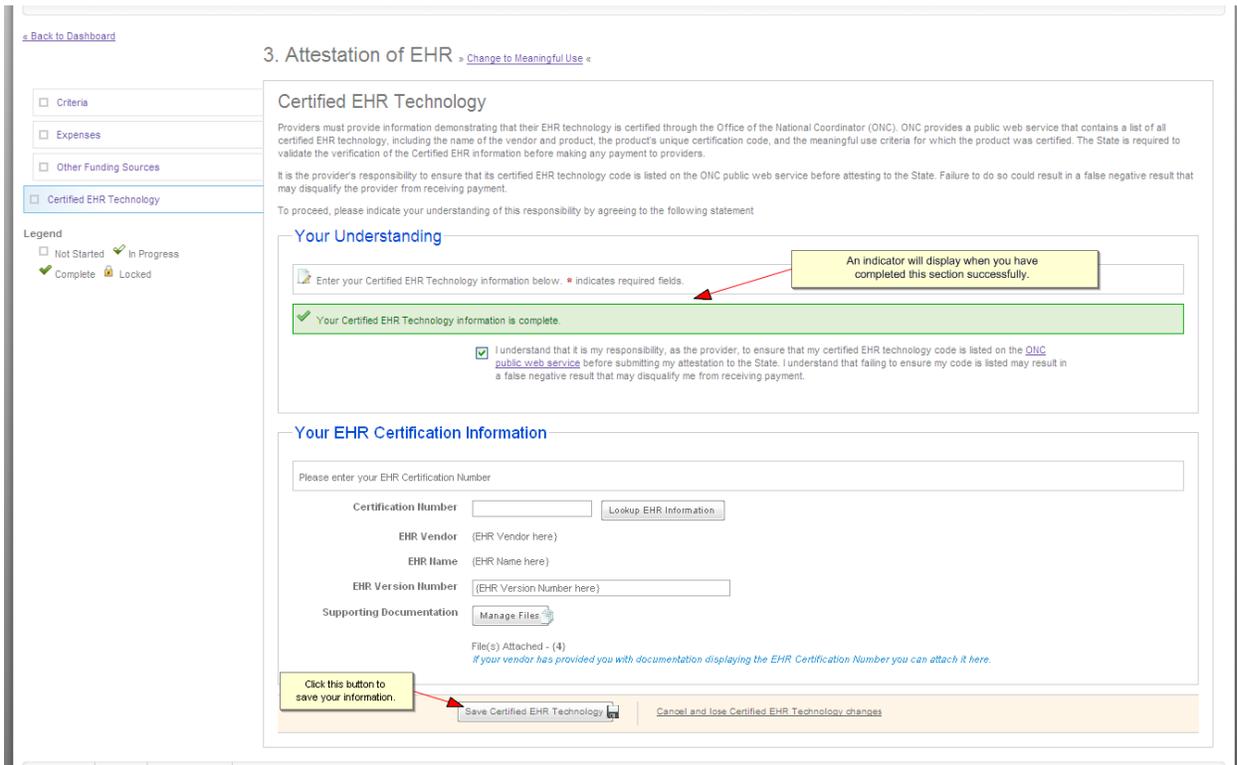
- a. **Manage Files.** This is the window title.

- b. **Close.** Clicking this X closes the Manage Files window and returns you to the previous page.
- c. **Filename.** This is where the name of the file appears when you upload a file. You can select the filename link and it will display the file for viewing.
- d. **Subject.** This is where the subject of the file appears when you upload a file.
- e. **Remove.** Clicking a checkbox in this column allows you to delete one or more files at one time.
- f. **Add Another File.** Clicking this button will display the following the fields through which you can add another document.
  - **Subject:** This where you identify what type of document you are attaching.
  - **You must attach at least one document with a subject “Contract”.** This is instructions for the page. Attaching a Contract is required in order to successfully save this section as complete.
  - **Select & Attach File.** Clicking this button opens your browser to find and attach you file. Find the file and click Open to attach.
- g. **Remove Selected.** Clicking this button removes any file(s) for which you have clicked the “Remove” checkbox.
- h. **Click the Save Files button to save any changes to your file attachments.** This is the section instructions.
- i. **Save File.** Clicking this button saves any changes to your file attachments.
- j. **Cancel and lose Manage Files change.** Clicking this link discards any changes to your file attachments.

Each time you select Manage Files on this page, all of the files you are attaching and previously saved will display with the file name and subject visible. You will always have the ability to remove files up until you submit your final attestation.

- d. **File(s) Attached – {X}.** This lets you know the number of files currently attached for this specific page.
  - e. **“If your vendor has provided you with documentation displaying...”** This explains the type of documentation you can attach here.
10. **Save Certified EHR Technology.** Clicking this button saves the information you have just entered on this page. If you have left a required field blank or entered information incorrectly, you will receive an error message.

**11. Cancel and lose Certified EHR Technology changes.** Clicking this link clears the page of any information you have just entered.



Once you have successfully saved the information all of the pages within the AIU Attestation of EHR, the status icon on your home page will change to indicate that your Attestation of EHR section is complete. The system will now let you move onto Step 4.



