

# Montana State Level Registry for Provider Incentive Payments Eligible Professional User Manual

Montana

State Level Registry for  
Provider Incentive Payments

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# Introduction

The overall goal of the User Manual is to help guide medical professionals through the process of completing their State's application for the Centers for Medicare & Medicaid Management's (CMS's) EHR Incentive Payment. This application is submitted through the State Level Registry, a web tool designed to capture all information needed for the approval of the EHR payment, and to submit the application to your State. Users are called Eligible Professionals (EPs) because medical personnel other than physicians can also apply for the incentive payment. Nurse Practitioners are one example.

## SLR Application Availability

The SLR application is on the Web and is available 24 hours a day, 7 days a week and is accessible from the internet.

## Problem Reporting

For general Help, all SLR web pages have a **Help** Link that opens up a copy of this User Manual. For SLR technical support, you can contact the ACS Help Desk designated to support the SLR.

**Phone: (866) 879-0109**

**Email: [SLRHelpdesk@acs-inc.com](mailto:SLRHelpdesk@acs-inc.com)**

For questions about the Montana EHR incentive payment program, contact a Montana representative:

**Email: [MedicaidEHR@mt.gov](mailto:MedicaidEHR@mt.gov)**

**<http://medicaidprovider.hhs.mt.gov/providerpages/ehrincentives.shtml>**

# Overview

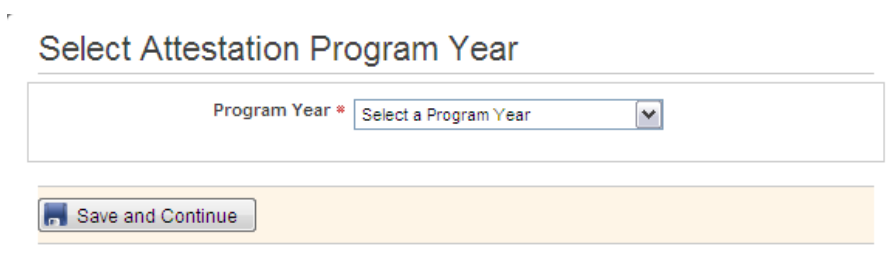
As the healthcare landscape continues to modernize, legislation was passed to encourage the adoption of Electronic Health Record (EHR) technology in documenting patient care. Because of the American Recovery and Reinvestment Act (ARRA) of 2009, eligible Medicaid Providers are being offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations. In support of this initiative, ACS has developed the EHR Provider Incentive Portal application, called the State Level Registry (SLR).

By using SLR, you have access to a streamlined application for federally funded HIT incentives through an easy-to-use website. With self-service flexibility, you can move through registration, eligibility and attestation at your own pace while the SLR application stores your information in an organized manner. This application provides the most direct path to your incentive payment.

## Dates


An EP applying for the 2013 program year must have Medicaid eligibility dates between 10/1/11 – 9/30/12. For the states that are allowing additional periods, the Hospital fiscal year that ends in prior Federal fiscal year must have an end date that ends between 10/1/10 – 9/30/11. An EH applying for 2013 program year must have Medicaid eligibility dates between 10/1/11 – 9/30/12. EHs starting their applications after January 1, 2013 will be in the 2013 program year.

Each State has a designated Grace Period in the beginning of the year during which users that have not submitted an Attestation Agreement can elect the year for which they are Attesting. Users can select the current year and submit Eligibility numbers for the previous fiscal year, or select the previous year as their Program Year and enter numbers from the year before that.



Select Attestation Program Year

Program Year \*

 Save and Continue

# Application Architecture

The SLR Web application features the following:

- Compliance with Section 508 accessibility guidelines.
- Accessibility from the internet: ACS has made every effort to make this site accessible to people with disabilities. In the event you experience difficulty accessing this site with assistive devices, please contact our Help Desk at (866) 879-0109 for assistance in obtaining the information you need. State of Montana accessibility standards are available for review.
- Secure protected page access.

# Materials and Preparations

Materials the user will need to use the software:

- Computers with access to the web browser.
- Software – **Adobe Acrobat Reader** – installed on your machine to view PDF files.
- Pop-up Blocker browser feature should be set to **Off** to receive the Pop-up window features.
- Manuals and/or FAQ's that are available for distribution.

Also note that this application is compatible with Microsoft Internet Explorer V7.0 and above only.

# Method

## Login – Accessing the SLR

The SLR is a web-based application accessible from the internet via the Provider Outreach Web portal, or directly from a login URL.

1. Open Microsoft Internet Explorer to access the Web.
2. Type your State's URL in the address field and press the **Enter** key on your keyboard.

<https://mt.arraincentive.com>

### SLR login from the Provider Outreach Web portal.

You can access the SLR Web application from the Provider Outreach Web portal. This webpage features provider education resources related to the American Reinvestment and Recovery Act (ARRA) and the Health Information Technology for Economic and Clinical Health (HITECH) act, and also provides a link to the SLR application login page.

The *Provider Outreach* page displays the following:

1. Montana banner section. Located at the top of the page, the banner displays the following items that are visible on every page of the SLR application:
  - a. Client logo and tagline. This is the Montana Department of Public Health and Human Services logo and with SLR tagline.
  - b. SLR heading "Montana Medicaid State Level Registry for Provider Incentive Payments". This is the name of the application.
  - c. **Provider Outreach Home** link: Clicking this link returns you to the *Provider Outreach (Home)* page.
  - d. **Contact Us** link: Clicking this link opens a pop-up page displaying contact information consisting of the ACS Help Desk phone number and email.
2. SLR Account Creation/Entry, FAQs and RSS Feeds sections. Located to the left and right of the page, these columns display the following sections:
  - a. *Deadlines for Calendar Year Montana Medicaid EHR Incentive Payment Applications* section: contains links to information for both eligible professionals and eligible hospitals.
  - b. *Need to create an SLR account?* section: clicking the **leave this site and create an SLR account** link directs you to the *Create Account* page.
  - c. *Already have an SLR account?* section: Clicking the **go directly to the State Level Registry for Provider Incentive Payments** link directs you to the *Login* page.
  - d. *Centers for Medicare & Medicaid Services (CMS)* section: clicking a link in this section opens up a new window and displays an article related to CMS.



- e. *EMR and HIPAA* section: clicking a link in this section opens up a new window and displays an article related to one of these healthcare topics.
  - f. *Are you Eligible?* section: clicking the **Run the CMS Eligibility Wizard** link directs you to a wizard designed by CMS to help you determine basic eligibility to the provider incentive program.
  - g. *Frequently Asked Questions* section: clicking the **view our list of most frequently asked questions** link directs you to CMS' frequently asked questions website related to electronic health record (EHR) technologies and the incentive program.
  - h. *Healthcare IT News* section: clicking a link in this section opens up a new window and displays an article related to Healthcare IT news.
3. **Primary Page Body Content** section. Located in the middle of the page, the primary page content entails the following sections:
- a. **Welcome text.** This is an overview of the Provider Outreach Web portal.
  - b. *Want to get a jump start? Click Here!* section: clicking this link opens up a new window and will guide you through the process of gathering information to complete the SLR, the link to create an account.
  - c. *Regional Extension Centers (REC)* section: clicking a link in this section opens up a new window and displays the REC website.



- 4. *Important Web Resources* section: clicking a link in this section opens up a new window and displays the associated website.
- 5. **Footer** section. Located at the bottom of the page, the footer displays the following items:
  - a. **Privacy** link: opens the approved Statewide Policy for Internet Privacy and Security in a new window.
  - b. **Terms of Use** link: Clicking this link opens a new window with a Terms of Use policy displayed.
  - c. **Accessibility** link: Clicking this link opens a new window with the website's Accessibility policy displayed.
  - d. **ACS/Xerox copyright:** this is ACS's copyright symbol and text.

#### Deadlines for Calendar Year 2012 Montana Medicaid EHR Incentive Payment Applications

Registration for Montana Eligible Professionals (EP) and Eligible Hospitals (EH) began on November 7th, 2011. The first year payment is based on the EPIEH attesting to the adoption, implementation, or upgrade (A/U/U) to certified EHR technology; the second year payment is based on Meaningful Use. Registration and attestation for a 2012 payment must be made by the dates specified below:

[Eligible Professionals](#)  
[Eligible Hospitals](#)  
[Policy and EHR FAQ](#)

#### Need to create an SLR account?



Click here to [leave this site and create an SLR account](#) for accessing the Montana Medicaid EHR Incentive Program site.

#### Already have an SLR account?



Click here to [go directly to the State Level Registry for Provider Incentive Payments](#) site.

#### Centers for Medicare & Medicaid Services (CMS)

Beginning January 3, 2011, the Electronic Health Record (EHR) Information Center will be open to assist the EHR Provider Community with both program and system inquiries from 7:30 a.m. - 6:30 p.m. (Central Time) Monday through Friday, except federal holidays, at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). [more info...](#)

(all links open in new window)

Oct 12, 2012  
[People with Medicare have More high quality choices](#)  
Oct 04, 2012  
[Medicare Fraud Strike Force Charges 91 Individuals For Approximately \\$430 Million in False Billing](#)  
Sep 27, 2012  
[New Program to Increase Quality in Nursing Facilities](#)

#### EMR and HIPAA

(all links open in new window)

Oct 22, 2012  
[OIG to Include Meaningful Use and EHR Incentive Reviews - Meaningful Use Monday](#)  
Oct 21, 2012  
[EMR Uptake, Windows 8 Based Tablet, and Medical Errors - Around HealthCare Scene](#)  
Oct 20, 2012  
[Data Capture, Electronic Data, and Interoperability - #HITsm Chat Highlights](#)

### Welcome to the Montana State Level Registry (SLR) — Provider Outreach Page

Montana providers must register with the CMS registration and attestation system, formerly known as NLR, prior to registering with the Montana State Level Registry. The tools in this Provider Outreach Page will help you start collecting and organizing the information you will need in order to register with Montana's SLR.

As the healthcare landscape continues to modernize, recent legislation was passed to encourage the adoption of Electronic Healthcare Record (EHR) technology in documenting patient care. As a result of the American Recovery and Reinvestment Act of 2009, beginning in 2011, eligible Medicaid providers are offered financial incentives for the implementation and meaningful use of Health Information Technology (HIT) in the management of patient populations.

The State of Montana Department of Public Health and Human Services has elected to participate in the HIT incentive program. Our primary goal is to provide an effective means of administering and distributing incentive monies to eligible providers and hospitals, including establishing a process to determine eligibility and track meaningful use. The Department's objectives in this process include:

- The implementation of a cost effective, fully automated, and auditable process to administer incentive payments to eligible providers and hospitals;
- Development of incentive program administrative rules designed to maximize the opportunity for Montana Medicaid Providers to participate;
- Diligent oversight of the incentive program including routine audits and quality assurance checks of meaningful use attestations and reporting mechanisms;
- Coordination with community partners to help encourage the adoption of certified EHR technology and the electronic exchange of health care information.

To streamline the process in applying for the incentive and provide supportive resources throughout your HIT transition, this web portal centralizes the national, state and regional links for additional program information. It also serves as the portal to access Montana's State Level Registry (SLR). In support of Montana's vision of this site also offers the following:

- A centralized "one-stop" launching pad of available tools for managing your EHR Incentive information
- Organized information offering real-time feeds of current HIT news and updates from other federal organizations.

Educate yourself today on the benefits of HIT and be a part of transforming the quality, efficiency and safety of healthcare delivery.

#### Regional Extension Centers (REC) (all links open in new window)



The Montana Regional Extension Center is a federally-funded resource that provides technical assistance to help primary care providers with EHR selection and implementation. More information is available here: <http://www.htsrec.com>

#### Important Web Resources (all links open in new window)

- [CMS EHR Incentive Program Registration site](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [ONC Certified Health IT Products](#)

Want to get a jump start?

Click here to view information that will give you a jump start on getting your ARRA incentive payment.

#### Are You Eligible?



Run the [CMS Eligibility Wizard](#) and quickly see if you may qualify for incentive payments.

#### Frequently Asked Questions



Have a question? Click here to [view the CMS list of frequently asked questions](#)

#### Healthcare IT News

(all links open in new window)

Oct 22, 2012  
[Power to the Patient?](#)  
Oct 19, 2012  
[On doctors and stories](#)  
Oct 18, 2012  
[Stakeholders criticize HITECH critics](#)

To get to the login page from the *Provider Outreach* page, click on the **go directly to the State Level Registry for Provider Incentive Payments** located on the upper left hand corner of the *Provider Outreach* webpage.



