



State Level Registry (SLR) Quick Start Guide

For Hospitals

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Version Number	Date
1.0	10/19/2012
2.0	12/30/2014

Introduction

The State Level Registry (SLR) portal (www.medi-cal.ehr.ca.gov) is available for eligible hospitals to apply to the Medi-Cal EHR Incentive Program. Hospitals can apply for the 2014 payment year from October 1, 2013 through January 15, 2015 and can apply for the 2015 payment year from October 1, 2014 through December 31, 2015 (there is a 3-month period at the beginning of each federal fiscal year where hospitals can register for both the previous or current payment year).

Registration for hospitals is a two-step process.

1. First, hospitals must register with the Centers for Medicare and Medicaid Services (CMS) via the [CMS Registration & Attestation Site](#).
2. Second, hospitals must register with the California Department of Health Care Services via the [State Level Registry \(SLR\)](#).

This quick-start guide will walk you through the State Level Registry registration process.

Step 1:
About You

Step 2:
Eligibility Information

Step 3: AIU or MU

Step 4:
Attestation

Step 5:
Submit

Create an Account

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

Existing Users

Enter the User ID and password you created to login to the SLR. * Indicates required fields.

User ID *

Password *

The State Level Registry (SLR) for Provider Incentive Payments and related web sites (such as the SLR Provider Outreach page) require a minimum screen resolution of 1024x768. The SLR and related web sites are best viewed with Internet Explorer version 7 and above, Firefox, Safari, and Chrome.

Log In

[Forgot User ID?](#)

[Forgot Password?](#)

Need to Create an Account?

If you are a Professional, Hospital Representative, Proxy Representative or Group Practice/Clinic Representative, you can create a user account for the SLR. If you have not already created a User ID, please select the Create Account button below to create a new User ID.

Create Account

Click “Create Account”

Privacy Legal Accessibility EULA

Copyright © 2011 State of California

Choose the “Hospital Representative” role and enter your hospital’s NPI and TIN.

It is important to note that the NPI and TIN entered here must be the same NPI/TIN combination used to register with CMS.

Create Account

If you are a Professional, Hospital Representative, Proxy 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.

If you have any questions creating your account please contact the Help Desk at (866) 879-0109 or at SLRHelpdesk@acs-inc.com.

Identify Yourself

Enter the necessary information below and click Continue.

* Indicates required fields.

What is your role? *

Professional

Hospital Representative

Group/Clinic Representative

Proxy Representative

NPI *

TIN *

71873 [New Image?](#)

Enter the letters/numbers from the * image above

Letters are case sensitive. If you have difficulty identifying the characters in the image above, click the link to display a new image.

Continue Cancel and return to Login

Choose “Hospital Representative”

The NPI/TIN entered here must be the same NPI/TIN used to register with CMS.

► Create an Account

Step 1:
About You

Step 2:
Eligibility
Information

Step 3: AIU
or MU

Step 4:
Attestation

Step 5:
Submit

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

Create Account

Is This You?

Name Fair Care Hospital

Address 1101 Marshall Way Oceanside CA 95667 6533



Create Account

Is This You?

Name Fair Care Hospital

Address 1101 Marshall Way Oceanside CA 95667 6533

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



Create an Account

Step 1:
About You

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Eligibility
Information

Step 3: AIU
or MU

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Attestation

Step 5:
Submit

Dashboard

Upon login you will be directed to the Dashboard where you can navigate each step of the application process. Each step must be completed before the next step is accessible.

The screenshot shows the dashboard for the State Level Registry for the Medi-Cal EHR Incentive Program. The user is logged in as FAIR CARE HOSP PMF1 XBUS. The dashboard includes a navigation menu with links for My Account, User Manual, Contact Us, and Logout. The main content area displays a welcome message and a list of steps for Year 1 2012: 1. About You (Additional Registration Information and CMS Registration & Attestation Site data), 2. Eligibility Information (Hospital Information and Payment Calculation), 3. AIU or Meaningful Use (Information about adoption, implementation, upgrade, or meaningful use of certified EHR technology), 4. Attestation (Review, Print, Sign and Upload SLR Agreement), and 5. Submit (Send and lock all information to State). A yellow banner at the top left prompts the user to begin their Year 1 submission today, and a green banner indicates that data has been received from the CMS Registration & Attestation Site.

Please note that hospitals cannot apply for the current year until their application for the previous year has been reviewed (and subsequently approved or denied) by the state. In the example below, the provider has been approved by the state for Year 1/2011, and is able to apply for Year 2/2012.

The screenshot shows the dashboard for the State Level Registry for the Medi-Cal EHR Incentive Program, now for Year 2 2012. The user is logged in as FAIR CARE HOSP PMF1 XBUS. The dashboard includes a navigation menu with links for My Account, User Manual, Contact Us, and Logout. The main content area displays a welcome message and a list of steps for Year 2 2012: 1. About You (Registration Information and CMS Registration & Attestation Site data), 2. Eligibility Information (Provider Encounter Data), 3. AIU or Meaningful Use (Information about adoption, implementation, upgrade, or meaningful use of certified EHR technology), 4. Attestation (Review, Print, Sign and Upload the SLR Agreement), and 5. Submit (Send information to the state and lock data). A yellow banner at the top left prompts the user to begin their Year 2 submission today, and a green banner indicates that data has been received from the CMS Registration & Attestation Site.

Hospitals can access data from each year that they have participated in the program by clicking on the corresponding tabs on the Dashboard.

A close-up of the dashboard tabs for Year 1 2011 and Year 2 2012. A red arrow points from the Year 2 2012 tab to the '1. About You' step in the main content area, indicating that clicking on the tab allows the user to access data from that year.