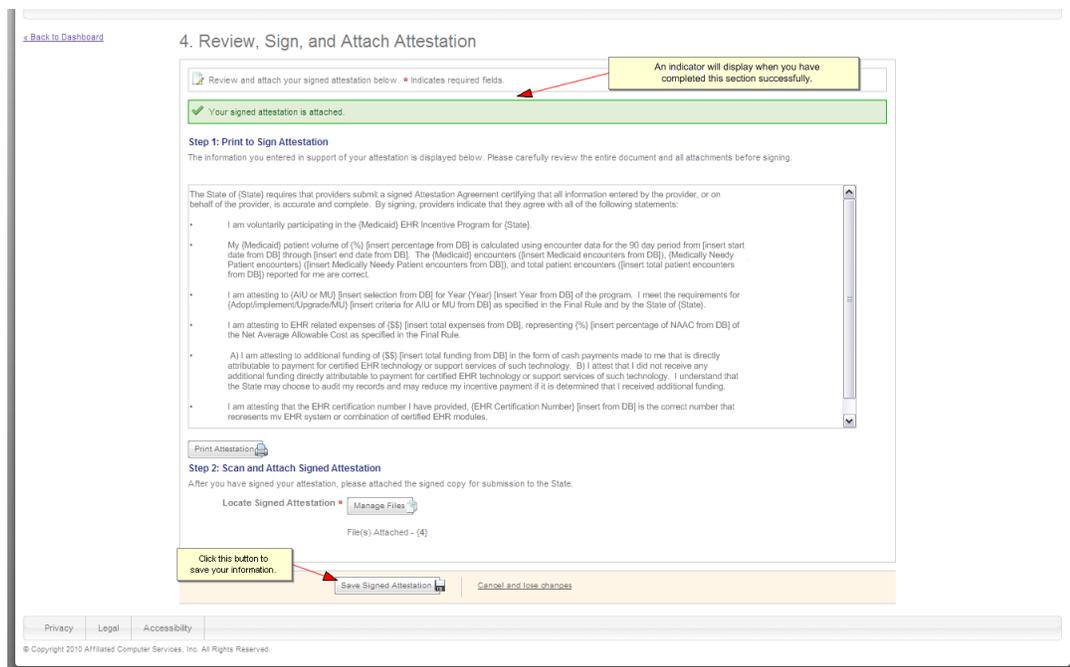
**3.5.6 Step 4: Review and Sign Attestation Details**

Clicking the Review and Sign Attestation link on the EP homepage directs you to the 4. Review and Sign Attestation page. This is where you will review the attestation agreement. Once you have had a change to review it, you can print it out in order to sign it. Once signed, you need to upload a scanned copy of the signed document into the SLR.

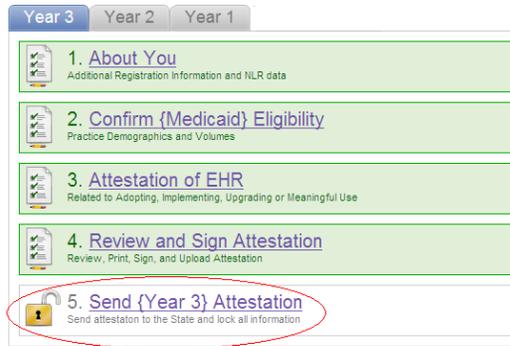
**The Review and Sign Attestation page displays the following:**

1. **< Back to Dashboard.** Clicking this link will return you to the Home page.

2. **4.Review, Sign, and Attach Attestation.** This is the page title.
3. **Review and Sign AttestationCompletion status.** This tells you if your Review and Sign Attestation information is complete or, if there is still some missing information on this page.
4. **Step 1: Print to Sign Attestation.** This is a page section.
  - a. **“The information you entered in support of your...”** These are the instructions for the page.
  - b. **Letter text.** This is the attestation agreement.
  - c. **Print Attestation.**When you click this button, you can select from your local print options to print acopy of the attestation agreement.
5. **Step 2: Scan and Attach Signed Attestation.** This is a page section.
  - a. **“After you have signed your attestation...”** These are the instructions for the page.
  - b. **Locate Signed Attestation.** This is where you attach your signed attestation. Click Browse and located your signed attestation. Selecting Open attaches the file to the page.
  - c. **File(s) Attached – {X}.** This lets you know the number of files currently attached for this specific page.
6. **Save Signed Attestation.** – Clicking this button saves the page.
7. **Cancel and lose changes.** Clicking this link clears the page of any information you have just entered.



Once you have successfully saved the signed attestation, the status icon on your home page will change to indicate that Step 4 is complete. The system will now let you move onto Step 5.

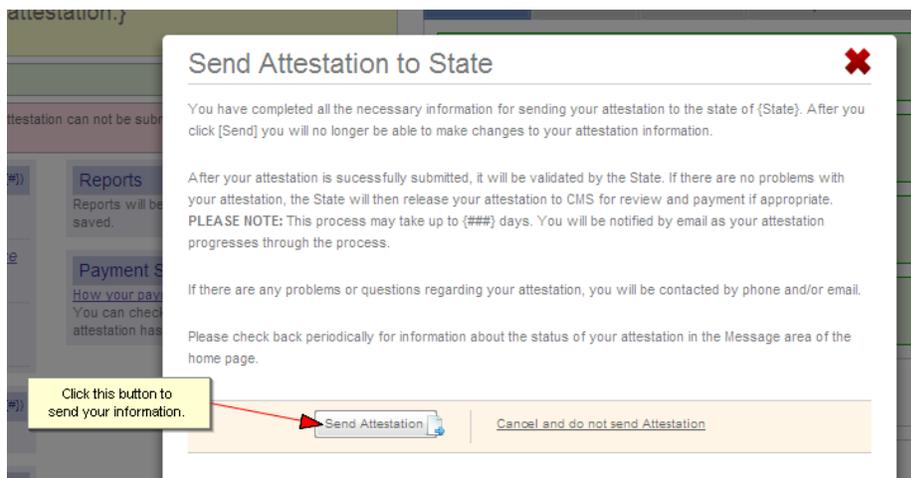


### 3.5.7 Step 5: Send Year X Attestation Details

Clicking the Send Year X Attestation link opens a pop-up window where you can click submit to send your attestation to the State.

The Send Attestation to State window displays the following:

1. **Send Attestation to the State.** This is the page title.
2. **“You have completed all the necessary...”** This is an explanation of what will happen after you submit your attestation.
3. **Send Attestation.** Clicking this button submits your attestation application to the State. All of the steps in the workflow section of your home page will be locked down. You will not be able to make any more changes to the section but you can still view the information you entered.
4. **Cancel and do not send Attestation.** Clicking this button returns you to your home page.



## 3.6 View Messages

### 3.6.1 Messages for Eligible Professionals

**Messages section.** Located to the left of the page, the Messages section displays the following items that are visible on the home page:

**System Messages.** This is where you can access your System messages.

1. **System Messages.** This is the section title.

