



State Level Registry (SLR) Quick Start Guide

For Proxies

Contents

Introduction.....	3
I. Creating a Proxy Account.....	5
II. Proxy Home: Searching for Providers	7
III. Step 1: About You (As Proxy)	8
Contact Information.....	8
License Information	9
Group/Clinic Participation.....	10
IV. Step 2: Eligibility Information (as Proxy).....	11
Participation and Encounters.....	11
Location Information.....	11
Special Practice Types	12
Provider’s Patient Volumes.....	13
V. Step 3: Certified EHR Technology (as Proxy).....	16
Adopt, Implement, Upgrade (AIU)	16
Certified EHR Technology.....	18
Next Steps.....	21

Version Number	Date
1.0	01/04/2011

INTRODUCTION

Realizing that providers are very busy, DHCS has provided a portal in the State Level Registry (SLR) for “proxy” representatives of providers. This portal allows a representative to enter information on behalf of the provider(s). Providers only need to complete the final step of the registration process by reviewing the information entered and uploading a signed attestation as to its accuracy. Proxy representatives and providers should be knowledgeable regarding the following basic facts about this portal.

- Providers must have registered with the National Level Registry before a proxy representative can enter information of their behalf into the SLR.
- Providers must not have begun registration with the SLR yet. Once a provider has created an account with the SLR a proxy representative can no longer enter information on their behalf.
- Anyone can enter the SLR as a representative of the provider by entering the provider’s National Provider Number (NPI) and Tax Identification Number (TIN or SSN). However, when a proxy representative enters information on behalf of a provider a notification e-mail will be sent to the provider. A proxy representative who is also serving as clinic or group representative should not enter the TIN for the clinic or group. This will cause the provider to be not found in the SLR, thus preventing the proxy representative from being able to enter the provider’s information. Entering the provider’s TIN or SSN will not affect any reassignment of payments to the clinic or group that has been designated in the National Level Registry.
- When the provider enters the SLR they will receive notification that information has been entered on their behalf by a proxy representative, whose name and affiliation is provided. The provider is given the choice of accepting the information entered or deleting it and entering their own information.
- Proxy representatives will have access to the same webpages available to a provider. For this reason the wording on these pages use the terms “You” and “I.” Although this may seem inappropriate to the proxy representative, it was much easier to design the proxy representative portal in this manner. The provider still must review and attest to the accuracy of the information entered by the proxy representative. For this reason, proxy representatives should not be concerned that they are inappropriately speaking for a provider.
- Proxy representatives can enter information for multiple providers (one at a time) but only one proxy representative can enter information on behalf of one provider.
- Proxy representatives entering data on behalf of providers who have been prequalified or identified as qualified with a group or clinic will find that some or all of the eligibility page data entry fields have already been completed and cannot be edited by the proxy representative.

- Proxy representatives cannot choose to opt-out of a group or clinic for the provider, thus closing the group or clinic to other providers. This action can only be taken personally by the provider.
- After completing data entry for Step 3 (Certified EHR Technology) and saving, the proxy representative is taken back to the Proxy Home Page. From the Proxy Home Page the proxy representative can begin or complete data entry for other providers (one at a time).

The following SLR steps are available to proxies:

- 1) Step 1: About You
- 2) Step 2: Eligibility Information
- 3) Step 3: Certified EHR Technology

The following SLR steps are restricted to providers:

- 1) Step 4: Attestation
- 2) Step 5: Submit

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

I. Creating a Proxy 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 “Proxy Representative” role:

Enter the required data to create your account:

Create Account

Proxy Contact Information

First Name * **Last Name ***


Street *

City * **State *** **Zip ***

The role of the proxy requires integrity and responsibility. You will be accessing the same data entry screens that providers use for themselves. Please check the box below to confirm that you are authorized to carry out this role and input data on behalf of providers:

I am an authorized proxy: *A message will be sent to this professional notifying them that you have entered information on their behalf.*

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 *
999999999 (no spaces, dashes, parens)

E-mail Address *
name@domain.com

II. Proxy Home: Searching for Providers

You may enter data for one provider at a time. To search for the provider, enter the provider's NPI and TIN and click "Select."

