

What I Should Do Now? TARGET A START DATE FOR THE ATTESTATION'S **90-DAY EHR REPORTING PERIOD.**

Completing this voluntary checklist and sharing with your practice management team and EHR vendor will benefit your providers and your practice in preparing to attest to Modified Stage 2 Meaningful Use (MU) in the following ways:

1. Become aware of PY2017 MU requirements for which you may not currently meet.
2. For MU requirements not yet met, you may find you have sufficient time to implement necessary solutions.
3. **The necessary solutions should be completed and functional before October 1, 2017 which is the start of the final available 90-day EHR reporting period that ends prior to the deadline for an MU PY2017 attestation.***

*The October 1, 2017 date is based on the requirement that the PY2017 90-day EHR period end no later than December 31, 2017.

When Can I Submit My PY 2017 Attestation(s)?

Medicaid providers should watch for the announcement (email and published on the [SC HIT](#) website) of the confirmed dates you may begin your PY2017 MU attestation and the deadline for submission. The anticipated attestation submission

start date is January 1, 2018 and the anticipated submission deadline is March 31, 2018. As in every year, if a provider has submitted an attestation for PY2016, he/she must wait until paid before attesting for PY17. Use this checklist to prepare for the following that are considered to be for many the most challenging Stage 2 MU requirements.

About this Checklist. We have listed the meaningful use requirements in an order that is meant to progress from those that would require more time for practice management to accomplish changes to those requiring only changes in procedures.

The checkbox statements are meant to be as uncomplicated as possible and have a secondary checkbox added to simply state the actual threshold value to be achieved.

Each checklist item also serves as a link to the actual Centers for Medicare and Medicaid Services (CMA) specification sheet for the related meaningful use objective, measures and exclusions in complete detail. A provider can “pass” a meaningful use objective by either meeting the measure or qualifying for the exclusion.

Disclaimer: The pages that follow are intended to provide general information to assist with readiness to complete an Eligible Professional attestation to the S.C. Medicaid EHR Incentive Program (hereafter referred to as “Program”). This checklist is not, nor is it intended to be, a complete source of information regarding the requirements of the Program. It is the responsibility of the provider, or their representative(s), to be acquainted with the requirements of the Program. The information provided does not take the place of, nor supersede any requirements.

CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY (CEHRT): Confirm with a check if currently achieved.

Identify and schedule actions necessary for achieving the requirement.

Exclusion: None

- The provider is using technology certified to the 2014 Edition or the 2015 Edition or a combination of 2014/2015 Editions.
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SECURITY RISK ANALYSIS: Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: None

- Our practice has a completed, signed and dated Security Risk Analysis (SRA).
- We have added a page(s), signed with a CY2017 date, to the SRA which documents the activities completed since the same process was completed in CY2016 to improve health information security.
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PATIENT ELECTRONIC RECORDS: Confirm with a check those items which the provider is charting in your certified EHR technology (CEHRT).

Identify and schedule actions necessary for charting the ones not checked.

Exclusion: Any EP who neither orders nor creates any of the information listed for inclusion as except for "Patient Name" and "Provider's name and office contact information".

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| <input type="checkbox"/> patient name | <input type="checkbox"/> radiology orders | <input type="checkbox"/> vital signs (height, weight, blood pressure, BMI, growth charts) |
| <input type="checkbox"/> provider's name | <input type="checkbox"/> laboratory test results | <input type="checkbox"/> smoking status |
| <input type="checkbox"/> provider's office contact information | <input type="checkbox"/> current medication list and medication history | <input type="checkbox"/> demographic information (preferred language, sex, race, ethnicity, date of birth) |
| <input type="checkbox"/> current and past problem list | <input type="checkbox"/> current medication allergy list and medication allergy history | <input type="checkbox"/> care plan field(s), including goals and instructions |
| <input type="checkbox"/> procedures | <input type="checkbox"/> summary of care (upon referral or care transition) | <input type="checkbox"/> any known care team members including the primary care provider (PCP) of record |
| <input type="checkbox"/> medication orders | | |
| <input type="checkbox"/> laboratory orders | | |

PATIENT ELECTRONIC ACCESS: Confirm with a check those currently achieved by the provider.