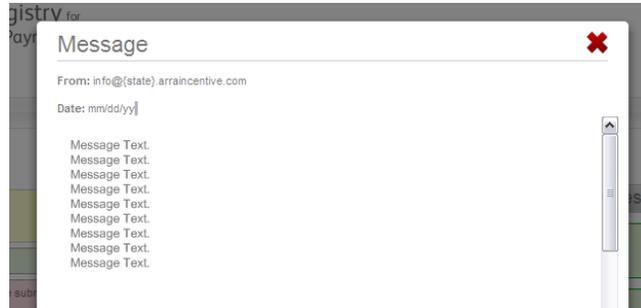
2. **#.**This shows you the number of unread messages that you have.
3. **Individual messages.** Clicking on the individual message link will open up a pop-up window with the entire message displayed.
  - a. **Message.** This is the window title.
  - b. **Close.** Clicking this X will close this window and return you to the previous page.
  - c. **From:.** This is who sent the message.
  - d. **Date:.** This is when the message was sent.
  - e. **Message Text.** This is the message text.

**Audit Messages.** This is where you can access your Audit messages.

1. **Audit Messages.** This is the section title.
2. **#.**This shows you the number of unread messages that you have.
3. **Individual messages.** Clicking on the individual message link will open up a pop-up window with the entire message displayed.
  - a. **Message.** This is the window title.
  - b. **Close.** Clicking this X will close this window and return you to the previous page.
  - c. **From:.** This is who sent the message.
  - d. **Date:.** This is when the message was sent.
  - e. **Message Text.** This is the message text.

**Appeals.** This is where you can access your Appeals messages.

1. **Appeals Messages.** This is the section title.
2. **#.**This shows you the number of unread messages that you have.
3. **Individual messages.** Clicking on the individual message link will open up a pop-up window with the entire message displayed.
  - a. **Message.** This is the window title.
  - b. **Close.** Clicking this X will close this window and return you to the previous page.
  - c. **From:.** This is who sent the message.
  - d. **Date:.** This is when the message was sent.
  - e. **Message Text.** This is the message text.



### 3.7 Access Reports

#### 3.7.1 Reports for Eligible Professionals

Located to the left of the page, the Reports section displays the following items that are visible on the home page:

1. **Reports.** This is the section title.
2. **Reports message.** You will see this the following message when you don't have any data in the system to run a report on: "Reports will be available once your information is saved."
3. **Provider SLR Application Information.** When you have saved some information in the SLR Web application, this link appears. Clicking this link opens a pop-up window with the Provider SLR Application Information report results. This reports prints all of the Attestation Application information that you have already entered.

**The Provider SLR Application report displays the following:**

- a. **User Account Information.** This area displays the information you entered when you created your SLR account.
- b. **Registration Information.** This area displays the information you entered when you completed the About You section.
- c. **NLR Data.** This area displays your NLR data that the SLR has received.
- d. **Medicaid Eligibility Information.** This area displays the information you entered when you completed the Confirm Medicaid Eligibility section.
- e. **Attestation of EHR Information.** This area displays the information you entered when you completed the Attestation of EHR section.
- f. **Payments.** This area displays the information related to any payments you have received.

You can print this report after you have saved any of your information in the SLR Web application. If you print the report before all of the areas have been completed, only those sections with saved information will print on the report. You can also filter the report by year.

### 3.8 View Payment Status/Payment Calculations

#### 3.8.1 Payment Status and Calculations for Eligible Professionals

**Payment Status** - Located to the left of the page, the Payment Status section displays the following items that are visible on the home page:

1. **Payment Status.** This is the section title.
2. **How your payment is calculated.** Clicking this link opens a pop-up window that explains in detail how your payment is going to be calculated.
  - a. **< Back to Dashboard.** Clicking this link will return you to the Home page.
  - b. **How Your Payment is Calculated.** This is the page title.
  - c. **Payment Calculation.** This is the section title.
    - i. **Average Allowable Cost.** This displays the average allowable cost.
    - ii. **Funding from Other Sources.** This displays as the set value of \$29,000.
      1. **Help Text:** Amount displayed is the average contribution from outside sources established by CMS.
3. **Payment Status message.** This is where you can check on the status of your payment.

**Payment Status**

[How your payment is calculated.](#)

You can check this area for status once your attestation has been submitted.

## 4. Troubleshooting

### 4.1 Accessing Help

For general Help, all SLR web pages have a **Help** Link that opens up a copy of this User Manual. For SLR Web application assistance, you can contact the ACS Help Desk designated to support the SLR.

**Phone: (866) 879-0109**  
**Email: SLRHelpdesk@acs-inc.com**

#### 4.1.1 Help Text Displays

Located throughout the SLR Web application, there are various tool tips, help text and more info link displayed to help you complete the pages.

Here are a few examples:

**Tool Tips.** A tool tip is text that displays when you hover your mouse over an area on the page.

Normal page view:



Page view with tool tip:



**Help Text.** Help text is text that displays on the page. Help text instructs you on how to respond to a particular field or, it provides some additional information about the field or the page. For example:

## California Medi-Cal Health Information Technology Plan

Total (Medicaid) Encounters \*

Do you practice in more than one state?  Yes  No Help Text

Total Assigned Panel Members \*   
Panel Members are Specific to {Medicaid} Managed Care Providers

Total Panel Members Seen \*   
Panel Members are Specific to {Medicaid} Managed Care Providers Help Text

Do you practice predominately in a Federally Qualified Health Care Center (FQHC), FQHC Look-alike, Rural Health Center (RHC), or Indian Health Services (IHS)/Memorandum of Agreement (MOA)?  FQHC  FQHC Look-alike  RHC  IHS/MOA  Neither  
Help Text  
Predominately is defined by CMS as greater than 50%

Eligibility Formula 1\* 99.99% Calculate  
 Use this formula

Eligibility Formula 2\* 99.99% Calculate  
 Use this formula

*(Total {Medicaid} Encounters / Total Encounters  
OR  
Medically Needy Patient Encounters + {Medicaid} Encounters / Total Patient Encounters)*