Confirm that the provider displayed is correct, then click the "Proxy" button to begin entering data. If the provider is not found, it may be because they have not yet registered with the CMS Registration and Attestation Site.

The screenshot shows a web browser window displaying the "State Level Registry for the Medi-Cal EHR Incentive Program" Proxy Home page. The page header includes the DHCS logo and navigation links. The main content area is titled "Proxy Home" and contains instructions for designating a provider. Below the instructions is a form with two input fields for NPI and TIN, both containing the value "9900000360", and a "Select" button. Below the form is a "Designated Provider" section showing a single provider entry: "Rocky Stone - 710 Quarry Cir., Granite Hills, CA 91510". A "Proxy" button is located next to this entry. At the bottom, there is a "Provider List" section with instructions on how to interact with the list.

State Level Registry for the Medi-Cal EHR Incentive Program

My Account | User Manual | Contact Us | Logout
 Nicole Barasa
 1501 Capitol Ave.
 Sacramento, CA 95814
 Last Updated: nicolebuena 01/04/2012 02:07 PM

Proxy Home Page

Proxy Home

Using this screen you may designate, one at a time, the providers for whom you would like to act as a proxy. To do this enter the NPI and TIN of the provider in the fields below and click the "Select" button.

Provider Information

Designate a Provider
 Enter NPI and TIN of the provider for which you wish to act as proxy, and then press the Select button.

NPI = TIN =

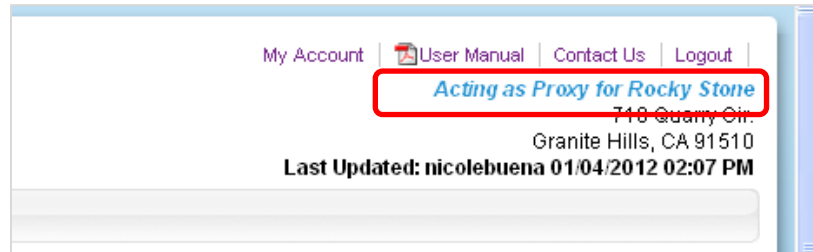
Designated Provider
If the provider displayed below is correct, click the "Proxy" button to confirm this. If the provider displayed is not correct, please check the NPI and TIN for accuracy and click the "Select" button again. If a provider is not found it may be because they have not yet registered with the CMS Registration and Attestation Site.

Rocky Stone - 710 Quarry Cir., Granite Hills, CA 91510

Provider List
 The list below displays the providers for whom you have acted as proxy. If a provider is underlined, you can click on that provider to resume data entry. If a provider is not underlined, data entry for that provider is complete, and you can no longer enter new data for them.

III. Step 1: About You (As Proxy)

Upon clicking the “Proxy” button next to the chosen provider, you will be taken to that provider’s data screens. You can confirm which provider you are entering data for by viewing the header which will show the provider’s name:



Contact Information

Enter the **provider’s** 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 =
9999999999 (no spaces, dashes, parens)

E-mail =
name@domain.com

License Information

Enter the **provider's** 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.

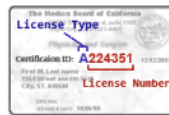
Licensing Board

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 the provider will participate in the program – with a group (if applicable) or on their own as an individual provider.

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


Alternatively, the provider has the option not to participate with their group/clinic and instead establish eligibility on their 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)

9200000200 - Humboldt Health pmf0busines (PreQualified - FQHC)

Establish my eligibility for the program on my own, not using the information already provided by a group or clinic.

 **Important Information**

By choosing to establish your eligibility separate from a group or clinic on the next page of this application you will have to enter patient encounter and patient panel information for your practice that occurred during a 90-day period in the last calendar year. You will also need to provide documentation for the certified electronic health information technology that you have used or for which you have made a binding financial or legal commitment to use.

IV. Step 2: Eligibility Information (as Proxy)

Participation and 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 a web form titled "Participation & Encounters". Under the heading "Establishing Your Eligibility", there is a red asterisk and the instruction "Please select one of the following:". Two radio button options are listed: the first is selected and describes establishing eligibility on one's own at separate locations; the second is unselected and describes doing so within a group. Below these is a text prompt "Please indicate the groups from which you will be using encounter volumes." followed by a dropdown menu with one visible option: "9200000200 - Humboldt Health pmf0busines".

