



State Level Registry (SLR) Quick Start Guide

For Group/Clinic Representatives

Contents

Introduction.....	3
Registering on the State Level Registry (SLR)	6
I. Creating an Account.....	6
II. Step 1: About Your Group.....	9
III. Step 2: Group/Clinic Information.....	10
Location Information.....	10
Specialty Group Type and Practice	11
90-Day Representative Period	12
Formula Selection	12
Patient Volumes.....	13
IV. Step 3: Manage Providers in Your Group.....	14
V. Step 4: EHR Technology and Group Statement	16
Certified EHR Technology.....	16
Group Statement & Application Submission	18
Express Attestation	18
Next Steps.....	20

Version Number	Date
1.1	12/19/2011
1.2	1/24/2012: Updated bullet 5 in introduction.
1.3	2/24/2012: Updated information regarding Express Attestation function.

INTRODUCTION

Please review the following guide before creating an account for your group or clinic in the SLR. We particularly want to call your attention to the following important issues:

- Some groups/clinics may be unable to register in the SLR because of not being found in DHCS's Provider Master File (PMF). Such groups/clinics should contact the SLR Help Desk which will be able to add them to a "supplementary" PMF list that will enable them to register in the SLR.
- Please register your group/clinic and designate its providers in the SLR prior to the launch of the provider portal of the SLR. Although groups can still register and add group members after this occurs, once the provider portal of the SLR opens providers who have not been identified as members of your group/clinic will be able to enter the SLR on their own as individual providers.
- The SLR asks the question whether a clinic is an FQHC, FQHC look-alike, Rural Health Center, or Indian Tribal Clinic. Only click "Yes" to this question if the clinic is one of these types **and** will need to count "Other Needy Individual Encounters" (in addition to Medicaid Encounters) in order to attain the $\geq 30\%$ patient volume threshold. If the clinic will meet this threshold counting only Medicaid encounters **do not** click "Yes" to this box. Clicking the box limits the number of eligible providers in your clinic to those who practice predominantly in your clinic.
- Group/clinic representatives may now enter any provider into their group who had at least one encounter with a Medi-Cal patient (or other needy individual patient for FQHCs/RHCs) with the group/clinic during the relevant calendar year. For groups/clinics applying for the 2011 payment year, this means that any provider having seen a Medi-Cal (or other needy individual) patient in 2010 with the group/clinic is able to qualify using the group/clinic patient volumes for the 90-day representative period in 2010 even if all of the provider's encounters in 2010 occurred outside of the 90-day representative period. Group/clinic representatives who have already registered in the SLR should contact the SLR Help Desk to reopen their group/clinic registration by sending an e-mail to SLRHelpdesk@acs-inc.com. Please specify "Add Providers" in the subject line and provide the same information specified above. While adding providers group/clinic representatives should be careful to **not** change the group/clinic patient volumes for the 90-day representative period. The group/clinic representative should have included all encounters by all providers practicing in the group/clinic for the 90-day representative period during the initial registration and although providers practicing in a group/clinic outside of this 90-day period can qualify with the group/clinic their encounters should not be included in the patient volume calculation.
- The SLR asks the question whether a group or clinic is composed entirely of pediatricians. Only click "Yes" to this question if all the group providers are pediatricians **and** the group/clinic will only qualify at the 20-29% Medicaid level. If the group will

qualify at the $\geq 30\%$ Medicaid level **do not** check “Yes” to this box. Checking “Yes” unnecessarily will result in all of the group providers needing to upload documentation of their board certification or board eligibility.

- Some groups or clinics may receive the message “Provider information not found” when attempting to enter some providers into their group/clinic. This will usually result when the provider is not listed in DHCS’s Provider Master File (PMF) because they have not established themselves as a billing or rendering provider for Medi-Cal Fee-for-Service. If you know of providers in your group/clinic that are not in the Provider Master File, please encourage them to register with the CMS National Level Registry before attempting to designate them as providers in your group/clinic. After you have registered your group/clinic in the SLR you can reopen your group/clinic to name additional members by contacting the Help Desk, however you will only be able to name providers who have subsequently either registered with the NLR (up to a 3 day process) or have become providers in the DHCS Provider Master File (potentially a several week process). Groups likely will have professionals who are not eligible to apply but are still contributing to the group’s volumes (for example dietitians may contribute to patient encounters but are ineligible for the program). In this scenario, if the NPI of the professional cannot be added in the SLR, group representatives must upload a letter listing the names and NPIs of those providers who cannot be added to their group. This letter can be uploaded in the “Upload Files” section in Step 4: EHR Technology and Group Statement. Please note that providers who *are* eligible for the program should be added to the group via the regular method (by entering their NPI in Step 3 of the SLR and clicking “add”) otherwise the provider will be unable to utilize group volumes when they register.
- If a provider who has been prequalified by DHCS based on their individual Medi-Cal encounters has registered with the SLR before the group/clinic of which they are a potential member has registered, this does not preclude subsequent group registration. DHCS opened the group/clinic portal one month before the EP Portal in an attempt to minimize this issue, however many groups/clinics did not register with the SLR during this time period. Group/clinic representatives entering prequalified providers into their group/clinic should upload a letter with their application listing the prequalified providers’ names and NPIs. The encounters of the prequalified providers should be included in the group/clinic patient volumes for the 90-day representative period. OHIT staff will subsequently contact these providers to confirm that they are willing to change the basis of their eligibility to qualify based on group/clinic patient volumes. If these providers are unwilling to do this the group/clinic administrator will be notified of the need for all providers in the group/clinic to establish eligibility using individual patient volumes. To minimize this possibility, group/clinic representatives should check with any prequalified providers who may have registered with the SLR before establishing the group/clinic in the SLR. DHCS is not able to extend the option to change the eligibility status of providers to groups/clinics having non-prequalified providers who have registered in the SLR before the group and who used group/clinic encounters to establish his/her patient volumes.