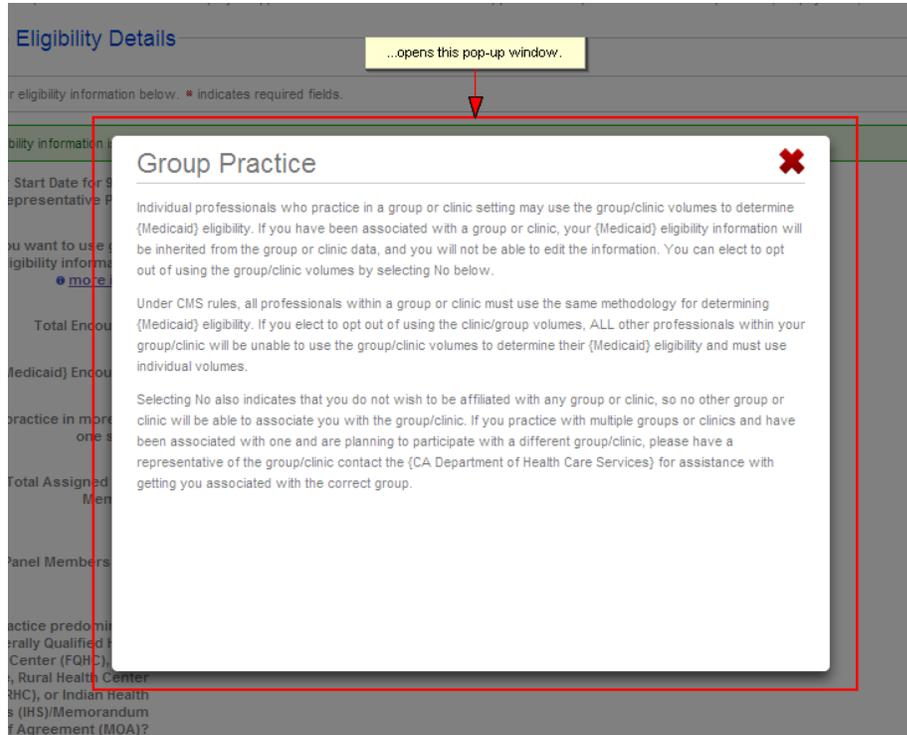
*(Total Panel Members Seen + Total {Medicaid} Encounters) / (Total Assigned Panel Members + Total All Payer Encounters)  
OR  
(Total Panel Members Seen + Total {Medicaid} Encounters + Medically Needy Patient Encounters) / (Total Assigned Panel Members + Total All Payer Encounters)*

Help Text

Save Eligibility Cancel and lose Eligibility changes

**More Info.** Clicking this link typically gives you more details around the field or page that you are completing. For example:

Do you want to use group \*  Yes  No  
 practice eligibility information?  
[more info...](#) Clicking here....



## 4.2 Web Page Message Display

When you receive an error message, here's how to resolve them:

What is the error message?	On what page(s) could this error appear?	How can you fix it?
Your login attempt was not successful. Please try again.	<ul style="list-style-type: none"> <li>Login</li> </ul>	Re-enter your Login ID and password. You have four total attempt to enter the correct information.
Your account is currently locked out; please contact your site administrator or Help Desk at 866-879-0109.	<ul style="list-style-type: none"> <li>Login</li> </ul>	Contact the site administrator or Help Desk to get your account unlocked.
Please select the agreement checkbox to continue.	<ul style="list-style-type: none"> <li>EULA</li> </ul>	Click the checkbox.
The User ID entered is not recognized in the system. Please try again.	<ul style="list-style-type: none"> <li>Forgot Password</li> </ul>	Re-enter your User ID. You have four total attempt to enter the correct information.
Your attempt to retrieve your User ID was not successful. Please contact the Help Desk at 866-879-0109.	<ul style="list-style-type: none"> <li>Forgot Password</li> </ul>	Contact the site administrator or Help Desk

## California Medi-Cal Health Information Technology Plan

Your answer could not be verified. Please try again.	<ul style="list-style-type: none"> <li>• Forgot Password</li> </ul>	Re-enter your answer to the Challenge Question. You have four total attempt to enter the correct information.
Your attempt to retrieve your password was not successful. Please contact the Help Desk at 866-879-0109.	<ul style="list-style-type: none"> <li>• Forgot Password</li> </ul>	Contact the site administrator or Help Desk.
Password must have a minimum of 8 characters and a maximum of 20. Your password must include at least 1 upper case and 1 lower case letter, 1 number, 1 special character (the “at” symbol “@”; pound “#”; exclamation “!”); not your login name, not an old password.	<ul style="list-style-type: none"> <li>• Reset Password</li> <li>• Create Login</li> <li>• My Account</li> <li>• Create Account</li> </ul>	Re-enter your password. You have four total attempt to enter the correct information.
The Confirm New Password must match the New Password entry.	<ul style="list-style-type: none"> <li>• Reset Password</li> <li>• Create Login</li> <li>• My Account</li> <li>• Create Account</li> </ul>	Re-enter the new password.
NPI is 10 digits.	<ul style="list-style-type: none"> <li>• Forgot User ID</li> <li>• Create Account</li> </ul>	Re-enter your 10 digit NPI.
TIN is 9 digits.	<ul style="list-style-type: none"> <li>• Forgot User ID</li> <li>• Create Account</li> </ul>	Re-enter your 9 digit TIN.
IDs entered are not in our system. If you need assistance, please contact the Help Desk at 866-879-0109.	<ul style="list-style-type: none"> <li>• Forgot User ID</li> </ul>	Re-enter any numbers that are incorrect.
The TIN and ID entered does not match a provider on file. Please contact the help desk at 866-879-0109 for assistance.	<ul style="list-style-type: none"> <li>• Create Account</li> </ul>	Contact the Help Desk.
The characters you entered didn’t match the image verification. Please try again.	<ul style="list-style-type: none"> <li>• Create Account</li> </ul>	Re-enter the CAPTCHA image.
The User ID must be between 8 – 10 characters. No spaces or special characters are allowed. Please try again.	<ul style="list-style-type: none"> <li>• Create Login</li> <li>• Create Account</li> </ul>	Enter a User ID that is between 8 to 10 characters without spaces or special characters.
User ID is not available. Please try again.	<ul style="list-style-type: none"> <li>• Create Login</li> <li>• Create Account</li> </ul>	Enter a new User ID.

