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# State Level Registry (SLR) Quick Start Guide

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For Proxies

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Version Number	Date
1.0	01/04/2011
2.0	10/12/2011

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## INTRODUCTION

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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 [CMS Registration & Attestation Site](#) 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 initiated registration in 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 when registering with the CMS Registration & Attestation Site.
- 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.

**Create an Account**

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Information

Step 3:  
AIU or MU

Next Steps

## 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:

## Create an Account

Proxy Home

[Step 1:](#)  
About You

[Step 2:](#)  
Eligibility  
Information

[Step 3:](#)  
AIU or MU

Next Steps

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 \*** 
9999999999 (no spaces, dashes, parens)

**E-mail Address \*** 
name@domain.com

Enter your contact information

Create your account username/password

Create an Account

## Proxy Home

[Step 1:](#)  
About You

[Step 2:](#)  
Eligibility Information

[Step 3:](#)  
AIU or MU

Next Steps

## 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/SSN (this should be the same NPI/TIN that the provider used when registering with the CMS Registration & Attestation Site) 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.

### 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 \*

Enter the NPI and TIN/SSN for the provider you wish to proxy for.

#### 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.

Create an Account

Proxy Home

**Step 1:  
About You**

Step 2:  
Eligibility Information

Step 3:  
AIU or MU

Next Steps

## Step 1: About You (As Proxy)

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

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

My Account | User Manual | Contact Us | Logout

**Acting as Proxy for Rocky Stone**

710 Quarry Cir  
Granite Hills, CA 91510

Last Updated: nicolebuena 01/04/2012 02:07 PM

## 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*

Enter the provider’s contact information

Create an  
Account

Proxy Home

**Step 1:**  
About You

Step 2:  
Eligibility  
Information

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Next Steps

## 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 (FQHC), FQHC 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 4et Health Plan Dental

Create an  
Account

Proxy Home

▶ **Step 1:**  
**About You**

Step 2:  
Eligibility  
Information

Step 3:  
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Next Steps

## 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.

Create an Account

Proxy Home

Step 1:  
About You

▶ **Step 2:  
Eligibility  
Info**

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## 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 be asked to complete this step.*

Providers who have been added to a group but are electing to establish eligibility on their own have the following options:

1. Use patient encounters that are not affiliated with a group/clinic that has identified them as a member, or
2. Use patient encounters that occurred at one or more of their group/clinic locations that has identified them as a member.

*Note: If a provider chooses this option, they will be required to specify the group/clinic from which they are using encounter volumes. This action will “close” the group and restrict other providers from using the group’s volumes. Providers that choose this option will be instructed to contact the help desk at 866-879-0109 before they can proceed with submitting their attestation.*

#### Participation & Encounters

##### Establishing Your Eligibility

\* Please select one of the following:

- 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.

Please indicate the groups from which you will be using encounter volumes.

9200000200 - Humboldt Health pmf0busines

Create an  
Account

Proxy Home

Step 1:  
About You

▶ **Step 2:**  
**Eligibility**  
**Info**

Step 3:  
AIU or MU

Next Steps

## 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 A.I.U.	Action
There are currently no addresses.		

Create an Account

Proxy Home

[Step 1:](#)  
About You

▶ **Step 2:**  
**Eligibility**  
**Info**

[Step 3:](#)  
AIU or MU

Next Steps

## Special Practice Types

Selecting certain special practice types will affect the formulas used to calculate the provider's 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 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 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 your incentive payments being only 2/3 of the payments for providers qualifying 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).*

In each participation year (years 1 through 6) providers must show that they meet the minimum 30% Medicaid Encounter volume requirement (20% for pediatricians) within any 90-day period from the previous calendar year. The [Provider Eligibility Workbook](#) is a useful resource that can assist in calculating your volumes and determining eligibility.

Create an Account

Proxy Home

[Step 1:](#)  
About You

**Step 2:**  
Eligibility Info

[Step 3:](#)  
AIU or MU

Next Steps

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 2013 payment year, the 90-day representative period must occur within 2012.