## SLR login directly from the SLR login URL.

If you have already created an account, you can also get to the SLR's *Login* page by entering the URL into your browser:

<https://mt.arraincentive.com/>

Type the Montana State Level Registry URL in the address field and press the **Enter** key on your keyboard.

From here, you will reach the SLR Web application *Login* page. You'll have three chances to enter in the correct login information before the system locks your account. If that happens, call the Help Desk for assistance.

Throughout the SLR application, red asterisks (\*) display on various fields. This symbol indicates that this field is required to be completed in order to continue through the application.

The *Login* page displays the following:

1. **User ID** field: enter your User ID.
2. **Password** field: enter your password.
3. **Login** button: verifies the User ID and password you entered and opens the End User License Agreement (EULA).
4. **Forgot User ID?** link: selecting this will open a Forgot User ID pop-up asking you for your National Provider Identifier (NPI) and Tax Identification Number (TIN) as well as the answer to the Challenge Question you selected when you first created the account. Once you have entered those correctly, the system will email the User ID to the email address entered when you created your account.

## Forgot User ID

**Identify Yourself**

Select the user role for which you registered, then enter the appropriate IDs and click Continue \*  
Red asterisk indicates required fields.

What is your role? \*

NPI \*

TIN \*

5. **Forgot Password?** link: select when you have forgotten your password. The system will ask you for your User ID as well as the answer to the Challenge Question you picked when creating your account. Once you have entered those correctly, the system will email a link to reset your password to the email address you entered when you created your account.
6. **Create Account** button: select this if you need to create a new SLR account.

**Existing Users**

Enter the User ID and password you created to login to the SLR. If you have not already created a User ID, please select the Create Account option to create a new User ID. \* Red asterisk indicates a required field.

User ID \*

Password \*

*The State Level Registry (SLR) for Provider Incentive Payments and related web sites (such as the SLR Provider Outreach page) require a minimum screen resolution of 1024x768. The SLR and related web sites are best viewed with Internet Explorer version 7 and above.*

[Forgot User ID?](#)

[Forgot Password?](#)

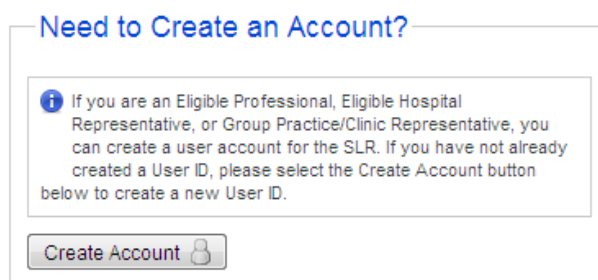
**Need to Create an Account?**

If you are an Eligible Professional, Eligible Hospital 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.

# Creating a New SLR Account for Eligible Professionals and Group Representatives

To create a new account from the *Provider Outreach* page, select the **leave this site and create an SLR account** link located on the left side of the *Provider Outreach Jumpstart* page.

To create a new account from the *Login* page, select the **Create Account** button.



The *Create Account* page displays the following:

1. **What is your role?** pull-down menu: identify your Provider Type by selecting an option from the menu. As an individual physician or medical professional, select Individual Eligible Professional.
2. **NPI** text field: enter your National Provider Identifier (NPI) number. If you have more than one NPI, use the one that you used while registering with the CMS Medicaid EHR Incentive Program Registration Site. If the number entered is not recognized, an error message will appear, and you will not be able to proceed.
3. **TIN** text field: enter your Taxpayer Identification Number (TIN), which is either your Employer Identification Number (EIN) or your Social Security Number (SSN).
4. **CAPTCHA** image: a computer-generated image.
5. **Generate New Image?** link: refreshes the image above if you are unsure of what numbers and letters are being displayed.
6. **Enter the letters/numbers from the image above** text field: enter the letters and/or numbers you see in the **CAPTCHA** image. This is a security feature.
7. **Continue** button: select this button to open the SLR. You will confirm your name and the address associated with your NPI and TIN.
8. **Cancel and return to Login** link: opens the *Login* page.

## Create Account

If you are an Eligible Professional, Eligible Hospital 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.


### Identify Yourself

Enter the necessary information below and click Continue. \* Red asterisk indicates a required field.

What is your role? \*

NPI \*

TIN \*



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.

[Cancel and return to Login](#)

Clicking the **Continue** button opens the next page where you will confirm that the information the system has retrieved up is accurate.

The *Create Account Confirmation* page displays the following:

1. **NPI** display field: the NPI you entered on the *Identify Yourself* page.
2. **TIN** display field: the TIN entered on the *Identify Yourself* page.
3. **Medicaid ID** display field: the Medicaid ID associated with the NPI and TIN you entered.
4. **Name** display field: the name associated with the NPI and TIN you entered.
5. **Address** display field: the address associated with the NPI and TIN you entered.
6. **Active** display field: will display true if the NPI / TIN is active with the state Medicaid program and false if it is inactive.
7. **No, Go back** button: returns to the previous page.
8. **Yes, Continue** button: opens the next page to continue creating your account.

## Create Account

Is This You?

	NPI	TIN	Medicaid ID	Name	Address	Active
<input checked="" type="checkbox"/>	1234567890	1234567890	1234567890	1234567890	1234567890	True

Select the provider record you wish to use to create your user account.

All records that match the NPI or TIN will be displayed, including any records with an inactive status. Only those records with an active status can be used to create an account.

If the information is not correct, select the **No, Go Back** button to return to the previous page. From there, you can either retry entering your NPI and TIN or call the Help Desk for assistance.

If the information is correct and you click the **Yes, Continue** button. The following section will appear on the page:


1. **User ID** text field: enter a User ID Number. This must be at least 8 letters and/or numbers long, but not more than 20 letters and numbers.
2. **Password** text field: enter a password. Your password also needs to be at least 8 letters and numbers long and must be less than 20 letters/numbers. When you are choosing a password, you also need to make sure to include the following:
  - At least one capital letter
  - At least one lower case letter
  - At least one number
  - At least one of the following special characters: @ or # or !Your password cannot be your User ID or your User ID spelled backwards.
3. **Confirm Password** text field: enter the password you entered above to confirm it.
4. **Select a Challenge Question** pull-down menu: select an option from the pull-down menu as a Challenge Question to answer.
5. **Your answer to the Question** text field: enter an answer for the Challenge Question that you selected above. You'll need this information if ever forget your User ID or password.
6. **Phone Number** text field: enter your phone number as a ten-digit number, with no spaces, dashes, or parentheses.
7. **Email Address** text field: enter your email address.
8. **Confirm Email Address** text field: enter your email address again to ensure it was not misspelled.
9. **Create Account** button: select this button to save your account. If you left a required field blank or entered information incorrectly, you will receive an error message.
10. **Cancel and return to Login** link: select this button to cancel all the changes and return to the *Login* page.

## Create Account


[Is This You?](#)

Name	<input type="text"/>
Address	<input type="text"/>

[Create Login](#)

 Enter the necessary information below and click Create Account. \* Red asterisk indicates a required field.

User ID *	<input type="text"/>
Password *	<input type="password"/>
Confirm Password *	<input type="password"/>
Select a Challenge Question *	<input type="text" value="Select Challenge Question..."/>
Your Answer to the Challenge Question *	<input type="text"/>
Phone *	<input type="text" value="(###) ###-####"/>
E-mail address *	<input type="text" value="name@domain.com"/>
Confirm E-mail address *	<input type="text" value="name@domain.com"/>

 [Cancel and return to Login](#)

Once you click the **Create Account** button, you will be routed to the final page for creating an account.

The final *Create Account* page displays the following:

1. **Account successfully created** display message: signifies that you have successfully created your SLR account.
2. **Continue to Login** button: opens the Login page.



# Accepting the End User License Agreement (EULA)

After your first login to the system, you will be presented with the End User License Agreement (EULA). You must read and agree with the EULA in order to continue.

The *End User License Agreement* page displays the following:

1. **I Agree with the End User License Agreement** checkbox: selecting this checkbox indicates that you agree with the associated statement.
2. **Print EULA** link: clicking this link will open a new window containing a printable version of the EULA. A *Print* window will also open.
3. **Continue** button: opens the SLR home page.
4. **Cancel and return to Log in** link: returns you to the *Login* page.

# Changing Your Password

Your password will be effective for 45 days. When you log in and 45 days have passed since you created the previous password, a *Reset Password* page will appear. You can change your password on this page.

1. After 45 days, the *Reset Password* page displays:
  - a. **New Password** text field: enter a new password.
  - b. **Confirm New Password** text field: enter the password again.
  - c. **Save** button: selecting this button saves your new password.
  - d. **Cancel** button: clears entries made into the two text fields above, and no change is made to your password.
2. Voluntary Password Change.

To change your password before the 45 days have passed, select the **My Account** link in the top right-hand corner of the SLR *Home* page. In addition to changing your password, you can also update contact information or change your Challenge Question or answer on this page.

The *My Account* page displays the following:

- a. **User ID** text field: displays your current User ID and allows you to change it.
- b. **Password** link: select the **Click Here to Change** link to open the *Change Password* page.
  1. **Current Password** text field: enter your current password in this field.
  2. **New Password** text field: enter a new password.
  3. **Confirm New Password** text field: enter the new password to confirm it in this field.
  4. **Change Password** button: click this to change the password and open the *My Account* page.
  5. **Cancel and return to My Account** link: opens the *My Account* page without making a change.
- c. **Select a Challenge Question** pull-down menu: select a new Challenge Question.
- d. **Your Answer to the Challenge Question** text field: if you select a new Challenge Question, enter a new answer to the Question.
- e. **Phone** text field: displays your current phone number and allows you to change it.
- f. **Email Address** text field: displays your current email address and allows you to change it.
- g. **Save My Account** button: saves any updated information you entered on this page.
- h. **Cancel and lose My Account changes** link: clears the information you have entered.

## My Account

Make changes to your account below.

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

User ID


Password [Click Here to Change](#)

Select a Challenge Question

Your Answer to the Challenge Question

Phone

E-mail address   
[name@domain.com](#)

**Save My Account** 

[Cancel and lose My Account changes](#)


# Navigating SLR

## Hard and Soft Stops

Certain fields are required to be populated, like the **Professional License Number** field on the *Step 1. About You* page. Other fields are both required to be populated and checked against another system to ensure they are correct, such as the **EHR Certification Number** field on the *EHR Certification* page. The State decides whether required fields are hard or soft stops.

- **Hard Stop:** the system will not allow the user to proceed to the next step without populating the field, and having it validated correctly if necessary. The information on the page cannot be saved until the field is populated correctly.
- **Soft Stop:** the user may proceed and enter other information in the system, though the field is still required and must be completed before the user can proceed to *Step 4*. A warning message will be displayed on the page and an icon will be visible in the Navigation Menu. At *Step 4*, the Attestation Agreement is produced, and at this point all required fields must be completed before it can be generated.

## Save and Continue

SLR pages that require data entry have a **Save & Continue** button . When this is selected, measures entered onto certain pages are validated. For example, the **Total (Medicaid) Encounters** entry must be 30% of the **Total Encounters** entry on the *Confirm Eligibility* page.

Only the **Save & Continue** button will validate that the information in required fields is correct and save the results to the database. Using any other kind of navigation – the **Back** button on your browser or links in the *Navigation Menu*, for example – will abandon the page and the entries will not be saved.

## Navigation Bar

In Version 2 of SLR, moving through the site is assisted by the use of a *Navigation Menu* on the left-hand side of SLR pages, though it does not appear on the *Home* page. Only links to pages that are available to be accessed will be active in the *Navigation Menu*. Inactive links appear light gray in color, while active links are blue.

Icons appear next to the page links that indicate the status of each page and section in SLR – whether it is complete (✔), has generated an error notice (⚠), or a required field or task was left undone (❗). Click the expand icon to ➕ view all the submenu items. Click the collapse icon ☐ to hide the submenu items.

If the user elects to attest to the Meaningful Use (MU) of their EHR Technology solution, MU Objective and CQM (Clinical Quality Measure) links will appear in the *Navigation Menu*. If the user attests to the Adoption, Implementation, or Upgrade (AIU) of the EHR Technology solution, the *AIU Method* and *EHR Certification* page links will appear.



In the example above, the provider has completed Steps 1 and 2 and is now at Step 3. A required field has not been completed. A hard stop will prevent the page from being saved.