Create an
Account

Step 1:
About You

Step 2:
Eligibility
Information

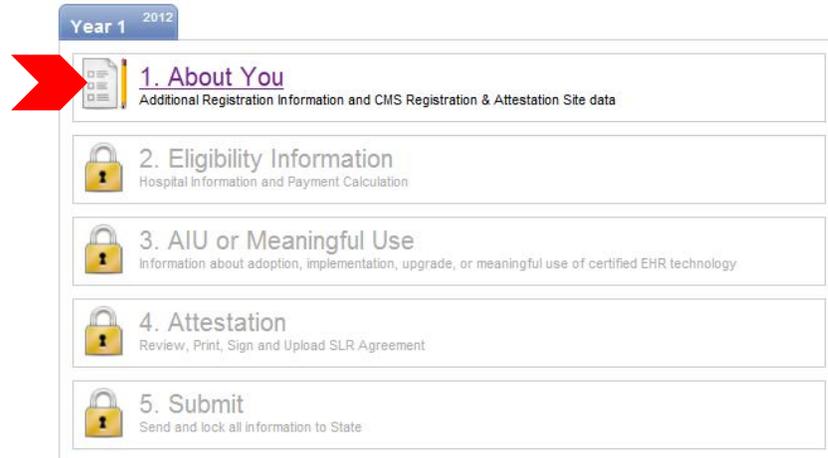
Step 3: AIU
or MU

Step 4:
Attestation

Step 5:
Submit

Step 1: About You

Step 1 in the SLR requires hospitals to enter information for the person that will be the point of contact for the hospital.



Contact Information

Enter the name and contact information for the hospital's contact person on the account:

1. About You

In addition to the registration information you provided on the CMS Registration & Attestation Site, the State of California requires that you provide additional information to be used to help determine your hospital's eligibility to participate in the Medi-Cal EHR Incentive Program.

CMS Registration & Attestation Site Record

✔ Data has been received from the CMS Registration & Attestation Site. [View CMS Data](#)

Contact Person

Changing the contact information here does not change the contact information set up under the My Account page or the contact information received from CMS in the registration process. SLR generated messages will be sent to all email accounts recorded for this hospital.

Enter your contact information below. * Indicates required fields.

Name *

Title

Phone *
999999999 (no spaces, dashes, parens)

Email Address *
name@domain.com

Create an Account

[Step 1:](#)
About You

Step 2:
Eligibility Info

[Step 3:](#) AIU or MU

[Step 4:](#) Attestation

[Step 5:](#) Submit

Step 2: Eligibility Information

Year 1 2012

- 1. About You**
Additional Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Hospital Information and Payment Calculation
- 3. AIU or Meaningful Use**
Information about adoption, implementation, upgrade, or meaningful use of certified EHR technology
- 4. Attestation**
Review, Print, Sign and Upload SLR Agreement
- 5. Submit**
Send and lock all information to State

Step 2 collects information to determine the hospital's eligibility, and to calculate the incentive payment that the hospital will receive. The [Hospital Workbook](#) is a resource that hospital's can use to determine their eligibility and incentive payment amount prior to registering in the SLR.

Hospital Medicaid Volume (Eligibility Calculation)

Hospitals (except children's hospitals) must have at least 9.5% Medicaid discharges in a 90-day period from within the previous federal fiscal year (October 1 – September 30) to qualify for an incentive payment:

2. Eligibility Information - (Hospital Information)

Hospital Medicaid Volume

Enter your Medicaid Volume information below. * Indicates required fields.

90-Day Representative Period

Start Date * 10/01/2011

End Date * 12/29/2011

Choose representative 90-day period within the prior federal fiscal year to use to determine your hospital's eligibility to participate in the program.

Hospital Discharges and ER Encounters for the 90-day Representative Period

Total Discharges * 6,354

Medicaid Discharges * 2,209

You may use any auditable data source. Include both fee-for-service and managed care inpatient discharges, and emergency room (ER) encounters. Indigent care may be included by some hospitals. Nursery discharges should be included.

Does your hospital have Medicaid discharges from other states that you are including to establish eligibility and payment? Yes No

Medicaid Volume 34.77 %

Hospitals (except Children's Hospitals) must have a Medicaid volume \geq 9.5% to be eligible for the Medi-Cal EHR Incentive Program.

Medicaid discharges for representative period / Total discharges for representative period.

Meets Medicaid Eligibility Requirements? Yes

Create an
Account

Step 1:
About You

▶ Step 2:
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or MU

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Average Length of Stay (Eligibility Calculation)

Hospitals (except children's hospitals) must have an average length of stay less than 25 days. This is determined by using data from the most recent continuous 12-month period prior to the payment year for which data is available (this period is also known as the base year).

Average Length Of Stay

 Enter your Hospital Demographics information below. * Indicates required fields.

Enter the year of your most current cost report:

This should be the hospital fiscal year that ends during the federal fiscal year prior to the fiscal year that serves as the payment year.

The data sources listed below should be used for CMS Annual Reports(2552-96 or 2552-10). Other auditable data sources may be used if necessary.

Non-acute beds should be excluded. Nursery and swing bed days should be excluded if the hospital is unable to distinguish between days used to deliver SNF-level care versus inpatient acute-level care.

Total Inpatient Bed Days *

CMS 2552-96: Worksheet S-3 part I, column 6, sum of lines 1,2, 6-10.
CMS 2552-10: Worksheet S-3 part I, column 8, sum of lines 1, 2, 8-12.

Total Discharges *

CMS 2552-96: Worksheet S-3, part I, column 15, line 12.
CMS 2552-10: Worksheet S-3, part I, column 15, line 14.

Average Length of Stay **Day(s)**

Hospitals (except children's hospitals) must have an Average Length of Stay < 25 days to be eligible for the program.

