

**South Carolina Medicaid EHR Incentive Program
2014 PY Stage 1 EP and EH SLR Changes -
MU Core & Menu Objectives & Measures**

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Overview Stage 1 2014

CMS revised EHR eligibility and Stage 1 Meaningful Use (MU) requirements effective in Program Year 2014 within the Stage 2 Meaningful Use Final Rule. The details within this document will cover the requirements for the changes needed within the S.C. Medicaid State Level Repository (SLR) to adopt the new regulations for Stage 1 MU and to add Stage 2.

The changes will be split between two system implementations. The first is targeted for January 2014 and will include the Stage 1 changes that would affect Eligible Hospitals and CAHs (EHs). The second is targeted for April 2014 and will include the Stage 1 that will affect Eligible Professionals (EPs), and the addition of Stage 2 for EPs.

The existing S.C. Medicaid State Level Repository database design will be updated to ensure that all additional fields will be able to be captured appropriately, and that each response will associate back to the measure selected. The design of the database should take into account the need for reporting and displaying the correct text for measures as well as tying back correctly to the text for reporting. Changes that will be effective for the 2014 Participation Year are summarized as follows; detailed information of each change is included further in this document.

- CMS is allowing that all 2014 MU attestations EHR reporting period be only 90 days due to the update EHR certification requirement.
- CMS is changing the measure of the Stage 1 MU Core Measure objective for recording and charting changes in vital signs for EPs, EHs, and CAHs that was an alternate measure in 2013 but is required in 2014 and beyond
- CMS removed a Stage 1 MU Core Objective “Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and medication allergies) upon request” as part of a new Core Measure being added.
- CMS added a New Stage 1 MU Core Objective “Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP”
- Beginning in 2014, EPs, eligible hospitals, and CAHs 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.
- Update to allow for navigation to Stage 2 Attestations for EPs.
- Beginning in 2014, all providers regardless of their stage of meaningful use will report on CQMs in the same way. EPs will report 9 of 64 CQMs and EHs will report 16 of 29 CQMs covering at least 3 domains. EPs are expected to select the CQMs that best apply to their scope of practice and/or unique patient population. For this reporting option, CQMs will be submitted on an aggregate basis reflective of all patients without regard to payer. CMS does not requiring the submission of a core set of CQMs, but identify two recommended core sets, one for adults and one for children, that CMS encourages EPs to report to the extent those CQMs are applicable to an EP's scope of practice and patient population.

Business Requirements for EHs Effective January 2014

The sections documented below explain the design changes for the South Carolina Medicaid SLR for January 2014.

Eligible Hospital Changes

The screens included in this section are documented to detail the Eligible Hospital (EH) design changes for the South Carolina Medicaid SLR for January 2014. These changes include the Stage 1 EH Meaningful Use updates as a result of the CMS Final Rule for Stage 2 Meaningful Use. Due to the fact that South Carolina does not have any Medicaid Only hospitals who have attested for Meaningful Use within the 2012 Participation Year for Stage 1 MU, the Stage 2 MU changes will be implemented at a later date. In an effort to keep the size of this document reasonable only the screens that are directly affected by changes will be included. The other Stage 1 screens will remain as is.

EH Meaningful Use Questionnaire Screen Layouts and Requirements

The MU Questionnaire Screen has changes to the text displayed to clarify that a dually eligible EH/CAH must successfully submit a Medicare MU attestation (Core and Menu measures, and e-reporting of CQM data) in order to be deemed a meaningful user for the Medicaid EHR Incentive Program. There is also a change to the editing for EHR reporting period to include the special allowance for a shorter reporting period for Participation Year 2014.