# Applying for the Incentive as an Eligible Professional (EP)

After you log in as an Eligible Professional (EP) user and accept the EULA, the EP home page will open. The home page serves as a dashboard and navigation tool for the SLR application.

## Home Page

The SLR *Home* page for EPs displays the following:

1. **Banner section.** Located at the top of the page, the banner displays the following items that are visible on every page of the SLR application:
  - a. Montana's Medicaid logo and tagline.
  - b. SLR heading "Montana Medicaid State Level Registry for Provider Incentive Payments". This is the name of the application.
  - c. **My Account** link: opens the *My Account* page.
  - d. **Help** link: displays a PDF copy of this User Manual.
  - e. **Contact Us** link: a pop-up page displaying contact information, including the ACS Help Desk phone number and email address.
  - f. **Logout** link: allows you to log out of the SLR Web application.
  - g. **Filing as Eligible Professional** message: designates your Provider Type.
  - h. Practice Name display field: the name of your practice.
  - i. Practice Street Address display field: your practice's street address.
  - j. Practice City, State and Zip Code display fields: the City, State and Zip Code of your practice.
  - k. **Affiliated with Group Practice Name** display field: If you are affiliated with a Group practice, your Group's name will appear.
  - l. **Last Updated:** display field: displays the last person who updated your account and the date it was updated.
2. **Next Steps section.** Located to the left of the page, the *Next Steps* section displays messages:
  - a. **Begin/Continue/Complete your Year X submission!** message: displays the year of attestation you are currently completing.
  - b. **Section link:** communicates the next page in the process that must be completed.
  - c. CMS Message display field: this will display "Data has/has not been received from the CMS Medicaid EHR Incentive Program Registration site", which indicates whether the SLR application has received data from the CMS.




- i. **View CMS Medicaid EHR Incentive Program Registration Data**  
link: opens a pop-up window that displays your CMS record.

**CMS Medicaid EHR Incentive Program Registration Record** 

The data on this screen was provided by the CMS Medicaid EHR Incentive Program Registration site and contains the information that you provided to the CMS Medicaid EHR Incentive Program Registration. If any of the information displayed is incorrect, please update your registration information in the CMS Medicaid EHR Incentive Program Registration site. Updates to the CMS Medicaid EHR Incentive Program Registration data may take two to three days before they can be viewed here.

General Information	Last Updated
First Name	Date: 9/2/2011
Middle Name	
Last Name	
Suffix	
Address Line 1	
Address Line 2	
City	
State	
Zip	
Phone Number	
Phone Extension	
E-Mail Address	
	<b>IDs</b>
	Personal NPI
	Personal TIN
	Personal TIN Type
	Payee NPI
	Payee TIN
	Payee TIN Type
	Confirmation Number
	EHR Cert ID: 30000002GKUREAA
<b>Exclusions</b>	<b>Program</b>
Federal Exclusions	Participation Year: 1
No Federal Exclusions	Program Option: MEDICAID
	State: MS
	State ID: MS
State Rejection Reasons	Provider Type: Nurse_Practitioner
	Provider Specialty

3. **Payment Information** section: located on the left of the home page, the *Payment* section will display the following items on the *Home* page:
  - a. **How your payment is calculated** message: opens a pop-up window that shows your payment for the current year. This will appear after you enter information in the Confirm Eligibility section.
  - b. **Payment Calculation** message: allows you to check on the status of your payment once your attestation has been submitted.
4. **Reports** section: Located on the left of the home page, the *Reports* section displays the following items when selected:
  - a. **Reports** message. you will see the following message when you don't have any data in the system to run a report on: "Reports will be available once your information is saved."
  - b. **Report Titles**: the titles of available reports will appear here. For example, the **Registration and Attestation Summary Report** link will appear after you have saved at least some information in the SLR Web application. Clicking this link opens a pop-up window displaying the report in PDF format.
5. **Messages** sections. Located to the left side of the home page, the *Messages* section displays the following items:
  - a. **Audit** section: provides access to Audit messages.
  - b. **Appeals** section: provides access to Appeals messages.
  - c. **System Messages** section: provides access to System messages.
  - d. **Individual messages**. Clicking on one of the individual message links will reveal a message.
    - i. The first line indicates the window title.
    - ii. **Subject** display field:

- iii. **Date Received** display field: the date the message was sent.
  - iv. **From** display field: the sender the message.
  - v. **Message Text** section: the message text.
6. **Workflow** section (Detailed further below): located to the right of the page, the **Workflow** section displays the following items that are visible on the home page:
- a. **Year [x]** tabs: each tab represents a year in which you have completed an attestation. The most current year's tab will always be the one visible when you log in. Click other tabs to view a previous year's information.
  - b. **Sections**: each section has a Status icon (, , ) that indicates whether each page has been started, whether the page has been completed, or whether it is still locked. A locked page cannot be accessed until the previous pages have been completed. Each section will also have a description. The title of each section provides a link to that section.
    - i. **About You.**
    - ii. **Confirm Medicaid Eligibility.**
    - iii. **Attestation of EHR.** This link will not be active until you've already completed your registration and eligibility.
    - iv. **Review and Sign Agreement.** This link will not be active until you have completed the Attestation of EHR section.
    - v. **Send Year {X} Attestation.** This link will not be active until you've reviewed, signed and uploaded your signed attestation agreement. Once you submit the attestation, all of the other sections will be locked for editing and will display your information as view-only.
7. **Footer** section - Located at the bottom of the page, the footer displays the following items:
- a. **Privacy** link: clicking this link opens a new window with a Privacy Statement displayed.
  - b. **Terms of Use** link: clicking this link opens a Legal Statement for the site.
  - c. **Accessibility** link: clicking this link opens a new window with the website's Accessibility policy displayed.
  - d. **ACS/Xerox Copyright.** This is ACS's copyright symbol and text.

## Workflow Section Details

This section describes in more detail the specific steps to take when applying for the Provider incentive. This begins with Step 1, the *About You* section, where you will enter your registration and contact information.

## Step 1: About You Section Details

Clicking the **About You** link on the EP *Home* page directs you to the *1. About You* page. This is where you enter your registration information.

The *About You* page displays the following:



1. *CMS Medicaid EHR Incentive Program Registration Record* section

Please note that it can take up to three day for the SLR to receive your data from the CMS.

- a. "Data has not been received from the CMS Medicaid EHR Incentive Program Registration site." message: this message appears if your data has not been received by the SLR.
- b. "Data has been received from the CMS Medicaid EHR Incentive Program Registration site." message: this message appears if the SLR has received your CMS data.
- c. **View CMS Medicaid EHR Incentive Program Registration Data** link: this link is visible if your CMS data has been received. Clicking the link opens a pop-up window that displays the CMS data. If you need to make a change to your CMS data, you must make updates on the CMS site. You cannot make changes to your CMS data through SLR, and it takes between two and three days for changes at the CMS level to be applied to SLR.
- d. **Visit CMS website** link: opens the CMS website. The link is visible whether or not your data has been received.

1. About You

In addition to the registration information you provided on the CMS Medicaid EHR Incentive Program Registration site, the State of Montana requires that you provide additional information to be used to help determine your eligibility to participate in the Montana Medicaid Incentive Program.

 \* Red asterisk indicates a required field.

**CMS Medicaid EHR Incentive Program Registration Record**

 Data has been received from the CMS Medicaid EHR Incentive Program Registration site. [View CMS Medicaid EHR Incentive Program Registration Data](#) | [Visit CMS website](#) 

2. **Print Registration Information** link: opens a PDF that contains contact information, filing information, and license information.

3. *Attestation* section

- a. **"I attest..."** checkboxes: you must agree to one of three statements in order to be eligible to continue: the standard, or a Pediatrician or Physician Assistant statement. Agree by clicking the checkbox next to the appropriate statement.
- b. **Why is this important?** Link: clicking this opens a pop-up window explaining why you need to agree to this qualification.

## Attestations

- \* ☒ I attest that I DO NOT perform 90% or more of my Montana Medicaid Program services in an inpatient hospital (POS 21) or emergency room (POS 23) setting. [Why is this important?](#) ✓
- ☐ I attest that I am a pediatrician and am eligible for a reduced incentive payment if I achieve 20% Montana Medicaid Program eligibility. ✓
- ☐ I attest that I am a Physician Assistant that practices predominantly in a PA-led FQHC or RHC. ✓

### 4. License Information section

Not all of the fields listed below will appear for all states.

- a. **Do you practice primarily in a Tribal Health Clinic or other Federal clinic without a Montana license?** radio buttons: if you select the **Yes** radio button, the **Other License Number** and **Other License State** fields display.
  1. **Other License Number** text field: enter a professional license number from another state. If you are only licensed in Montana then enter your Montana **Professional License Number**.
  2. **Other License State** pull-down menu: This is where you choose the state that issued your other license number.
- b. **Montana Professional License Number** text field: enter the professional license number assigned by the Montana licensing board. This can be between 1 and 9 digits.
- c. **Licensing Board Name** pull-down menu: choose your licensing board from a drop down menu.
- d. **Regional Extension Center (REC) Affiliation** pull-down menu: select MT REC if you are affiliated with the REC.

## License Information

✓ Your License Information is complete.


Do you practice in a Tribal \*  
Health Program or other  
Federal Clinic without a  
Montana License? Yes No ✓

Montana Professional License \*  
Number  ✓

Licensing Board Name \*  ✓

Regional Extension Center \*  
(REC) Affiliation  ✓

- e. **Payee Medicaid ID** pull-down menu: if the user's designated payee (entered when registering with CNS) has more than one Medicaid ID, you must select the ID to receive payment.

Payee Medicaid ID \*    
*If your designated payee has more than one Medicaid ID, you must select the ID to receive payment.*


## 5. *Contact Person* section

This allows you to enter an additional contact besides the one listed as the Eligible Professional.

- i. **Contact Person Name** text field: enter the name of the contact.
- ii. **Title** text field: enter the title of the individual.
- iii. **Phone Number** text field: enter the phone number as ten digits, with no spaces, dashes, or parentheses.
- iv. **Email Address** text field: enter the contact's email address. Initially this defaults to the address that was entered when the User Account was first created.

**Contact Person**

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

 Enter your contact information below.

Contact Person Name \*

Title

Phone Number \*   
*Enter phone number without dashes.*

Email Address \*   
*name@domain.com*

6. **Attach Documentation** section: if needed, you may attach documents such as a Board Certification using this component.
7. **Save & Continue** button: saves the information you entered. If you have left a required field blank or entered information incorrectly, an error message will appear. Once all required fields are completed, this section will be marked as complete. The *2. Confirm Medicaid Eligibility* page will open.
8. **Cancel and lose About You changes** link: clears the page of any information you have just entered and returns you to the *Home* page.
  - a. After completing this information, you can proceed to your eligibility information by selecting the **Save & Continue** button. The status icon on your home page will change to indicate that your registration section is complete. The green background of the first section and the icon indicate that this section has been completed.

Now that you have entered your registration, you can move onto completing your eligibility information by returning to the dashboard and selecting the next step. Also, the status icon on your home page will change to indicate that your registration section is complete.

## Step 2: Confirm Medicaid Eligibility Details

Clicking the **Confirm Eligibility** link on the EP Home page opens the *Confirm Medicaid Eligibility* page, which allows you to enter specific practice information. This information is then used in the calculation that determines your Medicaid eligibility for the Provider Incentive program.

The *Confirm Medicaid Eligibility* page displays the following:

1. **< Back to Dashboard** link: clicking this link will return you to the home page.
2. **Print Registration Attestation** link: opens a PDF document that contains all the information captured by SLR so far in the process.
3. **More Info** link: opens a PDF file that provides more detailed information about entering your Medicaid eligibility for the provider incentive program.
4. *Group Practice Eligibility* section. This section will appear only if you have been added to a Group. Group members have a single point of contact for the SLR process, and have their Eligibility information added by a Group Administrator rather than entering it themselves.

The screenshot shows the 'Group Practice Eligibility' section. It includes a checkbox labeled 'I wish to change my Group Association'. Below this is a question: 'Do you want to use group practice eligibility information?' with a 'more info...' link and two radio buttons, 'Yes' (selected) and 'No'. At the bottom, there is a text label 'I practice in more than one group/clinic and I am electing to use volumes from group.' followed by a pull-down menu.