### 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 formulas affect how your eligibility is calculated.

Formula 1A

*1A: Total Medicaid Encounters / Total Patient Encounters*

Formula 2A

*2A: (Total Medicaid Patients Assigned to a Panel + Total Medicaid Encounters) / (Total Patients Assigned to a Panel + Total Patient Encounters)*

*Note: Patients assigned to a panel (whether Medicaid or other payor) should only include active panel patients who were seen at least once in the 12 months preceding the 90-day representative period.*

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	<a href="#">Edit</a> <a href="#">Delete</a>
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<a href="#">Add</a>

### Patient Volume Percentage

Formula Used : 1A

%

*Eligible Providers must have a Medicaid volume >= 29.50% to be eligible for the Medi-Cal EHR Incentive Program. Pediatric Providers must have a Medicaid volume >= 19.50% to be eligible for the Medi-Cal EHR Incentive Program.*

 Meets eligibility criteria.

Create an  
Account

Proxy Home

Step 1:  
About You

▶ **Step 2:**  
**Eligibility**  
**Info**

Step 3:  
AIU or MU

Next Steps

To qualify, providers must have a minimum of 29.5% Medicaid volumes (pediatricians can qualify for a reduced incentive payment with 19.5%-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.

### Patient Volumes – Supporting Documentation

In order to assist in the verification of the provider's Medicaid encounter volumes, providers are required to upload supporting documentation from an auditable data source (such as the provider's EHR technology or practice management system) that clearly shows the Medicaid encounters that occurred during the selected 90-day representative period. A summary page is also required in order describe how to interpret the documentation.

For details on what DHCS deems acceptable documentation, please reference [Medi-Cal Backup Documentation Requirements](#).

You are required to upload additional documentation to support your patient volumes. Please [click here](#) for guidance on acceptable documentation.

▪ **Other Documentation**

File(s) Attached - {1}

Upload Files

Upload supporting documentation that clearly shows how your Medicaid encounters were derived

Create an Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
MU

Next Steps

## Step 3: AIU or Meaningful Use (MU) (as Proxy)

Year 1 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
- 5. Submit**  
Send information to the state and lock data

Step 3 is the final step in the process for proxies. Steps 4 and 5 can only be completed by the provider.

Providers 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)

State Level Registry for the Medi-Cal EHR Incentive Program

My Account | User Manual | Contact Us | Logout | Filing as Eligible Professional | Marvin Martian pmf4Business | 4567 Hwy 20 | Marstown, CA 95561-8804 | Last Updated: ohIEP123 10/08/2012 10:48 AM

Program Year 1

### 3. AIU or Meaningful Use

**Attest to Adopt, Implement, Upgrade**

Select this option to attest to your Adoption, Implementation or Upgrade of certified EHR technology.

**Attest to Meaningful Use**

Select this option to attest to demonstrating Meaningful Use of certified EHR technology.

AIU is only an option to providers in their 1<sup>st</sup> participation year.

Privacy | Legal | Accessibility | EULA

Copyright © 2011 State of California

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

Create an  
Account

Proxy Home

**Step 1:**  
About You

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Eligibility Info

**Step 3:**  
AIU or MU  
▶ AIU  
MU

Next Steps

## Adopt, Implement, Upgrade (AIU)

*Note: This option is only available for providers in their first year of participation.*

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.

The provider 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 (for example: if you are applying for the 2013 payment year your legally/financially binding documentation must have been executed/signed by December 31, 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. This 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.*

### Adopt, Implement, Upgrade

Designate whether you have adopted, implemented, or upgraded certified EHR technology. Definitions of adopt, implement, or upgrade are provided when clicking on each selection. You will be required to upload documentation of adoption, implementation, or upgrade of certified EHR technology at the bottom of this screen.

#### Criteria Information

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.

Your options:

1. Upload the entire document(s)
2. Upload completed, signed copies of the Provider 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).