Meaningful Use Questionnaire Screen – Dually Eligible EH/CAH

hhsdb05 - Remote Desktop Connection

https://test.scmcaidsc.com/SLR/EHRDetails.aspx?pyandps=JRZIGcK57YVWdWfPz0A%3d%3d - Windows Internet Explorer

https://test.scmcaidsc.com/SLR/EHRDetails.aspx?pyandps=JRZIGcK57YVWdWfPz0A%3d%3d

South Carolina Medicaid STATE LEVEL REPOSITORY

Meaningful Use Questionnaire (Year 2 Attestation / Program Year 2014)

Home Logout

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

Meaningful Use Questionnaire

A Eligible Hospital (EH) that is dually eligible for both the Medicare EHR Incentive Program and the Medicaid EHR Incentive Program must successfully submit a meaningful use (MU) attestation (Core and Menu measures, and CQM reporting) in full to the Medicare EHR Incentive Program, and be accepted as a meaningful user, in order to be deemed a meaningful user for the Medicaid EHR Incentive Program. CMS will send an electronic transaction to the State to confirm receipt and acceptance of the EH's complete meaningful use attestation. The EH will not be able to complete the attestation process with the Medicaid EHR Incentive Program until the State receives the CMS transaction.

**Please Note: If the EH has submitted an attestation with Medicare for Core and Menu measures, but the status is pending awaiting e-reporting of the EH CQM data, the EH will not be able to complete the attestation process with Medicaid until the CQM data has been accepted by Medicare.

Medicare has accepted your meaningful use attestation for the EHR reporting period displayed below. As such, you are deemed to be a meaningful user for Medicaid. Please click on "NEXT" to continue with your Medicaid attestation.

EHR Reporting Period Start Date: [01/1/2013]
EHR Reporting Period End Date: [12/31/2013]

Previous Next

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Meaningful Use Questionnaire Screen – Medicaid Only EH/CAH

 SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Meaningful Use Core Measures (Year 3 Attestation / Program Year 2014) Log

CHS 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

Meaningful Use Questionnaire

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:

- * EHR Reporting Period Start Date:
- * EHR Reporting Period End Date:
- * Enter the percentage of unique patients who have structured data recorded in your certified EHR technology as of the reporting period above:

Emergency Department (ED) Admissions: An eligible hospital must choose one of two methods to designate how patients admitted to the ED will be included in the denominators of certain Meaningful Use Core and Menu Measures.

- * Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
 - Observation Services Method
 - All ED Visits Method

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Changes for 2014:

Field Editing

EHR Reporting End Date edits:

- If the EH has selected Program Year 2014 to attest, the end date must be at least 90 days after the EHR Reporting Period Start Date entry and equal to or less than September 30th for the program year selected despite whether or not this is their first year for attesting to MU.

EH Meaningful Use Core Measure Requirements

The screens documented below display the updates that will occur to the EH Stage 1 Core MU measures for Participation Year 2014. Only the screens affected by the changes are provided. All other Stage 1 Core MU measures that are not listed in this document will remain as is.

EH Meaningful Use Core Measure Numbering Requirements

All EH Meaningful Use Core Measures have a page heading that includes 'Questionnaire x of 12' where x = the meaningful use core measure being displayed to the EH. This will be updated on all Core Measures to be 'Questionnaire x of 11'.

EH Meaningful Use Core Measure 7 Layouts and Requirements

Beginning in Program Year 2014, the EH/CAH will no longer be able to select which measure will be reported for Core Measure 7 – Vital Signs. The previous alternate measure allowed in Program Year 2013 will now replace the original measure as seen in the layouts below.

Meaningful Use Core Measure 7 Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Core Measures (Year 3 Attestation / Program Year 2014)

Log

Questionnaire 7 of 11

(*) Red asterisk indicates a required field.

Objective: Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure (for patients age 3 and over only)
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 0-20 years, including BMI.

Measure: More than 50% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) 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.

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 (ages 3 and over) recorded as structured data.

Denominator = Number of unique patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator <=55 * Denominator <=100

Previous Next Save Cancel

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Changes for 2014:

- Display Core Measure 7 with the previous alternate measure being the only measure and no longer include the option for the EH to select which measure to report.

Original EH Meaningful Use Core Measure 10 - Removed

- Remove from Stage 1 in Program Year 2014.
- Remove any editing requiring a response for this measure.

