



State Level Registry (SLR) Quick Start Guide

For Group/Clinic Representatives
Program Year 2021

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Version Number	Date	Notes
2.0	4/25/2017	Program Year 2017 Updates
2.1	11/28/2017	Additional language about uploading documentation of at least one Medi-Cal encounter for all group providers.
3.0	6/1/2019	Updated to include information from the State Level Registry Quick Start Guide for Proxies.
4.0	1/7/2020	Updated to include information regarding documentation requirements for Meaningful Use and the use of the 2019 Clinic Prequalification list for 2020 attestations.
5.0	3/22/2021	Updated to include information regarding use of 2020 Clinic Prequalification list for 2021 attestations.

INTRODUCTION

Please review the following guide before creating an account for a group or clinic in the State Level Registry (SLR). Please be aware of the following:

- Some groups/clinics may be unable to register in the SLR because of not being found in Department of Health Care Services's (DHCS) Provider Master File (PMF). Such groups/clinics should contact the SLR Help Desk which will be able to add them to a "supplementary" PMF list that will enable them to register in the SLR. The SLR Help Desk may be contacted by phone, (855) 649-7806, or e-mail, CASLRSupport@us.ibm.com.
- The SLR asks the question whether a clinic is a Federally Qualified Health Center (FQHC), FQHC look-alike, Rural Health Center (RHC), or Indian Tribal Clinic. Only click "Yes" to this question if the clinic is one of these types and will need to count "Other Needy Individual Encounters" (in addition to Medicaid Encounters) in order to attain the ≥ 30 percent patient volume threshold. If the clinic will meet this threshold counting only Medicaid encounters do not click "Yes" to this box. Clicking the box limits the number of eligible providers in your clinic to those who practice predominantly in your clinic.
- Effective for 2017, group/clinic representatives may enter any provider into their group who had at least one encounter with a Medi-Cal patient (or other needy individual patient for FQHCs/RHCs) with the group/clinic during the relevant calendar year or the 12 months preceding attestation. For groups/clinics that applied for the 2017 payment year, this meant that any provider that saw a Medi-Cal (or other needy individual) patient in 2016 or the 12 month period prior to attestation with the group/clinic was able to qualify using the group/clinic patient volumes for the 90-day representative period in 2017 even if all of the provider's encounters in 2016 occurred outside of the 90-day representative period. Group/clinic representatives who have already registered in the SLR should contact the SLR Help Desk to reopen their group/clinic registration by sending an e-mail to CASLRSupport@us.ibm.com. Please specify "Add Providers" in the subject line and provide the same information specified above. While adding providers, the group/clinic representatives should be careful to not change the group/clinic patient volumes for the 90-day representative period. The group/clinic representative should have included all encounters by all providers practicing in the group/clinic for the 90-day representative period during the initial registration and although providers practicing in a group/clinic outside of this 90-day period can qualify with the group/clinic their encounters should not be included in the patient volume calculation.

- The SLR asks whether a group or clinic is composed entirely of pediatricians. Only click “Yes” to this question if all the group providers are pediatricians **and** the group/clinic will only qualify at the 19.5-29 percent Medicaid level. If the group will qualify at the ≥ 30 percent Medicaid level **do not** check “Yes” to this box. Checking “Yes” unnecessarily will result in all of the group providers needing to upload documentation of their board certification or board eligibility.
- Anyone can enter the SLR as a representative of the provider by entering the provider’s National Provider Number (NPI) and Tax Identification Number (TIN)/Social Security Number (SSN). However, when a proxy representative enters information on behalf of a provider, a notification e-mail will be sent to the provider. A proxy representative who is also serving as clinic or group representative should **not** enter the TIN for the clinic or group. This will cause the provider to be not found in the SLR, thus preventing the proxy representative from being able to enter the provider’s information. Entering the provider’s TIN or SSN will not affect any reassignment of payments to the clinic or group that has been designated when registering with the Centers for Medicare and Medicaid Services (CMS) Registration & Attestation Site.
- Some groups or clinics may receive the message “Provider information not found” when attempting to enter some providers into their group/clinic. This will usually result when the provider is not listed in DHCS’s Provider Master File (PMF) because they have not established themselves as a billing or rendering provider for Medi-Cal Fee-for-Service. Providers associated with the group/clinic that are not in the Provider Master File are encouraged to register with the [CMS National Level Registry](#) (NLR) before designation as providers in the group/clinic. After registering the group/clinic in the SLR, the group/clinic account can be reopened by contacting the SLR Help Desk. However, only providers who have subsequently either registered with the NLR (up to a 3 day process) or have become providers in the DHCS Provider Master File (potentially a several week process) can be added. Groups may have professionals who are not eligible to apply but are still contributing to the group’s volumes (for example dieticians may contribute to patient encounters but are ineligible for the program). In this scenario, if the NPI of the professional cannot be added in the SLR, group representatives must upload a letter listing the names and NPIs of those providers who cannot be added to their group. This letter can be uploaded in the “Upload Files” section in [Step 4: EHR Technology and Group Statement](#). Please note that providers who *are* eligible for the program should be added to the group by entering their NPI in Step 3 of the SLR and clicking “add,” otherwise, the provider will be unable to utilize group volumes when they register.