Method

*Acquire, purchase, or have access to certified EHR technology.*

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

*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 Adoption Document

File(s) Attached - (0)

Save

Save and Continue

Cancel and Delete Changes

Create an Account

Proxy Home

Step 1:  
About You

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▶ **Step 3:**  
AIU or MU  
▶ AIU  
MU

Next Steps

## 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.

Enter the provider's 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 | HealthIT.HHS.Gov

Return to main search

CMS EHR CERTIFICATION ID

Your CMS EHR Certification ID is: **30000001TMKQEAS**

An eligible professional or eligible hospital that chooses to participate in the EHR Incentive Program must obtain a CMS EHR Certification ID. You may submit this CMS EHR Certification ID at the time of registration, but must submit this Certification ID as part of the attestation process for either the Medicare or Medicaid incentive program. Please return to the [Medicare and Medicaid EHR Incentive Program](#) site and enter this Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.

YOUR CERTIFIED EHR PRODUCT(S)

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

Certifying ATCB	Vendor	Product	Product Version #	Product Classification	Additional Software Required
InfoSard	Mediast Corporation	360049	7.12	Complete EHR	WebSCP 4.2.8 - \$170,302.00, Java SE 6 - all applicable requirements, Java Web Start 1.6 - all applicable requirements

ONC EHR Website | Privacy Policy  
Last Modified Date: 11/19/2013  
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### 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.

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

Create an  
Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

**Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

## Meaningful Use (MU)

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

**Meaningful Use**

- Reporting Period
- EHR Certification
- Core Measures
  - CPOE
  - Drug-Drug/Drug Allergy
  - Problem List
  - E-Prescribing
  - Medication List
  - Record Demographics
  - Vital Signs
  - Smoking Status
  - Report Ambulatory CQMs
  - Clinical Decision Support
  - Patient Electronic Copy
  - Patient Clinical Summaries
  - Exchange Clinical Information
  - Protect Health Information
- Menu Measures
  - CQM Core Measures
    - NGF 0013
    - NGF 0028 / PQRI 114
    - NGF 0421 / PQRI 128
  - CQM Additional
  - Detailed Summary Report

### Meaningful Use

Providers may receive meaningful use incentive payments for 5 years by reporting information demonstrating their meaningful use of certified EHR technology. These 5 years do not need to be consecutive.



#### 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. Sections still needing completion are denoted by a red X symbol. Clicking on any of the sections below will take you to that section.

- [Reporting Period](#)
- [EHR Certification](#)
- [Core Measures](#)
- [Menu Measures](#)
- [CQM Core Measures](#)
- [CQM Additional](#)

[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.

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: Providers 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 provider 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.

Create an  
Account

Proxy Home

Step 1:  
About You

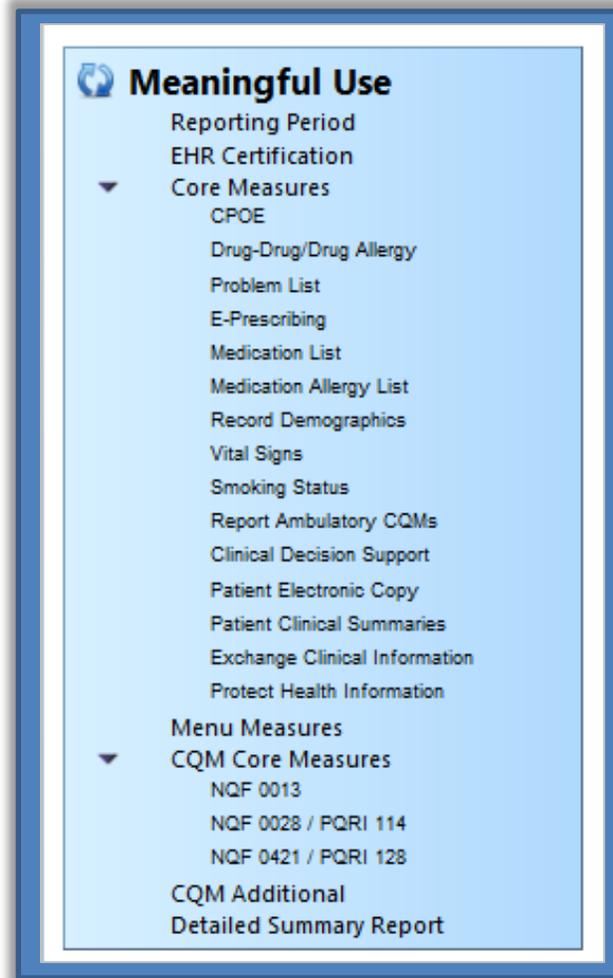
Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

