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*Helping Physicians Adopt And Utilize Electronic Health Records*





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# *Meaningful Use Basics and Attestation Process Guide for Medicare and Medi-Cal*

**Lori Hack & Val Tuerk, Object Health**

# Agenda

- ① Who Qualifies for the EHR Incentive Funds?
- ① EHR Incentive Registration Process
  - ① CMS Registration
  - ① State Level Registration
- ① Meaningful Use Basics
  - ① Core Measures
  - ① Menu Measures
  - ① Quality Measures
- ① Contact Information

# WHO QUALIFIES FOR INCENTIVE FUNDS?

**Medicare** defines an eligible provider according to the definition in the [Social Security Act section 1861\(r\)](#):

- doctor of medicine or doctor of osteopathy
- doctor of dental surgery or dental medicine
- doctor of podiatric medicine
- doctor of optometry
- chiropractor

**Medicaid** defines an eligible provider as follows ([ARRA p. 377](#)):

- physician
- dentist
- certified nurse-midwife
- nurse practitioner
- physician assistant who is practicing in a Federally Qualified Health Center (FQHCs) or Rural Health Clinic (RHCs) led by a physician assistant

# MEDICARE EHR INCENTIVE PROGRAM




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- Administered by CMS
- Maximum incentive of \$44,000
  - *EPs must have participated in 2012 to receive maximum incentive*
- Payments over 5 consecutive years
- Incentive payment is calculated based on Allowable Part B charges submitted by EP in the payment year
- Providers must demonstrate meaningful use every year to receive incentive payments
- *Payment adjustments will begin in 2015 for providers who are eligible but do not elect to participate*

## Medicare EHR Incentive Payment Schedule for Eligible Professionals

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Payment Amounts	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2011	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2012	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2013	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2014	If a Medicare Eligible Professional Qualifies to Receive First Payment in 2015
Payment	\$18,000				
Amount for 2011 Will Be					
Payment Amount for 2012 Will Be	\$12,000	\$18,000			
Payment Amount for 2013 Will Be	\$8,000	\$12,000	\$15,000		
Payment Amount for 2014 Will Be	\$4,000	\$8,000	\$12,000	\$12,000	
Payment Amount for 2015 Will Be	\$2,000	\$4,000	\$8,000	\$8,000	
Payment Amount for 2016 Will Be		\$2,000	\$4,000	\$4,000	
Total Payment Amount Will Be	\$44,000	\$44,000	\$39,000	\$24,000	



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# MEDI-CAL EHR INCENTIVE PROGRAM



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- Administered by Medi-Cal
- Maximum incentive of \$63,750
- Payments over 6 years, does not have to be consecutive
- Eligible providers must demonstrate at least 30% Medi-Cal patient volume (20% for pediatricians) in PRIOR year
- Year 1 incentive payment for adopting, implementing or upgrading EHR technology.
- Year 2 +demonstrate meaningful use to receive incentive payments
- Currently no Medicaid payment adjustments for providers who do not participate, but Medicare adjustments may apply.

## MediCal Incentive Payments per Eligible Provider

	Medicaid EP Qualifies to Receive First Payment in 2011	Medicaid EP Qualifies to Receive First Payment in 2012	Medicaid EP Qualifies to Receive First Payment in 2013	Medicaid EP Qualifies to Receive First Payment in 2014	Medicaid EP Qualifies to Receive First Payment in 2015	Medicaid EP Qualifies to Receive First Payment in 2016
Payment Amount in 2011	\$21,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Payment Amount in 2012	\$8,500.00	\$21,250.00	\$0.00	\$0.00	\$0.00	\$0.00
Payment Amount in 2013	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00	\$0.00	\$0.00
Payment Amount in 2014	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00	\$0.00
Payment Amount in 2015	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00	\$0.00
Payment Amount in 2016	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$21,250.00
Payment Amount in 2017	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
Payment Amount in 2018	\$0.00	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
Payment Amount in 2019	\$0.00	\$0.00	\$0.00	\$8,500.00	\$8,500.00	\$8,500.00
Payment Amount in 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00	\$8,500.00
Payment Amount in 2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,500.00
<b>TOTAL Incentive Payments</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>	<b>\$63,750.00</b>

# EHR INCENTIVE PROGRAM REGISTRATION PROCESS

# What do you need to do to register for incentives?

- ◎ All eligible professionals must register on the CMS EHR Incentive website at <https://ehrincentives.cms.gov>
  - Medicare providers will also attest on the CMS website
- ◎ Medi-Cal eligible clinics will create and submit a group account on the Medi-Cal State Level Registry (SLR)
- ◎ Medi-Cal eligible providers must create individual accounts and attest on the SLR (including group members).

# Before you begin...



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- 🎯 Create a spreadsheet of the eligible professionals you will register.

Site (group)									
NPI	Site Name	TIN	Site Address				City	State	Zip Code
1234567891	HealthCare	123456789	123 Main Street				Whoville	CA	91234
NPI	Name (Last)	Name (First)	NPPES User ID	NPPES Password	License#	Social Security #	SLR User ID	SLR Password	Incentive Program
3456789123	Smith	Joe	SMITH	smith123	A12345	123456789	Jsmith	Jsmith2012!	Medi-Cal

# INFORMATION REQUIRED FOR REGISTRATION/ATTESTATION:

- Provider NPPES login/password
- Provider NPI/Social Security number
- Provider license number and type
- Practice NPI/TIN
- Location NPI and address(es)

# DOCUMENTATION REQUIRED FOR REGISTRATION/ATTESTATION (MEDI-CAL INCENTIVE ONLY):

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- EHR certification ID number from ONC website (scan screen shot)
- Scan the complete EHR contract, including vendor and provider signatures, to prove financial commitment. Include upgrades if applicable
- Eligibility data (if applicable)
  - Select a 90 day period in the previous calendar year and determine total encounters and total Medi-Cal encounters. Provide auditable documentation of Medi-Cal encounters. For rules, see FAQ at <http://www.dhcs.ca.gov/provgovpart/Documents/OHI/Provider%20FAQs.pdf>

# CMS REGISTRATION

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

**Additional Resources:** For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

**Eligible to Participate** - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit [CMS website](#).

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals

**NOTE:** EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals



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<https://ehrincentives.cms.gov>





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Enter NPPES User ID and Password to access system. If you do not have access to this information, providers can call 866-484-8049 to recover the user ID and password.



## Login Instructions

### Eligible Professionals (EPs)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

### Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#).
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

### Associated with both Eligible Professionals (EPs) and Eligible Hospitals

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.
- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, [Create a Login](#) in the I&A System.

### Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

(\*) Red asterisk indicates a required field.

\*User ID:

\*Password:

- View our [checklist of required materials](#) here.

Log In

Cancel

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**Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System**

**Last Successful Login: 12/15/2011 | Unsuccessful Login Attempts: 0**

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

**Instructions**

Select any topic to continue.

**Registration** ▶

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

**Attestation** ▶

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit Failed or Rejected Attestation
- Reactivate Canceled Attestation

**Note:** Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

**Status** ▶

- View current status of your Registration, Attestation, and Payment(s) for the Incentive Program



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Registration

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## Registration

### Registration Instructions

Welcome to the Registration Page.