- If a provider who has been prequalified by DHCS based on their individual Medi-Cal encounters has registered with the SLR before the group/clinic of which they are a potential member has registered, this does not preclude subsequent group registration. Group/clinic representatives entering prequalified providers into their group/clinic should upload a letter with their application listing the prequalified providers' names and NPIs. The encounters of the prequalified providers should be included in the group/clinic patient volumes for the 90-day representative period. OHIT staff will subsequently contact these providers to confirm that they are willing to change the basis of their eligibility to qualify based on group/clinic patient volumes. If these providers are unwilling to do this the group/clinic administrator will be notified of the need for all providers in the group/clinic to establish eligibility using individual patient volumes. To minimize this possibility, group/clinic representatives should check with any prequalified providers who may have registered with the SLR before establishing the group/clinic in the SLR.
- Proxy representatives entering data on behalf of providers who have been prequalified or identified as qualified with a group or clinic will find that some or all of the eligibility page data entry fields have already been completed and cannot be edited by the proxy representative.
- Proxy representatives cannot choose to opt-out of a group or a clinic for the provider, thus closing the group or clinic to other providers. This action can only be taken personally by the provider.
- As described above, the group/clinic representative's letter should also contain the names and NPIs of providers who could not be entered into the SLR because they could not be found in the PMF.
- DHCS prequalifies clinics based upon patient encounter data they have submitted to the Office of Statewide Health Planning and Development (OSHPD) for the preceding calendar year. The 2021 prequalification list for clinics will not be available until at least July 2021. However, DHCS plans to allow clinics to use the 2020 prequalification list to register for 2021, but payment may not be issued until eligibility is confirmed by the 2021 prequalification list or the submission of encounter data by the clinics.
- Beginning in 2019, DHCS requires that documentation for meaningful use be uploaded to the SLR before a MU attestation can be reviewed and approved. This documentation should include a copy of the MU dashboard report produced by the electronic health record or an equivalent data source. The documentation should also include a copy of the Security Risk Analysis (SRA) or a signed letter describing the SRA. A [SRA letter template](#) can be found on the [SLR website](#). The documentation can be uploaded to the group/clinic SLR account by the group/clinic representative if it breaks out

MU data for each provider in the group/clinic. SRA documentation does not have to be specific for each provider. Any upload button in the SLR can be used for this purpose. Additionally, uploading documents to the account after submission can be done by clicking on the “Upload Files” button on the dashboard.

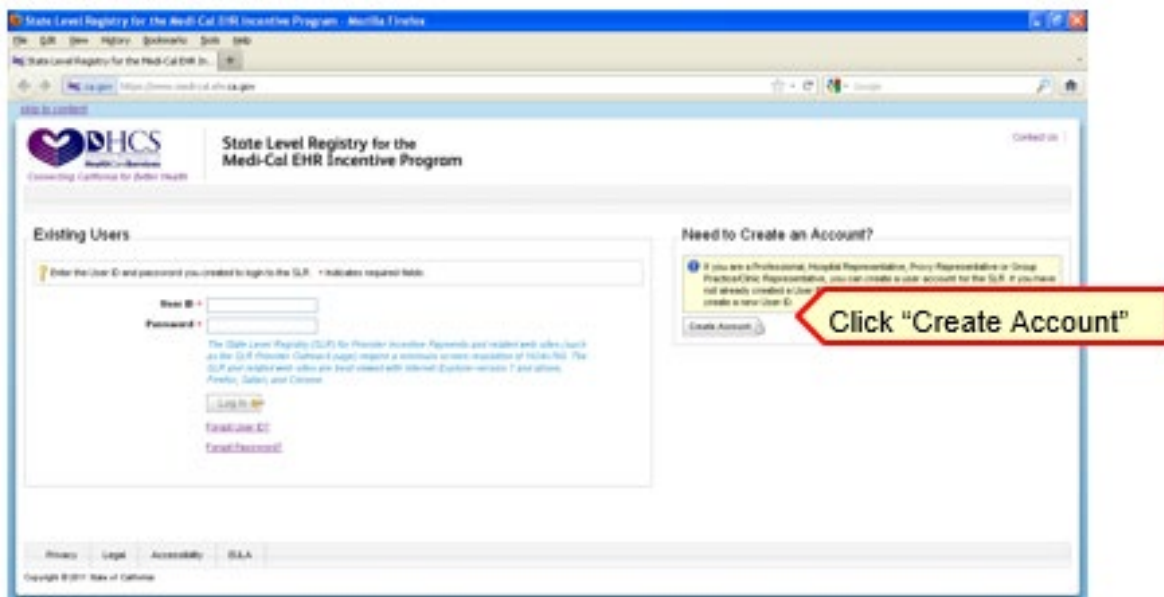
REGISTERING ON THE STATE LEVEL REGISTRY (SLR)

Group representatives must register their group/clinics with the state on the [State Level Registry \(SLR\)](#).

Although providers and hospitals are required to register with CMS on the CMS Registration and Attestation Site (in addition to registering at the SLR), group representatives will only apply in the SLR.

I. Creating an Account

In order to create an account, visit the [State Level Registry](#) and click on “Create Account.”



The SLR offers the option to either choose “Group Representative” role or “Proxy Representative” role. For the creation of a group representative account, the group/clinic’s NPI and TIN will be needed.

The creation of a proxy account allows a representative to enter information on behalf of the provider(s). Proxy representatives have access to the same webpages as a provider. The provider must still review and attest to the accuracy of the information entered by the proxy representative.

Note to Prequalified Clinics Only: If the clinic has been prequalified, ensure that the NPI and TIN entered is the same NPI and TIN that was provided to DHCS in the clinic prequalification questionnaire.

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) 679-0109 or at SLR.Helpdesk@hcs-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

 [View 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.

Select either "Group Representative" or "Proxy Representative"

If "Group Representative" was selected, verify the clinic name and address before completing the registration process. If the information is correct, select "Continue."

State Level Registry for the Medi-Cal EHR Incentive Program - Medi-Call Online

State Level Registry for the Medi-Cal EHR Incentive Program

Create Account

Is This You?