Please enter a valid Email address.	<ul style="list-style-type: none"> <li>• Create Login</li> <li>• My Account</li> <li>• Create Account</li> <li>• About You for EP</li> </ul>	Re-enter your email address.
Medicaid number is 9 digits.	<ul style="list-style-type: none"> <li>• About You for EP</li> </ul>	Re-enter your 9 digit Medicaid number.
License number is 9 digits.	<ul style="list-style-type: none"> <li>• About You for EP</li> </ul>	Re-enter your 9 digit license number.
To proceed, please select the checkbox to agree with the statement. Providers that do not meet these minimum criteria are not eligible to participate in the program.	<ul style="list-style-type: none"> <li>• About You for EP</li> </ul>	Click the checkbox.
Representative Period must be in the previous calendar year.	<ul style="list-style-type: none"> <li>• Confirm Medicaid Eligibility for EP</li> </ul>	Re-enter dates in the previous calendar year.
Your Total Encounters does not match the sum of your Total State Encounters.	<ul style="list-style-type: none"> <li>• Confirm Medicaid Eligibility for EP</li> </ul>	Re-enter your total encounters amount to equal the sum of the total state encounters.
Your Total Medicaid Encounters does not match the sum of your Total State Encounters.	<ul style="list-style-type: none"> <li>• Confirm Medicaid Eligibility for EP</li> </ul>	Re-enter your total Medicaid encounters amount to equal the sum of the total State encounters.
You have entered the same state twice. Please remove the state or change it to a unique state for indicating patient volumes. Duplicate states are not allowed.	<ul style="list-style-type: none"> <li>• Confirm Medicaid Eligibility for EP</li> </ul>	Review the states you have entered and remove duplicates or change the entry to a unique state.
Please attach your supporting document.	<ul style="list-style-type: none"> <li>• Attestation of EHR – Criteria for EP</li> <li>• Review, Sign, and Attach Attestation for EP</li> </ul>	Attach a document.
Your CMS EHR Certification ID is not found.	<ul style="list-style-type: none"> <li>• Attestation of EHR – Certified EHR Technology for EP</li> </ul>	Re-enter the c CMS EHR Certification ID for your EHR.

### 4.3 Frequently Asked Questions (FAQs)

Clicking on the highlighted section links following the questions below will direct you to that section within the User Manual.

**How do I report a problem with the SLR application?** [Section 1.3 – Problem Reporting](#) or [Section 4.1 – Accessing Help](#)

**Why was the SLR Web application developed?** [Section 2 - Overview](#)

**What can I do with the SLR Web application?** [Section 2.1 – Application Features](#)

**What do I need in order to be able to use the SLR Web application?** [Section 2.3 – Materials and Preparation](#)

**Who does CMS consider an Eligible Professional?** [Section 5 - Definition of Eligible Professional](#)

**How do I log into the SLR Web application?** [Section 3.1 – Login – Accessing the SLR](#)

**I am an Eligible Professional. How do I create my SLR Account?** [Section 3.2 – Creating a New SLR Account for Eligible Professionals](#)

**How do I change my password?** [Section 3.4 – How to Change Your Password](#)

**How do I get started in applying for the incentive payment?**

- **I am an Eligible Professional.** [Section 3.5 – Applying for the incentive as an Eligible Professional \(EP\)](#)

**How do I access my messages?**

- **Accessing messages for Eligible Professionals.** [Section 3.6 – Messages](#)

**How do I access reports?** [Section 3.7 – Accessing Reports](#)

**Where can I view the status of my payment?**

- **I am an Eligible Professional.** [Section 3.8.1 – Payment Status and Calculations for Eligible Professional \(EP\)](#)

**How is my payment calculated?**

- **I am an Eligible Professional.** [Section 3.8.1.b – How your Payment is Calculated.](#)

## 5. Definitions

This section lists any glossary terms specifically applicable to this document.

Term/Acronym	Explanation/Expansion
American Reinvestment and Recovery Act of 2009 (ARRA)	The American Reinvestment and Recovery Act of 2009 is an economic stimulus package enacted by the 111 <sup>th</sup> United States Congress in February 2009 <sup>2</sup> . Part of the act included money for health information technology (HIT) investments and payments.
CMS Certification Number (CCN)	A number assigned to hospitals by the Centers of Medicare and Medicaid Services, the CMS Certification Number (CCN) is the hospital's identification number that is link to its Medicare provider agreement. The CCN is used for CMS certification and also for submitted and reviewing the hospital's cost reports. <sup>3</sup>
Centers for Medicare and Medicaid Services (CMS)	The Centers for Medicare and Medicaid Services (CMS) is a United States Federal Agency which administers Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). <sup>4</sup>
Computerized Physician Order Entry (CPOE)	Computerized Physician Order Entry (CPOE) refers to any system in which clinicians directly enter medication orders and/or tests and procedures into a computer system, which then transmits the order directly to the pharmacy. <sup>5</sup>
Electronic Health Record (EHR)	An Electronic Health Record (EHR) is an electronic version of a patients medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. <sup>6</sup>
Electronic Medical Record (EMR)	An electronic medical record (EMR) is a computerized <u>medical record</u> created in an organization that delivers care, such as a hospital and doctor's surgery. <sup>7</sup>

<sup>2</sup> "American Recovery and Reinvestment Act of 2009." *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 18, 2010. Date accessed: November 22, 2010.

<sup>3</sup> "Frequently Asked Questions about Accrediting Hospitals in Accordance with their CMS' Certification Number (CCN)." *The Joint Commission*. Article date: July 15, 2010. Date accessed: November 22, 2010.

