



State Level Registry (SLR) Quick Start Guide for Providers

Program Year 2018

CONTENTS

INTRODUCTION.....	3
Registering for the Medi-Cal EHR Incentive Program.....	4
Create an Account.....	5
Create a Proxy Account.....	6
Proxy Home: Searching for Providers.....	7
Dashboard	8
Step 1: About You	9
Contact Information.....	9
License Information.....	10
Group/Clinic Participation.....	11
Step 2: Eligibility Information.....	12
Participation & Encounters.....	12
Location Information	13
Special Practice Types	14
Provider's Patient Volumes.....	15
Patient Volumes – Supporting Documentation.....	16
Step 3: Meaningful Use (MU).....	17
MU Stage 2 and Stage 3.....	17
Reporting Periods	18
MU Reporting Period	19
CQM Reporting Period	19
Location Information	19
EHR Certification	20
Stage 2 MU Requirements.....	22
Stage 3 MU Requirements.....	23
MU Checklist and Summary.....	25
Step 4: Attestation.....	26
Step 5: Submit	27

Version Number	Date	Notes
1.0	12/29/2011	
2.0	10/10/2012	
3.0	8/30/2016	Program Year 2015 Updates
4.0	12/13/2016	Program year 2016 Updates
5.0	4/25/2017	Program Year 2017 Updates
6.0	10/23/2017	Program Year 2017 Updates (from 2018 Inpatient Prospective Payment System Final Rule effective 10/1/17)
7.0	10/25/2018	Program Year 2018 Updates
8.0	6/12/2019	Updated to include information from the State Level Registry Quick Start Guide for Proxies.

Introduction

The [State Level Registry \(SLR\) portal](#) is available for eligible providers to apply to the Medi-Cal EHR Incentive Program. Providers can apply for Program Year 2018 beginning June 21, 2018. Providers will be able to attest to either Stage 2 or Stage 3. Attestation to Stage 3 is optional. All providers that have attested to Meaningful Use (MU) previously will have a one-year clinical quality measure (CQM) reporting period and will need to wait until January 1, 2019 to submit their attestations.

It is important to note that ***Program Year 2016 was the last year that providers could begin to receive incentive payments***. Providers who did not receive their first incentive payment by Program Year 2016 will not be able to apply for incentive payments in Program Years 2017-2021.

Providers should review the following guide before creating an account in the SLR.

- Providers who enter the SLR will fall into three basic categories:
 - 1) Providers who are applying for the program on their own, without having been identified as group or clinic members or prequalified by DHCS,
 - 2) Providers who have been “prequalified” for the program by DHCS based on their Medicaid patient volumes in the prior calendar year, or
 - 3) Providers who have been previously identified as a member of a group or clinic by a group or clinic representative (note: groups can also be prequalified).
- Providers using a proxy representative will receive notification that information was entered on their behalf when logging in to the SLR. The provider is given the choice of accepting the information or deleting it and entering their own information.
- 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.
- Providers should keep in mind that they can take advantage of the eligibility of the group or clinic without being obligated to 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 in the CMS Registration and Attestation Site. Providers who do not take advantage of the eligibility of groups or clinics can register either 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 (Step 2: Eligibility) when applying. Although prequalified providers have been deemed to have met the 30% Medicaid volume threshold, Meaningful Use (MU) requirements must still be met in order to qualify.

- The proxy representative 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.

Registering for the Medi-Cal EHR Incentive Program

Registration for providers is a two-step process.

1. Providers must have already registered with the Centers for Medicare and Medicaid Services (CMS).
2. Providers must register with the California Department of Health Care Services via the [State Level Registry \(SLR\)](#).

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

Create an Account

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

Choose the “Professional” role and enter your NPI and TIN.

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

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

Create Account

Is This You?

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

Confirm information.

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

Create your account
username/password.

Create a Proxy Account

If you are registering as a proxy representative, choose the "Proxy Representative" role:

Create Account

If you are a Professional, Hospital Representative, Proxy Representative or Group Practice/Clinic Representative, you can create a user account for the SLR. Please enter the following identification information to start the process of creating your user account.

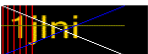
If you have any questions creating your account please contact the Help Desk at (866) 879-0109 or at SLR.Helpdesk@acs-inc.com

Identify Yourself

Enter the necessary information below and click Continue. * Indicates required fields.