Average Length of Stay is calculated by dividing Total Inpatient Bed Days by Total Discharges.

✔ Meets Medicaid Eligibility Requirements? Yes

Create an
Account

Step 1:
About You

▶ Step 2:
Eligibility
Info

Step 3: AIU
or MU

Step 4:
Attestation

Step 5:
Submit

Additional Hospital Information (Incentive Payment Calculation)

To calculate the incentive payment, hospitals must enter hospital data from the previous four years. This includes the base year and the three years preceding the base year (each year must have 12-months of data).

- **Base Year (Year 1):** The most recent continuous 12-month period prior to the payment year for which data is available.
- **Years 2-4:** The three years of continuous 12-month data preceding the base year.

Additional Hospital Information

Enter your Additional Hospital Demographics information below. * Indicates required fields.

Total Discharges for the last four years

2009 * 2010 * 2011 * 2012 *

*This data is used to calculate your hospital's Average Growth Rate.
CMS 2552-96: Worksheet S-3, part I, column 15, line 12.
CMS 2552-10: Worksheet S-3 part I, column 15, line 14.*

Total Medicaid Inpatient Bed *
Days

*Include fee-for-service and managed care inpatient bed days.
CMS 2552-96: Worksheet S-3 part I, column 5, sum of lines 1, 2, 6-10.
CMS 2552-10: Worksheet S-3 part I, column 7, sum of lines 1, 2, 8-12.*

Special Instructions:

In calculating Total Medicaid Inpatient Bed Days, if managed care bed days have not been reported on the CMS 2552-96 form in Line 2, Column 5, the Medi-Cal managed care bed days reported on the OSHPD Annual Hospital Financial Report should be used instead. Specifically, the amount in Section 4.1, line 5, column 4, of the Patient Census Days table of the OSHPD report may be used. Please upload a copy of the appropriate OSHPD report page with your application if your hospital will be using this data source.

If column 3 of the CMS 2552-96 form has been used to report contractual services, the amounts in this column may be added to the relevant column 5 (Title XIX) amounts to establish Total Medicaid Inpatient Bed Days. If Medicare Title V funding has been used for any bed days reported in column 3, these must be excluded before adding to column 5.

INDIGENT CARE: Designated public hospitals and other hospitals in Alameda, Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura counties may include indigent care encounters if these are partially supported by Safety Net Care Pool funds received by the county under Medi-Cal's 1115 Waiver. Please attach an auditable data source documenting such indigent care, such as the OSHPD Annual Hospital Financial Report Section 4.1. Designated Public Hospitals use DPH Supplemental Workbook.

Total Hospital Charges *

*CMS 2552-96: Worksheet C, part I, column 8, line 101.
CMS 2552-10: Worksheet C part I, column 8, line 200.
LA County-owned Designated Public Hospitals use DPH Supplemental Workbook.*

Total Hospital Charity Care *
Charges

*CMS 2552-96: Worksheet S-10, line 30.
CMS 2552-10: Worksheet S-10, column 3, line 20.*

If charity care data is not available, uncompensated care cost data may be used if "bad debt" is subtracted. If neither charity care data nor uncompensated care cost data are available, please enter "0." Designated Public Hospitals use DPH Supplemental Workbook.

Create an Account

Step 1: About You

Step 2: Eligibility Info

Step 3: AIU or MU

Step 4: Attestation

Step 5: Submit

Supporting Documentation

Hospitals are required to upload copies of the auditable data sources from which their eligibility and payment data was derived:

Additional Documentation

Eligibility Documentation *

Upload Files

File(s) Attached - {1}

You must attach all relevant pages from your hospital's most recent cost report used to determine your hospital's eligibility.

Once all data is entered and Step 2 is saved, you can view your hospital payment calculations by clicking on the "Payment Calculations" link on the left-hand side of the screen:

2. Eligibility Information - (Payment Calculations)

Hospital Payment Calculation

Hospital Aggregate Incentive Payment

Your Hospital's Aggregate Medi-Cal EHR Incentive Payment will be:

Year 1 Payment:	\$1,117,499.27
Year 2 Payment:	\$558,749.64
Year 3 Payment:	\$335,249.78
Year 4 Payment:	\$111,749.93

Calculated Hospital Incentive Payment

Calculation of Medi-Cal Electronic Health Record (EHR) Incentive Program Payment

Average Annual Growth Rate for the Last 3 Years

Reference Year	Next Year	Increase / Decrease	Growth Rate	
2009 to 2010	3,201	3,058	-203	-6.23%
2010 to 2011	3,058	2,972	-86	-2.81%
2011 to 2012	2,972	2,341	-631	-21.23%
Average Annual Growth Rate			-10.09%	

Discharge Related Amount (Using the annual growth rate to project total discharges for years 2-4)

Per Discharge Amount	Total Discharges	Disallowed Discharges	Allowable Discharges	Amount
2012	200	2,341	1,149	\$239,800.00
2013	200	2,100	1,149	\$191,160.38
2014	200	1,892	1,149	\$149,667.06
2015	200	1,701	1,149	\$110,499.13
Total Discharge Related Amount				\$690,126.57

You can also view payment information by clicking on the "Provider SLR Application Information" link on the home page:

Fair Care Hospital

CCN: 750091
 HR: 830000871
 TIN: 830000871
 Attestation Submitted: 10/25/2012 11:22:11 AM

Contact Person: John Smith, CFO, Phone: 950 887-5309, Email: nicole.buenaventura@dhs.ca.gov

Aggregate EHR Payment: \$1,117,499.27
 Year 1 Payment: \$558,749.64
 Year 2 Payment: \$335,249.78
 Year 3 Payment: \$111,749.93
 Year 4 Payment: \$111,749.93