- a. **I wish to change my Group Association** checkbox: this allows you to select a different Group if you belong to more than one Group. Once you select a Group, that Group's eligibility numbers will populate this page. Select this checkbox and then select a different Group from the pull-down menu below to change your Group affiliation.
- b. **Do you want to use Group practice eligibility information?** radio buttons: select the **Yes** radio button to use the eligibility numbers of your Group or practice. Select the **No** radio button to use only your own patient encounter numbers.
- c. **More info** link: opens a pop-up explaining how Groups work in SLR. The most important thing to remember is this: CMS rules dictate that all professionals within a Group or clinic must use the same methodology for determining Medicaid eligibility. If you elect to opt out of using the Group volumes, all other professionals within your Group will be unable to use the Group volumes to determine their eligibility. All providers associated with that Group will have to use individual volumes.
- d. **I practice in more than one Group/clinic and I am electing to use volumes from Group** pull-down menu: After clicking the checkbox, select the Group you wish to be associated with.
- e. **I practice in both a group/clinic and my own practice...** radio button: this field appears if the **No** radio button in the **Group Practice Eligibility Information** field is selected. Users select this button to use patient volumes in their own practice rather than the group to which they are affiliated. Clicking this radio button opens the *Group Practice Eligibility >> Opt Out* window.

**Group Practice Eligibility » Opt Out**

Are you sure you want to opt out because you elect to use volumes from your individual practice?

If you proceed by clicking 'OK' you will be unable to utilize the group/clinic volumes. You may contact the ACS Help Desk at (866) 879-0109 to discuss the implications.

Clicking 'Cancel' will reset your choice without saving any data.

- f. **I am opting out of using any group/clinic volumes and am electing to use my individual patient volumes...** radio button: this field appears if the **No** radio button in the **Group Practice Eligibility Information** field is selected. Users select this button to use their patient volumes with the group practice rather than the patient numbers of the group to which they are affiliated. This will generally happen if overall the group does not qualify for an EHR Incentive payment by achieving the necessary 30%. But one or two members of the group may still qualify using their own volume. Clicking this radio button opens the *Group Practice Eligibility >> Opt Out* window.
1. **Reason for Opting Out** field: this time the window contains this field. Enter the reason you have decided not to use the group volume and then click the **OK** button.

**Group Practice Eligibility » Opt Out**

Are you sure you want to opt out of any group/clinic volumes?


If you proceed by clicking 'OK' all other providers associated with the group will be unable to use the group/clinic volumes to determine their Medicaid volumes. You may contact the ACS Help Desk at (866) 879-0109 to discuss the implications.

Clicking 'Cancel' will reset your choice without saving any data.

Reason for opting out \*

5. *Practice Eligibility Details* section. This is the section title.
- a. **Enter Representative Period** pull-down menu: select the appropriate period from which the patient volume numbers will be used.

- b. **Year [n] Start Date** text field: enter the date of the first day of your representative period. The system will automatically display the end date based on the Representative Period.
  - 1. **Calendar icon.** Clicking this icon opens up a calendar from which you can click on a date to select it.
- c. **Year [n] End Date** display field: the end date of the representative period based on the start date you entered.
- d. **Total Encounters** text field: enter the total encounters for the period you noted above.
- e. **Total Montana Medicaid Encounters** text field: enter your total Medicaid encounters for the period.
- g. **Do you want your volumes for all states to be used to determine eligibility?** radio buttons: identify whether or not you want to use the other states' volumes to determine your eligibility. If you chose the **Yes** radio button, the *Add a State* component will appear.


- h. Select the **Add a State**  button to add another row to the table
  - a. **State** pull-down column: select a State to enter the encounter information for that State.
  - b. **Total Encounters** column: enter the encounters for the State and selected time period.
  - c. **Total Medicaid Encounters** column
  - d. **Total Panel Members** column
  - e. **Total Medicaid Panel Members** column
  - f. **Insert** link: adds the numbers to the multi-State table.
  - g. **Cancel** link: cancels the operation.
  - h. **Remove** link. This will remove the associated row.

Select the **Add a State**  button to add another row to the table.

- f. **Total Montana Medicaid Panel Members Assigned** text field: enter your total assigned Panel Members. Panel Members are patients for whom you receive capitation payments.
- g. **“Panel members are members seen in the calendar year...”** This is help text that defines panel members.
- h. **Total Panel Members Seen** text field: enter the total number of Panel Members that you have seen during the period. Panel Members are patients for whom you receive payments on other than a fee for service basis.
- i. **Do you practice predominately in a Federally Qualified...** radio buttons: select one of the buttons if you practice more than 50% of the time in one of these types of health center. This field is required for Physician's Assistants, who must practice in a FQHC, RHC, or IHS.
  - i. If you select any option besides **None**, a **Medically Needy Individuals Patient Encounters** text field will appear. Enter your patient encounters for the medically needy patients you serve.


- i. **More info...** link: opens a pop-up window that explains what CMS considers medically needy patients.
- j. **Eligibility Formula 1** section: select this formula for your eligibility calculation to use total patient encounters and total Medicaid encounters as well as the medically needy patient encounters (if applicable) to calculate your result.
  - i. **Use this formula** radio button: indicates you are using this formula.
  - ii. **Calculate** button: calculates the results of Eligibility Formula 1. If the numbers qualify, a message will be displayed below the section.


**Practice Eligibility Details**

 Enter your eligibility information below. \* Red asterisk indicates a required field.

*To qualify, Eligible Professionals (EPs) must achieve at least 30% Montana Medicaid patient volumes, though Pediatricians who achieve a 20% volume may qualify to receive a reduced incentive payment amount. However Pediatricians who practice predominantly in a FQHC/RHC must achieve at least 30%.*

Enter Representative Period \*

Year 2 Start Date \*  


Year 2 End Date \*  

Total Encounters \*   
*Please enter your total patient encounters for the selected reporting period.*

Total Medicaid Encounters \*   
*Please enter your total Medicaid Patient Encounters for the selected reporting period.*

Do you have Medicaid Patients \*  
from more than one State? ☐ Yes ☒ No


Do you practice predominately  
in a Federally Qualified Health  
Care Center (FQHC), Rural  
Health Center (RHC) or Indian  
Health Service (IHS/MOA)? ☐ FQHC ☐ RHC ☐ IHS/MOA ☒ IHS ☐ None

Eligibility Formula 1   

Use this formula ☒

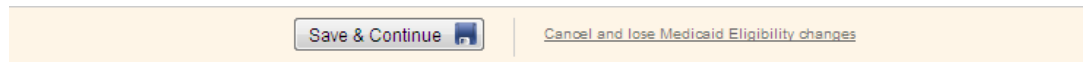
*(Total Montana Medicaid Program Encounters/Total Encounters or, if predominant practice is selected, then Other Needy Individuals Patient Encounters + Montana Medicaid Program Encounters/ Total Patient Encounters)*

Meets Eligibility Requirements?

 **Yes!**

- s. **Meets Medicaid Eligibility Requirements?** section: messages will instruct you about whether you have met the requirements for eligibility.
  - i. **Yes:** displays if the result of the formula you selected meets the following criteria:
    - ≥ 20% for Pediatricians
    - ≥ 30% for all other Provider Types

- ii. **No- you may wish to adjust your reporting period:** displays if the result of the formula you selected does not meet the criteria listed above.
- t. **Attach Documentation** Section: documents such as a *Practice Management* report could be attached using this tool.
- u. **Save & Continue** button: saves the information you have just entered. If you have left a required field blank or entered information incorrectly, you will receive an error message. If you do not meet the requirements, you will not be able to proceed.
- v. **Cancel and lose Medicaid Eligibility changes** link: clears the page of any information you have just entered.



Once the *About You* and *Eligibility* pages are successfully saved, the system will move to *Step 3: Attestation of EHR*. The status icon on your home page will change to indicate that your eligibility information is complete.

## Step 3: Attestation of EHR Details

EPs may either attest that they have adopted, implemented, or upgraded EHR software, or that they are actively using it in meaningful ways. AIU can only be selected in the first year and it is a much easier attestation. Clicking the **Attestation of EHR** link on the *EP Home* page directs you to the *3. Attestation of EHR* page. This lets you select Adopt, Implement, Upgrade (AIU) or Meaningful Use (MU) for your Attestation Type. Once you have selected the Attestation Type, you will then be able to upload documents related to your EHR Software, enter its certification number, and enter other information.

**3. Attestation of EHR.** The first step of completing this section is to choose the type of attestation. You will be able to access this section once you complete the *About You* and *Confirm Medicaid Eligibility* pages. This page displays the following:

1. **Attest to Adopt, Implement, Upgrade** button: opens the AIU workflow. This option is available only in your first year of participating. This section contains three pages: the *AIU Method* page and the *EHR Certification* page in addition to the *Attestation of EHR* page.
2. **Attest to Meaningful Use** button: opens the MU workflow. This section contains four to five different sections depending on your selections. Each of these sections contains three to 38 pages, though not all are required.
3. **More info** link: opens the Attestation of AIU information pop-up.



### 3. Attestation of EHR

The screenshot shows a web interface for EHR attestation. It has two main columns. The left column has a button labeled 'Attest to Adopt, Implement, Upgrade' and text below it: 'Select this option to attest to your Adoption, Implementation or Upgrade of certified EHR technology. AIU is available for your first year of participation only, and does not require entering data for a specific reporting period.' The right column has a button labeled 'Attest to Meaningful Use' and text below it: 'Select this option to attest to demonstrating Meaningful Use of certified EHR technology by:'. Below this text is a numbered list of three items: 1. Use of certified EHR technology in a meaningful manner, such as e-prescribing; 2. That the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improved the quality of care, and; 3. Using certified EHR technology to submit information on clinical quality measures and other such measures of Meaningful Use. At the bottom left of the form is a link that says 'more info...'.

**Note:** if the user has already completed their first year, they must enter MU data and will receive the following message.

### Attest To Meaningful Use

Eligible Professionals attesting to Meaningful Use for the first time, need to report Meaningful Use for a 90-day period in the current payment (calendar) year. In this case, the earliest date an Eligible Professional can submit an attestation for Meaningful Use for calendar year 2012 is April 1, 2012. Please return to the site on April 1, 2012 to complete your Meaningful Use attestation.

OK

## AIU Method Page

Once the **Attest to Adopt, Implement, Upgrade** button is selected, two new navigation options appear in the Navigation Menu: *AIU Method* and *EHR Certification*. The *AIU Method* page is opened.

This page allows you to choose the method of your AIU attestation and provide any supporting details for that choice.

1. **More info** link: opens a PDF document titled "Attestation of AIU" that explains how documentation would be attached for the selected attestation method.
2. **AIU Method** pull-down menu: select Adopt, Implement, or Upgrade from the menu to best describe your EHR Technology use at this point.
3. **more info** link: opens a pop-up window explaining the type of documentation that needs to be attached for the selected attestation method.
4. **Please describe briefly how you meet...** text area: allows you to describe how you meet the criteria for the AIU method selected.
5. **Attach Documentation** section: Missouri requires a fully executed contract with an EHR Vendor to be attached to the page. An Invoice, Receipt, or Vendor Letter can also be added.
6. **Save & Continue** button: selecting this will open the *EHR Certification* page after SLR ensures that all fields on this page are populated.

## EHR Certification Page

This page allows you to identify your EHR Technology and attach supporting documentation. It appears for both AIU and MU

1. **Understanding** checkbox: signifies that you agree with the statement of understanding next to the checkbox. When you check this box, additional fields display. If you do not check this box, the system will not allow you to continue.
  - a. "I understand that it is my responsibility, as the provider, to ensure..." This is a statement of understanding as to your responsibility to demonstrate that your EHR technology is certified through the ONC. When you check the box before this statement, you will be required to complete the other field on the page. If you do not check the box before this statement, the system will not allow you to continue.
  - b. **ONC public web service** link: opens the Office of the National Coordinator for Health Information Technology's *Certified Health IT Product List* site.
2. The *Your EHR Certification Information* section. When you select the EHR Certification option in the *Navigation Bar* and are a member of a Group, the **CMS EHR Certification ID** field may already be populated, containing a certification number entered by your Group's contact. Otherwise you will have to enter the correct number.
3. This section also includes instructions to access the ONC website, find software, and retrieve an EHR Certification Number (<http://onc-chpl.force.com/ehrcert>). Once this number is entered into the **EHR Certification Number** field and the **Save & Continue** button is clicked, SLR will validate that the number represents approved software.



The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to [ONC.certification@hhs.gov](mailto:ONC.certification@hhs.gov), with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

### USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below

4. **Save & Continue** button: saves the information you have just entered. If you have left a required field blank or entered information incorrectly, you will receive an error message.