## MU Requirements

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



MU Section	Requirement
Reporting Period	Choose a 90-day meaningful use reporting period from within the current calendar year
EHR Certification	Enter the CMS EHR Certification ID for the EHR technology that you are using to fulfill MU
Core Measures	Complete all 15
Menu Measures	Complete 5 of 10 measures. One selection must be a Public Health Measure.
CQM Core Measures	Complete all 3 (For any measure where the denominator is zero, a CQM Alternate Core Measure* must be completed)
CQM Alternate Core*	Complete one Alternate for each Core Measure with a denominator of zero
CQM Additional	Complete 3 of 38

Create an Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

### MU Reporting Period

Providers in their first year demonstrating MU must choose a 90-day MU Reporting Period from within the current calendar year. Providers in their 2<sup>nd</sup> year and beyond of demonstrating MU will have a one-year MU Reporting Period.

*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** calendar year and is always 90 days. The MU reporting period always occurs in the **current** calendar 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 <b>current</b> calendar year	90-days in <b>previous</b> calendar year
2+ year MU	Entire <b>current</b> calendar year	

## Reporting Period

**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 as 90 days from the start date. The reporting period must begin and end in the calendar year of the year for which you are applying for meaningful use incentive payments. For example, if you are applying for payments in 2012, the meaningful use reporting period must begin and end in 2012. Although providers can apply for incentive payments for the prior year until March 31 of the following year, they must use a meaningful use reporting period beginning and ending in the prior calendar year.

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

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

Create an Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

**Patient Records in Certified EHR Technology**

At least 80% of the patients must have records in the certified EHR technology

Numerator  Denominator   Percentage

*Numerator = number of patients with records in the certified EHR technology during this reporting period*

*Denominator = total number of patients during this reporting period*

**Numerator:** Total number of patients with records in your certified EHR during the MU Reporting Period.  
**Denominator:** Total number of patients during the MU Reporting Period.

**Location Information**

At least 50% of your patient encounters during the reporting period must have occurred at a practice location with certified EHR technology. In addition to the practice locations you specified for program eligibility in Step 2 (which are displayed in the table below) you are required to add all locations at which you practiced during the meaningful use reporting period. For each location you must specify the number of patient encounters and whether certified EHR technology was used at that location during the reporting period.

Address	Fulfill A.I.U.	Numerator	Denominator	Action
1501 Capitol Ave Sacramento, CA 95814	✔	<input type="text"/>	<input type="text"/>	<a href="#">Add</a> +

The locations used to establish eligibility will be displayed here.

**Location(s)**

Street Address	City	State	Zip	Certified EHR Technology	Numerator	Denominator	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<a href="#">Add</a> +

*Numerator = Number of patient encounters in the denominator at the specified location during this reporting period.*

*Denominator = Number of patient encounters at the specified location during this reporting period.*

Percentage of total patient encounters at locations where certified EHR technology is available: **0.00 %**

You must add all locations where you practice and designate the percentage of patient's records in certified EHR technology at each location.

Create an Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

## EHR Certification

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

### Meaningful Use CMS EHR Certification ID

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.

#### 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.*

Enter your CMS EHR Certification ID

#### Attachments

**Supporting Documentation:**  
Please provide your supporting documentation.\*

[Upload Files](#)

File(s) Attached -

Upload the CMS EHR Certification ID page

Save

Save and Continue

### Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.gov

#### 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 obtain your 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 registration or attestation screen.

