



State Level Registry (SLR) Quick Start Guide

For Providers

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INTRODUCTION

We are pleased to announce that the State Level Registry (SLR) portal for providers will open on January 3, 2011. From January 3 to March 31, 2012 providers can register for either the 2011 or 2012 payment years. To apply for 2011 payment year providers must provide a signed contract or other documentation for adoption, implementation, or upgrade of a certified EHR technology that was signed by December 31, 2011. After March 31, 2012 providers can only register for the 2012 payment year. Providers should review the following guide before creating an account in the SLR. We particularly want to call your attention to the following important issues:

- Please register with the CMS Registration and Attestation Site at: <https://ehrincentives.cms.gov/hitech/login.action> prior to registering in the SLR.
- Providers who enter the SLR will fall into three basic categories: 1) Providers who have been previously identified as a member of a group or clinic by a group or clinic representative, 2) Providers who have been “prequalified” for the program by DHCS based on their Medicaid patient volumes in 2010, or 3) Providers who are applying for the program on their own, without having been identified as group or clinic members or prequalified by DHCS.
- Providers should keep in mind that they can take advantage of the eligibility of the group or clinic without being obligated assign their incentive payments to the group or clinic. According to federal regulations providers can assign their incentive payments to an employer or other entity with which they have a contract allowing the entity to bill for their professional services. This assignment must be voluntary and is done when registering with the National Level Registry. Providers who do not take advantage of the eligibility of groups or clinics can either register on their own providing patient volume data from a different practice site, or on their own providing their individual practice volumes from the group or clinic. If providers choose the latter, according to federal regulations, they will prevent other providers in the group or clinic from using the group or clinic eligibility. Providers choosing this course will be required to speak with the SLR Help Desk to make sure that they fully understand their options.
- Providers who have been prequalified by DHCS will not need to enter patient volume data for 2010 when applying for the 2011 payment year. Prequalified providers will only be able to take advantage of prequalification if they have a contract or other documentation of adoption, implementation, or upgrade of certified EHR technology that was signed by December 31, 2011. Providers with documentation signed after December 31, 2011 must apply for the 2012 payment year based on 2011 patient volumes without benefit of prequalification; they must exit the SLR and contact the Help Desk at 866-879-0109 for further instructions.
- The SLR asks the question whether a group or clinic is composed entirely of pediatricians. Only click “Yes” to this question if you are a board certified or board eligible pediatrician and will individually or with a pediatric group only qualify for the

program at the 20-29% Medicaid level. If you or your group qualifies at the $\geq 30\%$ Medicaid level **do not** check “Yes” to this box.

- The SLR requires the provider to enter the CMS certification ID for the certified EHR technology they have adopted, implemented, or upgraded. Upon saving this webpage the SLR checks the validity of this number against the ONC database of approved technologies. This validation process is intermittent and providers may receive a message stating that the CMS certification ID they have entered is invalid. In most cases this is due to a failure of the validation process at CMS. Please recheck the CMS certification ID and if it is correct click “Save and Continue.” This may need to be repeated several times before the system acknowledges the CMS certification ID and allows you to proceed to the next page. We are working with CMS to try to remedy this situation.

REGISTERING FOR THE MEDI-CAL EHR INCENTIVE PROGRAM

Registration for providers is a two-step process.

1. First, providers must register with the Centers for Medicare and Medicaid Services (CMS) via the [CMS Registration & Attestation Site](#).
2. Second, providers must register with the California Department of Health Care Services via the [State Level Registry](#). Providers may begin the enrollment process with the SLR, but the application will not be processed until enrollment has been completed with CMS.

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

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 “Professional” role and enter your NPI and TIN.

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

Create Account

Is This You?


Name Gonzales, Speedy
Address 710 Quarry Cir. Gonzales CA 91510 8810

Create Account

Is This You?

Name Gonzales, Speedy
Address 710 Quarry Cir. Gonzales CA 91510 8810

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

[Cancel and return to Login](#)

II. Step 1: About You

Step 1 in the SLR requires providers to enter contact information, license information, and group/clinic participation.