<sup>4</sup> "Centers for Medicare & Medicaid Services." *CMS:Centers for Medicare & Medicaid services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>5</sup> "Computerized Provider Order Entry." *AHRQ:Agency for Healthcare Research and Quality*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>6</sup> "Electronic Health Records Overview." *CMS:Centers for Medicare & Medicaid services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>7</sup> "Electronic medical record." *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 5, 2010. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Eligible Professional (EP)	<p>For the purposes of the Medicaid EHR Incentive Program and SLR application documentation, an eligible professional (EP) is defined as the following:</p> <ul style="list-style-type: none"> <li>• Physicians (primarily doctors of medicine and doctors of osteopathy).</li> <li>• Nurse practitioner.</li> <li>• Certified nurse-midwife.</li> <li>• Dentist.</li> <li>• Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.</li> </ul> <p>To qualify for an incentive payment under the Medicaid EHR Incentive Program, an EP must meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Have a minimum 30% Medicaid patient volume*.</li> <li>• Have a minimum 20% Medicaid patient volume, and is a pediatrician*.</li> <li>• Practice predominantly in a Federally Qualified Health Center or RuralHealthCenter and have a minimum 30% patient volume attributable to needy individuals.</li> </ul> <p>*Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.<sup>8</sup></p>
End User License Agreement (EULA)	The End User License Agreement (EULA) details how the software can and cannot be used. <sup>9</sup>
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	The purpose of the Health Insurance Portability and Accountability Act is "to improve...the Medicaid program...and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information." <sup>10</sup>
Health Information Technology (HIT)	Health Information Technology (HIT) refers to the use of technology in managing health information. For example, the use of electronic health records instead of paper medical records.
Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)	The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) amends the Public Health Service Act by adding a number of funding opportunities to advance health information technology. <sup>11</sup>

<sup>8</sup> "EHR Incentive Programs: Eligibility – Eligible Professionals." *United States Department of Health & Human Services*. Date accessed: November 22, 2010.

<sup>9</sup> "EULA." *Webopedia*. QuinStreet Inc. Date accessed: November 22, 2010.

<sup>10</sup> "Health Insurance Portability and Accountability Act of 1996." *CMS:Centers for Medicare & Medicaid services*. Public Law 104-191. 104<sup>th</sup> Congress. Date accessed: November 22, 2010.

<sup>11</sup> "HITECH and Funding Opportunities." *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<b>Term/Acronym</b>	<b>Explanation/Expansion</b>
National Level Repository (NLR)	The National Level Repository is a <u>data repository</u> that supports the administration and incentive payment disbursements of Medicare and Medicaid programs to medical professionals, hospitals and other organizations. <sup>12</sup>
National Provider Identifier (NPI)	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. <sup>13</sup>
Office of the National Coordinator (ONC) for Health Information Technology	The Office of the National Coordinator for Health Information Technology (ONC) is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. <sup>14</sup>
Provider	For the purposes of the State Level Registry (SLR) application documentation, a provider refers to both EPs and EHs.
State Level Registry (SLR)	The State Level Registry (SLR) is an ACS application created for the capture and maintenance of state mandated information related to the payment of provider incentive payments provided for under the ARRA.
Taxpayer Identification Number (TIN)	A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. <sup>15</sup>
Uniform Resource Locator (URL)	In <u>computing</u> , a Uniform Resource Locator (URL) is a <u>Uniform Resource Identifier (URI)</u> that specifies where an identified resource is available and the mechanism for retrieving it. <sup>16</sup>

<sup>12</sup> “Grumman nets \$34M CMS’ data repository project.” *CMIO Contracts and Installations*. TriMed Media Group, Inc. Article date: May 17, 2010. Data accessed: November 22, 2010.

<sup>13</sup> “National Provider Identifier Standard (NPI): Overview.” *CMS:Centers for Medicare & Medicaid services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>14</sup> “The Office of the National Coordinator for Health Information Technology (ONC).” *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>15</sup> “Taxpayer Identification Numbers (TIN).” IRS.gov. Internal Revenue Service. Last modified: August 20, 2010. Date accessed: November 22, 2010.

<sup>16</sup> “Uniform Resource Locator.” *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 22, 2010. Date accessed: November 22, 2010.

## Appendix 16: AID CODES, State Funded (No FFP)

OIL	Aid Code	Benefits Full_Restricted	SOC Yes_No	Program_Description
OIL #306-01	0R	Restricted Services	No	BCCTP – High Cost Other Health Coverage (OHC). State-funded. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than \$750. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.
OIL #306-01	0T	Restricted Services	No	BCCTP – State-Funded. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.
OIL#445-08	2V	Full	No	Trafficking and Crime Victims Assistance Program (TCVAP). Refugee Medical Assistance (RMA). Covers non-citizen victims of human

OIL	Aid Code	Benefits Full_Restricted	SOC Yes_No	Program_Description
				trafficking, domestic violence and other serious crimes.
OIL#445-08	4V	Full	Yes	TCVAP – RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
N/F	53	Restricted to LTC and related services	Y/N	<p>Medically Indigent – Long Term Care (LTC) services. Covers eligible persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC. For more information about LTC services, refer to the <i>County Medical Services Program (CMSP)</i> section in this manual.</p> <p><i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p>
N/F	65	Full	Y/N	Katrina-Covers eligible evacuees of Hurricane Katrina.
OIL #351-95	7M	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID Card issued.
OIL#140-07	7N	Valid for Minor Consent services	No	Minor Consent Program. Covers eligible pregnant minors under the age of 21.

OIL	Aid Code	Benefits Full_Restricted	SOC Yes_No	Program_Description
				Limited to services related to pregnancy and family planning. Paper Medi-Cal ID card issued.
OIL #351-95	7P	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID card issued.
OIL #351-95	7R	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID card issued.
N/F	71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers eligible persons of any age who are eligible only for dialysis and related services.
N/F	73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Total Parenteral Nutrition (TPN). Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
N/F	81	Full	Y/N	MI – Adults Aid Paid Pending.