Once you have successfully saved the information on all pages within the AIU Attestation of EHR, the status icon on your home page will change to indicate that your Attestation of EHR section is complete. The system will now allow you move onto Step 4.

## Meaningful Use Section

To attest for Meaningful Use (MU), providers will enter data that has been captured by their EHR Software. A report within your EHR system should be available to help you enter the correct information in the MU fields. In the provider's second participation year, clicking the **3. Attestation of EHR** link shall open the *EHR Certification* page directly, as the user has the option to adopt, implement, or upgrade their software in the first year of participation only.

Providers may elect to enter Meaningful Use data during their first year of Attestation, but must enter MU information during each year after their first year. The first year of MU is called "Stage 1", and fields are grouped into a series of Objectives and Clinical Quality Measures. Stage 2 of the Meaningful Use program will begin in 2014 and this will require more fields to be populated and data to be captured. When providers attest for MU, they will enter the data captured by their software for a specified time period either, 90 days or a full year of data.

**Note:** Meaningful Use measures are based solely on your encounters that occurred at locations where the certified EHR solution is available. In order to qualify for the EHR Incentive payment, 80% of patients must have records in the EHR solution. Eligible Professionals who work at multiple locations but don't have certified EHR technology available at all of their locations must have 50% of their total patient encounters at locations where the EHR technology is available.

1. *EHR Certification* page. The *EHR Certification* page in the Meaningful Use section is identical to the *EHR Certification* page in the *AIU* section except that it also contains a *Supporting Documentation* section. This allows the user to attach a file if needed. Select the **Provider Understands Responsibility** checkbox to accept responsibility for finding and entering the correct EHR Certification Number into the previous page. A link to the Office of the National Coordinator for Health IT (ONC) website is provided.
2. *EHR Reporting Period* page. CMS requires that providers meet specific regulations for attesting to Meaningful Use. This page contains checkboxes and **EHR Reporting Period** fields.
  - a. **Numerator** text field: enter the number of patients with records in the certified EHR technology during the reporting period.
  - b. **Denominator** text field: enter the total number of patients during the reporting period.
  - c. **Calculate** button: at least 80% of patients must have records in the certified EHR technology. Numerator divided by denominator. Percentage is displayed on the page.

### EHR Reporting Period

CMS requires that providers meet the following regulations for attesting to Meaningful Use:

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


Numerator \*  Denominator \*   Percentage

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

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

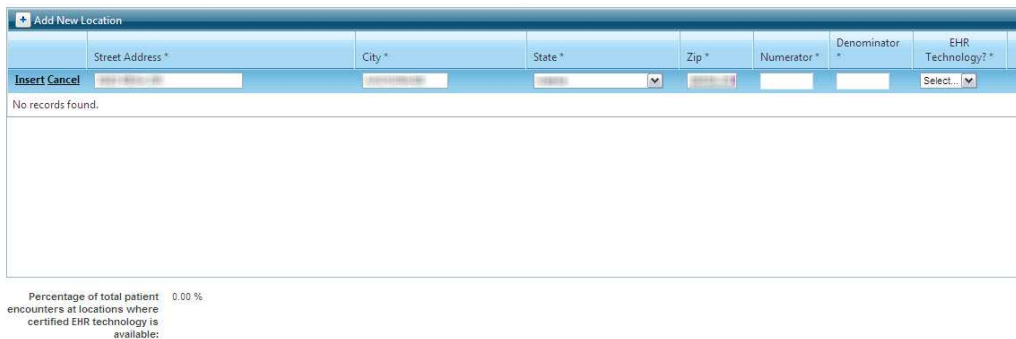
- d. **Add New Location** table: Eligible professionals who work at multiple locations but do not have certified EHR technology available at all locations must :

- Have 50% of their total patient encounters at locations where certified EHR technology is available
- Base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

Select **Add New Location**  and the default address associated with the NPI/TIN will be displayed and may be changed if required. Any new locations added will require all data to be entered. There will be no default values displayed. The **Add New Location** table displays the following:

- Street** text field: enter the street.
- City** text field: enter the city.
- State** pull down list field: select a state from the available list.
- Zip** text field: enter the zip code.
- Numerator** text field: enter the number of patient encounters in the denominator at the specified location during the reporting period.
- Denominator** text field: enter the number of patient encounters at the specified location during the reporting period.
- EHR Technology** pull down list: select yes if certified EHR technology was used at the specified location or no if it was not used.
- Percentage**: the sum of all numerators for locations where certified EHR technology is present divided by the sum of all denominators entered.
- Insert link**: adds the record to the Add New Location table.
- Cancel link**: cancels the operation.
- Remove link**: will remove the associated row.
- Edit link**: will enable fields for modifications in an inserted row.

Select the **Add New Location**  button to add another row to the table.




Add New Location							
	Street Address *	City *	State *	Zip *	Numerator *	Denominator *	EHR Technology? *
Insert Cancel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select...
No records found.							
Percentage of total patient encounters at locations where certified EHR technology is available: 0.00 %							

- Select the **Meet the Additional CMS Regulations** and **Following Statements** checkboxes indicates that you agree with the associated statements.

- ☐ I agree that I meet the additional CMS regulations for attesting to Meaningful Use. I understand that the State may choose to audit my records to verify that I meet these regulations.
- ☐ I agree with the following statements:
- The information submitted for clinical quality measures (CQMs) was generated as an output from an identified certified EHR technology.
  - The information submitted is accurate to the knowledge and belief of the EP or the person submitting on behalf of the EP, eligible hospital, or CAH.
  - The information submitted is accurate and complete for numerators, denominators, exclusions, and measures applicable to the EP, eligible hospital, or CAH.
  - The information submitted includes information on all patients to whom the measure applies.

- f. For the first year, only data captured during a 90-day period is required, though a full year is required after that. The **Start Date** and **End Date** must fall within the current calendar year.

Reporting Period	AIU is First Year	MU is First Year
<b>EP</b>		
Year 1	- None	- 90 days (Stage 1 MU)
Year 2	- 90 days (Stage 1 MU)	- Calendar year (Stage 1 MU)
Year 3	- 90 days if Year 3 is 2014 - otherwise Calendar Year (Stage 1 MU)	- 90 days if the Year 3 is 2014, - Calendar year (Stage 1 MU) if Year 3 is 2013, - otherwise Stage 2
Year 4	- 90 days if Year 4 is 2014, - otherwise Calendar year (MU) Stage 2	- 90 days if Year 4 is 2014, - otherwise Calendar year (MU) Stage 2
Year 5	- Calendar year (MU) Stage 2	- Calendar year (MU) Stage 3 (planned)
Year 6	- Calendar year (MU) Stage 3 (planned)	- Calendar year (MU) Stage 3 (planned)

The system itself will only allow choices to the providers that are appropriate for the year and their stage in the process. **Start Date** field and **End Date** fields have an icon  that will open a Calendar Utility that allows a user to select a date rather than enter it into the field.

90-Day Reporting Period: Start Date \*   End Date \*  

*"If your Certified EHR Technology is not capable of generating the information for a 90 day period, please change the end date to reflect the reporting period you are using. The reporting period must be at least 90 days and not more than one year."*

3. **Meaningful Use Import.** This page allows providers to import Core and Menu objective data. Data imported in this manner will display on the individual Core and Menu Objective detail pages as read only data. All validations performed on individual Core and Menu pages will be enforced and the appropriate visual indicators will be displayed in the navigation tree. Click the **MU Import Control Document** link to open technical specifications for the Import file.

**Note:** the import function will import all records in the file or none of the records if an error occurs with the import. If all required data is not populated for the Core and Menu objective then you will be required to manually enter and save.

## Meaningful Use Import


Instructions: Use the MU Import functionality to import your Core and Menu objective data. The import function will import all records in the file or none of the records if an error occurs with the import. The data imported will display on the individual Core and Menu Objective detail pages as read only data. All validations performed on the individual Core and Menu Objective Detail pages shall apply and shall be used to display the appropriate visual indicators in the navigation tree. If all required data is not populated for the Core and Menu objective then you will be required to manually enter and save.

The MU import specification control document defines the format required to import Core and MU objective data.

 [MU Import Specification Control Document](#)




### File Import

File \*



Please select the 'Previous Screen' button to go back or the 'Continue' button to proceed.



4. *Navigation Menu.* The left-hand Navigation Menu will contain page titles that serve as links associated with the MU pages that must be completed. The majority of MU pages are collected in four or five subgroups. Clicking the name of a subgroup or clicking the expand icon  will reveal all the pages in the subgroup, all of which must be completed by the user. Once all the pages in a navigation group have been completed, and all have passed their validation criteria, then the subgroup will receive a completed icon . Clicking the collapse icon  will hide the title of the individual pages in a subgroup.

 1. About You

 2. Confirm Medicaid Eligibility

 3. Attestation of EHR

-  EHR Certification
-  EHR Reporting Period
- MU - Import
-  MU Core Objectives
- MU Menu Objectives
- CQM - Import
-  CQM - Core
- CQM - Additional

4. Review and Sign Agreement

5. Send Year 1 Attestation

**Icon Legend**

-  Complete
-  Warning
-  Hard Stop

5. *Selection Pages and Detail Pages.* Each group of measures includes a *Selection* page, which provides a place for the user to select or at least access the measures. The *Menu Objective Selection* page allows a user to select Objective measures, since a user must select only five of the ten measures. Users cannot select a measure on the *Core CQM* or *Core Objective Selection* pages, since all core measures are required.

Each measure within a group also includes a *Detail* page where users will record the applicable data. Select the **Save & Continue** button on each measure *Detail* page to move onto the next measure requiring input, or the next *Selection* page. *Detail* pages include an *Attach Documentation* section so that users can associate a document that is relevant to the measure.

6. *Exclusions.* Sometimes the measure will not apply to your particular practice. Pediatricians, for example, have no patients over 65 years old. To account for this, measures of this nature include Exclusion **Yes** and **No** radio buttons. The measure's data fields will appear if the Exclusion does not apply. There can also be more than one Exclusion per Measure.

Exclusion 1 - Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

☐ Yes ☒ No

Exclusion 2 - Based on ALL patient records: An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

\*Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

**Numerator** = Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

**Denominator** = Number of unique patients age 2 or over seen by the EP during the EHR reporting period.

\* Numerator:  Please enter a numerator.

\* Denominator:  Please enter a denominator.

7. *Core Objectives.* Objectives measure how much of a provider's patient population has been entered into minimum criteria, the Attestation will fail.

Providers must enter all Core Objectives and these are listed in the Navigation Menu when the MU Attestation Type is selected. Core Objectives generally consist of an acknowledgement that you have met the obligations, or a Numerator and a Denominator. There are 14 Core Objectives if the provider is Attesting for 2012 or 2013. CMS has removed one of their Code Objectives – if you attested for 2011, there were 15. Stages 2 and 3 will likely have more changes in the number of measures.

For example, for the Objective *Maintain Active Medication List* the user would enter the number of unique patients seen by the EP during the EHR reporting period as a **Denominator**. In the **Numerator** field, the user would enter the number of patients in the denominator who have a medication recorded as structured data added to the number of patients that are not currently prescribed any medication.

Objectives also have a measure validation: if the **Numerator** divided by the **Denominator** and rendered as a percentage does not exceed the percentage stated in



the **Measure** field on each *Detail* page, the measure is failed. For example, *Maintain Active Medication List* has a **Measure** of “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.”

8. *Menu Objectives*. Users must select at least one of the two Public Health Objectives on the *Menu Selection* page, and select a minimum of five of the Menu Objectives in general. When Menu Objectives are selected from the *Menu Selection* page, the selections will appear as options in the Navigation Menu when the **Save & Continue** button is selected on the page.

Other than being selected, Menu Objectives are similar in structure and content to the Core Objectives.

9. *Core Clinical Quality Measures Import*. This page allows providers to import CQM data in the same way the associated page allowed the import of Core and Menu objective data. Data imported in this manner will display on the individual CQM Detail pages as read only data. Validation performed on individual pages will be enforced and the appropriate visual indicators will be displayed in the navigation tree.

## Clinical Quality Measures Import

Instructions: Use the CQM Import functionality to import your Core and Menu Objective data. The import function will import all records in the file or none of the records in the file if an error occurs with the import. The data imported will display on the individual CQM pages as read-only. All validations performed on the CQM pages shall apply and shall be used to display the appropriate visual indicators in the navigation tree. If all required data is not populated for the CQM data, then you will be required to manually enter and save. Select the appropriate format used to import your Clinical Quality Measure data.