Name: ZON GROUP PMPA ABUS
Address: 160 DOLLER ST OCEANIDE CA 93955-3910

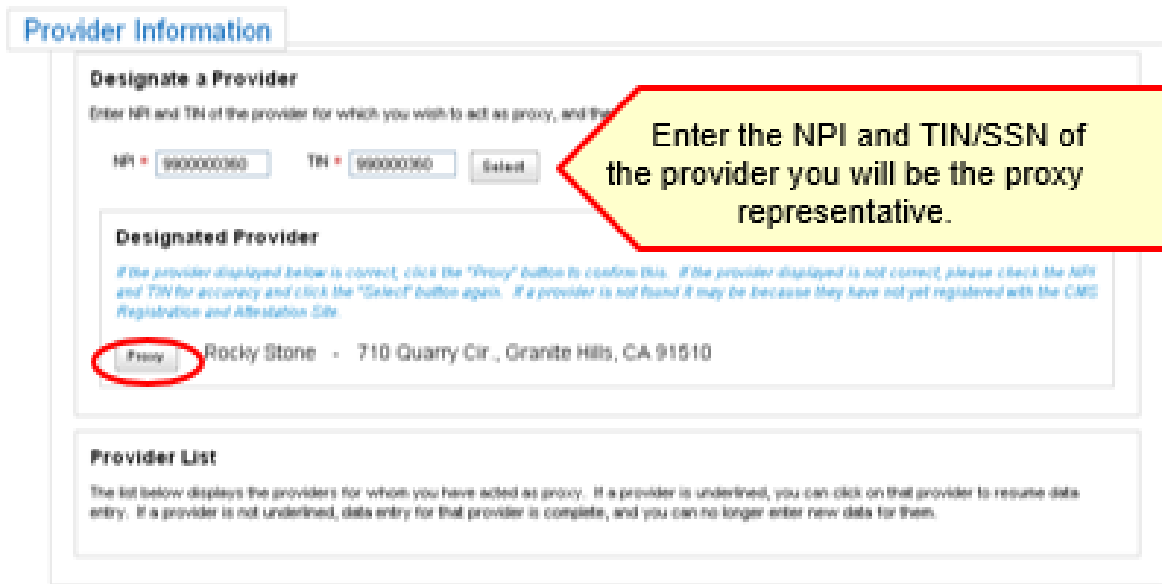
Select "continue."

After selecting “continue,” enter the required information to create an account. The same information is entered when registering as either a “Group Representative” or a “Proxy Representative.”

The screenshot shows a 'Create Account' form with two main sections: 'Proxy Contact Information' and 'Create Login'. The 'Proxy Contact Information' section includes fields for First Name, Last Name, Street, City, State (a dropdown menu), and Zip. Below these fields is a disclaimer: 'The role of the proxy requires integrity and responsibility. You will be accessing the claim data entry systems 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.' There is a checkbox labeled 'Act as authorized proxy' and a note: 'A message will be sent to the professional notifying them that you have entered information on their behalf.' The 'Create Login' section includes a warning icon and text: 'Enter the necessary information below and click Create Account. * indicates required for'. It has fields for Username (with a note: 'Enter 4-20 alphanumeric characters, no spaces'), Password (with a note: 'Password cannot be your login name or a previously used password' and a list of requirements: 6-20 characters, 1 upper case letter, 1 lower case letter, 1 number, and 1 of the following special characters: @ # !), Confirm Password, Select a Challenge Question (a dropdown menu), Your Answer to the Challenge Question, Phone (with a note: '(9999999999) (no spaces, dashes, or area)'), and Email Address (with a note: 'name@domain.com'). Two yellow callout boxes with red borders are overlaid on the form. The first callout points to the 'Proxy Contact Information' section and contains the text 'Enter your contact information.' The second callout points to the 'Create Login' section and contains the text 'Create your account username and password.'

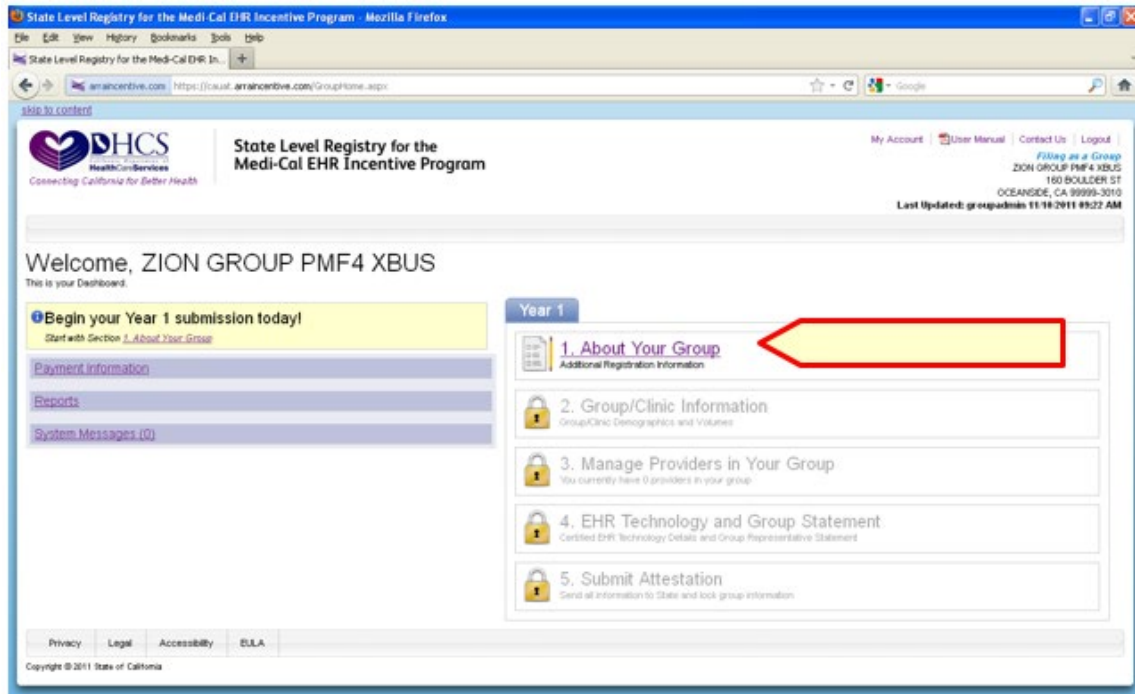
Proxy Home: Searching for Providers

Those that have registered as a “Proxy Representative” will need to add each provider that they will be acting as proxy representative. To search for the provider, enter the provider’s NPI and TIN/SSN. This should be the same NPI/TIN that the provider used when registering with the CMS Registration and Attestation site.