## Appendix 17: Attestation Forms for EH/EP

### Hospital Attestation

The State of California requires that hospitals submit a signed Attestation Agreement certifying that all information in this application to the Medi-Cal EHR Incentive Program is accurate and complete. By signing, providers indicate that they agree, under penalty of perjury, with all of the following statements:

- The hospital that I represent is voluntarily participating in the Medi-Cal EHR Incentive Program for California.
- The Medi-Cal patient volumes of [insert percentage from SLR] % is calculated using discharge data for the 90 day period from [insert start date from SLR] through [insert end date from SLR]. The number of Medi-Cal discharges ([insert Medicaid discharges from SLR]), number of total discharges ([insert Total discharges from SLR]) and Average Length of Stay ([insert average LOS from SLR] reported for the hospital are correct.
- The data provided for the incentive payment calculation for the hospital as listed below are correct.

#### Growth Rates

Prior Fiscal Year Growth Rate: {#} [insert from SLR]  
 Two Fiscal Years Prior Growth Rate: {#} [insert from SLR]  
 Three Fiscal Years Prior Growth Rate: {#} [insert from SLR]

#### Prior Fiscal Year Data

Total discharges: {#} [insert from SLR]  
 Estimated Medicaid Inpatient Bed Days: {#} [insert from SLR]  
 Estimated Medicaid Managed Care Inpatient Bed Days: {#} [insert from SLR]  
 Estimated Total Inpatient Bed Days: {#} [insert from SLR]  
 Estimated Total Hospital Charges : {#} [insert from SLR]  
 Estimated Total Charity Charges: {#} [insert from SLR]

- I am attesting on behalf of my hospital that the CMS EHR Certification ID I have provided, { CMS EHR Certification ID } [insert from SLR] is the correct number that represents my hospital's EHR system or combination of certified EHR modules.
- I understand that the State of California may elect to verify and/or audit all information provided by me on behalf of my hospital, both prior to payment being issued and after payment has been made.
- I understand that falsification of any information may result in my hospital being declared ineligible to participate in the program.

## California Medi-Cal Health Information Technology Plan

- I understand that any incentive payments found to have been made based on fraudulent information or attestation may be recouped by the State.
- I understand that the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be made from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Signee: \_\_\_\_\_

Title of Signee: \_\_\_\_\_

{Hospital Name} [insert from SLR]

{Hospital NPI} [insert from SLR]

{Hospital TIN} [insert from SLR]

**Privacy Statement (as required by Civil Code, Section 1798 et seq.)** All information requested on the application is required by the Office of Health Information Technology, California Department of Health Care Services (DHCS). The consequences of not supplying the requested information are denial of enrollment into the Medi-Cal EHR Incentive Program. Any information provided will be used to verify eligibility to participate as a provider in the Medi-Cal EHR Incentive Program. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, the U.S. Attorney's Office, or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare fiscal intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, and Medicaid and licensing programs in other states. For more information or access to records containing your personal information maintained by DHCS, contact the Office of Health Information Technology, MS 0004, P.O. Box 997413, Sacramento, CA 95899-7413.

### Provider Attestation

The State of California requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider on this application, or on behalf of the provider, is accurate and complete. By signing, providers indicate that they agree, under penalty of perjury, with all of the following statements:

- I am voluntarily participating in the Medi-Cal EHR Incentive Program for California. I understand that providing the information on this attestation form and in the application is mandatory for my application to be considered for participation in the Medi-Cal EHR Incentive Program for California.
- (Display for EP only) My Medi-Cal patient volume of [insert percentage from SLR] % is calculated using encounter data and/or patient panel data for the 90 day period from [insert start date from SLR] through [insert end date from SLR]. The Medi-Cal encounters and/or patient panel data ([insert Medi-Cal encounters from SLR and/or patient panel data), Other Needy Individual encounters ([insert Other Needy Individual encounters from SLR if applicable]), and total patient encounters and/or total patient panel data ([insert total patient encounters and/or patient panel data from SLR]) reported for me are correct.
- I am attesting that the CMS EHR Certification ID I have provided, { CMS EHR Certification ID } [insert from SLR] is the correct number that represents my EHR system or combination of certified EHR modules.
- I am attesting that any assignment of my incentive payment to my employer, or to an entity with which I have a contractual arrangement allowing the entity to bill and receive payment for my covered professional services is made voluntarily and agree that my EHR incentive payment for this year will be paid to the employer, or other entity specified below. I understand that by making this assignment I will not receive the incentive payment directly, but that the assigned payee will receive the payment on my behalf.

{Payee Name} [insert from SLR]

{Payee Address} [insert from SLR ]

{Payee NPI} [insert from SLR]

{Payee TIN} [insert from SLR]

- I understand that the State of California may elect to verify and/or audit all information provided by me or provided on my behalf, both prior to payment being issued and after payment has been made.

## California Medi-Cal Health Information Technology Plan

- I understand that falsification of any information in this application may result in my being declared ineligible to participate in the program.
- I understand that any incentive payments found to have been made based on fraudulent information or attestation may be recouped by the State.
- I understand that the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medi-Cal EHR incentive payments submitted under this provider number will be made from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

{Provider Name} [insert from SLR]

{Provider NPI} [insert from SLR]

{Provider TIN} [insert from SLR]

**Privacy Statement (as required by Civil Code, Section 1798 et seq.)** All information requested on the application is required by the Office of Health Information Technology, California Department of Health Care Services (DHCS). The consequences of not supplying the requested information are denial of enrollment into the Medi-Cal EHR Incentive Program. Any information provided will be used to verify eligibility to participate as a provider in the Medi-Cal EHR Incentive Program. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, the U.S. Attorney's Office or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare fiscal intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, and Medicaid and licensing programs in other states. For more information or access to records containing your personal information maintained by DHCS, contact the Office of Health Information Technology, MS 0004, P.O. Box 997413, Sacramento, CA 95899-7413.