- As described above, the group/clinic representative's letter should also contain the names and NPIs of providers who could not be entered into the SLR because they could not be found in the PMF.
- On February 24, 2012 DHCS implemented Express Attestation for group and clinic representatives. Groups that have already registered in the SLR and would like to reenter the SLR in order to print out the express attestation forms should send an e-mail to 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
 - NPI of Group/Clinic
 - E-mail contact information

Groups/Clinics requesting to have their SLR accounts reopened for this purpose will receive an e-mail notification when their accounts have been reopened.

- Until March 31, 2012 groups, clinics, and providers can choose to apply for the 2011 or 2012 payment year. After March 31, 2012 all SLR applications will be for the 2012 payment year and eligibility must be established on the basis of 2011 (not 2010) patient encounter or patient panel data.

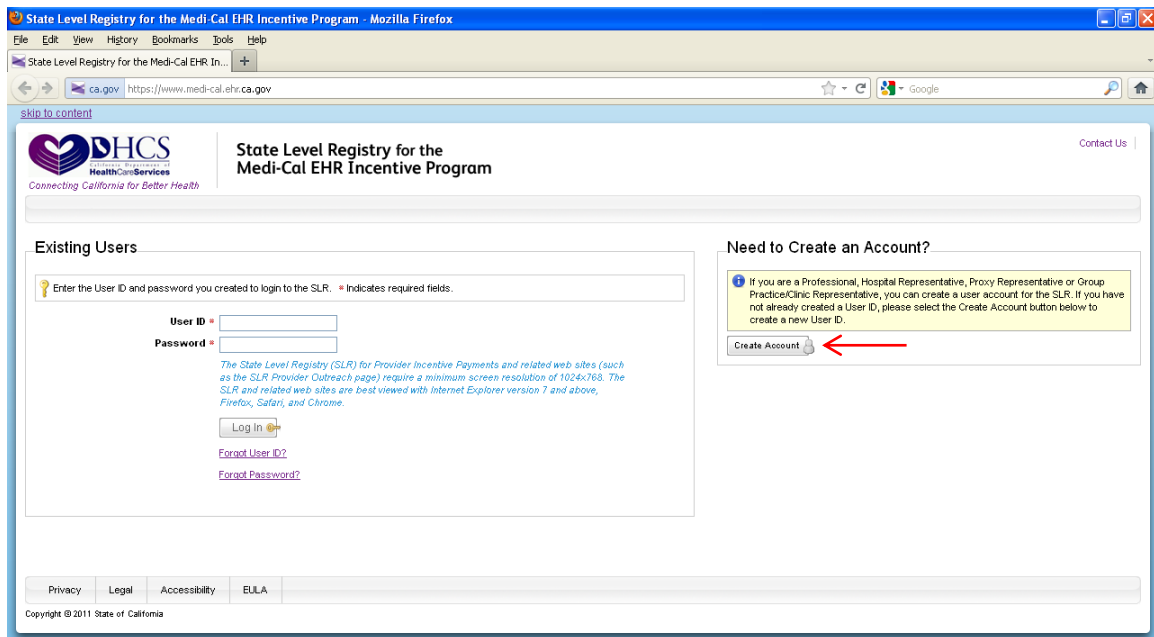
REGISTERING ON THE STATE LEVEL REGISTRY (SLR)

Group representatives must register their group/clinics with the state on the State Level Registry: <https://www.medi-cal.ehr.ca.gov/>

Although providers and hospitals are required to register with CMS on the CMS Registration and Attestation Site (in addition to registering at the State Level Registry), group representatives will only apply in the State Level Registry.