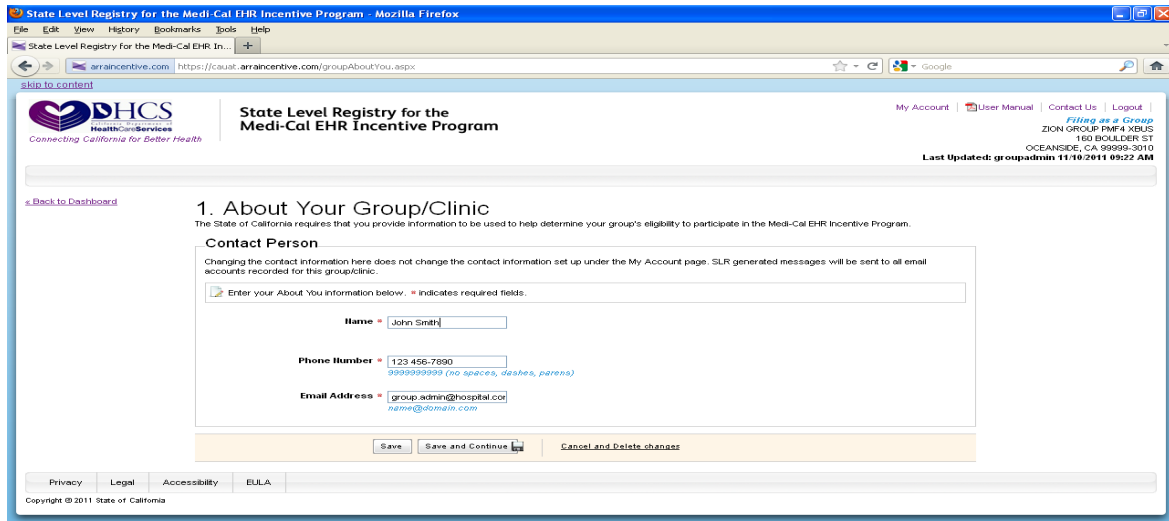


Confirm that the provider displayed is correct, then click the “Proxy” button to begin entered data. If the provider is not found, it may be because they have not registered with the CMS Registration and Attestation site.

II. Step 1: About Your Group

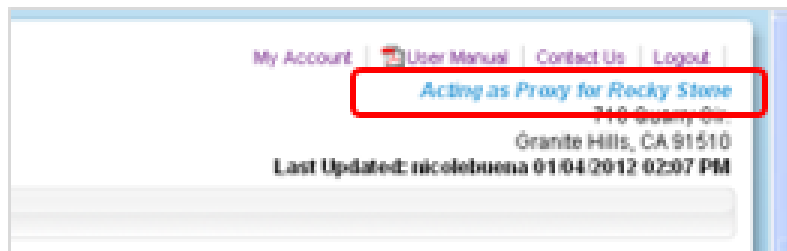


Step 1 in the SLR requires the Group Administrator to enter their contact information which includes name, telephone number, and email address:



About You (As Proxy)

After selecting the “Proxy” button next to the chosen provider, the provider’s account will be displayed. The provider’s name will display in the header of the SLR, which allows for confirmation that data is being entered for the correct provider.



Enter the provider's contact information:

Contact Information

Your Information

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

Contact Details

Full Name * [Dora, Rocky] (Last name, First name)

Title [MD]

Phone Number * [909] 123-4567 (9999999999 (no spaces, dashes, parens))

E-mail [rocky.dora@gmail.com] (name@domain.com)

Enter the provider's contact information.

License Information (Proxy)

Enter the provider's license information, special practice types(s), and Medi-Cal Managed Care Health and Dental Plan affiliation(s).

License Information

License Detail

I have a California professional license.

Licensing Board: [Select Licensing Board --]

License Type: [Select 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: [Select State --]

Other State License Number: []

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

Special Practice Types

Hospital Based

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

No

Yes

Physician Assistant

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

Medi-Cal Managed Care Health and Dental Plans

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

- Access Dental Plan, Inc.
- Alameda Alliance for Health
- AltaMed (Pace)
- American HealthGuard-Dental
- Anthem Blue Cross Partnership Plan
- CalOptima
- CalViva Health
- Care 4et Health Plan, Dental


Group/Clinic Participation (Proxy)

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

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


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

Group/Clinic Participation

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

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

Available Groups/Clinics


 **Group Special Qualifier Notice**

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

NPI - Group Name (Qualification)

920000200 - Humboldt Health pmf0busines (PreQualified - FQHC)

