

1. If the group is prequalified, does the provider have to have worked in the clinic for 90 days in 2012 to qualify for AIU in 2013?

No. A provider who had at least one Medi-Cal encounter with the group/clinic during the calendar year containing the representative period can use the group or clinic patient volumes to qualify for the program and can be included in the group.

2. What happens when the provider doesn't meet the requirement? Clarification, the response is assuming the question intended to say "MU requirement".

When the provider does not meet the Meaningful Use (MU) requirement (even just 1 Core measure), they cannot attest to MU. Under the Medi-Cal EHR Incentive Program, the provider is allowed to skip years; they do not have to attest in consecutive years. However, if the EP is also eligible for the Medicare EHR Incentive program (MD, DO, DDS), they may be subject to payment adjustments. See [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj\\_HardshipExcepTipSheetforEP.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipSheetforEP.pdf) for additional information.

3. When attesting, is it possible to get the list of measures ahead of time so you know what questions you will need the provider to answer?

We suggest you use:

- DHCS' SLR Provider Quick Start Guide:  
<http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Provider%20-%20SLR%20Quick%20Start%20Guide.pdf>
- CMS Attestation Calculator (which unfortunately does not include practice screens for CQM attestation):  
<http://www.cms.gov/apps/stage-1-meaningful-use-attestation-calculator/>
- CMS Attestation Worksheet:  
[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP\\_Attestation\\_Worksheet.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_Worksheet.pdf)
- CMS Meaningful Use Table of Contents (provides links to each of the Core and Menu measure specification sheets):  
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP-MU-TOC.pdf>

4. I see you are using Firefox; is that the preferred browser?

Firefox and Internet Explorer are both reported to work well with the SLR.

5. According to CMS, if a Core CQM denominator is zero, we will be required to submit an alternate CQM even if that denominator is also zero. Can you tell us how SLR will accept a zero core CQM value and a zero Alt CQM value?

**CQM Core**

Providers must complete 3 of 3 CQM Core Measures. For each CQM Core Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be selected.

In the left-hand navigation, CQM Core Measures with a denominator of zero will be denoted with the

following symbol: 

**CQM Alternate** See page 25 of the *Provider Quick Start Guide*.

<http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Provider%20-%20SLR%20Quick%20Start%20Guide.pdf>

**CQM Additional**

Providers must complete 3 of 38 Additional Clinical Quality Measures.

If you do not have at least three measures with denominators greater than zero, you will not be required to enter zeroes in the denominators of the remaining measures. However, on your attestation you will be required to agree that all of the remaining measures that your EHR reports have zeroes in the denominators.

6. If a provider's data is for the last quarter of 2013, the choice for the year should be 2013?

Be sure to distinguish between encounter data (needed for eligibility and always the calendar year one year prior to the program year) and the MU data. MU data is from the 90 or 365 day reporting period that is in the same calendar year as the program year. In this question, it is assumed that the “provider’s data” is the MU data, and is from a reporting period in 2013; then, yes, the program year is 2013.

7. I have a question regarding Medi-Cal encounter data: for obstetricians, are global encounters included? (I am using billing data that does not break down the global encounters).

Global payment for OB services is basically the same as global payment for all types of care in managed care. The individual visits count for the purposes of the Incentive Program even though the provider may only receive one payment. In 2013 CMS removed the requirement that providers need to be paid—only that the service provided to the patient is *billable* to Medi-Cal (whether it is paid or not).

8. What if a provider isn't available to sign the attestation and they need to submit this year?

The EP’s application must be submitted by the March 31, 2014 deadline. Contact [Medi-Cal.EHR@dhcs.ca.gov](mailto:Medi-Cal.EHR@dhcs.ca.gov) for additional questions/concerns.

9. Last year we attested for Medi-Cal AIU for Program Year 2012. This year, when I log into my Provider SLR, the tab says 2013, but it asks for a 90-day period in 2012. Is there a way to fix the tabs?

Please be certain to differentiate between the 90 day periods that the SLR is asking for: “representative period” (encounter volume eligibility) under Step 2 Eligibility or “reporting period” (under Step 3: AIU or MU). The representative period will be 2012 in this situation. The reporting period for MU (under Step 3: AIU or MU) will be 2013 and will match the “2013” tab. Contact the SLR Support desk if you need further assistance, **SLR Helpdesk (866) 879-0109**.

10. Can you see in the SLR that the payment has been made for AIU or MU?

DHCS publishes reports of provider and hospitals that have been paid incentives under the Medi-Cal program. These reports can be found here:

[http://www.dhcs.ca.gov/provgovpart/Pages/EHR\\_Incentive\\_Data\\_and\\_Reports.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/EHR_Incentive_Data_and_Reports.aspx). You may also log into the CMS R&A system to follow payment status as well. <https://ehrincentives.cms.gov/hitech/login.action>

11. Is CalHIPSO still providing assistance? We were told our REC/LEC are no longer assisting?

On Friday February 7, 2014, CalHIPSO received word from the ONC that their REC Program Grant has been extended through January 2015.

12. If we registered our Dentists in the year 2011 for 2010 encounters and received our funding but as of now have not been utilizing the EHR because we have been waiting for the dental MU criteria, are we in violation? If not, then when should we attest our dentists?

Clarification: We are interpreting “registered...in the year 2011 for 2010 encounters and received funding” to mean 2011 AIU attestation. No, you are not in violation. EPs have through 2021 to participate in the Medi-Cal EHR Incentive program. Having completed AIU in 2011, the EP in this scenario could wait until Program Year 2017 to attest to MU and still be able to participate for the full 6 years offered in the program. This response is applicable to all EPs, not just Dentists. It should be noted that providers cannot *begin* participating in the program after Program Year 2016. In this case, the 2011 AIU program year was the beginning of participation. Please also see other notes on this Q & A that address dentists.

13. Is there Dental MU criteria available?

No, Dentists must meet the same MU requirements as all other EPs.

14. We are a dental clinic; are there Menu measures and CQM core measures that are related to dentists? They seem all medical center related.

Medi-Cal’s MU FAQ addresses Dentists:

<http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/MU%20FAQs.pdf>

15. Has there been any information given about dentists, when will we be able to submit for dentists?

Dentists are eligible to attest to both AIU and MU. See Medi-Cal FAQ on Dentists linked above. Additionally, Dentists are also referenced in <http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Provider%20FAQs.pdf> on page 6.

16. If we have providers that have worked in multiple sites/clinics, do we register the providers in every site they worked in or just one site? (Group registration)

If your providers work at sites that have different encounter volume data, and are therefore their own stand-alone groups, then any EP who contributed to those encounters should be included in that Group's Provider list. When you proceed to attest for the individual EP, you will select only 1 of the groups that the SLR provides.

17. Is there a reason to work through the calculator worksheet if your EHR calculates for you?

No.