What is your role?

- ☐ Professional
- ☐ Hospital Representative
- ☐ Group Representative
- ☒ Proxy Representative

 [New Image?](#)

Enter the letters/numbers from the image above *

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

Choose "Proxy Representative."

Enter the required data to create the proxy representative 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

Proxy Home: Searching for Providers

The proxy representative may enter data for one provider at a time. To search for a 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 and Attestation site. Click "select" after the data has been entered.

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 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 *

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.

Dashboard

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

Welcome, ELIGIBLE PROVIDER
This is your Dashboard for working through the attestation process.

Begin your Year 5 submission today!

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

[Provider Application](#)

[SLR Messages](#)

Year 5 2018

- 1. About You**
Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Provider Encounter Data
- 3. Meaningful Use**
Information about 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

Please note that providers cannot apply for the current year until their application for the previous year has been reviewed (and subsequently approved or denied) by the state. The provider below has been approved by the state for Year 1/2012, 2/2013, 3/2014, 4/2016, and is able to apply for Year 5/2018.

Begin your Year 5 submission today!

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

[Provider Application](#)

[SLR Messages](#)

Year 5 2018

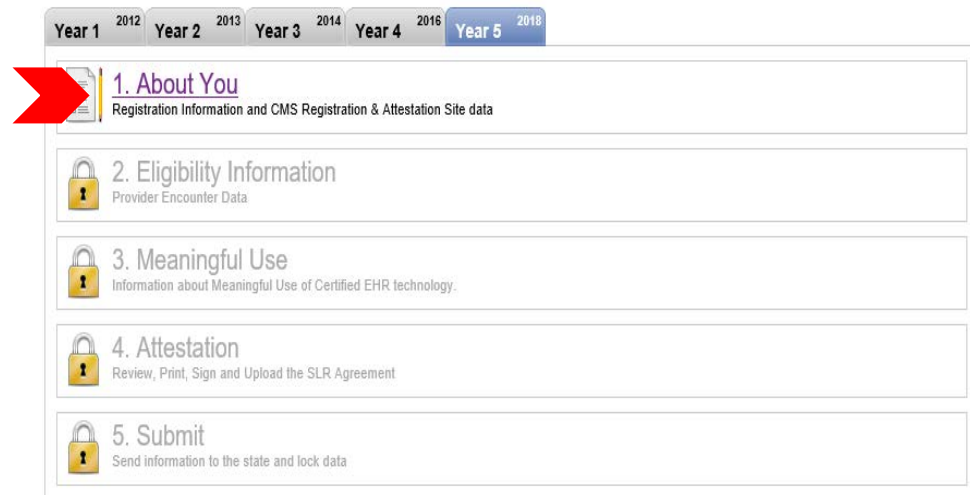
- 1. About You**
Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Provider Encounter Data
- 3. Meaningful Use**
Information about Meaningful Use of Certified EHR technology
- 4. Attestation**
Review, Print, Sign and Upload the SLR Agreement
- 5. Submit**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

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

Year 1 2012 Year 2 2013 Year 3 2014 Year 4 2016 Year 5 2018

Step 1: About You

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



Year 1 2012 Year 2 2013 Year 3 2014 Year 4 2016 Year 5 2018

- 1. About You**
Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Provider Encounter Data
- 3. Meaningful Use**
Information about 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

Contact Information

Enter the name and contact information for the contact person on the account.

For providers who have previously registered with Medi-Cal, this section will be pre-populated with the information entered from the previous year.

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 your license information, special practice type(s), and Medi-Cal Managed Care Health or Medi-Cal 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
- ☐ CareNet 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.