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

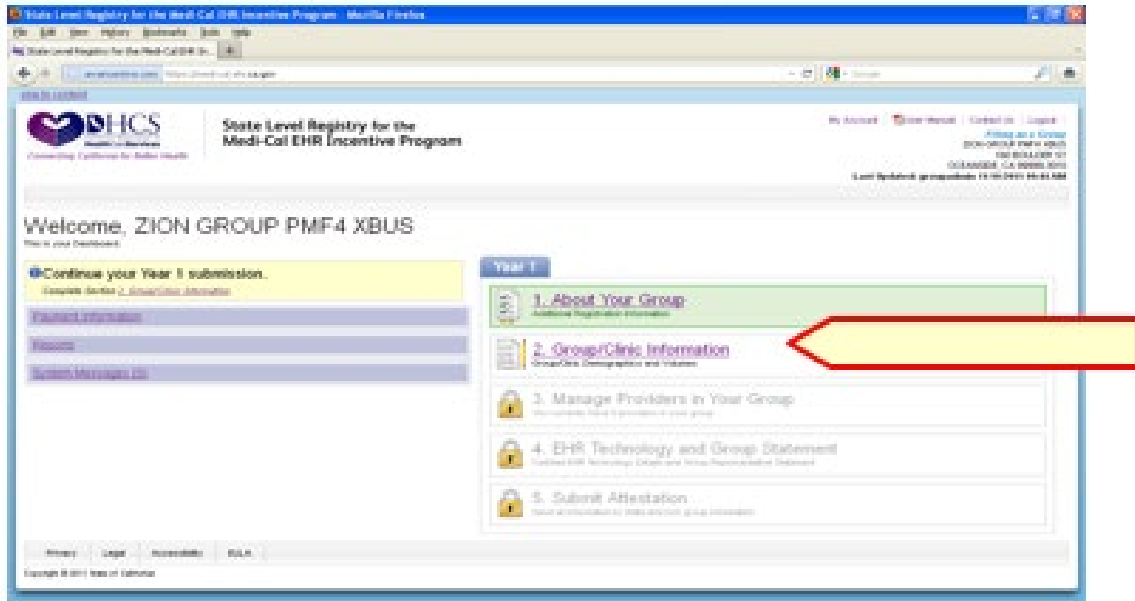
 **Important Information**

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

III. Step 2: Group/Clinic Information

In order to determine group/clinic eligibility, group representatives will be required to enter aggregate volumes for **all** providers in their group/clinic. In addition, the locations for these volumes will also be required.

Group/clinics must meet 29.5 percent Medicaid volumes (groups of only pediatricians can qualify with 19.5 percent Medicaid volumes). FQHC, RHC, FQHC Look-Alikes, or Indian Tribal Clinics can qualify with 29.5 percent Medicaid + Other Needy Individual volumes.



Location Information

Group representatives and proxy representatives must enter the NPI and address for each location where volumes are being derived, there is no limit to the number of locations that can be added.

This section addresses the requirement to Adopt, Implement, or Upgrade (AIU) to a certified EHR Technology. By clicking the “Use this location to fulfill AIU (in part or in full)” box, the group representative can indicate that the certified EHR technology has been or will be adopted, implemented, or upgraded at this address.

2. Group/Clinic Information

Please complete the requested information related to your Medi-Cal and/or Medically Needy patient encounters, including volumes for multiple states for the 90-Day Representative Period you have chosen to determine eligibility. This information is used to verify that you meet the criteria established for patient volume thresholds and practicing predominately in an FQHC or RHC.

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 at which certified electronic health information technology will be adopted, implemented, or upgraded.

Add Location(s)

NPI: 0987654321 *Enter the NPI for this location.*

Street: 7890 Sacramento St.

City: Incentive State: CA Zip: 12345

Use this location to fulfill AIU, (in part, or in full)

Add Location

Your Group's Location(s)

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

NPI	Address	Fulfill AIU	Action
1234567890	1234 Incentive Ave. Sacramento, CA 12345	✓	✗

Specialty Group Type and Practice

Selecting a specialty group type and/or practice will determine which formulas may be used to calculate the group/clinic's eligibility. If the clinic has been prequalified, the options below will not display.

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

Checking the FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic box will enable the group to include Other Needy Individual encounters to the Medicaid encounters.

Please note: This box should only be checked if Other Needy Individual encounters will be used. A FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic that does not need to include Other Needy Individual encounters to qualify should not check this box.

- **Pediatric Practice**

Checking the Pediatric Practice box will enable pediatric groups to qualify with 19.5 percent - 29 percent Medicaid volumes for an incentive payment that will be reduced by one third. Pediatric groups cannot qualify at the 19.5 percent - 29 percent needy level. All providers in the group/clinic will be required to provide proof that they are pediatricians when registering by uploading documentation of board certification or board eligibility with the American Academy of Pediatrics or the American Osteopathic Board of Pediatrics.

Do not check this box if the group will be able to qualify at the 30 percent Medicaid level.

The screenshot shows a form titled "Specialty Group Type and Practice" with the subtitle "The following selections determine the formulas available to you." There are two main sections:

- FQHC, RHC, FQHC Look-Alike, or Indian Tribal Clinic:** This section has a checked checkbox. Below it, there is a note: "Check this box if your group/clinic is an FQHC, RHC, FQHC look-alike, or Indian Tribal Clinic. Education Assistance Act." Below that is a **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." This section is highlighted by a red callout box with a yellow background containing the text: "This box should only be checked if the clinic is a FQHC, RHC, FQHC-look-alike, or Indian Tribal Clinic and will be including Other Needy Individual encounters in order to qualify."
- Pediatric Practice:** This section has an unchecked checkbox. Below it, there is a note: "Check this box if all providers in the group/clinic are board certified, or board eligible pediatricians."

90-Day Representative Period

Groups must first choose the 90-day representative period from which patient volumes will be derived. If the clinic is prequalified, this section will not display. 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

Formula Selection

Choose the formula that you would like to use to calculate your group/clinic's eligibility. If the clinic has been prequalified, the options below will not display.

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)

Patient Volumes

If the clinic has been prequalified, the options below will not display. Groups that are not prequalified will need to enter the aggregate patient volumes for all providers in the group:

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 Needy Individual Encounters	Action
CA	100	10	20	 

Medicaid Volume Percentage

Formula Used : 1B

0.00 %

Click the save icon after entering the group volumes in order to calculate the patient volume:

Patient Volumes

Please enter your patient volumes here. Volumes from California are required. If your group/clinic practices in other states simply choose the appropriate state and complete your volume information. The required volume information needed is dependent upon the incentive calculation formula that you chose earlier.

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

Medicaid Volume Percentage

Formula Used : 1B

30.00 %

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

Supporting Documentation for Medi-Cal Encounters

Groups/clinics are required to upload auditable documentation, such as a report from their practice management system, showing the group/clinic encounters during the selected 90-day period. In addition, a cover letter that clearly explains how to interpret the documentation and how the Medi-Cal Encounters were derived should be included. For details on what documentation is acceptable, review the [Medi-Cal back-up documentation requirements](#). If the clinic has been prequalified, the options below will not display.