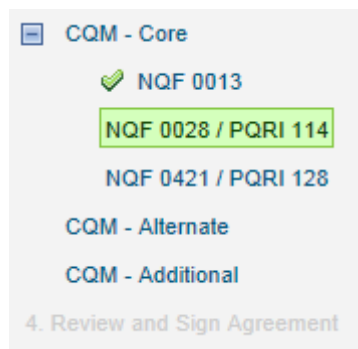
### File Import

CQM Import File Format \*
PQRI XML Format

File \*

Please select the 'Previous Screen' button to go back or the 'Continue' button to proceed.

10. *Core Clinical Quality Measures*. Clinical Quality Measures, or CQMs, capture information about patient treatments and diagnoses instead of information about the number of patients in the EHR. There are no passing percentages, as these pages are simply intended to capture information about patients.



Core CQMs are all required. If your practice has seen no patients to which one of these CQMs would apply, you will enter 0 in the **Denominator** field of that page's *Detail*



page. For example, the *Core CQM 3* has 2 lines of Population Criteria, each line having a **Numerator**, **Denominator**, and **Exclusion** field.

NQF 0421 / PQRI 128

Title: Adult Weight Screening and Follow-up

Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Complete the following information:

	* Numerator:	* Denominator:	* Exclusion:
Population Criteria 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Population Criteria 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the user entered a zero in either of these Denominators, the *Alternate CQM Selection* link will appear in the *Navigation Menu*, and one of the three Alternate CQMs is now required. If zero was entered into **Denominator** fields of three Core CQM pages, then all three Alternate CQMs would be required.

11. *Alternate Clinical Quality Measures.* The *Alternate CQM Selection* page allows a user to select between one and three CQMs, depending on how many Core CQMs had a zero in a **Denominator** field. Clicking the **Save & Continue** button will open the *Detail* page entered of the first selected Alternate CQM.
12. *Additional Clinical Quality Measures.* Users are required to select three Additional CQMs from among the options on the *Additional CQM Selection* page. Clicking the **Save & Continue** button will open the *Detail* page of the first selected Additional CQM.

Attestations for 2013 will have the following changes made to the Objective Measures for EPs.

- **Computerized Provider Order Entry:** added an alternate measure. Over 30% of medication orders created by the provider during the EHR Reporting period are recorded using CPOE.
- **ePrescribing:** added a second exclusion for providers that do not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the provider's location.
- **Vital Signs:** added an alternate measure. Over 50% of all unique patients seen during the Reporting Period have blood pressure (over the age of two), height, and weight (for all ages) recorded as structured data.
- **Vital Signs:** two additional exclusions were added. A provider who believes height and weight are relevant to their scope of practice but blood pressure is not is, or the reverse is true, is excluded from recording blood pressure.
- **Exchange Clinical Information:** removed this measure.

The year 2014 will see more changes in Meaningful Use measures, as Stage 2 of the program take effect. EPs will then meet 17 core measures for EHR usage, and also choose

three from a menu of six additional measures. A third and final stage of Meaningful Use is scheduled to begin in 2016.

## Step 4: Review and Sign Attestation

Clicking the **Review and Sign Agreement** link on the EP *Home* page directs you to the *4. Review and Sign Agreement* page, where you will review the attestation agreement. Once you have had a chance to review it, you must print it out in order to sign it. Once signed, the agreement must be scanned and then uploaded into SLR.

The *Review and Sign Attestation* page displays the following:

1. The *Step 1: Print to Sign Attestation* section contains the **Print to Sign** button. When selected, this will open a file Download window, allowing you to open or save the Attestation Agreement and print a copy of the document.
2. The *Step 2: Scan and Upload Signed Attestation* section contains an *Attach Documentation* component that will allow you to upload the Attestation Agreement. You have the ability to remove and attach different files until you submit your final attestation.
3. **Save & Continue** button: saves the information you have entered on this page and opens the *Home* page.
4. **Cancel and lose Review changes** link: clears the page of any information you have just entered and opens the *Home* page.

Once you have successfully saved the signed attestation, the status icon on your home page will change to indicate that Step 4 is complete. The system will now let you move onto Step 5.

## Step 5: Send Year X Attestation Details

Clicking the **Send Year X Attestation** link opens a pop-up window allowing you to send your attestation to the State.

The *Send Attestation to State* window displays the following:

1. **Send Attestation** button: clicking this will submit your attestation application to the State. All steps in the workflow section of your home page will be locked down. You will not be able to make any more changes to the section, but can still view the information you entered on a report. The *Send Attestation to State* window will appear displaying the expected time period for payment and other payment-related information.
2. **Cancel and Do No Send** link: returns you to the *Home* page.

After sending the Attestation Agreement, a System Message will arrive that designates the time and date.

System Messages (1)		
Subject	Date Received	From
Your attestation has been submitted	11/30/2011 4:45:21 PM	

# Applying for the Incentive as a Group Administrator

A Group is a practice or clinic that is comprised of multiple Eligible Professionals. All of these individual providers may decide to apply for the EHR Incentive Payment using the patient encounter numbers of the practice or clinic. A representative from your Group will serve as the Group Administrator and provide a single point of contact for the State Level Registration of the Medicaid EHR Incentive Payment process.

This individual will enter the volume information for the Group, and this information will appear on each Group member's *Confirm Medicaid Eligibility* page. Each member of the Group will still need to review and sign the Attestation form to ensure that the numbers are correct. Group administrators will select the "Group" user type when they first create a SLR account.

## Group Home Page

The *SLR Home* page for Groups is similar to the home pages for EP and EH users. See the *EP Home* page section for more information about the parts of this page. The links in the *Header* and *Footer* sections, the *Reports* and *Messages* sections, and the **Year** tabs are all identical to the *EP Home* page, except the messages will now include Group messages. The only visible difference on the page for Group users is the *Workflow* section, though it will still have five steps. As with the *EP Home* page, each of these is a link to the page representing that Step in the SLR process, and each will have a completion icon that shows the status of the step. The user is able to move onto the next step only after completing the first.

1. *About Your Group* section: allows you to enter information about the Group's primary contact. By default this is populated with your user information.
2. *Confirm Group Eligibility* section: allows you to enter patient and Medicaid volume information.
3. *Group Certified EHR Information* section: allows you to enter Certified EHR technology information, in particular the EHR Certification Number of your Group's software. Each member of the Group will still have to attest to the technology they are using, but the information may be pre-populated for them.
4. *Manage Providers in Your Group* section: allows you to add members to your Group.
5. *Enter Data on Behalf of Your Providers* section: page provides access to the individual pages of each provider in your Group. In this way, you can add or edit the information for each of these providers.

## Workflow Section Details

This section describes in more detail the specific steps needed to set up a Group in the SLR system. Starting with Step 1, the *About Your Group* page, you will enter your registration and contact information. Like Eligible Professional users, Group Users will have a *Navigation*

*Menu* to both access pages and keep track of their progress. The five options correspond to the pages in the group component.



## Step 1: About Your Group Section Details

Clicking the **About Your Group** link on the *Group Home* page opens the *About Your Group* page, allowing you to provide contact information. The contact information is especially important, as one of the primary reasons to have a Group user is to provide a single point of contact for the Group to State auditors that are reviewing the SLR submissions. By default, this information will be the same as the user registered in the system.

### 1. About Your Group

The State of Colorado requires that you provide contact information for your group under the "1. About Your Group" heading. Please review the default contact information from your user account and make any changes as necessary.

**Contact Person**

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

Enter your contact information below. \* Red asterisk indicates a required field.

Contact Person Name \*  ✓

Title  ✓

Phone Number \*  ✓  
*Enter phone number without dashes.*

Email Address \*  ✓  
*name@domain.com*

1. **Name** text field: enter your name.
2. **Phone Number** text field: enter your phone number. Initially it defaults to the phone number that you entered while creating your User Account.
  - a. **9999999999** (no spaces, dashes, parentheses): shows you how the system would like you to enter your phone number.
3. **Email Address** text field: enter your email address. Initially it defaults to the email address that you entered while creating User Account.
  - b. **name@domain.com**: displays the correct format for your email address.
4. **Save & Continue** button: saves the information you have just entered. If you have left a required field blank or entered information incorrectly, you will receive a system message. Once all required fields are completed, this section will be marked as complete.

5. **Cancel and Lose About Your Group changes** link: clears the page of any information you have just entered.

## Step 2: Confirm Group Medicaid Eligibility

The *Confirm Group Eligibility* page is identical to the associated page for EPs except that it has an additional section at the top, the *Group Medicaid Volumes* section.

1. See *Section 3.6.4 Step 2: Confirm Medicaid Eligibility* above for a complete description of the rest of the fields on this page.
2. The *Group Medicaid Volumes* section allows a user to select whether to use Group Medicaid volumes for the entire Group.

**Group Medicaid Volumes**

Do you want to use Group Medicaid volumes for all providers associated with the group? \*

☒ Yes ☐ No

The system will move you onto *Step 3: Group Certified EHR Information* and the status icon on your home page will change to indicate that your eligibility information is complete.

## Step 3: Group Certified EHR Information

Clicking the **Group Certified EHR Information** link on the *Group Home* page directs you to Step 3 of the process. This page allows you to enter your practice's EHR technology information.

1. **Do you wish to use Group Certified EHR Technology information for all providers you are managing?** radio button: select the **Yes** radio button to apply the EHR Technology you enter on this page to all the members of the Group. The *Your Understanding* section will appear.
2. *Your Understanding* section: click the checkbox to affirm your responsibility. The *Your EHR Certification Information* section will appear.
3. *Your EHR Certification Information* section: contains a field and instructions for retrieving the correct EHR Certification Number from the ONC website.
  - EHR Certification Number text field: enter your group's EHR Software's Certification Number in the **EHR Certification Number** field. The field will be validated when the **Save Certified EHR Technology** button is selected.



**Your EHR Certification Information**


Please enter your CMS EHR Certification ID

EHR Certification Number \*  ✓

1) Go to the ONC website: <http://onc-chpl.force.com/ehrcert>  
2) Search for your product(s) and add each to the shopping cart by clicking "Add to Cart"  
3) When you have added all product(s) to your shopping cart, click the "View Cart" link  
4) Click "Get CMS EHR Certification ID"  
5) Your CMS EHR Certification ID will be displayed on the screen. This is the number you will need to enter above as a part of your attestation.

NOTE: ONC does not allow you to mix inpatient products and Ambulatory products together to represent a complete EHR solution. Additionally, if the product(s) you add to your shopping cart do not represent a complete EHR solution capable of achieving meaningful use criteria, you will not be able to click "Get CMS EHR Certification ID" in step 4.

- ## Supporting documentation
- The following attachments are optional: 
- Contract
  - Work plan
  - Action plan
- | File Name              | Subject |
|------------------------|---------|
| No records to display. |         |
- Add Files 

Remove Selected 

- Save Certified EHR Technology  Cancel and lose Certified EHR Technology changes

- Once you have successfully saved the information in the *Group Certified EHR Information* page, the status icon on your *Home* page will change to indicate that the *Group Certified EHR Information* section is complete. The system will move you to *Step 4*.

Clicking the **Manage Providers in Your Group** link on the *Group Home* page (or in the *Navigation Menu*) opens *Step 4* of the process. This page allows you to search for and add Eligible Professionals to your Group. They must exist in the SLR database before they can be added, so they must register with CMS before you perform this step.

Associate providers with your Group/Clinic using this screen. You must enter both the NPI and TIN for the provider, then confirm that you wish to associate the provider. Please be sure to review carefully as you do not have the ability to remove a provider from your group once you have confirmed that the provider should be associated with your group.

**1 Providers in Your Group**

**Add Provider**

NPI:  TIN:

Last Name, First Name	NPI Number	TIN Number	Pymt Yr	Address	Specialty/Taxonomy	Multiple Groups
JAMES LEE DOCTORAL	1234567890	1234567890	Y	1234567890 - 1234567890 - 1234567890 1234567890 - 1234567890 - 1234567890	16	No

- 46

2. *Is this the provider you want to add?* window: this displays the identification numbers, name, address, and Specialty Codes of the provider found using the query fields. This additional information helps you to identify the correct medical professional to add to your Group.

**Note:** You can add providers to the Group, but cannot remove providers. Be very careful about those providers that you add.