State Level Registry for the Medi-Cal EHR Incentive Program

My Account | User Manual | Contact Us | Logout | *Filing as Eligible Professional*
 Gonzales, Speedy
 710 Quarry Cir.
 Gonzales, CA 91510-8810
 Last Updated: nicolebuena369 01/03/2012 07:32 AM

Connecting California for Better Health

Welcome, Speedy Gonzales
 This is your Dashboard for working through the attestation process.

Begin your Year 1 submission today!
 Start with Section 1, [About You](#)

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

[Payment Information](#)

[Reports](#)

[Audit](#)

[Appeals](#)

[System Messages \(0\)](#)

Year 1

- 1. About You**
 Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
 Provider Encounter Data
- 3. Certified EHR Technology**
 Related to Adopting, Implementing, Upgrading or Meaningful Use
- 4. Attestation**
 Review, Print, Sign and Upload the SLR Agreement
- 5. Submit**
 Send information to the state and lock data

Privacy | Legal | Accessibility | EULA

Copyright © 2011 State of California

Contact Information

Contact Information

Your Information

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

Contact Details

Full Name *
Last name, First name

Title

Phone Number *
999999999 (no spaces, dashes, parens)

E-mail
name@domain.com

License Information

Enter your license information, special practice type(s), and Medi-Cal Managed Care Health and Dental Plan affiliation(s).

License Information

License Detail

I have a California professional license.

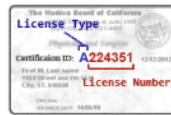
Licensing Board

License Type

Look for this at the start of your certificate number.

License Number

Do not include license type. Only enter the numbers after the license type on your certificate.



I practice primarily in an Indian Tribal Clinic or a Federal Clinic and do not have a California License.

Other State

Other State License Number

I do not have a California license and do not practice in an Indian Tribal Clinic or a Federal Facility.

Special Practice Types

Hospital Based

Did you perform 90% or more of your professional services in an inpatient hospital setting or an emergency room attached to a hospital in the previous calendar year?

- No
- Yes

Physician Assistant

- I am a physician assistant (PA) and I practice in a Federally Qualified Health Center (FGHC), FGHC look-a-like, Rural Health Center, or Indian Tribal Clinic that is PA-led.

Medi-Cal Managed Care Health and Dental Plans

If you participate in Medi-Cal Managed Care Health and/or Dental Plans, please select all applicable plans.

- Access Dental Plan, Inc.
- Alameda Alliance for Health
- AltaMed (Pace)
- American HealthGuard-Dental
- Anthem Blue Cross Partnership Plan
- CalOptima
- CalViva Health
- Care 1st Health Plan Dental


Group/Clinic Participation

The final part of Step 1 is selecting how you would like to participate in the program – with a group (if applicable) or on your own as an individual provider.

If you are part of a group/clinic, you will have the option to participate with your group/clinic and establish eligibility for the program using information entered by your group/clinic. Once the group/clinic representative creates an account and adds you as a member of their group/clinic, the group will be available for your selection as shown below. If you are part of multiple groups, all groups that you have been added to will be listed.


Alternatively, you have the option not to participate with your group/clinic and instead establish eligibility on your own.

Group/Clinic Participation

 You have been identified as eligible for the program by the group(s) or clinic(s) listed below.

If you would like to base your eligibility for the program on information entered by a group or clinic, select the button next to it. Establishing eligibility through a group or clinic does not obligate you to assign your payments to the group or clinic. You can also choose to establish your eligibility for the program separate from a group or clinic but you will be required to enter your own patient encounter or patient panel information.


Available Groups/Clinics

 **Group Special Qualifier Notice**

Please note that if the group type is "Prequalified or Qualified - FQHC" you will need to practice predominantly (at least 50% of your practice) in the clinic to be eligible for the program through the clinic. If the group type is "Qualified – Pediatric" you will need to be a board certified or board eligible pediatrician to be eligible through the group/clinic.

NPI - Group Name (Qualification)

- 9900000745 - Kern Care pmf5business (PreQualified - FOHC)
- 9200000122 - Colusa Care pmf2business (Qualified - Pediatric)
- Establish my eligibility for the program on my own, not using the information already provided by a group or clinic.