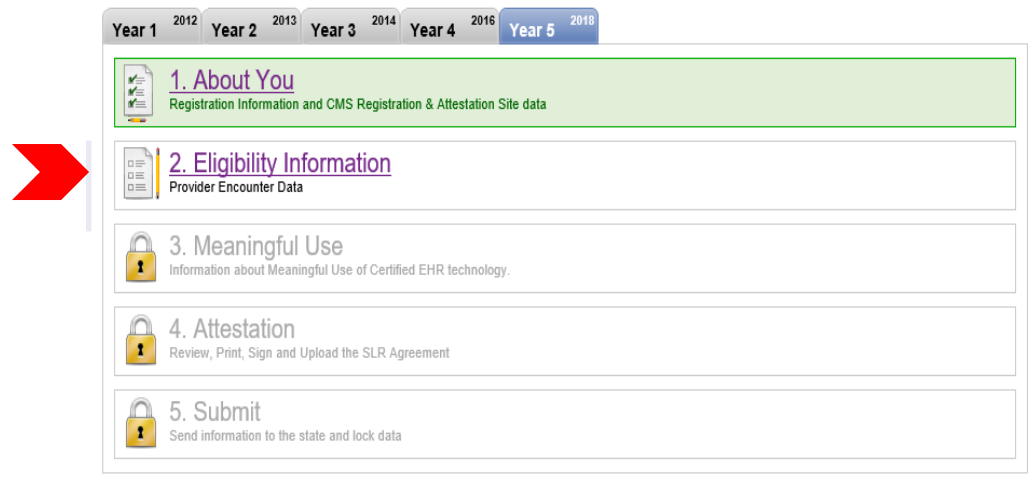
NPI - Group Name (Qualification)

☐ 9900000745 - Kern Care pmf5business (PreQualified - FQHC)
☐ 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

Step 2: Eligibility Information



Year 1 2012 Year 2 2013 Year 3 2014 Year 4 2015 Year 5 2016

- 1. About You**
Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Provider Encounter Data
- 3. Meaningful Use**
Information about 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

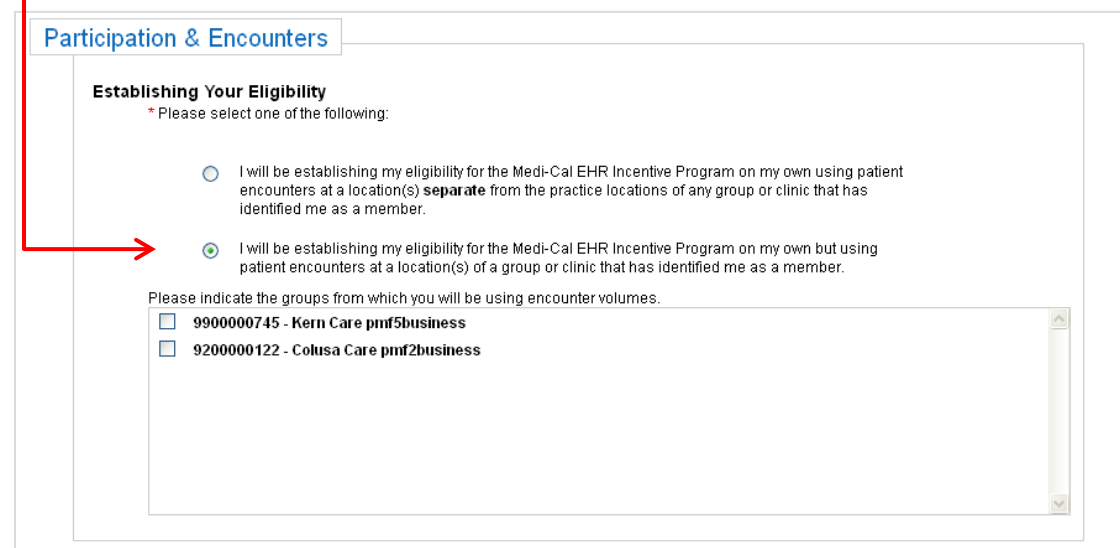
Participation & Encounters

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.

☐ 9900000745 - Kern Care pmf5business

☐ 9200000122 - Colusa Care pmf2business

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.

Add Location

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 will affect the formulas used 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.

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 29.5% Medicaid Encounter volume requirement (19.5% for pediatricians) within any 90-day period from the previous calendar year, **or** in the 12-months prior to attestation. The [Provider Eligibility Workbook](#) is a useful resource that can assist in calculating your volumes and determining eligibility.

Providers must first choose the 90-day representative period from which patient volumes will be derived. There are two approaches available:

90-day Representative Period in the *Previous Calendar Year*:

The representative period must start and end in the calendar year preceding the program year for which you are attesting. Note that the 90-day representative period selected must not overlap with the 90-day representative period used for your previous program year attestation.