Meaningful Use Core Measure 10 Layout

The screenshot shows the 'Meaningful Use Core Measures (Year 1 Attestation / Program Year 2013)' interface. The 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 10 of 12' and includes the following text:

(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.

Measure: More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it 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: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Complete the following information:

Numerator = Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

Denominator = Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

* Numerator: 55 * Denominator: 100

Buttons for 'Previous', 'Next', 'Save', and 'Cancel' are visible at the bottom. Copyright © 2011 State of South Carolina. All rights reserved.

Original EH Meaningful Use Core Measure 11- Removed

- Remove from Stage 1 in Program Year 2014.
- Remove any editing requiring a response for this measure.

The screenshot shows the 'Meaningful Use Core Measures (Year 1 Attestation / Program Year 2013)' interface. The 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 11 of 12' and includes the following text:

(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.

Measure: More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.

* 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: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period they would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Complete the following information:

Numerator = The number of patients in the denominator who are provided an electronic copy of discharge instructions.

Denominator = Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

* Numerator: 55 * Denominator: 100

Previous Next Save Cancel

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EH New Core Measure for Stage 1 Layouts and Requirements

The two measures above that have been removed from Stage 1 MU requirements for attestation have been replaced with the updated measure displayed below. As of Participation Year 2014, this will be EH Core Measure 10.

Meaningful Use Core Measure 10 Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Core Measures (Year 3 Attestation / Program Year 2014)

Questionnaire 10 of 11

(*) Red asterisk indicates a required field.

Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission.

Measure: More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.

* 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.

Complete the following information:

Numerator = The number of patients in the denominator whose information is available online within 36 hours of discharge.

Denominator = Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator: 55 * Denominator: 100

Previous Next Save Cancel

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Changes for 2014:

Add new measure as EH Stage 1 Core MU Measure 10.

- Objective text is “Provide patients the ability to view online, download, and transmit information about a hospital admission.”
- Measure text is “More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.”
- Patient Records uses the existing text stored in the reference tables.
- Numerator text is “Numerator = The number of patients in the denominator whose information is available online within 36 hours of discharge.”

- Denominator text is “Denominator = Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.”

Field Editing

- Numerator and Denominator fields are required.
- Numerator and Denominator must be numeric.
- The resulting percentage must be more than 50 percent in order for an eligible hospital or CAH to meet this measure.

EH Meaningful Use Menu Measures Selection Screen Layout and Requirements

Beginning in Program Year 2014, EPs, eligible hospitals, and CAHs 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.

This will mean the logic for how Menu Measures are selected and how they will be displayed will need to be updated within the SCSLR to meet the updated requirement.

Meaningful Use Menu Measures Selection Layout

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Meaningful Use Menu Measures (Payment Year 3 / 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](#)
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Questionnaire

Instructions:

CMS requires EHS to select and report on meaningful use menu objectives that are relevant to the EH'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.

EHS must report on a total of five (5) meaningful use menu objectives and as of participation year 2014 meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. This means that beginning in 2014, an EH would need to:

- Pass at least one public health measure OR attest to exclusions for ALL PH measures, AND
- Attest to FIVE total menu measures, not counting exclusions, or ALL 10 menu measures, counting exclusions.

Please select you menu measures 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 10 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
<input type="checkbox"/>	Capability to submit electronic data on reportable (as required by State or local law) lab results 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 submission of reportable lab results to public health agencies and follow-up submission if the test is successful
<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

You must submit additional menu measure objectives until a total of five meaningful use menu measure objectives have been selected that can be met or in the event that exclusions will be used all remaining menu measures:

Select	Objective	Measure
<input type="checkbox"/>	Implement drug formulary checks	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period
<input type="checkbox"/>	Record advance directives for patient 65 years old or older	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient (POS 21) have an indication of an advance directive status recorded as structured data
<input type="checkbox"/>	Incorporate clinical lab test results into EHR as structured data	More than 40 percent of all clinical lab test results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period whose results are 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, or outreach	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition
<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 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources
<input type="checkbox"/>	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)
<input type="checkbox"/>	The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals

[Previous](#)
[Next](#)
[Save](#)
[Cancel](#)

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Changes for Program Year 2014:

- Update text for the instructions section to be the following:

“CMS requires EHs to select and report on meaningful use menu objectives that are relevant to the EH’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.