90 Day Representative Period

Reporting Period Start Date: 10/01/2010
 Reporting Period End Date: 9/29/2010

Hospital Discharges

Total Discharges: 6354
 Medicaid Discharges: 2209
 Medicaid from Other States: No
 Medicaid Volume: 34.77%
 Current Cost Report Year: 2012
 Total Inpatient Bed Days: 7622
 Total Discharges: 2341
 Average Length of Stay: 3.34 Days

Total Discharges for the Last Four Years

2009:	2061
2010:	3058
2011:	2972
2012:	2341

Total Medicaid Inpatient Bed Days

1594

Total Hospital Charges

\$202,395,446

Total Hospital Charity Care Charges

\$0

Average Annual Growth Rate for the Last 3 Years

Reference Year	Next Year	Increase/Decrease	Growth Rate	
2009 to 2010	3261	3058	(203)	-6.23%
2010 to 2011	3058	2972	(86)	-2.81%
2011 to 2012	2972	2341	(631)	-21.23%
Average Annual Growth Rate			-10.09%	

Discharge Related Amount

Per Discharge Amount	Total Discharges	Disallowed Discharges	Allowable Discharges	Amount
2012	200	2,341	1,149	\$239,800.00
2013	200	2,100	1,149	\$191,160.38
2014	200	1,892	1,149	\$149,667.06
2015	200	1,701	1,149	\$110,499.13
Total Discharge Related Amount				\$690,126.57

Initial Amount for Four Years

	2012	2013	2014	2015
Base Amount	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Discharge Related Amount	\$239,800.00	\$191,160.38	\$149,667.06	\$110,499.13
Initial Amount	\$2,239,800.00	\$2,191,160.38	\$2,149,667.06	\$2,110,499.13

Overall EHR Amount

	2012	2013	2014	2015
Transition Factor	1.00	0.75	0.50	0.25
Overall EHR Amount	\$2,239,800.00	\$1,643,370.29	\$1,074,343.53	\$527,624.78
Total EHR Amount for Four Years	\$5,485,138.99			

Provider SLR Application Information

4. Attestation
 Review, Print, Sign and Upload SLR Agreement

Create an
Account

Step 1:
About You

Step 2:
Eligibility
Info

▶ **Step 3:**
AIU or MU

Step 4:
Attestation

Step 5:
Submit

Step 3: AIU or Meaningful Use (MU)

Dually-Eligible Hospitals

Before applying in the SLR to the Medi-Cal EHR Incentive Program, dually-eligible hospitals must first attest to Meaningful Use with CMS (<https://ehrincentives.cms.gov/hitech>) under the Medicare EHR Incentive Program ***for the same program year**. Once attestation with CMS is complete, the hospital will automatically have fulfilled requirements for Meaningful Use for the Medi-Cal EHR Incentive Program for that program year and will be able to complete an attestation in the SLR (but will not be required to enter MU data in the SLR).

- If the state has already been notified of the Medicare attestation by CMS, the dually-eligible hospital will be able to complete an attestation in the SLR.
- If the state has not yet been notified of the Medicare attestation by CMS, the dually-eligible hospital will be unable to complete an attestation in the SLR. NOTE: It may take up to three business days for the SLR to receive the hospital's attestation data from CMS.

*Note: This does not apply to Medicaid-only hospitals. Medicaid-only hospitals will be required to enter their MU data in the SLR and will NOT attest with CMS.

AIU or Meaningful Use Data

Hospitals in their first year of participation can choose to qualify in one of two ways:

- 1) Showing that they have **Adopted, Implemented, or Upgraded (AIU)** to a certified EHR technology (requires providers to have a legally or financially binding commitment to adopt, implement, or upgrade to a certified EHR technology),
or
- 2) Showing that they are **Meaningful Users (MU)** of a certified EHR technology (requires providers to report on attainment of MU objectives)

Create an Account

Step 1:
About You

Step 2:
Eligibility Info

▶ Step 3:
AIU or MU

Step 4:
Attestation

Step 5:
Submit

The screenshot displays the 'State Level Registry for the Medi-Cal EHR Incentive Program' interface. At the top left is the DHCS logo with the tagline 'Connecting California for Better Health'. The main title is 'State Level Registry for the Medi-Cal EHR Incentive Program'. On the top right, there are links for 'My Account', 'User Manual', 'Contact Us', and 'Logout', along with the text 'Filing as Eligible Hospital' and 'FAIR CARE HOSP PIM1 XBUS'. Below this, the address '175 CARNIVAL WAY, SACRAMENTO, CA 95899-8755' and the last update time 'Last Updated: faircare871 10/24/2012 08:50 AM' are shown. A navigation bar contains icons for 'About You', 'Eligibility Information', 'AIU or Meaningful Use', 'Attestation', and 'Submit', with 'Program Year 1' indicated. The main heading is '3. AIU or Meaningful Use'. Two buttons are presented: 'Attest to Adopt, Implement, Upgrade' and 'Attest to Meaningful Use'. Below the first button, it says 'Select this option to attest to your Adoption, Implementation or Upgrade of certified EHR technology.' Below the second button, it says 'Select this option to attest to demonstrating Meaningful Use of certified EHR technology.' A red callout box on the right contains the text: 'AIU is only an option to providers in their 1st participation year.' At the bottom, there are links for 'Privacy', 'Legal', 'Accessibility', and 'EULA', and a copyright notice: 'Copyright © 2011 State of California'.

Hospitals in their second year of participation and beyond must fulfill meaningful use in order to qualify for incentive payments. These hospitals will not have the option of selecting AIU and will automatically be directed to enter Meaningful Use (MU) data in Step 3.