#### YOUR CERTIFIED EHR PRODUCT(S)

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

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

[ONC HIT Website](#) | [Privacy Policy](#)  
Last Modified Date: 11/7/2011

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#### 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

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

## Menu Measures

Providers must report on 5 out of 10 menu measures. At least one of the five menu measures must be from the public health menu measures list.

Providers must select menu measures for which they can report and can claim an exclusion for menu measures only if there are no remaining menu measures for which they are able to report.

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

**Meaningful Use**

- ✓ Reporting Period
- ✓ EHR Certification
- ▼ ✓ Core Measures
  - ✓ CPOE
  - ✓ Drug-Drug/Drug Allergy
  - ✓ Problem List
  - ✓ E-Prescribing
  - ✓ Medication List
  - ✓ Medication Allergy List
  - ✓ Record Demographics
  - ✓ Vital Signs
  - ✓ Smoking Status
  - ✓ Report Ambulatory CQMs
  - ✓ Clinical Decision Support
  - ✓ Patient Electronic Copy
  - ✓ Patient Clinical Summaries
  - ✓ Exchange Clinical Information
  - ✓ Protect Health Information
- ▼ **Menu Measures**
  - Immunization Registry
  - Clinical Lab Results
  - Condition List
  - Patient Reminders
  - Medication Reconciliation
- ▼ CQM Core Measures
  - NQF 0013
  - NQF 0028 / PQRI 114
  - NQF 0421 / PQRI 128
- CQM Additional
- Detailed Summary Report

### Menu Measures

Providers must report on five (5) meaningful use menu measures. At least one of the five menu measures must be from the public health menu measures list. In addition to reporting on at least one public health menu measure, the provider must select at least four additional menu measures either from the public health menu measures list or from the additional menu measures list below. Providers are encouraged to select menu measures for which they can report and to claim an exclusion for menu measures only if there are no remaining menu measures for which they are able to report.

Selected: 5 of 5

**Public Health Measures**  
You must submit at least one of the public health measures listed below even if you are eligible for an exclusion from both.

Selected: 1

- ▶ Syndromic Surveillance
- ▶ Immunization Registry

**Additional Menu Measures**  
You must select additional menu measures until a total of 5 menu measures (including public health measures) have been selected. Measures for which you are eligible for an exclusion count toward this requirement.

Selected: 4

- ▶ Electronic Patient Access
- ▶ Drug Formulary Checks
- ▶ Clinical Lab Results
- ▶ Condition List
- ▶ Patient Reminders
- ▶ Patient Education Resources
- ▶ Medication Reconciliation
- ▶ Summary of Care Record

Create an Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

Step 3:  
AIU or MU  
AIU  
MU

Next Steps

### CQM Core Measures

Providers must complete 3 of 3 CQM Core Measures. For each CQM Core Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be selected.

In the left-hand navigation, CQM Core Measures with a denominator of zero will be denoted with the following symbol: 

#### CQM Core Measures

**Instructions:** All three Core Clinical Quality Measures must be selected. For each Core Clinical Quality Measure with a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

- [▶ NQF 0013](#)
- [▶ NQF 0028 / PQRI 114](#)
- [▶ NQF 0421 / PQRI 128](#)

#### Meaningful Use

- Reporting Period
- EHR Certification
- Core Measures
- Menu Measures
- CQM Core Measures**
  -  NQF 0013
  -  NQF 0028 / PQRI 114
  - NQF 0421 / PQRI 128
- CQM Alternate Core
- CQM Additional
- Detailed Summary Report

### CQM Alternate Core

Providers must select one CQM Alternate Core Measure for each CQM Core Measure that has a denominator of zero. If possible, you must select CQM Alternate Core Measures that do not have a zero denominator.

In the above example, two CQM Core Measures had a denominator of zero (denoted by ), as such, you will be required to complete two CQM Alternate Core Measures.