Location Information

Enter the addresses of all locations where the provider had patient encounters that will be used to establish eligibility for the program. Do not enter locations where the provider does not want patient encounters to be included their 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 AIU.	Action
There are currently no addresses.		

Special Practice Types

Selecting certain special practice types affect what formulas are available to the **provider** to choose to calculate his/her 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 the provider practices predominantly in an FQHC, RHC, FQHC look-alike, or Indian Tribal Clinic. "Practice predominantly" means having at least 50% of the providers professional services delivered in the clinic during a 6-month period in the last 12 months. Providers will not be able to count "other needy individual" encounters or panel patients toward the **30% Medicaid + Other Needy** patient volume threshold unless they specify that they "practice predominantly."
- **Board-certified or board-eligible pediatrician**
 Only select this option if the provider is a pediatrician and will need to qualify for the program using the special **20-29% Medicaid** patient volume allowed for pediatricians. This will result in 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 the provider will qualify for the program at the **30% or greater Medicaid** patient volume level.

Provider's Patient Volumes

Enter the start date of the provider's 90-day representative period from which volumes will be reported. 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 
<input type="text" value="Select"/> 	<input type="text"/>	<input type="text"/>	Add 

Patient Volume Percentage

Formula Used: 1A 30.00 %

 Meets eligibility 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.

V. Step 3: Certified EHR Technology (as Proxy)

Adopt, Implement, Upgrade (AIU)

Designate whether the provider 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 the provider's 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 *

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: When you save this screen, you will be taken back to the Proxy Home page, and this will complete your data entry for this provider. The provider will need to come into the SLR, review the data you have entered, and submit the attestation.

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 displaying the "Certified Health IT Product List" page. The page header includes the title "Certified Health IT Product List" and the logo of the Office of the National Coordinator for Health Information Technology. Below the header, there is a section titled "CMS EHR CERTIFICATION ID" with the text "Your CMS EHR Certification ID is: 30000001TMKQEAS". The ID "30000001TMKQEAS" is circled in red. Below this, there is a section titled "YOUR CERTIFIED EHR PRODUCT(S)" which lists the following products used to obtain the CMS EHR Certification ID:

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

At the bottom of the page, there is a footer with the text "ONC HIT Website | Privacy Policy" and "Last Modified Date: 11/10/2011".

Once you have completed Step 3, clicking “Save and Finish” will complete your data entry for the provider.

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 click “Save and Finish” 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.

On the Proxy Home page, the Provider List shows the providers for whom you have acted as proxy.

If a provider is underline, you can click on that provider to resume data entry. If a provider is not underline, data entry for that provider is complete, and you can no longer enter new data for them.

Proxy Home

Using this screen you may designate, one at a time, the providers for whom you would like to act as a proxy. To do this enter the NPI and TIN of the provider in the fields below and click the "Select" button.

Provider Information

Designate a Provider

Enter NPI and TIN of the provider for which you wish to act as proxy, and then press the Select button.

NPI = TIN =

Provider List

The list below displays the providers for whom you have acted as proxy. If a provider is underlined, you can click on that provider to resume data entry. If a provider is not underlined, data entry for that provider is complete, and you can no longer enter new data for them.

[NPI: 9900000871 - Bugs Bunny - 1060 W. Addison, Toontown, CA 96001](#)
[NPI: 9900000360 - Rocky Stone - 710 Quarry Cir., Granite Hills, CA 91510](#)

NEXT STEPS

Once the proxy has completed Steps 1-3 and clicked “Submit and Finish” the provider will be sent the following email notification:

“This e-mail is to notify you that [proxy name here] has entered information into the State Level Registry for the Medi-Cal EHR Incentive Program on your behalf. You may access the State Level Registry at <http://medi-cal.ehr.ca.gov/> and accept or change any information entered on your behalf before you submit your application to the Medi-Cal EHR Incentive Program.”

The provider is required to create a “professional” account in the State Level Registry and attest to the information entered by signing and uploading a provider attestation form (a proxy cannot attest on behalf of a provider). Once the provider has attested and submitted their application to the state, their application will be sent to the state for review.