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

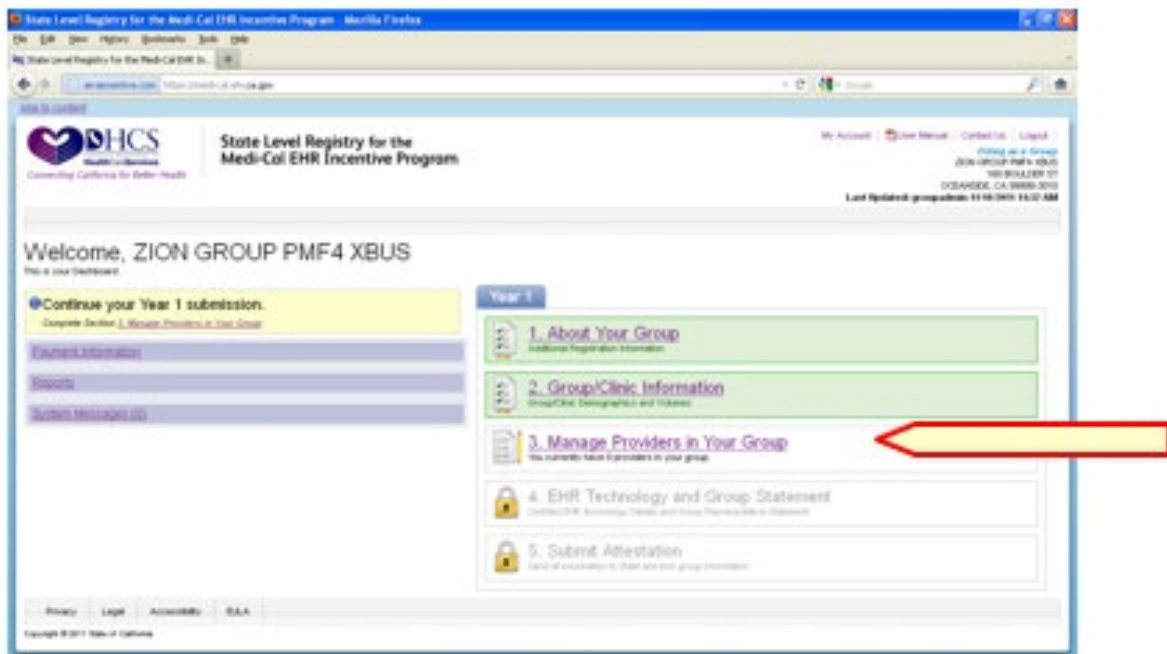
Other Documentation *

File(s) Attached - (1)

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

Meets Medicaid Eligibility Requirements? Yes

IV. Step 3: Manage Providers in Your Group



Under Step 3, group representatives are required to add to the group all providers who:

- (1) contributed to group encounters during the representative period, and
- (2) are one of the eligible provider types (physician, nurse practitioner, certified nurse midwife, dentist, physician assistant, optometrist).

There has been a misconception that if an eligible provider is not planning to apply to the program, or is not *currently* with the group that they should not be added to the group. This is not the case. All eligible providers that contributed to group volumes during the 90-day representative period chosen in **Step 2: Group/Clinic Information** must be listed as group members (note: if the group is prequalified, then all providers who contributed to group encounters during the *1-year* representative period used to determine prequalification must be listed).

Proxy representatives cannot choose to opt-out of a group or clinic for the provider, thus closing the group or clinic to other providers. This action can only be taken personally by the provider.

Groups should not add providers as members of their groups who contributed to group encounters but who are *not* one of the eligible provider types (e.g. pharmacists, dieticians). However, groups can upload a letter into the SLR listing the names and NPIs of these non-eligible providers. This may be useful if the

group is requested to provide supporting documentation for its patient volumes in a subsequent audit.

Additionally, providers who did not contribute to group encounters during the representative period, but had at least one Medicaid encounter with the group within the same calendar year as the representative period or within the 12 months prior to the EPs attestation, can also be added to the group and benefit from using the group volumes for eligibility. Beginning in 2017, DHCS requires that documentation of at least one Medi-Cal encounter with the group during the prior calendar year or prior 12 months be uploaded to the group or provider SLR account for all providers. This requirement also applies to all providers in prequalified groups/clinics. Documentation supporting MU attestations that is uploaded to the SLR can be used for this purpose, as long as individual provider names or NPIs are specified.

If a group account was completed in the previous program year, the SLR will import all of the EPs that were added to the group in the previous year. The EPs who appear in the “Providers in Your Group/Clinic” section are already added:

Manage Providers in Your Group/Clinic

The list below displays the NPIs for providers in your group/clinic from the previous year.

Confirm/Add Provider(s)

You may add new providers to your group/clinic by adding their NPIs to the list below. Click "enter" after each entry in order to make a new entry. When the list is complete click "Search."

NPI:

Providers in Your Group/Clinic

The table below displays the providers for your group/clinic. You may delete providers by marking the checkboxes in the "Remove" column for those providers. When you are finished reviewing the list click "Save" or "Save and Continue" below.