EHs must report on a total of five (5) meaningful use menu objectives and as of Participation Year 2014 meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. This means that beginning in 2014, an EH would need to:

- Pass at least one public health measure OR attest to exclusions for ALL PH measures, AND
- Attest to FIVE total menu measures, not counting exclusions, or ALL 10 menu measures, counting exclusions.

Please select your menu measures 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 10 Menu measures.”

Field Editing

- The provider must select at least 5 and up to 10 Menu Measures to report.
- If the provider did not select all PH measures from the list, the provider must respond to the PH measure and not claim any exclusions on the PH measures being reported.
 - If the provider has not selected all the PH measures to report and attempts to claim an exclusion and move to the next screen, the provider should be given an error. **“In order to claim an exclusion for a PH measure, you must select all PH measures to report. Please return to the Menu Measure Selection Summary screen and update your selection.”** The provider should not be allowed to proceed forward with the attestation until they have corrected their selection.
- If the provider did not select to report all 10 menu measures, the provider must respond to the additional Menu measures (outside of the PH list) without claiming any exclusions. PH measures

can be excluded if all are selected but an additional 5 Menu measures must be reported without exclusion to report less than all 10 menu measures.

- If the provider did not select to report all 10 menu measures and attempts to select an exclusion on a menu measure that is not a PH measure, then the provider should be given an error. **“In order to claim an exclusion for a Menu measure, you must select all menu measures to report. Please return to the Menu Measure Selection Summary screen and update your selection.”**

Eligible Professional Changes for Stage 1 2014 Participation Year

The screens included in this section are documented to detail the Eligible Professional (EP) design changes for the South Carolina Medicaid SLR for April 2014. These changes include the Stage 1 EP Meaningful Use updates as a result of the CMS Final Rule for Stage 2 Meaningful Use. Due to the 90-day MU EHR reporting period for all MU attestations, the EP Stage 1 changes will be implemented in April 2014. In an effort to keep the size of this document reasonable only the screens that are directly affected by changes will be included. The other Stage 1 screens will remain as is.

EP Meaningful Use Questionnaire Screen Layouts and Requirements

The MU Questionnaire Screen does not have any changes that affect the current layout and text displayed; the change will only effect the editing for EHR reporting period to include the special allowance for a shorter reporting period for Participation Year 2014 for EPs who would otherwise have a full-year reporting period.

Meaningful Use Questionnaire Screen Layout, EP with only 1 CEHRT Location

The screenshot shows the 'Meaningful Use Questionnaire' interface. At the top, it displays the 'SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY' logo and the text 'SC Medicaid EHR Incentive Program (Payment Year 3 / Program Year 2014)'. A navigation menu on the left includes links for '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 instruction: 'Please provide the EHR reporting period associated with this attestation:'. Below this, there are two required fields: 'EHR Reporting Period Start Date' with a value of '01/01/2013' and 'EHR Reporting Period End Date' with a value of '03/31/2013'. At the bottom of the form, there are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

Changes for 2014:

Allow providers beyond their first year of reporting MU to enter a 90-day EHR reporting period for Program Year 2014 only.

Meaningful Use Questionnaire Screen Layout, EP practicing in multiple locations where some are non-CEHRT locations

The screenshot shows the 'Meaningful Use Questionnaire' interface for an EP practicing in multiple locations. The top header and navigation menu are identical to the previous screen. The main content area is titled 'Meaningful Use Questionnaire' and contains the instruction: 'Please provide the EHR reporting period associated with this attestation:'. Below this, there are two required fields: 'EHR Reporting Period Start Date' with a value of '01/01/2013' and 'EHR Reporting Period End Date' with a value of '03/31/2013'. Additionally, there are two more required fields: 'Enter the total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period:' and 'Enter the total number of out-patient encounters at all practice locations for the EHR reporting period:'. Both of these fields have a value of '0'. At the bottom of the form, there are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

Changes for 2014:

Allow providers beyond their first year of reporting MU to enter a 90-day EHR reporting period for Program year Y014 only.