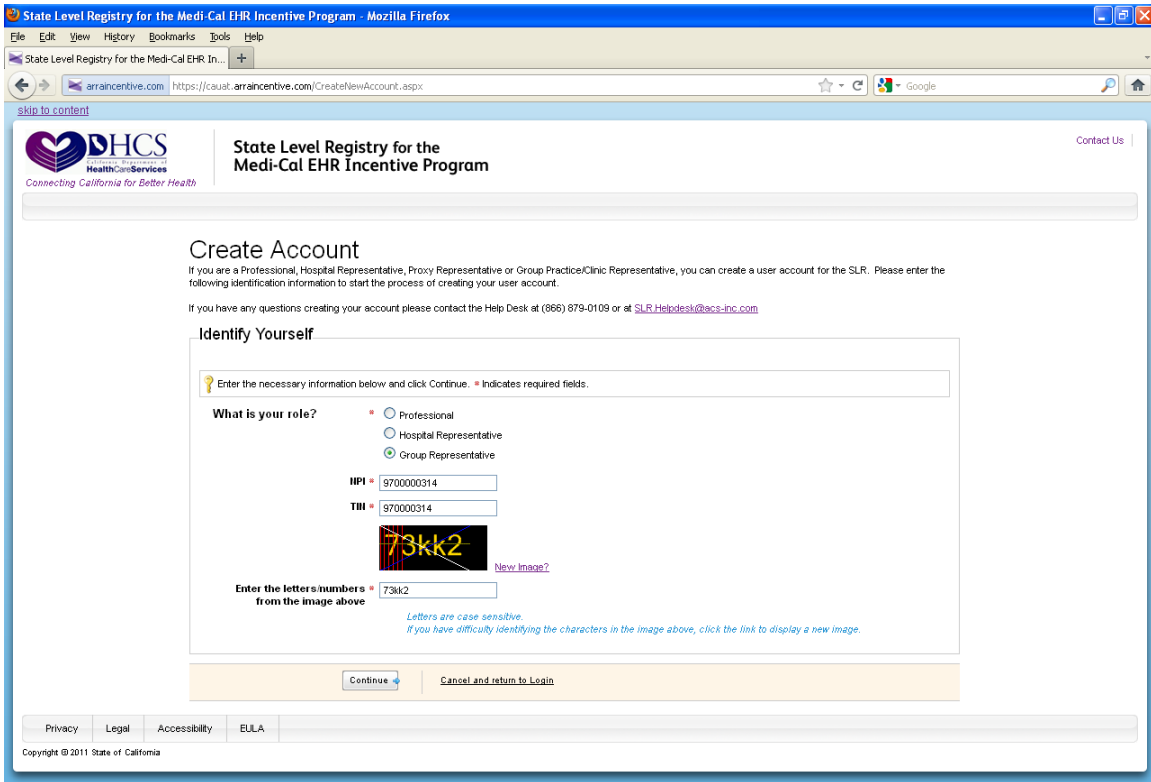
I. Creating an Account

To create an account on the State Level Registry visit <https://www.medi-cal.ehr.ca.gov/> and click on “Create Account.”

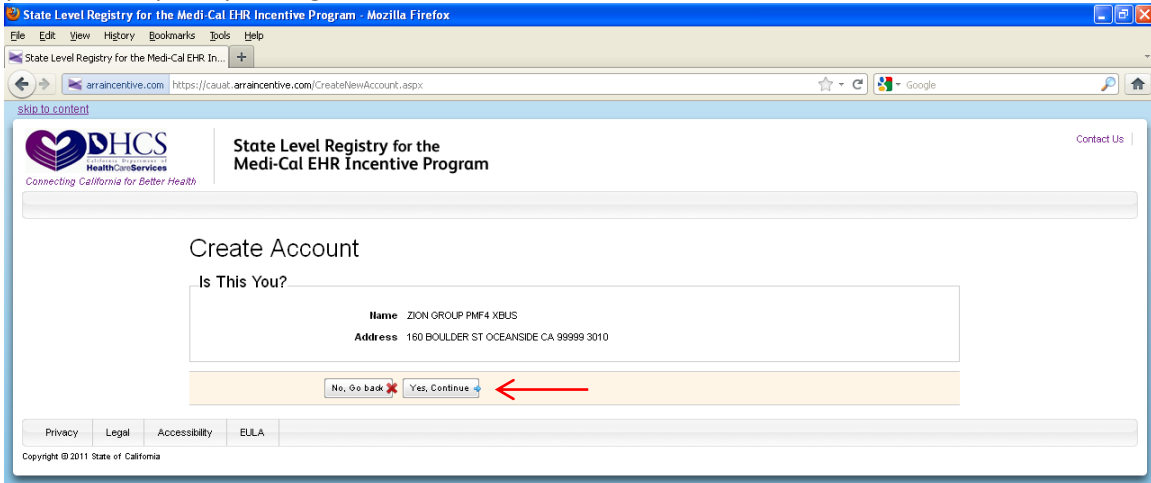


Choose the “Group Representative” role and enter your group/clinic’s NPI and TIN.

Note to Prequalified Clinics Only: If your clinic has been prequalified, ensure that the NPI and TIN you enter is the same NPI and TIN that you provided to DHCS in the prequalification questionnaire.



Upon clicking "Continue," you will be prompted to verify your clinic name and address before you can complete your registration:



The screenshot shows a web browser window with the title "State Level Registry for the Medi-Cal EHR Incentive Program - Mozilla Firefox". The address bar shows the URL "https://causat.ara incentive.com/CreateNewAccount.aspx#". The page header includes the DHCS logo and the text "State Level Registry for the Medi-Cal EHR Incentive Program".

Create Account

Is This You?

Name ZION GROUP PMF4 XBUS
Address 160 BOULDER ST OCEANSIDE CA 99999 3010

Create Login

Enter the necessary information below and click Create Account. * Indicates required fields.

User ID *
Enter 8-20 alphanumeric characters; no spaces, no special characters.

Password *
Password cannot be your login name or a previously used password.
Password must include the following:

- * 8-20 characters
- * 1 upper case letter
- * 1 lower case letter
- * 1 number
- * 1 of the following special characters: @ # !