You have 395 Members in Your Group/Clinic

NPI	Last Name, First Name	Address	Add	Remove
1548551112	Aboutalib, Sahel	1000 W Carson St L4, Torrance, CA 90502-2004	<input type="checkbox"/>	<input type="checkbox"/> Remove
1134357973	Acoba, Janine Clair	1000 W Carson St, L4, Torrance, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1467431122	Adler, Sharon	1000 WEST CARSON STREET L4, TORRANCE, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1649282302	AHN, ANTHONY	1000 West Carson Street, L4, Torrance, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1376842880	Almeida-Hunt, Olivia	1000 W. Carson St L4, Torrance, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1215193495	Amaya, Kevin	1000 W Carson St L4, Torrance, CA 90502-2004	<input type="checkbox"/>	<input type="checkbox"/> Remove
1750360426	Anand, Sudhir	1000 WEST CARSON STREET L4, TORRANCE, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1750304234	anderson, thomas	1000 WEST CARSON STREET L4, TORRANCE, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1861744419	Andrawis, John	1000 W Carson St, L4, Torrance, CA 90502-2004	<input type="checkbox"/>	<input type="checkbox"/> Remove
1376779744	Andres, Marissa	1000 W Carson St L4, Torrance, CA 90502-2004	<input type="checkbox"/>	<input type="checkbox"/> Remove
1184971640	Arikat, Azzah	1000 West Carson Street, L4, Torrance, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1841502457	Ashdjan, Shant	1000 W Carson St # 2 L4, Torrance, CA 90502-2004	<input type="checkbox"/>	<input type="checkbox"/> Remove
1922116698	ASKARI, ASGHAR	1000 WEST CARSON STREET L4, TORRANCE, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1831178391	Atkinson, David	1000 WEST CARSON STREET L4, TORRANCE, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1255658746	Ayoub, Rosana	1000 W. Carson St, L4, Torrance, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove
1902111909	Badkoobei, Haleh	1000 W Carson St L4, Torrance, CA 90502-2004	<input type="checkbox"/>	<input type="checkbox"/> Remove
1235374596	Balala, Orlando	1000 W. Carson St., L4, Torrance, CA 90502	<input type="checkbox"/>	<input type="checkbox"/> Remove

If there are no changes to group’s provider roster from the previous year, then select “Save” or “Save and Continue” at the bottom of the page to continue. If providers should be removed from the list, check the “Remove” box (far right column in the snippet above) for each provider to remove. Clicking the “Save” or “Save and Continue” button at the bottom of the page will save the changes.

To add new EPs, type or paste in the NPIs for all of the new providers to be added (each NPI must be on a separate line). Click “Search” to validate that the state has each provider’s information available.

Manage Providers in Your Group/Clinic

The list below displays the NPIs for providers in your group/clinic from the previous year.

Confirm/Add Provider(s)

You may add new providers to your group/clinic by adding their NPIs to the list below. Click “enter” after each entry in order to make a new entry. When the list is complete click “Search.”

NPI: *
 8300000388
 8300000389

Search

Search results will appear below for each NPI entered. If the NPI is found, it will appear in green with the “Add” box already checked. To confirm, click the “Save” or “Save and Continue” button at the bottom of the pages.

Providers in Your Group/Clinic

The table below displays the providers for your group/clinic. You may delete providers by marking the checkboxes in the “Remove” column for those providers. When you are finished reviewing the list click “Save” or “Save and Continue” below.

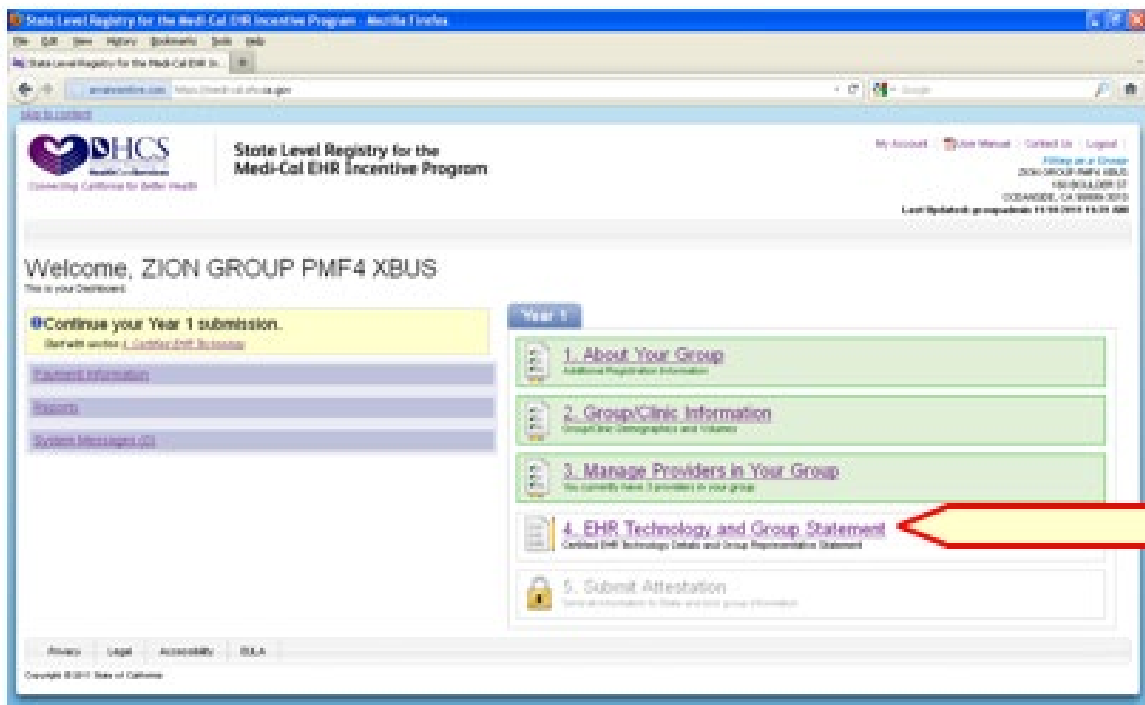
You have 397 Members in Your Group/Clinic

NPI	Last Name, First Name	Address	Add	Remove
8300000388	Bird, Tweety	5150 Grannys House, Bird Cage, CA 98289-8808	<input checked="" type="checkbox"/> Add	<input type="checkbox"/>
8300000389	Fudd, Elmer	100 Rabbit Hole Cir., Forestville, CA 91500-8809	<input checked="" type="checkbox"/> Add	<input type="checkbox"/>

Some of the NPIs entered may not be found and will show “Provider information not found” under the search results. If this occurs, instruct these provider(s) to register on the [CMS Registration and Attestation Site](#) before adding them to the group. Please note, that it may take up to three days for registration information from the CMS Registration and Attestation Site to be received into the SLR after which the provider can be added to the group.