Create an Account

[Step 1:](#)
About You

[Step 2:](#)
Eligibility Info

**▶ [Step 3:](#)
AIU or MU**

[Step 4:](#)
Attestation

[Step 5:](#)
Submit

Adopt, Implement, Upgrade (AIU)

Note: This option is only available to hospitals in their first year of participation.

Designate whether you will be fulfilling the adopt, implement, or upgrade criteria in year 1 of the program by selecting Adopt, Implement, or Upgrade from the drop-down menu.

You will be required to provide at least one document (such as a contract, lease, or license) demonstrating a binding legal or financial commitment to adopt, implement, or upgrade CMS certified EHR technology. This documentation must be signed by September 30 of the year for which you are requesting incentive payments (for example: if you are applying for the 2013 payment year your legally/financially binding documentation must have been executed/signed by September 30, 2013). You may:

1. Upload the entire document(s), or
2. Upload completed, signed copies of the Provider AIU Documentation Form and the Vendor AIU Documentation Form found [here](#) and copies of the *relevant pages* from the contract, lease, license or other document(s) demonstrating a binding legal or financial commitment.

Note: Both the provider and vendor documentation forms may be uploaded even if you are providing complete, unredacted copies of documentation. Their use may expedite DHCS review of your application. Modular EHRs must have documentation uploaded for all modules. Documents exceeding 10MB in size should be uploaded in segments.



DHCS
Department of Health Care Services
Connecting California for Better Health

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

[My Account](#) | [User Manual](#) | [Contact Us](#) | [Logout](#)

Filing as Eligible Hospital
FAIR CARE HOSP PMF1 XBUS
175 CARNIVAL WAY
SACRAMENTO, CA 95899-8755
Last Updated: faircare871 10/24/2012 08:50 AM

[Home](#) | [About You](#) | [Eligibility Information](#) | [AIU or Meaningful Use](#) | [Attestation](#) | [Submit](#)

Program Year 1

Adopt, Implement, Upgrade
CMS EHR Certification ID

3. Certified EHR Technology

Adopt, Implement, Upgrade

Choose a Method (Adopt, Implement, or Upgrade) to declare your attestation for participation of program Year 1 submission. You may enter a brief description and attach any document that shows how you have met Adopt, Implement, or Upgrade.

Enter your criteria information below. * Indicates required fields.

Method * Adopt

Acquire, purchase, or have access to certified EHR technology. Evidence of a binding legal and/or financial commitment to adopt a CMS certified EHR Technology is required to demonstrate adoption.

You may describe briefly how you meet the Adoption of EHR Technology.

Attach Adoption Document * Upload Files [more info...](#)

File(s) Attached - (0)
Documentation that supports your attestation of Adopt, Implement or Upgrade must be attached before you can proceed to the next step.

Save
Save and Continue
Cancel and Delete Changes

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

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Create an Account

Step 1: About You

Step 2: Eligibility Info

Step 3: AIU or MU

Step 4: Attestation

Step 5: Submit

Certified EHR Technology

Enter the CMS EHR Certification ID that corresponds to your certified EHR technology.

3. CMS EHR Certification ID

Certified EHR Technology

Hospital 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 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 payment to the hospital.

It is the representative's responsibility to ensure that the 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 the hospital from receiving payment. To proceed, please indicate your understanding of this responsibility by agreeing to the following statement.

Your Understanding

Enter your Certified EHR Technology information below. * indicates required fields.

* I understand that it is my responsibility, as the representative of the hospital, to ensure that the certified EHR technology ID is listed on the [ONC public web service](#) before submitting my attestation to the State.

Your EHR Certification Information

CMS EHR Certification ID * 30000001TMKQEAS

- 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 *

Upload Files

File(s) Attached - {1}

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

Save Save And Continue Cancel and Delete Changes

Enter your CMS EHR Certification ID

Upload the CMS EHR Certification ID page

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology

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 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 app registration or attestation screen.

YOUR CERTIFIED EHR PRODUCT(S)

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

Certifying ATCE	Vendor	Product	Product Version #	Product Classification	Additional Software Required
InfoGard	Medialis Corporation	360EHR	2.12	Complete EHR	WinSCP 4.2.9 - \$178.302 (N), Java SE 6 - all applicable requirements, Java - all applicable requirements

[ONC HIT Website](#) | [Privacy Policy](#)
Last Modified Date: 11/16/2011
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.

To find your CMS EHR Certification ID:

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

Create an Account

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▶ [Step 3:](#)
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Meaningful Use (MU)

In order to receive incentive payments in years 2-6 of the program, hospitals are required to show that they are meaningful users (MU) of certified EHR technology (hospitals in year 1 of the program have the option of attesting to MU or AIU).

Beginning in 2014, hospitals who have attested to two years of Stage 1 Meaningful Use will attest to Stage 2 Meaningful Use. This guide will focus on Stage 1 Meaningful Use.

Hospital Meaningful Use Requirements		
	Stage 1	Stage 2
Core Objectives	Complete all 11	Complete all 16
Menu Objectives	Complete 5 of 10	Complete 3 of 6
CQMs	Complete 16 of 29	Complete 16 of 29



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

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 Last Updated: nicolebuena802 12/30/2014 09:05 AM

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AIU or Meaningful Use

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Program Year **1**

Meaningful Use Stage 1

- MU Reporting Period
- EHR Certification
- ▼ Core Objectives
 - CPOE
 - Drug-Drug/Drug-Allergy
 - Problem List
 - Medication List
 - Medication Allergy List
 - Record Demographics
 - Vital Signs
 - Smoking Status
 - Clinical Decision Support
 - Patient Electronic Access
 - Protect Health Information
- Menu Objectives
- CQMs
- Detailed Summary Report

✔ Completed

✘ Failed

🔄 In Progress

⚠ Notice (open item for details)

Meaningful Use Stage 1

Hospitals may receive incentive payments by reporting information demonstrating their meaningful use of certified EHR technology. Hospitals can skip reporting in some years until 2016, after which reporting must be in consecutive years in order to continue in the program.