Confirm Password *

Select a Challenge Question *

Your Answer to the Challenge *
Question

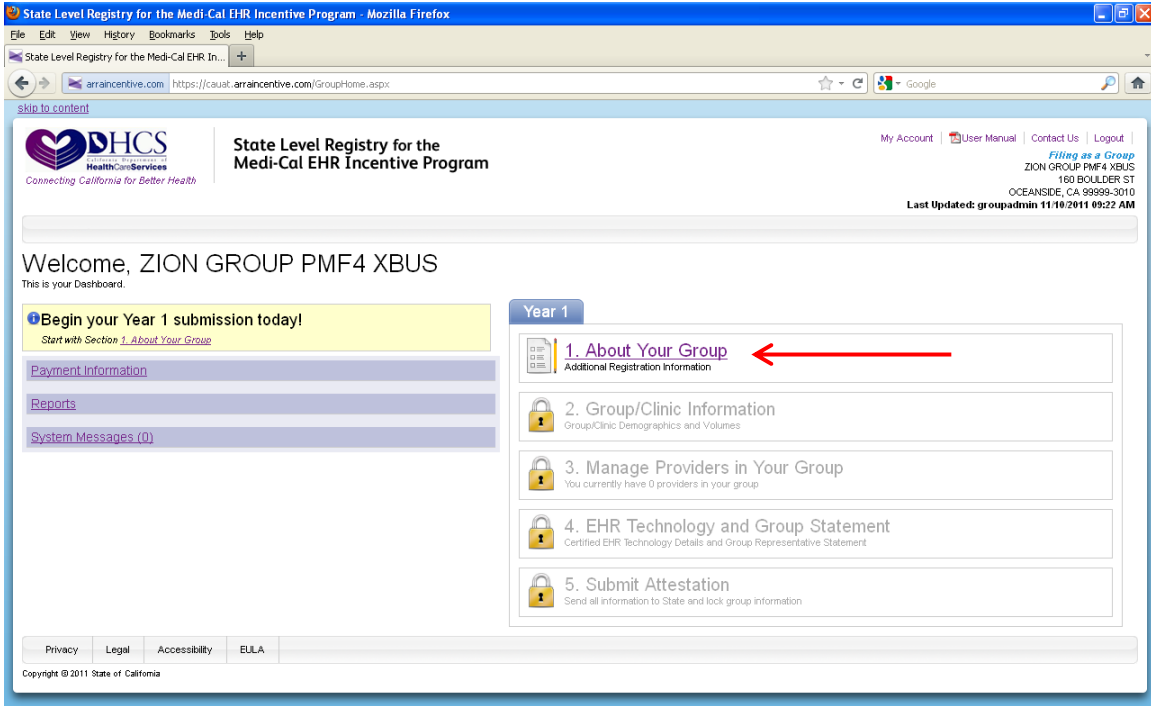
Phone *
9999999999 (no spaces, dashes, parens)

E-mail Address *
name@domain.com

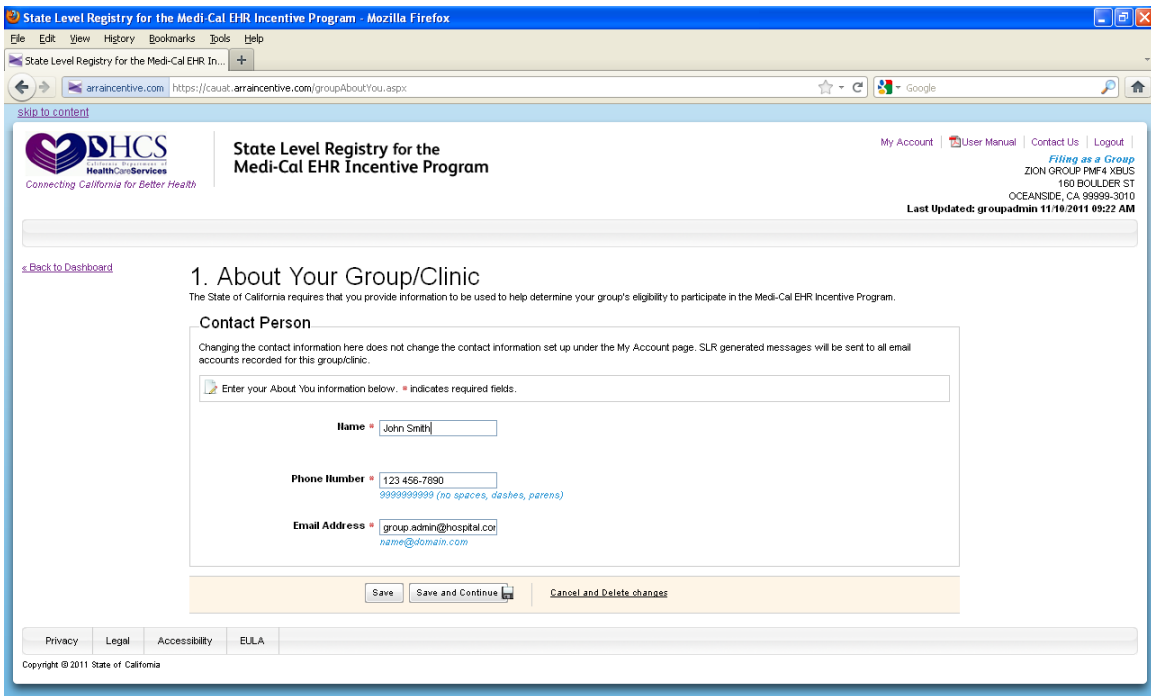
Privacy Legal Accessibility EULA

Copyright © 2011 State of California

II. Step 1: About Your Group



Step 1 in the SLR requires the Group Administrator to enter their contact information which includes name, telephone number, and email address:



III. Step 2: Group/Clinic Information

In order to determine group/clinic eligibility, group representatives will be required to enter aggregate volumes for **all** providers in their group/clinic. In addition, the locations for these volumes will also be required.

Group/clinics must meet 30% Medicaid volumes (groups of pediatricians can qualify with 20%-29% Medicaid volumes). FQHC, RHC, FQHC Look-Alikes, or Indian Tribal Clinics can qualify with Medicaid + Other Needy Individual volumes.

The screenshot shows a web browser window displaying the 'State Level Registry for the Medi-Cal EHR Incentive Program' dashboard. The page header includes the DHCS logo and the text 'State Level Registry for the Medi-Cal EHR Incentive Program'. A navigation menu contains links for 'My Account', 'User Manual', 'Contact Us', and 'Logout'. The main content area features a welcome message: 'Welcome, ZION GROUP PMF4 XBUS. This is your Dashboard.' Below this, there is a yellow box with the instruction 'Continue your Year 1 submission.' and a list of links: 'Payment Information', 'Reports', and 'System Messages (0)'. On the right side, a 'Year 1' tab is active, showing a list of tasks: '1. About Your Group', '2. Group/Clinic Information', '3. Manage Providers in Your Group', '4. EHR Technology and Group Statement', and '5. Submit Attestation'. A red arrow points to the '2. Group/Clinic Information' task. The footer contains links for 'Privacy', 'Legal', 'Accessibility', and 'EULA', along with the copyright notice 'Copyright © 2011 State of California'.