Depending on the current status of your registration, please select one of the following actions:

- Register** Register for the EHR Incentive Programs  
Continue an incomplete registration
- Modify** Modify Existing Registration  
Switch incentive programs (Medicare/Medicaid)  
Switch Medicaid state
- Cancel** Discontinue participation in the Medicare & Medicaid EHR Incentive Programs
- Reactivate** Reactivate a previously canceled registration
- Resubmit** Resubmit a registration that was previously deemed ineligible

### Registration Selection

Identify the desired registration and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Existing registration(s):

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Jane Doe, MD	XXX-XX-3568 (SSN)	0000000000000	Medicare	Active	<input type="button" value="Register"/>



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## Registration Progress

### Reason for Registration

You are an Eligible Professional registering in the incentive program.

Your Name

**Tax Identifier:** XXX-XX-6224 (SSN)

**NPI:** 123456789012

### Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Select the TOPIC and provide the required information. The system will show when each TOPIC is completed.

- 1 **EHR Incentive Program** Progress: 0 of 1
- 2 **Personal Information** Progress: 0 of 1
- 3 **Business Address & Phone** Progress: 0 of 1

**Note:** When all topics are marked as completed, select the **Proceed With Submission** button to submit your registration.

Proceed with Submission



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Select topic 1 and Proceed with Submission



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## EHR Incentive Program

Progress: 1 of 1

Completed

### Incentive Program Questionnaire

(\* Red asterisk indicates a required field.)

Not sure which incentive program to select? Please visit the CMS Website for information on the requirements and the differences between the [Medicare and Medicaid EHR incentive programs](#).

Note: Hospitals that are eligible or may be eligible for EHR incentive payments under both Medicare and Medicaid should select **BOTH Medicare and Medicaid** during the registration process, even if

- 1) Their Medicaid State has not officially launched their EHR incentive program.
- 2) They plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology.

Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date.

**Note:** Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

\* Please select your Incentive Program

Medicare  Medicaid

\* Please select your Eligible Professional Type:

Doctor of Medicine or Osteopathy

The EHR incentive programs require the use of EHR technology certified for this program. Please visit the CMS Website, for additional information on [certified EHR technology](#) for this program.

**Note:** A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

\* Do you have a certified EHR? [What is an EHR Certification Number?](#)

Yes  No

EHR Certification Number (Optional): 0000000000000000

Please select the **Previous** button to go back a page. Please note that any changes that you have made on this page will not be saved. Please select the **Save & Continue** button to save your entry and proceed.

Previous

Save & Continue

Your Name

Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 000000000000



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Select incentive program, eligible professional type and confirm that you have a certified EHR. Entering the EHR Certification Number is optional at this point in the process.





Home Registration **Attestation** Status

Progress: 0 of 1

## Personal Information

### Eligible Professional Identifiers

**First Name:** Joan  
**Middle Name:**  
**Last Name:** B  
**Suffix:**  
**Social Security Number (SSN):** XXX-XX-2147  
**National Provider Identifier (NPI):** xxxxxxxxxx

**Joan B**

**Tax Identifier:** XXX-XX-2147 (SSN)  
**NPI:** xxxxxxxxxx

### Payee Information

(\* Red asterisk indicates a required field.)

Please note that your payment options are determined by the approved Medicare enrollment(s) associated with your Social Security Number (SSN) in the Provider Enrollment, Chain and Ownership System (PECOS). In order to send the EHR Incentive Payment to your Billing TIN or another entity, the association must be established in PECOS.

Please select the recipient of your EHR Incentive Payment:

Payee Name	Payee Tax Identifier (TIN)	Payee National Provider Identifier (NPI)	Contractor ID - State	* Payee Selection
John Doe	XXX-XX-XXXX (SSN)	xxxxxxxxxx	00953 - Michigan	<input type="radio"/>
James Bond	XX-XXXXXX (Billing TIN)	xxxxxxxxxx	14102 - New Jersey	<input type="radio"/>
Community Hospital	XX-XXXXXX (Billing TIN)	xxxxxxxxxx	03102 - Arizona	<input type="radio"/>
Internal Medicine, Assoc.	XXX-XX-XXXX (SSN)	xxxxxxxxxx	13202 - New York	<input type="radio"/>
Joan B	XX-XXXXXX (EIN)	xxxxxxxxxx	01102 - California	<input type="radio"/>

### Identifiers

(\* Red asterisk indicates a required field.)

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

**Social Security Number (SSN):** XXX-XX-2454 (SSN)

**National Provider Number (NPI):** 123456789

\*Payee TIN Type:

\*Group Name:

\*Payee TIN:

\*Payee NPI:

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[SAVE AND CONTINUE](#)



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If you have multiple Medicare enrollments associated with your SSN in PECOS, you will select the Payee

Select where your payment will go in the Payee TIN Type: Select SSN if the provider will receive the payment, and EIN if the group will receive the payment.





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Progress: 1 of 1

## Business Address & Phone Number

Completed

(\* Red asterisk indicates a required field.

The address provided below will be posted on the EHR incentive program website once you receive payment to show participation in the Medicare EHR incentive program. Please note that the business address listed is the practice location established in [NPPES](#). Updates made to the business address and phone number, will not update the business address and phone number on file in NPPES. To update your business address associated to your NPI, please make your changes in NPPES.

Your Name

**Tax Identifier:** XXX-XX-3568 (SSN)  
**NPI:** 0000000000

\*Address Line 1:

Address Line 2:

\*City:

\*State:

\*ZIP+4:  -

\*Phone Number (123) 123-4567:  Ext:

\*E-Mail Address:

\*Confirm E-Mail Address:



Please select the **Previous** button to go back a page or the **Save & Continue** button to save your entry and proceed. Select the **Return to Registration Progress** button to return to the Registration Progress page. You can return to your place in the process at any time, however, the data for the current topic will not be saved.

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## Registration Progress

### Reason for Registration

You are an Eligible Professional registering in the incentive program.  
You have modified your registration information.

Your Name

Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 000000000000

### Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Select the TOPIC and provide the required information. The system will show when each TOPIC is completed.

- 1 **EHR Incentive Program** Progress: 1 of 1 Completed
- 2 **Personal Information** Progress: 1 of 1 Completed
- 3 **Business Address & Phone** Progress: 1 of 1 Completed

**Note:** When all topics are marked as completed, select the **Proceed With Submission** button to submit your registration.

Proceed with Submission



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## Verify Registration

### Registration Information

Please review the summary below to ensure this is the correct registration information. If the summary below is correct, select the **Submit Registration** button at the bottom of this page.