Save
Save And Continue 
Cancel and Delete Changes

III. Step 2: Eligibility Information

The screenshot shows the user interface for the State Level Registry. At the top left is the DHCS logo with the tagline 'Connecting California for Better Health'. The main header reads 'State Level Registry for the Medi-Cal EHR Incentive Program'. On the right, there are links for 'My Account', 'User Manual', 'Contact Us', and 'Logout', along with the user's name 'Speedy Gonzales' and their location 'Gonzales, CA 91510-9810'. The last update is noted as '01/03/2012 08:01 AM'. The main content area is titled 'Welcome, Speedy Gonzales' and includes a navigation menu on the left with links for 'Payment Information', 'Reports', 'Audit', 'Appeals', and 'System Messages (0)'. The central progress bar for 'Year 1' shows five steps: '1. About You', '2. Eligibility Information' (which is highlighted in purple and has a red arrow pointing to it), '3. Certified EHR Technology', '4. Attestation', and '5. Submit'. A yellow banner at the top of the dashboard area says 'Continue your Year 1 submission. Complete Section 2, Eligibility Information.' Below this, a green message states 'Data has been received from the CMS Registration & Attestation Site. View CMS Data.' At the bottom of the dashboard, there are links for 'Privacy', 'Legal', 'Accessibility', and 'EULA', and a copyright notice for '© 2011 State of California'.

Participation & Encounters

Note: Prequalified providers and those who choose to establish eligibility as part of a group in Step 1 will not encounter this step.

Providers can choose to use patient encounters that occurred at one of their group/clinic locations, or they can choose to use patient encounters that are not affiliated with the group/clinic. If a provider chooses the former, they will be required to specify from which group/clinic they are using encounter volumes.

Providers who have been added to a group but have chosen to establish eligibility for the program on their own (not using information already provided by a group) will be required to provide more details on how their eligibility will be established.

The screenshot shows the 'Participation & Encounters' section of the application. It features a form titled 'Establishing Your Eligibility' with a sub-header '* Please select one of the following:'. There are two radio button options:

- I will be establishing my eligibility for the Medi-Cal EHR Incentive Program on my own using patient encounters at a location(s) **separate** from the practice locations of any group or clinic that has identified me as a member.
- I will be establishing my eligibility for the Medi-Cal EHR Incentive Program on my own but using patient encounters at a location(s) of a group or clinic that has identified me as a member.

 Below these options, there is a prompt: 'Please indicate the groups from which you will be using encounter volumes.' This is followed by a list of two groups with checkboxes:

- 9900000745 - Kern Care pmf5business
- 9200000122 - Colusa Care pmf2business

 The list is contained within a scrollable container.

Location Information

Enter the addresses of all locations where you had patient encounters that you will use to establish your eligibility for the program. Do not enter locations where you do not want your patient encounters to be included in your Medi-Cal volume calculation.

You must check the box designating at least one location as a site at which certified EHR technology has been adopted, implemented, or upgraded.

Location Information

Please enter the addresses of all locations where you had patient encounters that you will use to establish your eligibility for the program. Do not enter locations where you do not want your patient encounters to be included in your Medi-Cal volume calculation. You must check the box designating at least one location as a site at which certified EHR technology has been adopted, implemented, or upgraded (AIU).

Please note: if you have been prequalified based on your individual practice or with a group or clinic, you only need to enter one location but this must be a location at which certified EHR technology has been adopted, implemented, or upgraded (AIU). Be sure to check the box designating this.

Add Location(s)

Street *

City * State * Zip *

AIU of certified EHR technology at this site.

Your Location(s)

The table below lists the locations you have selected. You must have selected at least one location at which you have specified that you have adopted, implemented, or upgraded (AIU) certified EHR technology. This table is for display only. To add or delete AIU information you will need to click on the red X in the right column to delete the location and use the "Add Location(s)" fields above to enter the correct information about this location.

Address	Fulfill A.I.U.	Action
There are currently no addresses.		

Special Practice Types

Selecting certain special practice types affect what formulas are available for you to choose to calculate your eligibility.

Special Practice Types

Practice Types

Practice Predominantly in an FQHC, FQHC look-alike, RHC, or Indian Tribal Clinic.

Select this option if you practice predominantly in an FQHC, RHC, FQHC look-alike, or Indian Tribal Clinic. "Practice predominantly" means having at least 50% of your professional services delivered in the clinic during a 6-month period in the last 12 months. You will not be able to count "other needy individual" encounters or panel patients toward the **30% Medicaid + Other Needy** patient volume threshold unless you specify that you "practice predominantly."

