

REQUEST FOR VERIFICATION OF ENCOUNTER VOLUME AND MEANINGFUL USE REPORTING DATA FOR PROVIDERS THAT WORK AT MULTIPLE LOCATIONS

[Requesting Clinic Name] is assisting [EP Name] in the process of attesting to Meaningful Use (MU) for the Medi-Cal Promoting Interoperability Program, formerly the Medi-Cal Electronic Health Record (EHR) Incentive Program. This provider has indicated that during the period specified below he/she practiced at multiple locations, including your clinic. Therefore we are requesting the following information as required by the Meaningful Use Final Rule¹:

1. Please verify that [EP Name] practiced at [Responding Clinic] during the reporting period from [MU Period Start] through [MU Period End].

Answer: _____ **YES / NO**

2. If you answered yes to the question above, please provide the following information for each location:

2.A. Location Address	2.B. Does this location use EHR Technology certified for the ambulatory setting? ("CEHRT") YES / NO	2.C. CMS EHR Certification ID	2.D. Total number of patient encounters during the reporting period	2.E. Total number of encounters maintained in CEHRT	2.F. Number of Unique patients seen during the reporting period	2.G. Unique patients seen during the reporting period and maintained in CEHRT

3. If you answered yes to 2.B, please attach copies of MU Dashboard Reports for this provider for the MU period indicated above.

¹ To be a meaningful EHR user an EP must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology per the Meaningful Use Final Rule, 42 CFR Parts 412, 413, 422 et al., as published on July 28, 2010, page 44329.

Please Note: This form is provided as a tool to assist in the aggregation of MU data for providers practicing in multiple locations. Its use is voluntary and it is not intended to be uploaded into the State Level Registry with provider applications.