Meaningful Use Checklist

[View Summary Report](#)

In order to demonstrate meaningful use all of the sections below must be successfully completed. Successful completion is denoted by a green checkmark. Clicking on any of the sections below will take you to that section.

- [MU Reporting Period](#)
- [EHR Certification](#)
- [Core Objectives](#)
- [Menu Objectives](#)
- [CQMs](#)

Privacy

Legal

Accessibility

EULA

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The left-hand navigation menu will guide you through each MU requirement. Choosing “Save & Continue” on each screen will bring you to the next item in the navigation menu. Alternately, you may skip around by clicking items in the navigation menu.

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The following icons will help guide you in your workflow:

	Passed MU Requirement
	Failed MU Requirement
	Notice (open item for specific notice details)
	In Progress

Note: Hospitals will not be able to submit an attestation unless all MU requirements have been met. Items that are in “in progress” or “failed” status will prohibit the hospital from completing an attestation.

At any point in the process, you can click on the “Detailed Summary Report” link at the bottom of the navigation menu to access a PDF report that shows your entries for each section.

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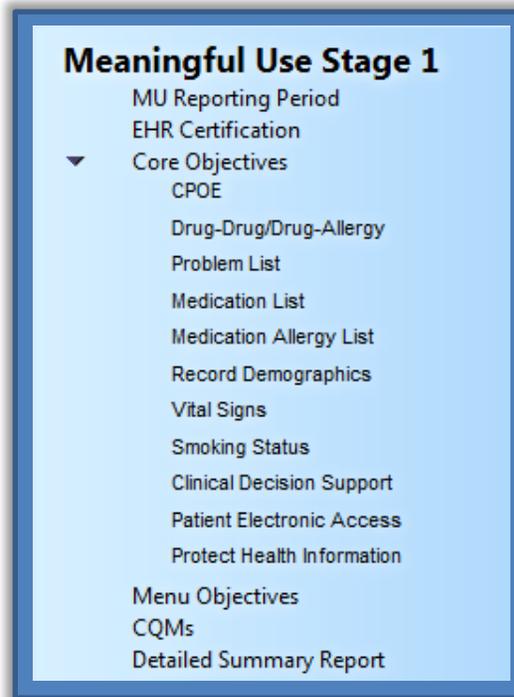
▶ [Step 3:](#)
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Submit

Stage 1 MU Requirements

In order to demonstrate meaningful use, all of the sections below must be successfully completed.



MU Section	Requirement
MU Reporting Period	Choose a 90-day meaningful use reporting period from within the current federal fiscal year
EHR Certification	Enter the CMS EHR Certification ID for the EHR technology that you are using to fulfill MU
Core Objectives	Complete all 11
Menu Objectives	Complete 5 of 10 measures. One selection must be a Public Health Measure.
Clinical Quality Measures (CQMs)	Complete 16 of 29 from at least 3 of the 6 National Quality Strategy Domains.

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MU Reporting Period

Hospitals in their first year demonstrating MU must choose a 90-day MU Reporting Period from within the current federal fiscal year. Hospitals in their 2nd year and beyond of demonstrating MU will have a one-year MU Reporting Period (except for 2014, when the MU Reporting Period will be 90 days).

*Note: The MU reporting period differs from the 90-day representative period selected to meet the 30% Medicaid volume threshold. The 90-day representative period always occurs in the **previous** federal fiscal year and is always 90 days. The MU reporting period always occurs in the **current** federal fiscal year and after the first year of MU changes from 90-days to an entire year.*

	MU Reporting Period	Representative Period
1st year MU	Any 90-days in current federal fiscal year	90-days in previous federal fiscal year
2+ year MU	Entire current federal fiscal year	

90-Day Reporting Period

Start Date  End Date 

Enter the start date of a 90-day meaningful use reporting period. The end date will be automatically calculated 90 days from the start date. The reporting period must begin and end in the federal fiscal year for which you are applying for meaningful use incentive payments. For example, if your hospital is applying for payments in the 2011 federal fiscal year, the meaningful use reporting period must begin on or after October 1, 2011 and end on or by September 30, 2012.

Enter your MU Reporting Period. This is 90-days for your first year of MU, and an entire year for years 2+

Hospitals are required to meet the following requirements during the 90-day reporting period in order to be eligible to attest to meaningful use.

Emergency Department (ED) Admissions

A hospital must choose one of the two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. The method that you will select will be used for all Meaningful Use Core and Menu Measures. Click [here](#) for more information.

- Observation Services Method
- All ED Visits Method

I agree with the following statements:

- The information submitted for clinical quality measures (CQMs) was generated as an output from the provider's certified EHR technology.
- The information submitted is accurate to the knowledge and belief of the provider or the person submitting on behalf of the hospital.
- The information submitted is accurate and complete for numerators, denominators, exclusions, and measures applicable to the hospital.
- The information submitted for each measure includes information on all applicable patients.

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EHR Certification

Enter the CMS EHR Certification ID for the certified technology used to demonstrate MU.

Meaningful Use

CMS EHR Certification ID

Hospital 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 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 payment to the professional.

It is the representative's responsibility to ensure that the 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 the hospital from receiving payment.

Your EHR Certification Information

CMS EHR Certification ID *

- Go to the ONC website: <http://onc-chpl.force.com/ehrcert>
- Search for your product(s) and add each to the shopping cart by clicking "Add to Cart."
- When you have added all product(s) to your shopping cart, click the "View Cart" link.
- Click "Get CMS EHR Certification ID."
- 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.
- Print the CMS EHR Certification ID page(s), because you will be required to upload the page(s) with your application.