**Registration ID:** 1000041161

**Name:** Jane Doe, MD

**TIN:** XXX-XX-3568 (SSN)

**NPI:** 000000000000

**Incentive Program:** Medicare

**Business Address:**

Any Street  
Canton, MA, 02021-2923

**Phone #:** (781) 000-0000  
**Ext #:**

**E-Mail:** Jane.Doe@email.com

Your Name

**Tax Identifier:** XXX-XX-3568 (SSN)

**NPI:** 000000000000

[Submit Registration](#)

[Exit](#)



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Confirm  
information  
and Submit  
Registration





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## Registration Disclaimer

### General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Your Name

Tax Identifier: XXX-XX-3568 (SSN)  
NPI: 000000000000

### Accept, Agree and Submit

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare/Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this registration I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare/Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am registering on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user registering on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is registering.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare/Medicaid EHR Incentive Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare/Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare/Medicaid EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare/Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare/Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

Agree

Disagree



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## Submission Receipt

**Warning: For your Registration, you have been identified as hospital-based for the current year. Please note that your hospital based status is checked yearly and may differ based on your EHR Reporting Period during Attestation.**

**John B**

**Tax Identifier:** xxx-xx-xxxx (SSN)

**NPI:** xxxxxxxxxxxx

### Successful Submission

You have successfully registered for the EHR Incentive Payment Program. An email will be sent to the email address on file as a notification of this submission.

IMPORTANT! Please note:

- You must submit your Attestation information to qualify for your EHR Incentive Payment.
- You may switch between Medicare and Medicaid as many times as necessary prior to receiving an incentive payment. Once a payment is received you may also switch between Medicare and Medicaid once between payments but only once for the entire program.
- You should print this page for your records.

### Registration Tracking Information

**Registration ID:** xxxxxxxxxxxx

**Name:** John B

**Submitted Date:** 06/05/2012

**Reason(s) for Submission:**

You are an Eligible Professional registering in the incentive program.

Please select the **Print Receipt** button to print this page.

[Print Receipt](#)



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# MEDI-CAL EHR INCENTIVE REGISTRATION

# State Level Registration Process (Groups):

- ① Register the group on the Medi-Cal State Level Registry (SLR) at <https://www.medi-cal.ehr.ca.gov/>
- ① Include all providers who contributed at least one encounter during the prior calendar year in the group
  - ① *All providers must have a valid CMS registration to be included in the group*
- ① Enter group eligibility data and supporting documentation (if applicable)
- ① Upload the EHR contract and ONC certification page
- ① Group representative will sign and upload group statement
- ① All eligible providers in the group will need to create individual accounts/attest on the SLR

# State Level Registration Process (Eligible Providers):



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- ⦿ All EPs must register and attest on the SLR at <https://www.medical.ehr.ca.gov>
  - ⦿ Providers create an SLR account using their individual NPI and social security number. Using the social security number does not affect the designation of payment made in the CMS registration
- ⦿ EPs who are a part of a group will be able to identify with the group and inherit group information
- ⦿ EPs who are not associated with a group will need to enter eligibility data and supporting documentation, a complete EHR contract, and EHR certification information.
- ⦿ EPs will sign and upload an attestation document certifying that the information is correct.

# STATE LEVEL REGISTRATION GROUP

## Creating an Account

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

The screenshot shows a web browser window with the title "State Level Registry for the Medi-Cal EHR Incentive Program - Mozilla Firefox". The address bar shows the URL "https://www.medi-cal.ehr.ca.gov/". The page features the DHCS logo and the text "State Level Registry for the Medi-Cal EHR Incentive Program".

Under the heading "Existing Users", there is a login form with the following fields and options:

- Enter the User ID and password you created to login to the SLR. \* Indicates required fields.
- User ID \*
- Password \*
- Log in
- [Forgot User ID?](#)
- [Forgot Password?](#)

Under the heading "Need to Create an Account?", there is a yellow box with the following text:

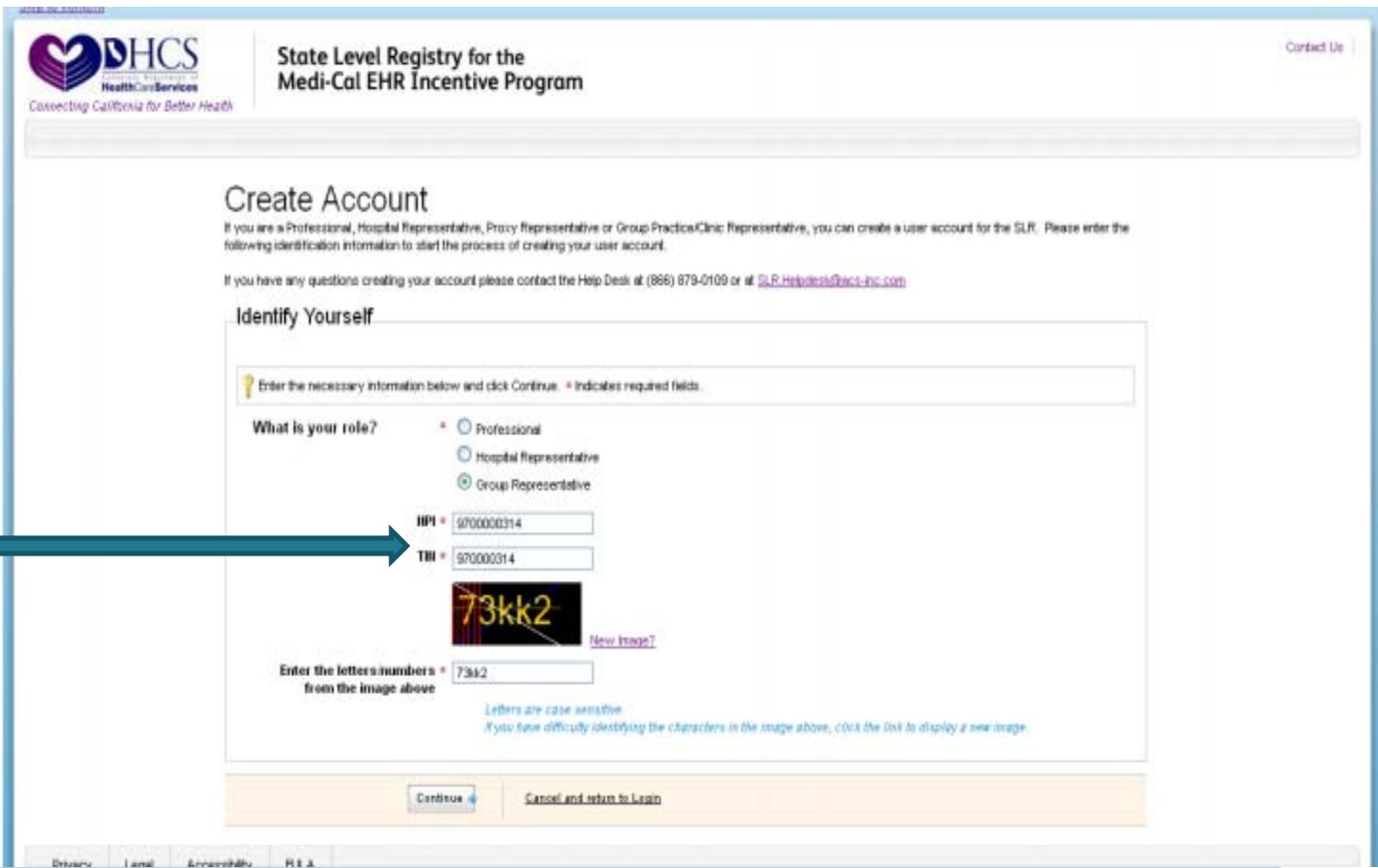
If you are a Professional, Hospital Representative, Proxy Representative or Group Practice/Clinic Representative, you can create a user account for the SLR. If you have not already created a User ID, please select the Create Account button below to create a new User ID.

