



## Medi-Cal Incentive Encounter Data Request Form

To request encounter information for attesting to Meaningful Use, please complete and submit this form to COREC (*all information requested is required, any missing information will delay your request*).

- Fax completed form to: 714.796.6600 or e-mail to [info@corecoc.org](mailto:info@corecoc.org)

### Provider Information

<b>First Name:</b>
<b>Last Name:</b>
<b>Office Name:</b>
<b>Contact person:</b>
<b>Individual NPI#:</b>
<b>Organizational NPI#:</b>
<b>Tax ID #:</b>
<b>Phone Number:</b>
<b>Fax Number:</b>
<b>E-mail address:</b>
<b>Providers Signature:</b>

### Office Information

<b>Address:</b>
<b>Suite #:</b>
<b>City:</b>
<b>State:</b>
<b>Zip Code:</b>

### Information Provided

The following encounter reports can be utilized to support your attestation to DHCS for eligibility review.

- Total Medi-Cal encounters only for year 2011 (excluding Medi-Medi claims)
- CalOptima Member Assignment for year 2011
- CHDP for year 2011

This information has been generated directly from the CalOptima's data repository that is utilized to generate the annual encounter submissions from the Health Plan directly to DHCS. You may use this data to support your attestation eligibility to DHCS by calculating your practice Medi-Cal percentage.

**Total Medi-Cal encounters for 2011 must equal at least 30% of the total patient encounters or 20% for pediatricians.**

If you have any questions, contact COREC at [info@corecoc.org](mailto:info@corecoc.org)