NOTE: ONC does not allow you to mix Inpatient products and Ambulatory products together to represent a complete EHR solution. Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID" in step 4.

Attachments

Supporting Documentation:
Please provide your supporting documentation.

File(s) Attached - {1}

[Upload Files](#)

Enter your CMS EHR Certification ID

Upload the CMS EHR Certification ID page

To find your CMS EHR Certification ID:

- 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."
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Core Objectives

Hospitals must complete and pass all 11 Core Objectives to successfully demonstrate meaningful use and be eligible for an incentive payment.

Passed measures are denoted by a green checkmark: 

Failed measures are denoted by a red "x":  and will result in a hospital not successfully demonstrating meaningful use and being ineligible for an incentive payment.

Meaningful Use Stage 1

- MU Reporting Period
- EHR Certification
 - Core Objectives
 - CPOE
 - Drug-Drug/Drug-Allergy Problem List
 - Medication List
 - Medication Allergy List
 - Record Demographics
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 - Patient Electronic Access
 - Protect Health Information



State Level Registry for the Medi-Cal EHR Incentive Program

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Program Year 1

Meaningful Use Stage 1

- MU Reporting Period
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- Menu Objectives
- CQMs
- Detailed Summary Report

 Completed

 Failed

 In Progress

 Notice (open item for details)

Questionnaire 1 of 11

Meaningful Use Stage 1 Core Objectives

CPOE

Objective:
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines.

Measure:

- More than 30% of all unique patients with at least one medication in their medication list admitted to the hospital's inpatient or emergency department have at least one medication order entered using CPOE.
- More than 30% of the medication orders created by authorized providers of the hospital for patients admitted to the inpatient or emergency departments during the MU reporting period are recorded using CPOE.

Attachments

You may upload documentation supporting the information you have entered on this page. Do not upload documentation containing protected health information (PHI) under HIPAA.

File(s) Attached - (0) [Upload Files](#)

Press Save and Continue to continue.

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Menu Objectives

Hospitals must report on 5 out of 6 menu objectives. At least one of the five menu objectives must be a Public Health Objective. Objectives for which your hospital is eligible for exclusions do not count toward this requirement.

Once the measures are chosen, they will appear on the left-hand navigation menu.

Meaningful Use Stage 1

- ✓ MU Reporting Period
- ✓ EHR Certification
- ▼ ✓ Core Objectives
 - ✓ CPOE
 - ✓ Drug-Drug/Drug-Allergy
 - ✓ Problem List
 - ✓ Medication List
 - ✓ Medication Allergy List
 - ✓ Record Demographics
 - ✓ Vital Signs
 - ✓ Smoking Status
 - ✓ Clinical Decision Support
 - ✓ Patient Electronic Access
 - ✓ Protect Health Information
- ▼ **Menu Objectives**
 - Immunization Registries
 - Public Health Reporting
 - Drug Formulary Checks
 - Patient Lists
 - Advance Directives
- CQMs
- Detailed Summary Report

Meaningful Use Stage 1

Menu Objectives

Hospitals must report on 5 of 10 meaningful use menu objectives. Objectives for which your hospital is eligible for exclusions do not count toward this requirement. Please select 5 objectives below for reporting (including at least 1 public health objective). If your hospital requests an exclusion for any of these you will be required to select additional objectives until reporting on the required number of 5 has been achieved.

Selected: 5

Public Health Objectives
Your hospital must select and pass at least one of the public health objectives below. Exclusions do not count toward passing these objectives.

Selected: 2

- ▶ Immunization Registries
- ▶ Public Health Reporting
- ▶ Syndromic Surveillance

Additional Menu Objectives
Your hospital must select and pass additional menu objectives until a total of 5 menu objectives (including public health objectives) have been selected and passed. Exclusions do not count toward passing these objectives.

Selected: 3

- ▶ Drug Formulary Checks
- ▶ Patient Lists
- ▶ Advance Directives
- ▶ Clinical Lab Test Results
- ▶ Patient Education Resources
- ▶ Medication Reconciliation
- ▶ Summary of Care Record

Press Save and Continue to continue.

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Clinical Quality Measures (CQMs)

Hospitals must complete a minimum 16 of 29 CQMs. The CQMs are categorized between 6 National Quality Strategy Domains, and the hospital must select CQMs from at least 3 of the 6 domains.

NOTE: Hospitals either must report on 16 CQMs without case threshold exemptions, or the total number of CQMs reported plus case threshold exemptions claimed must equal 29.

Meaningful Use Stage 1

- ✓ MU Reporting Period
- ✓ EHR Certification
- ▼ ✓ Core Objectives
 - ✓ CPOE
 - ✓ Drug-Drug/Drug-Allergy
 - ✓ Problem List
 - ✓ Medication List
 - ✓ Medication Allergy List
 - ✓ Record Demographics
 - ✓ Vital Signs
 - ✓ Smoking Status
 - ✓ Clinical Decision Support
 - ✓ Patient Electronic Access
 - ✓ Protect Health Information
- ▼ ✓ Menu Objectives
 - ✓ Immunization Registries
 - ✓ Public Health Reporting
 - ✓ Drug Formulary Checks
 - ✓ Patient Lists
- ▼ ✓ Advance Directives
- ▼ **CQMs**
 - ✓ CMS 55
 - ✓ CMS 111
 - ✓ **CMS 107**
 - CMS 108
 - CMS 190
 - CMS 114
 - CMS 102
 - CMS 32
 - CMS 188
 - CMS 172
 - CMS 104
 - CMS 71
 - CMS 91
 - CMS 72
 - CMS 105
 - CMS 73

Meaningful Use Stage 1

CQMs

CMS 107

Title:
Stroke Education

Description:
Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

Responses are required for the clinical quality measures displayed on this page.

