



2014

Participation Year
AIU & Stage 1 MU

S.C. Medicaid EHR Incentive Program State Level Repository User Guide for Eligible Professionals



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Disclaimer

The pages that follow in this State Level Repository Guide for Eligible Professionals are intended to provide information to assist with completion of an Eligible Professional attestation to the S.C. Medicaid EHR Incentive Program; **however, it is important to note that this SLR Guide is not, nor is it intended to be, the full source of information about the requirements of the Medicaid EHR Incentive Program. It is the responsibility of the provider who is attesting to the S.C. Medicaid EHR Incentive Program to be acquainted with the requirements of the Medicare and Medicaid EHR Incentive Programs Final Rule and the State Medicaid HIT Plan (SMHP).**

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The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAHs), participating in Medicare and Medicaid programs that are meaningful users of certified Electronic Health Record (EHR) technology. The incentive payments are not a reimbursement, but are intended to encourage EPs and EHs to adopt, implement, or upgrade (AIU) to certified EHR technology and use it in a meaningful manner.

The Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 2 Final Rule included clarifying language that maintains CMS’ policy that to qualify for an AIU payment, a provider must adopt, implement, or upgrade to certified EHR technology that would allow that provider to qualify as a meaningful user. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR technology and has identified entities that may certify systems. More information about this process is available at <http://www.healthit.hhs.gov> .

Goals for the national program include: 1) enhance care coordination and patient safety; 2) reduce paperwork and improve efficiencies; 3) facilitate electronic information sharing across providers, payers, and state lines and 4) enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN). Achieving these goals will result in better healthcare, better health, and reduced costs.

The CMS’ official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>. The site provides general and detailed information on the programs, including tabs on the path to payment, eligibility, meaningful use, certified EHR technology, and frequently asked questions.



Eligible Professional Types

There are 5 types of providers who are considered Eligible Professionals (EPs) for the Medicaid EHR Incentive Program:

1. Physician*
2. Dentist
3. Nurse Practitioner
4. Certified Nurse Midwife
5. Physician Assistant (PA) practicing in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a PA:
 - a. The PA is the primary provider in a clinic (e.g., a clinic with a part-time physician and full-time PA); or
 - b. The PA is a clinical or medical director at a clinical site of practice; or
 - c. The PA is the owner of an RHC.

*In South Carolina, this includes MDs, DOs, and Optometrists.

Conditions that Exclude a Provider from Participating

1. If the EP has any state or federal exclusions that would prevent the EP from receiving federal funding, the EP is not eligible to participate in the S.C. Medicaid EHR Incentive Program.
2. If the EP is a hospital-based provider, the EP is not eligible to participate in the S.C. Medicaid EHR Incentive Program. For purposes of this Program, a hospital-based provider is defined as a provider who furnishes 90% or more of their services in the following two places of service codes for HIPAA standard transactions: 21 – Inpatient Hospital, or 23 – Emergency Room.

For purposes of the S.C. Medicaid EHR Incentive Program, SCDHHS will make the determination about whether or not an EP is hospital-based by analyzing the EP's Medicaid paid claims data; or, in the case of EPs who deliver care via Medicaid managed care programs, by analyzing encounter data. Where there is not claims data specific to the provider (for example, as in the case where the provider may bill under a supervising provider) SCDHHS will request additional information from the provider to make the determination. For purposes of making this determination, SCDHHS will analyze data from the calendar year that precedes the participation year. The statutory definition of hospital-based EP provides that to be considered a hospital-based EP, the EP must provide “substantially all” of his or her covered professional services in a hospital setting.

Additional Program Participation Requirements

Once an EP meets the basic eligibility requirements for the S.C. Medicaid EHR Incentive Program, there are program participation requirements to meet in order to qualify for an incentive payment.

An EP must:

- Meet applicable patient volume threshold. (This is discussed further in [Patient Volume](#).)

AND

- Adopt, implement, or upgrade to certified Electronic Health Record (EHR) technology, or demonstrate meaningful use of the certified EHR technology, in the provider's first program year. After the first program year, the provider must successfully demonstrate meaningful use for all other program years.

Incentive Payments

The payment year for an EP is based on the calendar year. EPs may receive Medicaid EHR incentive payments over 6 payment years up to a maximum of \$63,750. Medicaid EHR incentive payments do not need to be consecutive until 2016. No EP may initiate the program after 2016, and no EP will receive a payment after the 2021 Participation Year.

- Payment Year 1: \$21,250 (\$14,167 for Pediatricians qualifying with reduced Medicaid volume)
- Payment Years 2-6: \$8,500 per year (\$5,667 for Pediatricians qualifying with reduced Medicaid volume)

The South Carolina Department of Health and Human Services' State Medicaid Health Information Technology Plan (SMHP) is available at www.scdhhs.gov/hit to provide detailed information about the S.C. Medicaid EHR Incentive Program.

Registration with the CMS Registration & Attestation System

EPs who wish to participate in either the Medicare or Medicaid EHR Incentive Program must first register with the Centers for Medicare and Medicaid Services (CMS) Registration and Attestation System. The last year an EP may begin participation is the 2016 Participation Year. The last year the EP may participate is the 2021 Participation Year.

Users working on behalf of an EP for registration and attestation must have a CMS Identity and Access Management System (I&A) Web user account (User ID/Password), and be associated to the provider's NPI. In absence of a CMS I&A account, an individual may not act as a surrogate user on behalf of the EP. To establish an I&A account, visit the CMS Registration and Attestation System. For assistance, please call the CMS EHR Information Center: (888) 734-6433.

Medicaid EPs use the CMS Web site to:

- Provide basic demographic information
- Select the state incentive program in which they will participate
- If applicable, switch their participation between the Medicaid and Medicare EHR Incentive Programs; or between state Medicaid EHR Incentive Programs.
 - EPs are allowed a one-time switch between the Medicaid and the Medicare EHR Incentive Programs once an incentive has been paid. The switch must occur before the 2015 Participation Year.
 - EPs may switch multiple times between state Medicaid EHR Incentive Programs.

EPs must provide the name, NPI, business address, phone number, and tax payer ID number (TIN) of the entity receiving the payment (i.e., the "Payee"). An EP may choose to receive the incentive, or may reassign it to a clinic or group with which he or she is associated. The tax identification number (TIN) of the individual or entity receiving the incentive is required when registering with the CMS Registration and Attestation System. Upon successful completion of registration at the CMS level, the provider will receive an email confirmation from CMS that includes the provider's individual **CMS Registration ID**.

The CMS system will transmit basic registration data to the S.C. Medicaid State Level Repository (SLR) of a provider's choice to attest to the S.C. Medicaid EHR Incentive Program. SCDHHS will check the provider's eligibility to participate in the program and will respond to CMS to either accept the registration, or to notify CMS that the provider has been found ineligible to participate. The CMS system will send an email to the EP of the registration acceptance or of the finding of ineligibility; SCDHHS will also email the EP of the next steps to begin the attestation process.

The CMS EHR Information Center is available to assist with provider inquiries: 1-888-734-6433, 6:30 a.m. until 5:30 p.m. (Eastern Time), Monday through Friday, except federal holidays.

Providers must revisit the CMS Registration and Attestation System to make any changes to their registration information and/or choices, such as changing the program from which they wish to receive their incentive payment, or their Payee information. After the initial registration, the provider does not need to return to the CMS Registration and Attestation System unless information provided in that system needs to be updated.

The S.C. Medicaid EHR Incentive Program is administered by S.C.'s Medicaid agency, the South Carolina Department Health & Human Services (SCDHHS), Division of Health Information Technology (HIT). Within 24-48 hours of successfully registering at CMS, the EP may access the S.C. Medicaid State Level Repository (SLR) to complete the attestation. The SLR is available at www.scdhhs.gov/slr.

To login, the EP must provide his or her NPI and CMS Registration ID (that was generated after successfully registering with the CMS Registration and Attestation System). If the CMS Registration ID is not known, the EP must return to his or her CMS registration to retrieve that ID. The CMS EHR Information Center is available to assist with questions about the CMS registration: (888) 734-6433.

During attestation, the EP will first have the opportunity to review basic registration information provided at the CMS Registration and Attestation System (displayed in the SLR's "CMS Registration/SC Medicaid Data" screen). Then, the EP will progress through attestation screens to enter data to attest to meeting requirements of AIU (option for only the first program year) or MU (all other program years). Attestations of meaningful use require that providers attest to meeting measures for the meaningful use Core and Menu objectives, and enter information pertaining to selected Clinical Quality Measures that has been generated by the certified EHR technology.

A final Attestation screen will provide the EP the opportunity to review a summary of his or her attestation data, and will require the EP (or the EP's authorized designee) to agree to an attestation statement prior to submitting the attestation for review by the SCDHHS.

South Carolina Medicaid State Level Repository

Welcome to the South Carolina Medicaid State Level Repository (SLR).

The South Carolina Medicaid State Level Repository (SLR) is designed for Eligible Professionals (EP) and Eligible Hospitals (EH) to attest to meeting the requirements for the S.C. Medicaid Electronic Health Records (EHR) Incentive Program. First you must register with the CMS Registration and Attestation System at <https://ehrincentives.cms.gov/hitech/login.action>. During the registration process with CMS, you will receive a CMS Registration ID. After 24 hours of successfully registering at CMS, you should be able to return to this site to complete your attestation. If you do not know your CMS Registration ID, please return to your CMS registration to retrieve that ID. The CMS EHR Information Center is available to assist you with questions about your CMS registration: (888) 734-6433.

In April 2011, CMS implemented functionality that allows an EP or EH to designate a third party to register and attest on behalf of the EP or EH. To do so, users working on behalf of an EP or EH must have an Identity and Access Management System (I&A) web user account (User ID/Password), and be associated to the provider's NPI. In absence of a CMS I&A account, an individual may not act as a surrogate user on behalf of the EP or EH (e.g., a practice manager may not register and attest on an EP's behalf in the SLR in the absence of a CMS I&A account). To establish an I&A account, please return to the CMS Registration and Attestation System. For assistance, please call the CMS EHR Information Center: (888) 734-6433.

To continue to the SC Medicaid State Level Repository (SLR) system, please click the button below.

Important Update for Eligible Professionals – April 16, 2013
2013 Participation Year Attestations: The S.C. Medicaid State Level Repository (SLR) 2013 Participation Year attestation screens for Adopt, Implement, or Upgrade (AIU), and the SLR Guide for Eligible Professionals will soon be revised to provide information effective for the 2013 Participation Year, and made available on the SLR.

SC Medicaid SLR

SLR Log In Screen



**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

SC Medicaid EHR Incentive Program

SLR Provider Guides
CMS EHR Site
ONC CHPL Site
SC Medicaid EHR Site
Send E-mail to HIT Division

In order to receive Medicaid EHR incentive payments from the South Carolina Department of Health and Human Services (SCDHHS), you first have to register at the [CMS Web Site](#) . After about 24 hours of successfully registering at the CMS level you should be able to complete your application on this site. If you do not know your CMS Registration ID, you should return to your CMS registration to retrieve that ID. The CMS EHR Information Center is available to assist you with questions about your CMS registration: (888) 734-6433.

Please enter your NPI

Please enter your CMS Registration ID

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To access the SLR EP attestation, enter the EP's NPI and the EP's CMS Registration ID; then select Submit.

If an EP enters an incorrect NPI and CMS Registration ID combination 5 consecutive times for the same NPI, the SLR will display the following error message:

- “Your log-in screen to the SLR has been locked due to too many failed login attempts. Please contact (803) 898-2996, or email HITSC@scdhhs.gov, to request this screen be unlocked. If you do not know your CMS Registration ID, please contact the CMS EHR Information Center at (888) 734-6433.”

Red Asterisks

Required fields are denoted with a red asterisk.

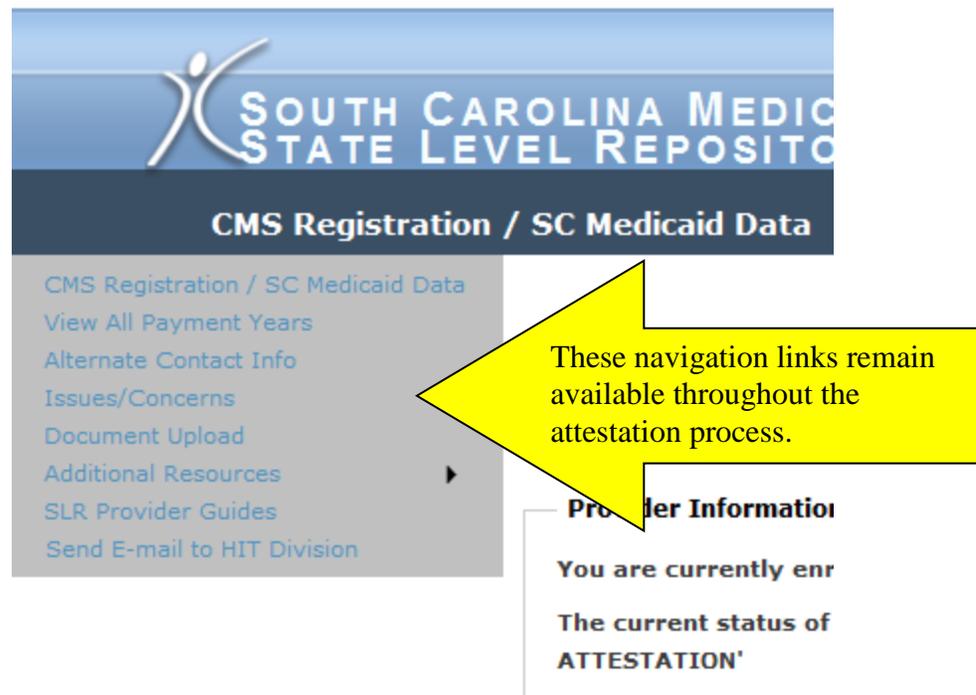
Error Messages

Error messages are designed to alert the EP to an issue with the attestation so that the EP may submit a complete attestation. If the screen has errors (for example, a required field has not been completed), it will display an error message when the EP attempts to save the screen. In many screens, the EP will not be able to save the information (or progress to the next attestation screen) until the error has been corrected. Some screens will allow progression to the next attestation screen even after an error message has displayed; however, when the EP attempts to complete the final Attestation screen to submit the attestation, the SLR will not allow submission unless errors have been addressed and resolved.

Save, Next, and Previous Buttons

Upon completion of any screen, select the **Save** button to save the data; then, upon logout, the SLR will retain the information. When ready to proceed to the next screen of the attestation, select the **Next** button at the bottom of the screen. (Selecting “**Next**” will also result in saving the information on the screen.) The EP may always return to a previous screen by selecting the **Previous** button at the bottom of the screen.

Left Navigation Links



- CMS Registration/SC Medicaid Data: Returns the EP to the CMS Registration/SC Medicaid Data Screen (beginning of the attestation).
- View All Payment Years: Displays a view of payments received by payment year.
- Alternate Contact Info: Allows the EP to designate alternate contacts for the SCDHHS HIT Division should there be questions related to the attestation. The Alternate Contact link is functional even if the attestation is in a submitted status.
- Issues/Concerns: Allows submission of an issue or question within the attestation to the SCDHHS HIT Division.
- Document Upload: Navigates the EP to a screen to browse and upload files essential to the attestation or its review by the SCDHHS.
- Additional Resources: Expands to provide links to the S.C. Medicaid HIT site, the CMS EHR site, and the ONC CHPL site.
- SLR Provider Guides: Navigates to SLR Guides specific to Eligible Professionals and to Eligible Hospitals.
- Send e-mail to HIT Division: Allows the EP to send an email to the HITSC@scdhhs.gov e-mail box.

The SLR Home screen provides a “home page” for the EP to view messages from the SCDHHS HIT Division, payment information, and current status. It also displays a grid for the EP to access a view of past Paid attestations or to begin/modify a new attestation. The name of the EP will display in the screen header.



Messages and Announcements

Information from the SCDHHS HIT Division will display. This time-limited information may be general (for example, applicable to all EPs), or may be specific to the EP.

Provider Information

In the information displayed under Provider Information, the provider’s current status will display with one of the following messages:

PreCheck inProcess	SCDHHS is checking provider eligibility to participate
PreCheck_Completed	Eligibility check is complete and the provider may begin attestation
Attest_inProcess	Provider has begun the attestation, but has not yet submitted
Attest_Completed	Provider has submitted the attestation to the SLR
DHHSCheck_inProcess	SCDHHS is checking the provider attestation against requirements
DHHSCheck_Completed	SCDHHS has completed the requirements check
NLRDupCheck_inProcess	SCDHHS has sent CMS their intent to pay the incentives
NLRDupCheck_Completed	CMS has responded to SCDHHS’ request
MMISPayment_inProcess	SCDHHS is processing payment
Paid	SCDHHS has disbursed the incentive
Ineligible	SCDHHS has found the provider to be ineligible for the incentives
Ineligible-CMS	CMS has found the provider to be ineligible for the incentive

EHR Incentive Payment Details

The EP may view information about all payments or adjustments in one summary table.

