



February 14, 2012

## **Important State Level Registry Changes Affecting Groups and Clinics**

DHCS has been working with stakeholders, ACS, and CMS to institute changes that will make it easier for groups and clinics to register in the State Level Registry (SLR) and enroll their providers. These are outlined below and will be incorporated into policy statements and user guide publications.

### **Groups/Clinics Not In The DHCS Provider Master File**

Groups/clinics will no longer be required to be listed in DHCS's Provider Master File (PMF) as a group in order to be able to establish an account and register in the SLR. A group/clinic must still meet the criteria of being an entity with a common TIN and operate as a unified financial entity with oversight of clinical quality. DHCS will verify this during review and audit. Groups/clinics that are unable to register in the SLR because of not being found in the PMF 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. We anticipate that this change in procedure will be instituted by February 16, 2012.

### **Express Attestation For Groups and Clinics**

Group/Clinic representatives will be able to complete the SLR registration process for group/clinic providers through a new "express attestation" process. Group/Clinic representative will have the ability to print out special express attestation forms through the SLR that are personalized for each provider. After these are signed by the provider the Group/Clinic representative will be able to enter the provider (EP) portal in the SLR using the provider's NPI and TIN, enter data, and upload the signed express attestation form. Only group/clinic representatives using these express attestation forms will be

allowed to use the EP portal in this way since the forms 1) specify that the provider is giving the group/clinic representative permission to enter the SLR on their behalf using their NPI and TIN and 2) specify that the provider is agreeing to use the group/clinic patient volumes to establish eligibility for the program. We anticipate that the SLR will be able to print out these express attestation forms by February 23, 2012. Groups that have already registered in the SLR and would like to reenter the SLR in order to print out the express attestation forms when this functionality becomes available should send an e-mail to the SLR Help Desk at [SLRHelpdesk@acs-inc.com](mailto: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:

- o Name of Group/Clinic
- o NPI of Group/Clinic
- o E-mail contact information

Groups/Clinics requesting to have their SLR accounts reopened for this purpose will receive an e-mail notification when the express attestation functionality has been deployed and their accounts have been reopened.

#### **Providers Working in the Group/Clinic Outside of the 90-day Representative Period**

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 though 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](mailto:SLRHelpdesk@acs-inc.com). Please specify "Add Providers" in the subject line and provide the same identifying information specified above. While adding providers group/clinic representatives should 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. We anticipate that the SLR Help Desk will

be able to reopen groups to add providers immediately.

### **Prequalified Providers Who Register In The SLR Before Groups/Clinics**

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 qualifying based on the 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 attempt to check with any prequalified providers 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 previously instructed, 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.



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