Exclusion 1: Any EP who neither orders nor creates any of the information listed for inclusion as except for "Patient Name" and "Provider's name and office contact information".

Exclusion 2: Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

ALERT: No EPs in South Carolina currently meet the requirements to take Exclusion 2.

Identify and schedule actions necessary to meet the ones not checked.

- Patients are provided access (log in ability) to view online, download, and transmit their health information (as listed above or indicated as not available to the EP) within 4 business days of the information being available to the EP?
 - More than 50% of unique (not patient visits or patient encounters) patients?

 - Patients actually view, download or transmit to a third party their health information?
 - More than 5% of unique patients?
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Patient Secure Messaging: Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: Any EP who has no office visits during the EHR reporting period.

- Patients seen by EP can be sent a secure message using electronic messaging function of CEHRT.
 - More than 5% of unique patients were sent a secure message in this manner?

CLINICAL DECISION SUPPORT: Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: For the drug-drug & drug allergy interaction checks, any EP who writes fewer than 100 medication orders during the EHR reporting period.

- Our CEHRT provides persons involved in care processes with intervention alerts based on each one and at least one combination of the following data respective to the patient: problem list; medication list; medication allergy list; demographics; laboratory tests and values/results; vital signs?
 - In addition to** drug-drug and drug-allergy contraindication checking, at least 5 clinical decision support interventions have been implemented that are related to 4 or more clinical quality measures?

SUMMARY OF CARE RECORD: Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

- When the provider transitions their patient to another setting of care or provider of care or refers their patient to another provider of care, the provider uses CEHRT to create a summary of care record and electronically transmits such summary to a receiving provider.
 - The provider uses CEHRT to create and electronically transmits a summary of care for at least 10% of transitions of care and referrals?
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PATIENT-SPECIFIC EDUCATION: Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: Any EP who has no office visits during the EHR reporting period.

- The provider's CEHRT uses built-in logic to evaluate information about the patient and suggest education resources that would be of value to the patient?
 - CEHRT-suggested education resources are provided to more than 10% of all unique patients with office visits seen the provider?
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MEDICATION RECONCILIATION: Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period.

- For patients received by the provider from another setting of care and whose patient's record is maintained using our CEHRT, the provider performs a 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.?
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COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE): Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: Any EP who writes fewer than 100 such orders during the EHR reporting period.

- For patients with patient records maintained using CEHRT, the provider creates medication orders, laboratory orders and radiology orders using CEHRT's CPOE function?
 - 60% of medication orders by EP for patients maintained in our CEHRT are created using CPOE?
 - 30% of laboratory orders by EP for patients maintained in our CEHRT are created using CPOE?
 - 30% of medication orders by EP for patients maintained in our CEHRT are created using CPOE?
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ELECTRONIC PRESCRIBING (eRX): Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: Any EP who writes fewer than 100 such orders during the EHR reporting period or does not have a pharmacy within his or her organization nor any pharmacies that accept electronic prescriptions within 10 miles.

- Permissible prescriptions written by the provider are queried for a drug formulary and transmitted electronically using CEHRT?
 - During the EHR reporting period, 50% of medication orders by the provider for patients whose records are maintained in the CEHRT are created and transmitted for filling using CEHRT?
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PUBLIC HEALTH REPORTING:

Confirm with a check those currently achieved.

Identify and schedule actions necessary to meet the ones not checked.

Exclusion: Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.

- Provider is in active engagement with a public health agency to submit electronic immunization data from CEHRT?

Exclusion: Not an urgent care provider.

- Provider is in active engagement with a public health agency to submit electronic syndromic surveillance data from CEHRT?

Exclusion: Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry during the EHR reporting period

- Provider is in active engagement with a public health agency to submit electronic data to a specialized registry from CEHRT?