Board-certified or board-eligible pediatrician.

Only select this option if you are a pediatrician and you will need to qualify for the program using the special **20-29% Medicaid** patient volume allowed for pediatricians. This will result in your incentive payments being only 2/3 of the payments for providers qualifying at the **30% or greater Medicaid** patient volume level. Do not select this option if you will qualify for the program at the **30% or greater Medicaid** patient volume level.

Neither

Select this option if you do not require the above special conditions to qualify for incentive payments.

- Practice Predominantly FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic**

Select this option if you practice predominantly in an FQHC, RHC, FQHC look-alike, or Indian Tribal Clinic. "Practice predominantly" means having at least 50% of your professional services delivered in the clinic during a 6-month period in the last 12 months. You will not be able to count "other needy individual" encounters or panel patients toward the **30% Medicaid + Other Needy** patient volume threshold unless you specify that you "practice predominantly."
- Board-certified or board-eligible pediatrician**


Only select this option if you are a pediatrician and you will need to qualify for the program using the special **20-29% Medicaid** patient volume allowed for pediatricians. This will result in your incentive payments being only 2/3 of the payments for providers qualifying at the **30% or greater Medicaid** patient volume level. Do not select this option if you will qualify for the program at the **30% or greater Medicaid** patient volume level.

Provider's Patient Volumes

Note: For providers who choose to establish eligibility as part of a group in Step 1, this data will be pre-populated with group/clinic volumes (entered by the group/clinic representative).

Enter the start date of a 90-day representative period from which you will be reporting your volumes. The End Date will be automatically calculated as 90 days from the Start Date. This representative period must end in the calendar year prior to the payment year for which you are applying for incentive funds. For example, if you are applying for funds for the 2011 payment year, the representative period must end in 2010. Providers can apply for incentive funds for the prior payment year until March 31 of the current year. **NOTE: You must apply for payment year 2012 if your contract or license for adoption, implementation, or upgrade of certified EHR was not signed by December 31, 2011.**

90 Day Representative Period

Start Date *  Payment Year 2011

End Date 08/01/2010

Enter the start date of a 90-day representative period. The End Date will be automatically calculated as 90 days from the Start Date. This representative period must end in the calendar year prior to the payment year for which you are applying for incentive funds. For example, if you are applying for funds for the 2011 payment year, the representative period must end in 2010. Providers can apply for incentive funds for the prior payment year until March 31 of the current year.

Choose the formula that you would like to use to calculate your 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.

FQHC/RHC Formula 1B

FQHC/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)

Enter your patient volumes and click “Save”:

Patient Volumes

Please enter your patient volumes below. Volumes from California are required. If you practice in other states choose the appropriate state and complete your volume information. You must enter data in every field. Enter a zero if you do not have data to report for any field.

State	Total Patient Encounters	Total Medicaid Encounters	Action
CA	100	30	Edit Delete
Select <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	Add

Patient Volume Percentage

Formula Used : 1A 30.00 %

Meets eligibilly criteria.

Providers must meet 30% Medicaid volumes (pediatricians can qualify for a reduced incentive payment with 20%-29% Medicaid volumes). Providers who practice predominantly in an FQHC, RHC, FQHC Look-Alikes, or Indian Tribal Clinics can qualify with Medicaid + Other Needy Individual volumes. The [Provider Eligibility Workbook](#) is a useful resource that can assist in calculating your volumes and determining eligibility.

IV. Step 3: Certified EHR Technology

The screenshot shows the user interface for the State Level Registry for the Medi-Cal EHR Incentive Program. The user is logged in as Speedy Gonzales. The dashboard displays a progress bar for Year 1 with five steps: 1. About You, 2. Eligibility Information, 3. Certified EHR Technology (indicated by a red arrow), 4. Attestation, and 5. Submit. A yellow notification box prompts the user to continue their Year 1 submission by completing Section 3, Certified EHR Technology. A green box indicates that data has been received from the CMS Registration & Attestation Site. The left sidebar contains links for Payment Information, Reports, Audit, Appeals, and System Messages (0). The footer includes links for Privacy, Legal, Accessibility, and EULA.