3. **No, Go back** button: click this button to close the window. The professional will not be added to the Group.
4. **Yes, Add to Group** button: click this button to add the professional to the Group. If the provider is found but has opted to use his or her own volume numbers rather than those of a Group, the pop-up window displays a message that the provider has opted out from Groups.
5. *List of Providers* table: displays all the providers added your Group and is sorted alphabetically by last name. Each provider's name, identification numbers, address, and Specialty or Taxonomy codes are listed in the table. The table also indicates whether the provider has been added to more than one Group.

## Step 5: Enter Data for Providers [Year]

Clicking the **Enter Data on Behalf of Your Providers** link on the *Group Home* page (or in the *Navigation Menu*) opens *Step 5* of the process. This page allows you to access the EP pages of the members of your Group, and view, add, or edit the data for them. Each provider that was added using the *Manage Providers in Your Group* page will appear in the table on this page.

### 5. Enter Data on Behalf of Your Providers

This screen gives you one place to manage the providers in your group and view the status of their attestation. Select an Action for any provider listed below to enter data on their behalf. Of 1 providers: Not started = 0, In progress = 1, Completed = 0, Signed & Attached = 0, Submitted = 0




[Manage Providers](#)

Provider Name	NPI	TIN	Pymt Yr	Multiple Groups	Elected	About You	Eligibility	Attestation	Signed & Attached	Submitted	Actions
John Doe, MD	1234567890	1234567890	1	No	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

1. **Manage Providers** button: clicking this will open the *Manage Providers in Your Group* page, which is used to add providers to your Group.
2. **Of [n] Providers: Not started=[n], In progress=[n], Completed=[n], Signed & Attached=[n], Submitted=[n]** message: next to the **Manage Providers** button is a




status line that provides a running count of the providers in your Group and their progress in each stage of the process.

3. *Provider Action List* table: displays all the members of the providers in the Group; each provider will have the following columns referencing their data:
  - a. **Provider Name** column: displays the name of the provider.
  - b. **NPI** column: the provider's NPI information.
  - c. **TIN** column: the provider's TIN information.
  - d. **Pymet Yr** column: the Payment Year to which the provider is attesting.
  - e. **Elected** column: indicates whether the provider has joined your Group or not.
  - f. **About You** column: contains a status icon that indicates whether this section for a provider is complete or not.
    -  indicates that the step is complete;
    -  indicates that the step has been started but not finished;
    -  indicates that the step has not been started.
  - g. **Eligibility** column: contains a status icon.
  - h. **Attestation** column: contains a status icon.
  - i. **Signed & Attached** column: contains a status icon.
  - j. **Submitted** column: contains a status icon.
  - k. **Actions** pull-down menu: allows the user to open the associated page and enter data into SLR for that user. Select an option for the menu, such as [About You](#), [Eligibility](#), or [Attestation](#), and the corresponding page of that user will open.

Entering on behalf of [Redacted]  
[Back to Provider List](#)

### Contact Person

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

 Your Contact Information is complete.

Contact Person Name \*

Title

Phone Number \*

Email Address \*

Enter phone number without dashes.

name@domain.com

### Attach Documentation

The following attachments are optional:

When opened, the SLR page of your Group's provider will be topped by a special header identifying the provider you are entering information for, such as in the example above. The header section also has a **< Back to Provider list** button, which returns you to the Group Administrator *Step 5* page.



# Accessing Reports

## Reports for Eligible Professionals

Located to the left of the page, the *Reports* section displays the following items:

1. **Reports message:** the following message appears if you don't have any data in the system to run a report: "Reports will be available once your information is saved."
2. **Provider SLR Application Information link:** once some information has been saved to the SLR web application, this link appears. Clicking this link opens a pop-up window with the *Provider SLR Application Information* report results. This report prints all of the Attestation information that you have already entered.

The *Registration and Attestation Summary* report displays the following:

- a. *Identifying Information* section: displays the information you entered when you created your SLR account.
- b. *Filing Information:* displays the Program Year and status of the Attestation association.
- c. *About You* section: displays the information saved when you completed the *About You* section.
- d. *Confirmation of Eligibility* section: displays the information saved when you completed the *Confirm Medicaid Eligibility* section.
- e. *Summary of Meaningful Use Core Measures:* displays Core Objective measures if these were entered.
- f. *Summary of Meaningful Use Menu Measures.*
- g. *Summary of Core Clinical Quality Measures.*
- h. *Summary of Alternate Core Clinical Quality Measures.*
- i. *Summary of Additional Clinical Quality Measures.*

You can print this report after you have saved any of your information in the SLR Web application. If you print the report before all of the areas have been completed, only those sections with saved information will print on the report. You can also filter the report by year.

# Viewing Payment Status/Payment Calculations

## Payment Information and Calculations for Eligible Professionals

**How your payment is calculated** message: Located to the left of the page, this link opens a pop-up that displays the amount that your State is dispersing for the current participation Year.

## Attaching Files

### The Attach Documentation Section

*Attach Documentation* sections are available in several pages of the SLR. These identify documents that must be attached – like a Cost Report, Software Sales contract, and the Attestation Agreement itself – and identify documents that are optional.

The screenshot shows the 'Attach Documentation' interface. At the top, it lists required attachments (Fully Executed Contract, Vendor Letter) and optional attachments (Invoice, Receipt) with a green checkmark. Below this is a table of uploaded files.

File Name	Subject	
[blurred]	Fully Executed Contract	<input type="checkbox"/>
[blurred]	Vendor Letter	<input type="checkbox"/>

At the bottom of the table are two buttons: 'Add Files' with a green plus icon and 'Remove Selected' with a red X icon.

A table lists those attachments that have already been added to the section in three columns:



1. **File Name** column: the name of the uploaded file. Selecting the filename will open the file for viewing, provided your PC has an application that can open the file.
2. **Subject** column: the subject of the uploaded file selected by the user when the file was attached.
3. Selecting a checkbox in the unnamed column and clicking the **Remove Selected** button will remove the file from the list and delete the file from SLR.

**Attach Documentation**

The following attachments are optional: ✓

- Eligibility Workbook
- Practice Management Report
- Other - Please Describe

File Name	Subject	Remove
<a href="#">blank doc.docx</a>	Practice Management Report	<input type="checkbox"/>

Clicking the **Add Files** button opens the *Add Files* pop-up window.

1. **Close icon:** clicking the blue X in the upper right-hand corner closes the *Add Files* window without attaching a file.
2. **Subject** pull-down menu: select an option to identify what type of document or documents you are attaching. These will be restricted to subjects that are appropriate for the section of SLR you are viewing.
3. **File(s) Subject** display field: this displays the default subject. This is populated when a document is selected.
4. **Description** text field: if the [Other – Please Describe](#) option is selected from the **Subject** pull-down menu, this field will appear. It requires the user to enter a brief description of the document being attached.
5. **File Name** text field: the file name will display once it is selected.
6. **Select** button: allows you to select the file you would like to attach from a local drive.
7. **Remove** icon: clicking this removes file reference from the window. It will not be imported.
8. **Add** button: adds another **File** field and **Select** button to allow the user to attach another file. The file will be added under the same subject as the file above it.
9. **Attach** button: adds the document or documents that were selected.
10. **File(s) Attached – {X}** message allows you to know the number of files currently attached for this specific page.
11. **Cancel and lose file changes** button: this will close the window, discarding any changes.

Please enter your total Medicaid Patient Encounters for the selected reporting period.

### Add Files

You may attach files with multiple subjects using this function.

- Select the subject for the first attachment from the drop down list
- Use the Select function to choose your file
- Click the Add button to add another file
- Select the subject for the second attachment from the drop down list
- Use the Select function to choose your file

When all documents are attached, click the Attach button.

Allowed File Types: .bmp, .pdf, .jpeg, .jpg, .gif, .png, .doc, .docx, .xls, .xlsx

Subject \*

File(s) \* Subject:

Filename: \*

## Timing Out

SLR pages have a session timeout occur at 9 minutes and 30 seconds. If no field has been modified or a page accessed during that time, a pop-up window shall appear asking if you wish to log out or continue to use SLR. The pop-up window itself will disappear in 30 seconds if no action is taken.

## Troubleshooting

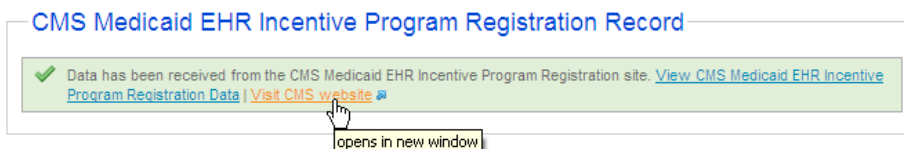
## Accessing Help

For general Help, all SLR web pages have a **Help** Link that opens up a copy of this User Manual. For SLR Web application assistance, you can contact the ACS Help Desk designated to support the SLR.

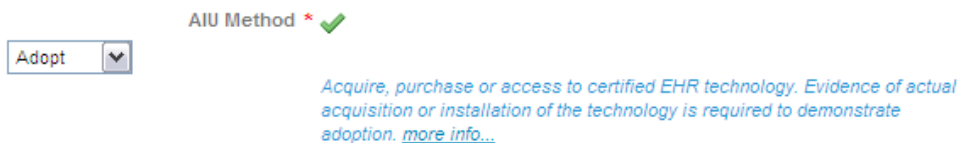
## Help Text Displays

Located throughout the SLR Web application, there are tool tips, help text, and **more info** links that should help to complete the pages.

1. Tool Tips: A tool tip is text that displays when you hover your mouse over an area on the page.



2. The **more info** link of this field will open a help window:



3. Help Text. Help text is text that displays on the page. Help text instructs you on how to respond to a particular field or, it provides some additional information about the field or the page. The blue text from the below example, "Enter phone number without dashes." This is help text.

A screenshot of a contact information form. It contains four fields, each with a green checkmark to its right. The first field is labeled "Contact Person Name \*" and contains the text "John Doe". The second field is labeled "Title" and is empty. The third field is labeled "Phone Number \*" and contains the text "555-123-4567". Below this field is a blue text block that reads: "Enter phone number without dashes.". The fourth field is labeled "Email Address \*" and contains the text "john.doe@domain.com". Below this field is a blue text block that reads: "name@domain.com".

# Definitions

This section lists any glossary terms specifically applicable to this document.

Term/Acronym	Explanation/Expansion
Active Medication List	A list of medications that a given patient is currently taking.
Admitted to the Emergency Department	There are two methods for calculating ED admissions for the denominators for measures associated with Stage 1 of Meaningful Use objectives. Eligible hospitals and CAHs must select one of the methods below for calculating ED admissions to be applied consistently to all denominators for the measures. That is, eligible hospitals and CAHs must choose either the "Observation Services method" or the "All ED Visits method" to be used with all measures. Providers cannot calculate the denominator of some measures using the "Observation Services method," while using the "All ED Visits method" for the denominator of other measures. Before attesting, eligible hospitals and CAHs will have to indicate which method they used in the calculation of denominators. <sup>3</sup>
All ED Visits Method	An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions. All actions taken in the inpatient or emergency departments (POS 21 and 23) of the hospital would count for purposes of determining meaningful use. <sup>3</sup>
Allergy	An exaggerated immune response or reaction to substances that are generally not harmful. Unique Patient – If a patient is seen by a provider more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period. <sup>3</sup>
American Reinvestment and Recovery Act of 2009 (ARRA)	The American Reinvestment and Recovery Act of 2009 is an economic stimulus package enacted by the 111th United States Congress in February 2009 <sup>1</sup> . Part of the act included money for health information technology (HIT) investments and payments.
Appropriate Technical Capabilities	A technical capability would be appropriate if it protected the electronic health information created or maintained by the certified EHR technology. All of these capabilities could be part of the certified EHR technology or outside systems and programs that support the privacy and security of certified EHR technology. <sup>3</sup>

<sup>1</sup> "American Recovery and Reinvestment Act of 2009." *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 18, 2010. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Business Days	Business days are defined as Monday through Friday excluding Federal or State holidays on which the EH or their respective administrative staffs are unavailable. <sup>3</sup>
Centers for Medicare and Medicaid Services (CMS)	The Centers for Medicare and Medicaid Services (CMS) is a United States Federal Agency which administers Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). <sup>2</sup>
Clinical Decision Support	HIT functionality that builds upon the foundation of an EHR to provide persons involved in care decisions with general and person-specific information, intelligently filtered and organized, at point of care, to enhance health and health care. <sup>3</sup>
Clinical Summary	An after-visit summary that provides a patient with relevant and actionable information and instructions containing the patient name, provider's office contact information, date and location of visit, an updated medication list, updated vitals, reason(s) for visit, procedures and other instructions based on clinical discussions that took place during the office visit, any updates to a problem list, immunizations or medications administered during visit, summary of topics covered/considered during visit, time and location of next appointment/testing if scheduled, or a recommended appointment time if not scheduled, list of other appointments and tests that the patient needs to schedule with contact information, recommended patient decision aids, laboratory and other diagnostic test orders, test/laboratory results (if received before 24 hours after visit), and symptoms. <sup>3</sup>
CMS Certification Number (CCN)	A number assigned to hospitals by the Centers of Medicare and Medicaid Services, the CMS Certification Number (CCN) is the hospital's identification number that is link to its Medicare provider agreement. The CCN is used for CMS certification and also for submitted and reviewing the hospital's cost reports. <sup>4</sup>
CMS Medicaid EHR Incentive Program Registration site	The national <a href="#">d</a> that supports the administration and incentive payment disbursements of Medicare and Medicaid programs to medical professionals, hospitals and other organizations. <sup>5</sup>
Computerized Physician Order Entry (CPOE)	Computerized Physician Order Entry (CPOE) refers to any system in which clinicians directly enter medication orders and/or tests and procedures into a computer system, which then transmits the order directly to the pharmacy. <sup>6</sup>

<sup>2</sup> "Centers for Medicare & Medicaid Services." *CMS: Centers for Medicare & Medicaid services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>3</sup> "HITECH Attestation Mockups EP" and "HITECH Attestation Mockups EH Version 9". CMS: Centers for Medicare & Medicaid services. United States Department of Health & Human Services. Date published: 3/8/2011.