#### Meaningful Use

- Reporting Period
- EHR Certification
- Core Measures
- Menu Measures
- CQM Core Measures
- CQM Alternate Core**
  - NQF 0024
  - NQF 0041 / PQRI 110

#### CQM Alternate Core

**Instructions:** For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

<a href="#">▶ NQF 0024</a>	<input checked="" type="checkbox"/>
<a href="#">▶ NQF 0041 / PQRI 110</a>	<input checked="" type="checkbox"/>
<a href="#">▶ NQF 0038</a>	<input type="checkbox"/>

Selected: 2 of 2  
Selected: 2

Create an  
Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

## CQM Additional

Providers must complete 3 of 38 Additional Clinical Quality Measures.

If you do not have at least three measures with denominators greater than zero, you will not be required to enter zeroes in the denominators of the remaining measures. However, on your attestation you will be required to agree that all of the remaining measures that your EHR reports have zeroes in the denominators.

 **Meaningful Use**

- Reporting Period
- EHR Certification
- ▶  Core Measures
- ▶  Menu Measures
- ▶  CQM Core Measures
- ▶  CQM Alternate Core
- ▼ **CQM Additional**
  - NQF 0001 / PQRI 64
  - NQF 0004
  - NQF 0027 / PQRI 115

Detailed Summary Report

## CQM Additional

Select at least three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable. If you do not have at least three measures with denominators greater than zero, you will not be required to enter zeroes in the denominators of the remaining measures. However, you will be required on your Attestation to agree that all of the remaining measures for which your EHR reports have zeroes in the denominators.

Selected: 3 of 3  
Selected: 3

- |                       |                                     |
|-----------------------|-------------------------------------|
| ▶ NQF 0001 / PQRI 64  | <input checked="" type="checkbox"/> |
| ▶ NQF 0002 / PQRI 66  | <input type="checkbox"/>            |
| ▶ NQF 0004            | <input checked="" type="checkbox"/> |
| ▶ NQF 0012            | <input type="checkbox"/>            |
| ▶ NQF 0014            | <input type="checkbox"/>            |
| ▶ NQF 0018            | <input type="checkbox"/>            |
| ▶ NQF 0027 / PQRI 115 | <input checked="" type="checkbox"/> |
| ▶ NQF 0031 / PQRI 112 | <input type="checkbox"/>            |
| ▶ NQF 0032            | <input type="checkbox"/>            |
| ▶ NQF 0033            | <input type="checkbox"/>            |
| ▶ NQF 0034 / PQRI 113 | <input type="checkbox"/>            |