Program Year Selection Table

The Program Year (PY) Selection Table provides a view of past paid attestations, and also the means to begin or modify a new attestation.

The PY Selection table will not display a Program Year (PY) for selection for attestation until the date for selection should be available.

- The EP may attest during the current participation year; or for a two-month period following the participation year (the “attestation tail period”). So, although the participation year for an EP is the calendar year (January-December), the attestation tail period extends the attestation submission period through the February that follows the participation year.
- Future attestations are not available from which to select. For example, it will not display the 2014PY until January 1, 2014.
- If the EP needs to attest for a full-year MU EHR reporting period, that PY will not display until the full-year period is complete. For example, if the EP needs to report a full-year MU EHR reporting period for 2013, the “2013PY” will not display until January 1, 2014. Note for 2014PY only: All providers attesting to meaningful use, regardless of their stage of meaningful use, are only required to demonstrate meaningful use for a 90-day EHR reporting period. CMS is permitting this in the 2014PY only so that all providers who must upgrade to 2014 certified EHR technology will have adequate time to implement their new certified EHR systems.
- The SLR does not allow the EP to begin a PY for which the deadline to submit an initial attestation has expired. Should the EP attempt to select a PY after the attestation submission deadline, the following message will display: “This Program Year is not available for attestation.” Note: Should the attestation be submitted by the PY deadline, and later be re-opened by SCDHHS for provider correction, the SLR will allow the EP to re-submit the attestation even after the PY deadline.

Messages and Announcements

Provider Information

You are currently enrolled in the SC Medicaid EHR Incentive Program

The current status of your application for the first year payment is 'AWAITING PROVIDER ATTESTATION'

The program year(s) currently available for attestation: 2013

****If you are beginning a new attestation you will also need to**

Program Year	Payment Year	Payment Status
2011	1	PreCheck_Con

This Program Year is not available for attestation.

Next



Message displayed: This Program Year is not available for attestation.

To view a Paid attestation, select the View link associated with the desired Program Year/Payment Year.

To begin or modify an attestation, select from the program year(s) currently available.

The CMS Registration/SC Medicaid Data screen allows the EP to review information sent to SCDHHS from the CMS registration, and to verify the Payee information for the incentive payments. EPs have the option of reassigning their incentive payments to their employer or an entity with which the EP has a contractual arrangement. EPs must designate their Payee NPI and Payee TIN when registering with the CMS Registration and Attestation System. **The S.C. Medicaid EHR Incentive Program requires the Payee to be actively enrolled as a S.C. Medicaid provider.** Once a payment is disbursed, the SCDHHS will notify CMS of the payment.

CMS Registration Data Review

The top portion of the CMS Registration/SC Medicaid Data screen displays information about the provider from the CMS Registration and Attestation System. Corrections to this information may only be made by the provider by returning to the CMS system to modify registration data.

Note: Do not return to the CMS registration unless a change is needed to the CMS registration information. If the EP does return to the CMS account, the EP must be sure to re-submit the registration at the CMS Registration and Attestation System, even if no changes are made. If the registration is not re-submitted, the account status with CMS will change to **In Progress** or **Registration Started/Modified** and will remain so until it is re-submitted. If the CMS account status shows **In Progress** or **Registration Started/Modified**, SCDHHS will not be able to exchange the transactions with CMS that are necessary to work the attestation. A status of **Pending State Validation** or **Registration Sent to State** in the CMS registration will indicate a successful submission.

The screenshot displays the 'CMS Registration / SC Medicaid Data' screen. At the top, it indicates the user is enrolled in the SC Medicaid EHR Incentive Program and that the current status is 'AWAITING PROVIDER ATTESTATION'. The screen is divided into two main sections: 'CMS Registration Data' and 'SC Medicaid Data'.

CMS Registration Data:

Applicant National Provider Identifier (NPI):	9876543210	Name:	Good Doctor
Applicant TIN:	123456789	Address 1:	11111111 Main St
Payee National Provider Identifier (NPI):	9876543210	Address 2:	
Payee TIN:	123456789	City/State:	Columbia / SC
Program Option:	MEICAID	Zip Code:	11111-1111
Medicaid State:	SC	Phone Number:	9999999999
Provider Type:	Physician	Email:	doctor@SC.com
Participation Year:	1	Specialty:	OBSTETRICS/GYNECOLOGY
Federal Exclusions:	<input type="checkbox"/>	State Rejection Reason:	Please
Rejection Reason State:	Please	Rejection Reason Date:	Please

SC Medicaid Data:

*** If the information below is incorrect, please contact S.C. Medicaid Provider Enrollment 888-289-8789. The Payee NPI and Payee TIN you provide at CMS drives the SLR to pre-populate the Payee Medicaid ID field with all associated active S.C. Medicaid IDs. If there are multiple active Medicaid IDs, they are displayed in the drop-down from which you must select the Medicaid ID to which you are reassigning your incentive. *** If no information is pre-populated in the Payee Medicaid ID field, either 1) the Payee TIN and Payee NPI you have provided does not crosswalk in the Medicaid Management Information System, or 2) there is no active Medicaid ID associated with the Payee TIN and Payee NPI.

Payee Medicaid ID: 999999

Payee Name: Good Doctor

Mailing Address:

Address 1: 11111111 Main St
 Address 2:
 City/State: Columbia SC
 Zip Code: 11111 1111

Buttons: Previous, Next, Save

Review the information the State has received from the EP's registration at the CMS Registration & Attestation System.

S.C. Medicaid Data Review

The State Level Repository (SLR) system searches a download of provider data from the S.C. Medicaid Management Information System (MMIS) to display the Medicaid Provider ID(s) associated with the Payee NPI and Payee TIN provided by the EP during the CMS registration. Only actively enrolled Medicaid ID will display.

Rejection Reason State: Rejection Reason Date:

***** If any of the above information is incorrect, please return to the CMS Registration and Attestation System to correct it.**

SC Medicaid Data

***** If the information below is incorrect, please contact S.C. Medicaid Provider Enrollment 888-289-0709.**

The Payee NPI and Payee TIN you provide at CMS drives the SLR to pre-populate the Payee Medicaid ID field with all associated active S.C. Medicaid IDs. If there are multiple active Medicaid IDs, they are displayed in the drop-down from which you must select the Medicaid ID to which you are reassigning your incentive.

***** If no information is pre-populated in the Payee Medicaid ID field, either 1) the Payee TIN and Payee NPI you have provided does not crosswalk in the Medicaid Management Information System, or 2) there is no active Medicaid ID associated with the Payee TIN and Payee NPI.**

Payee Medicaid ID:
Payee Name:

Mailing Address

Address 1:
Address 2:
City/State:
Zip Code:

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- Where there is only one active Medicaid ID associated with the Payee info, that Medicaid ID will display in the field for Payee Medicaid ID; the Mailing Address for the Payee will display also. (Note: Any changes noted for the Mailing Address must be made by the provider by contacting the S.C. Medicaid Provider Service Center: 888-289-0709.)
- Where there are multiple active Medicaid IDs associated with the Payee info, the Payee Medicaid ID field will display **Search**. Clicking **Search** will display the active Medicaid IDs; select the one to which the incentive payment will be made. Once the selection is made, the Mailing Address will display also. (Note: Any changes noted for the Mailing Address must be made by the provider by contacting the S.C. Medicaid Provider Service Center: 888-289-0709.) If the EP does not select a Payee Medicaid ID, the SLR will display an error message: **This is a required field. Please select the Payee Medicaid ID from the list.**

- If no information is displayed in the Payee Medicaid ID field, either the Payee TIN/Payee NPI is not associated in the MMIS with an active S.C. Medicaid ID, or there is an issue with the SLR search of the MMIS data. Please contact the SCDHHS HIT Division at 803-898-2996, or by email at HITSC@scdhhs.gov, for assistance.

After reviewing information on the CMS Registration/S.C. Medicaid Data Screen, select the **Save** button to save your work; or, to proceed to the next screen, select the **Next** button.

Note: Communications from the SCDHHS HIT Division related to the provider attestation will be emailed to the email address associated with the CMS registration. Please ensure that this information is kept current.

Provider Eligibility Details Screen

EPs must enter two categories of data to complete the Provider Eligibility Details screen: Patient Volume data, and EHR Details. Patient volume reflects encounters from any representative continuous 90-day period from the calendar year preceding the participation year; or, as an additional option beginning with the 2013 Participation Year, from any representative continuous 90-day period from the 12-month period prior to attestation submission. The table below identifies **3 decision points** for determining the patient volume calculation methodology.

I. Medicaid Encounters? Or Needy Individual Encounters?	II. Individual EP's Data? Or Group/Clinic Data?	III. Encounter Methodology? Or Panel Methodology?
<p>Medicaid Patient Volume: An EP must have a minimum 30% patient volume attributable to Medicaid patients.</p> <p>*Pediatricians with reduced Medicaid patient volume may qualify for a reduced incentive with a minimum 20% patient volume.</p> <p>A Medicaid encounter includes services rendered to an individual on any one day where the individual was enrolled in Medicaid at the time of service.</p> <p>OR</p> <p>“Needy Individual” Patient Volume: An EP who practices predominantly in an FQHC or RHC may meet a minimum 30% patient volume attributable to needy individuals.</p> <p>Practicing predominantly: More than 50% of the EP's encounters over 6 months in the calendar year prior to the PY occurred at FQHC or RHC.</p> <p>A Needy Individual encounter means services rendered to an individual on any one day where the individual was enrolled in Medicaid at the time of service; or the services were furnished at no cost, and calculated consistent with S495.310; or the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.</p>	<p>An EP may qualify based on patient volume calculated on the individual EP's patient encounters;</p> <p>OR</p> <p>Clinics and group practices may calculate the clinic/group practice Medicaid patient volume (or Needy Individual patient volume, as applicable), and its EPs may attest to the volume as a proxy for their own.</p> <p>For purposes of the S.C. Medicaid EHR Incentive Program, a group/clinic is defined as a group of healthcare practitioners organized as one legal entity under one Tax Identification Number (TIN).</p> <p>There are conditions for group/clinic proxy: (1)The clinic or practice's patient volume is appropriate as a patient volume calculation for the EP; (2) There is an auditable data source to support the clinic or practice's patient volume determination; (3) The clinic or practice and EPs decide to use one methodology in each year, and (4) The group or clinic uses the entire group or clinic's patient volume and does not limit it in any way.</p> <p>If an EP works inside and outside of the clinic or practice, the group/clinic proxy patient volume calculation includes only those encounters associated with the clinic or group practice. (The EP's outside encounters are not included.)</p> <p>In order for an EP to utilize group patient volume as a proxy, it must be appropriate as a patient volume methodology calculation for the EP; i.e., the EP must be able and available to see Medicaid patients.</p>	<p>The S.C. Medicaid EHR Incentive Program offers the EP two options from which to choose to calculate patient volume:</p> <p>(1) The Encounter methodology</p> $\frac{\text{Total Medicaid patient encounters in any representative continuous 90-day period *in the preceding year}}{\text{Total patient encounters in that same 90-day period}} \quad *100$ <p>OR</p> <p>(2) The Panel methodology: Note: An EP must not count an assigned patient who was also an encounter more than once.</p> $\frac{[\text{Total Medicaid patients assigned to the provider in any representative continuous 90-day period *in the preceding calendar year with at least one encounter in the 24 months preceding the start of the 90-day period}] + [\text{Unduplicated Medicaid encounters in that same 90-day period}]}{[\text{Total patients assigned to the provider in the same 90-day period with at least one encounter in the 24 months preceding the start of the 90-day period}] + [\text{All unduplicated encounters in that same 90-day period}]} \quad *100$ <p>*or, the EP may opt to select the 90-day patient volume period from the 12-month period that precedes attestation submission.</p>

The EP will provide information in these fields on the Provider Eligibility Details Screen:

Patient Volume

Enter data into the following fields, as applicable:

- **Line 1: Please indicate if you are using a clinic or group’s patient volume as a proxy for your own.**

For purposes of the S.C. Medicaid EHR Incentive Program, a group/clinic is defined as “A group of healthcare practitioners organized as one legal entity under one TIN.” All encounters for that TIN (even across multiple sites) must be used in the calculation of the group/clinic patient volume. If the EP is using group patient volume as a proxy for the EP’s own, answer Yes to Line 1 and also complete 2.A. and 2.B. If the answer is No to Line 1, Line 2.A and 2.B are not required (they do not allow data entry).

- **Line 2.A. If using clinic/group patient volume, indicate the TIN of the one legal entity.**

- **Line 2.B. So that the TIN may be verified, the EP is asked to indicate one NPI that is associated with the TIN.**

If the NPI that is entered is not a valid NPI for the TIN, an error message will display as an alert that the TIN entered is not correct. (“The NPI and TIN does not match in MMIS. Please verify your info.”)

- **Line 3. (If attesting to Needy Individual patient volume) Do you practice predominantly in an FQHC or RHC?**

In order to base an attestation on Needy Individual patient encounters, the EP must individually meet the requirement of practicing predominantly in an FQHC or RHC. “Practices predominantly” is based on the EP’s activity over 6 months in the most recent calendar year (e.g., 2013 for a 2014PY attestation). If attesting to Medicaid patient volume, and not Needy Individual patient volume, do not check the box for Line 3.

- **Line 4. Select the option that indicates the time period from which the 90-day patient volume period is derived:**

Select one of the options that displays in the drop-down: prior calendar year; or, 12 months prior to attestation.

- **Line 5: Enter the starting date of the 90-day period used to calculate patient volume percentage.**

Patient volume reflects encounters from any continuous 90-day period in the preceding calendar year; or, from any continuous 90-day period from the 12 months prior to attestation. If the starting date entered does not allow for a full 90-day period in the time period selected from the drop-down on Line 4, an error message will display.

- **Line 6. Medicaid (or Needy Individual, as applicable) patient encounters during this period.**

- **Line 7. Total patient encounters during this period.**

If the EP confuses data entry for the patient volume, and enters the Medicaid encounters in the total encounters field, and vice versa, an error message will display.

- **Line 8. (If using the Panel Methodology) Total number of Medicaid (or Needy Individual) patients assigned to your panel with whom you did not have an encounter in the 90-day patient volume period but you did have an encounter in the 24 months prior. (If n/a, enter “0”).**

If the EP has not used the Panel methodology to calculate patient volume, please enter a “0” in line 8. For more information on Panel methodology, please see the Final Rule, or the SCDHHS State Medicaid HIT Plan.

- **Line 9. (If using the Panel Methodology) Total number of patients assigned to your panel from any Plan with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior. (If n/a, enter “0”).**

If the EP has not used the Panel methodology to calculate patient volume, please enter a “0” in line 9. For more information on Panel methodology, please see the Final Rule, or the SCDHHS State Medicaid HIT Plan.

Enter data into fields 1-9; then, select the Calculate button.

Line 10 will display the Medicaid or Needy Individual patient volume percentage calculated from the attestation.

EHR Details

- **Line 11: Indicate the status of your EHR: Adopt, Implement, Upgrade (option only for first Program Year); Meaningful Use (all other Program Years)**

Upon completion of the Provider Eligibility Details Screen, select the **Save** button to save the data. The SLR will retain the information on the page.

To proceed to the next screen of the attestation, please select the **Next** button. To return to the previous screen, please select the **Previous** button.

- CMS Registration / SC Medicaid Data
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources

All * fields are required fields.

Only select the checkbox for Line 3 if attesting to Needy Individual patient volume.

Patient Volume:	<p>1. Please indicate if you are using a clinic or group's patient volume as a proxy for your own (A group of healthcare practitioners organized as one legal entity under one TIN):</p> <p>2A. If yes, enter the TIN (FEIN) of the one legal entity:</p> <p>2B. To ensure this is a valid TIN, enter an NPI associated with the entity's TIN:</p> <p>3. (If attesting to Needy Individual patient volume) Do you practice predominantly in an FQHC or RHC?</p> <p>4. Select the option that indicates the time period from which the 90-day patient volume period is derived:</p> <p>5. Select the starting date of the 90-day period used to calculate patient volume percentage:</p> <p>6. Medicaid (or Needy Individual, as applicable) patient encounters during this period:</p> <p>7. Total patient encounters during this period:</p> <p>8. (If using the Panel methodology) Total number of Medicaid (or Needy Individual, as applicable) patients assigned to your panel with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior: (If n/a, enter "0")</p> <p>9. (If using the Panel methodology) Total number of patients assigned to your panel from any Plan with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior: (If n/a enter "0")</p> <p>10. Medicaid or Needy Individual patient volume percentage:</p>	<p>No <input type="button" value="v"/></p> <p><input type="text" value="0"/></p> <p><input type="text" value="0"/></p> <p><input checked="" type="checkbox"/></p> <p>* Prior calendar year <input type="button" value="v"/></p> <p>* <input type="text" value="1/1/2012"/> (mm/dd/yy)</p> <p>* <input type="text" value="2289"/></p> <p>* <input type="text" value="4887"/></p> <p>* <input type="text" value="0"/></p> <p>* <input type="text" value="0"/></p> <p>46.83% <input type="button" value="Calculate"/></p>
EHR Details:	<p>11. Indicate the status of your EHR:</p>	<p>* <input checked="" type="radio"/> Adopt</p> <p><input type="radio"/> Implement</p> <p><input type="radio"/> Upgrade</p> <p><input type="radio"/> Meaningful User</p>

- CMS Registration / SC Medicaid Data
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

All * fields are required fields.