EP Meaningful Measures Menu Screen Layout and Requirements

The Meaningful Use Measure Menu will be updated to reflect the change to Clinical Quality Measures.

Meaningful Use Measure Menu Screen Layout prior to 2014

The screenshot shows the web interface for the SC Medicaid EHR Incentive Program (Year 2 Attestation / Program Year 2013). The header includes the South Carolina Medicaid State Level Repository logo and a 'Logout' button. A left sidebar contains a navigation menu with items 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', 'Alternate Clinical Quality Measures', 'Additional Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'Post-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 'Please select a menu option below:' and lists five menu options: 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', 'Core Clinical Quality Measures', 'Alternate Core Clinical Quality Measures', and 'Additional Core Clinical Quality Measures'. At the bottom of the menu are 'Previous' and 'Next' buttons. The footer contains the copyright notice: 'Copyright © 2011 State of South Carolina All rights reserved.'

Meaningful Use Measure Menu Screen Layout effective Program Year 2014

The screenshot shows the updated web interface for the SC Medicaid EHR Incentive Program (Payment Year 3 / Program Year 2014). The header includes the South Carolina Medicaid State Level Repository logo and 'Home' and 'Logout' buttons. The left sidebar navigation menu is similar to the previous version but includes 'Home' and 'Logout' at the top. The main content area is titled 'Please select a menu option below:' and lists three menu options: 'Meaningful Use Core Measures', 'Meaningful Use Menu Measures', and 'Clinical Quality Measures'. At the bottom of the menu are 'Previous' and 'Next' buttons. The footer contains the copyright notice: 'Copyright © 2011 State of South Carolina All rights reserved.'

Changes for 2014:

- The links for Core Clinical Quality Measures, Alternate Core Clinical Quality Measures, and Additional Core Clinical Quality Measures will not be displayed on Program Year 2014 attestations but will still display for Program Years 2011-2013. For Program Year 2014 those options will be replaced with one option named Clinical Quality Measures.

EP Meaningful Use Core Measure 8 Layouts and Requirements

Beginning in Program Year 2014 the provider will no longer be able to select which measure that will be reported for Core Measure 8 – Vital Signs. The alternate measure (measure 2) will be the only measure the EP may report.

Meaningful Use Core Measure 8 Layout

Questionnaire 8 of 13

(*) Red asterisk indicates a required field.

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 (ages 3 and over) recorded as structured data.

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

* Numerator: * Denominator:

Changes for 2014:

- Display Core Measure 8 with the previous alternate measure being the only measure and no longer include the option for the EP to select which measure to report.

EP Meaningful Use Core Measure 11 - Removed

- Remove from Stage 1 in Program Year 2014.
- Remove any editing requiring a response for this measure.

The screenshot displays the 'Meaningful Use Core Measures (Year 2 Attestation / Program Year 2013)' interface. The header includes the South Carolina Medicaid State Level Repository logo and navigation links for 'Home' and 'Logout'. A left sidebar contains a menu with items such as 'CMS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Additional Clinical Quality Measures'. The main content area is titled 'Questionnaire 11 of 13' and contains the following text:

(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.

Measure: More than 50% of all patients who request an electronic copy of their health information are provided it 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: An EP who has no requests from patients or their agents for an electronic copy of patient health information 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

Navigation buttons at the bottom include 'Previous', 'Next', 'Save', and 'Cancel'. A footer note states: 'Copyright © 2011 State of South Carolina All rights reserved.'

EP Meaningful Use New Core Measure 11 Layouts and Requirements

Beginning in Program Year 2014 the provider will have a new measure to report for accessing health information.

New Meaningful Use Core Measure 11 Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
SC Medicaid EHR Incentive Program (Payment Year 3 / Program Year 2014)

Questionnaire 11 of 13

(*) Red asterisk indicates a required field.