Below this text is a "Create Account" button, which is highlighted with a red arrow.

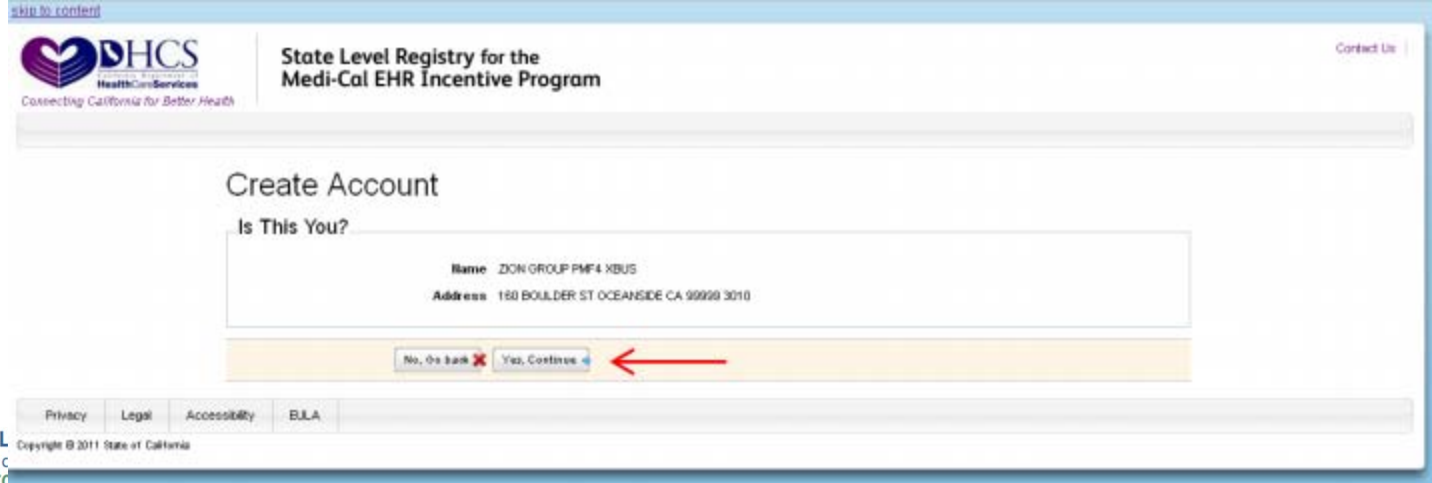
At the bottom of the page, there are links for "Privacy", "Legal", "Accessibility", and "EULA".



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Select "Group Representative"  
and enter Group  
NPI and TIN





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Password must be 8-20 characters and include:

- one upper case letter
- one lower case letter
- one number
- one of the following special characters:  
@, #, !

Note: User IDs must be distinct, but one password may be used for all associated accounts.


State Level Registry for the Medi-Cal EHR Incentive Program - Mozilla Firefox

File Edit View History Bookmarks Tools Help

State Level Registry for the Medi-Cal EHR In... +

arraincentive.com https://causat.arraincentive.com/CreateNewAccount.aspx#

skip to content

 **State Level Registry for the Medi-Cal EHR Incentive Program** [Contact Us](#)

Connecting California for Better Health

## Create Account

Is This You?

**Name** ZION GROUP PMF4 XBUS  
**Address** 160 BOULDER ST OCEANSIDE CA 99999 3010

## 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*

Privacy Legal Accessibility EULA

Copyright © 2011 State of California



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skip to content

State Level Registry for the Medi-Cal EHR Incentive Program

My Account | User Manual | Contact Us | Logout

Logging as a Group  
 ZION GROUP PMF4 XBUS  
 160 BOULDER ST  
 OCEANSIDE, CA 92039-3010  
 Last Updated: groupadmin 11/18/2011 09:27 AM

Welcome, ZION GROUP PMF4 XBUS  
 This is your Dashboard.

**Begin your Year 1 submission today!**  
 Start with Section 1 About Your Group

Payment Information  
 Reports  
 System Messages (0)

Year 1

- 1. About Your Group** Additional Registration Information
2. Group/Clinic Information Group/Clinic Demographics and Values
3. Manage Providers in Your Group You currently have 0 providers in your group
4. EHR Technology and Group Statement Certified EHR Technology Details and Group Representative Statement
5. Submit Attestation Send all information to State and lock group information

Back to Dashboard

### 1. About Your Group/Clinic

The State of California requires that you provide information to be used to help determine your group's eligibility to participate in the Medi-Cal EHR Incentive Program.

**Contact Person**

Changing the contact information here does not change the contact information set up under the My Account page. SLR generated messages will be sent to all email accounts recorded for this group/clinic.

Enter your About You information below. \* indicates required fields.

Name \*

Phone Number \*   
9999999999 (no spaces, dashes, parentheses)

Email Address \*   
Address@domain.com

Save Save and Continue Cancel and Delete this page

Communication regarding the group submission will be sent to all email accounts recorded for the group.

**Continue your Year 1 submission.**

Complete Section 2, Group/Clinic Information

[Payment Information](#)

[Reports](#)

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

Year 1

**1. About Your Group**

Additional Registration Information

**2. Group/Clinic Information**

Group/Clinic Demographics and Volumes



**3. Manage Providers in Your Group**

You currently have 0 providers in your group

**4. EHR Technology and Group Statement**

Certified EHR Technology Details and Group Representative Statement

**5. Submit Attestation**

Send all information to State and lock group information



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**Group/Clinic Information**

Enter your eligibility information below. \* indicates required fields.

**Location Information**

Please enter the address(es) of one or more locations that you would like to use to establish your group/clinic patient volumes. Check the box for each address of which certified electronic health information technology will be adopted, implemented, or upgraded.

**Add Location(s)**

NPI:  *Enter the NPI for this location.*

Street:

City:  State:  Zip:

Use this location to fulfill A.L.U. (in part, or in full)

**Your Group's Location(s)**

You must have at least one location in the table below to successfully create your group.

NPI	Address	Fulfill A.L.U.	Action
1234567890	1234 Incentive Ave. Sacramento, CA 12345	✓	✗



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This box should only be checked if your clinic is an FQHC, RHC, FQHC Look-Alike or Indian Tribal Clinic and will be including Other Needy Individual encounters in order to qualify. Pediatric Practice should only be checked if qualifying at 20% volume and **all** providers in the group are board certified or board eligible pediatricians.

### Specialty Group Type and Practice

The following selections determine the formulas available to calculate your eligibility.

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



*Check this box if your group/clinic is a Federally Qualified Health Center (FQHC), rural health clinic (RHC), FQHC look-alike or Indian Tribal Clinic (authorized by the Indian Self-Determination and Education Assistance Act (Public Law 93-638)).*

*IMPORTANT NOTICE: Only check this box if your clinic is an FQHC/RHC and needs to include Other Needy Individual encounters to attain the 30% threshold. Do not check this box if your clinic can attain the 30% threshold based on Medicaid encounters alone.*

**Pediatric Practice**



*Check this box if all providers in the group/clinic are board certified, or board eligible pediatricians.*

## 90-Day Representative Period

(This section will not display for prequalified clinics)

Enter the 90-day Representative Period from which you will be reporting your group/clinic volumes. The 90-day Representative Period must be within the previous calendar year.