Location Information

Group representatives must enter the NPI and address for each location where volumes are being derived, there is no limit to the number of locations that can be added.

This section addresses the requirement to Adopt, Implement, or Upgrade (AIU) to a certified EHR Technology. By clicking the “Use this location to fulfill A.I.U. (in part or in full)” box, the group representative can indicate that the certified EHR technology has been or will be adopted, implemented, or upgraded at this address.

2. Group/Clinic Information

Please complete the requested information related to your Medi-Cal and/or Medically Needy patient encounters, including volumes for multiple states for the 90-Day Representative Period you have chosen to determine eligibility. This information is used to verify that you meet the criteria established for patient volume thresholds and practicing predominately in an FQHC or RHC.

Group/Clinic Information

Enter your eligibility information below. * indicates required fields.

Location Information

Please enter the address(es) of one or more locations that you would like to use to establish your group/clinic patient volumes. Check the box for each address at which certified electronic health information technology will be adopted, implemented, or upgraded.

Add Location(s)

NPI Enter the NPI for this location.

Street

City **State** **Zip**

Use this location to fulfill A.I.U. (in part, or in full)

Your Group's Location(s)

You must have at least one location in the table below to successfully create your group.

NPI	Address	Fulfill A.I.U.	Action
1234567890	1234 Incentive Ave. Sacramento, CA 12345	✔	✘

Specialty Group Type and Practice

(This section will not display for prequalified clinics)

Selecting a specialty group type and/or practice will determine what formulas are available for you to choose to calculate your group/clinic's eligibility.

- **FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic**
 Checking the FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic box will enable your group to include Other Needy Individual encounters to your Medicaid encounters.
Please note: *This box should only be checked if Other Needy Individual encounters will be used. If you are an FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic and do not need to include Other Needy Individual encounters to qualify, do not check this box.*
- **Pediatric Practice**
 Checking the Pediatric Practice box will enable pediatric groups to qualify with 20%-29% Medicaid volumes for an incentive payment that will be reduced by 1/3. Pediatric groups cannot qualify at the 20%-29% needy level. All providers in the group/clinic will be required to provide proof that they are pediatricians when registering by uploading documentation of board certification or board eligibility with the American Academy of Pediatrics or the American Osteopathic Board of Pediatrics.
Do not check this box if the group will be able to qualify at the 30% Medicaid level.

Specialty Group Type and Practice

The following selections determine the formulas available to calculate your eligibility.

FOHC, RHC, FOHC Look-Alike, or Indian Tribal Clinic ← This box should only be checked if your clinic is an FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic **and** will be including Other Needy Individual encounters in order to qualify.

Check this box if your group/clinic is a Federally Qualified Health Center (FQHC), rural health clinic (RHC), FQHC look-alike or Indian Tribal Clinic (authorized by the Indian Self-Determination and Education Assistance Act (Public Law 93-638)).

*IMPORTANT NOTICE: Only check this box if your clinic is an FQHC/RHC **and** needs to include Other Needy Individual encounters to attain the 30% threshold. Do not check this box if your clinic can attain the 30% threshold based on Medicaid encounters alone.*

Pediatric Practice


Check this box if all providers in the group/clinic are board certified, or board eligible pediatricians.

90-Day Representative Period

(This section will not display for prequalified clinics)

Enter the 90-day Representative Period from which you will be reporting your group/clinic volumes. The 90-day Representative Period must be within the previous calendar year.

90 Day Representative Period

Start Date * 09/01/2010  **End Date *** 11/29/2010

Payment Year * 2011

Enter the start date of a 90-day representative period within the previous calendar year to use to determine your group/clinic eligibility to participate in the Medicaid EHR Incentive Program. The End Date will be automatically calculated as 90 days from the Start Date.

Formula Selection

(This section will not display for prequalified clinics)

Choose the formula that you would like to use to calculate your group/clinic's eligibility.

Formula Selection

These formulae affect how your incentive payment is calculated. Your available formula options are determined by whether your group/clinic predominately practices in an FQHC or RHC.

FOHC/RHC Formula 1B

FOHC/RHC Formula 2B

Formulae:

FQHC/RHC 1B: (Total Medicaid Encounters + Total Other Needy Individuals Encounters) / Total Patient Encounters

FQHC/RHC 2B: (Total Medicaid Patients Assigned to a Panel + Total Patients Assigned to an Other Needy Individuals Patient Panel + Total Medicaid Encounters + Total Other Needy Individuals Encounters) / (Total Patients Assigned to a Panel + Total Patient Encounters)



Patient Volumes

(This section will not display for prequalified clinics)

Enter the aggregate patient volumes for all providers in your group.

Patient Volumes

Please enter your patient volumes in the fields below. Volumes from California are required. If your group/clinic practices in other states and you wish to include these volumes, ...

State	Total Patient Encounters	Total Medicaid Encounters	Total Other Needy Individual Encounters	Action
CA	100	10	20	 

Medicaid Volume Percentage




Formula Used : 1B

0.00 %

You will need to click on the save icon after entering your volumes in order to calculate your volume.

Patient Volumes


Please enter your patient volumes in the fields below. Volumes from California are required. If your group/clinic practices in other states and you wish to include these volumes, ...