<sup>4</sup> "Frequently Asked Questions about Accrediting Hospitals in Accordance with their CMS' Certification Number (CCN)." *The Joint Commission*. Article date: July 15, 2010. Date accessed: November 22, 2010.

<sup>5</sup> "Grumman nets \$34M CMS' data repository project." *CMIO Contracts and Installations*. TriMed Media Group, Inc. Article date: May 17, 2010. Date accessed: November 22, 2010.

<sup>6</sup> "Computerized Provider Order Entry." AHRQ: Agency for Healthcare Research and Quality. United States Department of Health & Human Services. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Computerized Provider Order Entry (CPOE)	CPOE entails the provider's use of computer assistance to directly enter medication orders from a computer or mobile device. The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization. <sup>3</sup>
CPOE	See Computerized Provider Order Entry. <sup>3</sup>
Diagnostic Test Results	All data needed to diagnose and treat disease. Examples include, but are not limited to, blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, and pulmonary function tests. <sup>3</sup>
Different Legal Entities	A separate legal entity is an entity that has its own separate legal existence. Indications that two entities are legally separate would include (1) they are each separately incorporated; (2) they have separate Boards of Directors; and (3) neither entity is owned or controlled by the other. <sup>3</sup>
Discharge Instructions	Any directions that the patient must follow after discharge to attend to any residual conditions that need to be addressed personally by the patient, home care attendants, and other clinicians on an outpatient basis. <sup>3</sup>
Distinct Certified EHR Technology	Each instance of certified EHR technology must be able to be certified and operate independently from all the others in order to be distinct. Separate instances of certified EHR technology that must link to a common database in order to gain certification would not be considered distinct. However, instances of certified EHR technology that link to a common, uncertified system or component would be considered distinct. Instances of certified EHR technology can be from the same vendor and still be considered distinct. <sup>3</sup>
EHR Provider Incentive Portal (SLR)	The EHR Provider Incentive Portal (SLR) is a Xerox application created for the capture and maintenance of state mandated information related to the payment of Provider incentive payments provided for under the ARRA.
Electronic Health Record (EHR)	An Electronic Health Record (EHR) is an electronic version of a patients medical history, that is maintained by the Provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular Provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. <sup>7</sup>
Electronic Medical Record (EMR)	An electronic medical record (EMR) is a computerized <a href="#">medical record</a> created in an organization that delivers care, such as a hospital and doctor's surgery. <sup>8</sup>

<sup>7</sup> "Electronic Health Records Overview." *CMS: Centers for Medicare & Medicaid services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>8</sup> "Electronic medical record." *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 5, 2010. Date accessed: November 22, 2010.



Term/Acronym	Explanation/Expansion
Eligible Hospital (EH)	<p>For the purposes of the Medicaid EHR Incentive Program and SLR applications documentation, an eligible hospital (EH) is defined as the following:</p> <p>Acute care hospitals (including Critical Access Hospitals and cancer hospitals) with at least 10% Medicaid patient volume.</p> <p>Children's hospitals (no Medicaid patient volume requirements).<sup>9</sup></p>
Eligible Professional (EP)	<p>For the purposes of the Medicaid EHR Incentive Program and SLR application documentation, an eligible professional (EP) is defined as the following:</p> <p>Physicians (primarily doctors of medicine and doctors of osteopathy).</p> <p>Nurse practitioner.</p> <p>Certified nurse-midwife.</p> <p>Dentist.</p> <p>Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.</p> <p>To qualify for an incentive payment under the Medicaid EHR Incentive Program, an EP must meet one of the following criteria:</p> <p>Have a minimum 30% Medicaid patient volume*.</p> <p>Have a minimum 20% Medicaid patient volume, and is a pediatrician*.</p> <p>Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals.</p> <p>*Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.<sup>10</sup></p>
End User License Agreement (EULA)	<p>The End User License Agreement (EULA) details how the software can and cannot be used.<sup>11</sup></p>
Exchange	<p>Clinical information must be sent between different legal entities with distinct certified EHR technology and not between organizations that share a certified EHR technology. Distinct certified EHR technologies are those that can achieve certification and operate independently of other certified EHR technologies. The exchange of information requires that the provider must use the standards of certified EHR technology as specified by the Office of the National Coordinator for Health IT, not the capabilities of uncertified or other vendor-specific alternative methods for exchanging clinical information. Electronic Exchange of Clinical Information.<sup>3</sup></p>

<sup>9</sup> "EHR Incentive Programs: Eligibility – Eligible Hospitals." *CMS: Centers for Medicare & Medicaid services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>10</sup> "EHR Incentive Programs: Eligibility – Eligible Professionals." *United States Department of Health & Human Services*. Date accessed: November 22, 2010.

<sup>11</sup> "EULA." *Webopedia*. QuinStreet Inc. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Federally Qualified Health Center (FQHC)	A type of provider that includes all organizations receiving grants under Section 330 of the Public Health Service Act. Advantages include grant funding, enhanced Medicare and Medicaid reimbursement, medical malpractice coverage through the Federal Tort Claims Act, reduced cost for medications for outpatients, etc.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	The purpose of the Health Insurance Portability and Accountability Act is "to improve...the Medicaid program...and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information." <sup>12</sup>
Health Information Technology (HIT)	Health Information Technology (HIT) refers to the use of technology in managing health information. For example, the use of electronic health records instead of paper medical records.
Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)	The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) amends the Public Health Service Act by adding a number of funding opportunities to advance health information technology. <sup>13</sup>
Medication Reconciliation	The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider. <sup>3</sup>
National Provider Identifier (NPI)	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care Providers. <sup>14</sup>
Observation Services Method	<p>"The denominator should include the following visits to the ED:</p> <ul style="list-style-type: none"> <li>• The patient is admitted to the inpatient setting (place of service (POS) 21) through the ED. In this situation, the orders entered in the ED using certified EHR technology would count for purposes of determining the computerized provider order entry (CPOE) Meaningful Use measure. Similarly, other actions taken within the ED would count for purposes of determining Meaningful Use</li> <li>• The patient initially presented to the ED and is treated in the ED's observation unit or otherwise receives observation services. Patients who receive observation services under both POS 22 and POS 23 should be included in the denominator."<sup>3</sup></li> </ul>

<sup>12</sup> "Health Insurance Portability and Accountability Act of 1996." *CMS: Centers for Medicare & Medicaid services*. Public Law 104-191. 104<sup>th</sup> Congress. Date accessed: November 22, 2010.

<sup>13</sup> "HITECH and Funding Opportunities." *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

<sup>14</sup> "National Provider Identifier Standard (NPI): Overview." *CMS: Centers for Medicare & Medicaid services*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Office of the National Coordinator (ONC) for Health Information Technology	The Office of the National Coordinator for Health Information Technology (ONC) is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. <sup>15</sup>
Office Visit	Office visits include separate, billable encounters that result from evaluation and management services provided to the patient and include: (1) Concurrent care or transfer of care visits, (2) Consultant visits, or (3) Prolonged Physician Service without Direct (Face-To-Face) Patient Contact (tele-health). A consultant visit occurs when a provider is asked to render an expert opinion/service for a specific condition or problem by a referring provider. <sup>3</sup>
Patient Authorized Entities	Any individual or organization to which the patient has granted access to their clinical information. Examples would include an insurance company that covers the patient, an entity facilitating health information exchange among providers, or a personal health record vendor identified by the patient. A patient would have to affirmatively grant access to these entities. <sup>3</sup>
Patient-Specific Education Resources	Resources identified through logic built into certified EHR technology which evaluates information about the patient and suggests education resources that would be of value to the patient. <sup>3</sup>
Permissible Prescriptions	The concept of only permissible prescriptions refers to the current restrictions established by the Department of Justice on electronic prescribing for controlled substances in Schedule II-V. (The substances in Schedule II-V can be found at <a href="http://www.deadiversion.usdoj.gov/schedules/orangebook/e_cs_sched.pdf">http://www.deadiversion.usdoj.gov/schedules/orangebook/e_cs_sched.pdf</a> ). Any prescription not subject to these restrictions would be permissible. <sup>3</sup>
Preferred Language	The language by which the patient prefers to communicate. <sup>3</sup>
Prescription	The authorization by a provider to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization. <sup>3</sup>
Problem List	A list of current and active diagnoses as well as past diagnoses relevant to the current care of the patient. <sup>3</sup>
Provider	For the purposes of the EHR Provider Incentive Portal (SLR) application documentation, a Provider refers to both EPs and EHS.
Public Health Agency	An entity under the jurisdiction of the U.S. Department of Health and Human Services, tribal organization, State level and/or city/county level administration that serves a public health function. <sup>3</sup>

<sup>15</sup> "The Office of the National Coordinator for Health Information Technology (ONC)." *The Office of the National Coordinator for Health Information Technology*. United States Department of Health & Human Services. Date accessed: November 22, 2010.

Term/Acronym	Explanation/Expansion
Relevant Encounter	An encounter during which the provider performs a medication reconciliation due to new medication or long gaps in time between patient encounters or for other reasons determined appropriate by the provider . Essentially an encounter is relevant if the provider judges it to be so. (Note: Relevant encounters are not included in the numerator and denominator of the measure for this objective.) <sup>3</sup>
Rural Health Clinic (RHC)	RHCs must be located in rural, underserved areas and must use one or more physician assistants or nurse practitioners. RHCs can be public, private, or non-profit, and are intended to increase primary care services for Medicaid and Medicare patients in rural communities. An advantage of RHC status is enhanced reimbursement rates for providing Medicaid and Medicare services in rural areas.
Specific Conditions	Those conditions listed in the active patient problem list. <sup>3</sup>
State Level Registry (SLR)	The State Level Registry (SLR) is a Xerox application created for the capture and maintenance of state mandated information related to the payment of provider incentive payments provided for under the ARRA.
Taxpayer Identification Number (TIN)	A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. <sup>16</sup>
Transition of Care	The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. <sup>3</sup>
Uniform Resource Locator (URL)	In <a href="#">computing</a> , a Uniform Resource Locator (URL) is a <a href="#">Uniform Resource Identifier</a> (URI) that specifies where an identified resource is available and the mechanism for retrieving it. <sup>17</sup>
Unique Patient	If a patient is seen by a provider more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term “unique patient” relate to what is contained in the patient’s medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period. <sup>3</sup>
Up-to-date	The term “up-to-date” means the list is populated with the most recent diagnosis known by the provider . This knowledge could be ascertained from previous records, transfer of information from other providers, diagnosis by the provider, or querying the patient. <sup>3</sup>

<sup>16</sup> “Taxpayer Identification Numbers (TIN).” IRS.gov. Internal Revenue Service. Last modified: August 20, 2010. Date accessed: November 22, 2010.

<sup>17</sup> “Uniform Resource Locator.” *Wikipedia: The Free Encyclopedia* Wikimedia Foundation, Inc. Last modified: November 22, 2010. Date accessed: November 22, 2010.