### 90 Day Representative Period

Start Date \*  End Date \* 11/29/2010  
 Payment Year \* 2011

*Enter the start date of a 90-day representative period within the previous calendar year to use to determine your group/clinic eligibility to participate in the Medicaid EHR Incentive Program. The End Date will be automatically calculated as 90 days from the Start Date.*



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## Formula Selection

(This section will not display for prequalified clinics)

Choose the formula that you would like to use to calculate your group/clinic's eligibility.

### Formula Selection

These formulae affect how your incentive payment is calculated. Your available formula options are determined by whether your group/clinic predominately practices in an FQHC or RHC.

**FQHC/RHC Formula 1B**

**FQHC/RHC Formula 2B**

*Formulae:*





*FQHC/RHC 1B: (Total Medicaid Encounters + Total Other Needy Individuals Encounters) / Total Patient Encounters*

*FQHC/RHC 2B: (Total Medicaid Patients Assigned to a Panel + Total Patients Assigned to an Other Needy Individuals Patient Panel + Total Medicaid Encounters + Total Other Needy Individuals Encounters) / (Total Patients Assigned to a Panel + Total Patient Encounters)*

You will need to click on the save icon after entering your volumes in order to calculate your volume.

### Patient Volumes

Please enter your patient volumes in the fields below. Volumes from California are required. If your group/clinic practices in other states and you wish to include these volumes, ...

State	Total Patient Encounters	Total Medicaid Encounters	Total Other Heedy Individual Encounters	Action
CA	100	10	20	 
Select 	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Medicaid Volume Percentage

Formula Used : 1B

30.00 %

 Meets Medicaid Eligibility Requirements? Yes

You will be required to upload documentation supporting the reported Medi-Cal encounters. For details:

[http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Backup\\_Documentation.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Backup_Documentation.pdf)



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## Welcome, ZION GROUP PMF4 XBUS

This is your Dashboard.

**Continue your Year 1 submission.**  
 Complete Section 3, [Manage Providers in Your Group](#)

[Payment Information](#)

[Reports](#)

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

**Year 1**

**1. About Your Group**  
 Additional Registration Information

**2. Group/Clinic Information**  
 Group/Clinic Demographics and Volumes

**3. Manage Providers in Your Group** ←  
 You currently have 0 providers in your group

### Manage Providers in Your Group/Clinic

#### Locate Provider(s)

Enter NPIs of providers in your Group or Clinic. After each NPI entered press "Enter". When your list is complete, press "Search".

NPI:

9700000501
9700000502
9700000503
9700000504
9700000505
9700000506

#### Search Results

The table below displays the providers that have been located in DHCS records. Confirm each as a member of your group/clinic by clicking the add button to the right. Some providers may be listed as "not found." See specific error messages in table below.

\*Add\* will appear for records that are undetermined if it is a provider or hospital.

Summary Results: 6 unique NPI(s) entered, 5 found, 1 not found or ineligible, 5 undetermined

NPI	Last Name, First Name	Address	Specialty/Taxonomy	Action
9700000501	Jean, O. Cology PMF1 XLE0	1060 W. Addison , SHMOLETONN , CA 95001-8901	Physician/Undefined Physician type	Add* +
9700000502	MILDRED, RATCHED PMF2 XLE0	3144 Hwy 96 , HAPPY CAMP , CA 95571-8902	Physician/Undefined Physician type	Add* +
9700000503	PAUL, E. BUNYAN PMF3 XLE0	333 Hwy 33 , WOODVILLE , CA 98571-8903	Physician/Undefined Physician type	Add* +
9700000504	SWEET, E. PIE PMF4 XLE0	4567 Hwy 20 , NICE , CA 95581-8904	Physician/Undefined Physician type	Add* +

Include all providers who contributed at least one encounter during the previous calendar year.



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

[My Account](#) | [User Manual](#) | [Contact Us](#) | [Logout](#)

*Filing as a Group*  
ZION GROUP PMF4 XBU  
160 BOULDER ST  
OCEANSIDE, CA 92039-301

Last Updated: groupadmin 11/18/2011 11:35 AM



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## Welcome, ZION GROUP PMF4 XBUS

is your Dashboard.

**Continue your Year 1 submission.**  
Start with section 4. [Certified EHR Technology](#)

- [Payment Information](#)
- [Reports](#)
- [System Messages \(0\)](#)

#### Year 1

- 1. About Your Group**  
Additional Registration Information
- 2. Group/Clinic Information**  
Group/Clinic Demographics and Volumes
- 3. Manage Providers in Your Group**  
You currently have 3 providers in your group
- 4. EHR Technology and Group Statement** ←  
Certified EHR Technology Details and Group Representative Statement
- 5. Submit Attestation**  
Send all information to State and lock group information



**STEP 2: SEARCH FOR CERTIFIED EHR PRODUCTS**

Use the browse all products, search by product name or search by criteria met to search for certified EHR products.

Search by Name or CHPL Product Number:  
 Select search type:  
 Product Name    
 Search for:  
 NextGen 

 Search by Criteria Met

[Your Search Results: Showing 1-1 of 1 Products Found](#)

**STEP 3: ADD PRODUCTS TO YOUR CART**

To add products to your cart, select the "Add to Cart" link in the far/right column. After adding a product to your cart, you will be directed to your cart page. Once on the cart page you can view the criteria met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required criteria you can obtain a CMS EHR Certification ID.

You can sort on any column in the table below. To sort, click on the column header and the arrow will confirm you are sorting in ascending or descending order.

Matching Product					<input type="checkbox"/> See Complete Products Only
<a href="#">Certifying ATCB</a>	<a href="#">Vendor</a>	<a href="#">Product</a>	<a href="#">Product Version</a>	<a href="#">Product Classification</a>	<a href="#">Additional Software Required</a>
CCHIT	NextGen Healthcare	<a href="#">NextGen Ambulatory EHR</a>	5.6 SP1	Complete EHR	Active Reports; First DataBank; First DataBank NDDF Plus; Health Quality Measure HQM; Rosetta; 5.6.5
					<a href="#">Add to Cart</a>

Page 1 Display 25 records per page

About Product Classifications

**STEP 4: REQUEST CMS EHR CERTIFICATION ID**

**Certification Bar Summary**

The bar below provides a summary of the criteria that are met by items in your cart. Criteria highlighted in blue have been met by products in the cart, criteria in gray have not.

Note: Certification criterion 170.302(w) is optional for the purposes of certification. If w is gray in the bar below, the product(s) in your cart can still meet 100% of the required certification criteria.

Place your mouse over the individual letters to learn more about each criterion.

General Criteria (170.302)      Ambulatory Criteria (170.304)  
 a b c d e f g h i j k l m n o p q r s t u v w      a b c d e f g h i j

**Requesting Your CMS EHR Certification ID**

If the products in your cart meet 100% of the required criteria, you can now obtain a CMS EHR Certification ID.