State	Total Patient Encounters	Total Medicaid Encounters	Total Other Needy Individual Encounters	Action
CA	100	10	20	 
Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	

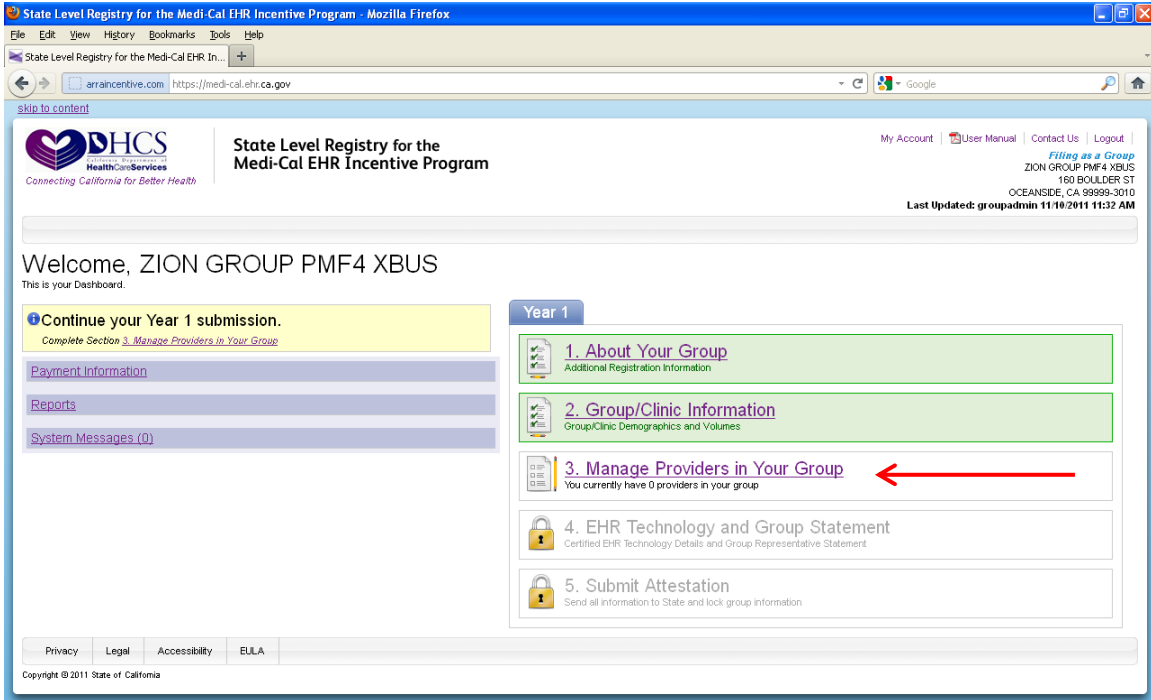
Medicaid Volume Percentage

Formula Used : 1B

30.00 %

 Meets Medicaid Eligibility Requirements? Yes

IV. Step 3: Manage Providers in Your Group



Under Step 3, the group representative will be required to add **all** providers in the group/clinic to the group's SLR account.

Type or paste in the NPIs for all of your group/clinic’s providers (each NPI must be on a separate line). Click “Search” to validate that the state has each provider’s information available.

3. Manage Providers in Your Group/Clinic

You may designate providers for your group or clinic using this screen. You must enter the NPI of the provider and then confirm that it is the correct provider. You may not be able to confirm some providers because they cannot be found in DHCS records. However, those providers can be added to your group later when they come into the SLR and their status as Medi-Cal providers is confirmed. Encounters by all providers in your group must be counted regardless of whether they are confirmed as group members at this point.

Manage Providers in Your Group/Clinic

Locate Provider(s)

Enter NPIs of providers in your Group or Clinic. After each NPI entered press "Enter". When your list is complete, press "Search".

NPI:

 ...

Search Results

The table below displays the providers that have been located in DHCS records. Confirm each as a member of your group/clinic by clicking the add button to the right. Some providers may be listed as "not found." See specific error messages in table below.

Add will appear for records that are undetermined if it is a provider or hospital.

Summary Results: 6 unique NPI(s) entered, 5 found, 1 not found or ineligible, 5 undetermined

NPI	Last Name, First Name	Address	Specialty/Taxonomy	Action
9700000501	Jean, O. Cology PMF1 XLEG	1060 W. Addison , SHINGLETOWN , CA 95001-8801	Physician/Undefined Physician type	Add*
9700000502	MILDRED, RATCHED PMF2 XLEG	3144 Hwy 96 , HAPPY CAMP , CA 95571-8802	Physician/Undefined Physician type	Add*
9700000503	PAUL, E. BUNYAN PMF3 XLEG	333 Hwy 33 , WOODVILLE , CA 98571-8803	Physician/Undefined Physician type	Add*
9700000504	SWEET, E. PIE PMF4 XLEG	4567 Hwy 20 , NICE , CA 95581-8804	Physician/Undefined Physician type	Add*
9700000505	SHANNON, MEDIAN PMF5 XLEG	5050 Hwy 50 , MIDDLETOWN , CA 95050-8805	Physician/Undefined Physician type	Add*
9700000506	Provider information not found			