90-day Representative Period in the *12 months prior to attestation*:

The representative period must start and end in the 12-month period preceding the date that the provider submits their attestation. Note that the 90-day representative period selected must not overlap with the 90-day representative period used in the previous program year attestation.

90 Day Representative Period

☒ **90-day representative period in the calendar year preceding the program year for which you are attesting**
Enter the start date of the continuous 90-day representative period. The end date will be automatically calculated as 90 days from the start date. The representative period must start and end in the calendar year preceding the program year for which you are attesting. Note that the 90-day representative period selected must not overlap with the 90-day representative period used for your previous program year attestation.

☐ **90-day representative period in the 12-month period preceding today's date**
Enter the start date of the continuous 90-day representative period. The end date will be automatically calculated as 90 days from the start date. The representative period must start and end in the 12-month period preceding today's date. Note that the 90-day representative period selected must not overlap with the 90-day representative period used for your previous program year attestation.

Start Date  End Date mm/dd/ccyy Payment Year ccyy

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	Edit Delete
Select	<input type="text"/>	<input type="text"/>	Add

Patient Volume Percentage

Formula Used : 1A 30.00 %

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.

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 to 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.

Step 3: Meaningful Use (MU)

Year 1 2012 Year 2 2013 Year 3 2014 Year 4 2016 Year 5 2018

1. About You
Registration Information and CMS Registration & Attestation Site data
2. Eligibility Information
Provider Encounter Data
3. Meaningful Use
Information about 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

Program Year 2016 was the last year that a provider could *begin* receiving incentive payments and attest to AIU. AIU is no longer an option and all providers are required to attest to MU.

MU Stage 2 and Stage 3

3. Stage Selection

Please select Stage 2 or Stage 3. After you save this page you will have to contact the HelpDesk (866- 879-0109) in order to change your stage selection.

☐ Stage 2 Meaningful Use
☐ Stage 3 Meaningful Use

Save and Continue

In Program Year 2018, providers have the option to attest to Stage 2 or Stage 3.

The information in this section pertains to Stage 2 MU. Information specific to Stage 3 MU will be provided in the [Stage 3 MU Requirements](#) section beginning on page 23.

Stage 2 MU Progress

The left-hand navigation menu will guide you through each MU requirement. This menu can be used to access and enter information in the MU screens prior to entering MU and CQM reporting periods. 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.

Meaningful Use Stage 2

Providers may receive incentive payments for up to six years. The first year payment can be for adopting, implementing, or upgrading certified technology or demonstrating meaningful use. Year 2-6 payments must be for demonstrating meaningful use. Payments do not need to be in consecutive years.

Meaningful Use Checklist

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

- ☐ [MU Reporting Period](#)
- ☐ [EHR Certification](#)
- ☐ [Objectives](#)
- ☐ [Public Health Reporting](#)
- ☐ [Clinical Quality Measures](#)

[View Summary Report](#)

☒ Completed
☐ Failed
☐ In Progress
☐ Notice (open item for details)

The following icons will help guide you in your workflow:

Key	
	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.

Reporting Periods

In Program Year 2018, all providers are able to use a 90-day MU reporting period regardless of which year of MU they are in.

Although providers are only required to use a 90-day reporting period, this period can be edited to be longer than 90-days by manually entering the end date in the corresponding field.

All reporting periods must fall within the current calendar year and be less than or equal to a year in length.

MU Reporting Period

Reporting Periods

MU Reporting Period

Start Date *  End Date * mm/dd/ccyy 

Enter the start date for a 90-day reporting period that must start and end between January 1, 2018 and December 31, 2018. The end date will be automatically calculated but can be changed so that the reporting period is more than 90-days but no more than 365 days.

Enter your MU Reporting Period. This is 90-days for Program Year 2018.

CQM Reporting Period

Providers reporting MU for the first time are required to choose at least a 90-day CQM Reporting Period. This period can be edited to be longer than 90-days by manually entering the end date in the corresponding field. The reporting period must fall within the current calendar year. Providers who have previously reported MU are required to use the full calendar year as the CQM reporting period

CQM Reporting Period


Start Date *  End Date * 

Enter the start date of a 90-day CQM reporting period. The end date will be automatically calculated as 90 days from the start date. The CQM reporting period must begin and end in the same calendar year as the Program Year for which you are applying.