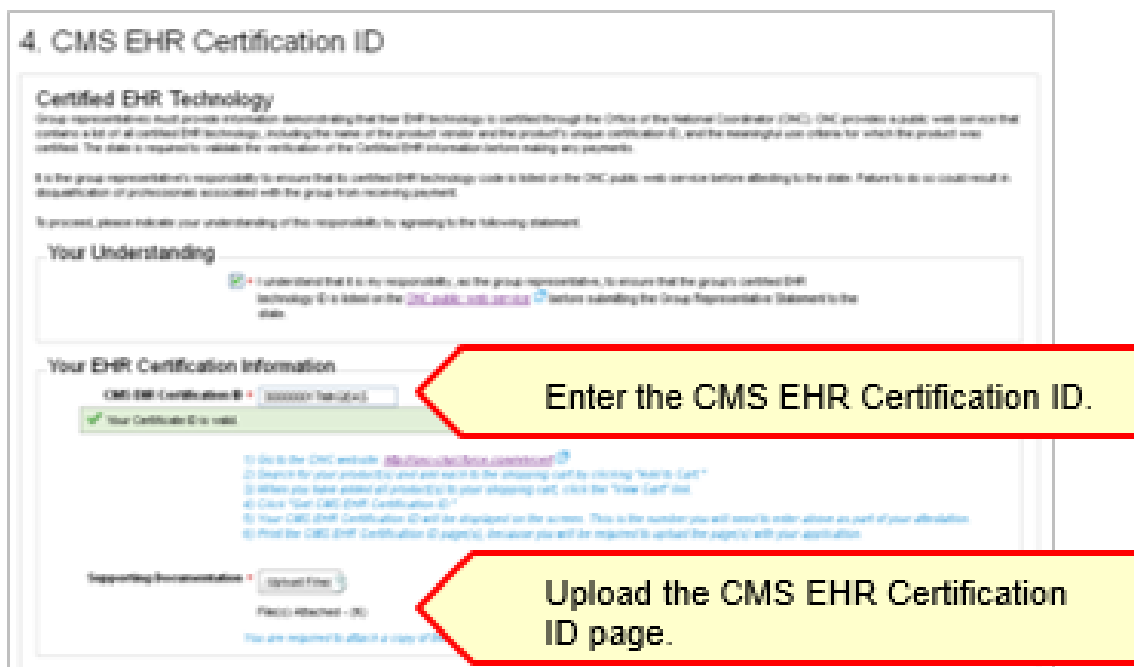
NOTE: Group members in the SLR can be edited until selecting to “submit” the group application. After clicking “submit,” the account will be view-only. Contact the SLR Help Desk at (855) 649-7806 in order to add more providers to the group.

V. Step 4: EHR Technology and Group Statement



Certified EHR Technology

Group representatives may enter in the group/clinic's CMS EHR Certification ID which can be found on the [ONC website](#).



Additionally, the CMS EHR Certification ID page may be scanned and uploaded to the SLR. An example of this page is as follows:

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 EHR Incentive Programs.

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

CMS EHR ID: 0015E244MTA7J5R

Listing 1	
Certifying Body	Drummond Group
Practice Type	N/A
Product Certification #	15.04.04.1447.Epic.17.06.1.180927
Developer	Epic Systems Corporation
Product Name	EpicCare Ambulatory EHR Suite
Version	Epic 2017
Classification	N/A
Certification Edition	2015
Relied Upon Software Required	

If the certified EHR certification ID is entered by the proxy representative, the proxy representative will be taken back to the Proxy Home Page after saving. From the Proxy Home page, the proxy representative can begin or complete data entry for other providers (one at a time).

Please note, beginning in 2019, the ONC website is no longer accessible with Internet Explorer. Recommended web browsers include Google Chrome, Apple Safari, Microsoft Edge, and Mozilla Firefox.

Group Statement & Application Submission

The group representative is required to print, sign, and upload the Group Representative Statement. This statement summarizes the information entered into the SLR and requires the group representative to confirm that the information is true and accurate.

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 EIN of the group is
- The NPI of the group is
- The location(s) of the group are
12045 Sacramento St, Martinez, CA 94553
- 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 Med-Cal encounter) during the 90-day representative period immediately preceding:
870000004 JAIN, G Group (PMF) NLEO
870000000 MLDREID, RAYMOND (PMF) NLEO
870000000 PAUL, E BURTON (PMF) NLEO

Print and Sign Attestation

Please do not leave a PCP viewing, your user information and for free from outside of [MyPrintLab.com/health](#)

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 (800) 675-0128 for assistance.

Locate Signed Attestation - **Upload File**

Files Attached - (0)

After completing Step 4, the group representative can click “Save,” or “Save and Continue” in order to be prompted to submit the application to the state.

5. Submit

Submit Application.

You have completed all required information in your application for the Med-Cal DHP Incentive Program. If you would like to submit to the state, click the submit button below. If you have any questions, contact the help desk at (800) 675-0128 or by email at SLRhelpdesk@aviva.com.

Submit application | **Cancel and do not submit attestation**

NEXT STEPS

Once the group representative has submitted the group/clinic application, eligible providers (or the group representative if using express attestation) must individually review and attest to the validity of their application in the State Level Registry before payments can be made to them.

Eligible providers are required to register and create their own accounts on the CMS Registration and Attestation Site and on the State Level Registry before they can review and submit their attestation to the state.

- For more information on groups and clinics, please read “[Understanding Groups and Clinics](#).”
- For more information on what constitutes a Medicaid or Needy Individual encounter for eligibility purposes, please read “[Understanding Medi-Cal and Needy Individual Encounters](#).”