Patient Volume:

1. Please indicate if you are using a clinic or group's patient volume as a proxy for your own (A group of healthcare practitioners organized as one legal entity under one TIN):
- 2A. If yes, enter the TIN (FEIN) of the one legal entity:
- 2B. To ensure this is a valid TIN, enter an NPI associated with the entity's TIN:
3. (If attesting to Needy Individual patient volume) Do you practice predominantly in an FQHC or RHC?
4. Select the option that indicates the time period from which the 90-day patient volume period is derived: *
5. Select the starting date of the 90-day period used to calculate patient volume percentage: *
(mm/dd/yy)
6. Medicaid (or Needy Individual, as applicable) patient encounters during this period: *
7. Total patient encounters during this period: *
8. (If using the Panel methodology) Total number of Medicaid (or Needy Individual, as applicable) patients assigned to your panel with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior: (If n/a, enter "0") *
9. (If using the Panel methodology) Total number of patients assigned to your panel from any Plan with whom you did not have an encounter in this 90-day period but you did have an encounter in the 24 months prior: (If n/a enter "0") *
10. Medicaid or Needy Individual patient volume percentage: **46.83%**
11. Indicate the status of your EHR: * Adopt
 Implement
 Upgrade
 Meaningful User

If the EP is NOT attesting to using the Panel methodology to calculate patient volume, enter "0" in Fields 8 & 9.

Provider Eligibility Details - 'Needy Individual' Patient Volume Additional Screen (EPs attesting to Needy Individual Patient Volume)

If the EP is attesting to Needy Individual patient volume (selected the checkbox to line 3 to attest to “practicing predominantly”), the next screen that will display is the Needy Individual Patient Volume screen. In order to attest to meeting patient volume requirements based on Needy Individual patient volume, an EP must individually meet the definition of “practicing predominantly” in an FQHC or RHC. The Final Rule defines an EP who "practices predominantly" as "an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of six months in the most recent calendar year occurs at an FQHC or RHC." In other words, the six-month period used for this determination must be from the calendar year preceding the participation year.

In this screen, the EP will identify the FQHC/RHC location(s) for the attestation of practicing predominantly by completing an FQHC/RHC table. Note: If the EP has not selected the checkbox in line 3 to attest to “practicing predominantly,” and is attesting to Medicaid patient volume, this screen will not display. Instead, the next screen that will display will be the Provider Locations screen.

When the screen first displays, the FQHC/RHC table is empty awaiting attestation. Select the FQHC/RHC(s) from the options; the choices will populate the table. Once the FQHC/RHC table is complete, select **Next** to proceed to the next attestation screen.

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Provider Eligibility Details - 'Needy Individual' Patient Volume (Year 1 Attestation) Logout

FQHC/RHC
On this page you will provide information about the FQHC(s)/RHC(s) at which you practice. This page allows you to search by FQH provider name. To search, enter part of the FQHC/RHC name in the field provided and click Find. Select the location(s) from the F listing. Your selection(s) will appear in the FQHC/RHC table displayed below. Delete options display at the left side of your listed c should you wish to delete one or all of your selections, click the Delete link(s).

Filter:

	Provider Name	Address	City	State
	No record found.			
<input type="button" value="Select"/>	ROBESON HEALTH CARE CORP	402 NORTH PINE STREET STEA	LUMBERTON	NC
<input type="button" value="Select"/>	FRANKLIN C FETTER FAMILY H	51 NASSAU STREET	CHARLESTON	SC
<input type="button" value="Select"/>	BEAUFORT JASPER CHS INC	721 OKATIE HIGHWAY	OKATIE	SC
<input type="button" value="Select"/>	ALLENDALE CO RURAL HEALTH	PO BOX 999	FAIRFAX	SC
<input type="button" value="Select"/>	HEALTH CARE PARTNERS OF SC	PO BOX 2100	CONWAY	SC
<input type="button" value="Select"/>	PALMETTO FAMILY PRIMARY	POST OFFICE BOX 326	WINNSBORO	SC
<input type="button" value="Select"/>	CAROLINA HEALTH CTRS INC-	535 JACKSON STREET	CALHOUN FALLS	SC
<input type="button" value="Select"/>	CAROLINA HEALTH CTRS INC	219 GREENWOOD HWY	SALUDA	SC

All choices from the search are displayed. Select the FQHC(s)/RHC(s) from the choices displayed.

- CMS/NLR
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Additional Resources ▶
- SLR Provider Guides
- Send E-mail to HIT Division

FQHC/RHC

On this page you will provide information about the FQHC(s)/RHC(s) at which you practice. This page allows you to search by FQH provider name. To search, enter part of the FQHC/RHC name in the field provided and click Find. Select the location(s) from the F listing. Your selection(s) will appear in the FQHC/RHC table displayed below. Delete options display at the left side of your listed c should you wish to delete one or all of your selections, click the Delete link(s).

Provider Name	Address	City	State
No record found.			

Filter: Provider Name ▼ Little

	Provider Name	Address	City	State
<input type="button" value="Select"/>	ROBESON HEALTH CARE CORP	402 NORTH PINE STREET STE	LUMBERTON	NC
<input type="button" value="Select"/>	FRANKLIN C FETTER FAMILY H	51 NASSAU STREET	CHARLESTON	SC
<input type="button" value="Select"/>	BEAUFORT JASPER CHS INC	721 OKATIE HIGHWAY	OKATIE	SC
<input type="button" value="Select"/>	ALLENDALE CO RURAL HEALTH	PO BOX 990	FAIRFAX	SC
<input type="button" value="Select"/>	HEALTH CARE PARTNERS OF SC	PO BOX 2100	CONWAY	SC
<input type="button" value="Select"/>	PALMETTO FAMILY PRIMARY	POST OFFICE BOX 326	WINNSBORO	SC
<input type="button" value="Select"/>	CAROLINA HEALTH CTRS INC-	535 JACKSON STREET	CALHOUN FALLS	SC
<input type="button" value="Select"/>	CAROLINA HEALTH CTRS INC	219 GREENWOOD HWY	SALUDA	SC

Enter part of the name in the search field, and select Find. In this example, the provider is searching by "Little."

- CMS/NLR
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Additional Resources ▶
- SLR Provider Guides
- Send E-mail to HIT Division

FQHC/RHC

On this page you will provide information about the FQHC(s)/RHC(s) at which you practice. This page allows you to search by FQH provider name. To search, enter part of the FQHC/RHC name in the field provided and click Find. Select the location(s) from the F listing. Your selection(s) will appear in the FQHC/RHC table displayed below. Delete options display at the left side of your listed c should you wish to delete one or all of your selections, click the Delete link(s).

	Provider Name	Address	City	State
<input type="button" value="Delete"/>	LITTLE RIVER MEDICAL CENTE	4303 LIVE OAK DR PO BOX547	LITTLE RIVER	SC
<input type="button" value="Delete"/>	LITTLE RIVER MEDICAL CENTE	7724 NORTH KINGS HWY	MYRTLE BEACH	SC

Filter: Provider Name ▼ Little

	Provider Name	Address	City	State
<input type="button" value="Select"/>	LITTLE RIVER MEDICAL CENTE	1075 MR JOE WHITE AVE 101	MYRTLE BEACH	SC
<input type="button" value="Select"/>	LITTLE RIVER MEDICAL CENTE	3817 MAIN ST	LORIS	SC

In this example, the EP has selected two locations. The EP may 'Delete' a choice from the table.

Click the Next button to save the information and proceed.

Beginning with the 2013 Participation Year, a new requirement was established (42 CFR 495.304) that states at least one clinical location used in the calculation of patient volume must have certified EHR technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

The Provider Locations screen collects information from the EP regarding all outpatient locations at which the EP renders services.

The screenshot below provides an example of how the screen will display prior to information being entered.

The screenshot displays the 'Provider Eligibility Details (cont.) (Year 1 Attestation / Program Year 2013)' screen. The main heading is 'Provider Locations'. Below the heading, there is a paragraph explaining the requirement for CEHRT starting in 2013. A 'Meaningful users please note' section follows, stating that at least 50% of an EP's patient encounters must occur at a CEHRT-equipped location. A form field asks for the number of locations, currently set to 0. Below this, instructions state to use the fields below for details and to check boxes for CEHRT and Patient Volume. A form contains fields for Address 1, Address 2, City, State, Zip Code, and Zip Code Extension, each with a red asterisk. There are checkboxes for 'CEHRT Location' and 'Used in Patient Volume', with an 'Add' button next to the latter. At the bottom, there are 'Previous', 'Next', 'Save', and 'Cancel' buttons. The footer indicates 'Copyright © 2011 State of South Carolina'.

Once the EP enters information for the first provider location, and selects **Add**, the display will change to a more linear display. Information about additional locations must be typed into the fields under the column headings; then, select the **Add** button.

In the screenshot below, the provider has indicated 2 practice locations, and has entered data related to 1 of the 2 locations. Note that each row of the table includes a **Delete** button, and a **Modify** button, to either delete or modify the information in that row.

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user at least 50% of an EP's patient encounters during an EHR reporting period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services: *

Use the fields below to enter the details for each location in which you provide services.

Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Ext	CEHRT	Patient Volume	Delete
Modify	111 Anywhere Street		Anytown	SC	11111		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add					

Previous Next Save Cancel

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The EP must enter data for each practice location; for example, where the EP has indicated 2 locations, there must be 2 rows completed in the provider locations table. Should information be entered that is inconsistent (for example, only 1 description where the provider has indicated multiple locations), the SLR will display the following error message when the provider attempts to select **Next** to progress:

- "The number of locations in which you provide services must equal the number of location descriptions entered below."

Enter the number of locations at which the EP provides outpatient services; then complete the provider locations table, indicating for each location if the location was used for patient volume data, and if the location currently has certified EHR technology.

Upon completion of the Provider Locations screen, select the **Save** button to save the data. The SLR will retain the information on the page.

To proceed to the next screen of the attestation, please select the **Next** button. To return to the previous screen, please select the **Previous** button.

Certified EHR Technology is technology certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to the Office of the National Coordinator (ONC). The ONC has established new standards to define CEHRT that addresses new and revised objectives and measures for Stages 1 and 2 of MU; enhances care coordination, patient engagement, and the security, safety and efficacy of EHR technology; and provides more flexibility for providers to have EHR technology that meets their individual needs. Learn more about the Standards and Certification Criteria for Electronic Health Record Technology 2014 Edition Final Rule at: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf>.

All 2014PY attestations (AIU and MU) must use CEHRT that is certified to 2014 Edition certification standards.

On this screen, the EP will enter information to provide the EP's attestation to the certified EHR technology (CEHRT). If the EP is attesting to Adopt, Implement, or Upgrade (option only for first program year), the EP will attest to the CEHRT that has been adopted, implemented, or upgraded at the time of the attestation. If the EP is attesting to Meaningful Use, the EP will attest to the CEHRT(s) that was used for the meaningful use EHR Reporting period.

When the EP returns for a second year of the Medicaid EHR Incentive Program, the information that was entered in the CMS Certification ID field and the CHPL table in the first program year will display. **Please review the information to ensure that it still reflects the correct CEHRT information and the correct CMS EHR Certification ID.** The EP may make changes as necessary to update the information.

The ONC Certified Health IT Product List (CHPL) serves as the official listing of certified products: <http://onc-chpl.force.com/ehrcert>. This Web site is the single authority to obtain the CHPL/ONC Product Number(s) and the 15-character alphanumeric CMS EHR Certification ID for the certified EHR technology products(s). Please note: the left navigation link, "Additional Resources," will expand when clicked to display a link to the ONC CHPL Website.

Step 1: Enter the CMS Certification ID of your certified EHR Technology.

The CMS Certification ID is a 15-character alphanumeric ID. Clicking the **What Is This** link located next to the field will enable the EP to view the ONC CHPL Web site. For more information on steps to take to determine the CMS Certification ID for the certified EHR technology, click the link to *CMS Tutorial*.

- If the EP provided the CMS Certification ID of the certified EHR technology during the registration with the CMS Registration and Attestation System (optional), or if the EP has provided this information during a previous year's attestation, this field will pre-populate that information. **If the field is pre-populated, please review the information to be sure that it still accurately reflects the certified EHR technology in place at the time of the attestation submission (for AIU attestations), or the CEHRT used during the MU EHR reporting period (for MU attestations).**

- If there is no information displayed in the CMS Certification ID field, please enter information into this field.

Step 2: Complete the Certified Health IT Product List.

Certified EHR technology must be a complete product, or combination of multiple products, that offers 100% of the criteria required by the Medicare and Medicaid EHR Incentive Programs.

Enter information into this CHPL table for the certified EHR technology product(s) by completing the fields for **Product Name** and **Version #**, **Vendor Name**, and **CHPL Product Number**. Select **Click Here to Add Product** to save the information. Information will display in the CHPL table.

Failure to select “Click Here to Add Product,” will result in the following error message:
“There cannot be any empty Certified Health IT Product List field. Please complete the Certified Health IT Product table.”

For more information on how to find the CHPL Product Number, a link to a tip sheet is provided on the EHR Details screen.

Step 3: Complete the Text Box.

Note: Instructions for an AIU attestation differ than that for a MU attestation.

EHR Details Screen: Adopt, Implement, Upgrade Attestation

Enter a description of the EP’s legal or financial commitment to the certified EHR technology at the time of attestation in this required text box. Include the full name **and version** of the technology, and relevant dates.

Examples are as follows:

- **Adopt:** “I purchased [name and version of product] on [date] and have a receipt for that purchase.”
- **Implement:** “My practice purchased [name and version of product] on [date] and is in the process of implementation; we have retained a receipt for that purchase.”
- **Upgrade:** “XYZ Medical Group signed its first contract with [vendor name] on [date]; we committed to an upgrade to certified EHR technology [name and version of product], as demonstrated by a legally binding contract dated [date]. The current contractual commitment is for three years ending [date].”

The EP must retain documentation for a minimum of six years that demonstrates a legal or financial commitment to the acquisition, purchase, or access to certified EHR technology prior to

the incentive. This documentation would serve to differentiate between activities that may not result in AIU (for example, researching EHRs, interviewing EHR vendors, contract proposals) and an actual commitment to AIU. The documentation must show a legal or financial commitment to the adoption, implementation, or upgrade to certified EHR technology, naming the product(s) and version(s). Such documentation may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties). Should the documentation not specify the certified EHR technology product (product name and version), a letter from the certified EHR technology vendor that clarifies the product name and version may be retained with the documentation as a supplement; however, such information will not be regarded as sufficient for stand-alone evidence.

EHR Details Screen: Meaningful Use Attestation

The CMS EHR Certification ID and the CHPL table should reflect information for the certified EHR technology relative to the attestation to meaningful use (the CEHRT(s) used in the EHR reporting period). If the EHR details have changed from the previous year's attestation, please provide a brief explanation of the change in the text box.

Step 4: Save Your Information

Select the **Save** button before leaving this screen.

The SLR will run a check against the ONC CHPL site to validate that the CMS Certification ID that was entered is a valid CMS Certification ID. There may be slight delay as the system runs this check. If the CMS Certification ID supplied is not valid, the following error message will display: **“Not a valid CMS certification ID.”**

To continue to the next attestation screen, select the **Next** button at the bottom of the screen.

- CMS Registration / SC Medicaid Data
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

All * fields are required fields.

EHR Enter the CMS EHR Certification ID of your certified EHR * [What is this?](#)
 Details: (alphanumeric ID, with letters in ALL CAPS): [CMS Tutorial](#)

Certified Health IT Product List (CHPL) *

Payment Year	Sequence Number	Product Name and Version #	Vendor Name	CHPL Product Number		
4	1	new product and version	vendor name	11-1111-11-1-1-111-	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Product Name and Version # *

Vendor Name *

[How to Find Your CHPL Product Number\(s\)](#)

CHPL Product Number *

The CHPL table information, and the corresponding CMS EHR Certification ID, that you provide on this screen should reflect information for all certified EHR technology(ies) from which you are reporting your meaningful use data in this attestation. Effective with the 2014PY, certified EHR technology must be certified to the 2014 criteria. If your EHR details have changed from last year's attestation, please modify the information in the CHPL table AND the CMS EHR Certification ID accordingly so that it accurately depicts what was used for MU, and provide a brief explanation of the change in this text box. Reminder note for EP: An EP who practices in multiple locations must aggregate his or her MU data for the EHR reporting period.