Location Information

Location Information

At least 50% of your patient encounters during the MU 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 MU reporting period. For each location you must specify the number of patient encounters that occurred during the MU reporting period.

Address	Certified EHR Technology	Number of Encounters During MU Reporting Period
488 S K St San Bernardino, CA 92410		<input type="text"/>

Location(s)

Street Address	City	State	Zip	Certified EHR Technology	Number of Encounters During MU Reporting Period	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

The locations used to establish eligibility will be displayed here.

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

I agree with the following statements: ☐

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

Press Save and Continue to continue.

Save 

Save and Continue 

EHR Certification

Enter the CMS EHR Certification ID for the certified technology used to demonstrate MU. In Program Year 2018, 2014, 2014/2015 COMBO, or 2015 CEHRT are acceptable to meet Stage 2 MU. Only 2014/2015 COMBO or 2015 CEHRT are acceptable to meet Stage 3 MU.

EHR Certification

Your information has been saved.

Providers 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.

It is the provider'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://chpl.healthit.gov>
- 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.

Attachments

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

File(s) Attached - {1} [Upload Files](#)

Enter your CMS EHR Certification ID.

Upload the CMS EHR Certification ID

How to find your CMS EHR Certification ID:

- 1) Go to the ONC website: <https://chpl.healthit.gov>
- 2) Search for your product(s) and click "+ Cert ID" for each of your product(s).
- 3) When you've added all product(s), click the "Get EHR Certification ID" button to retrieve your ID.
- 4) 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.
- 5) Click the "Download PDF" button below your EHR Certification ID number and upload a copy of this page to your SLR application.

Certified Health IT Product List

Search Overview Contact Resources

7 results found [Browse all](#) [Clear filters](#)

Showing up to 50 results per page

First Previous 1 Next Last

Product Name	Developer	Edition	Version	Details	Compare	Cert ID
Practice Fusion EHR	Practice Fusion, Inc.	2014	3.2	Details	Compare	Cert ID
Practice Fusion EHR	Practice Fusion, Inc.	2014	3.6	Details	Compare	Cert ID
Practice Fusion EHR	Practice Fusion, Inc.	2014	3.1	Details	Compare	Cert ID
Practice Fusion EHR	Practice Fusion, Inc.	2014	3.4	Details	Compare	Cert ID
Practice Fusion EHR	Practice Fusion, Inc.	2014	3.0	Details	Compare	Cert ID
Practice Fusion EHR	Practice Fusion, Inc.	2014	3.5	Details	Compare	Cert ID

Home | Privacy Policy | Disclaimer | White House | HHS | USA.gov | Viewers & Players | GobiernoUSA.gov

August 5, 2016: Searching by ONC/ACB/CHPL ID is now available! (E.g., "CHP-022989", "CC-2014-401670-2", "15.04.04.1064.Als.AM.D.160804")

CMS EHR Certification ID

Practice Fusion EHR

Base Criteria: Inpatient CQMs 100%, Ambulatory CQMs 0%

CQM Domains: Ambulatory CQMs 100%

Your CMS EHR Certification ID: 1314E01RC00XEAX

* Additional certification criteria may need to be added in order to meet submission requirements for Medicaid and Medicare programs.

Download PDF

This is your CMS EHR Cert ID.

Certified Health IT Product List

The CMS EHR Certification ID shown corresponds to the collection of products listed below. Submit this ID as part of the attestation process for the CMS Programs.

* Additional certification criteria may need to be added in order to meet submission requirements for Medicaid and Medicare programs.