If the products in your cart do not meet 100% of the required criteria, select the "Return to Search" link and continue adding products to your cart until your cart meets 100% of the required criteria.

Percentage of criteria currently met: 100%

Browse Ambulatory products; add product to cart.

<http://oncchpl.force.com/ehrcert>

**PRODUCTS IN CART**

Certifying ATCB	Vendor	Product	Product Version #	Product Classification	Additional Software Required
CCHIT	NextGen Healthcare	<a href="#">NextGen Ambulatory EHR</a>	5.6 SP1	Complete EHR	Active Reports; First DataBank; First DataBank NDDF Plus; Health Quality Measure HQM; Rosetta; 5.6.5
					<a href="#">Remove</a>

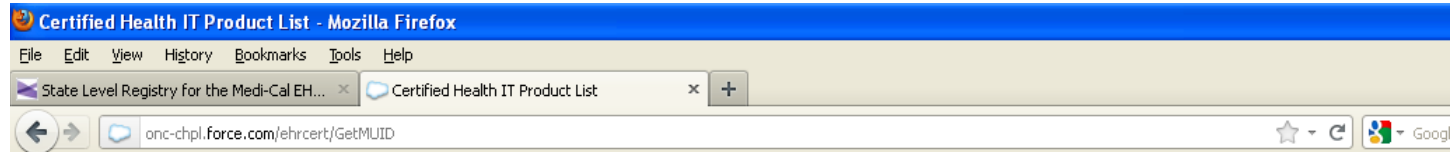


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# Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

[Return to main search page](#)

**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
InfoGard	Medaxis Corporation	360EHR	2.12	Complete EHR	WinSCP 4.2.9 – §170.302 (v), Java SE 6 – all applicable requirements, Java Web Start 1.6 – all applicable requirements

[ONC HIT Website](#) | [Privacy Policy](#)

Last Modified Date: 11/10/2011

The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

You will be required to upload the EHR Certification ID screen shot to your SLR registration





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Attach the EHR  
certification  
screen shot and  
signed, dated  
contract.



## 4. CMS EHR Certification ID

### Certified EHR Technology

Group representatives 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 product 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 payments.

It is the group representative's responsibility to ensure that its certified EHR technology code is listed on the ONC public web service before attesting to the state. Failure to do so could result in disqualification of professionals associated with the group from receiving payment.

To proceed, please indicate your understanding of this responsibility by agreeing to the following statement.

### Your Understanding

- I understand that it is my responsibility, as the group representative, to ensure that the group's certified EHR technology ID is listed on the [ONC public web service](#) before submitting the Group Representative Statement to the state.

### Your EHR Certification Information

CMS EHR Certification ID

Your Certificate ID is valid.

- 1) Go to the ONC website: [http://www.onc.gov/ncsc/ehrtcert](#)
- 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.

Supporting Documentation

File(s) Attached - (1)

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



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## Group Statement

### Signed Attestation

#### Step 1: Print to Sign Attestation

The information you entered in support of your attestation is displayed below. Please carefully review the entire document before signing.

**Group Representative Statement**

- The name of the group is:
- The TIN of the group is:
- The NPI of the group is:
- The location(s) of the group are:
  - 12345 Sacramento St, Incentive, CA 12345
- The group operates as a unified financial entity and has oversight of clinical quality at all sites.
- The eligible providers listed below were active group practitioners (with at least one Medi-Cal encounter) during the 90-day representative period: mm/dd/yyyy to mm/dd/yyyy.
  - 9700000501 Jean, O. Cology PMF1 XLEG
  - 9700000502 MILDRED, RATCHED PMF2 XLEG
  - 9700000503 PALL, E. BUNYAN PMF3 XLEG

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 Attestation

After you have signed your attestation, please upload a signed copy for submission to the state and click the Save or Save and Continue button below. If you have a problem uploading your document, please contact the help desk at (866) 879-0109 for assistance.

Locate Signed Attestation  Upload Files

File(s) Attached - (1)

Save

Save And Continue

Cancel and Delete Changes



Sign and upload group statement. Select express attestation, if applicable, then submit group registration.

## 5. Submit

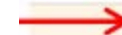


### Submit Application.

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@aco-inc.com](mailto:SLRHelpdesk@aco-inc.com).

Submit Application

Cancel and do not submit attestation




# STATE LEVEL REGISTRATION - INDIVIDUAL PROVIDERS

## 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](mailto: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

NPI \*

TIN \*



[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.*

Continue 

[Cancel and return to Login](#)

Create account using individual NPI and social security number. Note: this will not change the payment designation selected in the CMS registration.





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**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.

**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
- AllMed (Pace)
- American HealthGuard-Dental
- Anthem Blue Cross Partnership Plan
- CalOptima
- CalViva Health
- Care for Health Plan Central

## Step 2: Eligibility Information

State Level Registry for the Medi-Cal EHR Incentive Program

Welcome, Speedy Gonzales

Continue your Year 1 submission.

Year 1

1. About You
2. Eligibility Information
3. Certified EHR Technology
4. Attestation
5. Submit

### 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 =

All 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	Full AIU	Action
There are currently no addresses.		



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San Bernardino County Medical Society,  
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Select Pediatrician  
only if qualifying at  
20% Medi-Cal volume

## 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 20-25% 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.

IV. Step 3: Certified EHR Technology



Spor  
San i  
Inlan

Adopt, Implement, Upgrade

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

Enter your criteria information below. \* Indicates required fields.

Method = **Upgrade**

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

The State of California requires that you upload at least one document (such as a contract, lease, or license) demonstrating a binding legal or financial commitment to adopt, implement, or upgrade CMS certified EHR technology. This documentation must be signed by December 31st of the year for which you are requesting incentive payments. You may:

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

Note: Both the provider and vendor documentation forms may be uploaded even if you are providing complete, unredacted copies of documentation. They will be expedited DMCS review of your application. Multiple EHRs must have documentation uploaded for all vendors. Documents exceeding 10 MB in size should be uploaded in segments.

Attach Upgrade Document =

File(s) Attached - (0)

Select Adopt, Implement or Upgrade. Enter CMS EHR certification ID number, and upload complete contract, EHR certification screen shot, and additional documentation (optional).

## V. Step 4: Attestation

State Level Registry for the Medi-Cal EHR Incentive Program

Welcome, Speedy Gonzales

Continue your Year 1 submission.

Year 1

1. About You
2. Eligibility Information
3. Certified EHR Technology
4. Attestation
5. Submit

### 4. Review, Sign, and Attach Attestation

Review and attach your signed attestation below. \* Indicates required fields.

**Step 1: Print to Sign Attestation**

The information you entered in support of your attestation is displayed below. Please carefully review the entire document and all attachments before signing.

**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 2010 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 05/10/2010 through 06/07/2010  
 Total Patient encounters: 100  
 Total Medicaid encounters: 30

**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) 475-0109 for assistance.

Locate Signed Attestation - Upload File

Sign and upload provider attestation.



