Express Attestation for Groups and Clinics

DHCS has implemented an “Express Attestation” process for group and clinic representatives to use in registering providers for first year (adopt, implement, and upgrade) incentive payments. This process enables group and clinic representatives to print out special attestation forms customized for each provider in their group/clinic. Upon signature by the provider, these forms authorize the group or clinic representative to enter the State Level Registry (SLR) under the “Professional” role (on behalf of the provider) using the provider’s NPI and TIN, enter information on their behalf, and upload and submit the signed Express Attestation form. This process enables the group/clinic representative to assist the provider in completing the entire registration process for the Medi-Cal EHR Incentive Program. This process differs from the “Proxy” role in the SLR where a proxy can enter information on behalf of a provider without prior signed permission, but cannot print, upload and submit the attestation form on the provider’s behalf. Please see Registration Process Flowcharts for further information about the relationship and function of the four different accounts/roles in the State Level Registry.

The Responsibility of the Group/Clinic Representative
Group/Clinic representatives must fully inform providers about their options in registering for the Medi-Cal EHR Incentive Program. Providers do not have to use the Express Attestation process, it is their right to register with the State Level Registry on their own. Express Attestation is an optional process designed to assist providers and should not be portrayed to providers as required. Group/clinic representatives must inform providers that by signing the Express Attestation form, providers are agreeing to the validity of all information on the form including the following special provisions:

- Providers are authorizing the group/clinic representative to enter the State Level Registry under the “Professional” role on their behalf using their NPI and TIN. This authorization includes creating an account for each provider with a unique User ID and Password. The group/clinic representative must inform every provider in writing (printed or electronic) of the User ID and Password used for their registration.

- Providers are agreeing to qualify for the Medi-Cal EHR Incentive Program using the group/clinic patient volumes (as opposed to their own personal patient volumes). If providers would like to qualify for the program using their personal patient volumes, they must enter the State Level Registry on their own through the regular process.

- Providers are acknowledging that incentive payments will be made to the recipient specified by the provider in CMS’s National Level Registry. By agreeing to qualify for the program using group/clinic patient volumes providers are not agreeing to assign their incentive payments to the group or clinic.
The Express Attestation Process

- In Step 4 (EHR Certified Technology and Group Statement) of the Group/Clinic Portal, the group/clinic representative must click the box next to: “Yes, I would like to utilize Express Attestation for my group/clinic providers.”

- Upon saving Step 4, if the group/clinic representative has not entered information about the EHR Certified Technology (Certification ID and upload Certification ID page) in Step 4 an error message will appear informing them that this information must be entered in order to use Express Attestation. After completing registration by saving Step 4, the group/clinic representative can go to the Group/Clinic portal homepage and click on reports on the left hand border. This will display all available reports. Clicking on “Express Attestation” will open a PDF document containing all of the Express Attestation forms for all of the providers in the group/clinic. These can be printed all at once, or individually or in sections by selecting the appropriate pages in the Print Menu. Note: it is highly recommended that group/clinic representatives submit the group/clinic representative statement in Step 5 (Submit) before going to the homepage to print out the Express Attestations. This will assure that the group/clinic information is properly inherited by all group/clinic providers. The group/clinic representative does not need to print the Express Attestations now, but can enter the State Level Registry at a later time to do this.

- Groups/Clinics that have already registered with the State Level Registry can request to have their registration reopened for the purpose of utilizing Express Attestation by contacting the SLR Help Desk at SLRHelpdesk@acs-inc.com. Please specify “Express Attestation” in the e-mail’s subject line and include the following information in the e-mail’s text:
  - Name of Group/Clinic
Group/clinic representatives will receive an e-mail back from the SLR Help Desk confirming that their group/clinic registration has been reopened. The group/clinic representative can then sign into the SLR and access the group/clinic account. For the purposes of using Express Attestation the group/clinic representative should go directly to Step 4 (EHR Certified Technology and Group Statement) and click the box designating Express Attestation. The group/clinic representative should then print and resubmit the Group/Clinic Representative Statement in Step 5 (Submit) before accessing the Express Attestation forms in the “Reports” section of the homepage. Since the group/clinic registration has been reopened, it is imperative that the Group/Clinic Representative Statement be resubmitted in Step 5 in order to update the group/clinic information in the SLR.

The group/clinic representative may also go to Step 3 (Manage Providers), if providers must be added to the group/clinic. However, the patient volumes in Step 2 (Eligibility) should not be changed since all encounters for the group/clinic during the 90-day representative period should have been entered upon initial registration.

- The Express Attestation form must be signed by each provider before the group/clinic representative can be considered authorized to enter the State Level Registry on behalf of the provider using the providers NPI and TIN. In establishing an account for the provider in the Create Account page it is recommended that the provider’s e-mail be entered so that they will receive notifications regarding their account. The name and contact information for the group/clinic representative can be entered in Step 1 (About You) under “contact information.” This will enable the group/clinic representative to also receive notifications about the provider’s account. In creating accounts for multiple providers, group/clinic administrators must establish a unique User ID for each provider, but may use the same password and challenge question answers for all. Group/Clinic representatives should keep a complete list of the User IDs, password(s), and challenge question answer(s) for all providers. As stated above, the User ID, password, and challenge question answer should be provided in writing (printed or electronic) to each provider.

If a provider has already established an account in the SLR but has not completed registration, the provider will need to supply the User ID and Password for the account to enable the group/clinic representative to enter the SLR on their behalf. Express Attestation cannot be used for providers who have already completed registration.

- When entering the SLR under the “Professional” role on behalf of a provider, the group/clinic representative should not print a new attestation form in Step 4 (Attestation). Instead, the group/clinic representative should upload the Express Attestation form that already has been signed by the provider. The registration can be completed by submitting the signed Express Attestation form in Step 5 (Submit).