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.

* 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:

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

Numerator = The 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.

* Numerator: * Denominator:

Previous Next Save Cancel

Changes for Program Year 2014:

Panel Functionality:

The initial screen will display up to the question for exclusion. Once the exclusion is responded to, the panel will refresh and the measure, if appropriate, will be visible for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If exclusion is answered as 'Yes' then do not display the measure entry and the user may continue to the next objective.

Field Editing

- Exclusion response is required.
- Numerator and Denominator is required if Exclusion is responded to as 'No.'
 - Numerator must be a whole number
 - Denominator must be a whole number
- Threshold editing to determine if the EP is a meaningful user.
 - Measure N/D > 50%
 - EP responded 'Yes' to Exclusion.

EP Meaningful Use Menu Measures Selection Screen Layout and Requirements

Beginning in Program Year 2014, EPs, eligible hospitals, and CAHs 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.

This will mean the logic for how Menu Measures are selected and how they will be displayed will need to be updated within the SC Medicaid SLR to meet the updated requirement.

Meaningful Use Menu Measures Selection Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Meaningful Use Menu Measures (Payment Year 3 / Program Year 2014) [Home](#) [Logout](#)

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 and as of participation year 2014 meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. This means that beginning in 2014, an EP would need to:

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

Please select you menu measures to be attested according to the following guidelines:

- 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.
- 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.
- 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
<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

You must submit additional menu measure objectives until a total of five meaningful use menu measure objectives have been selected that can be met or in the event that exclusions will be used all remaining menu measures:

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 formulary for the entire EHR reporting period
<input type="checkbox"/>	Incorporate clinical lab test results into EHR as structured data.	More than 40 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are 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 percent of all 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 percent of all unique patients seen by the EP 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 percent 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 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 percent of transitions of care and referrals

[Previous](#) [Next](#) [Save](#) [Cancel](#)

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Changes for Program Year 2014:

- Update text for the instructions section to be the following:

“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 and as of Participation Year 2014 meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. This means that beginning in Program Year 2014, an EP would need to:

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

Please select your menu measures 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’ button to report on all 9 Menu measures.”

Field Editing

- The provider must select at least 5 and up to 9 Menu Measures to report.
- If the provider did not select all PH measures from the list, the provider must respond to the PH measure and not claim any exclusions on the PH measures being reported.
 - If the provider has not selected all the PH measures to report and attempts to claim an exclusion and move to the next screen, the provider should be given an error. **“In order to claim an exclusion for a PH measure, you must select all PH measures to report. Please return to the Menu Measure Selection Summary screen and update your selection.”** The provider should not be allowed to proceed forward with their attestation until they have corrected their selection.
- If the provider did not select to report all 9 menu measures, the provider must respond to the additional Menu measures (outside of the PH list) without claiming any exclusions. PH measures can be excluded if all are selected but an additional 5 Menu measures must be reported without exclusion to report less than all 10 menu measures.
 - If the provider did not select to report all 9 menu measures and attempts to select an exclusion on a menu measure that is not a PH measure then the provider should be given an

error. “In order to claim an exclusion for a Menu measure, you must select all menu measures to report. Please return to the Menu Measure Selection Summary screen and update your selection.”

EP Meaningful Use Menu Measure 5 - Removed in Program Year 2014

MU Menu Measure 5 is removed for 2014 as part of 2 measures being replaced with 1 new measure.

Meaningful Use Menu Measure 5



Meaningful Use Menu Measures (Year 2 Attestation / Program Year 2013) Home Logout

- CMS Registration / SC Medicaid Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Core 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
- Document Upload
- Additional Resources
- SLR Provider Guides
- Send E-mail to HIT Division

Questionnaire 5 of 5

(*)Red asterisk indicates a required field.

Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP.

Measure: At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic 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 by only from patient records maintained using certified EHR technology.

EXCLUSION : Based on All Patient Records: Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list 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 patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.
Denominator = Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

- * Does your practice have an online patient portal?
 - Yes
 - No

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