Exemption
Hospitals with 5 or fewer discharges (if subject to a 90-day MU reporting period), or 20 or fewer discharges (if subject to a full fiscal year MU reporting period) as defined by the CQMs denominator population would be exempted from reporting on the CQM.

* Does this exemption apply to your hospital?

YES, the hospital had 5 or fewer discharges in the denominator.
 NO, the hospital had more than 5 discharges in the denominator.

Complete the following information:

Numerator =
Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following:

1. Activation of emergency medical system
2. Need for follow-up after discharge
3. Medications prescribed at discharge
4. Risk factors for stroke
5. Warning signs and symptoms of stroke.

Denominator =
Ischemic stroke or hemorrhagic stroke patients discharged to home.

*Numerator:
 *Denominator:
 *Exclusion:

*Performance Rate:

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MU Checklist and Summary

At any point during the process, you can click on the “Detailed Summary Report” link at the bottom of the navigation menu to access a PDF report that shows your entries for each section.

Once all MU data is complete and all items are passed (as denoted by ) , you will be able to proceed to Step 4: Attestation. You will not be able to proceed if any MU items have been failed (as denoted by ) as this indicates that you have not met MU requirements.

Meaningful Use Stage 1

- MU Reporting Period
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 - CMS 111
 - CMS 107
 - CMS 108
 - CMS 190
 - CMS 114
 - CMS 102
 - CMS 32
 - CMS 188
 - CMS 172
 - CMS 104
 - CMS 71
 - CMS 91
 - CMS 72
 - CMS 105
 - CMS 73

[Detailed Summary Report](#)

Meaningful Use Stage 1

Hospitals may receive incentive payments by reporting information demonstrating their meaningful use of certified EHR technology. Hospitals can skip reporting in some years until 2016, after which reporting must be in consecutive years in order to continue in the program.

[View Summary Report](#)

Meaningful Use Checklist

In order to demonstrate meaningful use all of the sections below must be successfully completed. Successful completion is denoted by a green checkmark. Clicking on any of the sections below will take you to that section.

- [MU Reporting Period](#)
- [EHR Certification](#)
- [Core Objectives](#)
- [Menu Objectives](#)
- [CQMs](#)

✔ Congratulations!

You have successfully completed the requirements for Meaningful Use. You may continue to the next step.

Once all checklist items are passed (as denoted by the green checkmarks), you can proceed to Step 4: Attestation

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Step 4: Attestation

Year 1 2012

- 1. About You**
Additional Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Hospital Information and Payment Calculation
- 3. AIU or Meaningful Use**
Information about adoption, implementation, upgrade, or meaningful use of certified EHR technology
- 4. Attestation**
Review, Print, Sign and Upload SLR Agreement
- 5. Submit**
Send and lock all information to State

Hospitals will be required to print, physically sign, and upload their Hospital Attestation. The attestation must be signed by an individual that is legally empowered to represent the hospital.

4. Attestation

Review and attach your signed attestation below. * Indicates required fields.

Step 1: Print to Sign Attestation
Please carefully review the information you entered in support of your attestation and sign.

Print and Sign Attestation

Step 2: Scan and Upload Signed 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 - {0}

After you have attached your signed attestation and saved this page, you will not be able to go back and make changes. If for any reason you need to change your information, please contact the help desk at (866)879-0109 for assistance.

[Cancel and Delete Changes](#)



Once the hospital representative uploads and saves the attestation, the previous steps become un-editable and the account will be in view-only mode

Create an Account

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Step 5: Submit

Year 1 2012

 **1. About You**
Additional Registration Information and CMS Registration & Attestation Site data

 **2. Eligibility Information**
Hospital Information and Payment Calculation

 **3. AIU or Meaningful Use**
Information about adoption, implementation, upgrade, or meaningful use of certified EHR technology

 **4. Attestation**
Review, Print, Sign and Upload SLR Agreement

 **5. Submit**
Send and lock all information to State

The final step in the application process is submitting the attestation:

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.

Submit Application 
Cancel and do not submit attestation

Upon clicking “Submit Application” you will receive the below message and an email confirmation that your attestation has been sent to the state.

Application Submitted ✕

 Attestation Submitted

Congratulations. Your application has been successfully submitted to the state. Your application and attestation will be reviewed by the state in the order it was received. Upon state approval and CMS authorization to pay, you will receive payment and an email confirmation.

Create an Account

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After submission, your account and data will be available in view-only mode.

State Level Registry for the Medi-Cal EHR Incentive Program

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 FAIR CARE HOSP PMF1 XBUS
 175 CARNIVAL WAY
 SACRAMENTO, CA 95699-8755
 Last Updated: faircare871 10/25/2012 11:18 AM

Welcome, FAIR CARE HOSP PMF1 XBUS

This is your Dashboard for working through the attestation process.

Your Year 1 submission is complete.
Please check your payment information.

Data has been received from the CMS Registration & Attestation Site. [View CMS Data](#)

[Provider SLR Application Information](#)

[SLR Messages](#)

Upload Additional Documentation
 You may use this to upload additional documentation after your application has been submitted. Click [here](#) for additional information.

Upload Files

File(s) Attached - (0)

Year 1 2012

- 1. About You**
Additional Registration Information and CMS Registration & Attestation Site data
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Information about adoption, implementation, upgrade, or meaningful use of certified EHR technology
- 4. Attestation**
Review, Print, Sign and Upload SLR Agreement
- 5. Submit**
Send and lock all information to State

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Should you wish to upload additional documents to your account after submission, you can do so by clicking on the "Upload Files" button on the Dashboard.