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Meaningful Use:
Review previous information, and update information as needed. Describe the update.

- CMS/NLR
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

All * fields are required fields.

EHR Enter the CMS Certification ID of your certified EHR * [What is this?](#)
 Details: (alphanumeric ID, with letters in ALL CAPS): [CMS Tutorial](#)

Certified Health IT Product List (CHPL) *

Sequence Number	Product Name and Version #	Vendor Name	CHPL Product Number
No uploaded product found.			

Product Name and Version # *

Vendor Name *

CHPL Product Number *

Enter the Description of your legal or financial commitment to certified EHR. Include full name and version of the technology, and relevant dates: *

AIU:
Describe the legal or financial commitment to AIU of certified EHR technology.

Adopt, Implement, or Upgrade? Or Meaningful Use?

For an Eligible Professional attesting to **Adopt, Implement, or Upgrade**, information pertaining to the attestation process continues on the following page. (Refer to “Document Upload” page.)

For an Eligible Professional attesting to **Stage 1 Meaningful Use**, **please select this link to be directed to the Meaningful Use portion of the SLR Guide for EPs.**

Document Upload Screen

Providers attesting to meaningful use must upload documentation to support the attestation for selected public health menu objective(s) measures and/or exclusions. The SCDHHS Division of Health Information Technology (Division of HIT) may also contact a provider to request documentation to support or clarify an attestation. The Document Upload screen provides the means for providers to attach PDF, Word, or Excel files to the provider attestation.

To upload a document, select the **Browse** button and locate the desired information. Then, select the **Upload** button.

If the upload is successful, the SLR will display a message:

‘You have successfully uploaded: [File Name].’

The screenshot shows the 'Document Upload (Year 4 Attestation / Program Year 2014)' screen. The header includes the South Carolina Medicaid State Level Repository logo and navigation links for 'Home' and 'Logout'. A left-hand navigation menu lists various options like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'SLR Provider Guides'. The main content area contains instructions: 'The Document Upload screen allows you to upload required documentation (PDF, Word, or Excel files) to support your attestation. Should you have difficulty attaching a file, please e-mail the SCDHHS Division of Health Information Technology (HIT) staff for assistance. (There is a link for Send E-mail to HIT Division located in the left navigation links on this page.)' Below this, there are sections for 'Required Documentation Uploads' and 'Other Documentation Uploads'. A table with columns 'Payment Year', 'File Name', 'Description', and 'Document Uploaded Date' is present, with the message 'No uploaded document found.' below it. At the bottom, there are buttons for 'Browse', 'Upload', 'Previous', and 'Next', and a dropdown menu labeled 'Please select the documentation type:'.

The EP may review the uploaded document by selecting the **View** button. To delete the file, select the **Delete** button. Once the attestation is submitted, uploaded documents may not be deleted.

Attestation Screen

The Attestation screen displays a summary of information from the provider attestation; to also view the information from the provider attestation for the meaningful use objectives, the provider may select the **Pre-Attestation Measure Summary** navigation link located at the top left of the screen. If while reviewing the information the provider decides to revise information, he or she may return to the data entry field to modify information before submitting the attestation. Please note, however, that once the **Submit** button is selected, the attestation will be locked. In the screenshot that follows, a partial display of the Attestation Screen provides an example of the summary of information; note, too, that the link to the Pre-Attestation Measure Summary link is also shown.

Before submitting the attestation, read the Attestation Statement that is included on the Attestation Screen. To submit the attestation, enter the initials, the NPI, and select **Submit**.

Note: If the attestation to the meaningful use objectives has met the requirements, the Submit button will be displayed as active and will allow selection. If the attestation to the meaningful use objectives has not met the requirements, the Submit button will be grayed out, and the following error message will display: “Your MU attestation cannot be accepted. One or more of the measures did not meet MU requirements. Please select the navigation link to the Pre-Attestation Measure Summary to view all measures and the corresponding attestation data.”

Once an attestation is successfully submitted for meaningful use, the EP may select the **Post-Attestation Measure Summary** to view all measures and the corresponding calculations.

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Attestation (Year 2 Attestation) Logout

CMS/NLR: [Meaningful Use Questionnaire](#), [Meaningful Use Menu Options](#), [Meaningful Use Core Measures](#), [Meaningful Use Menu Measures](#), [Clinical Quality Measures](#), [Alternate Clinical Quality Measures](#), [Additional Clinical Quality Measures](#), [Pre-Attestation Measure Summary](#), [MU Specifications](#), [View All Payment Years](#), [Alternate Contact Info](#), [Issues/Concerns](#), [Additional Resources](#), [SLR Provider Guides](#), [Send E-mail to HIT Division](#)

Please verify the following information:

CMS/NLR:

Applicant National Provider Identifier (NPI):	1111111111	Name:	Ctopher Wired
Applicant TIN:	999999999	Address 1:	323 Elm CT
Payee National Provider Identifier (NPI):	222222222	Address 2:	
		City/State:	Bowling Green / SC
		Zip Code:	43472 1447
		Phone Number:	8595774692
Payment Year:	2	Email:	G@a.com
Provider Type:	Nurse_Practitioner	Specialty:	
Payee Medicaid ID:	FQC074	Payee Name:	Me Myself and Irene

Certified Health IT Product List (CHPL):

Product Name and Version #	Vendor Name	CHPL Product Number
Test Product Y 2	Test Vendor Y 2	Test CHPL Product No Y 2
Test Product	Test Vendor	Test CHPL Product No

Link to Pre-Attestation Measure Summary

This is to certify that the foregoing information is true, accurate, and complete. I understand the Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

I hereby agree to keep such records as are necessary to demonstrate that I met all S.C. Medicaid EHR Incentive Program requirements and to furnish those records to the South Carolina Department Health and Human Services, the U.S. Department of Health and Human Services, or contractor(s) acting on their behalf. I understand that I must retain all support documentation for incentive program requirements, including but not limited to that pertaining to patient volume determination, for a minimum of six years from the last year of my participation in the incentive program, and will make such information available for audit(s) conducted by the SCDHHS, the U.S. Department of Health and Human Services, or contractors acting on their behalf.

No EHR incentive payment may be paid unless this application is completed as required by existing law and regulations. Failure to provide required information will result in delay in payment or may result in denial of EHR incentive payment. Failure to furnish requested information of documents post incentive payment will result in the issuance of an overpayment demand letter, followed by recoupment procedures.

Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this application may, upon conviction, be subject to fine and imprisonment under applicable Federal laws. Information from this South Carolina Medicaid EHR Incentive Program application and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the EHR Incentive Program.

I understand that it is mandatory that I inform the South Carolina Department of Health and Human Services if I believe I have been overpaid under the EHR Incentive Program. I certify I am not receiving Medicaid incentive funds from any other state or commonwealth and have not received an EHR incentive payment from the South Carolina Department of Health and Human Services for this participation year.

I shall retain documentation for a minimum of six years that demonstrates acquisition, purchase, or access to certified EHR technology prior to the incentive. The documentation must show a LEGAL or FINANCIAL COMMITMENT to the adoption, implementation, or upgrade to certified EHR technology (naming the product(s) and version(s)). Such documentation may include but is not limited to: an invoice and receipt for payment; purchase agreement; license agreement; binding contract (signed by both parties). Should the documentation not specify the certified EHR technology product (product name and version), a letter from the certified EHR technology vendor that clarifies the product name and version may be retained with the documentation as a SUPPLEMENT. Such a letter will not be regarded as stand-alone support documentation.

For this attestation of meaningful use of the certified EHR technology, I attest that the information I am submitting for Clinical Quality Measures was generated as output from an identified certified EHR technology; the information I am submitting includes information on all patients to whom the measure applies; a zero is reported in the denominator of a measure when I did not care for any patients in the denominator population during the EHR reporting period; and, as a meaningful EHR user, at least 50% of my patient encounters during the EHR reporting period occurred at a practice/location given in my Attestation information and that is equipped with certified EHR technology.

All * fields are required fields.

Initials: * AKT
NPI: * 1111111111

Note: Once you press the submit button below, your attestation will be locked.

Previous Submit Print

The following message appears in RED on the attestation screen if MU criteria are not met:

"Your MU attestation cannot be accepted. One or more of the measures did not meet MU requirements. Please select the navigation link to the Pre-Attestation Measure Summary to view all measures and the corresponding attestation data."

The submit button is also greyed out.

Once a provider has successfully submitted an attestation, the following screen will display:



Any provider attesting to receive an EHR incentive payment potentially can be subject to audit. **ALL** relative supporting documentation (in either paper or electronic format) used in the completion of the attestation responses must be retained and easily retrievable for a minimum of six years from the last year of participation in the Program.

Once the attestation is submitted, the SCDHHS Division of Health Information Technology (HIT) will review it to determine if it meets the requirements of the S.C. Medicaid EHR Incentive Program. Should the HIT Division staff have any questions concerning the attestation, they will contact the EP using the e-mail address provided by the EP to CMS during registration and, if necessary, alternate contact information provided by the EP in the SLR.

Approved incentives are incorporated into the SCDHHS' weekly claims payment cycle and paid as **credit** adjustments to the individual or entity designated by the EP as the Payee. If the EP has reassigned the incentive, the EP should forward this important information to the Payee.

Payment Notification

Providers will be notified by e-mail of payments. The payment e-mail will provide information to identify provider-specific information on the remittance advice (RA).

Payee Name
Eligible Provider Who Earned the Incentive
Payment Date
Incentive Amount
Provider Own Reference Number

Remittance Advice

Information about each EP's incentive will be displayed as a separate line item in the Adjustments section. The names of the individuals for whom incentives are being issued will not be detailed on the RA; however, each line item will display information in columns labeled Provider Own Reference Number, Claim Reference Number, Action, and Debit/Credit Amount.

An example of a remittance advice with information about 3 separate incentive credits follows on the next page.

PROVIDER ID. 000102248
 DEPT OF HEALTH AND HUMAN SERVICES
 XXXXXX
 SOUTH CAROLINA MEDICAID PROGRAM

ADJUSTMENTS

PAYMENT DATE
 06/03/2011

PAGE
 12

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S) MMDDYY	PROC / DRUG CODE	RECIPIENT ID. NUMBER	RECIPIENT NAME F M LAST NAME I I	ORIG. CHECK DATE	ORIGINAL PAYMENT	ACTION	DEBIT / CREDIT AMOUNT	EXCESS REFUND
EHRFQH002	1114701054030100U	-						INCENTIVE	21250.00	
EHRFQH003	1114701055030100U	-						INCENTIVE	21250.00	
EHRFQH004	1114701056030100U	-						INCENTIVE	21250.00	
PAGE TOTAL:									63750.00	0.00

PROVIDER INCENTIVE CREDIT AMOUNT 63750.00	DEBIT BALANCE PRIOR TO THIS REMITTANCE 0.00	MEDICAID TOTAL 8991.53	CERTIFIED AMT 0.00	TO BE REFUNDED IN THE FUTURE 0.00
	YOUR CURRENT DEBIT BALANCE 0.00	ADJUSTMENTS 63750.00		PROVIDER NAME AND ADDRESS Provider Name Street Address City, State Zip Code
		* CHECK TOTAL 72741.53	CHECK NUMBER 6712051	

* FUNDS AUTOMATICALLY DEPOSITED TO:
 BANK NAME: SECURITY FEDERAL SAVINGS ACCOUNT #: XXXXXXXXXXXX
 NOTIFY MEDICAID PROVIDER ENROLLMENT BEFORE CLOSING OR CHANGING YOUR BANK ACCOUNT.

The following resources are available to assist providers with questions about the Medicaid EHR Incentive Program:

- Official CMS Medicare and Medicaid EHR Incentive Programs Web site: <http://www.cms.gov/EHRIncentivePrograms>
- 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program Final Rule: <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
- 42 CFR Parts 412, 413, and 495 Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>
- 45 CFR Part 170 Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule: <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17210.pdf>
- Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf>
- SCDHHS HIT Web site: <http://www.scdhhs.gov/hit>
- Dedicated SC e-mail address for questions concerning the S.C. Medicaid EHR Incentive Program: hitsc@scdhhs.gov

Eligible Professionals may attest to AIU (Adopt, Implement, or Upgrade) or to MU (Meaningful Use) in their first program year in the Medicaid EHR Incentive Program. In the remaining years of the Program, the Eligible Professional must meet the requirements of meaningful use of certified EHR technology for each program year. Providers will attest for two years at each stage of meaningful use. (AIU does not replace one of the two years for Stage 1.)

Medicaid Path to Payment (Year vs. Stage)

The chart below illustrates the Medicaid MU path providers must follow from AIU or Stage 1 through Stage 3, depending on the year they began participating.

1 st Year	Medicaid EHR Incentive Payment Program for Eligible Professional (EPs)										
	Usual ¹ Paths through AIU/MU Stages ² (EPs may start at AIU or Stage 1)										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021 ⁴
2011	AIU	1	1	2	2	3					
	1	1	1	2	2	3					
2012		AIU	1	1	2	2	3				
		1	1	2	2	3	3				
2013			AIU	1	1	2	2	3			
			1	1	2	2	3	3			
2014				AIU	1	1	2	2	3		
				1	1	2	2	3	3		
2015					AIU	1	1	2	2	3	
					1	1	2	2	3	3	
2016 ³						AIU	1	1	2	2	3
						1	1	2	2	3	3

1. Medicaid EPs may receive payments on a non-consecutive annual basis
2. AIU/MU Stages = Adopt, Implement or Upgrade/Meaningful Use Stages
3. The last year EPs may start is 2016
4. The last year for Medicaid EHR incentive payments is 2021

For an Eligible Professional attesting to **Meaningful Use**, the pages immediately following this page, beginning with Meaningful Use Questionnaire Screen, describe the SLR screens that will be used to enter attestation data.

For an Eligible Professional attesting to **Adopt, Implement, or Upgrade**, information pertaining to the attestation process continues at the SLR Guide’s section on “Document Upload Screen.”

After entering the provider eligibility details, an EP who has selected Meaningful Use will be directed to the Meaningful Use Questionnaire screen to enter additional data prior to entering data for their Core and Menu Measures and Clinical Quality Measures.

There are two general MU eligibility requirements necessary for meeting MU. These requirements include the following:

- At least 80% of the EP's unique patients must have their data in a certified EHR during the EHR reporting period.
- At least 50% of all encounters for providers who work in multiple healthcare sites must take place at locations equipped with certified EHR Technology.

Where the EP has entered information in the previous Provider Locations screen to indicate that the EP practices at multiple locations, and that one or more of those locations does not have certified EHR technology, the Meaningful Use Questionnaire screen will display fields to collect information from the provider regarding encounters at locations equipped with certified EHR technology, and encounters at all locations. (The screenshot below illustrates this display.) Should the EP only practice at locations equipped with certified EHR technology, the Meaningful Use Questionnaire screen will not display these fields.

The screenshot shows the 'Meaningful Use Questionnaire (Year 2 Attestation / Program Year 2014)' interface. The header includes the South Carolina Medicaid State Level Repository logo and navigation links like 'Home' and 'Logout'. A left sidebar contains links such as 'CMS Registration / SC Medicaid Data', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HIT Division'. The main content area is titled 'Meaningful Use Questionnaire' and contains the following text: 'The "EHR reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation:'. Below this text are two red asterisked items: 'EHR Reporting Period Start Date:' and 'EHR Reporting Period End Date:', each followed by an empty text input field and the format '(mm/dd/yy)'. At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'. The footer text reads: 'Copyright © 2011 State of South Carolina All rights reserved.'

For the first year of Meaningful Use (Stage 1), EPs are required to report on a continuous 90-day period within the participation year. For all other years, the EHR reporting period is the full-year period within the participation year.

Note: (For 2014PY only): **All providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a 90-day EHR reporting period.** CMS is permitting this in 2014 only so that all providers who must upgrade to 2014 Certified EHR Technology will have adequate time to implement their new certified EHR systems.

Completion of the following fields is required to continue with the attestation:

- **EHR Reporting Period Start Date** – This is the starting date for the period of time for which the EP is reporting Meaningful Use Measure data.
- **EHR Reporting Period End Date** – This is the end date for the period of time for which the EP is reporting Meaningful Use Measure data.

(Where Displayed)

- Total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period.
- Total number of out-patient encounters at all practice locations for the EHR reporting period

Enter the dates for the EHR reporting period (and, where required, encounter information). Select **Next** to proceed.

Meaningful Use Core Objectives

13 out of 13 Core Meaningful Use objectives' measures must be met according to CMS requirements.

- Exception – If CMS allows an Exclusion to a measure and the EP attests to that Exclusion, then the requirement for that measure is considered met.

Meaningful Use Menu Objectives

5 out of 9 Menu Measures must be met according to CMS requirements (including Exclusions). At least 1 of the 5 Menu Measures must be from the Public Health menu objectives.

Beginning in 2014, an EP must:

- Pass at least one public health (PH) menu objective measure OR attest to Exclusions for ALL PH objectives; AND
- Attest to five total menu objective measures, not counting Exclusions, or ALL menu objectives, counting Exclusions.