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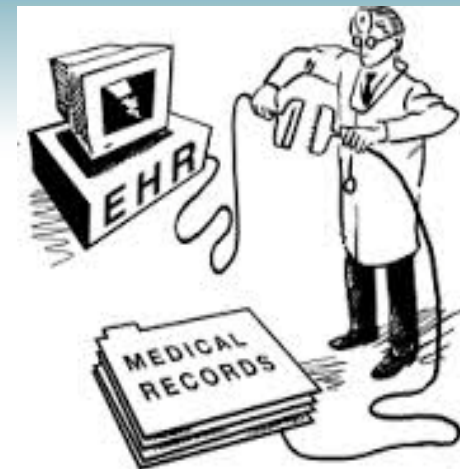
## VI. Step 5: Submit

Inland Empire  
**EHRC**  
Resource Center

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The screenshot displays the user interface for the State Level Registry for the Medi-Cal EHR Incentive Program. At the top, the DHCS logo and the program title are visible. The user is logged in as Speedy Gonzales. A central message reads "Welcome, Speedy Gonzales" and "This is your Dashboard for working through the attestation process." Below this, a yellow box prompts the user to "Complete your Year 1 submission." A list of navigation links on the left includes "My Open Information," "Reports," "Alerts," "Calendar," and "System Messages." On the right, a "Year 1" section contains five steps: 1. About You, 2. Eligibility Information, 3. Certified EHR Technology, 4. Attestation, and 5. Submit. A red arrow points to the "5. Submit" step. The bottom of the page contains a footer with "Privacy," "Legal," "Accessibility," and "DLA" links, and a copyright notice for 2011.

# MEANINGFUL USE BASICS



# WHAT IS MEANINGFUL USE?



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- CMS has established **objectives** that all providers must meet in order to show that they are using their EHRs
- Some of the **objectives** have a minimum percentage that providers have to meet. Other **objectives** specify an action that must be taken or a functionality of the EHR that must be enabled.
- Measures are associated with every objective.
- There are **exclusions** from many of the objectives that exempt providers from having to meet those specific objectives.

# Stage 1 MEANINGFUL USE

- ❑ **13 Core Objectives** – Everyone who participates in the program must meet these objectives. Some of the core objectives have exclusions that could exempt you from having to meet them, but many of them do not. You have to report on all 13 core objectives and meet the thresholds established by those objectives.
- ❑ **5 Menu Objectives** – You only have to report on 5 out of the 10 available menu objectives, including at least one public health-related objective. You can choose objectives that make sense for your workflow or practice. Again, some of these objectives have exclusions that could exempt you from having to meet them.
- ❑ **Clinical Quality Measures** - In addition to meeting the thresholds for the 15 core and 5 menu objectives, all eligible professionals have to report on Clinical Quality Measures, also known as CQMs.



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# MEANINGFUL USE - CORE SET



1. Use computerized provider order entry (CPOE)
2. Implement drug to drug and drug allergy interaction checks
3. Maintain an up-to-date problem list
4. Generate and transmit permissible prescriptions electronically
5. Maintain active medication list
6. Maintain active medication allergy list
7. Record demographics
8. Record vital signs
9. Record smoking status
10. Implement one clinical decision support rule
11. Provide patients with an electronic copy of their health information upon request
12. Provide clinical summaries to patients within three business days
13. Protect electronic health information created or maintained by certified EHR

# CORE 1: COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)

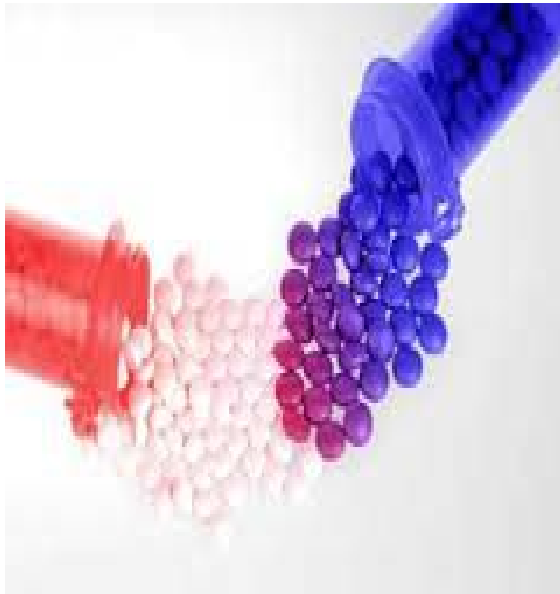
- More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.
- You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.



# CORE 2 : DRUG-DRUG AND DRUG-ALLERGY CHECKS



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- EP has enabled this functionality for the entire EHR reporting period.
- Certified EHR come with the ability to automatically check for potentially adverse drug-drug or drug-allergy interactions. You have to enable this functionality and keep it on.

Suggested documentation: One or more screenshots from the certified EHR system that are dated during the EHR reporting period selected for attestation.

# CORE 3: MAINTAIN AN UP-TO-DATE PROBLEM LIST



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- ❑ More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data in the EHR.



# CORE 4: E-PRESCRIBING (ERX)



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Get Ready,  
Get Set,  
Get E-Prescribing

With the new year comes a Medicare incentive for prescribe drugs electronically.  
Will you be among the early adopters? By Leah M. Addis, Associate Editor

- More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
- You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.

# CORE 5: MAINTAIN ACTIVE MEDICATION LIST



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- More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.



# CORE 6: MAINTAIN ACTIVE MEDICATION ALLERGY LIST



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- More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.



# CORE 7: RECORD DEMOGRAPHICS



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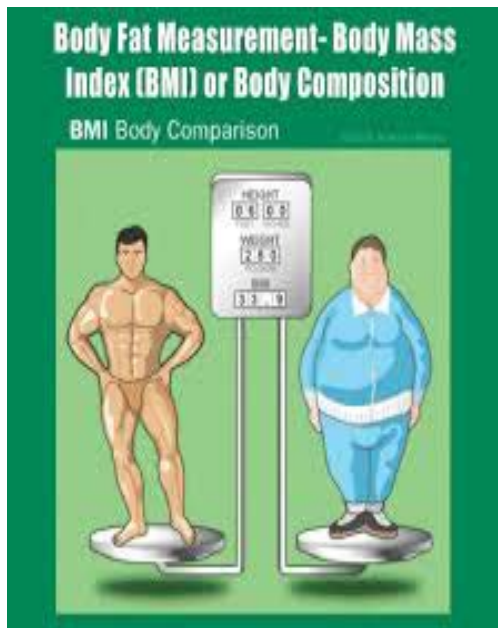
- More than 50% of all unique patients seen by the EP have demographics recorded as structured data.
  - ✓ Preferred language
  - ✓ Gender
  - ✓ Race
  - ✓ Ethnicity
  - ✓ Date of Birth



# CORE 8: VITAL SIGNS



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- ❑ For more than 50% of all unique patients age 3 and over seen by the EP, height, weight and blood pressure are recorded as structured data.
- ❑ You can be excluded from meeting this objective for either of these reasons:
  - ✓ You don't see any patients 3 years or older
  - ✓ You don't believe that the vital sign is relevant to your scope of practice.

# CORE 9: RECORD SMOKING STATUS FOR PATIENTS 13 YEARS OR OLDER



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A screenshot of a dropdown menu titled "SMOKING STATUS". The menu is open, showing a list of options: "current every day smoker", "current some day smoker", "former smoker", "never smoker", "smoker, current status unknown", and "unknown if ever smoked".