Adopt, Implement, Upgrade (AIU)

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 December 31st of the year for which you are requesting incentive payments. You must apply for payment year 2012 if your contract or license for adoption, implementation, or upgrade of certified EHR was not signed by December 31, 2011. You may:

1. Upload the entire document(s)


Or:

2. Upload completed, signed copies of the Provide EHR Documentation Form and the Vendor EHR Documentation Form found [here](#) and copies of the relevant pages from the contract, lease, license or other document(s).

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 10 MB in size should be uploaded in segments.

Adopt, Implement, Upgrade

Designate whether you will adopt, implement, or upgrade certified EHR technology in year 1 of the program. Definitions of adopt, implement and upgrade are provided with each selection. You may also enter a brief description into the text box of how you will be adopting, implementing, or upgrading certified EHR technology. You will be required to upload documentation of adoption, implementation, or upgrade at the bottom of this screen.

 Enter your criteria information below. * indicates required fields.

Method *

Expand the functionality of an existing EHR so that it meets CMS certification requirements. This may include the addition of decision support modules, the establishment of interfaces for HIE, etc.

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

The State of California requires that you upload 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 December 31st of the year for which you are requesting incentive payments. You may:

- 1. Upload the entire document(s)*

Or:

- 2. Upload completed, signed copies of the Provide EHR Documentation Form and the Vendor EHR Documentation Form found [here](#) and copies of the relevant pages from the contract, lease, license or other document(s).*

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 10 MB in size should be uploaded in segments.

Attach Upgrade Document *

File(s) Attached - (0)

Certified EHR Technology

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


Certified EHR Technology

Professionals 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 professional's responsibility to ensure that the certified EHR technology code is listed on the ONC public web service before attesting to the state.

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 professional, to ensure that my 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 *

 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.


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.

Supporting Documentation *

File(s) Attached - {1}

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

Please note that there have been periodic issues validating the CMS EHR Certification ID with ONC. If you have entered the correct CMS EHR Certification ID and are getting the following message in error, please continue to "Save" or "Save and Continue" until you are able to proceed.

 Your CMS EHR Certification ID is invalid. Please ensure the information that you entered is correct. You will not be able to proceed without a valid CMS EHR Certification ID. If you believe this is an error please contact the help desk at (866) 879-0109 or by email at SLRHelpdesk@acs-inc.com.

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

An example of this page is as follows:

The screenshot shows a web browser window with the URL onc-chpl.force.com/ehrcert/GetMUID. The page header includes the logo for the Certified Health IT Product List, The Office of the National Coordinator for Health Information Technology, and HealthIT.HHS.Gov. A link to "Return to main search page" is visible.

The main content area is titled "CMS EHR CERTIFICATION ID" and displays "Your CMS EHR Certification ID is: 30000001TMKQEAS". The ID is circled in red. Below this, there is explanatory text: "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."

Below the text is a section titled "YOUR CERTIFIED EHR PRODUCT(S)" with the subtext "The following products were used to obtain your CMS EHR Certification ID:". This section contains a table with the following data:

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 (v), Java SE 6 - all applicable requirements, Java Web Start 1.6 - all applicable requirements

At the bottom of the page, there are links for "ONC HIT Website" and "Privacy Policy", and a note: "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."

V. Step 4: Attestation

The screenshot shows the user interface for the State Level Registry for the Medi-Cal EHR Incentive Program. At the top, there is a header with the HCS logo and the text 'State Level Registry for the Medi-Cal EHR Incentive Program'. On the right, there are links for 'My Account', 'User Manual', 'Contact Us', and 'Logout'. Below the header, the user is greeted with 'Welcome, Speedy Gonzales' and a message: 'This is your Dashboard for working through the attestation process.' The main content area is divided into two columns. The left column contains a yellow notification box: 'Continue your Year 1 submission. Complete Section 4 - Attestation.' Below this is a green box: 'Data has been received from the CMS Registration & Attestation Site. View CMS Data.' There are also several blue links: 'Payment Information', 'Reports', 'Audit', 'Appeals', and 'System Messages (0)'. The right column features a 'Year 1' progress bar with five steps: '1. About You' (Registration Information and CMS Registration & Attestation Site data), '2. Eligibility Information' (Provider Encounter Data), '3. Certified EHR Technology' (Related to Adopting, Implementing, Upgrading or Meaningful Use), '4. Attestation' (Review, Print, Sign and Upload the SLR Agreement), and '5. Submit' (Send information to the state and lock data). A red arrow points to step 4. At the bottom of the dashboard, there are links for 'Privacy', 'Legal', 'Accessibility', and 'EULA', and a copyright notice: 'Copyright © 2011 State of California'.