Clinical Quality Measures

EP must attest to a minimum of 9 of 64 Clinical Quality Measures.

- Effective with the 2014 Participation Year, EPs for any MU stage will be required to submit 9 out of 64 CQMs using CEHRT and must select the CQMs from at least 3 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy (NQS). EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population.
- No patients in the measure population: It is acceptable to report zero in the Denominator, even for 1 or more measures, as long as that is the value displayed and calculated by the certified EHR. The EP attests to this fact.
- The EP will select 9 or more CQMs on which to report using the following guidelines:
 - The CMS recommended 9 core CQM set for adults.
 - The CMS recommended 9 core CQM set for children.
 - 9 CQMs, if the EP has patient data for all 9 CQMs that cover at least 3 of the NQS domains.
 - More than 9 CQMs, if the EP has patient data for 9 CQMs but they do not cover at least 3 NQS domains. ("0" may be entered for the additional CQMs for which the EP does not have patient data.)
 - Any 9 CQMs from at least 3 of the NQS domains, if the EP has no patient data for all 64 CQMs. (Select any 9 CQMs from at least 3 of the NQS domains, and enter '0' for the CQMs.)

For additional information on Meaningful Use Measures, please visit the CMS Web site:

https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage

For additional information on specific Meaningful Use Measures, please visit the CMS Web site and download the "Stage 1 Changes 2014" documents: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html



Navigation: The menu screen will only allow the user to select a group of measures as they are available.

Meaningful Use Core Measures Link – Takes the EP to the first screen of the Meaningful Use Core Measures. (This link is active when visiting the Meaningful Use Measure Menu Screen.)

Meaningful Use Menu Measures Link - Takes the EP to the Meaningful Use Menu Measures selection screen. (This link is only active after the MU Core Measures have been completed.)

Clinical Quality Measures Link – Takes the EP to the Clinical Quality Measures selection screen. (This link is only active after the MU Menu Measures have been completed.)

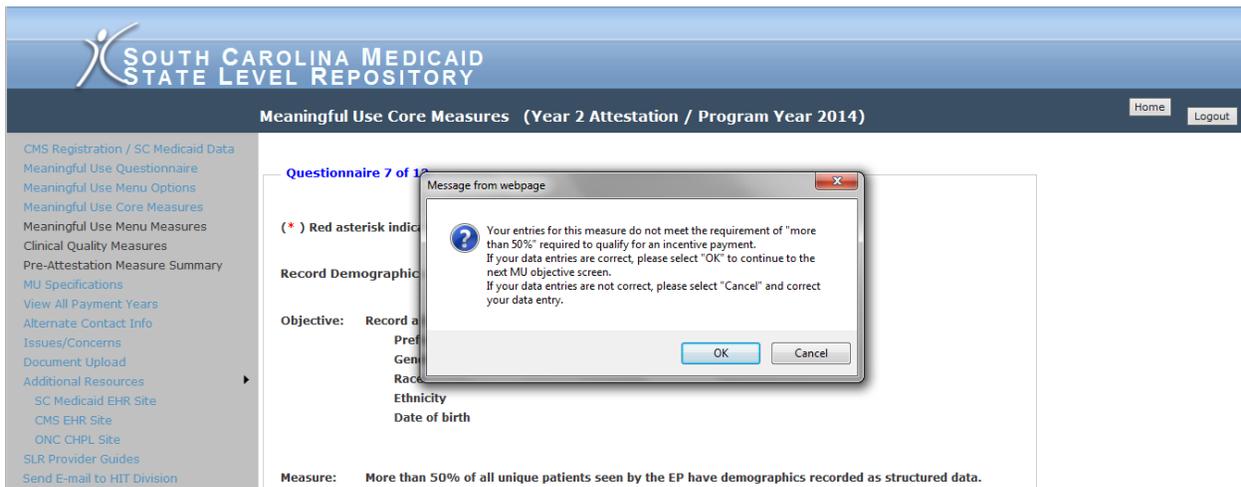
Core and Menu Threshold Warnings - If the EP's data entries in the MU Core and Menu attestation screens do not meet the threshold of the measure, or the Yes/No, a pop-up message will display to alert the provider. The provider may select "OK" to continue on with attestation with the data left as is, or may select "Cancel" so that the data entry may be corrected. The text of the pop-up message displays as:

Your entries for this measure do not meet the requirement [of "more than x%] required to qualify for an incentive payment.

If your data entries are correct, please select "OK" to continue to the next MU objective screen.

If your data entries are not correct, please select "CANCEL" and correct your data entry.

An example of a threshold warning is displayed in the screenshot below:



Previous – Returns the EP to the Meaningful Use Menu Screen

Next – Takes the EP to the first Core Meaningful Use Measure

Meaningful Use Core Objective 1 Screen – CPOE for Medication Orders


Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)

[CMS Registration / SC Medicaid Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Questionnaire 1 of 13

(*) Red asterisk indicates a required field.

CPOE for Medication Orders

Objective: Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

*** Please select the measure that is being reported for this attestation:**

Measure:

Measure 1: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

Measure 2: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: Based on All Patient Records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period 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 = The number of patients in the denominator that have at least one medication order entered using CPOE.

Denominator = Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

*** Numerator:** *** Denominator:**

All fields must be completed unless the Exclusion was responded to with **Yes**; in that case, no other field is required and the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator each must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >30% threshold, N/D > 30%
- If an EP responds **Yes** to the Exclusion, the EP has met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

*Note: The Numerator and Denominator descriptions are associated with the measure selected for the attestation.

Meaningful Use Core Objective 2 Screen – Drug Interaction Checks

The screenshot shows a web application interface for the South Carolina Medicaid State Level Repository. The header includes the logo and the text 'SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY' and 'Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Additional Resources'. The main content area is titled 'Questionnaire 2 of 13' and contains the following text:

(*) Red asterisk indicates a required field.

Drug Interaction Checks

Objective: Implement drug-drug and drug-allergy interaction checks.

Measure: The EP has enabled this functionality for the entire EHR reporting period.

Answer the following:

* Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

Please answer **Yes** or **No**.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 3 Screen – Maintain Problem List

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 3 of 13

(*) Red asterisk indicates a required field.

Maintain Problem List

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator = Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.
Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator : * Denominator :

* Enter the number of patients in the numerator above that have the entry of no problems indicated as their structured data. :

All fields must be completed before the EP is allowed to save and continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator are required and each must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >80% threshold, $N/D > 80\%$
- The EP must enter answer the last question on the page. If the count is unknown, then type “Unknown” as the answer.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 4 Screen – e-Prescribing

Home Logout

Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)

[CMS Registration / SC Medicaid Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#) ▶
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Questionnaire 4 of 13

(*) Red asterisk indicates a required field.

e-Prescribing

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION 1: Based on All Patient Records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period 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: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of the EHR reporting period 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 prescriptions in the denominator generated and transmitted electronically.
Denominator = Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.

* Numerator: * Denominator:

* Which eRx service is used?

* Name a pharmacy that you transmit to.

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All fields must be completed unless an Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must each be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >40% threshold, $N/D > 40\%$
- If an EP responds **Yes** to an Exclusion, the EP has met the measure threshold.
- The EP must enter answer the last two questions on the page. (eRx service examples: Sure Scripts, Doctors First, etc.) If the EP does not know the eRx service that is used, the EP may need to contact the EHR vendor for information.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 5 Screen – Active Medication List

The screenshot shows the 'Active Medication List' questionnaire screen. On the left is a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Additional Resources'. The main content area is titled 'Questionnaire 5 of 13' and includes instructions: '(*) Red asterisk indicates a required field.' The objective is 'Maintain active medication list.' The measure is '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.' Below this, it asks to 'Complete the following information:' and defines the numerator and denominator. There are three input fields: Numerator (100), Denominator (101), and a field for unique patients not currently prescribed medication (100). Red asterisks are placed before the Numerator and Denominator labels.

All fields must be completed before the EP is allowed to save and continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator are required and must each be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >80% threshold, $N/D > 80\%$
- The EP must enter answer the last question on the page. If the count is unknown, then type “Unknown” as the answer.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 6 Screen – Medication Allergy List

The screenshot displays the 'Medication Allergy List' questionnaire within the South Carolina Medicaid State Level Repository. The interface includes a navigation menu on the left and a main content area. The main content area contains the following text:

Questionnaire 6 of 13

(*) Red asterisk indicates a required field.

Medication Allergy List

Objective: Maintain active medication allergy list.

Measure: More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Numerator = Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

* Enter the unique number of patients included in the numerator that had an indication of no known allergies recorded as their structured data :

All fields must be completed before the EP is allowed to save and continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator are required and must each be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >80% threshold, $N/D > 80\%$
- The EP must enter answer the last question on the page. If the count is unknown, then type “Unknown” as the answer.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 7 Screen – Record Demographics

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 7 of 13

(*) Red asterisk indicates a required field.

Record Demographics

Objective: Record all of the following demographics:
Preferred language
Gender
Race
Ethnicity
Date of birth

Measure: More than 50% of all unique patients seen by the EP have demographics recorded as structured data.
Complete the following information:

Numerator = Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.
Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator * Denominator

* Enter the count from the numerator (if any) of unique patients who had most but not all of the demographic information recorded as structured data (If none, please enter "0"):

All fields must be completed before the EP is allowed to save and continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator are required and each must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >50% threshold, $N/D > 50\%$
- The EP must enter answer the last question on the page. If the count is unknown, then type “Unknown” as the answer.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 8 Screen – Record Vital Signs



Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)

Home

Logout

- CMS Registration / SC Medicaid Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

Questionnaire 8 of 13

(*) Red asterisk indicates a required field.

Record Vital Signs

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 2-20 years, including BMI.

Measure: More than 50% of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients 3 and over only) and height and weight (for all ages) recorded as structured data.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION 1: An EP who sees no patients 3 years or older is excluded from recording blood pressure. 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

EXCLUSION 3: An EP who believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure.

* Does this exclusion apply to you?

- Yes
- No

EXCLUSION 4: An EP who believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.

* 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/length and weight (all ages) and/or blood pressure (age 3 and over) recorded as structured data.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

Previous

Next

Save

Cancel

All fields must be completed unless Exclusion 2 was responded to with “**Yes;**” in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must each be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >50% threshold, $N/D > 50\%$
- If an EP responds **Yes** to Exclusion 2, the EP has met the measure threshold.

In the 2013PY, the provider had the option to select one of two measures for Core Measure 8 – Vital Signs on which to report. Beginning in Program Year 2014, there is only one measure on which the provider may report.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 9 Screen – Record Smoking Status

The screenshot displays the 'Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)' interface. On the left is a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Additional Resources'. The main content area is titled 'Questionnaire 9 of 13' and contains the following text:

(*) Red asterisk indicates a required field.

Record Smoking Status

Objective: Record smoking status for patients 13 years old or older.

Measure: More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: Based on All Patient Records: An EP who sees no patients 13 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

All fields must be completed unless the Exclusion was responded to with “**Yes;**” in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must each be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >50% threshold, $N/D > 50\%$
- If an EP responds **Yes** to the Exclusion, then they have met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 10 Screen – Clinical Decision Support Rule

The screenshot shows a web application interface for the South Carolina Medicaid State Level Repository. The header includes the logo and the text 'SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY'. Below the header, there is a navigation menu on the left with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Meaningful Use Core Measures'. The main content area is titled 'Questionnaire 10 of 13' and contains the following text:

(*) Red asterisk indicates a required field.

Clinical Decision Support Rule

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

* Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule? [Automated, electronic CDS rules are based on data elements included in problem list, medication list, demographics, and laboratory test results. The CEHRT will automatically and electronically generate, and indicate in real-time, notifications and care suggestions based upon CDS rules.]

Yes No

* Enter the CDS rule that was implemented:

All fields must be completed before the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Please select **Yes** or **No**.
- The EP must answer the last question on the page to provide detailed information about the clinical decision support rule that was implemented during the EHR reporting period. Describe how the CDS rule uses EHR patient data to give the provider information at appropriate times that enhances health and health care.

Automated, electronic CDS rules are based on data elements included in problem list, medication list, demographics, and laboratory test results. The CEHRT will automatically and electronically generate, and indicate in real-time, notifications and care suggestions based upon CDS rules.

The EP may not use drug/drug or drug/allergy contraindication checking as a clinical decision support rule.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 11 Screen – Patient Electronic Access



Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 11 of 13

(*) Red asterisk indicates a required field.

Patient Electronic Access

Objective: Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.

Measure: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: Any EP who neither orders nor creates any of the information listed for inclusion as part of this measure, except for "Patient name" and "Provider's name and office contact information", during the EHR reporting period may be excluded from this measure. 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 timely (within 4 business days after the information is available to the EP) online access to their health information.

Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

All fields must be completed unless the Exclusion was responded to with 'Yes;' in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The patient must be able to access their health information on demand, using capabilities provided by a patient portal or PHR (personal health record) that is certified.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must each be a whole number.
- The Numerator and Denominator are required if Exclusion is responded to as 'No.'
- If not excluded, the EP must meet the >50% threshold, N/D > 50%
- If an EP responds **Yes** to the Exclusion, the EP has met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Objective 12 Screen – Clinical Summaries

Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)

[CMS Registration / SC Medicaid Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Questionnaire 12 of 13

(*) Red asterisk indicates a required field.

Clinical Summaries

Objective: Provide clinical summaries for patients for each office visit.

Measure: Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: Based on All Patient Records: Any EP who has no office visits during the EHR reporting period 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 office visits in the denominator for which the patient is provided a clinical summary within three business days.

Denominator = Number of office visits by the EP during the EHR reporting period.

*** Numerator:** *** Denominator:**

All fields must be completed unless the Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must each be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >50% threshold, $N/D > 50\%$
- If an EP responds **Yes** to the Exclusion, the EP has met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Core Measure 13 Screen – Protect Electronic Health Info

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The header includes the logo and the text 'SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY'. Below the header, it says 'Meaningful Use Core Measures (Year 2 Attestation / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Additional Resources'. The main content area is titled 'Questionnaire 13 of 13' and contains the following text:

(*) Red asterisk indicates a required field.

Protect Electronic Health Information

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Answer the following:

* Have you conducted or reviewed a security risk analysis per 45 CFR 164.308 (a)(1) and implemented security updates as necessary and corrected identified security deficiencies as part of your risk management process?

Yes No

All fields must be completed before the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Please select **Yes** or **No**.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

CMS encourages EPs to select and report on meaningful use menu objectives that are relevant to the EP's scope of practice. Beginning in Program Year 2014, EPs will no longer be permitted to count an Exclusion toward the minimum of 5 menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an Exclusion for it if there are other menu objectives they can meet.

Meaningful Use Menu Measures Selections Screen and Navigation:

Title Bar – Meaningful Use Menu Measures

Logout button – Returns the EP to the login page

Previous button –Returns the EP to the MU Core Measure 13 screen. This will **not** save the data to the database. The EP should be warned “Do you wish to continue without saving?”

Next button –The EP will be directed to the first MU Menu Measure screen. This will save the data to the database if no errors are present. This data will be updatable until the attestation has been completed by the EP.

Select the menu objectives for which the EP is reporting; then, select Next to proceed.
--

Questionnaire
Instructions:

CMS requires EPs to select and report on meaningful use menu objectives that are relevant to the EP's scope of practice, and to claim an exclusion for a menu objective only in cases where there are no remaining menu objectives for which they qualify or if there are no remaining menu objectives that are relevant to their scope of practice.

EPs must report on a total of five (5) meaningful use menu objectives. As of Participation Year 2014, meeting the exclusion criteria for a menu objective will no longer count towards the minimum of 5 objectives on which the EP must report. This means that beginning in 2014, an EP must:

- Pass at least one public health (PH) menu objective measure OR attest to exclusions for ALL PH objectives, AND
- Attest to FIVE total menu objective measures, not counting exclusions, or ALL 9 menu objective measures, counting exclusions.

Please select your menu objectives to be attested according to the following guidelines:

1. If you are attesting to meet one or more of the PH measures and can respond to the remaining menu measures required without claiming an exclusion, you may select the 5 total menu objectives to report from the list below. The 5 menu objectives should include the PH measure(s) that can be met without claiming an exclusion.
2. If you are attesting to an exclusion for the PH measures then all PH measures must be selected and marked with the appropriate exclusions. If you can meet an additional 5 from the menu objective list without claiming an exclusion then you may select the PH objectives and the additional 5 from the menu objective list outside of the PH list to report from the list below.
3. If you need to attest to any exclusions outside of the PH objective list then click the 'Select All' link below to report on all 9 Menu measures.

[Select All / De-select All](#)

Select	Objective	Measure
<input type="checkbox"/>	Capability to submit electronic data to immunization registries or immunization information systems and actual submission except where prohibited and according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).
<input type="checkbox"/>	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

You must select additional meaningful use menu objectives until a total of five menu objectives have been selected, even if exclusions apply to all of the menu objectives that are selected: (The total of five includes the public health menu objectives.)