## Appendix 18: List of Acronyms

### A

A&I	Audits and Investigations
ACPPE	Advanced Community Pharmacy Practice Experience
ACS	Affiliated Computer Services
AHA	American Hospital Association
AIU	Adopt, Implement, Upgrade
ARRA	American Recovery and Reinvestment Act of 2009

### B

BMFEA	Bureau of Medi-Cal Fraud and Elder Abuse
BTOP	Broadband Technology Opportunities Program

### C

CAH	Critical Access Hospitals
CAIR	California Immunization Registry
CaLIMS	California Laboratory Information Management System
CaOHII	California Office of Health Information Integrity
CaPERS	California Public Employee's Retirement System
CaPSAB	California Privacy and Security Advisory Board
CaREDIE	California Reportable Disease Information Exchange
CCD	Continuity of Care Document
CCHA	California Children's Hospital Association
CDPH	California Department of Public Health
CENIC	Corporation for Education Network Initiatives in California
CHCF	California HealthCare Foundation
CHDP	Child Health and Disability Prevention Program
CHHS	California Health and Human Services
CHILI	California Health Information Law Index
CHIP	Children's Health Insurance Program
CHPL	Certified HIT Product List
CHWA	California Health Workforce Alliance
CIS	Clinical Information System
CLIA	Clinical Laboratory Improvement Amendments
CMS	Centers for Medicare and Medicaid Services
CMSO	Center for Medicaid & State Operations
COREC	CalOptima Regional Extension Center
COTS	Commercial Off-the-Shelf
CPCA	California Primary Care Association
CPOE	Computerized Physician Order Entry
CQM	Clinical Quality Metrics
CRIHB	California Rural Indian Health Board
CS	Connectivity Services
CSRHA	California State Rural Health Association
CTEC	California Telemedicine and eHealth Center
CTN	California Telehealth Network
CWC	Child Welfare Council

### D

DHCS Department of Health Care Services  
 DMH Department of Mental Health  
 DOJ Department of Justice

**E**

EH Eligible Hospital  
 EP Eligible Provider  
 EHR Electronic Health Record  
 ELINCS EHR-Lab Interoperability and Connectivity Specification  
 ELPD Entity Level Provider Directory  
 ELR Electronic Lab Reporting  
 EPCS Electronic Prescribing of Controlled Substances  
 ETL Extract, Transform, Load

**F**

FAB Financial Audits Branch  
 FAR Field Audit Reviews  
 FATS Financial Audits Tracking System  
 FCC Federal Communications Commission  
 FI Fiscal Intermediary  
 FICOD Fiscal Intermediary Contracts Oversight Division  
 FQHC Federally Qualified Health Centers

**G**

GAGAS Generally Accepted Governmental Auditing Standards  
 GDSP Genetic Disease Screening Program  
 GPRA Government Performance and Requirements Act

**H**

HCFA Health Care Financing Administration  
 HEDIS Healthcare Effectiveness Data and Information Set  
 HIE Health Information Exchange  
 HIT Health Information Technology  
 HITeCH Health Information Technology for Economic and Clinical Health  
 HMOS Health Maintenance Organizations  
 HRSA Health Resources and Services Administration  
 HSAG Health Services Advisory Group

**I**

I-APD Implementation Advanced Planning Document  
 I-APD-U Implementation Advanced Planning Document Update  
 IB Investigations Branch  
 ICEC Interstate Consent Engine Collaborative  
 IDN Integrated Delivery Networks  
 IHA Integrated Healthcare Association  
 IHS Indian Health Services  
 ILPD Individual Level Provider Directory  
 IPA Independent Physician Association

**L**

LEC Local Extension Center  
 LFS Lab Field Services  
 LOINC Logical Observation Identifiers Names and Codes

**M**

MDL Medical Diagnostics Labs  
 MFR Master File Room  
 MH/SU Mental Health and/or Substance Use  
 MHSA Mental Health Service Act of 2004  
 MIS/DSS Management Information System/Decision Support System  
 MITA Medicaid Information Technology Architecture  
 MMIS Medicaid Management Information System  
 MOA Memorandum of Agreement  
 MRB Medical Review Branch  
 M-TIP MITA Transition and Implementation Plan  
 MU Meaningful Use

**N**

NAMCS National Ambulatory Medical Care Survey  
 NASMD National Association of State Medicaid Directors  
 NCPDP National Council for Prescription Drug Programs  
 NLR National Level Repository  
 NSRHN Northern Sierra Rural Health Network  
 NSSMPP National Study of Small and Medium-Sized Physician Practices

**O**

OHIT Office of Health Information Technology  
 ONC Office of the National Coordinator  
 OOH Out-of-Home  
 OSHPD Office of Statewide Health Planning and Development

**P**

P-APD Planning Advanced Planning Document  
 P-APD-U Planning Advanced Planning Document Update  
 PED Provider Enrollment Division  
 PETS Provider Enrollment Tracking System  
 PHR Personal Health Record  
 PMF Provider Master File  
 PPOS Preferred Provider Organizations

**Q**

QIPS Quality Improvement Projects

**R**

RAND Research and Development Corporation  
 REC Regional Extension Center  
 RFP Request for Proposal

RHC Rural Health Clinic  
 RPMS Resource and Patient Management System  
 RTI Research Triangle Institute

**S**

SaaS Software as a Service  
 SACWIS State Automated Child Welfare Information System  
 SCA Service Component Architecture  
 SCO State Controller’s Office  
 SDE State Designated Entities  
 SLR State Level Registry  
 SMI Serious Mental Illness  
 SOA Service Oriented Architecture  
 SOM School of Medicine  
 SON School of Nursing  
 SOP School of Pharmacy  
 SQL Structured Query Language  
 SR Services Registry  
 SS-A State Self-Assessment  
 SSIS SQL Server Integration Services  
 SURS Surveillance and Utilization Review Subsystems

**T**

TAR Treatment Authorization Request  
 THP Tribal Health Provider  
 TPL Third Party Liability  
 TRC Telehealth Resource Center

**U**

UCSF University of California, San Francisco

**V**

VASDMC Veterans Administration San Diego Medical Center  
 VLER Virtual Lifetime Electronic Records

**W**

WHIN Western Health Information Network

**X**

XML Extensible Markup Language