SMOKING STATUS
current every day smoker
current some day smoker
former smoker
never smoker
smoker, current status unknown
unknown if ever smoked

- More than 50% of all unique patients 13 years or older seen by the EP have smoking status recorded as structured data.
- You can be excluded from meeting this objective if you don't see any patients who are 13 years or older.

# CORE 10: IMPLEMENT CLINICAL DECISION SUPPORT



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- Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.



# CORE 11: PROVIDE PATIENTS WITH AN ELECTRONIC COPY OF THEIR HEALTH INFORMATION



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- More than 50% of all unique patients who request an electronic copy of their health information are provided it within 3 business days.
- You can be excluded from meeting this objective if you none of your patients requests an electronic copy of their health information.



# CORE 12: PROVIDE CLINICAL SUMMARIES

- Clinical summaries provided to patients for more than 50% of all office visits (within 3 business days).
- You can be excluded from meeting this objective if you don't conduct any office visits.



# CORE 13: PROTECT ELECTRONIC HEALTH INFORMATION



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- ❑ Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.



# MEANINGFUL USE - MENU SET

## Select 5 of 10



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1. Capability to submit electronic data to immunization registries
2. Capability to submit electronic syndromic surveillance data to public health agencies
3. Implement drug formulary checks
4. Incorporate clinical lab test results into the EHR as structured data
5. Generate lists of patients by specific conditions
6. Send reminders to patients
7. Provide patients with timely electronic access to health information
8. Education resources
9. Medication reconciliation
10. Summary care record

*At least one of the 5 selected menu options must be a population health related objective (one of the first two on the menu list).*

# MENU 1: SUBMIT ELECTRONIC DATA TO IMMUNIZATION REGISTRIES



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- Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful.
  
- You can be excluded from meeting this objective for either of these reasons:
  - ✓ You don't administer immunizations.
  - ✓ There is no immunization registry which can receive your electronic transmission.

# MENU 2: SUBMIT ELECTRONIC SYNDROMIC SURVEILLANCE DATA TO PUBLIC HEALTH AGENCIES



Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow up submission if the test is successful.

- You can be excluded from meeting this objective for either of these reasons:
- ✓ You collect any reportable syndromic data.
  - ✓ There is no public health agency which can receive your electronic transmission.



# MENU 3: DRUG FORMULARY CHECKS



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- EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.



# MENU 4: INCORPORATE CLINICAL LAB-TEST RESULTS



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- More than 40% of all clinical lab test results ordered by the EP during the reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
- You can be excluded from meeting this objective if you did not order any lab tests during the reporting period or if none of the tests you ordered came back as a number or as a positive/negative response.

# MENU 5: GENERATE LISTS OF PATIENTS BY SPECIFIC CONDITIONS

- Generate at least one report listing patients of the EP with a specific condition.



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**Patient List - Demonstration Version**

File Help

Sort By:  Show:  Find:  by Date

**Patient List**

Reg Date	Time	Patient Name	Sex	Age	Disch'd
07/10/2001	10:41	Caldwell, Sandra	F	38Y	
07/10/2001	10:42	Duncan, Stuart	M	76Y	✓
07/10/2001	10:55	Johnson, Eric	M	11M1Y	
07/10/2001	10:58	Nelson, Ada	F	26Y	
07/10/2001	10:31	Smith, Franklin R.	M	59Y	✓
07/10/2001	10:56	Wilson, Fred	M	37Y	

# MENU 6: SEND REMINDERS TO PATIENTS FOR PREVENTATIVE/FOLLOW-UP CARE



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- More than 20% of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.
- You can be excluded from meeting this objective if you have no patients 65 years or older or 5 years old or younger whose information is in your certified EHR.

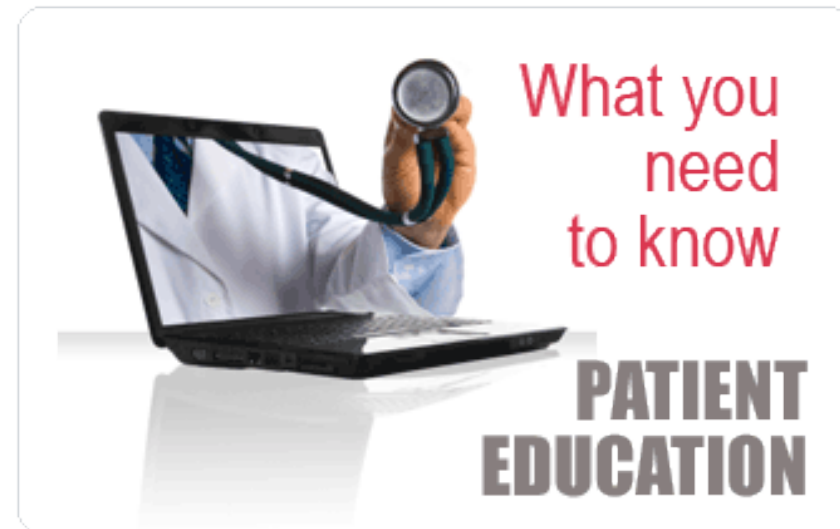


# MENU 7: PATIENT SPECIFIC EDUCATION RESOURCES



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- More than 10% of all unique patients seen by the EP are provided patient-specific education resources.



# MENU 8: ELECTRONIC ACCESS TO HEALTH INFORMATION FOR PATIENTS



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- ❑ At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.



# MENU 9: MEDICATION RECONCILIATION



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- EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
- You can be excluded from meeting this objective if you did not see any patients after they received care from another provider.

# MENU 10: SUMMARY CARE RECORD FOR TRANSITIONS OF CARE



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"I specialize in referrals to  
specialists!"

- EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.
- You can be excluded from meeting this objective if you don't refer any patients to another setting for care during the reporting period.

# CLINICAL QUALITY MEASURES



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- Clinical quality measures do not have thresholds that providers are required to meet.
- No calculations are required for the clinical quality measures. The certified EHR will produce a report with clinical quality measure data, which must be entered exactly as the certified EHR produced it.
- EPs are required to report on:
  - 3 core clinical quality measures **AND**
  - 3 clinical quality measures selected from an additional list
- If you do not collect information on one or more of the 3 core clinical quality measures, you can choose one or more replacements from an alternate list.

# CORE CLINICAL QUALITY MEASURES



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All providers must report on 3 Core CQM:

- NQF 0013: Hypertension: Blood Pressure Measurement
- NQF 0028: Preventative Care and Screening Measure Pair: a) Tobacco Use Assessment b) Tobacco Cessation Intervention
- NQF 0421: Adult Weight Screening and Follow-Up



# ALTERNATE CLINICAL QUALITY MEASURES



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If the data produced by your EHR indicates a zero for the denominator of one or more of the core clinical quality measures, then you must choose one or more alternate core clinical quality measures from this list:

- NQF 0024: Weight Assessment and Counseling for Children and Adolescents
- NQF 0041: Preventative Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
- NQF 0038: Childhood Immunization Status



# ADDITIONAL CLINICAL QUALITY MEASURES



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All providers must report on 3 Additional CQM:

- Select from a list of 38 additional CQM.
- Select additional CQM that are relevant to your practice.



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