Select	Objective	Measure
<input type="checkbox"/>	Implement drug formulary checks	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
<input type="checkbox"/>	Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
<input type="checkbox"/>	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.
<input type="checkbox"/>	Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.
<input type="checkbox"/>	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.
<input type="checkbox"/>	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
<input type="checkbox"/>	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

Meaningful Use Menu Objective Screen – Immunization Registries Data Submission

The screenshot displays a web-based questionnaire titled "Questionnaire 1 of 9" for the "Immunization Registries Data Submission" measure. The header includes the South Carolina Medicaid State Level Repository logo and the text "Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)". A left-hand navigation menu lists various options like "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", and "Document Upload". The main content area contains the following text:

(*)Red asterisk indicates a required field.

Immunization Registries Data Submission

Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission except where prohibited and according to applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on All Patient Records: An EP who does not perform immunizations during the EHR reporting period 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: If there is no immunization registry that has the capacity to receive the information electronically, an EP 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:

*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)?
 Yes No

*Has a follow up test been submitted?
 Yes No

*What was the result of the test?
 Successful Failed

Please Note: Neither a failed test nor failure to follow-up a test submission will prevent a provider from meeting Meaningful Use.

All fields must be completed unless an Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Exclusion response required.
- Response of **Yes** or **No** required if an Exclusion has not been marked as Yes.
- The EP must answer the last two questions on the page.
- Selecting that the test failed, or failure to send a follow-up submission in the same Participation Year as a successful test, will not prevent a provider from meeting Meaningful Use. If there has been no follow-up submission, please retain documentation of what prevented follow-up submission. **Documentation to support the attestation for Public Health objectives must be uploaded to the attestation (see Document Upload Screen).**

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objective Screen – Syndromic Surveillance Data Submission

Questionnaire 2 of 9

(*)Red asterisk indicates a required field.

Syndromic Surveillance Data Submission

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).

EXCLUSION 1 - Based on All Patient Records: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is 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: If there is no public health agency that has the capacity to receive the information electronically, then the EP is 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:

*Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)?

Yes No

All fields must be completed unless an Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Exclusion response required.
- Response of **Yes** or **No** is required if an Exclusion has not been marked as Yes.
- The EP must enter answer the last two questions on the page.
- Selecting that the test failed, or failure to send a follow-up submission in the same Participation Year as a successful test, will not prevent a provider from meeting Meaningful Use. **Documentation to support the attestation for Public Health objectives must be uploaded to the attestation (see Document Upload Screen).**

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objective Screen – Drug Formulary Checks

The screenshot displays a web interface for the South Carolina Medicaid State Level Repository. The header includes the logo and text 'SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY' and 'Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)'. A left sidebar contains a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Meaningful Use Menu Options'. The main content area is titled 'Questionnaire 3 of 9' and contains the following text:

(*)Red asterisk indicates a required field.

Drug Formulary Checks

Objective: Implement drug formulary checks

Measure: The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

EXCLUSION - Based on All Patient Records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period can 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:

* Have you enabled the drug formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?

Yes No

All fields must be completed unless the Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Exclusion response is required.
- Response of **Yes** or **No** is required if the Exclusion has not been marked as **Yes**.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objective Screen – Clinical Lab Test Results

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 4 of 9

(*)Red asterisk indicates a required field.

Clinical Lab Test Results

Objective: Incorporate clinical lab-test results into EHR as structured data.

Measure: More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

EXCLUSION - Based on All Patient Records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period 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 lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.
Denominator = Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

* Numerator: * Denominator:

All fields must be completed unless the Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >40% threshold, $N/D > 40\%$
- If an EP responds **Yes** to the Exclusion, the EP has met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objectives Screen – Patient Lists

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 5 of 9

(*)Red asterisk indicates a required field.

Patient Lists

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted by only from patient records maintained using certified EHR technology.

Complete the following information:

* Have you generated at least one report listing your patients with a specific condition?

Yes No

*Name at least one specific condition for which a list was created:

All fields must be completed before the EP is allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- Response of **Yes** or **No** required.
- The EP must answer the last question on the page. “Specific conditions” are those conditions listed in the active patient problem list.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objective Screen – Patient Reminders

The screenshot shows a web-based questionnaire titled "Questionnaire 6 of 9" for "Patient Reminders". The header includes the South Carolina Medicaid State Level Repository logo and the text "Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)". A left-hand navigation menu lists various options like "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", and "Additional Resources". The main content area contains the following text:

Questionnaire 6 of 9

(*) Red asterisk indicates a required field.

Patient Reminders

Objective: Send reminders to patients per patient preference for preventive/follow up care.

Measure: More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: Based on All Patient Records: Any EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology is 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 were sent the appropriate reminder.
Denominator = Number of unique patients 65 years old or older or 5 years old or younger.

* Numerator: * Denominator:

All fields must be completed unless the Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >20% threshold, $N/D > 20\%$
- If an EP responds **Yes** to the Exclusion, the EP has met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objective Screen – Patient-Specific Education Resources

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 7 of 9

(*)Red asterisk indicates a required field.

Patient-Specific Education Resources

Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure: More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator = Number of patients in the denominator who are provided patient education specific resources.
Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

All fields must be completed before the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- The EP must meet the >10% threshold, $N/D > 10\%$

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objective Screen – Medication Reconciliation

Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)

[CMS Registration / SC Medicaid Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Questionnaire 8 of 9

(*) Red asterisk indicates a required field.

Medication Reconciliation

Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION: Based on All Patient Records: An EP who was not on the receiving end of any transition of care during the EHR reporting period 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 transitions of care in the denominator where medication reconciliation was performed.
Denominator = Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

* Numerator: * Denominator:

All fields must be completed unless the Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must be a whole number.
- The Numerator should be less than or equal to the Denominator.
- If not excluded, the EP must meet the >50% threshold, $N/D > 50\%$
- If an EP responds **Yes** to the Exclusion, the EP has met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Menu Objective Screen – Transition of Care Summary

Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)

[CMS Registration / SC Medicaid Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Questionnaire 9 of 9

(*)Red asterisk indicates a required field.

Transition of Care Summary

Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted by only from patient records maintained using certified EHR technology.

EXCLUSION 1 : Based on All Patient Records: An EP who does not transfer any patients to another setting during the EHR reporting period would be excluded from this requirement.

*** Does this exclusion apply to you?**

Yes No

EXCLUSION 2:Based on All Patient Records: An EP who does not refer any patients to another provider during the EHR reporting period would be excluded from this requirement.

*** Does this exclusion apply to you?**

Yes No

Complete the following information:

Numerator = Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator = Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

*** Numerator:** *** Denominator:**

All fields must be completed unless an Exclusion was responded to with **Yes**; in that case, no other field is required and the EP should be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Patient Records response required.
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >50% threshold, $N/D > 50\%$
- If an EP responds **Yes** to an Exclusion, the EP has met the measure threshold.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.



- CMS Registration / SC Medicaid Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

Questionnaire

Instructions:

EPs attesting for any MU stage are required to report 9 of 64 CQMs using EHR technology that is certified to the 2014 standards and certification criteria. The selected CQMs must cover at least 3 of 6 key health care policy domains, the National Quality Strategy (NQS) domains, recommended by the Department of Health and Human Services. These domains and associated CQMs are listed below. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population. CMS has identified two recommended core sets of CQMs, one for adults and one for children, and encourages providers to report from the recommended core set to the extent the CQMs are applicable to the provider's scope of practice and patient population.

Please select 9 or more CQMs listed below using the following guidelines:

- Select the option for the CMS recommended 9 core CQM set for adults.
- Select the option for the CMS recommended 9 core CQM set for children.
- Select 9 CQMs, if you have patient data for all 9 CQMs that cover at least 3 of the NQS domains listed below.
- Select more than 9 CQMs, if you have patient data for 9 CQMs but they do not cover at least 3 NQS domains. Select the 9 CQMs that have patient data and any additional CQMs necessary to cover at least 3 of the NQS domains listed below. You may enter "0" for the additional CQMs for which you do not have patient data.
- If you have no patient data for all 64 CQMs then you may select any 9 CQMs from at least 3 of the NQS domains listed below. You may enter "0" for the CQMs for which you do not have patient data.

Recommended Core set selection options:

- Check this box to select the 9 core CQM set for adults. This will cause the applicable CQMs to be marked in the CQM selection grid below.
- Check this box to select the 9 core CQM set for children. This will cause the applicable CQMs to be marked in the CQM selection grid below.

If you are not selecting one of the recommended core CQM sets or if you want to choose additional CQMs for which you have data, please make your selection(s) below:

Select All / De-Select All

NQS Domain: Patient and Family Engagement

Selection	ID Number	Title
<input type="checkbox"/>	CMS ID 157	Oncology: Medical and Radiation - Pain Intensity Quantified
<input type="checkbox"/>	CMS ID 66	Functional status assessment for knee replacement
<input type="checkbox"/>	CMS ID 56	Functional status assessment for hip replacement
<input checked="" type="checkbox"/>	CMS ID 90	Functional status assessment for complex chronic conditions

NQS Domain: Patient Safety

Selection	ID Number	Title
<input checked="" type="checkbox"/>	CMS ID 156	Use of High-Risk Medications in the Elderly
<input checked="" type="checkbox"/>	CMS ID 139	Falls: Screening for Future Fall Risk
<input checked="" type="checkbox"/>	CMS ID 68	Documentation of Current Medications in the Medical Record
<input checked="" type="checkbox"/>	CMS ID 132	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
<input checked="" type="checkbox"/>	CMS ID 177	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
<input checked="" type="checkbox"/>	CMS ID 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

NQS Domain: Care Coordination

Selection	ID Number	Title
<input checked="" type="checkbox"/>	CMS ID 50	Closing the referral loop: receipt of specialist report

NQS Domain: Population / Public Health

Selection	ID Number	Title
<input checked="" type="checkbox"/>	CMS ID 155	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
<input checked="" type="checkbox"/>	CMS ID 138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<input checked="" type="checkbox"/>	CMS ID 153	Chlamydia Screening for Women
<input checked="" type="checkbox"/>	CMS ID 117	Childhood Immunization Status
<input checked="" type="checkbox"/>	CMS ID 147	Preventive Care and Screening: Influenza Immunization
<input checked="" type="checkbox"/>	CMS ID 2	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
<input checked="" type="checkbox"/>	CMS ID 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
<input checked="" type="checkbox"/>	CMS ID 82	Maternal depression screening
<input checked="" type="checkbox"/>	CMS ID 22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

NQS Domain: Efficient Use of Healthcare Resources

Selection	ID Number	Title
<input checked="" type="checkbox"/>	CMS ID 146	Appropriate Testing for Children with Pharyngitis
<input checked="" type="checkbox"/>	CMS ID 166	Use of Imaging Studies for Low Back Pain
<input checked="" type="checkbox"/>	CMS ID 154	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
<input checked="" type="checkbox"/>	CMS ID 129	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

NQS Domain: Clinical Process / Effectiveness

Selection	ID Number	Title
<input checked="" type="checkbox"/>	CMS ID 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
<input checked="" type="checkbox"/>	CMS ID 165	Controlling High Blood Pressure
<input checked="" type="checkbox"/>	CMS ID 125	Breast Cancer Screening
<input checked="" type="checkbox"/>	CMS ID 124	Cervical Cancer Screening
<input checked="" type="checkbox"/>	CMS ID 130	Colorectal Cancer Screening
<input checked="" type="checkbox"/>	CMS ID 126	Use of Appropriate Medications for Asthma
<input checked="" type="checkbox"/>	CMS ID 127	Pneumonia Vaccination Status for Older Adults
<input checked="" type="checkbox"/>	CMS ID 131	Diabetes: Eye Exam
<input checked="" type="checkbox"/>	CMS ID 123	Diabetes: Foot Exam
<input checked="" type="checkbox"/>	CMS ID 122	Diabetes: Hemoglobin A1c Poor Control
<input checked="" type="checkbox"/>	CMS ID 148	Hemoglobin A1c Test for Pediatric Patients
<input checked="" type="checkbox"/>	CMS ID 134	Diabetes: Urine Protein Screening
<input checked="" type="checkbox"/>	CMS ID 163	Diabetes: Low Density Lipoprotein (LDL) Management
<input checked="" type="checkbox"/>	CMS ID 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
<input checked="" type="checkbox"/>	CMS ID 145	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
<input checked="" type="checkbox"/>	CMS ID 182	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
<input checked="" type="checkbox"/>	CMS ID 135	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input checked="" type="checkbox"/>	CMS ID 144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input checked="" type="checkbox"/>	CMS ID 143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
<input checked="" type="checkbox"/>	CMS ID 167	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
<input checked="" type="checkbox"/>	CMS ID 142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
<input checked="" type="checkbox"/>	CMS ID 161	Major Depressive Disorder (MDD): Suicide Risk Assessment
<input checked="" type="checkbox"/>	CMS ID 128	Anti-depressant Medication Management
<input checked="" type="checkbox"/>	CMS ID 136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
<input checked="" type="checkbox"/>	CMS ID 169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
<input checked="" type="checkbox"/>	CMS ID 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
<input checked="" type="checkbox"/>	CMS ID 140	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer
<input checked="" type="checkbox"/>	CMS ID 62	HIV/AIDS: Medical Visit
<input checked="" type="checkbox"/>	CMS ID 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis
<input checked="" type="checkbox"/>	CMS ID 77	HIV/AIDS: RNA control for Patients with HIV
<input checked="" type="checkbox"/>	CMS ID 133	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
<input checked="" type="checkbox"/>	CMS ID 158	Pregnant women that had HBsAg testing
<input checked="" type="checkbox"/>	CMS ID 159	Depression Remission at Twelve Months
<input checked="" type="checkbox"/>	CMS ID 160	Depression Utilization of the PHQ-9 Tool
<input checked="" type="checkbox"/>	CMS ID 75	Children who have dental decay or cavities
<input checked="" type="checkbox"/>	CMS ID 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
<input checked="" type="checkbox"/>	CMS ID 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed
<input checked="" type="checkbox"/>	CMS ID 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)
<input checked="" type="checkbox"/>	CMS ID 149	Dementia: Cognitive Assessment
<input checked="" type="checkbox"/>	CMS ID 65	Hypertension: Improvement in blood pressure

Clinical Quality Measure CMS ID 157 Screen: Oncology: Medical and Radiation – Pain Intensity Quantified

The screenshot shows the 'Questionnaire 1 of 64' for CMS ID 157. The NQS Domain is 'Patient and Family Engagement'. The title is 'Oncology: Medical and Radiation – Pain Intensity Quantified'. The description states: 'Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.' Below the description, it asks to 'Complete the following information:' and provides three input fields: '* Numerator: []', '* Denominator: []', and '* Performance Rate: [] %'. A legend indicates that a red asterisk (*) denotes a required field.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 66 Screen:- Functional status assessment for knee replacement

The screenshot shows the 'Questionnaire 2 of 64' for CMS ID 66. The header includes the South Carolina Medicaid State Level Repository logo and the text 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. A left sidebar contains navigation links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area displays the measure details: 'CMS ID 66', 'Title: Functional status assessment for knee replacement', and 'Description: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.' Below this, it prompts the user to 'Complete the following information:' and provides input fields for 'Numerator', 'Denominator', 'Performance Rate' (with a percentage sign), and 'Exclusion'. A note at the top left states '(*) Red asterisk indicates a required field.' and the top right indicates 'NQS Domain: Patient and Family Engagement'.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 56 Screen: Functional status assessment for hip replacement

The screenshot shows the South Carolina Medicaid State Level Repository interface. The header includes the logo and text: "SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY" and "Clinical Quality Measures (Year 2 Attestation / Program Year 2014)". A left sidebar contains a navigation menu with items like "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", "Meaningful Use Menu Options", "Meaningful Use Core Measures", "Meaningful Use Menu Measures", "Clinical Quality Measures", "Pre-Attestation Measure Summary", "MU Specifications", "View All Payment Years", "Alternate Contact Info", "Issues/Concerns", "Document Upload", "Additional Resources", "SLR Provider Guides", and "Send E-mail to HIT Division". The main content area is titled "Questionnaire 3 of 64" and "NQS Domain: Patient and Family Engagement". It contains the following text: "(*) Red asterisk indicates a required field.", "CMS ID 56", "Title: Functional status assessment for hip replacement", "Description: Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.", "Complete the following information:", and four input fields: "* Numerator: []", "* Denominator: []", "* Performance Rate: [] %", and "* Exclusion: []".