Create an Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

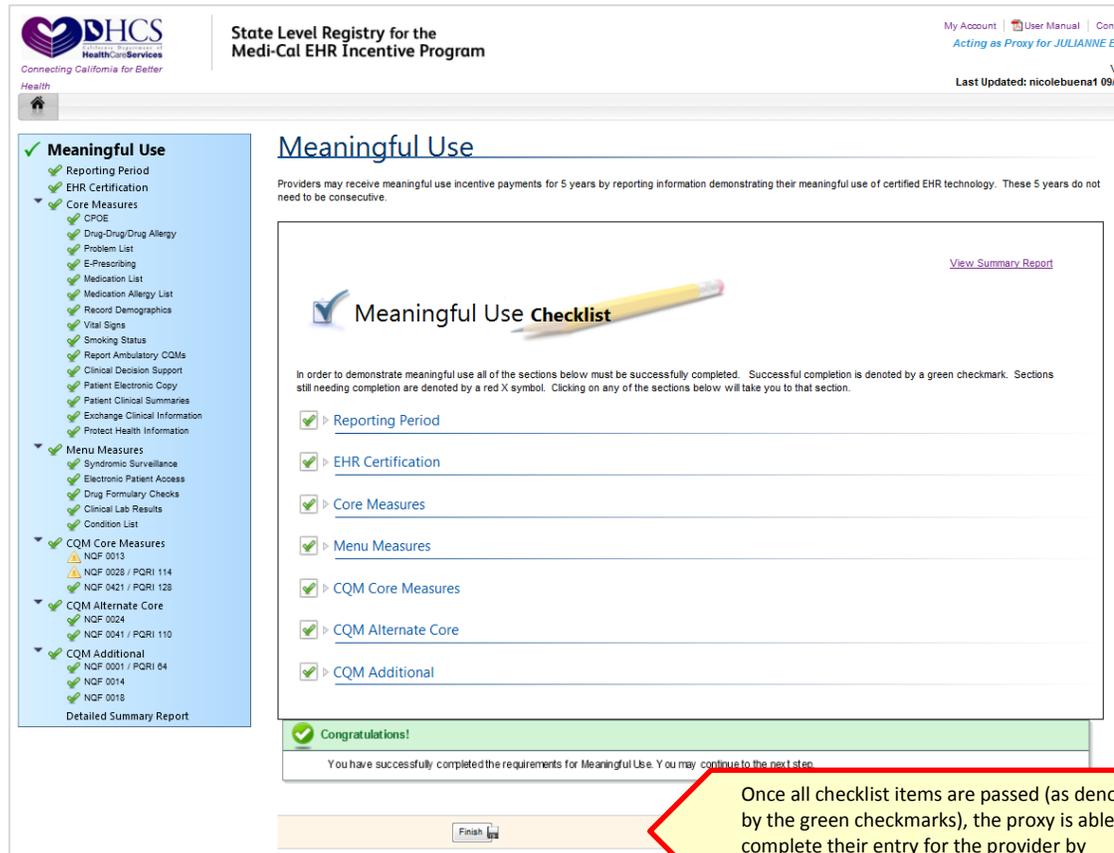
▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

## 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.



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

My Account | User Manual | Cont  
Acting as Proxy for JULIANNE E  
Last Updated: nicolebuenaf109/

### Meaningful Use

Providers may receive meaningful use incentive payments for 5 years by reporting information demonstrating their meaningful use of certified EHR technology. These 5 years do not need to be consecutive.

[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. Sections still needing completion are denoted by a red X symbol. Clicking on any of the sections below will take you to that section.

- Reporting Period
- EHR Certification
- Core Measures
  - CPOE
  - Drug-Drug/Drug Allergy
  - Problem List
  - E-Prescribing
  - Medication List
  - Medication Allergy List
  - Record Demographics
  - Vital Signs
  - Smoking Status
  - Report Ambulatory CQMs
  - Clinical Decision Support
  - Patient Electronic Copy
  - Patient Clinical Summaries
  - Exchange Clinical Information
  - Protect Health Information
- Menu Measures
  - Syndromic Surveillance
  - Electronic Patient Access
  - Drug Formulary Checks
  - Clinical Lab Results
  - Condition List
- CQM Core Measures
  - NQF 0013
  - NQF 0028 / PQRI 114
  - NQF 0421 / PQRI 128
- CQM Alternate Core
  - NQF 0024
  - NQF 0041 / PQRI 110
- CQM Additional
  - NQF 0001 / PQRI 04
  - NQF 0014
  - NQF 0018

[Detailed Summary Report](#)

**Congratulations!**

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

[Finish](#)

Once all checklist items are passed (as denoted by the green checkmarks), the proxy is able to complete their entry for the provider by clicking “Finish”

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

Create an  
Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

▶ **Step 3:**  
AIU or MU  
AIU  
▶ MU

Next Steps

On the Proxy Home page, the Provider List shows 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.

### 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, Torontown, CA 96001](#)  
[NPI: 9900000360 - Rocky Stone - 710 Quarry Cir., Granite Hills, CA 91510](#)

Create an  
Account

Proxy Home

Step 1:  
About You

Step 2:  
Eligibility Info

Step 3:  
AIU or MU

## ▶ Next Steps

### Next Steps

Once the proxy has completed Steps 1-3 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.