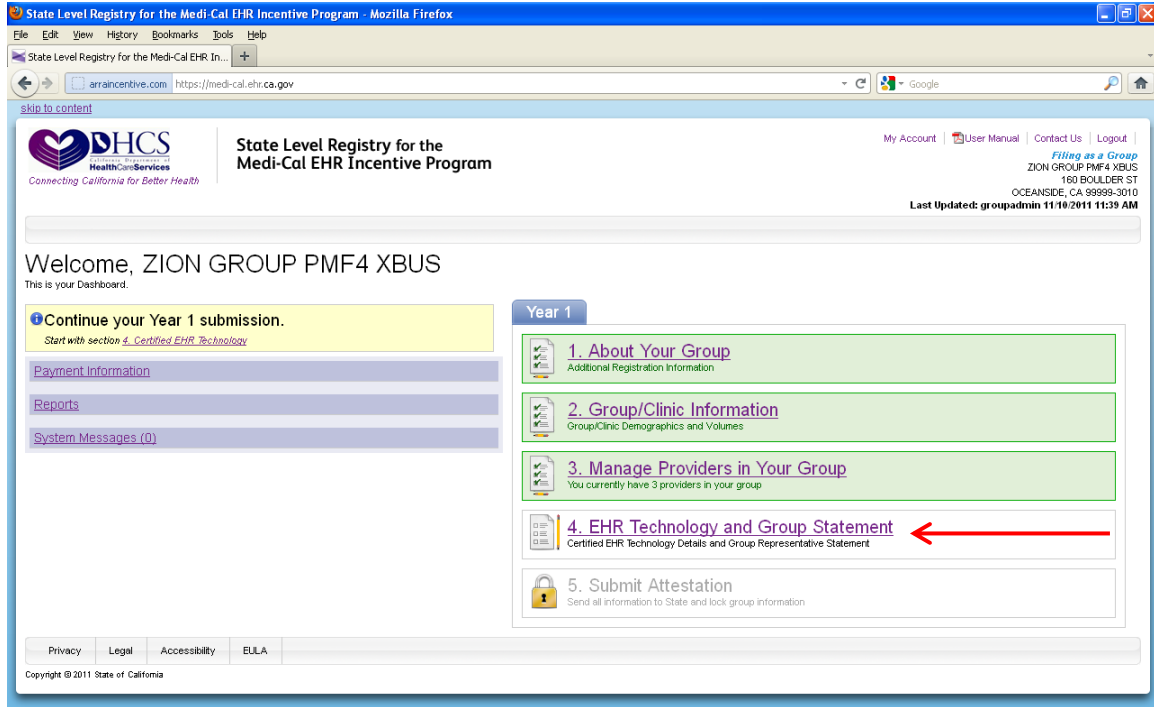
Search results will appear below for each NPI entered. After you have verified the provider(s) information, you can add them to your group by clicking on the icon.

You may discover that some of the NPIs you enter will not be found and will show “Provider information not found” under the search results. If this occurs, you will need to instruct these provider(s) to register on the CMS Registration and Attestation Site (<https://ehrincentives.cms.gov/hitech/login.action>) before you will be able to add them to your group. Please note that it may take up to three days for registration information from the CMS Registration and Attestation Site to be received into the SLR after which you will be able to add the provider(s) to your group.

NOTE: You will be able to edit your group members in the SLR until you “submit” your group application. After you “submit,” your account will be view-only and you will be required to contact the SLR Help Desk at (866) 879-0109 in order to add more providers to your group.

V. Step 4: EHR Technology and Group Statement

As of November 22, 2011 completion of this section will become optional. If your clinic does not desire to provide this information, please wait until November 22nd to apply.



Certified EHR Technology

Group representatives may enter in the group/clinic's CMS EHR Certification ID which can be found on the ONC website (<http://onc-chpl.force.com/ehrcert>).

4. CMS EHR Certification ID

Certified EHR Technology

Group representatives must provide information demonstrating that their EHR technology is certified through the Office of the National Coordinator (ONC). ONC provides a public web service that contains a list of all certified EHR technology, including the name of the product vendor and the product's unique certification ID, and the meaningful use criteria for which the product was certified. The state is required to validate the verification of the Certified EHR information before making any payments.

It is the group representative's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the state. Failure to do so could result in disqualification of professionals associated with the group from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement.

Your Understanding

I understand that it is my responsibility, as the group representative, to ensure that the group's certified EHR technology ID is listed on the [ONC public web service](#) before submitting the Group Representative Statement to the state.

Your EHR Certification Information

CMS EHR Certification ID # 30000001TMKGEAS

Your Certificate ID is valid.

1) Go to the ONC website: <http://onc-chpl.force.com/ehrcert>

2) Search for your product(s) and add each to the shopping cart by clicking "Add to Cart."

3) When you have added all product(s) to your shopping cart, click the "View Cart" link.

4) Click "Get CMS EHR Certification ID."

5) Your CMS EHR Certification ID will be displayed on the screen. This is the number you will need to enter above as part of your attestation.

6) Print the CMS EHR Certification ID page(s), because you will be required to upload the page(s) with your application.

Supporting Documentation

File(s) Attached - (1)

You are required to attach a copy of the CMS EHR Certification ID page from the ONC website.

Additionally, the CMS EHR Certification ID page may be scanned and uploaded to the SLR. An example of this page is as follows:

The screenshot shows a Mozilla Firefox browser window displaying the 'Certified Health IT Product List' website. The page header includes the site logo and 'HealthIT.HHS.Gov'. A blue banner contains the text 'CMS EHR CERTIFICATION ID'. Below this, the user's certification ID is displayed as '30000001TMKQEAS'. A paragraph explains that an eligible professional or hospital must obtain this ID for the EHR Incentive Program. Below the explanation, a section titled 'YOUR CERTIFIED EHR PRODUCT(S)' lists the products used for certification. A table provides details for the product: InfoGard by Medaxis Corporation, product 360EHR, version 2.12, classified as Complete EHR. The table also lists additional software requirements: WinSCP 4.2.9, Java SE 6, and all applicable requirements.

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov

[Return to main search page](#)

CMS EHR CERTIFICATION ID

Your CMS EHR Certification ID is:30000001TMKQEAS

An eligible professional or eligible hospital that chooses to participate in the EHR Incentive Program must obtain a CMS EHR Certification ID. You may submit this CMS EHR Certification ID at the time of registration, but must submit this Certification ID as part of the attestation process for either the Medicare or Medicaid incentive program.