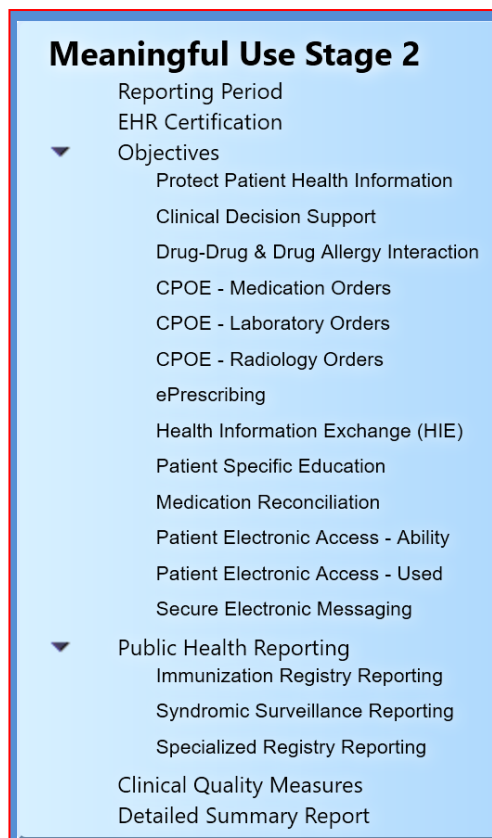
1314E01RC00XEAX

Certifying Body	Practice Type	Product Certification #	Developer	Product Name	Version	Classification	Certification Edition	Additional Software Required
1 Drummond Group	Ambulatory	CHP-028526	Practice Fusion, Inc.	Practice Fusion EHR	3.6	Complete EHR	2014	Udbox Direct 2014

This is the page you are required to upload.

Stage 2 MU Requirements

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



MU Section	Stage 2 Provider Requirements
MU Reporting Period	Choose a 90-day meaningful use reporting period from within the current calendar year.
CQM Reporting Period	1 st Year MU – Choose a 90-day CQM reporting period from within the current calendar year. Subsequent Year MU – Report on a full calendar year.
EHR Certification	Enter the CMS EHR Certification ID for the EHR technology that you are using to fulfill MU.
Objectives	Pass all 10 Objectives (13 Measures).
Public Health Reporting	Pass 2 Measures or report on all 4 Measures without failing any measure. Exclusions do not count as failing.
Clinical Quality Measures (CQM)	Providers must complete 6 CQMs that are relevant to their scope of practice. Zeros may be entered in numerators and denominators.

Stage 3 MU Progress

All of the steps for Stage 3 with regard to reporting periods, locations, EHR certification are the same as displayed for Stage 2 above, and will not be repeated here.


The left-hand navigation menu will guide you through each MU requirement. This menu can be used to access and enter information in the MU screens prior to entering MU and CQM reporting periods. 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.

Meaningful Use Stage 3

- Reporting Periods
- EHR Certification
- ▼ Objectives
 - Protect Patient Health Information
 - Electronic Prescribing
 - Clinical Decision Support
 - Drug-Drug & Drug-Allergy Interaction
 - CPOE - Medication Orders
 - CPOE - Laboratory Orders
 - CPOE - Diagnostic Imaging Orders
 - Patient Electronic Access - Ability
 - Patient Electronic Access - Education
 - Coord of Care - Electronic Access
 - Coord of Care - Electronic Messaging
 - Coord of Care - Data Incorporated
 - HIE - Summary of Care
 - HIE - Record Incorporated
 - HIE - Clinical Info Reconciliation
 - Public Health/Clinical Data Reporting
 - Clinical Quality Measures
 - Detailed Summary Report

Meaningful Use Stage 3

Providers may receive incentive payments for up to six years. The first year payment can be for adopting, implementing, or upgrading certified technology or demonstrating meaningful use. Year 2-6 payments must be for demonstrating meaningful use. Payments do not need to be in consecutive years.



[View Summary Report](#)

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

- ☐ [Reporting Periods](#)
- ☐ [EHR Certification](#)
- ☐ [Objectives](#)
- ☐ [Public Health/Clinical Data Reporting](#)
- ☐ [Clinical Quality Measures](#)

Completed
 Failed
 In Progress
 Notice (open item for details)

The following icons will help guide you in your workflow:

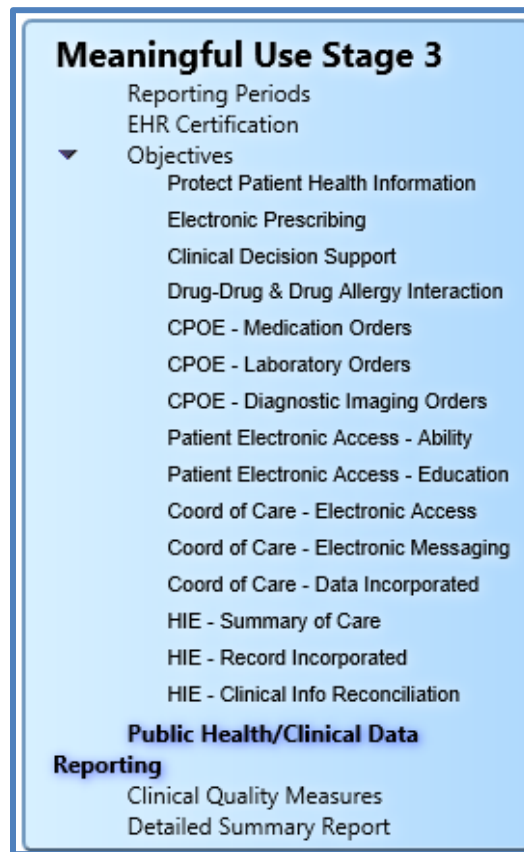
Key	
	Passed MU Requirement
	Failed MU Requirement
	Notice (open item for specific notice details)
	In Progress

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.

Stage 3 MU Requirements



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



MU Section	Stage 3 Provider Requirements
MU Reporting Period	Choose a 90-day meaningful use reporting period from within the current calendar year.
CQM Reporting Period	1st Year MU – Choose a 90-day CQM reporting period from within the current calendar year. Subsequent Year MU – the CQM Reporting Period is 90-days for all participants.
EHR Certification	Enter the CMS EHR Certification ID for the EHR technology that you are using to fulfill MU.
Objectives	Pass all 8 Objectives (13 Measures).
Public Health Reporting	Pass at least two out of five measures or attest to all five measures without failing any measure. Exclusions do not count as failing. The Electronic Case Reporting measure is optional for 2018. Any EP choosing not to report this measure can and should claim an exclusion.
Clinical Quality Measures (CQM)	Providers must complete 6 CQMs that are relevant to their scope of practice. Zeros may be entered in numerators and denominators.

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. The MU checklist and summary is the same format for Stage 2 and Stage 3.

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


Meaningful Use Stage 2

- Reporting Period
- EHR Certification
- Objectives
 - Protect Patient Health Information
 - Clinical Decision Support
 - Drug-Drug & Drug Allergy Interaction
 - CPOE - Medication Orders
 - CPOE - Laboratory Orders
 - CPOE - Radiology Orders
 - ePrescribing
 - Health Information Exchange (HIE)
 - Patient Specific Education
 - Medication Reconciliation
 - Patient Electronic Access - Ability
 - Patient Electronic Access - Used
 - Secure Electronic Messaging
- Public Health Reporting
 - Immunization Registry Reporting
 - Syndromic Surveillance Reporting
- Clinical Quality Measures
 - CMS 157
 - CMS 66
 - CMS 56
 - CMS 90 (Recommended - Adult)
 - CMS 156 (Recommended - Adult)
 - CMS 139
 - CMS 68 (Recommended - Adult)
 - CMS 132
 - CMS 50 (Recommended - Adult)

Detailed Summary Report

Meaningful Use Stage 2

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. Clicking on any of the sections below will take you to that section.

- Reporting Period
- EHR Certification
- Objectives
- Public Health Reporting
- Clinical Quality Measures

Congratulations!


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

[Continue to Attestation](#)

 Completed
 Failed
 In Progress
 Notice (open item for details)

Once all checklist items are passed (as denoted by the green checkmarks), providers will be allowed to proceed to Step 4: Attestation.

Step 4: Attestation



Year 1 2012 Year 2 2013 Year 3 2014 Year 4 2016 Year 5 2018

- 1. About You
Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information
Provider Encounter Data
- 3. Meaningful Use
Information about 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

Providers will be required to print, physically sign, and upload their Provider Attestation.

4. Review, Sign, and Attach Attestation

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

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


Print and Sign Attestation

If you do not have a PDF reader, you can download one for free from Adobe at: <http://get.adobe.com/reader>

Step 2: Scan and Upload Signed Attestation
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.