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate, 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 90 Screen: Functional status assessment for complex chronic conditions

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 4 of 64

(*) Red asterisk indicates a required field. NQS Domain: Patient and Family Engagement

CMS ID 90

Title: Functional status assessment for complex chronic conditions

Description: Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate, 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 156 Screen: Use of High-Risk Medications in the Elderly

The screenshot shows the 'Questionnaire 5 of 64' for CMS ID 156. The title is 'Use of High-Risk Medications in the Elderly'. The description states: 'Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.' Below the description, it asks to 'Complete the following information:' and provides input fields for Numerator 1, Denominator 1, Performance Rate 1, Numerator 2, Denominator 2, and Performance Rate 2. A red asterisk indicates required fields. The NQS Domain is Patient Safety.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 139 Screen: Falls: Screening for Future Fall Risk

The screenshot shows the South Carolina Medicaid State Level Repository interface. The header includes the logo and the text 'SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY'. Below the header, it says 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. On the left is a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', 'Meaningful Use Menu Options', 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'MU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HIT Division'. The main content area is titled 'Questionnaire 6 of 64'. It contains a red asterisk note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Patient Safety'. The measure details are: 'CMS ID 139', 'Title: Falls: Screening for Future Fall Risk', and 'Description: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.' Below this, it says 'Complete the following information:' and lists four required fields: '* Numerator: [input]', '* Denominator: [input]', '* Performance Rate: [input] %', and '* Exception: [input]'.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 68 Screen: Documentation of Current Medications in the Medical Record

The screenshot shows the user interface for the Clinical Quality Measure CMS ID 68. At the top, the header reads "SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY" and "Clinical Quality Measures (Year 2 Attestation / Program Year 2014)". A left-hand navigation menu lists various options such as "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", and "Clinical Quality Measures". The main content area is titled "Questionnaire 7 of 64" and includes a note: "(*) Red asterisk indicates a required field." and "NQS Domain: Patient Safety". The measure is identified as "CMS ID 68" with the title "Documentation of Current Medications in the Medical Record". The description states: "Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration." Below the description, it says "Complete the following information:" followed by four input fields: "* Numerator:" (with a text box), "* Denominator:" (with a text box), "* Performance Rate:" (with a text box and a "%" symbol), and "* Exception:" (with a text box).

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS 132 Screen: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) screen. The header includes the South Carolina Medicaid State Level Repository logo and the title 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 8 of 64' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Patient Safety'. The measure is identified as 'CMS ID 132' with the title 'Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures'. The description states: 'Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.' Below the description, it asks to 'Complete the following information:' and provides input fields for Numerator, Denominator, Performance Rate (with a percentage sign), and Exclusion, each preceded by a red asterisk indicating it is a required field.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 177 Screen: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment

The screenshot shows the South Carolina Medicaid State Level Repository interface. The header includes the logo and text: "SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY" and "Clinical Quality Measures (Year 2 Attestation / Program Year 2014)". A left sidebar contains a menu with items like "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", "Meaningful Use Menu Options", "Meaningful Use Core Measures", "Meaningful Use Menu Measures", "Clinical Quality Measures", "Pre-Attestation Measure Summary", "MU Specifications", "View All Payment Years", "Alternate Contact Info", "Issues/Concerns", "Document Upload", "Additional Resources", "SLR Provider Guides", and "Send E-mail to HIT Division". The main content area is titled "Questionnaire 9 of 64" and contains the following information:

(*) Red asterisk indicates a required field. NQS Domain: Patient Safety

CMS ID 177

Title: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment

Description: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS 179 Screen: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) screen. The header includes the South Carolina Medicaid State Level Repository logo and the title 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 10 of 64' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Patient Safety'. The 'CMS ID 179' section contains the following information:

Title: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

Description: Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 50 Screen: Closing the referral loop: receipt of specialist report

Questionnaire 11 of 64

(*) Red asterisk indicates a required field. NQS Domain: Care Coordination

CMS ID 50

Title: Closing the referral loop: receipt of specialist report

Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 155 Screen: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 12 of 64 NQS Domain: Population / Public Health

(*) Red asterisk indicates a required field.

CMS ID 155

Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/ Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.

- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation
- Percentage of patients with counseling for nutrition
- Percentage of patients with counseling for physical activity

Complete the following information:

Stratum 1: Patients age 3 - 11

* Numerator 1: <input style="width: 50px;" type="text"/>	* Denominator 1: <input style="width: 50px;" type="text"/>	* Performance Rate 1: <input style="width: 50px;" type="text"/> %	* Exclusion 1: <input style="width: 50px;" type="text"/>
* Numerator 2: <input style="width: 50px;" type="text"/>	* Denominator 2: <input style="width: 50px;" type="text"/>	* Performance Rate 2: <input style="width: 50px;" type="text"/> %	* Exclusion 2: <input style="width: 50px;" type="text"/>
* Numerator 3: <input style="width: 50px;" type="text"/>	* Denominator 3: <input style="width: 50px;" type="text"/>	* Performance Rate 3: <input style="width: 50px;" type="text"/> %	* Exclusion 3: <input style="width: 50px;" type="text"/>

Stratum 2: Patients age 12 - 17

* Numerator 1: <input style="width: 50px;" type="text"/>	* Denominator 1: <input style="width: 50px;" type="text"/>	* Performance Rate 1: <input style="width: 50px;" type="text"/> %	* Exclusion 1: <input style="width: 50px;" type="text"/>
* Numerator 2: <input style="width: 50px;" type="text"/>	* Denominator 2: <input style="width: 50px;" type="text"/>	* Performance Rate 2: <input style="width: 50px;" type="text"/> %	* Exclusion 2: <input style="width: 50px;" type="text"/>
* Numerator 3: <input style="width: 50px;" type="text"/>	* Denominator 3: <input style="width: 50px;" type="text"/>	* Performance Rate 3: <input style="width: 50px;" type="text"/> %	* Exclusion 3: <input style="width: 50px;" type="text"/>

Stratum 3: Total Score

* Numerator 1: <input style="width: 50px;" type="text"/>	* Denominator 1: <input style="width: 50px;" type="text"/>	* Performance Rate 1: <input style="width: 50px;" type="text"/> %	* Exclusion 1: <input style="width: 50px;" type="text"/>
* Numerator 2: <input style="width: 50px;" type="text"/>	* Denominator 2: <input style="width: 50px;" type="text"/>	* Performance Rate 2: <input style="width: 50px;" type="text"/> %	* Exclusion 2: <input style="width: 50px;" type="text"/>
* Numerator 3: <input style="width: 50px;" type="text"/>	* Denominator 3: <input style="width: 50px;" type="text"/>	* Performance Rate 3: <input style="width: 50px;" type="text"/> %	* Exclusion 3: <input style="width: 50px;" type="text"/>

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 138 Screen: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 13 of 64

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 138

Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 153 Screen: Chlamydia Screening for Women

Questionnaire 14 of 64

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 153

Title: Chlamydia Screening for Women

Description: Percentage of women 16- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Complete the following information:

Stratum 1: Patients age 16 - 20

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Stratum 2: Patients age 21 - 24

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Stratum 3: Total Score

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 117 Screen: Childhood Immunization Status

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 15 of 64

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 117

Title: Childhood Immunization Status

Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 147 Screen: Preventive Care and Screening: Influenza Immunization

The screenshot shows the South Carolina Medicaid State Level Repository interface. The header includes the logo and text "SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY" and "Clinical Quality Measures (Year 2 Attestation / Program Year 2014)". A left sidebar contains a navigation menu with items like "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", "Meaningful Use Menu Options", "Meaningful Use Core Measures", "Meaningful Use Menu Measures", "Clinical Quality Measures", "Pre-Attestation Measure Summary", "MU Specifications", "View All Payment Years", "Alternate Contact Info", "Issues/Concerns", "Document Upload", "Additional Resources", "SLR Provider Guides", and "Send E-mail to HIT Division". The main content area is titled "Questionnaire 16 of 64" and includes a note: "(*) Red asterisk indicates a required field." and "NQS Domain: Population / Public Health". Below this, it displays "CMS ID 147" and "Title: Preventive Care and Screening: Influenza Immunization". The "Description" states: "Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization." It then asks to "Complete the following information:" and provides four input fields: "Numerator:", "Denominator:", "Performance Rate:" (with a percentage sign), and "Exception:". Each field has a red asterisk indicating it is required.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 2 Screen: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

The screenshot shows the South Carolina Medicaid State Level Repository interface. The header includes the logo and the text "SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY". Below the header, it says "Clinical Quality Measures (Year 2 Attestation / Program Year 2014)". On the left, there is a navigation menu with links such as "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", "Meaningful Use Menu Options", "Meaningful Use Core Measures", "Meaningful Use Menu Measures", "Clinical Quality Measures", "Pre-Attestation Measure Summary", "MU Specifications", "View All Payment Years", "Alternate Contact Info", "Issues/Concerns", "Document Upload", "Additional Resources", "SLR Provider Guides", and "Send E-mail to HIT Division". The main content area is titled "Questionnaire 17 of 64" and "NQS Domain: Population / Public Health". It contains the following information:

(*) Red asterisk indicates a required field.

CMS ID 2

Title: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Description: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion: * Exception:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS 69 Screen: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 18 of 64

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 69

Title: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Description: Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months AND when the BMI is outside of normal parameters, follow-up plan is documented during the encounter or during the previous 6 months of the encounter with the BMI outside of normal parameters.

Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30
Age 18-64 years BMI ≥ 18.5 and < 25

Complete the following information:

Population Criteria 1: 65 years and older

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

Population Criteria 2: 18 through 64 years

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 82 Screen: Maternal depression screening

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 19 of 64

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 82

Title: Maternal depression screening

Description: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 22 Screen: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 20 of 64

(*) Red asterisk indicates a required field. NQS Domain: Population / Public Health

CMS ID 22

Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion: * Exception:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 146 Screen: Appropriate Testing for Children with Pharyngitis

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)' interface. On the left is a navigation menu with options like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 21 of 64' and includes a note: '(*) Red asterisk indicates a required field.' The measure details are as follows:

- CMS ID 146**
- Title:** Appropriate Testing for Children with Pharyngitis
- Description:** Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Below the description, it says 'Complete the following information:' followed by four input fields:

- * Numerator:
- * Denominator:
- * Performance Rate: %
- * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator, 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator, 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 166 Screen: Use of Imaging Studies for Low Back Pain

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 22 of 64

(*) Red asterisk indicates a required field. NQS Domain: Efficient Use of Healthcare Resources

CMS ID 166

Title: Use of Imaging Studies for Low Back Pain

Description: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 154 Screen: Appropriate Treatment for Children with Upper Respiratory Infection (URI)

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) section. On the left is a navigation menu with options like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 23 of 64' and contains the following information:

- A red asterisk indicates a required field.
- NQS Domain: Efficient Use of Healthcare Resources
- CMS ID 154**
- Title:** Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- Description:** Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.
- Complete the following information:
- * Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 129 Screen: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)' interface. On the left is a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 24 of 64' and includes a red asterisk legend, the NQS Domain 'Efficient Use of Healthcare Resources', and the measure title 'Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients'. A description follows, and at the bottom are input fields for Numerator, Denominator, Performance Rate, and Exception, each with a red asterisk indicating it is a required field.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 137 Screen: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment



Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

[CMS Registration / SC Medicaid Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Core Measures](#)
[Meaningful Use Menu Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
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[Additional Resources](#) ▶
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Questionnaire 25 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 137

Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Description: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.

a. Percentage of patients who initiated treatment within 14 days of the diagnosis.

b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Complete the following information:

Stratum 1: Patients age 13 - 17

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Stratum 2: Patients age >= 18

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Stratum 3: Total Score

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 165 Screen: Controlling High Blood Pressure

The screenshot shows the 'South Carolina Medicaid State Level Repository' interface. The header includes the repository name and 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. A navigation menu on the left lists various options like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 26 of 64' and contains the following information:

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 165

Title: Controlling High Blood Pressure

Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 125 Screen: Breast Cancer Screening

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Questionnaire 27 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 125

Title: Breast Cancer Screening

Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 124 Screen: Cervical Cancer Screening

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 28 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 124

Title: Cervical Cancer Screening

Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 130 Screen: Colorectal Cancer Screening

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 29 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 130

Title: Colorectal Cancer Screening

Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 126 Screen: Use of Appropriate Medications for Asthma

The screenshot displays the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)' interface. On the left is a navigation menu with links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 30 of 64' and includes a red asterisk warning: '(*) Red asterisk indicates a required field.' The measure is identified as 'CMS ID 126' with the title 'Use of Appropriate Medications for Asthma'. The description states: 'Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.' The domain is 'NQS Domain: Clinical Process / Effectiveness'. Below the description, it asks to 'Complete the following information:' and lists five strata for data entry:

- Stratum 1: Patients age 5 - 11**
* Numerator: * Denominator: * Performance Rate: % * Exclusion:
- Stratum 2: Patients age 12 - 18**
* Numerator: * Denominator: * Performance Rate: % * Exclusion:
- Stratum 3: Patients age 19 - 50**
* Numerator: * Denominator: * Performance Rate: % * Exclusion:
- Stratum 4: Patients age 51 - 64**
* Numerator: * Denominator: * Performance Rate: % * Exclusion:
- Stratum 5: Total Score**
* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 127 Screen: Pneumonia Vaccination Status for Older Adults

Questionnaire 31 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 127

Title: Pneumonia Vaccination Status for Older Adults

Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 131 Screen: Diabetes: Eye Exam

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 32 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 131

Title: Diabetes: Eye Exam

Description: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 123 Screen: Diabetes: Foot Exam

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) screen. On the left is a navigation menu with links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 33 of 64' and includes a legend: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The measure details are as follows:

- CMS ID 123**
- Title:** Diabetes: Foot Exam
- Description:** Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.

Below the description, it says 'Complete the following information:' followed by four input fields, each with a red asterisk indicating it is required:

- * Numerator:
- * Denominator:
- * Performance Rate: %
- * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 122 Screen: Diabetes: Hemoglobin A1c Poor Control

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 34 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 122

Title: Diabetes: Hemoglobin A1c Poor Control

Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 148 Screen: Hemoglobin A1c Test for Pediatric Patients

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 35 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 148

Title: Hemoglobin A1c Test for Pediatric Patients

Description: Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 134 Screen: Diabetes: Urine Protein Screening

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 36 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 134

Title: Diabetes: Urine Protein Screening

Description: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Navigation links in sidebar:
CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 163 Screen: Diabetes: Low Density Lipoprotein (LDL) Management

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 37 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 163

Title: Diabetes: Low Density Lipoprotein (LDL) Management

Description: Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 164 Screen: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 38 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 164

Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 145 Screen: Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 39 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 145

Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy.

Complete the following information:

Population Criteria 1: Patients with a prior (resolved) myocardial infarction

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exception 1:

Population Criteria 2: Patients with a left ventricular systolic dysfunction (LVEF < 40%)

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exception 2:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology
- Please enter Exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 182 Screen: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 40 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 182

Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).

Complete the following information:

* Numerator 1: * Denominator 1: * Performance Rate 1: %

* Numerator 2: * Denominator 2: * Performance Rate 2: %

Navigation links in sidebar:
CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 135 Screen: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) screen. The header includes the South Carolina Medicaid State Level Repository logo and the title 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. A left sidebar contains navigation links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Pre-Attestation Measure Summary'. The main content area is titled 'Questionnaire 41 of 64' and includes the following information:

- (*) Red asterisk indicates a required field.**
- NQS Domain: Clinical Process / Effectiveness**
- CMS ID 135**
- Title:** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Description:** Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.
- Complete the following information:**
- * Numerator:** *** Denominator:** *** Performance Rate:** % *** Exception:**

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 144 Screen: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 42 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 144

Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception, 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 143 Screen: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) screen. On the left is a navigation menu with links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 43 of 64' and includes a legend: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. Below this, the 'CMS ID 143' section displays the measure title: 'Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation' and its description: 'Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.' A prompt asks the user to 'Complete the following information:' followed by four input fields: '* Numerator: []', '* Denominator: []', '* Performance Rate: [] %', and '* Exception: []'. The asterisks indicate that these fields are required.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 167 Screen: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 44 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 167

Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 142 Screen: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Questionnaire 45 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 142

Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 161 Screen: Major Depressive Disorder (MDD): Suicide Risk Assessment

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)' interface. On the left is a navigation menu with links such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 46 of 64' and includes the following information:

- Legend: (*) Red asterisk indicates a required field.
- NQS Domain: Clinical Process / Effectiveness
- CMS ID 161
- Title: Major Depressive Disorder (MDD): Suicide Risk Assessment
- Description: Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.
- Instruction: Complete the following information:
- Form fields: * Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 128 Screen: Anti-depressant Medication Management

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 47 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 128

Title: Anti-depressant Medication Management

Description: Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported.

a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).

b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

Complete the following information:

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 136 Screen: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

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Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 48 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 136

Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Description: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/ hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.

a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.

b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Complete the following information:

Population Criteria 1: Children 6 - 12 years of age

* Numerator 1: * Denominator 1: * Performance Rate: % * Exclusion:

Population Criteria 2: Children 6 - 12 years of age

* Numerator 2: * Denominator 2: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 169 Screen: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 49 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 169

Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use

Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 141 Screen: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 50 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 141

Title: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Description: Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 140 Screen: Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) screen. The header includes the South Carolina Medicaid State Level Repository logo and the title 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 51 of 64' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The measure is identified as 'CMS ID 140' with the title 'Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer'. The description states: 'Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.' Below the description, it asks to 'Complete the following information:' and provides input fields for 'Numerator', 'Denominator', 'Performance Rate' (with a percentage sign), and 'Exception', each preceded by a red asterisk indicating it is a required field.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 62 Screen: HIV/AIDS: Medical Visit

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

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Questionnaire 52 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 62

Title: HIV/AIDS: Medical Visit

Description: Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 133 Screen: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 55 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 133

Title: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 158 Screen: Pregnant women that had HBsAg testing

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)' interface. On the left is a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 56 of 64' and includes a red asterisk warning: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The measure details are: 'CMS ID 158', 'Title: Pregnant women that had HBsAg testing', and 'Description: This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.' Below this, it says 'Complete the following information:' followed by four input fields: '* Numerator: []', '* Denominator: []', '* Performance Rate: [] %', and '* Exception: []'.