Providers will be required to print, sign, and upload their Provider Attestation (please note: proxies **cannot** do this step on behalf of providers).

The screenshot displays the '4. Review, Sign, and Attach Attestation' page. At the top, it says 'Review and attach your signed attestation below. * Indicates required fields.' Below this is the heading 'Step 1: Print to Sign Attestation' and the instruction: 'The information you entered in support of your attestation is displayed below. Please carefully review the entire document and all attachments before signing.' The main content is a scrollable area titled 'Provider Attestation'. It contains the following text: 'The State of California requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider on this application, or on behalf of the provider, is accurate and complete. By signing, providers indicate that they agree, under penalty of perjury, with all of the following statements:' followed by a bulleted list of three statements. Below the list is a table with the following data: 'Total Medicaid patient volume percentage: 30.00', '90 day period from 05/10/2010 through 08/07/2010', 'Total Patient encounters: 100', and 'Total Medicaid encounters: 30'. Below the table is a 'Print and Sign Attestation' button. The next section is 'Step 2: Scan and Upload Signed Attestation' with the instruction: 'After you have signed your attestation, please attach the signed copy for submission to the State and click the Save button below. If you have a problem attaching your document, please contact our Help Desk at (866) 879-0109 for assistance.' Below this is a 'Locate Signed Attestation' label and an 'Upload Files' button. Below the button, it says 'File(s) Attached - (1)'. At the bottom, there is a yellow warning box with a triangle icon and the text: '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.'

Once the provider uploads and saves the attestation, the previous steps become un-editable.

VI. Step 5: Submit

State Level Registry for the Medi-Cal EHR Incentive Program

Welcome, Speedy Gonzales

This is your Dashboard for working through the attestation process.

Complete your Year 1 submission.
Complete Section 9. [Submit](#)

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

[Payment Information](#)

[Reports](#)

[Audit](#)

[Appeals](#)

[System Messages \(0\)](#)

Year 1

- 1. About You**
Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Provider Encounter Data
- 3. Certified EHR Technology**
Related to Adopting, Implementing, Upgrading or Meaningful Use
- 4. Attestation**
Review, Print, Sign and Upload the SLR Agreement
- 5. Submit**
Send information to the state and lock data

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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 send attestation](#)

Upon clicking “Submit Application” you will receive 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 will be validated by the state and then sent to CMS for review prior to payment. Please note: the validation process may take up to 10 weeks. You will receive an email notification when your payment has been issued.

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

The screenshot displays the user interface for the State Level Registry for the Medi-Cal EHR Incentive Program. At the top left is the DHCS logo with the tagline "Connecting California for Better Health". The main header identifies the user as "Speedy Gonzales" and the system as the "State Level Registry for the Medi-Cal EHR Incentive Program". Navigation links for "My Account", "User Manual", "Contact Us", and "Logout" are present, along with a "Filing as Eligible Professional" link. A "Last Updated" timestamp is shown as "nicolebuena360 01/03/2012 09:23 AM".

The main content area is titled "Welcome, Speedy Gonzales" and includes a sub-header: "This is your Dashboard for working through the attestation process." A prominent yellow notification box states: "Your Year 1 submission is complete. Please check your payment information." Below this, a green status bar indicates "Data has been received from the CMS Registration & Attestation Site" with a "View CMS Data" link. A left-hand navigation menu lists: "Payment Information", "Reports", "Audit", "Appeals", and "System Messages (1)".

The right-hand section, titled "Year 1", contains a vertical list of five steps, each with a magnifying glass icon: "1. About You" (Registration Information and CMS Registration & Attestation Site data), "2. Eligibility Information" (Provider Encounter Data), "3. Certified EHR Technology" (Related to Adopting, Implementing, Upgrading or Meaningful Use), "4. Attestation" (Review, Print, Sign and Upload the SLR Agreement), and "5. Submit" (Send information to the state and lock data).

At the bottom of the dashboard, there are links for "Privacy", "Legal", "Accessibility", and "EULA", and a copyright notice: "Copyright © 2011 State of California".