Locate Signed Attestation ■

File(s) Attached - {0}

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

Provider Attestation

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:

- I am voluntarily participating in the Medi-Cal EHR Incentive Program for California. I understand that providing the information on this attestation form and in the application is mandatory for my application to be considered for participation in the Medi-Cal EHR Incentive Program for California.
- I am not hospital-based. I did not provide 90% or more of my covered professional services in 2014 in an inpatient hospital or an emergency room of a hospital.
- My Medicaid individual patient volume information below is correct:
 - Total Medicaid patient volume percentage: 30.00
 - 90 day period from 08/03/2014 through 10/31/2014
 - Total Patient encounters: 100
 - Total Medicaid encounters: 30
- I am attesting that the CMS certification ID provided, 131453R/C000EAX is the correct number that represents the EHR system or combination of certified EHR modules that have been adopted, implemented or upgraded for my practice.
- The following location(s) is/are where my patient encounters occurred that are used to establish my eligibility for the Medi-Cal EHR Incentive Program:
 - 123 Purple Dr. Sacramento, CA 12321
- I am attesting that at least 50% of my total patient encounters are from locations where certified EHR technology is available.
- I am attesting that all data for meaningful use measures is based on encounters that occurred at my practice locations where certified EHR technology is available.
- The following are my practice location(s) where certified EHR technology is available.

123 Purple Dr. Sacramento, CA 12321	Has EHR: Yes MU Encounters Count: 657
--	--
- I am attesting that the information submitted for meaningful use is accurate and complete for numerators, denominators, exclusions, and measures applicable to my practice submitted for the EHR reporting period from 08/02/2015 to 10/30/2015.
- My percentage of patients with records in certified EHR technology is: 100.00%
- I am attesting that the information submitted for clinical quality measures (COMs) was generated as an output from my practice's certified EHR technology.
- COM Reporting Start Date: 03/01/2015
- COM Reporting End Date: 05/29/2015

Initials: _____ Page: 1 8/23/2016

Please note: Providers that have received technical assistance from the California Technical Assistance Program (CTAP) may have an additional signature section on their attestation acknowledging receiving this service. Signing this section is voluntary and does not affect a provider's eligibility for the Medi-Cal PI Program.

On the final pages of the Provider Attestation, providers are advised that any incentive payments based on fraudulent information may be subject to recoupment. Providers also acknowledge that, should additional information be needed, that responses will be returned in a timely manner. As noted below, two areas on the attestation are optional. Initials are not required unless the provider decides to do so.

Please note: The items listed as optional attestation items are optional. Initials are not required.

Department of Health Core Services
Connecting Communities to Better Health

Provider Attestation

- I understand that any incentive payments found to have been made based on fraudulent information or attestation may be recouped by the State.
- I understand that the EHR incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.
- I acknowledge the requirement to cooperate in good faith with the direct review of my health information technology certified under the ONC Health IT Certification Program if a request to assist in the direct review is received.
- If requested, I have cooperated in good faith with the direct review of my health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by me in the field.
- I have not knowingly and willfully taken action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
- I have implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times—
 - (i) Connected in accordance with applicable law;
 - (ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
 - (iii) Implemented in a manner that allowed for timely access by patients to their electronic health information; and
 - (iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300j(3)), including unaffiliated providers, and with disparate Certified EHR technology and vendors.
- I have responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor.

Optional Attestation Items (please initial)

- ☐ I acknowledge the option to cooperate in good faith with ONC-ACB surveillance of my health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and
- ☐ If requested, I have cooperated in good faith with ONC-ACB surveillance of my health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by me in the field.

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

Step 5: Submit

Year 1 2012 Year 2 2013 Year 3 2014 Year 4 2016 Year 5 2018

- 1. About You**
Registration Information and CMS Registration & Attestation Site data
- 2. Eligibility Information**
Provider Encounter Data
- 3. Meaningful Use**
Information about 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

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.

[Cancel and do not send attestation](#)

Upon clicking “Submit Application,” you will receive an email confirmation that your attestation has been sent to the state. After submission, your account and data will be available in view-only mode.

The screenshot shows the SLR dashboard interface. On the left, a yellow message box states "Your Year 5 submission is complete. Please check your payment information." Below this, a green box indicates "Data has been received from the CMS Registration & Attestation Site." with a link to "View CMS Data". Further down are links for "Provider Application" and "SLR Messages". At the bottom left is an "Upload Documentation" section with an "Upload Files" button and a note that no files are currently attached. On the right, a navigation bar shows years from 2011 to 2017, with 2017 selected. Below the navigation bar is a list of five steps: 1. About You, 2. Eligibility Information, 3. Meaningful Use, 4. Attestation, and 5. Submit. Step 5 is highlighted in blue, indicating it is the current step.

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