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exception. 0 is acceptable if that was reported by the EHR technology.
- The Exception must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 159 Screen: Depression Remission at Twelve Months

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)' interface. On the left is a navigation menu with items like 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 57 of 64' and includes a note: '(*) Red asterisk indicates a required field.' and 'NQS Domain: Clinical Process / Effectiveness'. The measure details are as follows:

CMS ID 159
Title: Depression Remission at Twelve Months
Description: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 160 Screen: Depression Utilization of the PHQ-9 Tool

Questionnaire 58 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 160

Title: Depression Utilization of the PHQ-9 Tool

Description: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.

Complete the following information:

Population Criteria 1: All patients diagnosed during months January through April

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Population Criteria 2: All patients diagnosed during months May through August

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Population Criteria 3: All patients diagnosed during months of September through December

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 75 Screen: Children who have dental decay or cavities

The screenshot shows the user interface for the Clinical Quality Measures (Year 2 Attestation / Program Year 2014) screen. The header includes the South Carolina Medicaid State Level Repository logo and the title 'Clinical Quality Measures (Year 2 Attestation / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 59 of 64' and contains the following information:

- A red asterisk indicates a required field.
- NQS Domain: Clinical Process / Effectiveness
- CMS ID 75
- Title: Children who have dental decay or cavities
- Description: Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.
- Instruction: Complete the following information:
- Form fields: * Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 74 Screen: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 60 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 74

Title: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

Description: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.

Complete the following information:

Stratum 1: Patients age 0 - 5

* Numerator: * Denominator: * Performance Rate: %

Stratum 2: Patients age 6 - 12

* Numerator: * Denominator: * Performance Rate: %

Stratum 3: Patients age 13 - 20

* Numerator: * Denominator: * Performance Rate: %

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 61 Screen: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 61 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 61

Title: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed

Description: Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.

Complete the following information:

Population 1: High Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1: * Exception 1:

Population 2: Moderate Level of Risk: Multiple (+2) Risk Factors

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2: * Exception 2:

Population 3: Lowest Level of Risk: 0 or 1 Risk Factor

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exclusion 3: * Exception 3:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- Please enter Exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 64 Screen: Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)

Questionnaire 62 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 64

Title: Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)

Description: Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.

Complete the following information:

Population 1: High Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1: * Exception 1:

Population 2: Moderate Level of Risk: Multiple (+2) Risk Factors

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2: * Exception 2:

Population 3: Lowest Level of Risk: 0 or 1 Risk Factor

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exclusion 3: * Exception 3:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology
- Please enter Exclusions. 0 is acceptable if that was reported by the EHR technology.
- The Exclusions must be whole numbers.
- Please enter Exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 149 Screen: Dementia: Cognitive Assessment

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Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

Questionnaire 63 of 64

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 149

Title: Dementia: Cognitive Assessment

Description: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Navigation links in sidebar:
CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter Numerators. 0 is acceptable if that was reported by the EHR technology.
- Numerators must be whole numbers.
- Please enter Denominators. 0 is acceptable if there is no measure population.
- Denominators must be whole numbers.
- Please enter Performance Rates. 0 is acceptable if that was reported by the EHR technology
- Please enter Exceptions. 0 is acceptable if that was reported by the EHR technology.
- The Exceptions must be whole numbers.
- The Numerators should be less than or equal to the Denominators.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Clinical Quality Measure CMS ID 65 Screen: Hypertension: Improvement in blood pressure

The screenshot shows the South Carolina Medicaid State Level Repository interface. The main header reads "Clinical Quality Measures (Year 2 Attestation / Program Year 2014)". On the left is a navigation menu with items like "CMS Registration / SC Medicaid Data", "Meaningful Use Questionnaire", "Meaningful Use Menu Options", "Meaningful Use Core Measures", "Meaningful Use Menu Measures", "Clinical Quality Measures", "Pre-Attestation Measure Summary", "MU Specifications", "View All Payment Years", "Alternate Contact Info", "Issues/Concerns", "Document Upload", "Additional Resources", "SLR Provider Guides", and "Send E-mail to HIT Division". The main content area is titled "Questionnaire 64 of 64" and includes the following text:

(*) Red asterisk indicates a required field. NQS Domain: Clinical Process / Effectiveness

CMS ID 65

Title: Hypertension: Improvement in blood pressure

Description: Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

All fields must be entered to continue to the next measure screen. The responses entered must be reported from the certified EHR reporting for the EHR reporting period even if the report states zero.

The following details other requirements of this screen:

- Please enter a Numerator. 0 is acceptable if that was reported by the EHR technology.
- Numerator must be a whole number.
- Please enter a Denominator. 0 is acceptable if there is no measure population.
- Denominator must be a whole number.
- Please enter Performance Rate. 0 is acceptable if that was reported by the EHR technology.
- Please enter Exclusion. 0 is acceptable if that was reported by the EHR technology.
- The Exclusion must be a whole number.
- The Numerator should be less than or equal to the Denominator.

Please note that selecting **Previous** prior to saving will result in the data on the current screen not being saved. Selecting **Next** or **Save** will save data entered on the screen.

Meaningful Use Summary of Measures Selection Screen

The Meaningful Use Summary of Measures Selection Screen allows the EP to return to the various MU attestation sections prior to submitting the final attestation. Please note that the EP may return to this screen from within the attestation by selecting the “Pre-Attestation Measure Summary” left navigation link located at the top left of the screen.

**SOUTH CAROLINA MEDICAID
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Summary of Measures (Year 2 Attestation / Program Year 2014)

CMS Registration / SC Medicaid Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Core Measures
Meaningful Use Menu Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HIT Division

Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Core Measures Summary](#)

[Meaningful Use Menu Measures Summary](#)

[Clinical Quality Measures Summary](#)

Select any summary link(s) to review the details of the attestation.

If no review is desired, select **Next** to proceed to the next screen.

Meaningful Use Core Measures Summary



- CMS Registration / SC Medicaid Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

Meaningful Use Core Measure List Table

To print this screen, select the "Print View" button at the bottom of the screen.
Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue.

ObjectiveText	Description	Data Entered	Selection
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Numerator = 100 Denominator = 101	Edit
Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Edit
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 100 Denominator = 101 100	Edit
Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. Which eRx service is used? Name a pharmacy that you transmit to.	Numerator = 100 Denominator = 101 escripts CVS	Edit
Maintain active medication list.	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. Enter the number of unique patients listed within the numerator above as patients that are not currently prescribed any medication as structured data	Numerator = 100 Denominator = 101 100	Edit
Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data. Enter the unique number of patients included in the numerator that had an indication of no known allergies recorded as their structured data	Numerator = 500 Denominator = 505 500	Edit
Record all of the following demographics: Preferred language Gender Race Ethnicity Date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data. Enter the count from the numerator (if any) of unique patients who had most but not all of the demographic information recorded as structured data (If none, please enter "0".)	Numerator = 100 Denominator = 500 100	Edit
Record and chart changes in vital signs: Height Weight Blood pressure Calculate and display body mass index (BMI) Plot and display growth charts for children 2-20 years, including BMI.	More than 50% of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients 3 and over only) and height and weight (for all ages) recorded as structured data.	Excluded	Edit
Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Excluded	Edit
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule. Enter the CDS rule that was implemented	Yes bmi calc	Edit
Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.	Excluded	Edit
Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.	Excluded	Edit
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	No	Edit

This screen lists the Objective, Measure, and data entered by the EP for each Core Meaningful Use Measure. The EP may click on **Edit** on a measure row to return to that Measure and update their entry.

Meaningful Use Menu Measures Summary



Summary of Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2014)

- CMS Registration / SC Medicaid Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Core Measures
- Meaningful Use Menu Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
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- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

Meaningful Use Menu Measure List Table

To print this screen, select the "Print View" button at the bottom of the screen.
Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue.

Object	Measure	Entered	Selection
Implement drug formulary checks	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	No	Edit
Incorporate clinical lab-test results into EHR as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Numerator = 100 Denominator = 101	Edit
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition. Name at least one specific condition for which a list was created	Yes diabetes	Edit
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	Numerator = 100 Denominator = 101	Edit
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	Numerator = 100 Denominator = 101	Edit
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	Numerator = 100 Denominator = 101	Edit
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Numerator = 100 Denominator = 101	Edit
Capability to submit electronic data to immunization registries or immunization information systems and actual submission except where prohibited and according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically). What was the result of the test?	Yes Successful Yes	Edit
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission except where prohibited and according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically). What was the result of the test? Has a follow up test been submitted?	No	Edit

This screen lists the Objective, Measure, and data entered by the EP for each Menu Meaningful Use Measure. The EP may click on **Edit** on a measure row to return to that Measure and update their entry.

Clinical Quality Measures Summary


SOUTH CAROLINA MEDICAID
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Clinical Quality Measures (Year 2 Attestation / Program Year 2014)

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Questionnaire

Instructions:

EPs attesting for any MU stage are required to report 9 of 64 CQMs using EHR technology that is certified to the 2014 standards and certification criteria. The selected CQMs must cover at least 3 of 6 key health care policy domains, the National Quality Strategy (NQS) domains, recommended by the Department of Health and Human Services. These domains and associated CQMs are listed below. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population. CMS has identified two recommended core sets of CQMs, one for adults and one for children, and encourages providers to report from the recommended core set to the extent the CQMs are applicable to the provider's scope of practice and patient population.

Please select 9 or more CQMs listed below using the following guidelines:

- Select the option for the CMS recommended 9 core CQM set for adults.
- Select the option for the CMS recommended 9 core CQM set for children.
- Select 9 CQMs, if you have patient data for all 9 CQMs that cover at least 3 of the NQS domains listed below.
- Select more than 9 CQMs, if you have patient data for 9 CQMs but they do not cover at least 3 NQS domains. Select the 9 CQMs that have patient data and any additional CQMs necessary to cover at least 3 of the NQS domains listed below. You may enter "0" for the additional CQMs for which you do not have patient data.
- If you have no patient data for all 64 CQMs then you may select any 9 CQMs from at least 3 of the NQS domains listed below. You may enter "0" for the CQMs for which you do not have patient data.

Recommended Core set selection options:

Check this box to select the 9 core CQM set for adults. This will cause the applicable CQMs to be marked in the CQM selection grid below.

Check this box to select the 9 core CQM set for children. This will cause the applicable CQMs to be marked in the CQM selection grid below.

If you are not selecting one of the recommended core CQM sets or if you want to choose additional CQMs for which you have data, please make your selection(s) below:

[Select All / De-Select All](#)

NQS Domain: Patient and Family Engagement

Selection	ID Number	Title
<input checked="" type="checkbox"/>	CMS ID 157	Oncology: Medical and Radiation – Pain Intensity Quantified
<input checked="" type="checkbox"/>	CMS ID 66	Functional status assessment for knee replacement
<input checked="" type="checkbox"/>	CMS ID 56	Functional status assessment for hip replacement
<input checked="" type="checkbox"/>	CMS ID 90	Functional status assessment for complex chronic conditions

Clinical Quality Measures Summary

This screen lists the Objective, Measure, and data entered by the EP for each Clinical Quality Measure. The EP may click on Edit on a measure row to return to that Measure and update their entry.

NQS Domain: Clinical Process / Effectiveness

Selection	ID Number	Title
<input checked="" type="checkbox"/>	CMS ID 137	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
<input checked="" type="checkbox"/>	CMS ID 165	Controlling High Blood Pressure
<input checked="" type="checkbox"/>	CMS ID 125	Breast Cancer Screening
<input checked="" type="checkbox"/>	CMS ID 124	Cervical Cancer Screening
<input checked="" type="checkbox"/>	CMS ID 130	Colorectal Cancer Screening
<input checked="" type="checkbox"/>	CMS ID 126	Use of Appropriate Medications for Asthma
<input checked="" type="checkbox"/>	CMS ID 127	Pneumonia Vaccination Status for Older Adults
<input checked="" type="checkbox"/>	CMS ID 131	Diabetes: Eye Exam
<input checked="" type="checkbox"/>	CMS ID 123	Diabetes: Foot Exam
<input checked="" type="checkbox"/>	CMS ID 122	Diabetes: Hemoglobin A1c Poor Control
<input checked="" type="checkbox"/>	CMS ID 148	Hemoglobin A1c Test for Pediatric Patients
<input checked="" type="checkbox"/>	CMS ID 134	Diabetes: Urine Protein Screening
<input checked="" type="checkbox"/>	CMS ID 163	Diabetes: Low Density Lipoprotein (LDL) Management
<input checked="" type="checkbox"/>	CMS ID 164	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
<input checked="" type="checkbox"/>	CMS ID 145	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
<input checked="" type="checkbox"/>	CMS ID 182	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
<input checked="" type="checkbox"/>	CMS ID 135	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input checked="" type="checkbox"/>	CMS ID 144	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input checked="" type="checkbox"/>	CMS ID 143	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
<input checked="" type="checkbox"/>	CMS ID 167	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
<input checked="" type="checkbox"/>	CMS ID 142	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
<input checked="" type="checkbox"/>	CMS ID 161	Major Depressive Disorder (MDD): Suicide Risk Assessment
<input checked="" type="checkbox"/>	CMS ID 128	Anti-depressant Medication Management
<input checked="" type="checkbox"/>	CMS ID 136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
<input checked="" type="checkbox"/>	CMS ID 169	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
<input checked="" type="checkbox"/>	CMS ID 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
<input checked="" type="checkbox"/>	CMS ID 140	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer
<input checked="" type="checkbox"/>	CMS ID 62	HIV/AIDS: Medical Visit
<input checked="" type="checkbox"/>	CMS ID 52	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis
<input checked="" type="checkbox"/>	CMS ID 77	HIV/AIDS: RNA control for Patients with HIV
<input checked="" type="checkbox"/>	CMS ID 133	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
<input checked="" type="checkbox"/>	CMS ID 158	Pregnant women that had HBsAg testing
<input checked="" type="checkbox"/>	CMS ID 159	Depression Remission at Twelve Months
<input checked="" type="checkbox"/>	CMS ID 160	Depression Utilization of the PHQ-9 Tool
<input checked="" type="checkbox"/>	CMS ID 75	Children who have dental decay or cavities
<input checked="" type="checkbox"/>	CMS ID 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
<input checked="" type="checkbox"/>	CMS ID 61	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed
<input checked="" type="checkbox"/>	CMS ID 64	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)
<input checked="" type="checkbox"/>	CMS ID 149	Dementia: Cognitive Assessment
<input checked="" type="checkbox"/>	CMS ID 65	Hypertension: Improvement in blood pressure

Previous

Save & Continue

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The EP may update any field on the measure that they have previously entered. The field editing for the measure will still apply upon the EP clicking Save.

Navigation

Title Bar – Updated depending on the Measure screen chosen to update

Logout Button – Returns the EP to the login page

Save Button – Saves the data once all applicable edits are resolved.

Return to Summary Button – Takes the EP back to the Measure Summary selection page.

After completing the meaningful use attestation screens, the next screens to display will be the Document Upload screen and the Attestation screen. **(Please select this link to be directed to the Document Upload and Attestation screens).**

After the EP has submitted the attestation for review, the EP may log back in to the attestation should he or she wish to review the attestation and the meaningful use data. Please note that the meaningful use left navigation links will not display until the EP proceeds past the Meaningful Use Questionnaire screen.

After attestation submission, there will be two meaningful use left navigation links enabled: Pre-Attestation Measure Summary, and Post-Attestation Measure Summary.

- The Pre-Attestation Measure Summary provides the data entered by the EP during attestation (Numerators and Denominators). There is also an option available from these screens for the EP to print their MU attestation data for the Core and Menu measures, and CQM.

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Summary of Meaningful Use Core Measures (Year 2012 / Program Year 2013)

Meaningful Use Core Measure List Table

To print this screen, select the "Print View" button at the bottom of the screen. Please select the edit link next to the measure you wish to update. If you do not wish to continue.

ObjectiveText	Description	Data	Selection
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.	Numerator = 90 Denominator = 100	Edit
Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Edit
	More than 80% of all unique patients seen by the EP have at least one entry		

- The Post-Attestation Measure Summary provides the percentages arrived at from the entry of the Numerators and Denominators.

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change