Please return to the [Medicare and Medicaid EHR Incentive Program](#) site and enter this Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.

YOUR CERTIFIED EHR PRODUCT(S)

The following products were used to obtain your CMS EHR Certification ID:

Certifying ATCB	Vendor	Product	Product Version #	Product Classification	Additional Software Required
InfoGard	Medaxis Corporation	360EHR	2.12	Complete EHR	WinSCP 4.2.9 – \$170.302 (N), Java SE 6 – all applicable requirements, Java Web Start 1.6 – all applicable requirements

[ONC HIT Website](#) | [Privacy Policy](#)
Last Modified Date: 11/10/2011
The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

Group Statement & Application Submission

The group representative is required to print, sign, and upload the Group Representative Statement. This statement summarizes the information entered into the SLR and requires the group representative to confirm that the information is true and accurate.

Group Statement

Signed Attestation

Step 1: Print to Sign Attestation

The information you entered in support of your attestation is displayed below. Please carefully review the entire document before signing.

Group Representative Statement

- The name of the group is:
- The TIN of the group is:
- The NPI of the group is:
- The location(s) of the group are:
 - 12345 Sacramento St, Incentive, CA 12345
- The group operates as a unified financial entity and has oversight of clinical quality at all sites.
- The eligible providers listed below were active group practitioners (with at least one Medi-Cal encounter) during the 90-day representative period: mm/dd/yyyy to mm/dd/yyyy.
 - 9700000501 Jean, O. Cology PMF1 XLEG
 - 9700000502 MILDRED, RATCHED PMF2 XLEG
 - 9700000503 PAUL, E. BUNYAN PMF3 XLEG

← *If you do not have a PDF reader, you can download one for free from Adobe at: <http://get.adobe.com/reader>*

Step 2: Scan and Upload Attestation

After you have signed your attestation, please upload a signed copy for submission to the state and click the Save or Save and Continue button below. If you have a problem uploading your document, please contact the help desk at (866) 879-0109 for assistance.

Locate Signed Attestation *

File(s) Attached - (1)

Express Attestation

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.

Express Attestation is optional and was created to simplify the attestation process for group representatives and providers. Should a group representative choose to take advantage of Express Attestation, the Certified EHR Technology information must be entered in Step 4 (for those not taking advantage of Express Attestation, Certified EHR Technology information is an optional entry).

To take advantage of Express Attestation, the group/clinic representative must click the box next to: “Yes, I would like to utilize Express Attestation for my group/clinic providers.”

Important Information

Group/Clinic representatives can choose to print special attestation forms for their group/clinic providers. By signing these forms the provider attests to the accuracy of the information provided by the group/clinic representative and gives the group/clinic representative the authority to enter the provider portal of the SLR on their behalf, enter information, and upload the provider's attestation. Only group/clinic representatives using these special forms are authorized to represent the provider in this way. In order to utilize express attestation the group/clinic representative must have entered information and documentation about the certified EHR that has been adopted, implemented, or upgraded by the group/clinic. Providers who do not desire to sign the express attestation form can still enter the SLR, enter information, and upload their attestation form on their own. For more information about express attestation, [click here](#).

Yes, I would like to utilize express attestation for my group/clinic providers

Important Information

After saving this page, the option to print "Express Attestations" will be available under the Reports section on the left hand margin of the home page.


After completing Step 4, the Group Representative can click "Save," or "Save and Continue" in order to be prompted to submit the application to the state.

5. Submit ✖

Submit Application.

You have completed all required information in your application for the Medi-Cal EHR Incentive Program. If you would like to submit it to the state, click the submit button below. If you have any questions, contact the Help desk at (866) 879-0109 or by email at SLRHelpdesk@acs-inc.com.

After completing registration by clicking "Save" or "Save and Continue," the group representative can go to the homepage and click on "Reports." A PDF document titled "Group Express Attestation" will be available and will contain the Express Attestation forms for all of the providers in the group/clinic.



DHCS
California Department of
Health Care Services
Connecting California for Better Health

**State Level Registry for the
Medi-Cal EHR Incentive Program**

Welcome, Humboldt Health pmf0busines
This is your Dashboard.

Complete your Year 1 submission.
[Complete Section 5: Submit Group/Clinic Statement](#)

- Payment Information
- Reports (2)
 - Group Applications
 - [Group Express Attestation](#)
- System Messages (0)

Year 1

- 1. About Your Gro
Additional Registration Informa
- 2. Group/Clinic Inf
Group/Clinic Demographics an
- 3. Manage Provid
You currently have 3 providers
- 4. EHR Technolog
Certified EHR Technology Det

Those wishing to utilize Express Attestation should read the [Express Attestation](#) document for more information about this process. This document can be found under "Downloadable Resources" at www.medi-cal.ehr.ca.gov.

NEXT STEPS

Once the Group Representative has submitted the group/clinic application, eligible providers in the group/clinic must individually review and attest to the validity of their application in the State Level Registry before payments can be made to them. The State Level Registry will be available for providers in December 2011.

Eligible providers are required to register and create their own accounts on the CMS Registration and Attestation Site and on the State Level Registry before they can review and submit their attestation to the state.

- For more information on groups and clinics, please read “Understanding Groups and Clinics” which can be accessed at:
http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Understanding_Groups_and_Clinics.pdf
- For more information on what constitutes a Medicaid or Needy Individual encounter for eligibility purposes, please read “Understanding Medi-Cal and Needy Individual Encounters” which can be accessed at:
http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Understanding_Medi-Cal_Encounters.pdf